

Health, Social Care and Sport Committee

12th Meeting, 2023 (Session 6), Tuesday, 28 March 2023

NHS Boards Scrutiny

Note by the clerk

Background

1. At its meeting on 17 January 2023, the Committee agreed to invite a series of frontline NHS boards to give evidence on their performance, financial sustainability and recovery from the COVID-19 pandemic as well as key issues related to workplace culture and workforce.
2. For the purposes of this exercise, frontline NHS boards were determined as comprising Scotland's 14 territorial boards as well as the Scottish Ambulance Service, NHS24, the Golden Jubilee Hospital and the State Hospital.
3. For each evidence session, it was agreed that a representative of three frontline boards would be invited to make up a single panel of witnesses and that these evidence sessions would be scheduled as and when other work programme commitments allow.

Today's meeting

4. At today's meeting, the Committee will continue taking evidence from frontline NHS boards with a panel comprising one representative each of:
 - Golden Jubilee Hospital
 - NHS Greater Glasgow and Clyde
 - NHS Highland
5. Submissions from these NHS boards, received in advance of this session, are included as annexes to this paper.
6. This session and future sessions with other frontline NHS Boards will have a focus on scrutinising performance against NHS recovery plans as well as medium term financial planning, workforce planning (both at board and national level) and any specific current performance issues.
7. The [NHS board escalation framework](#), most recently updated in November 2022, reports that "There are currently six health boards in Scotland who have been escalated to Stage 3 or above within the framework". Stage 3 is described as "the

stage at which boards are considered to require a higher level of support and oversight from Scottish Government and other senior external support”. The six boards in question are:

- NHS Ayrshire and Arran
- NHS Borders
- NHS Forth Valley
- NHS Highland
- NHS Lothian
- NHS Tayside.

8. On 23 February 2023, Audit Scotland published its [NHS in Scotland 2022 report](#) which provides an assessment of progress in the first year of the Scottish Government’s NHS Recovery Plan 2021-2026.

Clerks to the Committee
23 March 2023

Health, Social Care and Sport Committee

Briefing

28 March 2023

Introduction

As a national resource, NHS Golden Jubilee has provided care through collaboration to over 1 Million Scottish patients since 2002.

NHS Golden Jubilee comprises the Golden Jubilee University National Hospital, NHS Scotland Academy, national Centre for Sustainable Delivery, Golden Jubilee Research Institute and Golden Jubilee Conference Hotel.

The Golden Jubilee University National Hospital is Scotland's flagship hospital for elective and specialist care. In addition to carrying out all heart and lung surgery for the West of Scotland, the Hospital is home to national heart and lung services that provide critical services such as heart transplantation to patients nationwide.

For the purposes of the committee, we have confined our response to the key areas of addressing elective waiting times, our finances, workforce and future opportunities.

Elective waiting times

Golden Jubilee University National Hospital

Although we do not hold the waiting list for our elective specialties (with the exception of some heart procedures), we work with NHS Boards across Scotland to provide access for treatment for their longest waiting patients. The referring Health Boards report the waiting times for these patients.

For 2022/23, we are on track to carry out over 81,500 procedures.

- Our main elective procedures include orthopaedics, cataracts, general surgery, colorectal, scopes, and scans (72,500 this year).
- Cardiology, cardiac and thoracic surgeries are a mix of planned, urgent and emergency care (over 9,000 this year).

In addition to the diagnostic imaging carried out on site, NHS Golden Jubilee also manages the Scottish National Radiology Reporting Service. Since its launch in June 2020, the service has been supporting Health Boards across the country: reporting over 200,000 exams, providing faster diagnosis for patients and saving NHS Scotland more than £1.5 million over the last 18 months.

Following the opening of our new Eye Centre in 2020, which has the capability to carry out 18,000 cataracts a year, our second phase of expansion is due to be completed by late summer 2023 and is on budget. The full year impact of our expansion is projected to be 12,900 procedures. This was originally scheduled for 2035 in the business case, however, due to demand we have brought forward these plans to support NHSScotland.

We have already accelerated activity relating to general and endoscopy services to support recovery for NHS Scotland, and have recently been awarded JAG^[1] accreditation status for our scope service. It is anticipated that we will deliver over 7000 Endoscopy procedures this year, which is a 24% increase on our original plan.

Other procedures (elective/urgent)

As the regional heart and lung centre for the west of Scotland, we also hold the waiting times for specialist cardiac conditions including cardiac and thoracic surgery, interventional cardiology and device implantation.

- Our lung surgery team routinely meet the 31-day cancer target for patients, which is our part of the waiting time for that specialty.
- 85% of patients on our cardiac surgery list are treated within 12 weeks.

^[1] The Golden Jubilee University National Hospital has become the first NHS hospital in Scotland to be accredited by the Royal College of Physicians' Joint Advisory Group (JAG) on Gastrointestinal (GI) Endoscopy.

- In Cardiology, we have a challenge meeting the demand for patients needing Electrophysiology (EP) with referrals up 36% across the west of Scotland compared to 2018/19.

National Centre for Sustainable Delivery

Part of NHS Golden Jubilee, the Centre for Sustainable Delivery (CfSD) consists of a number of programmes (some now well-established) which focus on supporting the reduction in elective waiting times across NHS Scotland as well as maximising capacity and reducing unnecessary demand.

Modernising Patient Pathways Programme

The Modernising Patient Pathways Programme (MPPP) works collaboratively with territorial health boards across NHS Scotland in support of the NHS Recovery Plans. By supporting the delivery of improvement programmes there has been continued progress in addressing patient waiting lists on a national basis. In addition to this, CfSD have been co-ordinating and facilitating a number of Speciality Delivery Groups (SDGs) as part of the Clinical Leadership approach in designing and developing new and innovative national pathways of care.

As at February 2023, Boards are collectively reporting higher than anticipated improvements in outpatients redesign programmes of work including Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR) resulting in circa 90k outpatient appointments being saved across Boards.

Further areas of focus include releasing surgical and diagnostic capacity through national programmes such as:

- Enhanced Recovery After Surgery (ERAS);
- Day Surgery;
- Colon Capsule Endoscopy (CCE); and
- Cytosponge

As at February 2023, the data demonstrated that these programmes had prevented in excess of 4,500 unnecessary diagnostic appointments, freeing up existing capacity that can be then re-allocated.

As ophthalmology is one of the busiest services in the NHS, CfSD have formed a National Cataract short-life working group with experts from across NHS Scotland with the support of the Royal College of Ophthalmologists and the Royal College of Surgeons.

In March 2023, the group will launch the new national NHS Scotland cataract blueprint, **Improving the Delivery of Cataract Surgery in Scotland: a Blueprint for Success** to deliver high flow cataract surgery. The blueprint sets out a range of practical actions for NHS Boards to deliver higher volume cataract surgery in operating theatres that can be delivered on a sustainable basis are designed to help future-proof cataract surgical services for patients (minimum of 8 procedures per core 4-hour session - the equivalent of one procedure every 30 minutes).

NHS Golden Jubilee's bespoke eye centre will play a key role in the delivery of the Cataract blueprint by increasing overall capacity and promoting best practice in the delivery of cataract services.

National Elective Coordination Unit (NECU)

Since its establishment, CfSD's National Elective Coordination Unit has helped address the current planned care waiting list backlog by providing a consistent approach to national capacity assessment and allocation.

The NECU team have been tasked with carrying out a national waiting list validation exercise on patients waiting more than 52 weeks across 5 specialities: Ear Nose and Throat (ENT), gynaecology, general surgery, orthopaedics and urology. This includes both administrative and clinical validation.

CfSD are also supporting a series of local campaigns to help address long waits by matching physical and workforce capacity to excess demand across NHS Boards. To date, 14 campaigns have been completed, 11 are underway, and 12 are currently being scoped. This activity has resulted in over 3,000 patients being validated and just under 1,900 being treated, with 25% of patients removed from the waiting list after robust administration and clinical validation to ensure the decision is right and proper for the individual patient.

NHS Scotland Academy

The NHS Scotland Academy (NHSSA) is a joint venture between NHS Education for Scotland (NES) and NHS Golden Jubilee. It supports the transformation and sustainability of the health and social care workforce through the development and delivery of new accelerated learning for key roles.

To directly assist in meeting future national demand for theatre staff as part of the National Treatment Centres, the NHSSA introduced 3 training courses as part of the National Perioperative Accelerated Workforce Programme.

Accelerated Programme	Previous training time	Accelerated training time
Anaesthetic Assistant (career level 5)	~ 18 months	26 weeks
Surgical First Assistant (career level 5 to 6)	~ 12-18 months	34 weeks
Foundations of Perioperative Practice (career level 5)	~12-18 months	31 weeks

In 2022, we launched the National Endoscopy Training Programme, 120 endoscopists have the opportunity to attend upskilling courses, non-technical courses and immersion training. Greater skills will lead to:

- releasing more endoscopists into the NHS;
- fewer repeat procedures being required;
- better patient experience;
- faster completion times; and
- better cancer detection.

Through the National Ultrasound Training Programme, trainee sonographers are gaining 5-weeks of immersive, hands on experience at NHS Golden Jubilee. This reduces the pressure on their home Boards to provide training, and enables many more patients to be seen as part of the additional lists in non-obstetric ultrasound that have been scheduled for this programme (1,419 procedures between 22 November 22 and 8 March 23).

Workforce

Workforce remains a key priority to support our services, as we need to recruit 363 wte in a range of disciplines over the next year for our expansion. We are currently redesigning our recruitment process in order to make it more efficient.

Our turnover of staff is 12.9% with most moving onto other NHS boards (121 staff) and 48 staff members have retired this year. We are promoting retire and return across NHS Golden Jubilee.

A number of other workforce initiatives are underway:

- Targeted in person and digital recruitment campaigns;
- International recruitment (19 wte recruited in FY 22/23);
- Continuation of values and ethos of #Team Jubilee;
- Focus on health and wellbeing;
- Working with military leavers and their families;
- University, college and school events.

In addition, we are also looking at opportunities around the redesign of health care roles. For example, NHS Golden Jubilee will take advantage of its sister division, the NHS Scotland Academy, who are recruiting career level band 2 or 3 Health Care Support Workers, who will become band 4 Assistant Practitioners Endoscopy after a 9-12 month training programme. Similarly, there is a programme to accelerate training of career level band 2 to 3 Health Care Support Workers, into band 4, Assistant Perioperative Practitioner roles.

Finance

2022/23 Financial Position

A break even Financial Plan for 2022/23 was approved by the Board. This was predicated on achieving c. £ (4.6) m of efficiencies during the year. The forecast and trajectories indicate that a break-even position will be delivered for NHS Golden Jubilee for the current financial year. Within the £ (4.6) m of efficiencies expected the proportion of recurring efficiency savings has not been achieved and this will be a focus for 2023/24 onwards linked the national Sustainability and Value programme. The efficiencies gap has been met by in-year budget savings (particularly workforce), cost savings due to procurement and additional income relating to increased SLA activity.

2023/24 Financial Plan

The recent submission in March 2023 to Scottish Government for NHS Golden Jubilee was a break even position for 2023/24. While challenging and not without risk, the intention is to continue delivering a balanced budget for this period. For 2023/24 circa £ (6.66m) (which is less than the 3% savings target for Boards) of efficiencies are required to achieve a balanced financial position for 2023/24.

Programmes of work have been identified and will be completed during year to deliver recurrent savings. The programmes of work are aligned to the national Sustainability and Value programme and the four outlined aims.

1. Quality and Performance Improvement
2. Value Based Health Care
3. Financial Improvement
4. Environmental and Social Sustainability

Areas of focus to drive recurrent savings for the future include:

- Activity and productivity increases (number of procedures per list) as a result of Phase 1 and Phase 2 of the Hospital Expansion programme
- Review SLAs and commissioned services
- Procurement and active contract management
- Digital transformation across clinical and corporate services
- Consumable costs review- particularly surgical supplies with the intention of reducing clinical variation

Scottish Government support

The NHS Golden Jubilee is a national asset with a proven track record of delivering for all patients in NHS Scotland. Our operating model delivers the highest standards of treatment at scale, making a material difference to health outcomes for the whole of Scotland.

The national benefits of the NHS Golden Jubilee model further enhanced during the pandemic. As a designated “green/COVID light” (e.g. did not directly admit COVID patients), NHS Golden Jubilee was able to continue to carry out elective procedures as well as urgent heart, lung and cancer surgeries. We also did not repatriate patients from our cardiology service back to their base hospital, freeing up bed capacity across the west of Scotland.

In our experience, we believe that NHS Scotland would benefit from dedicated planned care centres based on the model of NHS Golden Jubilee, where emergency care is kept separate and does not impact the same operating theatres, wards and services as those waiting for elective care. This could be a dedicated standalone centre or adopting a ‘hospital within a hospital’ approach. Additionally, consideration should be given to extending day surgery and ensuring a more targeted approach to procedures of low clinical value based on the principles of realistic medicine.

We would also support an accelerated ‘Once for Scotland’ approach for digital reform. This will help us in our delivery of local digital and infrastructure solutions for patients and our staff, ensuring a sustainable system wide service.

We also welcome the focus and clarity that the Chief Scientists Office has provided around how the health service deals with innovation. As a key partner of this through the national Centre for Sustainable Delivery, there are exciting opportunities that can be harnessed to benefit Scottish patients.

NHS Greater Glasgow and Clyde

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With respect to the Board performance escalation framework, NHS Greater Glasgow and Clyde are classified within stage 2.

1. Finance**Key highlights:**

NHSGGC annual budget for 2022/23 is in the region of £3.9 billion

This year, NHSGGC has successfully managed a very challenging financial position and is currently forecasting to break-even in cash terms by the end of the financial year.

Financial planning is already at an advanced stage for 2023/24 and the draft finance plan for the next three years has been submitted to Scottish Government.

The implications for the six Health and Social Care Partnerships within the area from local authority budget decisions continue to be considered.

2022/23

On an annual budget of c£3.9 billion, NHSGGC initially agreed, early in 2022/23, a deficit of £51.5m on the assumption that Covid-19 costs were fully funded. Upon notification that there was limited funding available this potential deficit was increased to £78.4m. This position included a pressure of £26m for Covid-19 expenditure and a slight increase to the core position to £52.4m.

NHSGGC have incrementally taken actions to ensure good progress and at the February 2023 NHS Board meeting the forecast position for the year-end was noted that break-even would be achieved. The incremental position to attain this is noted below.

Board Finance Plan	Finance Plan Aug '22 Board £m's	Revised Month 5 £m's	Revised Month 6 £m's	Revised Month 7 £m's	Revised Month 8 £m's	Revised Month 9 £m's	Revised Month 10 £m's	Current Forecast £m's
Forecast Core Deficit	52.4	51.5	34.5	27.8	27.8	15.6	15.6	0.0
Forecast Covid Deficit	26.0	7.9	3.4	3.1	0.0	0.0	0.0	0.0
Forecast Total Deficit	78.4	59.4	37.9	30.9	27.8	15.6	15.6	0.0

An action plan was submitted to Scottish Government on 30th September 2022 and excellent progress was made which has resulted in the break-even position being forecast for 2022/23.

The position in year has been predicated on maturing a level of recurring savings in the region of £54m, combined with non-recurring opportunities to achieve break-even. This break-even position in cash terms does however result in the historical carry forward recurring deficit position of c£120m remaining in place moving forward into 2023/24.

Sustainability and Value

NHSGGC is working collaboratively with the Scottish Government to deliver sustainability and value. The national and local programme is designed to provide sustainable financial benefits, ensure sharing of best practice, provide support (where required) and accountability. The objective of this governance model is to provide control, support and oversight across all work streams within an efficient and streamlined process.

2023/24 and beyond - 3 Year Financial Plan

A draft 3 year financial plan was taken to the Finance, Planning and Performance Committee of NHSGGC and was submitted to Scottish Government on 9th February 2023. The total budget for 23/24 is likely to be in the region of £4b and the plan highlighted a deficit of £73.7m for 23/24, £82.0m for 24/25 and £54.4m for 25/26. This position includes a £75m recurring savings target for each of the three years in order to reduce the core structural deficit being serviced by non-recurring means, which is in line with national requests to meet a 3% target against the core revenue resource limit. The Finance Plan will be presented to the Board for approval in April 2023.

The financial challenge incorporates increases in energy, prescribing and inflation as being key factors in the overall financial position, combined with operational and service demands.

2. Workforce

Key highlights:

NHS Greater Glasgow and Clyde has a workforce of approximately 39,000 and is one of Scotland's largest employers.

After a period of low turnover during 2020 and 2021, followed by increases in turnover in 2022, the situation has once again settled and turnover currently remains low.

Ongoing recruitment throughout the year, including recruitment fairs, targeted open days at hospital sites and a successful Newly Qualified Nurses & Midwives campaign attracted over 1200 registered nurses, offsetting those nurses choosing to leave throughout the year

Recruitment of over 200 international staff including nurses and radiographers is well advanced, with all arriving by March 2023.

NHSGGC has commenced the development of a programme to support the introduction of a Band 4 HCSW role within acute services.

Continuous recruitment to the NHSGGC Staff Bank has seen over 800 HCSWs recruited to provide winter additionality. This will continue as we aim to deliver over 50 new HCSWs every week.

Staff Turnover

Following a period of reduced staff turnover during COVID lockdowns and the initial stages of COVID response, the turnover rate began to increase in September 2021 and remained at a higher level until November 2022. Since then, turnover has reduced and is anticipated to reduce slightly further. Current turnover rates are as follows:

		Dec 2022 to Feb 2023
Nursing & Midwifery	HCSW	12.4%
	Band 5	12.4%
	Band 6+	8.0%
Allied Health Professionals		10.0%
Support Services		7.8%
Administrative		10.1%
NHSGGC Overall		11.2%

Vacancy Numbers

Vacancy rates are well understood within NHSGGC and are reported on a monthly basis to our Strategic Executive Group. The establishment of key job family groups is detailed below:

		Establishment	Actual	Vacancy	Establishment %
Nursing and Midwifery	HCSW	4,783	4,496	287	94%
	RN/M	12,766	11,540	1,226	90%
Medical & Dental	Consultant	1,988	1,946	42	98%
	Other Senior Medical	211	195	16	92%
Allied Health Professionals		2,876	2,712	164	94%
Support Services		3,463	3,589	-126	104%
Administrative		5,611	5,273	338	94%

NHSGGC acknowledges hard to fill areas within registered nursing, for example Care of the Elderly, Medicine and Prison Health Care due to a lack of candidates applying for these less popular specialties, within a system where multiple opportunities exist. Where vacancies remain unfilled, additional support and alternative approaches are deployed, for example targeted deployment of newly qualified nurses, recruitment of internationally trained nurses, and direct candidate engagement through site based events and attendance at wider recruitment events.

Key areas of challenge within the Medical Consultant recruitment have been acknowledged nationally, for example psychiatry and clinical radiology. These areas are being supported with enhanced recruitment, but also increased efforts associated with initiatives such as Retire and Return and the employment of additional Clinical Fellows.

NHSGGC has increased the recruitment of internationally trained Allied Health Professionals, particularly in physiotherapy and radiography due to an increased number of candidates who have undertaken post graduate master level qualifications within Scottish higher education institutions and benefited from changes to the UK immigration system allowing access to a Health and Care skilled worker visa.

3. Mental Health

Key highlights:

There has been a significant focus on improving waiting times for CAMHS and psychological therapies within NHS GGC with positive results. This is against a backdrop of increasing demand on these services.

At the latest Board meeting in February 2023, the following position was reported:

- Performance in relation to the number of CAMHS patients seen within 18 weeks of referral continued to exceed the planned position for the fourth consecutive month.
- Compliance with the Psychological Therapies target continues to achieve around 89% over the last 3 months and is targeting 90% by the end of March 2023.

Child and Adolescent Mental Health Services (CAMHS) experienced increased referrals and complexity of presentation post pandemic, with the associated impact on the waiting list. Annual referrals in 2022 were 8,906. This is the highest number of children and young people referred on record.

Within this context, CAMHS have made a number of performance improvements with additional investment in staffing from Scottish Government funding allowing service development, combined with improvement in pathways.

There has been a substantial reduction in the numbers of patients waiting for this service in the last couple of years. For the week ending 8th March 2023 there were 1282 patients waiting for their first treatment appointment. As of February 2023, the previous 4 month's reported performance ranged from 85.3% to 94.9% of CAMHS patients being seen within 18 weeks of referral, exceeding the agreed targets and exceeding the national target of 90% in two of the four months.

Psychological Therapies

The current average wait is less than 8 weeks (median wait is three weeks). As of 12th March 2023, 88.8% of NHS GGC people start their Psychological Therapy Treatment within 18 weeks, nearing the national target of 90%. The forecast is to meet the national target of 90% by the end of March 2023. The total waiting list size at 12th March was 2,357 patients.

Other current issues

1. Development of a Regional CAMHS Intensive Psychiatric Unit (IPU) for adolescents and reassignment of 1 to 2 beds in the national child inpatient unit for children under 12 years with learning disabilities is progressing together with the development and implementation of a Neurodevelopmental pathway.
2. NHS GGC Public Mental Health have responded to emerging mental health needs, including counteracting isolation. Online training has been developed including wellbeing, resilience, mental health in the workplace, self-harm, LGBT+ Perinatal Mental Health, Loss and Grief and Stigma and Discrimination. The Suicide Prevention Concordat has been renewed and local suicide prevention action plans are being updated in line with the new national Suicide Prevention Strategy 'Creating Hope Together'.
3. Adult & Older People Mental Health Services established two local Mental Health Assessment Units, including for 15-18 year olds. These move activity away from police, ambulance, Emergency Departments and GPs, and provide access to assessments, sign-posting and/or where appropriate onto compassionate distress & brief intervention.
4. Over the winter period, in common with the overall unscheduled care demand, mental health services, both inpatient and community based, have experienced significant challenges in relation to the number of patients presenting for emergency and urgent care.

4. Elective Waiting Times

Key highlights:

NHSGGC has achieved the initial target of no outpatients waiting over 104 weeks and has also met the revised target of no more than 1,200 outpatients waiting >78 weeks by December 2022. The number of patients >78 weeks has been decreasing in most specialties however, Gynaecology remains the most challenged specialty impacting on the overall long wait position.

At the end of December 2022, the agreed target of 1,650 TTG patients >104 weeks was achieved with 1,626 remaining, despite the impact of significant unscheduled care pressures.

Between April 2022 and February 2023, NHSGGC exceeded the commitment for endoscopy, delivering a total of 31,124 activity against the planned Annual Delivery Plan (ADP) activity trajectory of 26,849 patients, a 6% increase on the planned position.

Please note that provisional February activity has been included to provide the most recent data available.

NEW OUTPATIENTS

The number of New Outpatients seen between April 2022 and February 2023 has exceeded the commitment to 85% of 2019/20 activity in Q1&2 and 90% in Q3&4 of this level of activity. In total, 249,144 appointments were delivered against planned activity of 234,624. The YTD new outpatient activity for April-February 2022-23 is a 6% increase on activity in the same period in 2021-22 and 6% above the agreed Annual Delivery Plan trajectory.

At the end of December 2022, the agreed target of 1,200 patients over 78 weeks was exceeded with 790 patients remaining. Actions have included additional WLI capacity and insourcing capacity, combined with service redesign, revised pathways, development of advanced nursing roles, maximising Patient Focussed Booking and engagement with the Centre for Sustainable Delivery national and regional delivery groups.

INPATIENTS AND DAYCASES

The number of TTG Patients seen between April 2022 and February 2023 has exceeded the commitment to 65% of 2019/20 base activity in Q1&2 rising to 75% in Q3&4, delivering a total of 56,647 TTG patient activity against planned activity of 50,420. The YTD TTG activity for April-February 2022-23 represents a 20% increase on the same period in 2021-2022, and is 12% higher than the agreed ADP trajectory.

At the end of December 2022, the agreed target of 1,650 patients >104 weeks was achieved with 1,626 remaining.

The number of patients waiting more than two years was reducing throughout 2022, with 1,198 fewer than in April 2022. However, there has been some growth in the number of 104 week patients in 2023 given the reduction in elective activity over the winter period due to unscheduled care requirements.

Actions to improve Waiting List numbers and Long Waiting Patients have seen a focus on Orthopaedics with local initiatives and additional national capacity via national treatment centres targeting long waiting patients. Outsourcing activity, service redesign, supporting additional ANP roles and alternative workforce models, improving patient pathways and working with GJNH to maximise activity are all contributory factors across specialties.

Key actions in place to help reduce the number of long waiting TTG patients include the following:

- There has been a continued focus on managing clinically prioritised patients alongside long waiting cases to ensure the most appropriate patients are being prioritised for theatre.
- Maximisation of NHSGGC and Golden Jubilee National Hospital (GJNH) capacity has been a priority, including the streamlining of suitable elective activity to non-receiving sites with the aim of releasing bed capacity on the main acute sites.
- Use of surgical hubs to drive standardisation of pathways across NHSGGC and develop expertise in high volume activity.
- Support for the development of a Band 4 assistant theatre practitioner training programme.
- Funding of waiting list initiatives and insourcing has been targeted at services with the largest gap between demand and activity

Endoscopy

In the 2022/23 ADP, NHSGGC committed to delivering 85% of the 2019/20 base activity in Quarters 1 and 2, rising to 90% in Quarters 3 and 4. Between April 2022 and February 2023 NHSGGC exceeded these commitments, delivering a total of 31,124 activity against the planned ADP activity trajectory of 29,042 representing a 7% increase on the planned position. The YTD Endoscopy activity for April-February 2023 is a 9% increase on activity in the same period in 2021/22.

The Endoscopy waiting list has stabilised in recent months with 12,283 patients waiting at the end of February 2023. Provision of additional capacity through the use of locums, WLIs, GJNH capacity and an insourced mobile unit service including nursing and decontamination staffing continues. The use of new technologies continues to complement core Endoscopy sessions (Cytosponge, Transnasal Endoscopy, and Colon Capsule Endoscopy).

5. Other Key Issues

Delayed discharges

The number of people who remain in hospital who no longer need to be there has increased significantly from approximately 100 patients at any one time in 2019 to c300 per day currently. This is impacting significantly on hospital capacity and on the flow of patients through our hospitals from the front door. We are focused on addressing this and reducing the number of delayed discharges with HSCP colleagues, local authorities and the Scottish Government. In terms of national support, it would be of assistance from the Scottish Parliament for cross-party support to tackle the issue of capacity within the care sector, including a review of AWI legislation, to help unlock this significant challenge.

Recovery of services

During the early phases of the pandemic, NHSGGC had to redirect services to cope with the demands of COVID meaning that all but emergency and the most urgent of non-COVID care had to be postponed. This has created an overall backlog of patients awaiting treatment with the potential for worsening health and the 'deconditioning' of some patients whose treatment was delayed. As we recover from the pandemic we are working with the Scottish Government to direct resource to tackling the longest waits alongside continuing to treat the most urgent cases, however there remains a significant challenge to address these backlogs, while recognising that the number of COVID inpatients and the associated infection control measures still have an impact on the overall service provision.

Modernising our services

The pandemic brought seismic and immediate change to the NHS, in how patients engage with our services. In some ways, this has encouraged greater efficiency, modernisation and transformation. As we recover from the pandemic it will be important to maintain these new ways of working, with digital and remote consultations becoming the norm for many. These ways of working have been shown to be popular with patients and clinicians alike and bring many benefits. They will also mean that there is less reliance on our physical estate. As we continue to embed these new approaches to healthcare, we would ask for the support of the Scottish Parliament to embrace these new ways of working.

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The current escalation status of NHS Highland (NHS) is Level 3 for Finance and some aspects of Mental Health Services, Psychological Therapies (PT) and Child and Adolescents Mental Health Services (CAMHS). NHS was de-escalated on all other aspects associated with the 2018 escalation to Level 2.

Finance

1. 2022/23 Financial position

For the nine months to the end of December 2022 NHS Highland has overspent against the year-to-date budget by £24.488m, with an operational forecast of £35.5m which has been adjusted to account for identified non-recurrent actions or to report an adjusted forecast of £22.631m at financial year end.

The non-recurrent benefits being recognised to improve the position include assumed reduction in the annual leave accrual and PO accruals; benefit of NI reduction, VAT reclaims, utilisation of ASC reserves and assumption of IJB break-even position through the utilisation of reserves. The position also reflects the additional New Medicines funding and a reduction in the CNORIS estimate of expenditure.

2. 2023/24 Opening plan position

NHS Highland's draft revenue plan shows a financial gap before savings of £105.959m. A Cost Improvement Target of £29.113m has been set to be delivered through work streams, thus reducing the gap to £76.846m.

3. Improvement Actions

NHS Highland is currently engaging with wider NHS Scotland national initiatives to support delivery of financial sustainability including the FIG and its programmes of delivery as follows:

- Agency Nursing & locum spend.
- Procurement
- Corporate Services
- Medicines/ Prescribing

Other key areas include:

- Crown / pool cars & travel
- Review SLAs and commissioned services
- Consumable costs
- Review of CAG processes

Mental Health

1. CAMHS

The CAMHS Programme Board was refreshed with a clear focus on the following workstreams:

Clinical Modelling: A review of current provision has targeted a return to locality-based services for core service provision whilst maintaining our urgent care model. Development of an intensive home treatment model for young people presenting with eating disorders is underway. A model of clinical liaison services has been developed and we are working towards workforce recruitment to deliver.

Diversification of clinical interventions is occurring, with staff training in specialist risk assessment model and therapeutic training for individual and group work intervention for high risk self-harming and suicidal behaviours. Further diversification will focus on early intervention of group work provision and partnership delivery across specialist CAMHS, School Nursing, Primary Mental Health and Third Sector partners.

Clinical Governance, Risk and Performance: A clear model of governance and reporting has been established and pathway development in a number of areas with associated clinical standards. This will become the basis for further audit activity and benchmark setting for outcome data

Work has been taken on validation of wait list cases, improvement in internal clinical and admin processes and a waiting list initiative began in November 2022.

Workforce & Finance: The workforce continues to be at a level below expected national standards and is the largest risk to improvement. A review of nursing and psychology has been completed and we are actively recruiting with a positive response and anticipated outcome.

E- health: Clinician and administrative review of data standards, system and business information requirements is underway.

Service User/carer Experience and participation: Partnerships are being developed to enable engagement to take place in a variety of settings where young people are already engaging. The service plans to carry out an experience of service survey with existing service users in March 2023.

Colleague experience: A plan of events to engage and improve colleague experience has been agreed and will be delivered throughout 2023.

2. Psychological Therapies

NHS Highland is in the process of delivering on an improvement plan for Psychological Therapies to reduce waiting times. The number of people waiting longer than 52 weeks for an appointment has reduced from 991 (April 2022) to 526 (January 2023).

Waiting list management has been prioritised and standard protocols and procedures are being created enabling patient centred prioritisation. Future focus will be on implementing the standard referral criteria and E-vetting to eliminate any bottle necks. The development of a digital dashboard has enabled us to utilise intelligence proactively to improve waiting times. This will be supported and augmented by our IPQR (Integrated Performance and Quality Report).

Digital Therapies will promote and facilitate self-care, and we are aiming to offer training in collaboration with NES to train staff to deliver STEPP's groups throughout Highland.

Workforce remains an issue; we have 2.08WTE Clinical Psychologists per 100,000 of the population for Adult Mental Health. Recruitment is ongoing.

All services will have service descriptors, referral forms, and will work more closely together in ensuring patients receive the right service.

Elective Waiting Times

1. TTG

NHS Highland is performing at the Scottish average. The number of patients waiting longer than two years for elective surgery has reduced from a peak of 1,116 in March 2022, to our current level of 566 (as of December 2022). Plans are in place to further reduce this number and then work towards the next target of no patient waiting longer than 78 weeks by September 2023.

NHS Highland has made significant progress with improving day surgery activity.

The plan for next year is to increase the volume of day case surgery and to have dedicated day case lists in a stand-alone area away from the inpatient beds.

2. Outpatients

In December 2022 there were 10 patients waiting longer than 2 years and 131 patients waiting longer than 78 weeks. We have reduced the number of patients waiting over 52 weeks from a peak of 2,409 in July 2022 to 1,857 at the end of December 2022. We are expecting this to further reduce to approximately 1,600 by the end of March 2023.

This has been achieved through the use of patient-initiated returns, ACRT and virtual activity where possible. We have developed a “patient hub” methodology (a digital patient engagement system) and we have operated waiting list clinics.

Staff Turnover, Vacancy Numbers and Workforce Planning

- Our annual turnover in January 2023 was 9.5%, which has been consistent in recent months and down from a high of 11.5% in April 22.
- Of 829 leavers (01/03/2022 to 28/02/2023) 87 employees moved to another NHS Scotland Board, 10 moved to an NHS England Board, 285 employees retired, 7 moved outwith the UK, 440 resigned to join another public or private sector employer or with no specific destination disclosed on leave
- From 1 March 2022 – 28 February 2023 on average it took 140 days from advertising to start date of posts.
(Nursing and Midwifery 124 days, Medical 284 days, Social Care posts 144 days, Administrative 97 days, Senior Management 201 days).

Update on Progress Towards Addressing Issues Around Bullying

- NHS Highland was de-escalated from Level 3 to Level 2 of the performance escalation framework in October 2022.
- The board has fully implemented and is a pilot Board for the Blueprint for Good Governance and adopted best practice governance and assurance models.
- Senior leaders have been engaged to all key positions and has an effective corporate leadership team who are setting the tone for the organisation
- People and Culture is embedded in the Annual Delivery Plan and NHS Highland Together We Care 5 year strategy in our objective to be a Great Place to Work.
- Our Executive team focuses on Culture as a top priority, leading by example to rebuild trust and confidence, encourage Speaking Up, welcoming challenge and difference, being visible and engaged with our colleagues and communities. Their performance objectives reflect our strategy, and they are measured against progress and personal contribution to this important area.

Some key achievements

- We have a **24/7 Independent Guardian Speak up** which addresses over 200 concerns a year.
- We have a **24/7 Employee Assistance Programme**.
- We have embraced the **Whistleblowing Standards** and the role of the non-executive champion.
- Our co-produced **Healing Process** has listened to **272** colleagues experience, delivered **117** apologies from the Chief Executive, **233** financial payments totalling £2.825m and provided Psychological Therapies to **175** people.
- The first cohorts have completed our 4 level **Leadership and Management Development programme, Introduction to line management** course and **Corporate Induction** event.
- Over 1,000 colleagues have been trained in **Courageous Conversations** and our e-learning module is now launched.
- We have embraced **early resolution** to Bullying and Harassment, with 30 of 35 cases in 2021/2 attempting this approach, with only 11 of the 35 proceeding to formal cases.

Key Issues for NHH

- Workforce shape and availability remains a key priority for NHS Highland. Whilst we have seen an improvement in some areas in interest and applications, we remain focussed on building our workforce.
- The remote and rural context remains a key issue with a geography that covers 42% of the landmass of Scotland with 36 Islands. The west coast in particular has significant issues with accommodation for key workers making it difficult to relocate. Whilst local housing associations and communities assist well, there is a gap in the market that has a significant impact in places like Skye, Lochaber and Oban.
- De-population builds on the concerns stated above, the impact of this on workforce supply and also funding is concerning, we are currently seeking to understand the potential of this.
- Service redesign is another area of significant importance. Ensuring we are working towards new models of care alongside our communities and workforce. The status quo remains extremely challenging, as does change for all concerned. There is a wish to hold onto existing configurations of care that are generally based on history and unsustainable, there is an ongoing need to support our communities and staff to see a new way forward.

These are the areas where Scottish Government support remains critical.

Some highlights

Our National Treatment Centre in Highland opens in April and will see its first patients through the door on the 17th. We have achieved 88% staffing to date and anticipate by the summer we will be fully staffed. We do have the means by which to cover critical gaps in the meantime. This will provide a state of the art facility offering routine orthopaedic procedures and a full eye care service, this is a very exciting prospect for Highland and all other boards who access it for their people.

We have significant work underway on redesign programme across the Highlands and Argyll and Bute. Lochaber redesign takes account of the locality services and a replacement hospital for the Belford, Caithness redesign has a focus on community hubs and community services, Skye on the redesign of urgent care and the wider health and care system.

We opened two new hospitals in the last year in Aviemore for the Badenoch and Strathspey locality and Broadford for the Skye, Lochalsh and South West Ross. These provide excellent facilities fit for the future in serving our communities.