

Health, Social Care and Sport Committee Follow-up

Financial Sustainability

- In its 2022 Overview of the NHS report, Audit Scotland states there is a tension between the service delivery targets of the NHS Recovery Plan and the finances available to boards to meet them. Given so many of the pressures on board finances appear to be beyond the control of NHS boards, can you set out how you plan to balance your budget?

NHS Forth Valley is forecasting delivering a balanced budget for 2022/23 however a range of measures to deliver ongoing service transformation, cost improvement and efficiencies will be required to support a balanced budget in 2023/24, in line with the Board's approved 3-year Financial Plan.

The key areas of focus for savings are reductions in temporary supplementary staff, improvements in absence management, closure of contingency beds, improved cost effectiveness of medicines expenditure, whilst embedding realistic medicine principles and implementing digital enablers to support more efficient, sustainable workflows and pathways.

There is a high risk that savings delivery will not fully meet in-year requirements, and this will continue to be monitored and reviewed to ensure we focus on addressing potential shortfalls.

- **How much funding do you estimate your NHS board will need to reduce waiting times and address backlogs in care?**

NHS Forth Valley expects to receive an allocation of £5.6m in 2023/24 on a recurring basis to support delivery of key planned care targets with a focus on reducing long waits and addressing backlogs.

Service innovation and redesign will also continue to play an important part in maximising the sustainability and value of resources whilst delivering person centred, safe and effective care to improve patient outcomes.

The new National Treatment Centre - Forth Valley inpatient ward, which will open in 2023/24, is funded by Scottish Government and will provide additional national capacity for planned orthopaedic surgery.

- **Has the Scottish Government given your NHS board any commitments to provide additional funding to cover part or all of any estimated funding shortfall?**

There is close dialogue ongoing with Scottish Government colleagues regarding the financial planning position for 2023/24 and if financial assistance is required to support a breakeven position, this would be made on a repayable brokerage basis. However, our focus will be on addressing potential shortfalls.

- **NHS Forth Valley has reported a 'break even' position for 22-23 but a large funding gap of £10-15M for 2023-24. Can you set out the cause of this and how is it going to be dealt with?**

The 3-year Financial Plan, approved by the NHS Board, identified a financial gap of £15.6m. This financial pressure is driven by workforce pressures, continued Covid-19 related expenditure, new investments in drugs and therapies, and inflationary pressures.

A range of measures to support cost improvement and efficiencies will be required to support a balanced budget in 2023/24. The key areas of focus for savings are listed above.

You also agreed to provide the following to the Committee:

- **specific figures in relation to the impact of inflation and the current cost crisis**

The impact of wider economic price inflation is seen in three key areas: procurement of routine non-pay items including consumables and medicines, annual movements on contract prices with a particular impact on high value annual payments which are aligned to general or RPI inflation rates, and capital investment costs due to changes in market prices.

For example NHS Forth Valley has estimated an RPI rate of up to 14% for the three local PFI/PPP contracts and this has been factored into our budget plans and projections for the year ahead. However, these rates do vary and may be lower than projected estimates.

- **more detail on capital investment figures and return on investment**

We have invested in an extensive project to upgrade lighting to LED in the majority of our Primary Care sites (Health Centre and Community sites). The work was procured through the Non-Domestic Energy Efficiency Framework which includes independent verification of savings achieved. This was noted to be 20% over the anticipated savings forecast. LED lighting was installed in forty buildings/areas within larger sites, £116k/year savings realised (at 2021/22 rates for electricity) and circa 250 tonnes carbon reduction.

A project is underway looking at improving the energy performance of Forth Valley Royal Hospital. A £1.2M grant was provided by Scottish Government for this pathfinder project to understand the implications of delivering energy efficiency measures at scale within a PPP site.

The 200kW roof-mounted array has been designed, planning application submitted, and discussions are ongoing with Project Core the contractual changes that are required to ensure the savings achieved are returned to the NHS Board. As part of the same pathfinder project additional energy efficiency projects were identified and a further £500k has been provided to invest in a chiller upgrade and LED lighting upgrades. Total carbon savings will be finalised when the lighting designs/proposals are complete.

Additional funding has been secured to deliver a 'hybrid heating' pilot project. As part of the climate emergency response, NHS Boards are mandated to phase out fossil fuel heating by 2038 and move to electric heating. Health Boards need to understand the implications of this change in healthcare settings in terms of running costs and any implications of having no gas boiler on-site as back up. This project will see heat pumps installed with limited gas boiler back-up. Running costs and resilience will be monitored, providing learning for the whole of NHS Scotland. Total carbon savings and running cost increases will be finalised when the designs are complete.

Discussions have taken place with representatives from the Stirling and Clackmannanshire Council's Regional Energy Master-planning Teams with a view to including NHS Forth Valley sites in district heating plans.

In terms of carbon emissions, in 2021/22 NHS Forth Valley reported a 36% reduction from the 2014/15 Public Bodies Climate Change Duties baseline.

An extensive survey of the Primary Care estate was recently undertaken to identify energy efficiency opportunities with a view to bidding for Green Public Sector Estate De-carbonisation Scheme (GPSEDS) funding, which enables 'fabric-first' projects with significantly longer pay-backs to be delivered. A number of opportunities were identified with a successful bid made for £2M. The project is out to tender with final deliverables to be confirmed/agreed. The anticipated energy cost performance (savings) target proposed to framework contractors was £120,000/year and 1,500 tonnes of lifetime carbon savings.

- **Please provide a brief commentary on your board's performance against the NHS key performance standards.**

Scheduled Care

In 2021 the investment in recurring workforce and introduction of a 'Hospital within a Hospital' system for elective patients has enabled NHS Forth Valley to maintain a high level of elective activity, performing well against activity trajectories agreed by with the Scottish Government. In the financial year to the end of February 2023, 86% of agreed outpatient activity and 81% of the agreed inpatient and daycase activity has been undertaken.

The target is to treat those patients waiting longer than 12 months for outpatients in most specialties by the end of March 2023. NHS Forth Valley had twenty-five patients waiting longer than 12 months at the end of March 2023.

The target is to treat those patients waiting longer than 18 months in most specialties by September 2022 for inpatient and daycases. At the end of September, NHS Forth Valley had thirty-six patients waiting longer than 18 months with thirty-four patients waiting at the end of March 2023.

Diagnostics

At the end of February 2023, 536 patients were waiting longer than the 6 week standard for imaging. With 86.5% compliance against the standard. There has been an improvement or reduction in the total number of patients waiting from a high of 6,419 in March 2022 to 3,957 in February 2023. Activity has consistently exceeded the agreed activity trajectory.

At the end of February 2023, 180 patients were waiting beyond 6 weeks for endoscopy with 61.9% compliance against the 6-week standard. There has been an improvement or reduction in the total number of patients waiting from 600 in February 2022 to 472 in February 2023. As with imaging, activity has consistently exceeded the agreed activity trajectory.

62-day and 31-day cancer target

The 31-day standard has overall been met consistently with the position in February 2023 - 99.0%. A number of pressures, including capacity and the complexity of specialty pathways for patients referred to The Beatson West of Scotland Cancer Centre, have impacted on delivery of the 62-day standard with performance in February 2023 70.6%. Particular challenges exist within the urology pathway locally and in accessing tertiary services. Improvements in colorectal and lung cancer pathways need to be sustained.

Psychological Therapies

In March 2023, 78.3% of patients started treatment within 18 weeks of referral. As one of the NHS Board areas receiving a programme of enhanced support, NHS Forth Valley submitted a comprehensive Psychological Therapies Improvement Plan to the Scottish Government. This provides details of improvement actions and anticipated trajectories. As part of this,

trajectory modelling was completed which has recently been revised to take into account several factors including current staffing levels and the reduction in waiting list size. Achievement of the standard remains challenging, with national workforce availability presenting the most significant risk. While the service has recently recruited to a number of posts (i.e., 3.1 wte), there remains several core vacancies - with six posts (3.4 wte) in recruitment with 2.7 wte being prepared for advert.

Child & Adolescent Mental Health Services

NHS Forth Valley has focused on addressing long waits (e.g., 237 patients waiting over 52 weeks and 176 waiting over 37 - 52 weeks in Feb 2022. There are now five patients waiting over 19 - 36 weeks in March 2023) which impacts adversely on RTT performance. The average wait (Choice) assessment waiting list is now 8 weeks and in March 2023, 45.9% of patients started treatment within 18 weeks of referral. CAMHS are progressing a combined Quality Improvement and Waiting Times Improvement Plan. This is multi-factorial and includes the implementation of the Choice and Partnership Approach (CAPA), the redesign of the service to meet the CAMHS Service Specification as well as improvements to ensure that performance is improved and sustained during Quarter 1 (April to June 2023).

4 Hour Emergency Access Standard (EAS)

The 4-hr EAS system measure continues to be both challenging and variable with performance consistently in the lower quartile for NHS Scotland. Actions to support sustainable change are being progressed with a focus on supporting decompression of the acute site and sustained recovery. Work is ongoing to support the withdrawal from contingency spaces where possible, along with work in respect of discharge without delay and rapid assessment and discharge and a review of the capacity required across local health and care services to address current and future demand. Strong foundations are in place to support the delivery of the agreed high impact system changes over the next quarter to improve both patient and staff experiences.

NHS Forth Valley has agreed with Scottish Government colleagues a whole system Urgent & Unscheduled Care Collaborative plan with implementation work commenced. A refocused programme of priority workstreams has been developed with dedicated Programme Management support. Improvement trajectories are being confirmed.

To what extent do the key performance standards used to monitor NHS boards drive service delivery at a management level and on the frontline?

The monitoring and management of performance in relation to the performance standards is integral to the delivery of quality improvement and core to sound management, governance, and accountability. Performance is thread throughout the organisation from 'floor to board' to support the safe and timely delivery of person centred services. NHS Forth Valley has invested in developing Directorate and Partnership Dashboards, this provides the data required to support and monitor improvement in performance.

Are there any standards in particular that your board has prioritised for improvement and are there any you would deprioritise in the current climate?

Our escalation to Stage 4 of the NHS Scotland Performance Escalation Framework for concerns relating to Governance, Leadership, Culture, included a range of performance-related issues notably in GP and Primary Care Out of Hours services, unscheduled (emergency) care, and mental health. These are key areas of work and focus for NHS Forth Valley with programme management and enhanced support in place to deliver sustained improvement.

How can prevention, early intervention and realistic medicine be prioritised within key performance standards as opposed to focusing on acute pressures?

NHS Forth Valley has made building a Realistic Medicine network a priority. At a strategic level, 'Working as a System' is one of our five Forth Valley Quality Strategy priorities and, work is underway to ensure Realistic Medicine principles are incorporated in system wide strategic planning and decision making. Our aims are to embed Personalised Care and Shared Decision Making, ensuring professionals have the education, skills, knowledge, and support to practice Realistic Medicine using Realistic Medicine tools and eLearning packages. We are embedding Realistic Medicine in the training for FY1 doctors, as well as carrying out training events for Advanced Nurse Practitioners, GPST 3 and are developing a plan for future and ongoing training which will be monitored to ensure high uptake levels.

Do you have any specific recommendations that you would like the Committee to make to the Scottish Government to ensure early intervention and prevention become key performance areas across health boards?

As highlighted to the Committee, a shift in focus to prioritise early intervention and prevention is welcomed. Shifting the focus and refreshing the performance framework with an emphasis on population health targets informed by locally determined priorities and a recognition of the key role of Community Planning Partners would help address the long-term determinants of health and contribute to the health and wellbeing of communities whilst addressing inequalities.

COVID Recovery

- **Did you feel adequately consulted in the preparation and delivery of the NHS Recovery plan? What more should the Scottish Government have done/be doing now in this regard?**

The Recovery Plan provides policy direction and targets especially in the context of Covid-19 recovery. NHS Forth Valley, in response, is currently working with Scottish Government to agree the NHS Board's Annual Delivery Plan.

- **Is the NHS Recovery plan feasible given the circumstances NHS boards face since publication?**

The importance of continuing to review and update local Plans in response to changing socio-economic circumstances and ongoing recovery from a pandemic will require us to work differently to support improvements in population health whilst improving waiting times and delivering financial balance.

- **Is there anything about the recovery plan that you would change in light of current circumstances?**

The Recovery Plan provides the policy direction to support NHS sustainability through innovation and reform. The need to align this policy direction with ongoing engagement to manage expectations as we recover from a global pandemic will be important going forward.

- **Can you provide further detail on the current status of outpatient elective work, in comparison to pre-pandemic levels?**

Outpatient financial year to date activity comparisons for the period April to February are detailed in the table below.

Financial year to date activity comparison April to February

	February 2019	February 2020	February 2023
New outpatients	73,093	73,162	71,404
Return outpatients	193,199	176,533	183,213
Total outpatients	266,292	249,695	254,617

Inpatient and daycases financial year to date activity comparisons for the period April to February are highlighted below.

Financial year to date activity comparison April to February

	February 2019	February 2020	February 2023
Inpatient / Daycases	39,480	44,196	42,939

- **The plan suggests alternative pathways will be key in COVID-19 recovery. Has your board had any positive outcomes from alternative pathways?**

NHS Forth Valley is committed to delivering reform through innovation and has implemented a number of new ways of working e.g., new advanced practice roles for nurses and AHPs to improve waiting times and/or services in primary, community and hospital care. The 2021 investment in a recurring workforce and establishing a ‘hospital within a hospital’ has supported our elective care recovery programme.

Progress of the recovery plan

- **The Scottish Government published its first NHS Recovery Plan: annual progress update in October 2022. To what extent do you agree with the Scottish Government’s assessment of progress towards achieving the ambitions of the recovery plan?**

NHS Forth Valley welcomes the reflections in the update and the challenges including timescales to recover from a global pandemic. In going forward, it will be important to acknowledge the health and care services need to change in response to the different population health needs associated with changing demographics and epidemiology.

- **Do you agree with Audit Scotland that the October 2022 progress update does not fully reflect the scale of challenges boards have faced and the extent to which this has hampered progress towards recovery by individual boards?**

It is important to acknowledge the scale of the challenges facing health and care services locally, nationally and internationally and the changing operating socio and economic environment because of a global pandemic. It is important we take the learning from the many positive developments implemented at pace during the pandemic and build on these to support the continued recovery and ongoing sustainability of health services.

- **Are there any particular areas you would highlight where good progress has been made and why do you think this is?**

The most notable improvement has been the application of digital technology at pace to support how we deliver care and services through the use of telephone and video consultations and the introduction of more advanced practice roles for staff at all levels.

- **Which areas of the recovery plan have made the least progress and what are the reasons behind this?**

Workforce challenges in both health and care has impacted adversely on timely discharge.

- **Do you feel that workforce planning is adequately included in considerations around the NHS Recovery plan?**

Access to an available workforce is critical to our recovery plans. The wellbeing of our staff is also critical to our recovery plans and therefore NHS Forth Valley will continue to invest in creating a compassionate culture that is both enabling and inclusive and supports our staff speak up.

In addition, the impact of the pandemic on available workforce has resulted in the NHS Forth Valley accelerating our workforce developments to ensure we have a future workforce to meet the needs of our population. For example, investing in new often advanced practitioner roles in primary, community and hospital care, investing in the current workforce to retain staff e.g., converting just over 800 Band 2 to Band 3 posts and ongoing work to support international recruitment.

Escalation framework

- **Do you feel your NHS board is receiving adequate support to improve your position on the framework? What further support do you think you need?**

Yes, the enhanced support provided to deliver sustainable improvement is welcomed and we are committed to working with Scottish Government and other colleagues to take forward the changes and improvements required.

Staffing

- **It was mentioned in your submission that five respiratory consultants left in December 2022. Please provide further detail on the following:**
 - **How has this affected the service?**
 - **Have these positions been filled?**
 - **What has been the effect on waiting times?**
 - **Have there been any changes or improvements to service since then?**

The change in workforce will enable us to deliver new ways of working supported by new roles. We continue to be supported by existing medical and nursing staff within our respiratory service and have recruited an additional experienced substantive consultant respiratory physician from Guys and St Thomas's with an interest in lung cancer and TB who will start in May 2023. Recruitment to a number of other vacancies is ongoing. We have also worked with neighbouring Health Boards e.g., NHS Lothian, GG&C and Tayside to support our outpatient service with NHS Lothian supporting our sleep and general radiology service.

We also have an experienced locum and have managed to bring the outpatient waiting list down considerably and anticipate having no respiratory outpatients waiting more than 12 weeks by the summer 2023. We have trained an advanced clinical nurse specialist to run independent lung cancer clinics and support oncology inpatients. We are also working with the respiratory physiologists to design an advanced practice led sleep service.

The core team is managing to provide a high-quality inpatient service and support the community outreach respiratory service. We have taken the respiratory consultants off the general medical on call rota to facilitate this and have locum cover to support the rota.

Note that there has been a steady reduction or improvement in the number of new outpatients waiting. The table details the number of patients waiting beyond 12 weeks, 26 weeks, 52 weeks and 78 weeks March 2023 compared with March 2022.

Census Point	No of Patients Waiting	No of Patients > 12 Weeks	No of Patients > 26 Weeks	No of Patients > 52 Weeks	No of Patients > 78 Weeks
30/03/2022	965	697	568	87	89
29/03/2023	641	354	217	8	0

- **Specific concerns were raised around culture in the emergency department. Please provide detail on the nature of the issues and whether/how they are impacting service delivery or waiting times?**

On the 19th of November 2020 the Regional Officer of the Royal College of Nursing (RCN) approached the Health Board's Chief Executive. The Chief Executive then received an email setting out these concerns on behalf of the RCN and Unison. The email raised serious concerns regarding the alleged culture within the Emergency Department, particularly in relation to nursing. The Chief Executive determined that the serious nature of these concerns warranted the commissioning of an external review led by an independent team. Members of the Review Team were appointed in December 2020.

The External Review team identified forty-five recommendations many of which were already in place and/or in progress. The Health Board accepted all the recommendations set out in the External Review report. The final date of completion was the end of 2021. NHS Forth Valley's Chair and Chief Executive, through their meetings with frontline ED staff (nurses, doctors, and managers), identified a number of further actions and recommendations in addition to the External Review recommendations which were included within the Health Board's response.

NHS Forth Valley established a sub-committee to oversee the implementation of the Improvement Plan with improvement measures developed by staff and staff side representatives. Following delivery of the action plan and embedding of actions within day-to-day practice, a working group was convened to review the impact of the Board's response to the ED specific recommendations as set out in the ED Improvement Action Plan.

You also agreed to provide the following to the Committee:

- **more detail on the balance between physical and mental illness as the primary reason for staff absences.**

March 2023 absence is broken down as below:

- 28% attributed to anxiety/stress/depression/other psychiatric illness
- 7% for each: covid related absence, gastrointestinal problems and injury, fracture
- 6% for each: other musculoskeletal problems, other known causes not classified and cold, cough, flu
- 5% for each: unknown causes, chest and respiratory problems
- 4% back problems

- 3% for each: ENT, tumours - benign and malignant, cardiac issues, genitourinary and gynaecological
- 2% for each: pregnancy related and headache/migraine
- 1% for each: dental and oral, eye problems and nervous system disorders

Mental health

- **How has the emergency budget and reprioritisation from the mental health budget impacted on your board's ability to improve mental health services?**

We value the additional mental health funding provided to support renewal and recovery and to address backlogs and improvements in workforce capacity going forward. Any changes in anticipated funding levels can have impact in terms of the timing of recruitment plans and a knock-on impact on delivery of care.

- **What are the key factors holding back performance on mental health?**

Key factors impacting mental health performance include:

- Limited workforce supply with vacancies in all Mental Health professions both locally and nationally i.e., psychology, psychiatry, nursing, AHPs.
- Demand - high referral rates e.g., increase in Mental Health Acute Assessment Team referrals and high levels of complexity in both inpatient and community settings which require longer/more intensive treatment.
- **Regarding CAMHS, it was mentioned that focus on preventative and early intervention care was minimising the waiting list, but what is in place to support those in crisis who have already been on a waiting list for a number of weeks and for whom the moment for early intervention has passed? It was also mentioned that long waits have been dealt with, can you provide detail on how this was done?**

There is always a balance to be struck between providing early intervention child mental health services and supporting those with significant mental health issues. Within Forth Valley we have a very small number of clinicians who have sessions agreed in their job plan to support early intervention. The funding for this comes directly from the early intervention psychology initiative. The aim is to link and work closely with wider children's services locally (e.g., partners in Local Authority including education) to build capacity so that community interventions can be delivered early in the development of a problem. This in turn, prevents referral to CAMHS.

In addition, we have used an agreed proportion of the Renewal and Recovery Funding to support Primary Care Mental Health Workers to support children experiencing mild to moderate mental health difficulties, within GP practices. As this was initially a pilot, before being scaled up, practice based evidence indicated that this had a positive impact on reducing particular types of referrals to CAMHS e.g., for anxiety etc. This is delivered in partnership with primary care.

Forth Valley CAMHS feel these initiatives support requirements for the overall implementation of the Mental Health Strategy, and CAMHS Service Specification. The Service does not feel these initiatives are delivered at the cost of waiting times, or capacity to support those in crisis.

Since the implementation of the Choice and Partnership Approach the wait for initial assessment has reduced significantly and currently children are waiting 8 weeks from referral to initial assessment. Initial assessment (or Choice) is an opportunity for the family and

clinicians to agree what they aim to achieve from their referral to CAMHS. As well as agreeing and identifying treatment, if required, this also provides an opportunity for meaningful signposting and for advice and support to be agreed for the family, child and young person through responsibilities for Getting it Right for Every Child.

If a child or young person presents in crisis, the service has a dedicated intensive treatment team that can provide wraparound support but also link with community-based supports, if appropriate. The team is also looking to expand this service based on a couple of successful pilot programmes that offered extended support and mental health assessments after 5pm, over the weekend period and during public holidays-which can be a real trigger for families in crisis. The service also has a duty system in place to support any young person or family who are seeking support for their mental health.

Reform

- **What are your views regarding long-term reform of the NHS in the context of the significant pressures it currently faces?**

The NHS is facing the most significant pressures in its history resulting from the impact of Covid-19, rising demand for health and social care and, more recently, from inflation and the cost of living crisis. NHS Reform discussions should therefore take these factors into account along with the impact of changing demographics, epidemiology, available workforce and public expectations. It is important that any discussions reflect the reality of what can be achieved and by when and how this will be supported amid the current pressures being experienced at NHS Board levels. Setting out fewer more focused targets and having realistic conversations and ongoing engagement with the public, whilst we have time to deliver transformation and navigate through the challenges, will take time.

- **To what extent do these current pressures make it difficult to focus on long-term reform?**

Having an ambitious long term renewed vision whilst dealing with the short-term challenges is required to help guide the sustained improvement needed to support the health service of the future. It is also important to recognise health is part of a wider reform agenda linked to e.g., economic growth and the development and sustainability of social care services etc.

- **Alternatively, to what extent do those pressures reinforce the argument in favour of reform and the level of urgency needed in implementing long-term reform?**

The pressures require long-term reform to meet the future needs of the population.

- **What are your recommendations for approaching NHS reform? What immediate and longer-term changes would you make to ensure the long-term sustainability of the service?**

In summary,

- setting out an ambitious and innovative vision that takes account of the wider factors which impact of health and wellbeing and the delivery of health and care services
- adopting a less centralised approach to reflect the changing health and care landscape with fewer and more focused national targets that take account of the need to address inequalities
- leveraging the anchor contribution to support local socio and economic growth

- acknowledging the key role of partners outside of the NHS in delivering an ambitious local cross cutting agenda and ensuring they are involved in the development and delivery of future policies and plans
- developing a comprehensive integrated and local health and care workforce strategy that aligns with local economic growth

NHS Forth Valley
April 2023