

# Health, Social Care and Sport Committee

## 20th Meeting, 2023 (Session 6), Tuesday, 6 June 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 Fife
  - NHS Grampian
  - NHS Lothian
5. Submissions from these NHS boards, received in advance of this session, are included as annexes to this paper.
6. As for previous sessions, this session will have a focus on scrutinising these NHS boards' 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 May 2023, reports that "There are currently five 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 five boards in question are:

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

8. [NHS Performs](#) brings together information drawn from selected data published by the Information Services Division and Health Protection Scotland on how selected hospitals and NHS Boards within NHS Scotland are performing.
9. 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**  
**1 June 2023**

## Health, Social Care and Sport Committee Briefing Pack 26 May 2023

### ***NHS Fife is currently at Level One of the Scottish Government Health & Social Care Directorates Escalation Framework***

#### **1. Finance**

The approved financial plan for 2022/23 identified an initial funding deficit of £24.1m to be addressed via cost improvement plans of £11.7m; a capital to revenue funding transfer of £2m; and additional funding support from Scottish Government (SG) of £10.4m. Subject to external audit review, the board is reporting a balanced position for the year after receiving funding support of £9.7m from SG, a small improvement of the initial projected gap.

As we move into 2023/24, the scale of our financial challenge has not diminished, with a gap in our financial plan of £25m due a range of factors including:

- reliance on bank and agency staffing to support workforce availability challenges
- surge capacity to support demand
- significant and increasing cost pressure within our SLAs with other NHS and healthcare providers
- inflationary pressures across a number of areas particularly PFI contracts directly linked to RPI
- increasing costs across acute prescribing budgets
- cumulative impact of our continued distance from full NRAC parity (ie share of available funding)

Recurring financial savings of c. £20m per annum over the next 5 years will be required to achieve a balanced financial position within three years and to repay brokerage required from SG. Our Financial Improvement and Sustainability Programme will support financial recovery and help us to achieve the recurring 3% savings target, with a focus on temporary staffing expenditure, surge capacity, corporate overheads, procurement, medicines optimisation, and digital opportunities.

#### **2. Mental Health**

##### Child & Adolescent Mental Health Services (CAMHS)

Significant work has been undertaken to increase the capacity of CAMHS and align improvements and delivery to the National CAMHS Service Specification:

- *Waiting Times:* Achieved an average waiting time of 9 weeks. Our longest wait is 29 weeks, however all waits beyond 16 weeks have an appointment booked. Referral to treatment time (RTT) has fluctuated in direct correlation to urgent/priority demand and capacity to address the longest waits. This is monitored closely at service level and monthly in the NHS Fife Integrated Performance Report.
- *Workforce Capacity:* Staffing has been increased to provide additional capacity to meet rising service demand. Priority has been placed on teams which provide most of the initial treatment. New innovative roles have been created to support Transitions in Care between services and working directly with social work to support young people leaving the care system.
- *Service Developments:* The service has developed to support a wide range of needs including Locality core teams supporting initial treatment; Early Intervention Service supporting early assessment and signposting; Kinship Team supporting young people and families in kinship care arrangements; Urgent Response team provides accessible unscheduled support and assessment; Intensive Therapy Service offers intensive home based treatment to children and young people with severe and complex mental illness, including severe eating disorders; Neurodevelopmental team has supported a reduction in the Autism Spectrum Disorder

assessment; a test of change in partnership with education services to aid those with complex mental health issues turning 18 and moving into adult service and a range of self-help tools available online with information provided to all patients on waiting list.

### Psychological Therapies (PT's)

To improve access and reduce waiting times a wide range of improvement actions have been undertaken with a focus on managing demand and increasing capacity through investment in service redesign, staff training, alongside developing/supporting alternative provision eg within the 3<sup>rd</sup> sector:

- *Waiting times:* During 2022/23, an average of 75% of all patients started therapy within 18 weeks. Performance against the 18 week RTT has fluctuated due to the focus on longest waits however we have seen a 50% reduction in longest waits has been achieved and a 26% reduction in people waiting over 18 weeks.
- *Workforce Capacity:* Staffing has increased significantly over 2 years which has resulted in increased access including highly specialised services. Clinical assessment is a priority with all referrals being triaged by a senior clinician and those with urgent needs are prioritised. People identified with the most complex needs are seen for face-to-face assessment before being placed on the waiting list.
- *Supporting People:* Once on the waiting list for the relevant clinical specialty, patients are contacted regularly to remind them of support options and that they can contact the person who referred them if their situation has changed. All letters from the Psychology Service include links to the Moodcafe website (self-help information, resources, and local and national support organizations) and the Access Therapies Fife website (information on supports and access to range of evidence-based therapies).

### **3. Elective waiting times**

To enable service delivery as near to home as possible our planned care services are delivered across several geographical sites in Fife.

### Inpatients / Day Cases

- At the time of writing, we are currently performing at 91% of pre pandemic levels.
- The number of patients waiting longer than two years for an in-patient or day case procedure is currently 14 (9 Gynaecology, 2 Orthopaedics and 3 General Surgery).
- Our day surgery unit at Queen Margaret Hospital, Dunfermline has been key to enabling us to sustain our elective programme during the pandemic, and now as part of our post covid recovery plan.
- Project is underway across all specialities to identify and remove barriers to procedures recommended for day surgery which are currently carried out as inpatients
- We opened the first National Treatment Centre for Scotland on 20 March 2023. This will support an increase in capacity of c.490 patients per year.

### Outpatients

- At the time of writing, we are currently performing at 97% of pre pandemic levels for new outpatients.
- There are no patients waiting longer than two years for an Out-patient appointment.
- The introduction of a new text reminder system for Out-patient (OP), Endoscopy and Radiology appointments has seen a reduction in missed appointments (DNA rate for new patients is 8.7%).
- The introduction of 'patient hub' allows us to communicate digitally with patients regarding their appointments. Follow-up patient questionnaires are also helping us address DNA rates and informing patient pathways.

### Waiting well

- We send letters to patients experiencing longer waits (OP > 18 weeks and IP/DC >52 weeks) enquiring if the patient still needs the appointment or procedure; whether their symptoms have worsened; and to provide contact details to discuss any issues, as well as links to advice and support on mental health.
- We are also implementing a QueueBuster system to better manage the number of calls with queries about waiting times and appointments.
- Our long waiting patients are re-prioritised to urgent as required following review by a consultant.
- Teams continue to review how they can work differently, including online / group classes, to optimise access.

## **4. Workforce**

### Staff Turnover

- For the second year running NHS Fife has a turnover rate of 10%.
- In line with other NHS Boards in Scotland the main impacts are the staff age distribution and numbers able to retire, as well as an increased prevalence of fixed-term contracts since March 2020. Fixed-term contracts represented 25.5% of all leavers during 2022/23 compared to 12.8% of the total staff in post.

### Vacancy Numbers

- The most significant workforce pressure is experienced across our Nursing and Midwifery roles.
- At the time of writing we have 329 WTE registered nurse vacancies of less than 3 months; 55.6 WTE less than 6 months; and 18.5 WTE over 6 months.
- Medical vacancies include 24 WTE Consultant posts for less than 3 months and 11 WTE over 3 months.
- Allied Health Professionals vacancies include 52.4WTE less than 3 months and 23.2WTE over 3 months.
- Positive progress in recruitment of pharmacists and pharmacy technicians to support developments in primary care and medicines management programme

### Workforce Planning

- The increasing staffing levels experienced in the previous 5 years has slowed, with less employees now than March 2022. This overall trend masks some of the changes within individual Job Families.
- Reduction in the availability of graduate-level applicants has led to changes in skill mix and the non-registered workforce. There is a focus on the career pathway within each profession to enable non-registered employees to undertake academic studies supporting progression into registered roles.
- We have recruited 47 international recruits, nurses, and radiographers. Whilst all of this helps, it does not mitigate against the reduced number of graduates entering the professions.
- There remains a continued reliance on supplementary staff but action is underway linked to our financial improvement programme and national guidance.

## **5. Key Highlights**

- We published our Population Health and Wellbeing Strategy in March 2023: "*Living well, Working Well, and Flourishing in Fife*". The strategy is a declaration of our vision and intent to prioritise health inequalities and support long term improvement in the health and wellbeing of Fifers. We undertook extensive engagement with staff and the citizens of Fife to understand what health means to them and how they would like to be supported to live well.

- NHS Fife and the Fife Health and Social Care Partnership have developed a system wide Operational Escalation Levels Framework (OPEL) to support responsive decision making across all services throughout the day, and to facilitate improved patient flow. The OPEL tool provides a system-wide score allowing pre-emptive actions to be taken by teams, services, and individuals with clear roles and responsibilities. Our learning has been shared with other Boards and Scottish Government
- Cancer Framework has been developed to ensure a full system approach to the delivery of sustainable services to support those living with and beyond a cancer diagnosis. It is underpinned by the principles of realistic medicine and will link in with national and regional services. Priorities for this year include a reduction of health inequalities; single point of contact; expansion of the successful rapid cancer diagnosis service; estate review; improving access to clinical trials; pathway review; workforce review
- Through the Care Closer to Home project, we have improved access to urgent care for care home residents. This work saw 3 key test areas: direct access to Urgent Care Services Fife (UCSF) via Professional to Professional contact for Fife care homes; Advanced Nurse Practitioners (ANPs) delivering scheduled multidisciplinary team (MDT) reviews, ward rounds and direct support to care homes across all 7 locality clusters; Scottish Ambulance Service (SAS) colleagues delivering direct unscheduled care within Care Homes within one locality. As a result of these tests there has been a reduction in the number of unplanned Acute hospital attendances from care homes since September 2022 (from c.220 per month to c. 140 per month). The success of this project is largely the result of collaborative, whole-system working between different teams and professionals across the NHS and social care.

## **6. Key Challenges**

- Mental Health Redesign is a large scale, complex project being undertaken in Fife. There will be a need for significant capital investment to support the redesign of the model of care and to provide a modern mental health service. At present, large areas of the existing inpatient facilities do not provide the therapeutic environment we would aspire toward. An initial agreement is in development, but we recognise the constraints of capital resources available, and the challenge this will present as we bring forward any business cases.
- Work is underway to prepare the full business cases for the Kincardine and Lochgelly Health and Wellbeing Centres. We have been advised that funding is unlikely to be released within the initially anticipated timescales. We recognise the challenge this presents for staff and patients as both the current buildings make it difficult to provide the modern, community-based health care services to these communities, where there are significant health needs. We remain in dialogue with the Scottish Government colleagues to progress these important projects.
- The changing demographic in Fife has impacted significantly on NHS services and this is expected to continue in the coming years. By 2043, it is estimated that there will be a 30% increase in those aged 65+ across Fife and we know that this age group is likely to experience multiple health conditions with increasing frailty. This will require service redesign and planning to adapt our services and will likely bring a resultant financial challenge due to the NRAC funding formula for Boards. Year on year shortfall from NRAC parity is an issue for NHS Fife. We are presently c£8m 'below parity' and the cumulative impact has been assessed locally at £100m since 2009.

**Written Submission to the Scottish Parliament  
Health, Social Care and Sport Committee**

**30 May 2023**



As requested, the information provided does not include details of the publicly available current performance data but focuses on the Board's current action plans. The Board's latest performance report can be accessed here: [HAWD April 2023](#)

## **1. Financial Sustainability**

The financial position for public services continues to be extremely challenging and it is vital that NHS Grampian's ambitions contained in the Grampian Delivery Plan are set within the context of available funding. We submitted a three year Financial Plan covering 2023-2026 to the Scottish Government in March 2023 and the NHS Grampian Board agreed a five year Medium Term Financial Framework (MTFF) covering 2023-2028, in April [MTFF 2023](#),

The MTFF assists in targeting financial resources at the delivery of the Board's longer term aims as set out in the strategic plan, Plan for the Future; to support improved outcomes through transformation of service delivery across pathways, equitable access for our population and inclusive growth. The MTFF reflects the range of complex factors impacting the financial climate over the next five years including Scottish Government funding levels, the predicted rise in costs, changing demographics, latent demand for health services along with new pressures which will impact on the system and Scottish Government policy priorities as outlined in the Programme for Government, including Net Zero.

The Financial Plan and MTFF both project a position where the Board will not be able to balance the revenue financial position between funding levels and projected expenditure over the next five years based on current planning assumptions. The annual financial position is expected to improve each year between 2023 and 2028 but, by 2028, we still do not expect to be in a position of revenue balance. This projection assumes that we will be able to make a level of new recurring savings of 3% each year as a health system, with a local Value & Sustainability Plan to deliver the required 2023/24 savings (£16.5m).

Key areas of focus for efficiency savings are (i) transportation - appropriate utilisation of taxis and other appropriate modes of transport, along with maintaining reasonably low levels of staff travel through virtual working where appropriate; (ii) utilities – maximising financial and environmental benefits in relation to reduction in waste and energy consumption; (iii) workforce – supporting shifts to sustainable workforce models and rotas in specific teams which bring a range of benefits to patients and staff and sees a reduction in costs linked to agency/supplementary staffing and overtime; and (iv) management of resources – a range of initiatives to improve value and efficiency including postage, stock management, procurement, inflation management, office accommodation and management costs.

## **2. Mental Health Services**

The approach to planning and delivery of MHLDS services is whole system and the responsibility for the planning and delivery of mental health and learning disability services (non-specialist) sits within the three HSCPs with accountability and assurance to their respective IJBs, with specialist acute services hosted by Aberdeen City.

Across inpatient, specialism and community services (children and adults), increased demand for services continues to be evidenced and is anticipated to be a continued trend. The acuity of individuals presenting with need to access these services has also increased, creating increased pressure with limited capacity and resource availability.

Although services have continued to experience enduring pressures, significant progress has been made in relation to a number of areas:

- Implementation of the Psychological Therapies Improvement and Development Plan, with all patients waiting over 52 weeks offered an appointment by 31 March 2023;
- 99.1% of children and young people referred to child and adolescent mental health services (CAMHS) seen within 18 weeks in March 2023, (95% in March 2022);
- Improved data quality, reliability and reporting;
- Demand, Capacity, Activity and Queue (DCAQ) modelling completed across adult psychological therapy services and CAMHS, informing key areas for improvement to make phased progress against the national 18 weeks waiting time standard; and
- Progress against Medication Assisted Treatment (MAT) standards (1-5).

The NHS Grampian Psychological Therapies Improvement Plan (including services in MHL, acute and primary care) details how NHS Grampian will move towards the national 18 week standard and will be submitted to the Scottish Government on 8 June. Key actions include:

- undertake a scoping exercise of the adult general mental health pathway of care to inform the whole-system redesign approach required;
- test population health approaches through Mental Health and Wellbeing and Substance Use testbeds which will support national standards around access and Medication Assisted Treatment (MAT) standards; and
- build capacity to deliver improved services underpinned by CAMHS and the Children's neurodevelopmental standards.

The 'Ligature Reduction Programme' at Royal Cornhill Hospital was a £16m investment into improving the safety, quality and therapeutic experience for our patients and staff and all ligature reduced wards are now open. However, there are still challenges of ageing infrastructure that requires major backlog maintenance and investment to modernise and achieve contemporary MHLDS Scottish Health Building Standards. The accommodation is regularly commented upon and reported by outside agencies such as Mental Welfare Commission, Healthcare Improvement Scotland, and the Barron Report (Independent Review into the Delivery of Forensic Mental Health Services).

### 3. Elective Waiting Times

Progress has been made in reducing those waiting over two years for a planned care outpatient appointment or intervention. Our focus will continue with this cohort but, in addition, we will prioritise those waiting 18 months as part of the recovery plan. This will be challenging in the absence of additional funding but we will re-establish one Day Case Surgical Theatre at Aberdeen Royal Infirmary in August 2023 and a second in October to provide much-needed capacity for low-complexity, high volume surgeries.

Planned Care capacity must be protected and expanded, and there is whole system working to reduce delayed discharges and delays in transfer of care to minimise the impact on planned care beds. Experience since 2020 indicates that the bed base at Aberdeen Royal Infirmary is not adequate to protect planned care when unscheduled care demand is increasing. Therefore, we have initiated a bed base review to determine the appropriate size and configuration of that asset. We continue to work with Scottish Government to consider further opportunities available within NHS Scotland and regionally to further increase capacity to reduce the backlog and waiting times in the North and North East;

The NHS Grampian Planned Care Action Plan was submitted to the Scottish Government on 17 March 2023 and includes the following priorities:

**Outpatients:** Ensure no patient waits over two years for an outpatient appointment and reduce the number of people waiting over 18 months by utilising government funding to continue additional capacity previously put in place, identify regional capacity and fully embed the Centre for Sustainable Delivery (CfSD) initiatives;

**Diagnostics:** minimise harm and clinically prioritise those people waiting for a diagnostic test by shifting to the national system for prioritisation of radiology; redesign radiology services (CT and MRI) to achieve greater efficiency and embed Realistic Medicine principles; implement an MRI software update to create



recurring additional capacity and look at options to further expand the use of Cytosponge and Colon Capsule Endoscopy to reduce demand for diagnostic scopes; evaluate the impact of Artificial Intelligence in radiology as part of the breast and lung cancer pathways of care and continue to work with CfSD as a pilot site for Accelerated National Innovation Adoption pathways.

**Inpatients:** Reduce the number of people waiting over two years for a surgical intervention and start to reduce the number of people waiting over 18 months by utilising Government funding to mainstream additional capacity previously put in place; maintain throughput in the day case surgical unit; maintain training and recruitment of ODPs via the theatre academy; utilise capacity at Stracathro Regional Treatment Centre, the National Treatment Centre in NHS Highland and explore further opportunities at Dr Gray's Hospital as part of a wider regional approach. CfSD initiatives include increasing enhanced recovery after surgery, maximising opportunities for British Associated Day Surgery procedures and the National Improvement Plan for cataract surgery.

#### 4. Workforce data

##### Key workforce data 2022/23:

Female	Male	Headcount	Whole Time Equivalent	Whole Time	Part Time
2023 82.0%	2023 18.0%	2023 16,187	2023 13,323.22	2023 50.1%	2023 49.9%
2022 78.7%	2022 21.3%	2022 16,991	2022 14200.36	2022 51.3%	2022 48.7%

**Stability (turnover):** Stability identifies the percentage of staff that have been with the organisation for over one year on the date the report was run. The NHS Grampian Stability target is 90% and the overall stability of NHS Grampian has increased from 90.3% in March 22 to 91.9% in March 2023.

All divisions with the exception of Mental Health and Moray H&SCP meet the 90% stability target. The stability within these divisions has been lower due to the number of new employees between 31<sup>st</sup> March 2022 and 31<sup>st</sup> March 2023. Mental Health had 169 new starters (18.1%) of their headcount, the majority of which are nursing posts. Moray H&SCP had 132 new starters (14.5%) of their headcount, the majority of which are Nursing and Allied Health Professional posts.

**Vacancies:** Vacancy data has been taken from latest published ISD return as at 31.03.23

**Consultant vacancies** 41.4 WTE = 6.5% of March 2023 Medical workforce (consultant and SAS grades only)

34.4 WTE vacant less than 6 months, 7.0 WTE vacant more than 6 months.

From December 2022 to March 2023 vacancies have increased by 49.5%. Areas with highest vacancies include 10.5 WTE General/Acute Internal Medicine, 9 WTE Anaesthetic vacancies, 3.3 WTE Mental Health vacancies and 5 WTE paediatric vacancies.

**AHP vacancies:** Total 142.5 WTE = 13.3% of March 2023 AHP workforce (excludes ambulance services and general therapies)

53.1 WTE vacant for less than 3 months, 89.4WTE vacant for more than 3 months.

From December 2022 to March 2023 Occupational Therapy vacancies increased by 52.0%, Radiography Diagnostics by 51.04% and Dietetics by 71.9% while Physiotherapy vacancies decreased by 17.9%, Speech and Language Therapy by 39.9% and Podiatry vacancies decreased by 27.6%.

**Nursing and midwifery vacancies:** Total 364.85 WTE – 6.3% of March 2023 nursing and midwifery workforce: 273.65 WTE vacant 0-3 months, 37.09 WTE vacant 3-6 months, 54.11 WTE vacant over 6 months. Band 5 adult nursing hospital has 135.64 WTE vacancies as at 31 March 2023 compared to 81.1 WTE as 31 December 2022 and 121.6 WTE as at 31 March 2022

**Aging workforce:** The NHS Grampian workforce aged 55 and over has increased from 21.9% in March 22 to 22.6% in March 23, This rises to 63% for Senior Managers, 41% for Personal and Social Care Staff and 30% for admin staff. The nursing workforce has seen a decrease to 20% over 55 and medical staff currently reporting at 14%

Current workforce planning risks and challenges include continued workforce pressures and competing demands whilst ensuring the health and well-being of our staff; significant recruitment challenges combined with challenges in workforce supply; an ageing workforce in specific professions; national shortage of some specialist posts; supplementary staffing spend (anticipated to improve with the medical staff bank and close scrutiny of bank and agency spend); creating a consistent approach to succession planning across NHS Grampian and identifying critical roles across the organisation to ensure there is appropriate development available.

## **5. Key Challenges**

- Stabilising and sustainably improving access for urgent care
- Supporting identification of further levers to stabilise funding approach – a significant proportion of NHS Grampian’s planned care is not resourced through core funding, posing challenges for service planning, transformation and recruitment
- Strengthening the place of primary care in a co-ordinated system, including development of data suite and moving to next stage of development of the contract
- Communications with the public emphasising their role as partners in creating a sustainable health and care system
- Supporting further transformation and redesign of the health and care system to enable the delivery of sustainable services and identifying resources for early intervention and whole community approaches
- Supporting colleagues’ health and wellbeing during sustained pressure
- Taking a public sector, digital-first, contemporary approach to tackling building infrastructure and backlog maintenance risks
- Achieving Net Zero ambitions in the proposed timescales without additional funding to enable transition

**Professor Caroline Hiscox**  
**Chief Executive NHS Grampian**  
**29 May 2023**

## Health, Social Care and Sport Committee

Tuesday 6 June 2023



### Key Issues

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

### Board Performance and Escalation Framework

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

### Financial Sustainability

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

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

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

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

### **Mental Health Services**

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

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

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

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

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

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

### **Unscheduled Care**

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

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

### Elective Waiting Times

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

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

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

### Primary Care

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

### Paediatric Audiology

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

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

## Workforce

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

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

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

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