Unscheduled Care System Improvement: RIE

Week 2: Final Proposal

12 November 2024

Executive Summary: Statement of Intent

NHS Lothian was approached by Scottish Government to explore options to improve Unscheduled Care (USC) performance, with particular focus on the Royal Infirmary of Edinburgh. Over the last 14 days significant work has commenced in response to this ask drawing input from leaders across the Lothian Health & Care System (LHCS) that comprises NHS Lothian, the Health & Social care Partnerships (HSCPs) and Local Authorities.

The output from this work includes;

(1) **Accelerating existing plans** to improve USC performance, with a particular focus on actions that will deliver improved performance along with patient safety over the winter months.
(2) Developing a comprehensive proposal that seeks to address the deficits in demand and capacity borne out over the Lothian Health & Care System whilst simultaneously enabling **radical transformation of models of care to ensure long term sustainability** and improved patient safety and experience.

The proposals under category (1) include;

- Expediting roll out of **DwD** including rapid adoption of PDD, with a focus on **reducing Length of Stay**
- Improving the experience for those presenting to the Emergency Department with **Mental Health conditions**.
- Transforming the services available through the **Rapid Assessment Care Unit**
- Transforming models of care across the LHCS for **frail citizens** who require medical and social support
- Strengthening the offer of the **Flow Navigation Centre** and the interface services accessible through this

The proposals under category (2) include;

- Enabling a shift in the balance of care, particularly around **assessment and provision of rehabilitation support**, from the acute hospital setting to the patient's home.
- Strengthening the HSCPs capacity to provide patients with **care at home to meet current demand**.
- Strengthening **Primary Care's capacity** to provide enhanced care for frail citizens, **reducing reliance on hospital bed based care**
- Reducing the reliance on the RIE Emergency Department as the "place of safety" for those with **acute mental health requirements**.

These proposals have been modelled with input from CfSD colleagues to deliver the following impact, predicated on securing investment of £14.5m. Allocation of **recurring funding** is essential to deliver actions identified.

	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25 onwards	Q2 25/26	Q3 25/26
RIE Performance if proposal not approved	40 - 43%				50-55%		
RIE Long Waits (>8hrs) percentage point reduction	34%	91%	Most long waits at **RIE** should be eradicated.				
RIE Estimated Performance	53%	67%	79%	85%	86%	86%	93%
RIE Estimated Bed Occupancy	98%	92%	87%	85%	<85%	<85%	<85%
Estimated National Performance Uplift	**2%**	**4%**	**7%**	**8%**	**8%**	**8%**	**10%**

Introduction: Edinburgh and the South East - The Fastest Growing Region in Scotland

The Edinburgh and South East of Scotland region **is the fastest-growing in Scotland and one of the fastest-growing in the UK**. The forecasted change in population is 9.1% between 2018 and 2043 (compared with 2.5% in Scotland), and the number of households is projected to increase by 18% over the same period compared with 10% in Scotland). Within the region Midlothian is the fastest growing at 16.1% and East Lothian at 12.7%. This is putting unprecedented pressure on our infrastructure and services, and there are significant consequences of accommodating this growth for all public sector organisations including local authorities and health.

The city of Edinburgh is an economically vibrant city that continues to attract high internal migration, from around the rest of the UK and carries the legacy of significant European immigration from the pre-Brexit period.

As the nation's capital, a global centre for tourism and the biggest European centre for the Finance industry outside of London, Edinburgh also plays host to a significant number of visitors, year-round, many of them high profile. In 2023, the city welcomed 2.3 million international visitors, which was a 4% increase from 2019. In the same year there were a total of 5.34 million overnight tourism visits to Edinburgh and the Lothian and places a significant extra pressure on urgent care services during the Festivals' season.

Edinburgh also has a significant student population, many of them foreign students unfamiliar with primary care access routes to health care.

The RIE Emergency Department serves a wide geographical area that takes in East Lothian and Midlothian and is a Major Trauma Centre for the South East of Scotland. The extensive housebuilding that is visible across Lothian testifies to its status as the fastest growing region in Scotland. Lothian's population has grown by 24% in 25 years and by 1% every year since 2008. There is no sign of this slowing down. In fact, 80% of the population increase in Scotland between 2021 and 2033 is projected to happen in Lothian.

Recent analysis undertaken by CfSD indicated that **NHS Lothian has proportionately the lowest number of Clinical Care Spaces within its Emergency Departments footprint**. Glasgow has roughly 40% more physical space within its ED per population, and Grampian 30%.

The RIE ED is the busiest in the country. Population growth and significant visitor numbers have resulted in steadily increasing demand on services. The Department was originally designed during the 1990s to manage 80,000 patient attendances per annum and opened in 2003. It is on track to receive over 120,000 attendances this year, **a 40% growth on the original designed capacity**.

Introduction: NHS Lothian and Partners Existing USC Strategic Framework

The SLWG reviewed the existing USC strategic programme structure (LSDF) and ensured that actions aligned where possible to the existing workstreams and approach. The existing LSDF is driven through a whole-system USC Programme Board and supported by a USC Tactical Committee. Both of these groups are led by leaders within HSCPs in Lothian and have wide whole system representation.

Note, the LSDF was shared earlier this year with CfSD and the following feedback was received;

> *"You have shared a copy of your Strategic Delivery Framework (LSDF) which evidences a thorough analysis of the challenges facing the health board and effective identification of opportunities for improvement, underpinned by a clearly articulated theory of change and impact forecasting. The LSDF incorporates all of the leverage points we identified for NHS Lothian as well as many of the recommendations we have made over the past two years whilst providing bespoke support and also includes recommendations made by independent consulting firm Buchan + Associates. The content of the LSDF is robust and is well-supported by the existing evidence base... It is evident that there is a large volume of quality improvement work already underway, with good collaboration between the health board and health and social care partnerships as well as good engagement with the national team, and some of this work is showing signs of significant impact."*

The LSDF targets 3x key areas for improvement

- **Reducing Attendances**
- **Reducing Length of Stay**
- **Bed Occupancy**
- **Reducing Admissions**

From the recent review and refresh of the strategic framework, specific programmes of work were initiated to accelerate the delivery of performance and patient safety improvements. These revisions included;

- Development of a Pan-Lothian whole system **Frailty Programme Board** with a focus on redesigning models of care for frail patients
- Development of a **Navigation Programme Board** that brings together the Flow Navigation Centre, acute hospital teams, and importantly HSCP colleagues to ensure patients can be referred to appropriate support be it in community or an acute hospital.
- Development of an **Interface Programme Board** that is reviewing H@H delivery and variation across the teams in Lothian, and additionally reviewing the other interface services (OPAT/CRT/RACU) with a view to maximise and standardise models of care and routes into these services.
- Development of a **Acute Length of Stay Programme** led by each acute hospital site that complements the existing **DwD programme**, but also challenges and supports clinicians to review current clinical pathways with a view to improving patient experience through reducing their hospital length of stay.

This proposal seeks to accelerate components that feature within this recently refreshed strategic framework.

Context: Financial and Capacity

Following the announcement of the Scottish Budget in December 2023, NHS Lothian identified a £140m Financial Plan gap in 2024/25. In addition to the 3% cash releasing efficiency savings required by the Scottish Government, further savings of c. £80m have been necessary to bridge this gap, partially achieved through significant non-recurring interventions.

Integrated Joint Boards (IJBs) face a dual challenge from both Health and Social Care funding. As at Q2 24/25 the four NHS Lothian IJBs are forecasting a total £48m gap, including Social Care pressures that equate to 6% of the budget. IJBs are currently exploring cost reduction measures to further close this £48m pressure in this financial year, which may further deteriorate system wide capacity and flow. The position for the four IJBs is part of a forecast financial plan overspend of £120m for NHS Lothian, with significant budget pressures also identified by the four Local Authorities.

In this context, the Health Board and Councils have driven decisions on significant expenditure reductions to support the financial position. The majority of these decisions have impacted capacity and patient waits to some extent.

Through the Unscheduled Care Programme Board, since January 2024 NHS Lothian has collated and reported bed capacity across the NHS Lothian Health and Care System. Between January and August 2024 there was a reduction of 92 beds, predominantly within Edinburgh HSCP. This is in addition to reductions across community and social care capacity in the preceding years.

The following potential impacts resulting from cost control measures were noted:

HSCP/Unit	Measure	Potential Impacts Identified
Edinburgh HSCP	Budget Control Measures; Social Worker Reprioritisation; Combined Measures	• 235 people added to care at home waitlist (excluding Mental Health patients) • 500 people added to assessment waitlist (excluding Mental Health patients) • ~Increase of 35 delays
Midlothian HSCP	Budget Control Measures; Social Worker Reprioritisation; Combined Measures	• 1300 hours per week added to care waitlist • 8 people per week added to assessment waitlist • ~Increase of 10 delays
East Lothian HSCP	Care Home Closures Capping care at Home	• Variable impact on care home bed availability • Increase in delays largely due to care @ home capacity available to the HSCP
West Lothian HSCP	Redesign of Social Work Teams; Redesign of Internal Support at Home; Review of Internal Care Homes	• Potential increase in assessment wait times • Possible increase in delayed discharges • Increased risk of delayed discharges

In addition to the above, the following actions are planned which will further reduce capacity:

- Liberton closure, by 31st March 2025 - currently modelled to increase demand on acute beds by the equivalent of 21 beds.
- Ward 74 WGH to facilitate safe closure of RIDU. Mitigations planned to support MoE pathway, but full mitigation may take time to realise.
- Winter funding. Reduction by c. £1m in available funding to support non-recurring support against winter pressures.
- MDT funding. Impact of national reduction in MDT funding is an additional £1.4m funding pressure across NHS Lothian, equating to reduction of c. 20 wte to support delivery of home first offerings across the four IJBs.
- Historically around £1.5m is invested by NHS Lothian into whole-system winter mitigations focused on ensuring patient safety and maintaining performance. The NHS Lothian approved proposals for winter 24/25 include:
  - Strengthening the RIE Emergency Departments ability to manage patients in the department when it is over capacity
  - Strengthening SJHs out-of-hours service provision
  - Testing a new approach to the clinical triaging of emergency patients at the WGH
  - Delivering increased access to Gynaecology Hot-Clinics
  - Increasing opening hours for community Pharmacies
  - Strengthening Community-respiratory pathways in Edinburgh

Given the financial planning pressures across Health and Social Care, any additional actions to support winter pressures will require additional resources before they can be agreed and implemented. However, even with funding, there is a significant risk to performance improvements that rely on maintaining or increasing capacity, particularly when allocated to Integrated Joint Boards.

The financial pressures on IJBs, described above, are driving a requirement for further reductions in expenditure to achieve financial balance. As such, while it may be possible to ringfence any additional allocations for additional capacity, this will not apply to existing underfunded services.

Further reductions in service provision will undermine the ambition of whole system performance improvement from the actions described in this briefing. Continued close engagement across the system, as well as a joint communications plan, will be required to mitigate this risk.

Some Acute hospital actions can be delivered non recurringly to achieve a benefit within Component 1 timescales, however generating additional community and social care capacity **will require commitment through recurring funding.**

While the financial constraints under which the Scottish Government is operating are recognised, it should be noted that use of non-recurring funding is extremely restrictive on the solutions services can put in place, and generally delivers limited outcomes at greater cost – both in terms of value for money and effort to implement.

Context: Data & Demand

Public Health Scotland have developed in recent months a whole system modelling product that enables boards to review predicted demand over the winter months, particularly in relation to bed occupancy – the main measure positively correlated with the emergency access standard performance.

This tool, whilst unable to drill down to a hospital-site level, is still helpful in articulating the increased demand for beds within Lothian over the coming 24/25 winter months. This tool suggests that **NHS Lothian requires an additional 187 beds (or equivalent) to meet peak winter demand this financial year**.

In 2024 NHS Lothian commissioned an external consulting firm to undertake a whole-system bed-modelling exercise. The stark outputs of this exercise illustrated the **significant gaps in capacity to meet current and projected demand based on population modelling**. The exercise concluded that NHS Lothian would require;

- **720 additional acute beds by 2033**.
- If NHS Lothian was successful in delivering significant mitigations this would reduce to requiring an **additional 80 beds**.
    - Note - the modelled mitigations are *extremely ambitious* and include the likes of removing all delayed discharges from acute hospitals.
- However - projected need for acute beds by **2043** (assuming all mitigations implemented) was still an **additional 300 acute beds.**
- By **2043** there would be a requirement for an additional **288** (55%) **community beds** across the Lothian region.
- By **2043** there would be a requirement for an additional **1900** (55%) **care home beds** across the Lothian region.

Note NHS Lothian, does not have additional surge capacity. Therefore, the current position of bed occupancy routinely operating in the region of 99 - >100% is within the context of the Board utilising all the core capacity available.

It must be acknowledged that the proposals found within this document are likely to be deployed at a period in the year where the system is under pressure and therefore there is an expected decline in performance. This has been set out below to a) frame the anticipated seasonal performance deterioration in line with seasonal variation if no further action taken and b) contextualise the scale of the ask in relation to the options being explored to improve performance and safety with immediate effect.

	4hr %	8hr breaches	12hr breaches
Previous Winter Averages	47.4	2045	1145
Previous Non-Winter Averages	49.5	1906	978
Expected Seasonal Winter Variation	-4.2%	7.3%	17.0%

NHS Lothian has recently developed a measurement framework that captures the key measures influencing unscheduled care performance and builds upon the measures that were developed by CfSD. **It is proposed that the data within this framework that is refreshed weekly is the cornerstone of how improvement is measured.**

USC Measurement Framework Nov.pdf

CfSD commented in their feedback on NHS Lothians LSDF of which the measurement framework has been built around.

> *"Your return included specific aims related to eleven of the twelve leverage points identified and you also included an additional target that you have set for yourselves to improve non-admitted performance to 85% by March 2025. The only leverage point that you did not provide a specific aim against in the template you returned to CfSD outlining your priority areas of focus was for the number of standard delays (although it remains listed as an area for improvement within Lothian's Strategic Delivery Framework which you appended to your submission)....*
>
> *In the context of NHS Lothian already performing above average compared to other mainland boards for the number of hospital beds occupied by delayed discharges per head of population, your longer-term trend of improvement in this area over the last couple of years and the emerging evidence of further improvements materialising as a consequence of preventative actions elsewhere in the pathway, your decision to prioritise other change interventions appears justified."*

Approach: Key Principles and Collaborative Working

The scope and focus of this work is on RIE and its Health & Social Care infrastructure.

A short life working group (SLWG) has been developed comprised of the key stakeholders and leaders within the USC planning and operational delivery landscape and worked towards the following principles and approach.

This SLWG has come together at pace and developed a shared vision that spans community and acute and have had >5 meetings within the last week, evidencing the commitment to drive system-wide improvement. This group has System Wide authorisation to rapidly explore options and make recommendations within this agreed timeline and is chaired by NHS Lothian's Deputy Chief Executive.

Integrated Joint Board Chief Officers have been regularly consulted/briefed throughout this action focused process. NHS Lothian CEO led discussions with our four Local Authority CEOs and consensus for this approach was agreed last week. In addition, a new whole-system monthly meeting that brings together the leaders of the Lothian Health and Care System and Local Authorities within the Lothian region has been agreed.

The SLWG developed a proposal for performance improvement within the following parameters,

Component 1: Aimed at the immediate decompression of the system with impact delivered by 31 December 2024.

Component 2: Aimed at the acceleration of strategic actions that will deliver impact by 31 March 2025

Component 3: Aimed at further acceleration of larger strategic actions that will be commenced in 2024/25 deliver impact by Q2 2025/26 and ensure sustainability of delivery.

The following key objectives were identified.

- **Reducing Attendances**
- **Reducing Bed Occupancy**
- **Reducing Admissions**
- **Reducing Length of Stay**

This proposal has been signed off by our system Chief Officers and will now be subject to approval by each IJBs. Chief Officers have been briefing their respective IJB Chairs on our progress to and including this submission to support evident oversight from each organisation.

Component 1: Key Actions

The SLWG has developed a comprehensive list of the options available to decompress the system and the RIE, primarily through reducing occupancy with immediate effect thus enabling flow as well as safe patient care. The following proposals are the result of whole system prioritisation facilitated through the SLWG and are aimed at;

- Delivering an immediate step change over the winter months that will decompress the system and improve patient safety and system performance, whilst enabling transformational redesign that reduce reliance (where appropriate) on institutional beds.

				End of Month Estimated Impact Timeline						
Component 1	**Beds Released (up to)**	**Required Funding**	**Key Objective**	**Dec-24**	**Jan-25**	**Feb-25**	**Mar-25**	**Apr-25 onwards**	**Q2 24/25**	**Q3 24/25**
RIE - Open all limited unfunded bed capacity	14	£406,000	Reduce Occupancy					closed		
RIE - Enhanced ED Frailty Model	15	£420,000	Reduce Occupancy Reduce Admissions							
Edin HSCP - Care @ Home	84	£4,100,000	Reduce Occupancy							
Edin HSCP - End of Life Beds	2	£151,200	Reduce Occupancy							
East HSCP - Care @ Home	31	£1,700,000	Reduce Occupancy Reduce Admissions							
East HSCP - Enhanced HSCP capacity		£914,000								
Mid HSCP - Care @ Home	28	£1,650,000	Reduce Occupancy Reduce Admissions							
Mid HSCP - Enhanced HSCP capacity		£734,000								
REH – Open 12 unfunded beds	12	£576,420	Reduce Occupancy						closed	

The SLWG has acknowledged that the short-term *non-recurring* purchase of higher rate care home beds may undermine negotiations with providers in the future, and therefore the view taken by the SLWG was that this option held significant medium-long term risks. Additionally, the SLWG took the view that the use of agency staff to open HSCP / Local Authority beds would not deliver value for money in relation to the non-bed-based options that are available.

Commitment to proposed actions through recurring funding is therefore considered essential, particularly within the context of the financial challenge for IJBs and the Health Board. Without recurring funding against recurring costs, it will not be possible for organisations to increase financial risk, or to build the proposed actions into longer term financial plans.

Component 2: Key Actions

The following proposals are intended to accelerate existing strategic actions with measurable impact by 31 March 2025. These actions focus on embedding and sustaining performance improvements achieved in "component 1" by challenging the current care delivery model. However, they should be considered within the context of an ongoing, extremely challenging financial landscape, anticipated to persist into and throughout 2025/26.

				IMPACT TIMELINE - BY CLOSE OF PLAY.....						
Component 2	**Beds Released (up to)**	**Funding Required**	**Key Objective**	**Dec-24**	**Jan-25**	**Feb-25**	**Mar-25**	**Apr-25 onwards**	**Q2 24/25**	**Q3 24/25**
REACH Model within **Flow Nav Centre** enabling physician/consultant prof-prof calls with referrers.	8	£240,000	Reduce Admissions Reduce Attendances							
RIE - Develop Mental Health Chaired assessment area out-with ED on RIE site	Decompress ED	-	Reduce Long Waits							
RIE - Fast-track implementation of criteria to reside and criteria to admit.	Level of Success Linked to component 1 actions	-	Reduce Occupancy							
RIE - Accelerate deployment and practice of AHP risk-stratification work	Level of Success Linked to component 1 actions	-	Reduce Occupancy Reduce Admissions							
RIE - Expedite roll out of PDD	Level of Success Linked to component 1 actions	-	Reduce Occupancy							

Component 3: Key Actions

The SLWG explored what broader strategic actions could be accelerated to maximise the sustainability of improved safety and performance delivered through the implementation of Components 1 & 2 of this proposal.

				IMPACT TIMELINE - BY CLOSE OF PLAY.....						
Component 3	**Beds Released (up to)**	**Funding Required**	**Key Objective**	**Dec-24**	**Jan-25**	**Feb-25**	**Mar-25**	**Apr-25 onwards**	**Q2 25/26**	**Q3 25/26**
Edin HSCP- Enhanced community rehabilitation service (moving acute rehab to community)	50	£2,400,000	Reduce Occupancy							
Primary Care - Frailty LES with GPs, reducing admissions and improving patient experience and safety	20	£1,190,000	Reduce Admissions Reduce Occupancy							

This component proposes to invest in Primary Care through an enhanced Frailty local enhanced service that has been evidenced through collaborative work with Edinburgh university to reduce admissions by 12% in the moderately or severely frail population, who of which are the patients that require and consume the most intensive resource. **This has been modelled to yield a >200% return on investment.** This proposal fits with the strategic direction to focus on prevention by shifting the balance of care into community and away from outdated bed-based models of care. There is potential to commence this approach earlier in "component 2" in a targeted manner focusing on the GP practices with the highest "frailty" admissions to the RIE.

The development of an enhanced community rehabilitation service aims to support individuals who are medically ready to leave the hospital but require an intensity of rehabilitation that cannot currently be met within community settings. **This service would allow these patients, who have a suitable home environment, to transition out of hospital while continuing to receive the necessary support**. The initiative is projected to release 50 hospital beds daily, reducing occupancy and easing pressure on hospital resources. With full-year costs estimated at £2.4 million, this service would require new recruitment efforts, introducing a lag in implementation as staffing is established to meet these rehabilitation needs.

Ask of Scottish Government colleagues: Communications

The proposals are partly predicated on the successful development and deployment of a **public facing communications strategy** aimed at supporting patients, carers, and families in receiving care in community or their own home, that historically would have taken place in an acute hospital setting. **Collaboration with Scottish Government to maximise this messaging would be welcomed and seen as a key enabler to successful deployment of these measures.**

All Components: Summary & Trajectories

		Required Funding	Key Objective	End of Month Estimated Impact Timeline						
				Dec-24	Jan-25	Feb-25	Mar-25	Apr-25 onwards	Q2 24/25	Q3 24/25
Component 1	**RIE** - Open all limited unfunded bed capacity	£406,000	Reduce Occupancy					closed		
	RIE - Enhanced ED Frailty Model	£420,000	Reduce Occupancy Reduce Admissions							
	Edin HSCP - Care @ Home	£4,100,000	Reduce Occupancy							
	Edin HSCP - End of Life Beds	£151,200	Reduce Occupancy							
	East HSCP - Care @ Home	£1,700,000	Reduce Occupancy							
	East HSCP - Enhanced HSCP capacity	£914,000	Reduce Admissions							
	Mid HSCP - Care @ Home	£1,650,000	Reduce Occupancy							
	Mid HSCP - Enhanced HSCP capacity	£734,000	Reduce Admissions							
	REH – Open 12 unfunded beds	£576,420	Reduce Occupancy						Closed	
Component 2	REACH Model within **Flow Nav Centre**	£240,000	Reduce Admissions							
	RIE - Mental Health Chaired assessment area	-	Reduce Long Waits							
	RIE - Criteria to reside and criteria to admit.	-	Reduce Occupancy							
	RIE - AHP risk-stratification work	-	Reduce Occupancy Reduce Admissions							
	RIE - Expedite roll out of PDD	-	Reduce Occupancy							
Component 3	**Edin HSCP**- Enhanced community rehabilitation	£2,400,000	Reduce Occupancy							
	Primary Care - Frailty LES with GPs	£1,190,000	Reduce Admissions Reduce Occupancy							

Total Funding Required: **£14,481,620**

	End of Month Estimated Impact Timeline						
	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25 onwards	Q2 25/26	Q3 25/26
Anticipated Beds released	27	73	113	132	135	135	158
RIE Long Waits (>8hrs) percentage point reduction	34%	91%	Most long waits at **RIE** should be eradicated.				
RIE Performance	53%	67%	79%	85%	86%	86%	93%
RIE Bed Occupancy	98%	92%	87%	85%	<85%	<85%	<85%
Estimated National Performance Uplift	2%	4%	7%	8%	8%	8%	10%