

Board
25 January 2023

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 has increased above 2500 monthly bed days since September, however, remain 1995 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"/>	ADP	<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: Ross McGuffie, Chief Officer, Health & Social Care North Lanarkshire Telephone: 01698 752591

1. Delayed Discharge Performance

April – November 2022/23 HSCP North Lanarkshire delayed discharge performance was 19,635 standard bed days against a target of 21,590, 2225 bed days below target (figure 1). Bed days have increased since July though with the sharpest increase in November.

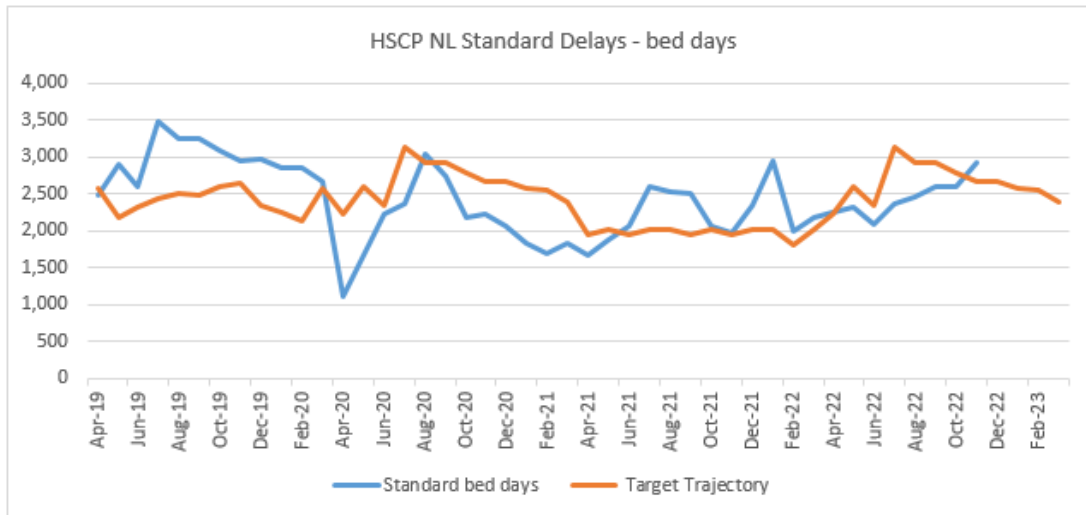


Figure 1 Delayed Discharge bed days performance

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 – November 2022 (fig. 3).

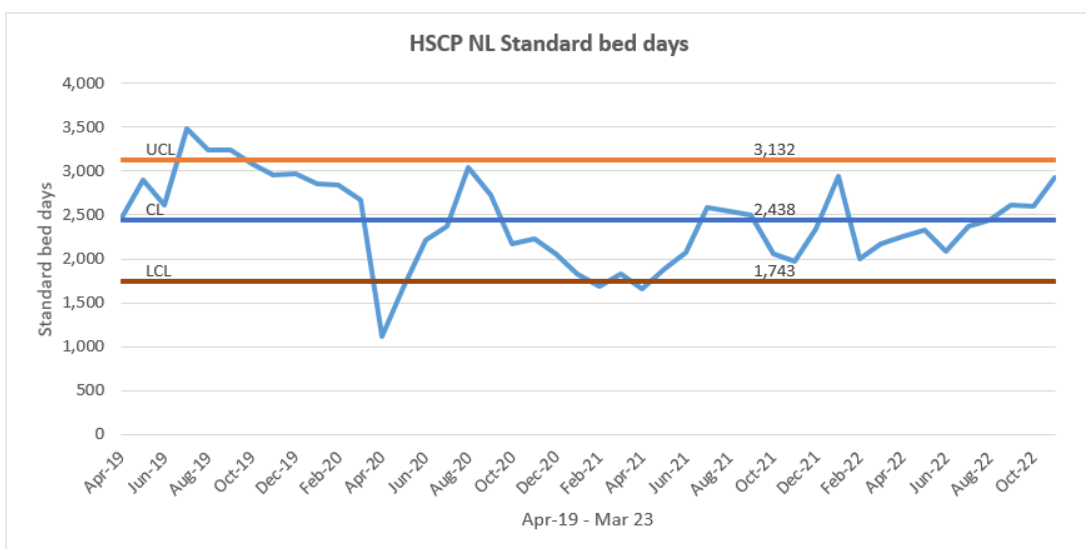


Figure 2 HSCP NL SPC Standard Bed Days

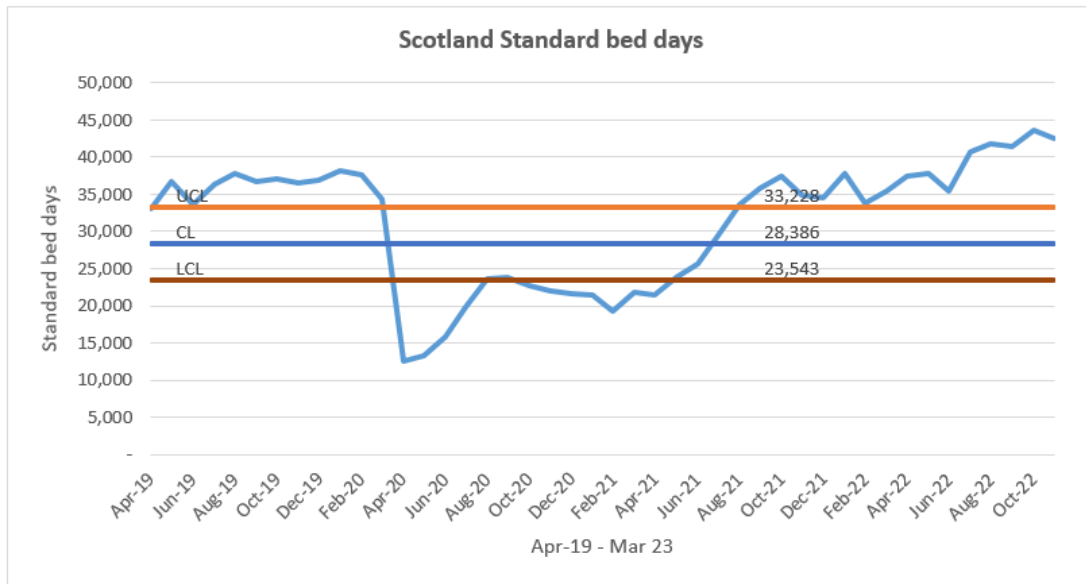


Figure 3 NHS Scotland Standard Delays bed days

Performance at the last SG data release (figure 4) showed North below the Scottish average in terms of rates of delay.

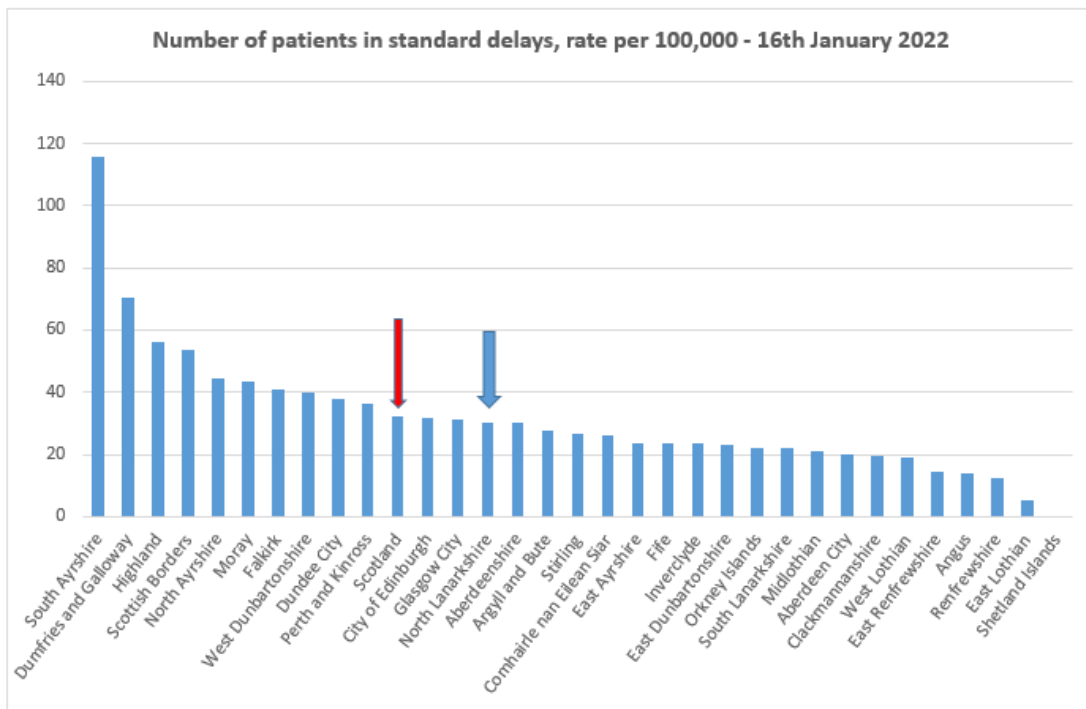


Figure 4 Patients in standard delay, rate per 100,000 for all HSCPs

The number of patients discharged with no delay has fallen slightly below 95% at the beginning of January (target 98%).

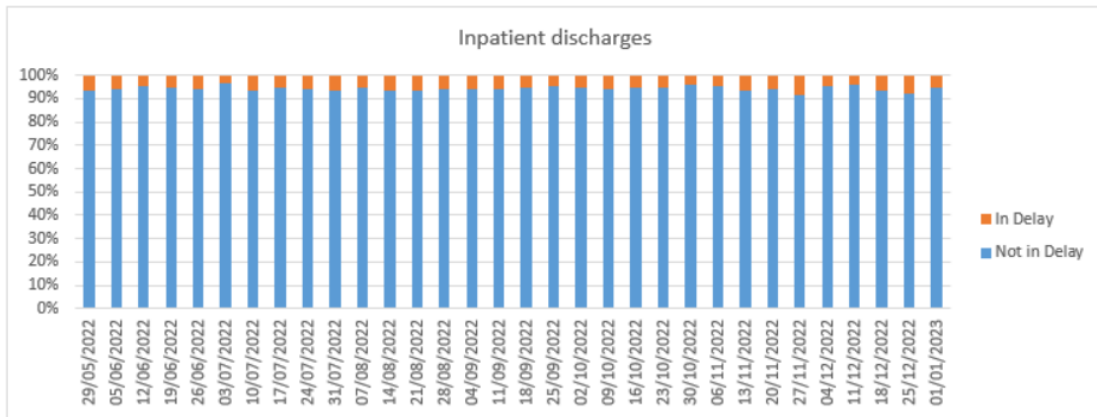


Figure 5 All inpatient discharges

Whole system work continues on the Discharge Without Delay process, current performance (figure 6) shows a continued improvement in the number of over 65s who have a PDD, ensuring that a higher number of patients have plans in place ahead of the date of clinical readiness.

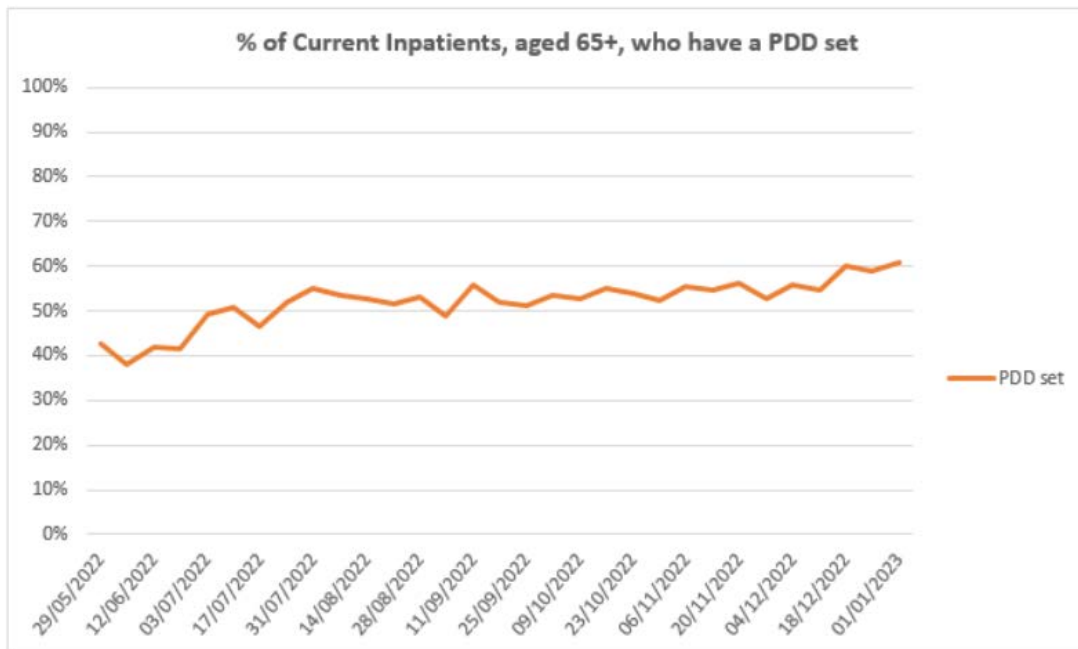


Figure 6 Current Inpatients (at time of census) with a Planned Date of Discharge

Around forty percent of Social Work referrals continue to come in unplanned on the date of clinical readiness, becoming delayed discharges the following day. Reducing this figure continues to be a priority so that plans can be developed for discharge ahead of clinical readiness, reducing lengths of stay (and therefore deterioration of patients) and delayed discharge bed days.

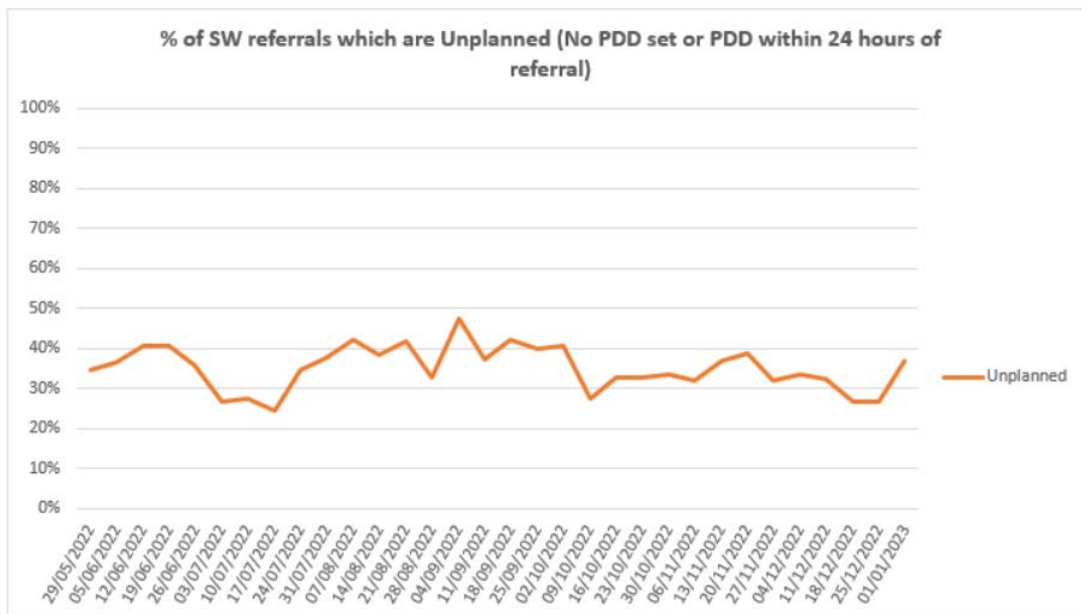


Figure 7 Current Inpatients (at time of census) with a SW referral that is unplanned

Factors affecting performance include:

- Recent challenges with increases in sickness absence levels in in-house Home Support services
- Continued reduced capacity of reablement services
- Recruitment and retention to posts at all grades in Home Support has been challenging and there has been a higher than usual turnover. In particular Home Support Worker, Support Officer and Service Delivery Coordinators have been difficult to recruit and retain.

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. Lanarkshire is a demonstrator site for Home First/Discharge without delay.
3. Home Assessment Team is now operational and has supported just under 200 people home since May 2022. Further work is ongoing to accelerate the implementation of Home Assessment Teams across all localities.
4. Expanding Hospital at Home service and expanding to under 65s.
5. Additional CSWs have been recruited to enhance the care offering to those on District Nursing caseloads, freeing up further Home Support capacity to concentrate on other cases.
6. New approach to interim care home placements introduced in December 2022.
7. Participation in national Rapid Action Group for Care at Home. We are also seeing some additional work being picked up by independent providers, which will hopefully continue in a positive direction, increasing overall capacity.
8. Establishment of additional review capacity to free up mainstream Home Support service
9. Efforts continue to ensure reablement capacity within the service is protected with reablement and rehabilitation key priorities for the future of the operating model.

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 December 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 8.

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	98.70%	2	50	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	28.80%	1268	67	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. Performance has improved in Oct and Nov but has dipped again in Dec.
Speech & Language Therapy - Adult	81.40%	69	25	Current Performance is expected to range from between 81% to 100% and therefore achieving the 95% standard is expected.
Podiatry (exc MSK)	99.70%	1	13	Current Performance is expected to range from between 89% to 100% and therefore achieving the 95% standard is expected.
Dietetics	73.50%	407	55	Current Performance is expected to range from between 57% to 66% and therefore achieving the 95% standard is unexpected.
Medical CYP (Cons Led)	45.40%	1018	47	Performance over recent months shows a downward trend with recent outlier points below the lower control limit. There has been some improvement in Oct and Nov.
Community Claudication	86.70%	33	33	Current Performance is expected to range from between 87% to 100% and therefore achieving the 95% standard is expected. Performance has dipped again in December.

Figure 8 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 December dropped to 28.8% with 1268 children waiting over 12 weeks. Longest wait is 67 weeks.

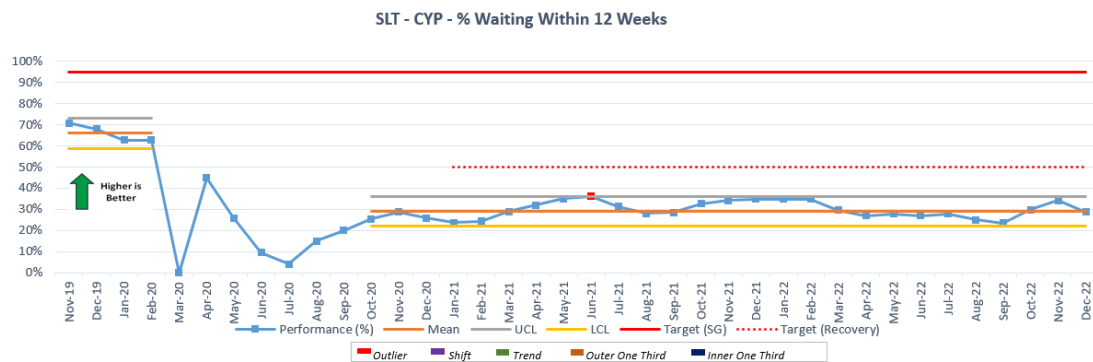


Figure 9: SLT C&YP performance

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.

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 **November 2022**. (Figs 6)
The national RTT Target is that 90% of patients commence psychological therapy within 18 weeks of referral.

- During November **83.57%** of patients commenced psychological therapy within 18 weeks (target is 90% and this is a slight decrease from October which was **86.54%**).
- The longest wait was in Motherwell PTT at **45 weeks**.
- Work continues to focus on sharing longest waits across localities in PTT to balance workloads, with a new “*virtual locality*” adult PTT now in place to focus on longest waits.
- Focus on appointment outcomes (second table) continues to have a good impact – overall average of completed outcomes being 96.22%.

HEAT Summary	PT
No. of Patients Waiting (Assessment)	1239
No. of Patients Waiting (Intervention)	898
No. of Patients Waiting (Overall)	2137
No. of Patients Waiting <= 18 weeks	1657
% Waiting <= 18 weeks (Overall)	77.54%
Longest Wait Overall (Weeks)	45
PT Team with longest wait	Motherwell
No. of Completed Waits	1065
No. of Completed Waits <= 18 weeks	890
% Completed Waits <= 18 Weeks	83.57%

Figure 10 Adult RTT waiting times for November 2022

2.4 CAMHS

The CAMHS RTT showed 18.98% (tbc) of patients commenced intervention within 18 weeks of referral in December 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 – 18th December, these out of hours clinics have seen 912 additional appointments offered, with 695 attendances, 217 DNAs, 6 patients transferred and 106 patients positively redirected to other more appropriate supports. The WLI impact on the overall WL size is shown in figure 7.

WLI clinics were paused over the festive period to allow staff who are providing this additional capacity time to rest.

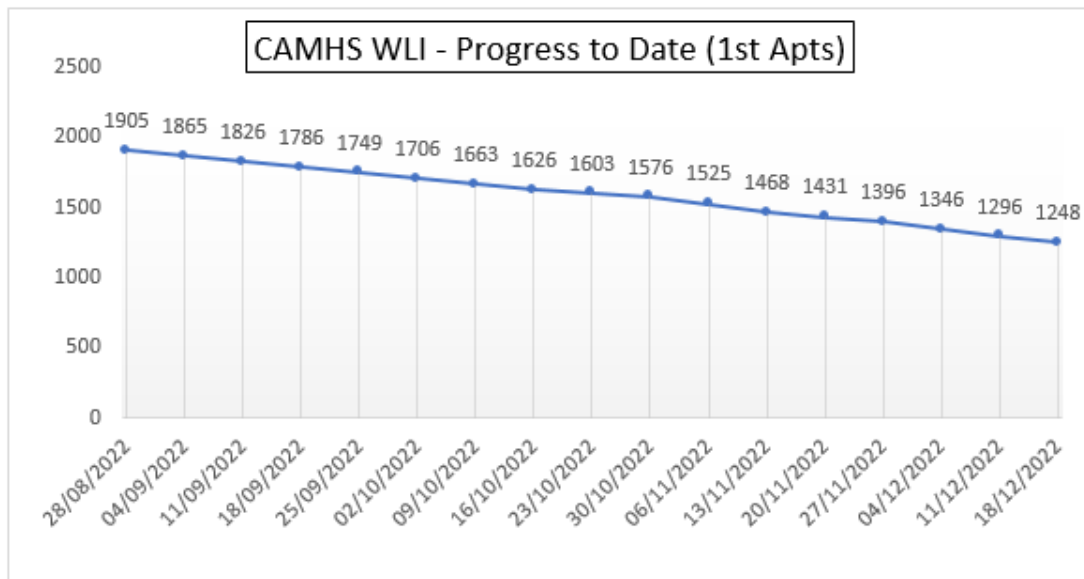


Figure 7 CAMHS Overall WL 18th December 2022

Based on a continued average of 288 new referrals per month, service analysts have projected future activity to clear the waiting list:

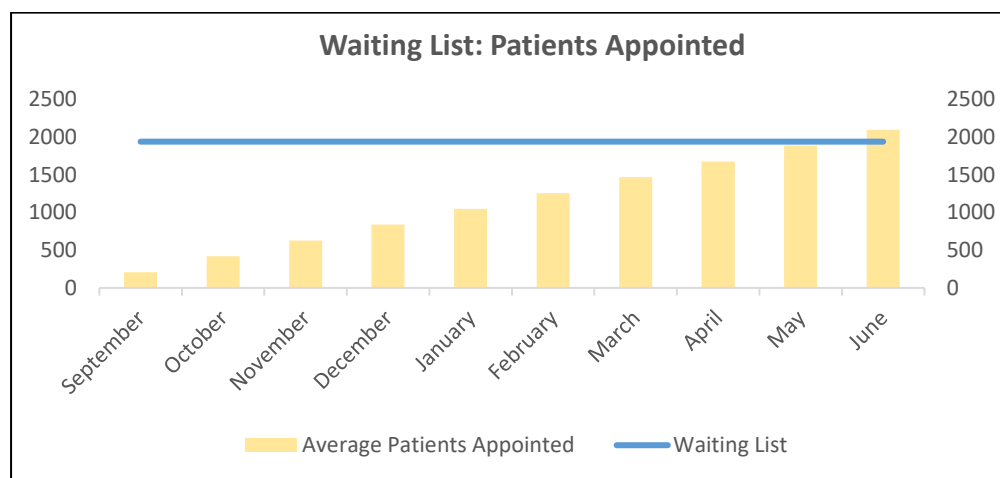


Figure 8 Waiting list projections

Roll out of the CAPA model will begin in April, with preparation well underway. Roll out will take place team by team, based on a number of variables such as recruitment and the programmed roll out of Trak (build implementation dates are in place for all teams in the 22/23 financial year). Skills matrix, job planning and CAPA away days have been delivered or are in process across all teams. A key to successful roll out of CAPA model will be the quality assurance work that precedes it. This includes caseload review with support and supervision from clinical coordinators and delivery of a Duty Team that can field and appropriately respond to unscheduled care requests and crisis.

Recruitment remains a challenge, however, we are seeing continued progress supported by dedicated HR staff to ensure all vacancies are processed as quickly as possible and minimise the risk of any delays in the recruitment processes. A CAMHS specific recruitment landing page is being built to proactively support our position that Lanarkshire and specifically CAMHS is a good place to work. This will be inclusive of colleague and patient experience.

The position as at 28th December is as follows:

Funded Establishment	In Post	Vacancy	Vacancy %	Information gathered from
220.59	166.44	54.15	24.5%	EESS

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.