

Meeting of NHS Lanarkshire
Board

Lanarkshire NHS Board
Kirklands
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DATE: March 2023

www.nhslanarkshire.scot.nhs.uk

SUBJECT: North Lanarkshire HSCP Performance Monitoring & Access Report

1. PURPOSE

To advise the Board:

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

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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2. ROUTE TO THE COMMITTEE

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 1225 bed days below trajectory.

Some AHP and other hosted 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"/>
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 COMMITTEE

The Committee 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 – January 2022/23 HSCP North Lanarkshire delayed discharge performance was 25,609 standard bed days against a target of 26,834, 1225 bed days below target (figure 1). Bed days have increased since July with the sharpest increase in November.

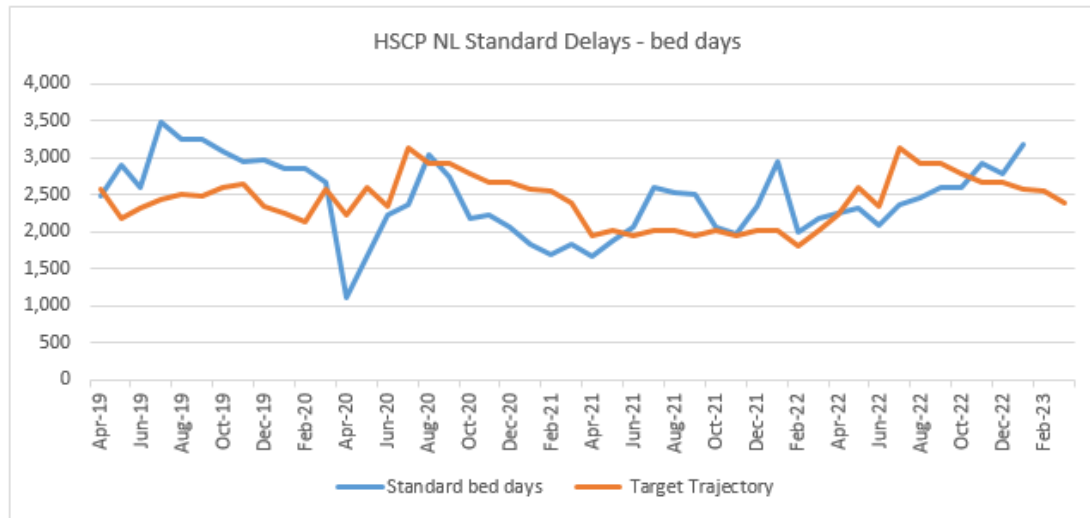


Figure 1 Delayed Discharge bed days performance

The figure 2 graph shows that bed days moved outside of routine variation for the first time since September 2019. This is reflected in the overall Scotland position which shows a similar increase December into January (figure 3), though performance has improved markedly through February into March.

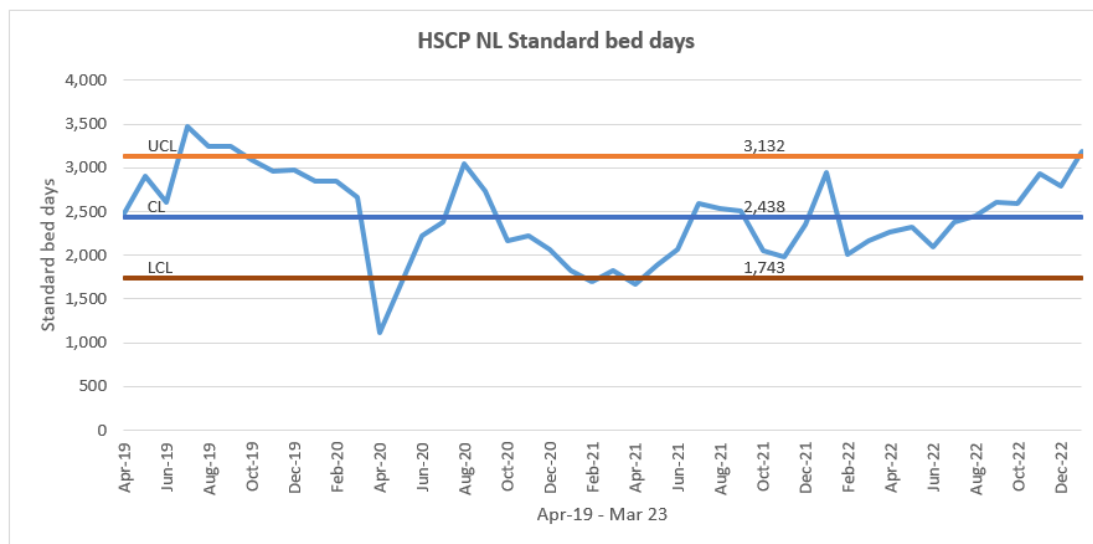


Figure 2 HSCP NL SPC Standard Bed Days

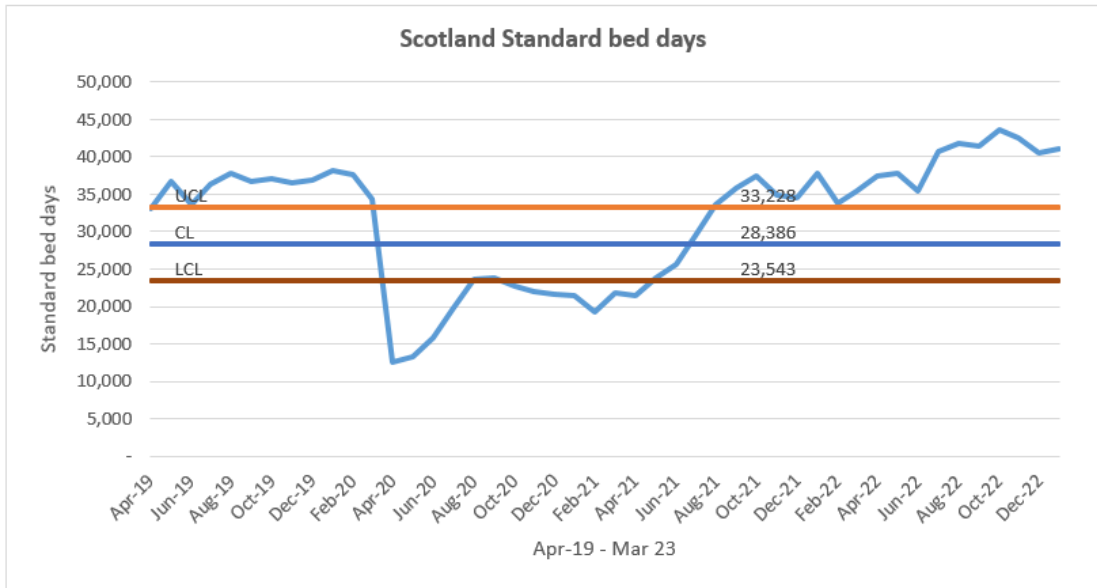


Figure 3 NHS Scotland Standard Delays bed days

Performance at the PHS monthly census data release (figure 4) showed North Lanarkshire moved beyond the Scottish average in terms of rates of delay for the overall adult population and in a similar position for 75+ delays (figure 5).

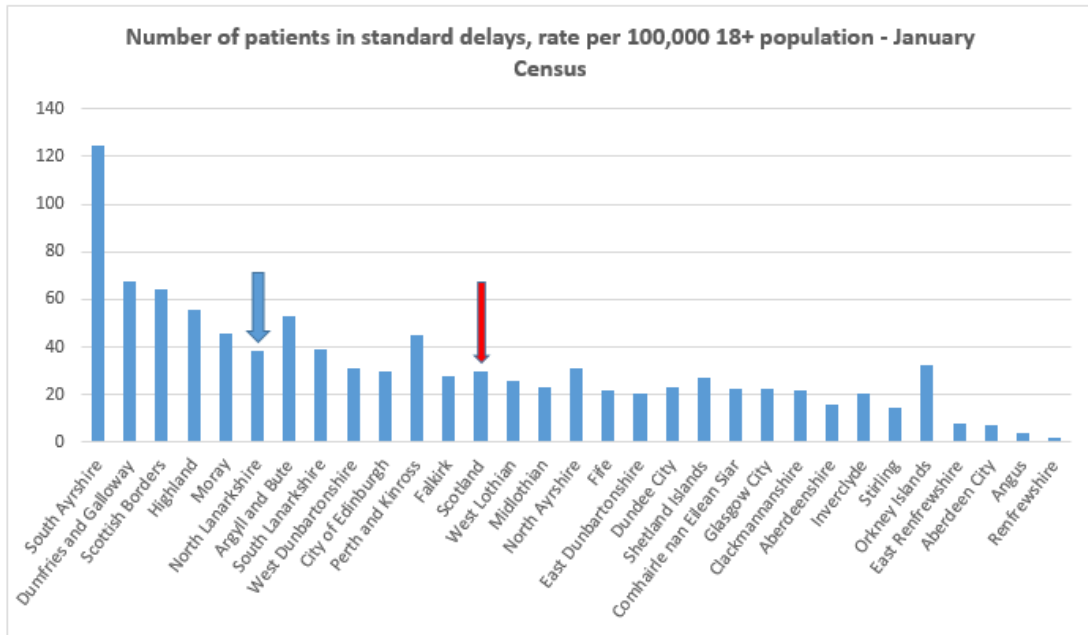


Figure 4 Patients in standard delay, rate per 100,000 for all HSCPs

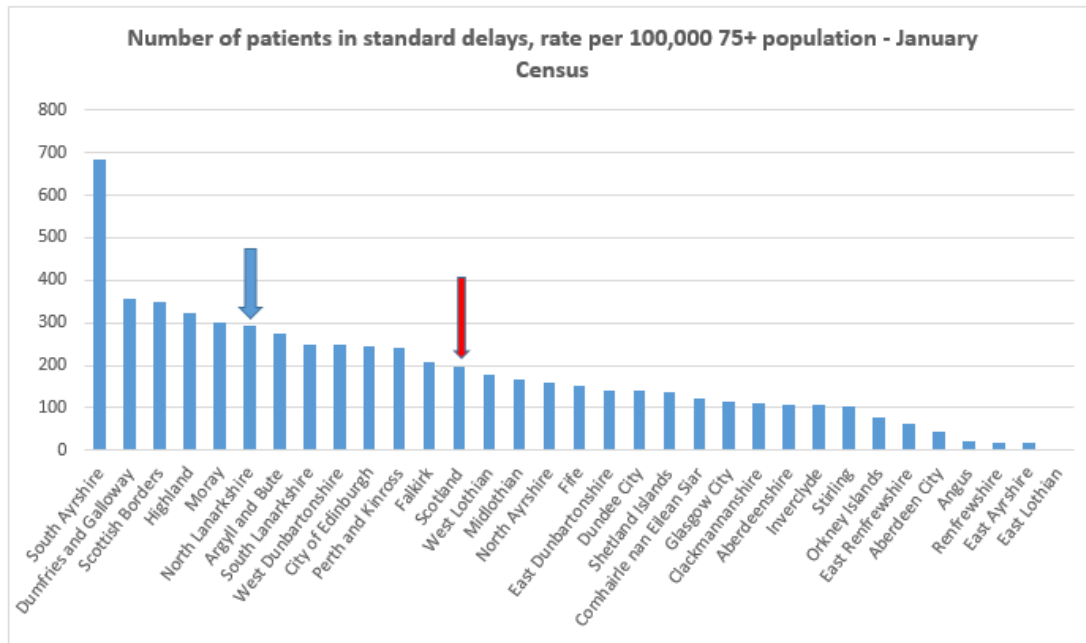


Figure 5 HSCP NL SPC Standard Bed Days

The number of patients discharged with no delay fell slightly at the end of February to 94% (target 98%).

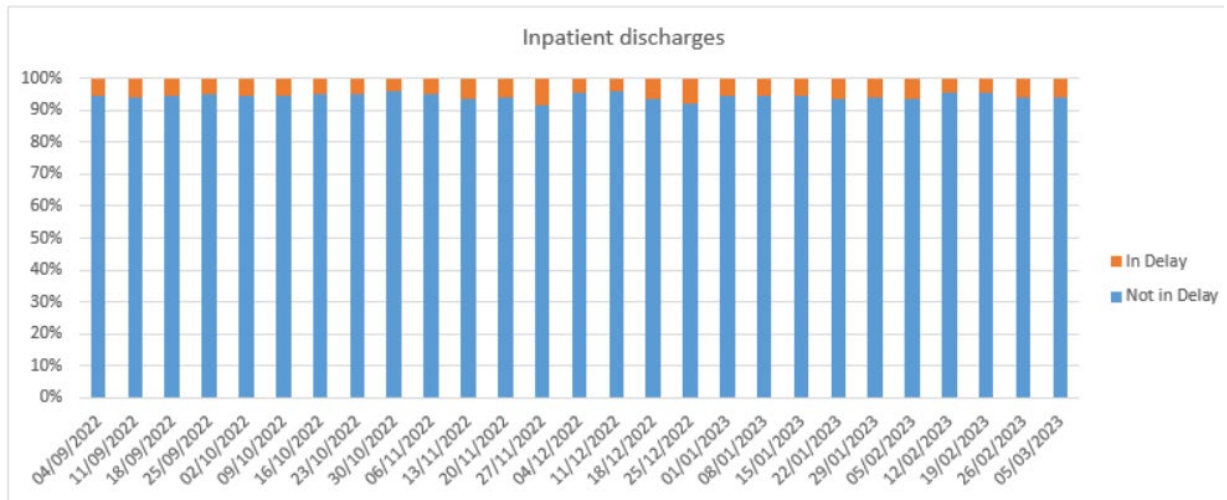


Figure 6 All inpatient discharges

Whole system work continues on the Discharge Without Delay process, current performance (figure 7) shows a slight decrease over the month of February but overall remains at the highest levels since recording began. Figure 8 shows a decrease in unplanned referrals through the Operation Flow developments.

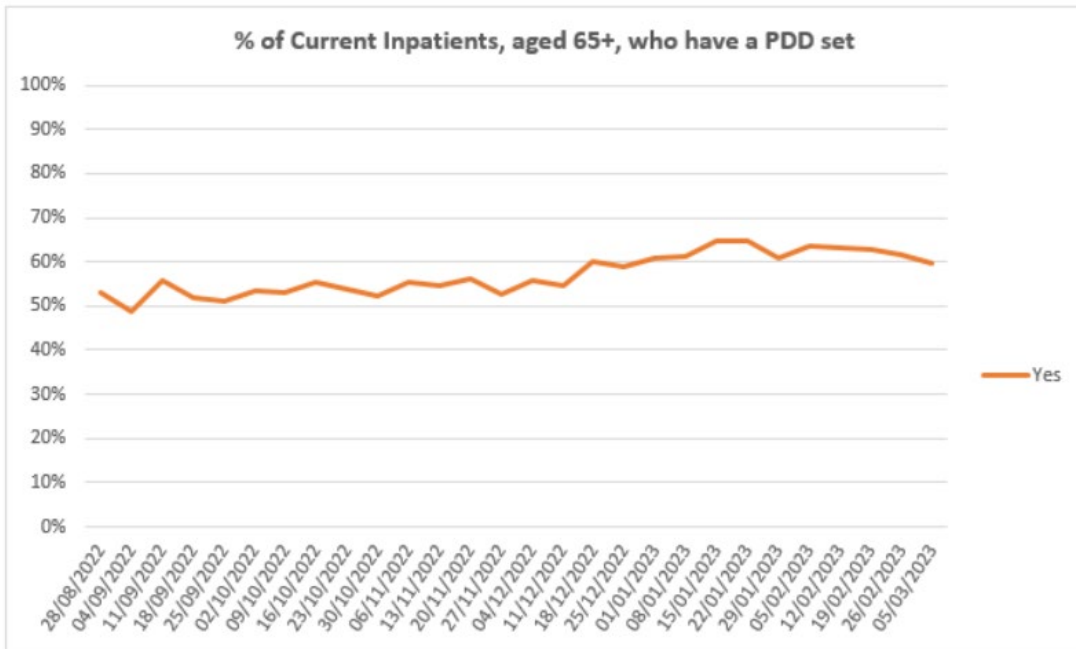


Figure 7 Current Inpatients (at time of census) with a Planned Date of Discharge

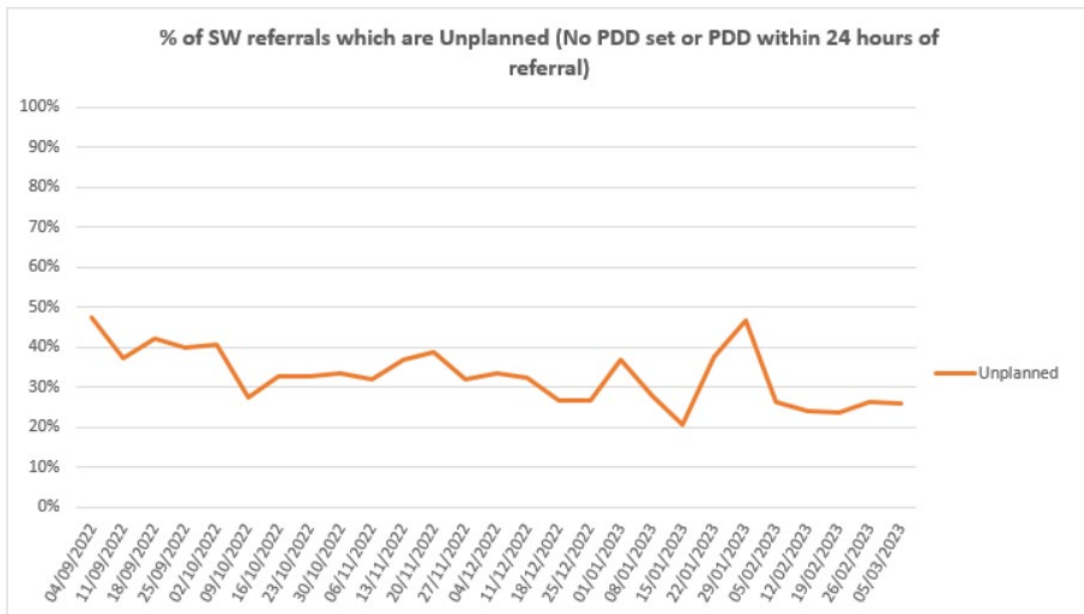


Figure 8 Current Inpatients (at time of census) with a SW referral that is unplanned

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.

- Highest referral rates on record – w/b 16th January, the North partnership received 158 referrals (peak winter pre-pandemic average was 77) and over the 3 days before and 9 days of the Firebreak from 23rd Feb to 3rd March, 261 referrals were received.

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 with over 380 individuals now supported home since May 2022. 63% of individuals the Home Assessment Team has worked with required no further support or service at the end of the process. Further work is ongoing to accelerate the implementation of Home Assessment Teams across all localities.
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. New approach to interim care home placements introduced in December 2022.
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. Waiting Times – H&SCP NL Hosted

Waiting times data contained in this report is provided by NHSL Information Management and is unvalidated/unpublished. This report is for the performance period from the 1st to 28th February 2023.

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 and Medical Children's and Young People Service performance for ongoing waits is detailed in figure 9. These show % waiting within 12 weeks.

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	100.00%	0	5	Current Performance is exceeding 95% standard.
Speech & Language Therapy - Children & Young People	28.80%	1389	69	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 remained at the same level since Dec. Please see 2.1 below for more detail.
Speech & Language Therapy - Adult	81.40%	92	26	Current Performance is expected to range from between 81% to 100% and therefore achieving the 95% standard is expected.
Podiatry (exc MSK)	99.80%	1	12	Current Performance is exceeding 95% standard.
Dietetics	68.90%	522	59	Current Performance is expected to range from between 57% to 66% and therefore achieving the 95% standard is unexpected. Performance has been improving above expectations however dipped in January and February.
Medical CYP (Cons Led)	43.90%	1056	52	Current Performance is expected to range from between 40% to 53% and therefore achieving the 95% standard or recovery target, 50%, is unexpected. Performance has dipped to the lowest level in February 2023. Please see 2.2 below for more detail.
Community Claudication	90.30%	18	27	Current Performance is expected to range from between 87% to 100% and therefore achieving the 95% standard is expected.

Figure 9 Performance against 50% target

Mental Health Services, measured as % waiting within 18 weeks are shown in figure 10.

Service	% Waiting Within 18 Weeks	Waiting Over 18 Weeks	Longest Wait (Weeks)	Comment based on Statistical Process Control chart
Psychological Therapies	73.74%	584	49	Current Performance is expected to range between 69% and 81%, therefore achieving the 90% target is unexpected at this point. Please see 2.3 below for more detail.
CAMHS	39.21%	890	143	Current Performance is expected to range between 22% and 37%, therefore achieving the 90% target is not expected at this time. Please see 2.4 below for more detail.
Neurodevelopmental Service	17.77%	5314	193	NDS moved from manual recording to TrakCare in December 2022, reportable data is not available prior to this. Please see 2.5 below for more detail.

Figure 10 Performance against 90% target

2.1 Speech & Language Therapy

Speech and Language therapy interventions have still to recover from impact on waiting times secondary to stand down of services during early stages of Covid 19. This has been compounded by sideways movement of experienced staff into other prioritised areas of work (Neurological Developmental Service)

The management team and professional lead for SLT have been working together to address this challenging long standing position. The team have identified the need to progress Trakcare roll out to provide assurance on delivery of service across the system and assurance of standardised processes being followed by individuals and Teams.

Only 1 area currently uses Trakcare. Service Improvement input and admin support will be key to facilitating delivery of this first step in our improvement plan.

A Service Improvement group has been convened with support from a project manager and service improvement manager within Specialist Children’s Health Service Unit. There will be workshops for wider stakeholder engagement (including a cross section of SLTs, eHealth, communications and information management). The first workshop is planned for May 2023.

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.

Performance for February remains at 28.8% with 1389 children waiting over 12 weeks. Longest wait is 69 weeks.

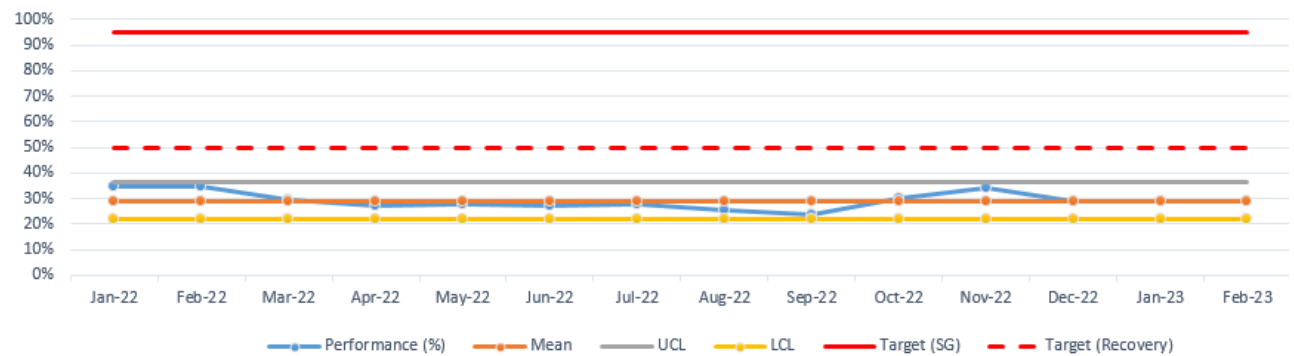


Figure 11: SLT C&YP performance

2.2 Medical Children & Young People (Consultant Led)

Acute Paediatrics were under significant clinical pressure in December 2022 and early January 2023. A pause in community paediatric clinics had to be implemented as clinical risk within the ward due to level of clinical acuity and gaps in rota.

A Paediatric Consultant post was successfully recruited in March, with a further 0.5wte post going through the recruitment process. This will provide additional capacity to support increase in delivery against target. The Paediatric Programme Board is in process of being re-established. It will be chaired by Dr Adam Daly and will focus on building a sustainable model for Paediatric services going forward and will include addressing the challenges around community paediatric waiting times.

Performance for February shows 43.9% with 1056 children waiting over 12 weeks. Longest wait is 52 weeks.

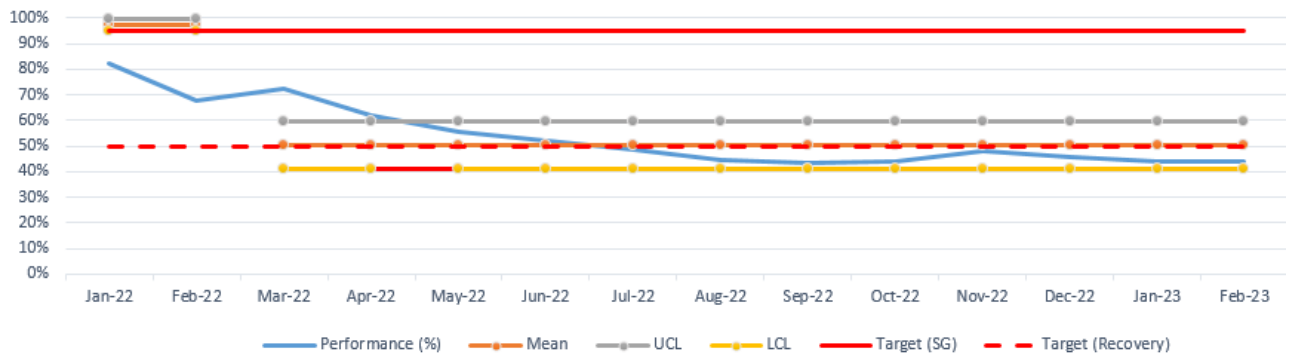


Figure 12: Medical CY&P performance

2.3 Psychological Therapies RTT

During January 85.69% of patients commenced psychological therapy within 18 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.

The number of referrals has increased noticeably over time however many variables exist such as addition of cCBT Self-Referral data

Performance for February shows 73.7% with 584 patients waiting over 18 weeks. Longest wait is 49 weeks.

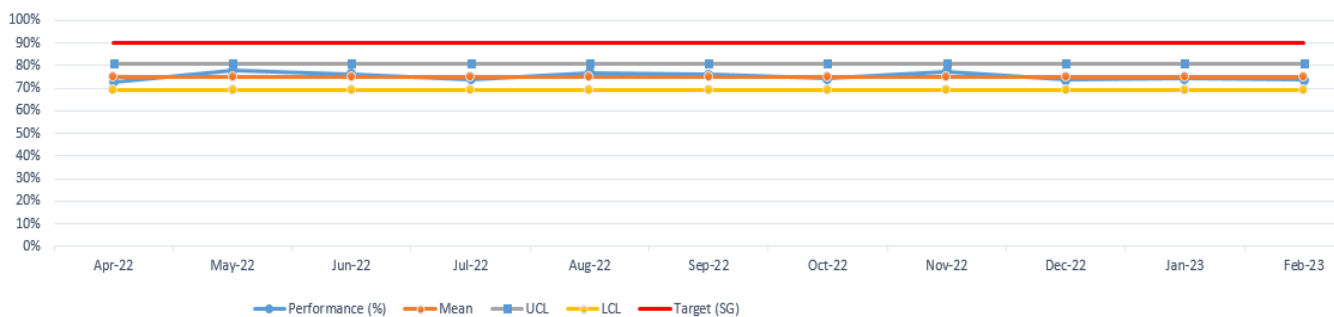


Figure 13 Psychological Therapies performance

2.4 Child & Adolescent Mental Health Service

The Waiting List Initiative continues with a steady downward trajectory in children and young people who are waiting to be seen (see figure 14 below). It is planned to continue in collaboration with implementation of Choice and Partnership approach (CAPA) and modelling indicates monthly incremental improvements in waiting times as a result.

From 22nd August 2022 – 12th March 2023, the out of hours clinics have offered an additional 1379 appointments, with 1010 attendances, 358 not brought, 7 patients transferred and 144 patients meaningfully redirected to other more appropriate supports.

The team have also been delivering a Centralised Duty approach. This has improved flexibility of response as well as reducing interruption to planned clinical activity.

The team are working closely with our Communications colleagues to promote the positive messaging around what is being delivered and plans to develop to meet future demand and need.

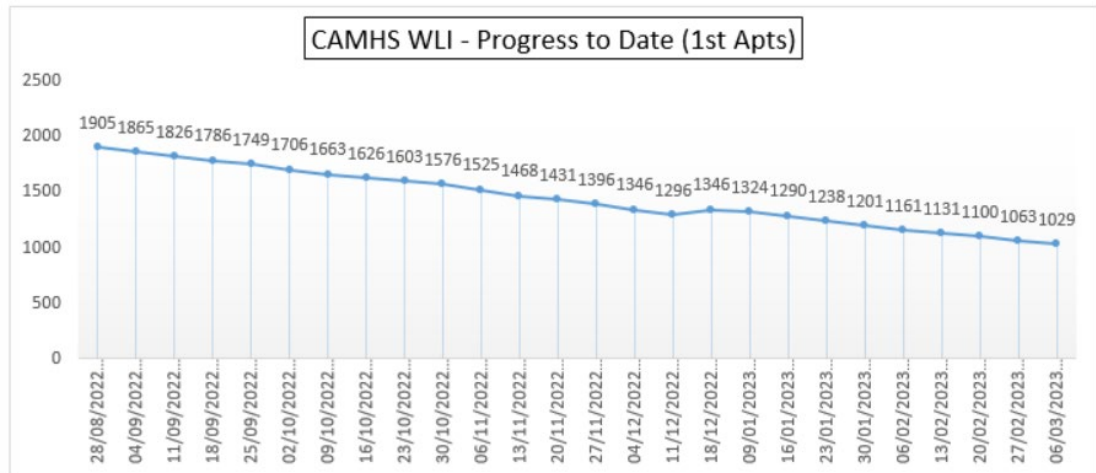


Figure 14 CAMHS Overall WL 6th March 2022

Performance for February shows 39.21% with 890 patients waiting over 18 weeks. Longest wait is 143 weeks.

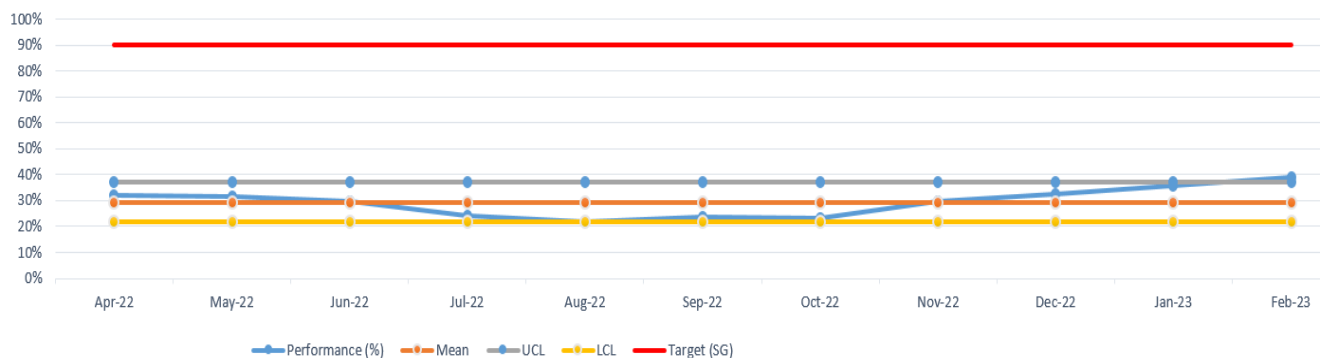


Figure 15 CAMHS Performance

2.5 Neurodevelopmental Service

Unfortunately the Neurodevelopmental waiting list was created before the service was fully staffed and this has resulted in the current performance.

A waiting list cleanse is currently being undertaken to ensure there is an accurate record of the children waiting. It is anticipated that effective use of Trakcare will allow better monitoring of demand and capacity within the service.

There has been a significant increase in staff over the past few months which has already had an impact on the longest waits. The service are also in the final stages of a

commissioning process to secure neurodevelopmental assessments from an independent company, it is anticipated that this will have a positive impact on the longest waits.

Performance for February shows 17.8% with 5314 patients waiting over 18 weeks. Longest wait is 193 weeks.



Figure 16 NDS Performance

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.