

## Health, Social Care and Sport Committee

Tuesday 6 June 2023



### Key Issues

The Fiscal Sustainability Report published by the Scottish Fiscal Commission presents an increasing challenge to Public Sector finances in the coming decades, and we recognise the specific impact of demography for Lothian in the next 10 years (by 2033 c84% of Scotland's population growth will be in Lothian), as well as contending with an NRAC parity shortfall over the past decade of £150m. We are also increasingly aware that our buildings are reaching the end of their useful lives and do not provide sufficient capacity to meet current and future population needs.

### Board Performance and Escalation Framework

NHS Lothian is classified at Stage 2 for Paediatric Audiology (de-escalated from Stage 3) and Stage 2 in respect of Mental Health (de-escalated from Stage 3).

### Financial Sustainability

NHS Lothian has again achieved a balanced outturn in financial year 2022/23, delivered without the requirement for any additional financial support in the form of Brokerage from the Scottish Government. However, the financial challenge continues and we face a significant task to deliver a balanced outturn position in 2023/24. We have reported a gap in the financial plan in the new year of £52m, contrasting with an estimated plan gap of £28m in 22/23 which we recovered by year end. However with an estimated gap of almost double the previous year we have a significant challenge to achieve breakeven in 2023/24. The increase in the gap is driven by multiple factors, however inflationary pressure is undoubtedly a significant contributor to the overall financial challenge, not least within areas such as Energy. This inflationary pressure stretches beyond energy and pay (which we expect to be fully funded), and across non pay lines.

Financial Sustainability – A response to the Financial Challenge: Financial sustainability actions are considered across 3 horizons: in year; next year and 3-5 years, rolling forward each annual cycle. The first two horizons are focussed on the delivery of efficiency savings to support financial balance. The third horizon relates to work on the broader sustainability and value agenda and therefore underpins all planning and performance oversight by way of work to support an assessment of the current 'value' of service models; as well as enabling work to implement sustainable service (including workforce) models to support delivery of financial sustainability in the longer-term.

Capital Projects - Alongside a number of projects within the Property and Asset Management Investment Programme, NHS Lothian is taking forward three major capital projects; Edinburgh Cancer Centre reprovion, National Treatment Centre and reprovion of the Princess Alexandra Eye Pavilion; all have project teams established and resourced. Capital funding for the projects themselves is uncertain. Scottish Government have advised that a national prioritisation exercise is necessary to agree the allocation of limited capital funding during the

current parliamentary term. NHS Lothian would contend that with 84% of the population growth due in Lothian over the next 10 years and the previous decade of under investment in NRAC parity then there is an urgent need to prioritise capital funding to address this service inequity.

## **Mental Health Services**

CAMHS – The focus remains on implementing the agreed NHSL Improvement Plan which has resulted in significant improvements in the number of longest waiting patients compared to other boards in Scotland during this period. The reduction in waiting list can be contributed to several factors. This includes a continued focus on CAPA implementation in the outpatient tier 3 teams, increased new treatment appointments booked in line with job plans; and the utilisation of Healios. Over the period end-March 2022 to end-March 2023 the waiting list for CAMHS changed as follows:

Month	< 18 Weeks	19-52 Weeks	> 52 Weeks	Total
March 2022	1,405	565	247	2,217
March 2023	1,192	242	31	1,465
Change	-213	-323	-216	-752

Psychological Therapies – The waiting times for Psychological Therapies continue to decrease although the pace has slowed slightly mainly due to increased referrals in some areas. Computerised Psychological Interventions has an increasing portfolio, with a waiting time of up to 7 days for access to psychological treatment. The computerised treatment packages offered meet the evidence base for Cognitive Behavioural Therapy. Over the period end-March 2022 to end-March 2023 the waiting list for Psychological Therapies changed as follows:

Month	< 18 Weeks	19-35 Weeks	36-52 Weeks	> 52 Weeks	Total
March 2022	2,624	889	453	866	4,832
March 2023	2,999	790	171	147	4,107
Change	+375	-99	-282	-719	-725

Female High Secure Patients – There are currently no female high secure beds in Scotland which means that they are currently being managed within the medium secure estate. This brings risks to both staff, patients, and the person themselves. Currently, there are no immediate plans for a high secure woman’s service to open in Scotland despite the recommendations from the Barron Review. This is a significant concern for appropriate provision of woman’s forensic mental health services across the country.

Low Secure Provision – NHS Lothian does not currently have a low secure forensic unit. Therefore, the Orchard Clinic absorbs these patients who could be managed in a lower level of security but who would not be appropriate for IPCU. At the current time, the Orchard Clinic have several patients who could be managed within a low secure unit.

## **Unscheduled Care**

A major improvement programme to tackle overcrowding, long waits and to improve patient care is underway following months of exceptional pressures. The Emergency Access Standard Board has implemented numerous actions to build on our improving position with support from internal and external reviews, including: Discharge Without Delay, Interim Bed

Scheme, expansion of Hospital at Home, Flowthian – a continuous patient flow model, and condensing the Workstreams of the Programme Board from 7 to 5, with a specific focus on realistic deliverables within the 26-week lifespan of the programme board.

## Elective Waiting Times

In July 2022 the Cabinet Secretary identified a series of targets for the improvement of waiting times for outpatients (OP), inpatients and day cases (IPDC). NHS Lothian performance has been summarised below:

Service Area	Summary
Outpatients	Met target to have no outpatients waiting over two years by the end of August 2022. The number of patients waiting >104 weeks has reduced by 97% since July 2022 in Lothian vs a 68% reduction across Scotland.
	Met target to have no outpatients over 18 months by the end of December 2022
	Did not meet target to have no outpatients one year by the end of March 2023
	Our total elective activity however has exceeded the 2022/23 operational plan agreed with Scottish Government. OP activity was 106% of pre-pandemic levels (2019); February and March 2023 increased further to 118%.
Inpatients & Day Cases	Activity is not at pre-pandemic levels but has been around 60-81% between April to January and increased to 91% in February and March 2023.
Cancer Services	Performance deteriorated during the financial year and efforts have been made to recover this position through improvement actions and remobilisation plans. 31-Day cancer performance was 90.7% in March (94.7% All-Scotland) and is above our 87.4% trajectory agreed with Scottish Government. 62-Day cancer performance was 86.5% in March. This is above our 82.3% trajectory and significantly above the 71.9% Scotland performance. Pathways have been impacted by increased Urgent Suspicion of Cancer demand, staffing pressures across outpatients, diagnostic, theatre and bed pressures.

Planned Care funding of £15.5m has been allocated to NHS Lothian in 2023/24. £5m is already committed against existing internal investments that deliver core baseline activity – these were funded through previous non-recurring allocations.

## Primary Care

NHS Lothian's population growth over the past 15 years accounts for the equivalent of 21 additional General Practices based on an average Scottish list size has been absorbed by existing practices. The limited flexibility in these practices has resulted in practices closing their list to new patient registrations, and patients being assigned to practices further away from home. Similarly in General Dentistry, as the national contract is reviewed, NHS Lothian continues to experience more dental practices deregistering NHS patients. There is no statutory duty to register patients with a general dentist, and the backstop for non-registered patients is the Public Dental Service (PDS) which can provide urgent care but does not extend to routine care or registration. If the PDS is to provide more care for the growing numbers of non-registered patients then a new delivery model will be required with associated funding.

## Paediatric Audiology

In December 2021 NHS Lothian was moved to Stage 3 on the NHS Board Performance Escalation Framework for Paediatric Audiology. An independent audit and governance review into the Paediatric Audiology service was established following the Scottish Public Services

Ombudsman Investigative report into Child A's audiology care at the health board. Following that publication, the British Academy of Audiology (BAA) was commissioned by NHS Lothian to help fulfil recommendations from that report. A summary of the work undertaken to address the issues raised in Paediatric Audiology and as a summary of the findings can be found in NHS Lothian's [April 2023 Public Board papers](#) at Item11. NHS Lothian has been transparent in speaking to and writing to affected families and offering to meet and explain and apologise, with a phone line remaining open and 13 meetings held so far. On 10 February 2023, NHS Lothian was de-escalated to Stage 2, recognising the significant progress the Board had made towards the BAA's recommendations.

## Workforce

Workforce Planning - NHS Lothian has developed a 3-year Workforce Plan to help us address the workforce challenges that we face in delivering against our strategic priorities and in sustaining our diverse workforce. It describes the range of actions we are taking to meet the continuing anticipated growth in workforce demand.

Staff Turnover - All clinical areas except the medical workforce leavers have increased by c43% on the average of the 2 years pre-pandemic, with Registered Nursing having increased by 30%. The table below shows comparative leavers pre/post pandemic (WTE):

Job Family	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023
Admin Services	327	306	297	507	571
AHP Bands 1-4	40	38	37	59	66
AHP Bands 5+	130	125	116	154	170
Healthcare Sciences	84	78	70	117	122
Medical	96	90	97	107	101
Medical & Dental Support	25	15	20	27	43
Nursing Band 1-4	299	323	304	441	463
Nursing Band 5-7	673	652	608	925	859
Nursing Band 8+	14	18	14	32	21
Other Therapeutic	81	95	85	117	144
Personal & Social Care	10	10	6	9	7
Sen Man/Exec	5	7	5	9	3
Support Services	183	180	265	304	243
<b>Grand Total</b>	<b>1,967</b>	<b>1,938</b>	<b>1,925</b>	<b>2,805</b>	<b>2,813</b>

Vacancy Numbers - Overall establishment gaps have increased significantly over the last 2 years increasing from 3.21% (Apr 2021) to 5.61% (Mar 2023), this has largely been driven by increasing gaps in the registered nursing workforce which has increased from 3.58% (Apr 2021) to 9.96% (Mar 2023). This reflects the growth and investment in growing the registered nursing workforce establishment, the increased level of retirements and most significantly the inadequacy of national HEI training pipelines to meet these drivers.