

# Health, Social Care and Sport Committee

## 15th Meeting, 2023 (Session 6), Tuesday, 2 May 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 one representative of each frontline board would be invited to give evidence 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:
  - NHS Dumfries and Galloway
  - NHS Lanarkshire
  - NHS Tayside
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**  
**27 April 2023**

**NHS Dumfries & Galloway – Summary Briefing for Health & Sport Committee****Overview**

NHS Dumfries & Galloway is performing relatively well across a range of traditional performance measures in both scheduled and unscheduled care. However, we are experiencing difficulties in staffing our service models and cannot deliver them within our allocated budget. We will need to deliver substantial redesign of services over a short period of time to create a sustainable and high performing system.

**Financial Sustainability**

NHS Dumfries and Galloway has an unprecedented financial challenge as we move into the 2023/24 financial year with an underlying deficit position and requirement to deliver significant savings to get to a balanced financial position which will extend beyond the current three year financial planning timeframe.

The three year Financial Plan is set out in the table below:

**Table 1**

<b>Financial Plan - NHS Board</b>	<b>2023/24</b>	<b>2024/25</b>	<b>2025/26</b>
	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
Recurring Deficit Brought Forward	(34,089)	(40,592)	(47,155)
Net additional recurring investment required	(12,503)	(12,563)	(13,888)
<b>Total Recurring Deficit Anticipated</b>	<b>(46,592)</b>	<b>(53,155)</b>	<b>(61,043)</b>
Recurring Savings Target Set	6,000	6,000	6,000
<b>Target Recurring Deficit</b>	<b>(40,592)</b>	<b>(47,155)</b>	<b>(55,043)</b>
Non Recurring Savings - Balance of 3%	4,700	4,700	4,700
<b>Target In-year Position</b>	<b>(35,892)</b>	<b>(42,455)</b>	<b>(50,343)</b>

- The position is before any repayment of brokerage.
- Any in-year directorate overspends arising during the year will also require to be covered by non-recurring flexibility consistent with approach in 2022/23; this is currently estimated at £8m.
- Plan includes minimal investment over and above pay and prices uplifts.
- Recurring savings target set at post Dumfries and Galloway Royal Infirmary (DGRI), pre-Covid-19 level.
- Excludes Agenda for Change settlement as assumed to have nil impact.

The Board's position has worsened from the trajectory previously set out within the Board's recovery plan which saw a reduction in the recurring deficit over the period. The primary shift is a result of ongoing inflationary pressures which were not anticipated at the level we have experienced. Over the three year horizon uplift planning assumptions are £32m more than the projected Scottish Government baseline uplift to NHS Boards.

In addition to inflationary pressures, the operational directorates continue to see pressures within budgets as a result of high levels of occupancy across the service. There is a reliance on supplementary staffing due to workforce recruitment pressures and as a result of additional acute beds remaining open beyond the winter period due to the relentless activity pressures. This is expected to continue during 2023/24, however, there is significant work happening

within the Board to ensure that the financial impact is minimised through the implementation of cost containment workstreams.

The Board has delivered recurring savings targets consistently each year. Prior to opening the new District General Hospital (DGRI), the Board were able to deliver on average £8m per annum; this has since reduced to £6m per annum and during Covid-19 this dropped off significantly to under £2m, with a significant lost savings opportunity during this period.

The 3% target set for 2023/24 is £10.7m for the Board and although the Board recognises the need to continue to deliver recurring efficiency savings of 3%, this is not considered achievable based on previous levels of delivery and has been split £6m recurring and £4.7m non-recurring. The majority of Board services have had significant redesign as part of business cases for new facilities over the last 15 years: Galloway Community Hospital; Midpark mental health facility and DGRI. The remaining element of the estate and service redesign, is a review of intermediate care provision through the Right Care Right Place review which is being led through the Integration Joint Board.

The establishment of the Climate Emergency and Sustainability Programme Board alongside the financial efficiency agenda, is driving a number of proposals to consider energy efficiency schemes on the Dumfries Campus, with the development of a Property and Energy Strategy due to be completed by September 2023

The Board's financial plan was approved at its meeting on 17<sup>th</sup> April 2023.

## **Mental Health Services**

- Mental Health Inpatient services have at periods experienced over 100% bed occupancy resulting in Midpark hospital having to utilise surge beds in areas not designated for hospital beds, and increase staffing complement to meet increased patient care demand.
- Multi-disciplinary scrutiny huddles have been introduced to facilitate early discharge and flow.
- 30% vacancy rate amongst consultant staff, with external locum in West of the region. 4 rounds of recruitment in last 12 months with no interest expressed in roles. We would highlight two critical areas of risk in forensic mental health and crisis intervention.
- We are exploring ANP models and reviewing roles and responsibilities. There are elements that need to remain as medical responsibility due to statutory legal responsibilities around Mental Health Act.
- Primary Care Mental Health service in place Region wide and operational. Expanded Jan 2022 to be more sustainable and added psychological therapy development March 2022. Now fully staffed. All GP clinics run to full capacity. The CBT introduction is thought to be contributing to the stabilising of referral rate to secondary care psychology services.
- Early Intervention Psychosis (EIP) operational for 18 months region wide. Currently a caseload of 14 people.
- Perinatal Mental Health Operational region wide for 18 months - provisioned for 60 mothers per year.
- New dementia diagnostic nurse led model introduced in the last 2 years.

- Post diagnostic support (PDS) for 12 months has been a challenge due to staffing issues and the increase in demand locally, driven by demographics and early diagnostic success.
- User and Carer engagement alongside work with Third sector colleagues has been successful in developing a local road map of services.
- 59% compliance with the 18 week target for psychological assessment.
- Near Me continues to work well, with 65% of appointments continuing to be virtual, this also supports out of region recruitment with psychologists based out of region offering local appointments via NearMe.
- Jan 2023 to March 2023 the psychology referral numbers have stabilised after previous peaks and have returned to 2020 levels. The success of primary care mental health team is thought to be contributing to this by ensuring earlier intervention for low level mental health needs.

## **Elective Waiting Times**

### **Inpatients**

- **18 months (78 weeks) by Sept 23**
  - We are currently operating at this level with small exceptions.
  - Current patients waiting more than 78 weeks are booked by 01 May or are being rebooked due to Covid.
- **1 year by Sept 24**
  - We are on track to meet next milestone. Risks and opportunities include:
- Theatre Staffing
  - Due to a number of retirements, there has been the need to recruit a number of individuals. Although vacancies are low, those recently recruited require a higher than anticipated level of training which therefore results in a lead-in time to get us back to full capacity.
- Theatre Efficiency
  - refreshed Planned Care Programme Board will provide oversight of re-energising theatre utilisation maximising systems available. Clinical support to this work secured. Risks include bed availability – ref USC improvement work to mitigate.
- Orthopaedics
  - Successfully completed first 4 joint list. Plans in place to have 1 x 4 joint list per week. See and Treat pathways with GJNH supporting achievement of the milestone.

### **Outpatients**

- 52 weeks wait by March 23
  - achieved with small number of breaches. A plan is in place to address all of the Gastro breaches by end May due to recruitment of additional staff.

### **Diagnostics**

- Radiology
  - Demand is continuing to outstrip capacity, compounded by new pathways within cancer. Continued extended working day for MRI and CT. Redirect where reasonable to GCH scanner. Business case for 2<sup>nd</sup> CT scanner being

considered. Review of radiographer rota to move to full shift from oncall overnight.

- Radiology capacity is currently our biggest risk to the Cancer 62 day pathway

- **Scopes**

- Bowel Screening in first 3 months have been high, anticipated number of the year being circa 800 in comparison to 6-700 of normal year. We have lost a nurse endoscopist to retirement so going through recruitment and then training. We are also upskilling B4s to support the efficient running of our Endoscopy lists. We have contingencies in place utilising medical workforce whilst we training nursing.

## **Workforce**

### **Headcount (excluding bank and Locum):**

Headcount at 31/03/23 for Nursing/Midwifery was 2,251 (at 31/03/22 it was 2,313), Medical and Dental 275 (compared to 274 at 31/3/22). Nursing/Midwifery Job Family was 48% of the headcount at 31/03/23.

### **NHS D&G Overall Turnover (excluding bank and Locum):**

For the period 2022/23 the turnover rate was 8.93% (at 05/04/23).

NES published data for 2021/22 showed NHS D&G's turnover rate of 8.9 was 4<sup>th</sup> lowest.

### **Turnover by Job Family (excluding bank and Locum but including some junior doctors):**

The Job Families with the highest rate of turnover in 2022/23 are:-

- Medical and Dental (23.5%). 19% of the leavers in this job family were junior doctors (11 people & 11 WTE). Excluding Junior doctors, the turnover reduces to 21.2%. Headcount in Job Family = 275.
- Senior Managers (33.3%). WTE turnover = 4.2%. High % impacted by small group of people (only 5 leavers with WTE of 4.2). Headcount in Job Family = 17.
- Nursing/Midwifery rate was 6.3%. Headcount in Job Family = 2,251.
- AHP was 7.8%. Headcount in Job Family = 361.
- Other Therapeutic was 16.5%. Headcount in Job Family = 229.

### **International recruitment by NHS D&G:**

- 21 nurses recruited with 15 completed their training and commenced in post during 2022 and 6 started in post in Jan-23.
- 6 nurses ongoing through their OSCE training in 2023.
- 1 AHP recruited and started in their post in Jan-23.

**Annexe B**

**SCOTTISH PARLIAMENT HEALTH, SOCIAL CARE AND SPORT COMMITTEE MEETING**

**2 May 2023**

**NHS Lanarkshire Evidence Pack**

**Contents:**

1. With respect to the [Board performance escalation framework](#), a read-out of the Board's current status and its business case (including specific actions, allocated resources and how outcomes are being evaluated) for addressing:

- **Financial sustainability**

In 2022/23 the Board expects (subject to audit) to be able to show a break even position, with a forecast deficit for 2022/23 of £0.202m.

However, for 2023/24, while there are still some uncertainties around the full picture of funding (such as pay awards) income available in 2023/24, is expected to show a gap to £56.505m in year. To address the anticipated shortfall between income and expenditure we have established a Value & Sustainable Programme Board, which has already identified more cost effective approaches that could potentially deliver circa £22m.

This represents a structured approach, reflective of work underway at national level, with the intention that all significant areas of expenditure are reviewed to identify opportunities for cost reduction (or income generation). The Director of Finance links closely with the national financial improvement programme feeding in any useful benchmarking or opportunities to the relevant local group.

- **Mental Health Services**

Psychological Therapies (PT) – the Board was on target to meet the RTT when the pandemic hit. With lockdown, waiting times grew significantly, however a recovery plan was put in place in 2021. In February 2021, over 100 patients waiting over 52 weeks for PT, compared with Jan 2023, no patients wait 0 > 52 weeks. 90% of patients should commence PT within 18 weeks of referral, by 31 March 2023 = 85.21%. Performance continues to improve, but challenges are clinician vacancy rate 8%, increased complexity of cases – currently focussed work to determine complexity and consequences of such (increased severity of presenting difficulties and effect on functioning).

Child & Adolescent Mental Health Services (CAMHS) – a waiting list initiative was agreed in 2022 and continues with a steady downward trajectory in the number of children and young people who are waiting to be seen. It is planned to continue in collaboration with implementation of Choice and Partnership approach (CAPA) and modelling indicates monthly

incremental improvements in waiting times as a result. From 22nd August 2022 - 7th April 2023, the waiting list initiative has offered an additional 1,451 appointments. It is anticipated that the backlog of patients waiting over 12 weeks will be limited by summer 2023.

- **Elective waiting times**

In relation to Outpatients, as at 17th April 2023, NHS Lanarkshire reported 149 patients were waiting over 104 weeks, 1,010 patients were waiting over 78 weeks and 4,256 patients were waiting over 52 weeks for an outpatient appointment. Although there are areas of specific specialty pressures, NHS Lanarkshire continues to perform reasonably well nationally, relative to population share, in the

management of long waits for outpatients. NHS Lanarkshire is operating overall at over 70% of pre covid outpatient activity. The ongoing pressures on unscheduled care and covid patients in Acute Hospitals (as at 24 April 2023, 91 patients across three Acute Hospitals) is impacting on this performance metric.

In line with the interim waiting times milestones there are no patients waiting over 104 and 78 weeks in most specialties. Specific pressures are evident in general surgery.

NHS Lanarkshire is working with the National Elective Coordination Unit (NECU) at the Golden Jubilee, to undertake administrative validation of all patients waiting over 26 weeks in key specialties, initially general surgery, urology, ENT and gynaecology. Based on previous similar national exercises this is expected to lead to around a 5% removal rate from these waiting lists, based on patient preferences.

In relation to Inpatients in March 2023, 44% of patients were treated within 84 days. 25% of patients are waiting over 52 weeks for surgery with the greatest number of patients waiting in general surgery, orthopaedics, gynaecology, ENT and urology.

2. Latest status and trends in relation to staff turnover, vacancy numbers (broken down by discipline and length of time positions have been unfilled) and workforce planning (including up-to-date figures on numbers of staff choosing to leave the profession).

The number of staff in post has risen but around 400 WTE since to 31 March 2023 from the position reported in the last quarter. There was a notable reduction in leavers in the month of March 2023 versus March 2022 (fewer than half as many). This could be related to staff requiring to be in post on 1 April for the non-consolidated one-off payment and therefore may see a fall at the end of April. This is in the context of a total staff complement of 12,535 wte.

This has led to a decrease in vacancies across the Board however this is accounted for by that fact that there was no funded establishment allocated for Covid Vaccination programme. It should be noted that this service has approximately 185 wte in post. This leads to an over-



established position within Administrative Services and a lower vacancy rate across the Board.

Recruitment activity continues, however turnover is higher than planned. A new exit survey has been rolled out over the last month to capture greater detail and themes on reasons for leaving. This is emailed directly to leavers 2-weeks prior to leaving. This has generally increased as a result of the pandemic, both by the nature of some of the fixed-term posts which were introduced but also as Health Boards across the country began to recruit in response it opened up a number of opportunities for colleagues across Scotland.

Use of supplementary staffing and agency remain stable, reflective of the current pressures across service, however there is a focus on reducing nurse agency usage.

Total absence has increased, currently at 27%, and therefore remains above the 22.5% threshold. This was in part driven by higher than normal annual leave usage during public holiday periods (annual leave reports include public holidays).

Sickness Absence remains well above plan at 8% (target is 4%), however it has reduced from the peak in December of 9%. Focussed work between Human Resources and colleagues in the service is underway to aim for a sustainable reduction. Sickness Absence by job family shows that the highest is in Support Services (12%), Nursing and Midwifery is next (9%), and other groups range from 5% - 8%.

3. A brief overview of key issues facing your Board and priority actions you would like to see the Scottish Government taking to address these.

### **Replacement of University Hospital Monklands**

The Outline Business Case for the development of a new University Hospital Monklands at Wester Moffat has been submitted, and is being actively considered within Scottish Government. This is a key aspiration for the Board as the existing Hospital needs to be replaced. It is now the oldest Acute Hospital in Scotland and maintaining high quality services is a significant challenge in unsuitable buildings and with an ageing infrastructure.

### **Unscheduled Care**

Our three Emergency Departments (EDs) continue to experience significant pressures due to capacity challenges across the whole health & care system. Consequently, we implemented a nine-day firebreak with the key objective of stabilising our system by reducing occupancy levels to below 100%. The Firebreak ran from Thursday 23rd February until Friday 3rd March 2023, including the weekend period.

The Firebreak made a significant impact across our system by successfully reducing occupancy levels to 94% (from 105%) and led to notable improvements in patients being seen within the four-hour emergency standard (71.1% at end of Firebreak compared to 49.7% prior to commencement).

Prior to Firebreak, 14% of our patient discharges went home before noon and during the Firebreak period this increased to 25%, creating early flow through our Acute sites, underpinned by the implementation of the Flow Foundation Bundle and Pathway.

We doubled the number of patients looked after via our Hospital @ Home service with the additional workforce and 215 patients were redirected away from our Emergency Departments by the Senior Clinical Decision Makers within the Flow Navigation Centre, during the Firebreak period. However, in order to sustain these improvements additional investment may be required to stabilise the whole system.

### **Workforce challenges**

In common with all NHS Boards workforce sustainability is and will continue to be an ongoing issue.

This has been compounded in the Acute Hospital setting, in the short term because of the need to open and staff additional beds to minimise the pressure on our Emergency Departments, inpatient wards and elective programme. Workforce challenges are also manifest in the health & social care setting, and within Allied Health Professionals. Our continued reliance of agency staffing (in particular in nursing) is causing a significant cost pressure. Increased levels of short notice sickness within both nursing and medical staff have caused additional pressures.

### **Primary Care – practice sustainability issues**

Work continues to support GP Practices with the ongoing service and workforce pressures they are experiencing. An early assessment of activity within Primary Care suggests this is very significantly above pre-pandemic levels.

NHS Lanarkshire has no 2C GP Practices (i.e. the Health Board manages the Practice) but this is likely to be a pressures as 5 GP Practices have handed back contracts in the last 6 months and 2 more are thought to be considering doing so. NHS Lanarkshire has over 100 GP Practices in the Board's area.

### **Outpatients (12 weeks) & Inpatient Treatment Time Guarantee (18 weeks)**

In relation to Outpatients, General Surgery is the single biggest pressure (60% of all patients waiting over 52 weeks, and 90% of all patients waiting over 78 weeks are in General Surgery). We are addressing this with other NHS Boards, the independent sector and the Golden Jubilee National Hospital to identify any capacity for patients to be seen out with NHS Lanarkshire.

In relation to Inpatients, pressures are evident in the following specialties - Urology, Orthopaedics, ENT, Gynaecology, and General Surgery, albeit pre-covid activity is around 70%. The local target is 85% of pre Covid activity levels overall by September 2023.

### **Prescribing Costs pressures**

The Integration Joint Boards are experiencing a rise in prescribing costs in excess of funding growth. We are focussing on ways to make prescribing more cost effective to limit the impact on other health services. If reasonable progress with this is made the combined gap of £10.455m in the IJB health budgets is expected to be managed in year by a combination of non-recurring underspends due to turnover and use of reserves.

**Delayed Discharges**

The Firebreak undoubtedly made a significant impact on the flow of patients and reduced the numbers of patients waiting beyond their Planned Date of Discharge. February census data shows North Lanarkshire is below the Scottish average in terms of rates of delay for the overall adult population and in a similar position for 75+ delays. Similarly, South Lanarkshire performance on the February census date was above the national average for the rate of delayed discharge for the entire adult population and >75.

However, there continues to be above average levels of absence across the care at home sector; infection, prevention and control closures in care homes to protect staff and patients therein and ongoing staffing difficulties across the wider health and social care sector which makes progress difficult to maintain and sustain.

**Health, Social Care and Sport Committee**  
**Monday, May 2 2023**



**Board Performance and Escalation Framework**

NHS Tayside is classified at Stage 2 for Financial Position, Governance and Leadership (de-escalated from Stage 5) and Stage 3 for Mental Health Performance (de-escalated from Stage 4).

**Financial Position**

**2022/23**

At the start of 2022/23, NHS Tayside approved a Financial Plan deficit of £19.6 million (2%), based on a set of planning assumptions agreed in line with national guidance and direction at the time.

Notification was later received that there was a shortfall in anticipated funding allocations. This, set alongside rising inflationary costs and the Board's considerations to balance financial delivery with upper level performance in unscheduled care and elective procedures, set the Board on a trajectory towards a "worst case" overspend of £56.0 million for the year, if no further actions were taken.

The Board then implemented its Financial Recovery Plan in September 2022, identifying further efficiency savings and cost reduction measures to stabilise and improve the Board's financial position. Throughout 2022/23, the Board has taken a considered position to balance financial performance with the delivery of safe patient care.

The Financial Recovery Plan has reduced the projected overspend from £56.0 million in month 6 of 2022/23 to an outturn position which will be in the region of £15.0m, an overspend of 1.5%.

This delivers a year end position considerably lower than the agreed financial plan at the start of 2022/23 and demonstrates NHS Tayside's commitment to continuing to improve the financial position.

**2023/24**

NHS Tayside submitted a draft three-year Financial Plan to Scottish Government (SG) on 16 March, 2023. This plan will now be considered for approval by Tayside NHS Board and highlights a deficit of £57.2 million in 2023/24, £61.3m in 2024/25 and £62.9m in 2025/26.

In 2023/24 the forecast deficit is £57.2 million after delivery of a £30.0 million efficiency savings plan to meet the 3% recurring savings target. The scale of financial challenge reflects increases in energy, prescribing and inflationary pressures, together with continued operational and service demands in unscheduled care and elective activity.

**Sustainability and Value**

NHS Tayside has developed a structured whole system Efficiency Workstream Programme to meet the required 3% recurring savings target for 2023/24.

To support this, a Financial Recovery Team has been established to oversee and provide assurance on the development and implementation of the programme, and to identify further measures to reduce the financial gap.

The Efficiency Workstream Programme (9 dedicated workstreams with executive

sponsorship and delivered in partnership with staffside colleagues) is aligned to the national Sustainability and Value Collaborative.

## Workforce

### Workforce planning

The NHS Tayside Three-Year Workforce Plan was developed in full partnership with our staffside partners and our Health and Social Care Partners and reflects many of the challenges impacting across all Boards. It describes the range of actions we are taking to meet the continuing anticipated growth in workforce demand. It also highlights NHS Tayside's specific pressure areas, including mental health, oncology and primary care services. National commitments on increased trainee numbers in these areas are welcomed, as is Scottish Government supporting cross-boundary mutual aid working with other Boards.

### Staff turnover and vacancies

NHS Tayside has a workforce of 13,000. The staff turnover rate in Tayside is 13.3% (rolling 12 months to 31 March 2023), with 1722 leavers. This is in line with the same period 12 months ago demonstrating a stable position. Overall, the majority of vacancies in Tayside are filled in less than 12 weeks, with some taking longer due to factors such as national shortages of specialist staff. In 2022/23, 539 posts were filled in less than 12 weeks, 169 in 12 to 26 weeks and 35 took over 26 weeks.

Analysis shows that the rate of turnover has largely been driven by voluntary turnover consisting of staff leaving to take up other jobs. Retiral rates have stabilised and the provisions of the Retire and Return scheme will further support staff.

There is a 6% vacancy rate for nursing and midwifery across Tayside, however the specialist recruitment approach for final year nursing and midwifery students in Tayside has just completed. This approach to early recruitment of those student nurses and midwives who have trained in Tayside has proved very successful and sees students offered employment prior to their final placement which is done in the ward where they will be employed. This approach enables the students to finish their studies whilst also being supported to settle into the ward area where they will be employed after registration.

The 2023 recruitment drive has seen 387 applications received (307 active offers already made), broken down as follows:

Adult Nursing	220
Children and Young People	41
Mental Health	77
Learning Disability	5
Midwifery	40
Other	4

### Initiatives for workforce growth

Overall stability and growth in workforce is being achieved through a range of targeted initiatives including:

**International Recruitment:** International recruitment activity has been successful and, to date, 49 members of staff from overseas are in post or training.

**Band 4 Assistant Practitioners - NHS Tayside,** working in partnership with local

colleges, has developed a new Assistant Practitioner role which sees band 2/3 members of staff offered the opportunity to undertake further training and progress to a band 4, Assistant Practitioner. 69 staff were recruited in 2022/23 and we are currently recruiting for an August intake of 50 individuals.

## **Mental Health Services**

Tayside organisations, including NHS Tayside, have delivered their collective response to the Final Report of the Independent Oversight and Assurance Group (IOAG) to the Scottish Government. The detailed improvement plan, which was developed in partnership, sets out clear milestones and deliverables for action and reaffirms the Tayside Executive Partners' ambition to deliver improvements for the people of Tayside, accelerating the pace of change.

### **CAMHS Performance**

NHS Tayside delivered 70.5% performance in delivering the Scottish Government's 18-week referral to treatment (RTT) standard for CAMHS slightly improved against the NHS Scotland average. 100% of emergency referrals were seen within the target of 24 hours and all but one of the cases referred as urgent were seen within the target of five working days.

In line with other Boards, CAMHS in Tayside has seen an increase in referrals with 2404 referrals in 2022, up from 2076 in 2021 which is a 16% increase.

In response to this, the service is training additional multi-disciplinary staff to undertake Initial Treatment Assessments (ITAs) which will deliver an improvement to the RTT in the coming months. The service is keen to maintain the clinical pathway and prevent internal waits within the service.

**Workforce plans to manage increased demand:** We are up skilling our nursing workforce and introducing Trainee Assistant Practitioners (TAPs). TAPs are new clinical support roles supplemented with education and training from both Practice Development and Dundee College. TAPs support registered health care professionals. There are currently two TAPs working within the Neurodevelopmental pathway and one in CAMHS. The service is also investing in training nursing staff as Advanced Nurse Practitioners (ANPs). CAMHS currently has two qualified ANPs, with another three in training. ANPs play a key role in developing and sustaining the capacity and capability of the health and care workforce of the future.

**Young person and family involvement:** An online CAMHS Outpatient Neurodevelopmental Parent Portal has been developed by CAMHS Mental Health Education Officers, clinicians and supporting services and will launch on 17 May. This provides an online self-directed information and support platform for families who are waiting for a diagnosis / treatment from specialised CAMHS clinicians. There is a wide range of topics within the portal chosen following consultation with 300 families to identify their preferences.

### **Psychological Therapies Performance**

The percentage of Psychological Therapy patients treated within 18 weeks from referral to treatment is 92.3% (target  $\geq 90\%$ ) in February 2023.

The Mental Health presentations seen in A&E within 4 hours in Tayside is 89.3% (target  $\geq$

95%) at February 2023.

## **Elective Waiting Times**

### **Elective Performance**

In July 2022 the Cabinet Secretary identified a series of targets for the improvement of waiting times for outpatients, day cases and inpatients. The Board identified a team to provide focused leadership on this new timeline for elective performance. The team has implemented a series of key actions and since July 2022 the Board has:

- Continued to deliver elective operations in all of its acute sites at Ninewells, Perth Royal Infirmary and Stracathro Hospital.
- The total elective and outpatient activity has exceeded our 2022/23 operational plan agreed with Scottish Government.
- In March and April 2023, NHS Tayside has delivered a higher number of elective procedures than all other Health Boards with the exception of the two biggest Boards (NHS Greater Glasgow and Clyde and NHS Lothian).
- The Board's delivery of elective procedures from July 2022 has been notable. The number of patients waiting >78 weeks has reduced by 14% and those >104 weeks by 38%. This activity is greater than the all-Scotland performance of 8.1% and 30% respectively.
- For Outpatients, the Board is delivering the target of no patients waiting >104 weeks and there are only 16 patients waiting >78 weeks. This is a 100% reduction of those waiting over 104 weeks and a 98.5% reduction in those waiting over 78 weeks. The all-Scotland performance figures are 67% and 47%.

### **Cancer Performance**

The Board has been a consistently strong performer in respect of the 31-day guarantee with performance at 96.1% compared to an all Scotland position of 94.9% at end of February 2023.

The 62-day target has been more challenging for all Boards. Tayside's performance is currently 74.1% compared to a Scotland performance of 65.8%. Management and clinical leads are working together to deliver an improvement plan in respect of the two key cancer sites of colorectal and urology.

The clinical teams measure theatre utilisation performance against established metrics and introduced ways of working which are delivering upper quintile performance and better outcomes for patients:

- NHS Tayside theatre cancellation rate is 6.8% compared to an all Scotland rate of 23%.
- NHS Tayside has the lowest rate of elective operation cancellations at 6.5%, second only to the elective-only Golden Jubilee National Hospital.
- The cataract surgery rate is up to 50 per day list placing the Board the 3rd top performer in the UK.

These better than all-Scotland improvements in waiting times and management of elective activity have been delivered at a time of exceptional pressures on health services.

## Key highlights

**Success of the Flow Navigation Centre in delivering four-hour unscheduled care performance:** NHS Tayside remains the highest performing mainland Board with weekly performance routinely delivering 25 points greater than the Scottish average. In week ending 27 March 2023 the Boards performance was 90.7% compared to the all Scotland position of 63.6%. NHS Tayside has supported unscheduled care teams across the area to deliver this performance providing additional resources where needed. At a time of unprecedented pressure on NHS services in 2022/23, this has ensured that the overwhelming majority of patients in Tayside have been assessed, treated then discharged or admitted within four hours. From 1 January to 2 April 2023, there have been 117 eight-hour breaches in total in Tayside (Scotland = 42,684) and only 12 12-hour breaches (19,455 in Scotland). The Flow Navigation Centre is the cornerstone of this successful performance. It receives approximately 35,000 to 40,000 contacts per year and, on average, around one third of cases do not require to attend ED following advice. One third are given a scheduled appointment to attend the ED or and MIU, normally at a time when the department is less busy and the other third, are required to attend ED directly. This Tayside Unscheduled Care model has required investment into staffing and premises for the FNC. This was included in the financial plan for NHS Tayside unscheduled care for 2022/2023, however there was a shortfall in the agreed funding for unscheduled care of £2.5m.

**Recovery of services - Cataracts Ultra High Volume surgery:** Prior to COVID, the ophthalmology team carried out 12 to 14 cataract surgical procedures in a day. However, as part of their recovery plan they wanted to increase that number to reduce waiting times for patients following the pandemic. They drew on all experiences of working differently during COVID, reviewed how theatres were run and how the surgical procedures were carried out. One of the changes which has had a major impact is carrying out simultaneous bilateral surgery. Following the introduction of the new ways of working, the team was able to complete 24 to 32 procedures in one day. Since the start of bilateral surgery in October 2022, the team are now routinely carrying out up to 50 procedures in a day and the last weekly reported waiting times are the lowest they have been in over 2 years. This has placed Tayside as the best performing health board in Scotland for cataract surgery.

**Rebuilding Oncology Services:** Mutual aid arrangements are continuing for breast oncology, however these have been reduced in the last two months. Patients continue to be seen and treated in Tayside, with the exception of radiotherapy sessions for two patients per week (was 6 to 7 per week). NHS Tayside has successfully recruited a clinical oncologist for breast who is due to start in July (a joint appointment with NHS Lothian) and a medical oncologist for breast is due to be advertised. Two further specialty doctors have been recruited for breast and are already in post. In terms of national support, a focus on whole- Scotland workforce planning and distribution for cancer services would be of assistance.

**Thrombectomy:** The Thrombectomy Service commenced in November 2020 in Ninewells Hospital and, to date, 71 procedures have been delivered (42 NHS Tayside, 12 NHS Grampian, 14 NHS Fife and 3 NHS Highland patients). All Boards have submitted funding requirements for 2023/24, however there is £3 million shortfall across Scotland. Discussions are ongoing with the National Thrombectomy Advisory Group in funding Board's allocations. If funding is not received for 2023/24 then the service will not be in a position to move to phase 2 of the North of Scotland Implementation Plan offering an 8am – 8pm Monday to Friday service. Scottish Parliamentary support for this service would be of assistance.