

Midlothian Integration Joint Board Audit and Risk Committee



Thursday 5th March 2020, 2.00pm

NHS Lothian Recovery update

Item number: 5.5

Executive summary

The Midlothian IJB receive a regular update from the Chief Officer on the current progress with NHS Lothian Recovery programme. The paper in Appendix 1 is the report that is presented to NHS Lothian Board on a monthly basis. This will provide an overview of work underway, and assurance of planning in place.

Board members are asked to:

- 1. Note the progress made, and planning in place*
- 2. Agree to receive six monthly update report to continue to provide assurance relating to improvement, and any changes in Scottish Government escalation*

NHS Lothian Recovery update

1 Purpose

- 1.1 The purpose of this report is to provide the committee with the latest report from NHS Lothian on the progress made around Recovery. As NHS Lothian is one of the parent organisations supporting the IJB, it is important that IJB Audit and Risk Committee are provided with regular updates.

2 Recommendations

- 2.1 As a result of this report Members are asked to:
- Note the progress made, and planning in place by NHS Lothian
 - Agree to receive six monthly update report to continue to provide assurance relating to improvement, and any changes in Scottish Government escalation

3 Background and main report

- 3.1 Appendix 1 contains the full NHS Lothian Board report for February 2020, detailing all progress made and planning underway.

4 Policy Implications

- 4.1 The 3 main work-streams delegated to the IJBs in Lothian are:
- Learning Disability
 - Mental Health (including Psychological Therapies)
 - Unscheduled care: Delayed discharges and A/E attendance

These feature across all IJB Strategic plans, and are integral components to the success of Integration. However, it should also be noted that Cancer waiting times, and Outpatient waiting times (although not delegated) have a direct influence in the wellbeing of our local population.

5 Directions

- 5.1 Improvement across the Unscheduled care pathways and Psychological Therapies waiting times feature across many of the current Directions, but also feature heavily in draft Directions to be presented and agreed at March IJB meeting.

6 Equalities Implications

- 6.1 Impact assessments will be completed for any service redesign.

7 Resource Implications

- 7.1 There are no direct financial implications arising from this report. The set-aside budget for Midlothian is in the region of £18m although the methodology for agreeing this level of resources is under review. However, the IJB does have a responsibility to ensure the demands made upon the hospital system are commensurate with the budget available.

8 Risk

- 8.1 The risk relating to Midlothian IJB is that failure of any partner to perform at a level acceptable to Scottish Government, will impact on Midlothian residents directly, as well as provide potential instability to the Integration agenda, NHS Lothian and Midlothian Council support Midlothian IJB in a positive, fair and equitable way, and this position has supported the Board to develop and thrive in challenging conditions..

9 Involving people

- 9.1 Programme Boards are established, with leadership from the Director of Improvement (NHS Lothian) and the four Chief Officers. Senior operational managers are involved in the leadership of themed sub-groups to ensure and equitable representative across all four IJBs.

10 Background Papers

- 10.1 None

AUTHOR'S NAME	Morag Barrow
DESIGNATION	Chief Officer
CONTACT INFO	Morag.barrow@nhslothian.scot.nhs.uk
DATE	25 February 2020

Appendix

1. NHS Lothian Recovery Plan update February 2020

NHS Lothian

**Board Meeting
12th February 2020**

Director of Improvement

Lothian Recovery Plan Update

1 Purpose of the Report

- 1.1 The purpose of this report is to update the Board on progress in relation to the ongoing Lothian Performance Recovery Programme following the Scottish Government's escalation of NHS Lothian to Level 3 (significant variation from plan) of the Scottish Government Performance Escalation Framework. As part of the escalation process the Scottish Government require a formal Recovery Plan with clear milestones to be developed. The responsibility for developing this plan has resided with NHS Lothian with oversight provided by a Director within the Scottish Government.

Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

- 2.1 Accept this report as a source of moderate assurance that a comprehensive programme of whole system work has been initiated to support the delivery of the Lothian Performance Recovery Programme and delivery of core performance targets. In particular, the plans and actions in place within the Unscheduled Care Programme as set out in Appendix 2.
- 2.2 The Board is asked to note current performance against the nine performance targets included in the Recovery Programme scope.

3 Discussion of Key Issues

- 3.1 A system wide Recovery Plan was submitted to the Scottish Government at the end of November 2019 setting out an integrated approach to improving performance across a range of performance indicators. The team met with the Scottish Government on the 23 January 2020 to provide an update on progress in the delivery of the Recovery Plan. At the meeting the Scottish Government indicated they would make a decision on the potential for de-escalation in March 2020 as part of the review of the Annual Operating Plan (AOP). This decision would be based on delivery of relevant performance targets as well the robustness of plans in the AOP. An extract from the minutes of the meeting in relation to de-escalation and next steps is provided below.

De-escalation

John Connaghan advised that a decision around de-escalation was hoped to be made early in 2020/21 financial year, although this was dependant on a number of factors, including acceptance of the Board's AOP and trajectories and continued progress.

Progress was noted in all areas (Scheduled Care, Unscheduled Care, Cancer Waiting Times, Mental Health – patients no longer accommodated on mattresses and Delayed Discharges) and NHS Lothian will consider what more might be done to improve the situation at Paediatric Services at St John's, following the review/advice from The Royal College of Paediatrics and Child Health in February, 2020.

AOCB

NHS Lothian officials were thanked for their open and regular communication which had contributed to the efficiency of Group business, throughout its cycle, which Tim Davison agreed ran well, with NHS Lothian being kept informed throughout.

The meeting ended at 4pm, concluding the final meeting of the NHS Lothian Recovery Oversight Group. From now on SG will continue to monitor progress and meet with NHS Lothian to finalise their AOP for 2020/21 during Feb/March.

- 3.2 The remainder of this paper provides an update on performance against each of the core targets included within the scope of the Recovery Plan as of December 2019. Provisional management information is available for the festive period and January and has been presented where relevant.

Table 1. Core Recovery Plan Metrics

Metric		Dec 2019	Nov 2019	Nov 2018	Chan	Target
Delayed Discharges	Standard	201	197	266	-24%	200 (Dec 19)
	Standard & Complex	228	228	294	-22%	-
4 Hour ED Waiting Time		80.3%	81.5%	89.2%	-10%	95%
Outpatient >12 week waiting time		23,274	23,181	25,647	-9%	16,151*
Treatment Time Guarantee		2,753	2,530	2,135	+29%	2,472*
Cancer Waiting Times (62 day target)		83.8%	80.8%	77.5%	+8%	95%

Mental Health & Learning Disability Bed occupancy	88.1%	87.3%	96.4%	-9%	85-90%
CAHMS >18 week target	45.0%	48.4%	54.3%	-17%	90%
Psychological Therapies > 18 week target	84.7%	80.0%	72.7%	+16%	90%
Paediatrics and St John's	4 days a week 24x7	4 days a week 24x7	Closed to inpatients	-	7 days a week 24x7

^P some November 2019 is provisional management information and may be subject to small variation.

* 2019/20 AOP Trajectory at year end

* Green denotes an improvement, red deterioration, and amber no change since Nov 2018

- 3.3 The table illustrates that whilst performance has improved across a number of metrics over the past year, it is still significantly below Government targets in a number of areas with particular concern in relation to the 4 Hour ED access standard. Provisional management information illustrates that during January 2020 performance deteriorated in a number of areas including scheduled care and delayed discharges. Part of this reflects the usual challenges of maintaining services over the festive break. Further details are set out below and in Appendices 1 and 2.

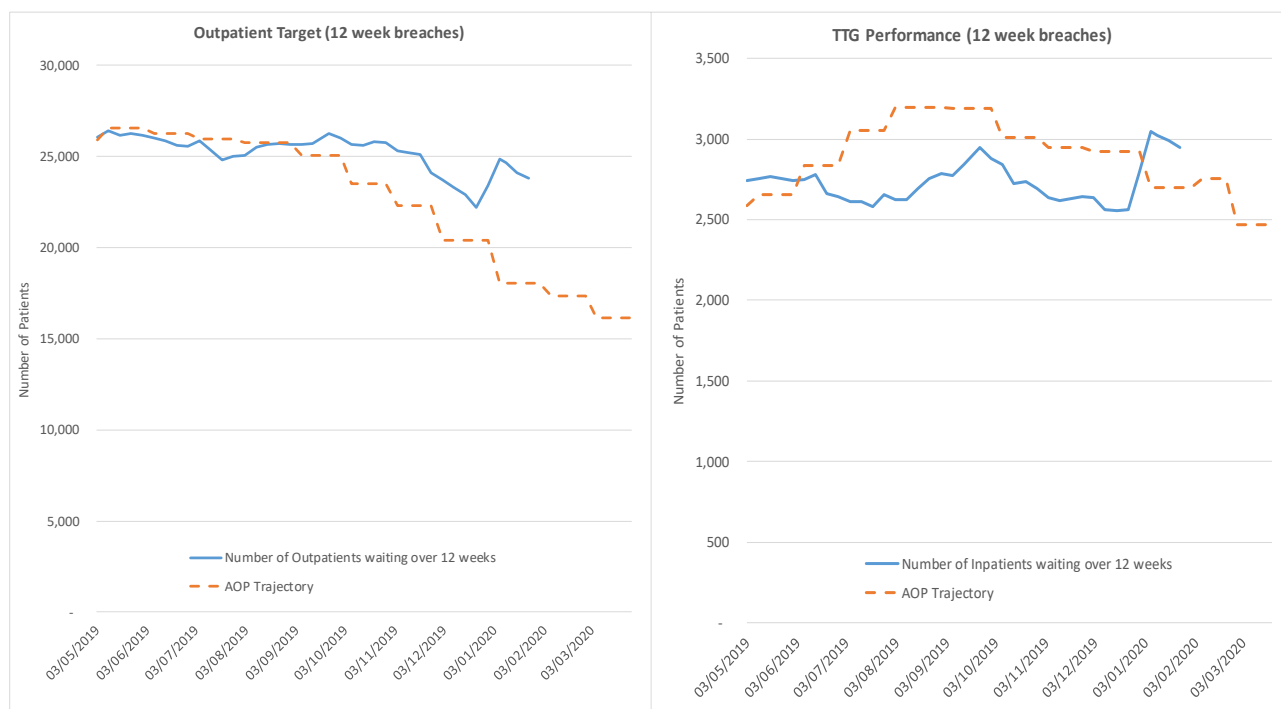
Cancer

- 3.4 The 62 day Cancer Waiting Time target is now on an upward trajectory following actions put in place to improve colorectal and prostate cancer pathways with performance in December at 83.8%. These actions have focused on ensuring earlier diagnosis and reducing the decision to treat backlog through a multidisciplinary approach to patient tracking within weekly cancer huddles. Over the festive period this backlog increased slightly, but has since recovered. The team are confident that performance will continue to incrementally improve up until March 2020 and will be in the 84-88% range over this period. Planning for next year is underway, although the team recognises that achieving the 95% target will be difficult without further redesign and will be constrained by the availability of clinical staff in certain cancer subspecialties. The 31 day Cancer Waiting Time target is now above the Government target at 96.1%.

Scheduled Care

- 3.5 The total number of outpatient and TTG 12 week waits both increased in December with outpatients now behind planned trajectory. The figure below illustrates the latest position for January based on un-validated management information. It illustrates that performance deteriorated for both outpatients and TTG over the festive period and work is now underway to bring these waits back down.

Figure 1. OP and TTG waits
(un-validated weekly management information)



- 3.6 The last quarter of 2019/20 requires a significant reduction in the number of patients waiting longer than 12 weeks, to meet the outpatient AOP trajectory. Work continues to ensure all existing capacity is fully booked and a number of plans are in place to increase further the use of external facilities, in particular the East Lothian Community Hospital. From October 2019 to March 2020, over 13,000 cases will be seen in external facilities compared to an initial plan of 9,750. This is largely due to the external provision of ENT capacity as well as the planned booking of 2,000 patients into the ELCH (predominately for dermatology and GI clinics). Further opportunities are being activity pursued in relation to the external provision of rheumatology and dental activity, although limited benefits will be realised this performance year.
- 3.7 These actions will continue to reduce the number of over 12 week outpatient waits. However, following a review of the projected outturn at a specialty level, NHS Lothian is now forecasting a March 2020 position of 18,000 outpatient breaches. There are a number of reasons for this variance, such as workforce shortages, a reduction in weekend waiting list initiatives linked to pension changes and under-performance within the Edinburgh Dental Institute (EDI). As members are aware, waiting time information for outpatients at EDI was moved onto Trak in November and following a data cleansing exercise, over 3,500 12 week breaches have been identified compared to an initial estimate of around 2,000 – 2,750.
- 3.8 Achievement of the revised outturn forecast would still represent a 25% reduction in outpatient 12 week breaches from April last year.
- 3.9 Performance against TTG deteriorated slightly in December and whilst under trajectory, the latest management information highlights a continued increase into January 2020. Our latest forecasts indicate that performance will not meet the AOP target (2,474 vs a revised forecast of 3,100). This relates to shortfalls in a number

of specialties as well as further cancellations over the winter period (127 since early November). One of the primary drivers of this change in forecast relates to the inability to use theatre capacity in Forth Valley Health Board. It was anticipated that Lothian would be able to send approximately 1,000 TTG patients to Forth Valley, however due to delays in preparing the theatres, restrictions on the type of procedure that could be undertaken and low patient uptake, it is expected that only 200 procedures will be performed. Appendix 1 provides further details at a specialty level, long waits and the performance in diagnostics within the Waiting Time Improvement Plan paper.

- 3.10 These changes were communicated to the Scottish Government as part of the Recovery Plan update on the 23 January. The changes were noted, and it was recognised that the outpatient target is still expected to be significantly lower than the start of the year, and whilst TTG breaches have increased, they remain below the Scottish average. However, any further material deviations from these re-forecasted positions may negatively impact on the Scottish Government's confidence in the Recovery Programme.
- 3.11 Work is underway to develop waiting time trajectories for the 2020/21 financial year and will be submitted as part of the AOP process. Initial estimates comparing expected demand with capacity illustrate a structural capacity gap for both outpatients and TTG. In order to deliver a net neutral position next year there will remain heavy reliance on external provision as well as a continued focus on service redesign. Preliminary analysis indicates that it will be challenging to maintain further downward momentum into March 2021 without redesign, other actions and external capacity higher than historical levels.
- 3.12 A more detailed paper setting out these issues will be brought to the Board at the March 2020 meeting. This will link to the longer term strategy to increase scheduled care capacity including the proposed Short Stay Elective Centre at St John's Hospital. At present, the Outline Business Case is still awaiting sign off from the Scottish Government, at a recent Capital Investment Group meeting, the development was not approved as further clarity was being sought in a number of areas. The team are now working closely with the Scottish Government to minimise any subsequent delays.

Paediatrics at St Johns

- 3.13 The Recovery Plan reiterated NHS Lothian's commitment to consolidating the success of the four day a week full inpatient paediatric service at St John's Hospital by increasing the resilience of existing rotas, and build towards a full seven day 24/7 service subject to further recruitment.
- 3.14 The Paediatric Programme Board (PPB) met again on the 14 January 2020 to make a further assessment of whether it would be possible to move to seven day 24/7 opening. A full assessment of the current out of hours staffing position for the resident middle grade rota was made, and the unanimous view was that the current rota position would not support full opening at this point.
- 3.15 The decision was based on the continued fragility of the mid-grade staffing model with one of the Hybrid Consultants absent due to sickness, further training was required for one of the APNPs and a deterioration in the Neonatal staffing position (the RIE has been allocated less Trainees than usual from February onwards). In

addition, there were no applicants for the last recruitment adverts at the end of 2019 for a trained APNP. Some of these issues are expected to be resolved in the next 3-6 months with a newly appointed consultant due to take post at the end of Feb 2020. A number of roles will also be re-advertised.

- 3.16 Lothian will seek further advice of the Royal College of Paediatrics and Child Health as they will be carrying out a further review of the service in mid-February 2020. This will inform NHS Lothian's decision on full opening and next steps. In particular, NHS Lothian will request guidance on the likely prospects of success of another international recruitment drive.
- 3.17 Moving towards a seven day a week services remains a high priority for the Scottish Government and therefore the current position remains a risk to the delivery of the Recovery Programme.

Mental Health and Learning Disabilities

- 3.18 Performance in relation to the CAHMS and Psychological Therapies 18 week target has remained relatively consistent in the last month, albeit below the Government standard. The focus remains on recruitment into new roles to increase capacity and manage changes in operating policies as discussed at the last Board meeting. The latest management information indicates that patients waiting over 18 weeks for the CAMHS service are starting to reduce. Performance against the 90% access standard improved in December within Psychological Therapies, although the number of patients waiting over 18 weeks on the adult waiting list is still increasing as recruits are yet to come into post.
- 3.19 Acute adult mental health bed occupancy has been maintained within an appropriate target range over the past month.

Unscheduled Care

- 3.20 Sustained increases in attendance at EDs have been experienced across the three adult acute sites across the 2019 calendar year. This increase in attendance combined with an increasing acuity of patient and high occupancy across the three sites has contributed to a deteriorating four hour emergency access standard performance. These challenges are not unique to Lothian and similar patterns are occurring across Scotland.
- 3.21 Performance in December continued to be extremely challenging with adherence to the four hour access standard dipping to 80.3%. There were over 200 twelve hour breaches in the run up to Christmas (mainly between the 11th to the 22nd December) and the RIE was under particular strain. However, over the festive period performance was much improved, with a number of days at or near 95% against the access standard and in general staff reported positively on ED morale over the period.
- 3.22 This improved performance continued into early January, but pressure on the system has been building up over the course of the month. Performance has been particularly challenged at the Western General (mid to low 70%) and despite St John's opening additional cubicle capacity it is also running in the region of 85% against the 4 hour target.

- 3.23 In part, these challenges are related to a spike in delayed discharges particularly in the Edinburgh HSCP. Whilst Each HSCP has made significant progress in reducing the number of unplanned OBDs lost to delayed discharges and met plan at circa 200 for standard delays in December, this increased to over 250 in early January. This increase is primarily related to challenges in the Edinburgh care at home market over Christmas with a number of providers handing back care at home contracts. Further details are set out in Appendix 2 in the Unscheduled Care Recovery paper.
- 3.24 The Scottish Government is aware of both the performance challenges in December as well as the improvement over the festive period (when Lothian was one of the best performing Boards in the country). They recognised that delayed discharges tend to increase during the winter period and the Partnerships have all committed to bringing delays back down to 200 by the end of March 2020.

4 Key Risks

- 4.1 A number of short term risks to the delivery of the Recovery Programme and the prospects of de-escalation have been set out in this paper and can be summarised below:
- the ability to hit the revised trajectories for outpatients and TTG by the end March 2020;
 - the ability to recruit to mid-grade staff within Paediatrics at St John's and establish a seven day 24x7 services; and
 - the ongoing management of unscheduled care services over the winter period.
- 4.2 In addition, it will be important to set out clear plans as part of the AOP process to provide confidence of delivery. A further risk remains in relation to the tight budget settlement in social care.

5 Risk Register

- 5.1 The Corporate Risk Register has been updated to reflect the risks specifically associated with the Recovery Programme with reference to a number of linked risks (Risk ID 4820). The Risk Register will be subject to ongoing review and update by the Recovery Programme team.

6 Impact on Inequality, Including Health Inequalities

- 6.1 An integrated impact assessment associated with the Recovery Plan has not been undertaken. Following approval of NHS Lothian's 2019/20 AOP, communication was sent to responsible directors where new services, redesign of services and new strategies/plans are referenced to allow NHS Lothian's lead on Equalities and Human Rights to follow up and review whether the necessary integrated impact assessments have been completed as appropriate. The final Recovery Plan submission will also be forwarded for information

7 Duty to Inform, Engage and Consult People who use our Services

- 7.1 NHS Lothian Directors, IJB Chief Officers and their teams have supported the development of the Recovery Plan. Due to the timelines associated with the development of the Recovery Plan, public engagement and consultation relating to the contents of the plan will not have been undertaken.

8 Resource Implications

- 8.1 Recovery Plan discussions will continue with the Scottish Government to clarify any further investment to support performance improvement as well as delivery of the 2020/21 AOP.

Peter Lock
Director of Improvement
30 January 2020