

Meeting of NHS Lanarkshire
Board

Lanarkshire NHS Board
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DATE: May 2023

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

HSCP NL delayed discharge performance was 1196 bed days below target at the end of the reporting year.

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"/>	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 / FAIRER SCOTLAND DUTY 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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Telephone: 01698 752591

1. Delayed Discharge Performance

April – March 2022/23 HSCP North Lanarkshire delayed discharge performance was 30,600 standard bed days against a target of 31,796, 1196 bed days below target (figure 1). Bed days between July and January increased but have decreased markedly in the two most recent months.

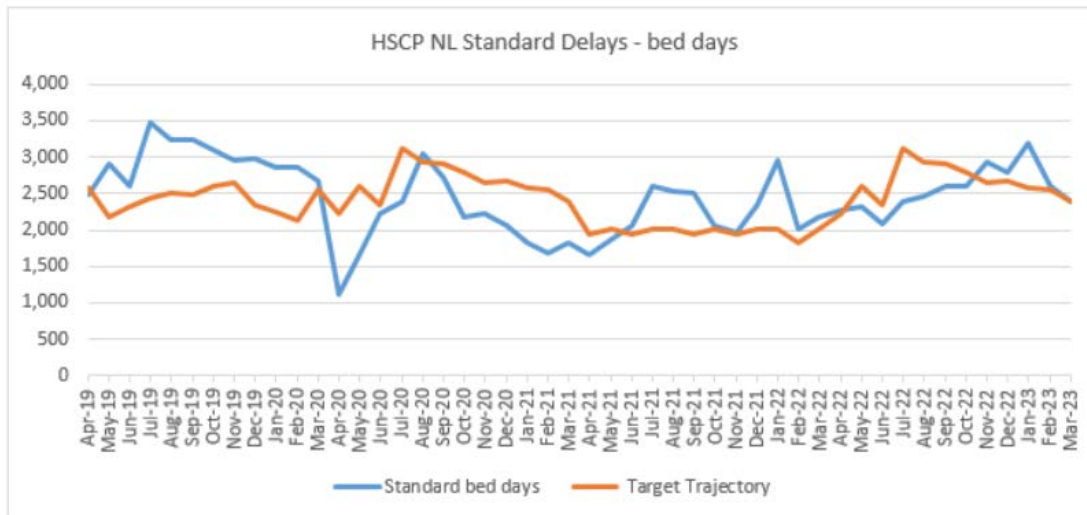


Figure 1 Delayed Discharge bed days performance

The figure 2 graph shows that bed days moved outside of routine variation in Jan 23 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).

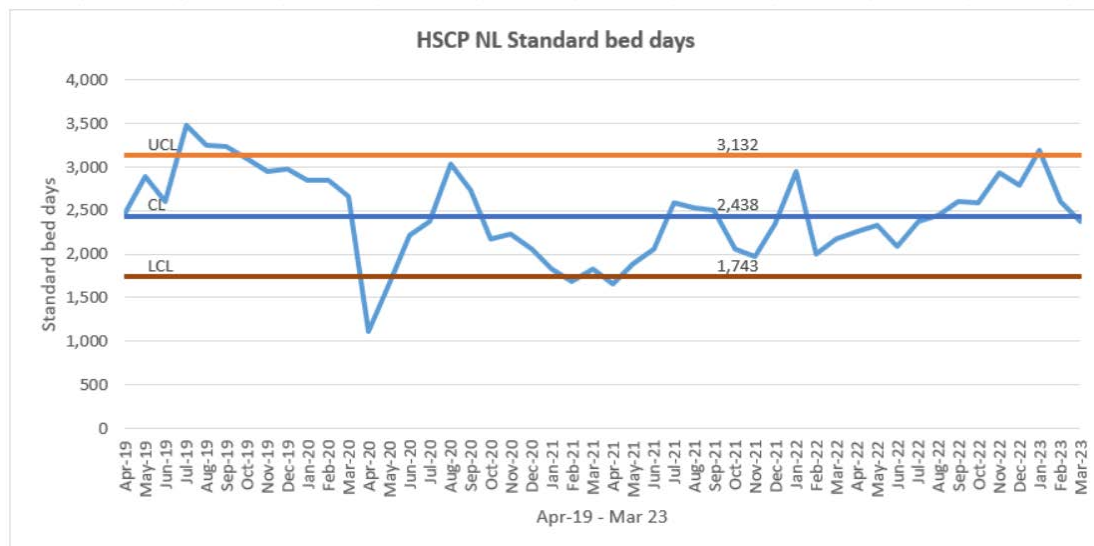


Figure 2 HSCP NL SPC Standard Bed Days

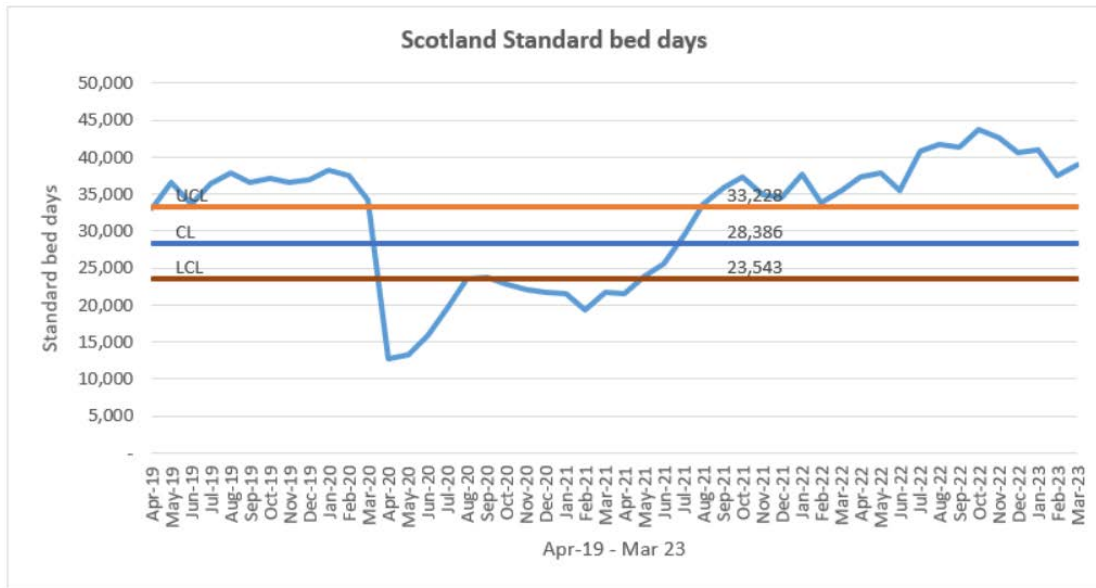


Figure 3 NHS Scotland Standard Delays bed days

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

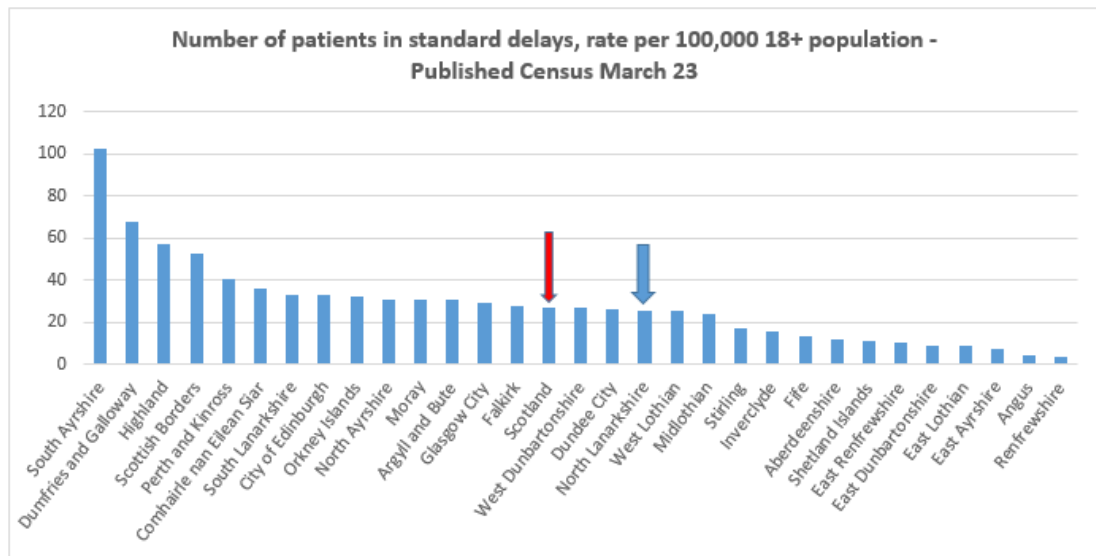


Figure 4 Patients in standard delay, rate per 100,000 for all HSCPs

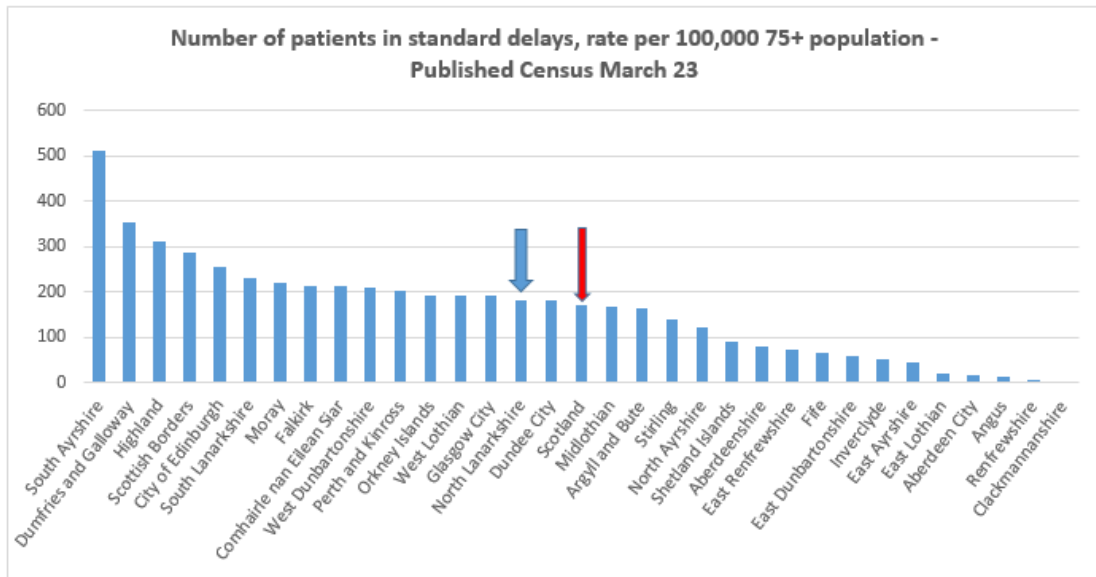


Figure 5 HSCP NL SPC Standard Bed Days

At the end of April 94% (figure 6) of patients were discharged with no delay (target 98%).

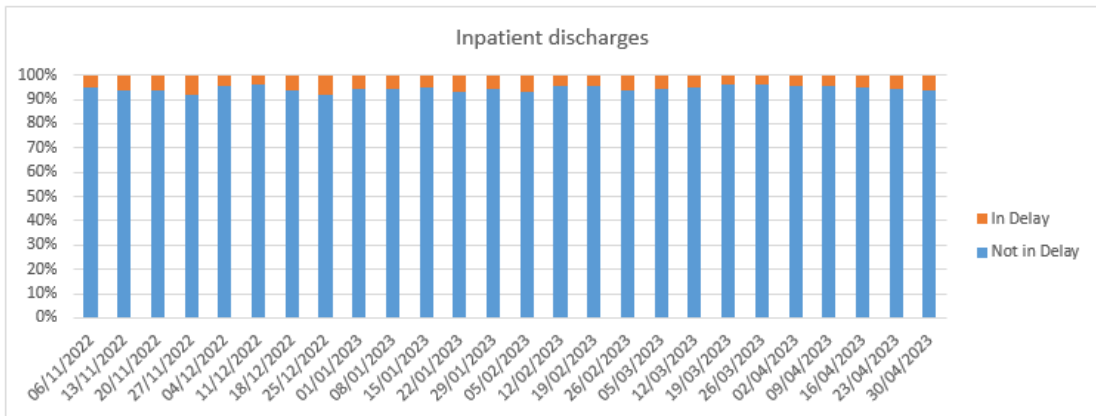


Figure 6 All inpatient discharges

Whole system work continues on the Discharge Without Delay process, current performance (figure 7) shows a decrease to the end of April in the percentage of current inpatients aged 65+ who have a PDD set. Figure 8 shows unplanned referrals accounted for 32% of all social work referrals in the last week in April.

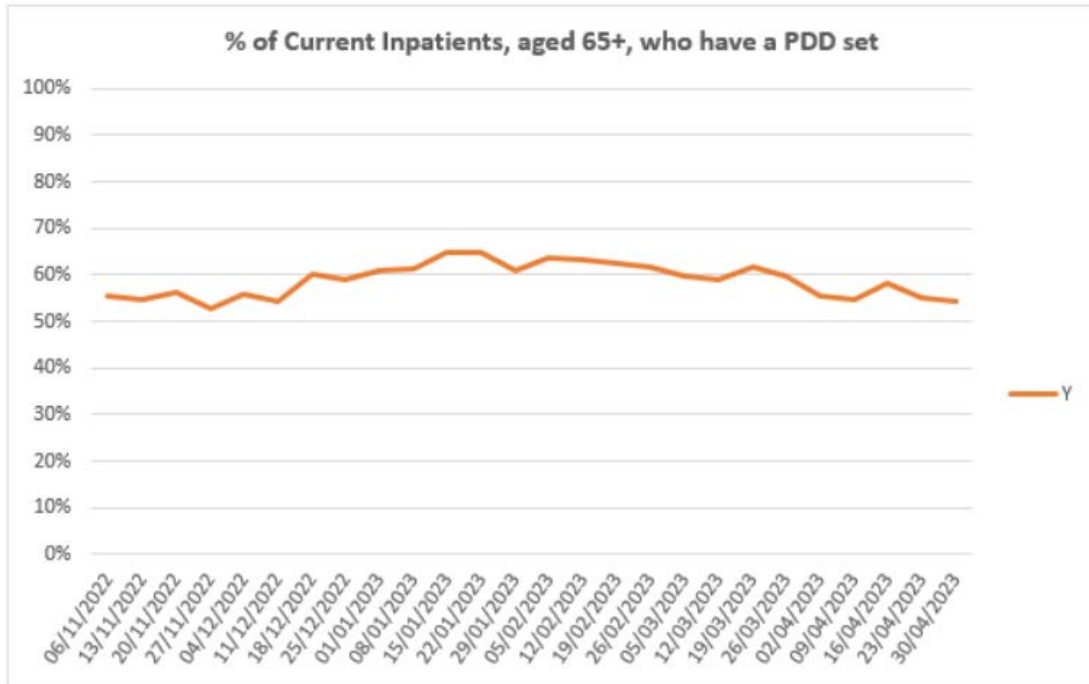


Figure 7 Current Inpatients (at time of census) with a Planned Date of Discharge

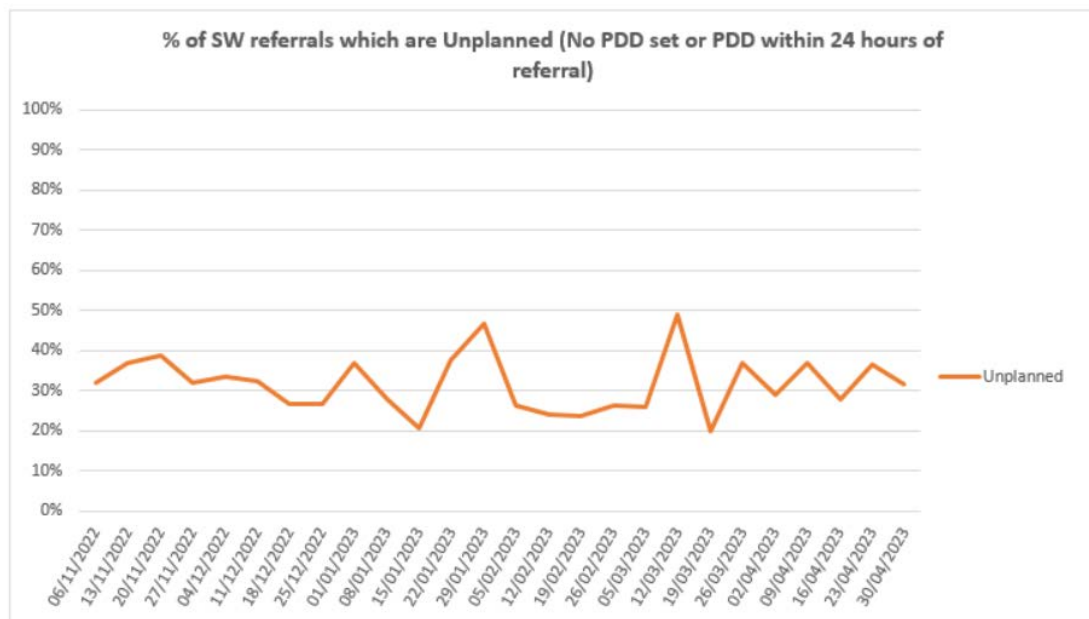


Figure 8 Current Inpatients (at time of census) with a SW referral that is unplanned

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)

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 660 individuals now supported home since May 2022. 60% 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 30th April 2023. Mental Waiting Times are shown for 1st to 31st March.

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	98.70%	2	130	Current Performance is exceeding 95% standard.
Speech & Language Therapy - Children & Young People	28.80%	1407	75	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%	41	27	Current Performance is expected to range from between 81% to 100% and therefore achieving the 95% standard is expected.
Podiatry (exc MSK)	99.20%	5	16	Current Performance is exceeding 95% standard.
Dietetics	69.60%	521	36	Current Performance is expected to range from between 60% to 75% and therefore achieving the 95% standard is unexpected. Performance has been improving overall since July 22.
Medical CYP (Cons Led)	49.30%	898	49	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 improved in March 2023 and has been maintained in April. Please see 2.2 below for more detail.
Community Claudication	92.90%	11	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 % starting treatment within 18 weeks are shown in figure 10.

Service	% Seen Within 18 Weeks	% Waiting Within 18 Weeks	Waiting Over 18 Weeks	Longest Wait (Weeks)	Comment based on Statistical Process Control chart
Psychological Therapies	86.7%	67.6%	739	51	Current Performance is expected to range between 77% and 93%, therefore achieving the 90% target is expected at this point. Please see 2.3 below for more detail.
CAMHS	29.8%	38.3%	801	148	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		16.9%	5471	200	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 continue to face significant challenges around meeting of waiting time target. A service improvement plan is in process and the management team have been provided with support. A service improvement workshop was facilitated on April 25th by a project lead and service improvement colleague who have been provided with ongoing dedicated time to support service improvement change capable of addressing this challenge.

The workshop was led by the professional lead and colleagues invited included SLT Senior Management Team, Team Leads, SLT Service Improvement colleagues, Practitioners and representation from aligned university. The workshop focussed on mapping of current pathways into and through the service. This has provided the detail needed that will appropriately inform next steps. A formal work plan will be able to be shared in months going forward.

The SLT management team should be acknowledged for their transparency and positive approach to the process and leadership of SLT colleagues. This facilitated positive contribution from all involved. It should be noted that significant work has already been undertaken and the workshop used that as a benchmark of current position of strengths and weaknesses to identify what wider organisational support could provide to progress position.

EHealth

The current limitation of eHealth systems makes it difficult to robustly report performance and presents a challenge as info is collated through local arrangements.

Trakcare is not being used to full potential across the service. However, it is being used with success in one area. Small changes will be required to ensure that fully fit for present and future purpose. This will then be tested prior to being expanded into other teams.

SLT are currently not on MORSE. They are on the MORSE work plan. This will be an important piece of work as it will provide transparency of intervention and will align with wider children's services aspiration of having a system that is capable of sharing information of children across our scope of care and within NHS Lanarkshire. This will also support team leaders to provide organisational assurance of the quality of work being delivered across teams and by individuals

Processes

Wide variance of process across the system (and individual teams). Standardised and consistent processes require to be developed that reflect pathway and support a consistent measure of locally agreed 12 week treatment target.

Waiting List coordinator colleagues are working with the team to offer the support needed that will improve local systems.

Work Force

A review of current workforce demographic is required to inform our future planning.

Consideration required of:-

- Age – succession planning for retirements in 2 year, 5 year, 10 year plan
- Challenging landscape of newly registered staff recruitment- links require to be built with Universities. A university colleague attended on day and will continue to link in with future work force planning.
- Opportunities for expansion of Band 4 roles.

Environment

SLT are spread across multiple sites and facilitate collaborative working with other health care colleagues and education. This will require further mapping to ensure we continue to have capacity to deliver future care in right place at right time by right people.

Performance for April remains at 28.8% with 1407 children waiting over 12 weeks. Longest wait is 75 weeks.

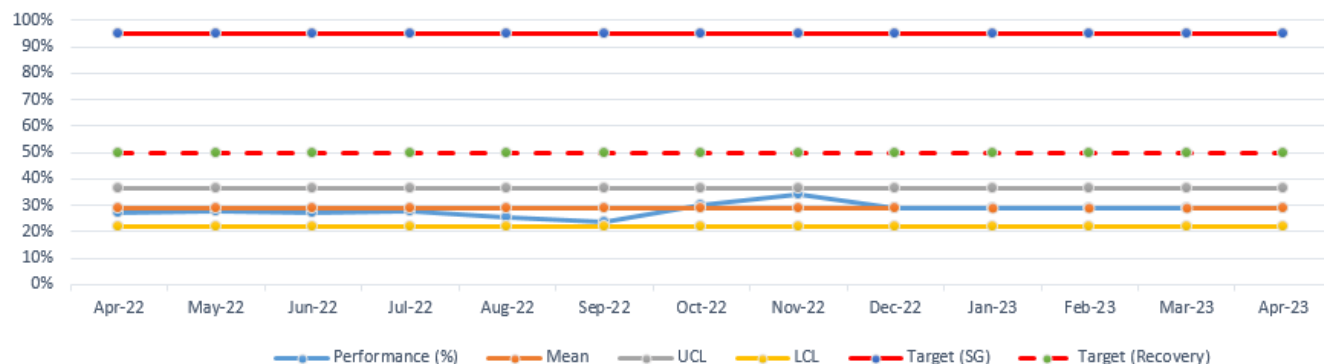


Figure 11: SLT C&YP performance

2.2 Medical Children & Young People (Consultant Led)

Acute Paediatrics have started to realise some recovery in their medical waiting time target. Focussed work has been carried out to address this challenge. This includes ongoing robust vetting and allocation of experienced colleague time to address longest waits. It is anticipated that the level of acuity within acute paediatrics will reduce over summer months. This will secure planned appointment capacity is met within months ahead to further progress current performance position.

A Paediatric Consultant post was successfully recruited in March. Unfortunately they will not take up post until after summer. Meantime, additional capacity is being provided by a locum consultant and extension of a temporary contract to a retired consultant colleague.

The Paediatric Programme Board is in process of being re-established. They are being supported with dedicated project leadership time. An initial workshop has been undertaken and information gathered will inform focus of work going forward. Particular attention will be required on sustainability of service delivery due to concurrent challenges in consultant level workforce (age demographic of colleagues, reduced number of whole time equivalency training places and changes to shape of speciality training which provides additional capacity within current rotas).

Performance for April shows 49.3% with 898 children waiting over 12 weeks. Longest wait is 49 weeks.

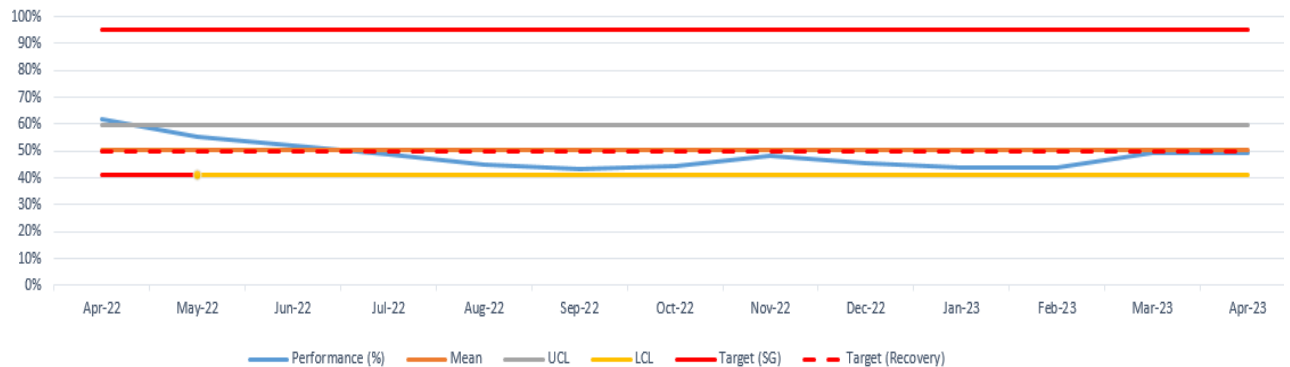


Figure 12: Medical CY&P performance

2.3 Psychological Therapies RTT

Trajectories, completed by the PHS embedded analyst using the recommended methodology from PHS, indicate that the RTT is likely to be achieved by the end of the calendar year. Of note, these projections are based on a number of assumptions including retention of current staffing and recruitment to vacant posts, levels of demand, continuation of funding.

Psychological Services have focused on addressing the longest waits through various means. A Consultant Psychologist is now in post to coordinate the management of longest waits in Adult Psychological Therapies Teams (PTT). Sharing out longest waits across localities, where appropriate, allows patients to be seen more quickly and reduces variation across geographical boundaries. Early screening appointments for patients referred to Adult PTT are now routinely offered to ensure that patients are directed to services that will best meet their needs at the earliest point in time. A stepped care approach to delivering evidence based therapies is now established utilising online therapy programmes, digital therapies and group-based interventions, and offering face-to-face psychological therapies where this is deemed the most appropriate form of psychological therapy.

A focus on staff wellbeing continues in order to support our workforce and promote staff retention. Consultants are now in place to lead on Quality Improvement and Research which, in addition to service improvement and adding to the evidence base, will also create and maintain an enthusiastic workforce. Centralisation of recruitment processes and the creation of generic job descriptions has led to a noticeable improvement in reducing vacancies across the service.

Performance for March shows 86.7% with 739 patients waiting over 18 weeks. Longest wait is 51 weeks.

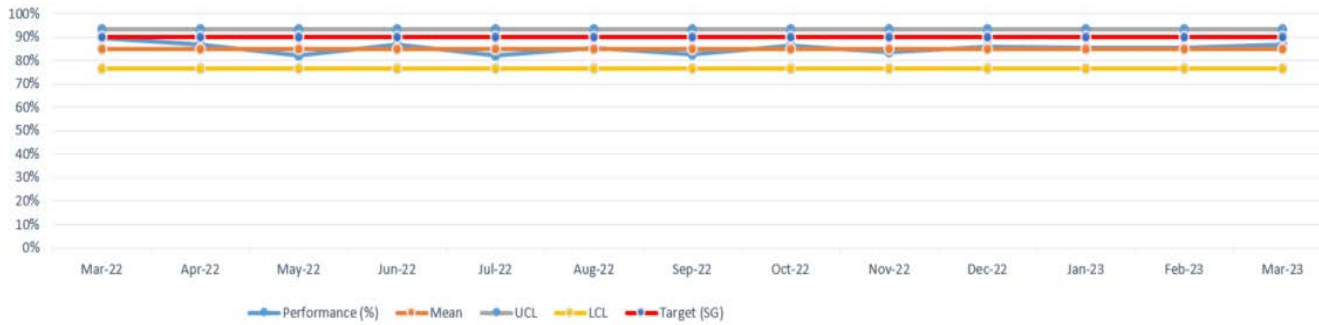


Figure 13: Psychological Therapies Performance

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 -16th April 2023, the waiting list initiative have offered an additional 1499 appointments, with 1099 attendances, 389 not brought, 7 patients transferred and 153 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.

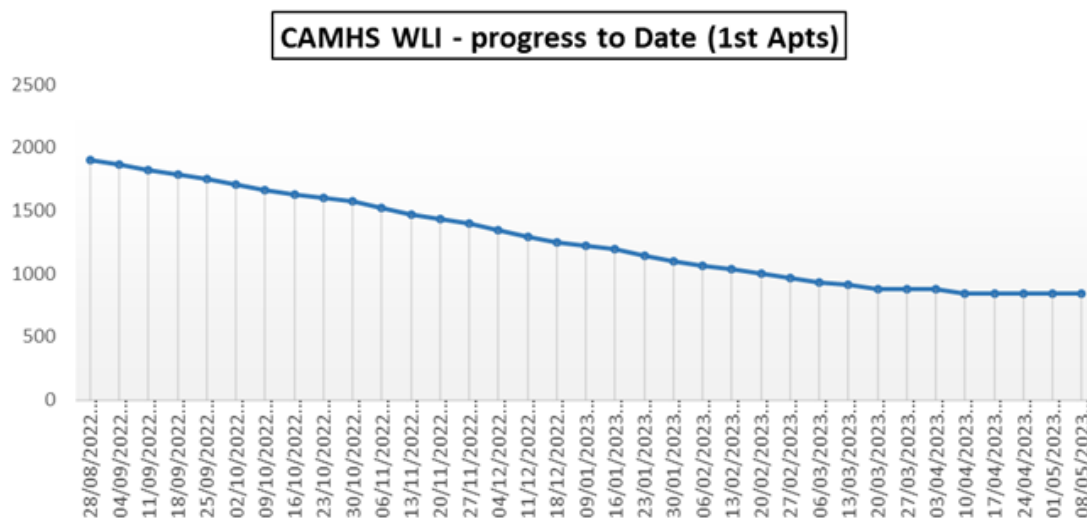


Figure 14 CAMHS Overall WL 20th March 2022

Performance for March shows 29.8% with 801 patients waiting over 18 weeks. Longest wait is 148 weeks.

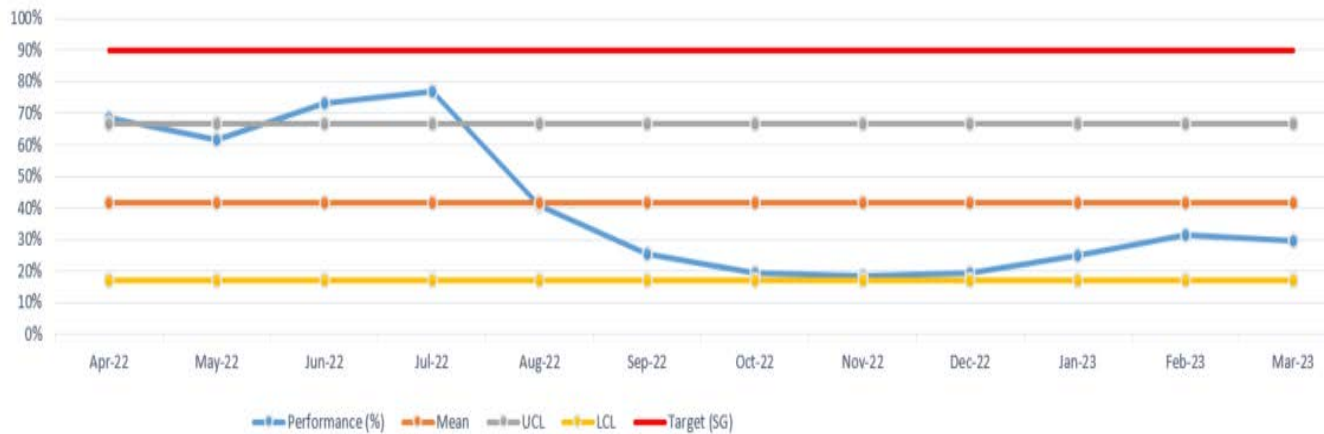


Figure 15 CAMHS Performance

2.5 Neurodevelopmental Service

The waiting list for the Neurodevelopmental Service remains long. However, with our increase in staff and completion of staff training and induction we are beginning to see some positive movement. The waiting list cleanse continues. This provides assurance that firstly we have the right children on the list and secondly whilst waiting can be identified as potentially benefitting from universal supports. A range of groups have been developed to support parents. These groups focus on sleep, behaviour and eating.

Trakcare is now allowing us to better monitor demand and capacity within the service. This will provide the evidence needed going forward to build a sustainable future service capable of meeting demand.

The service are also working with wider partners (education, GP's and SW). They are currently at planning stage of a Test of Change that aims to improve on understanding of neuro specific challenges for children and how they can be supported through Child's Plan whilst they wait to be seen.

The service has also completed a commissioning process to secure neurodevelopmental assessments from an independent company. Our first group of patients will begin their assessments in August 2023.

A NDS Operational Group and NDS Steering Group have been established. The first will manage the practicalities of delivering the service in collaboration with and outside provider as well as internal capacity and demand challenge. The second will provide assurance to the CAMHS Recovery and Renewal Programme Board that the commissioned provider is delivering the ask of initial tender as well as delivery of learning achieved from Tests of Change.

Performance for March shows 16.9% with 5471 patients waiting over 18 weeks. Longest wait is 200 weeks.

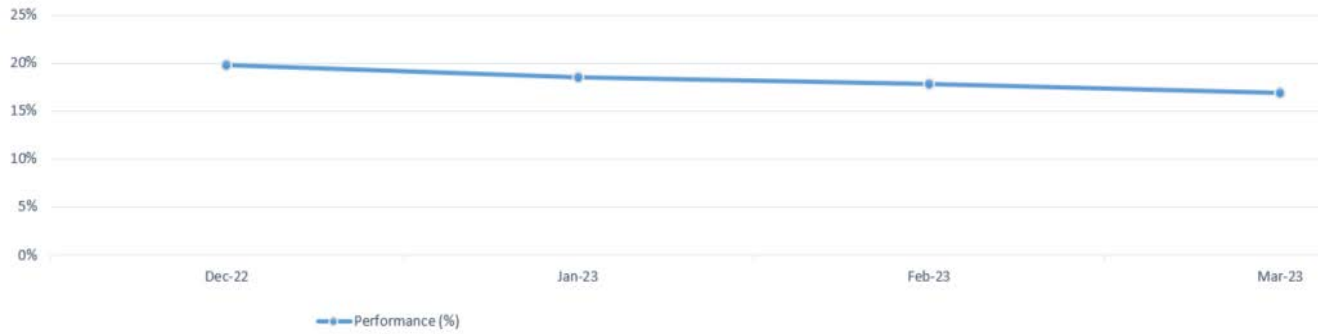


Figure 16 NDS Performance

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.