Edinburgh Integration Joint Board

REPORT

NHS Lothian Recovery Programme Update

Edinburgh Integration Joint Board

4 February 2020

Executive Summary	This report provides the Edinburgh Integration Joint Board (EIJB) with an update on progress in relation to NHS Lothian's recovery programme following its being escalated to level 3 of the NHS Scotland Escalation process. A report on this was initially received by the EIJB at its 20 August 2019 meeting in relation to this. The update report, which has been presented to NHS Lothian's Board and which sets out the approach and whole programme is provided at Appendix 1.

Recommendations	It is recommended that the Edinburgh Integration Joint Board: 1. Note the update against progress as set out in the report 2. Note the progress reported, particularly in relation to those aspects of the recover that relate to delegated functions and responsibilities 3. Agree that further decisions in relation to potential EIJB actions, investments and strategic change in support of this system wide improvement will be discussed and approved through the EIJB's business planning and direction setting process, to ensure alignment to the EIJB's strategic plan and its financial planning processes.

Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations		
	No direction required	✓
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Report Circulation

1. This report has not been to any EIJB committees prior to submission to the EIJB.

Main Report

2. A report on NHS Lothian's escalation to level 3 of NHS Scotland's escalation process was received by the EIJB at its August 2019 meeting (link to report). That report outlined the process and requirement for NHS Lothian to develop a recovery plan. The report made clear that a number of the issues of concern that NHS Lothian was being escalated for, related to services and functions delegated to the 4 Lothian Integration Joint Boards (IJBs). It went on to describe the 'whole system approach' that it was proposed that NHS Lothian and the 4 Lothian IJBs would take in order to address those areas.

3. At its meeting on 20 August 2019 the EIJB asked for an update report within six months or by exception. This report updates on the first 3 months of activity in the programme and provides the final approved recovery plan at Appendix 1.

4. The recovery plan spans the entirety of those areas for which NHS Lothian was escalated as set out in the previous report to the EIJB. Board members will be aware that given the delegations to the four Lothian IJBs that elements of this whole plan are the responsibility of the IJBs and therefore a whole system approach to addressing the strategic change has been agreed. The specific areas delegated to the IJBs are:

    a. Mental Health and Learning Disabilities for Adults – including Psychological Waiting Times;
    b. Unscheduled Care, including Delayed Discharges.

5. Recovery and improvement Boards have been established and in terms of the delegated functions; the Mental Health and Learning Disabilities Board is chaired by the EIJB Chief Officer with the Chief Officer for West Lothian chairing the Unscheduled Care Board.

6. The plan sets out the additional capacity being put in place funded by NHS Lothian to deliver sustainable improvement including the role of Director of Improvement, with Programme Director posts also being secured to support the individual recovery and improvement Boards in developing and delivering their action plans.

7. Initial reporting to Scottish Government on actions towards improvement was undertaken on a fortnightly basis until 5 November 2019. Thereafter a single integrated Recovery Plan was submitted to the Scottish Government on the 29 November 2019. The Scottish Government are currently considering the appropriate level of escalation for NHS Lothian given the progress made in a number of areas. It is understood further direction will be provided by the Scottish Government on the 23 January 2020.

8. The reporting lines and governance will include IJBs in relation to their accountabilities and every effort is being made to ensure that the issue of subsidiarity is adhered to; i.e. that we deliver whole system improvement, while ensuring the localism required of IJBs is respected.

Recovery Performance

9. The key metrics for the whole recovery programme is set out on Table 1 of the report in **Appendix 1** (page 5).

10. In terms of Mental Health, one of the significant challenges relating to escalation was the availability of beds for acute admissions. Page 8 of appendix 1 sets out that action taken to date has supported a reduction from around 106% occupancy to between 85-90% at the time of reporting which is positive in ensuring bed availability.

11. The performance improvement in relation to Unscheduled Care and Delays is set out on page 8 of the report (appendix 1) and reported a 38.3% reduction in delays in Edinburgh at the time of reporting in September.

12. Performance in relation to Psychological Therapies 18-week target has steadily deteriorated over the past few months with the adult treatment list increasing by 30-

40 patients per month. The number of people waiting on this list was 2,743 at the end of November 2019 with performance against the 18-week standard currently at 79.9%. To address these issues, the Lothian system is investing in additional short-term capacity to tackle the longest waits, is implementing a number of changes in Standard Operating Policies (SOPs) and is taking part in a number of initiatives to extend the use of a computer based Cognitive Behavioural Therapy (CBT) and other CBT digital services.

13. While further improvement is both necessary and possible, it is recognised that the whole system approach has started to demonstrate a positive impact in a number of areas and that trajectories for improvement for areas not currently demonstrating improvement have been set.

Implications for Edinburgh Integration Joint Board

Financial

14. There are no additional financial implications arising from this update report, however the EIJB has recognised the need for investment in support of performance recovery and improvement including the additional funding invested in Psychological Therapy Services as approved at the EIJB on 20 August 2019.

15. Any future investment or decisions with financial implications arising from the recovery and improvement actions will also be taken within the EIJB's decision making and governance processes.

Legal / risk implications

16. There are no legal implications arising from this report for the EIJB.

17. There is a risk that performance improvement and sustainable recovery are not achieved, or the recovery already seen cannot be sustained. This will be mitigated by the governance and reporting structures put in place. The EIJB has a related risk on its Risk Register relating to performance and delivery and this will be monitored through normal governance structures within the EIJB.

Equality and integrated impact assessment

18. The recovery and improvement programme aim to ensure good outcomes for the whole population of Lothian including those groups with protected characteristics who are often experience poor outcomes.

19. Integrated Impact Assessments will be completed on proposals and plans as appropriate.

Environment and sustainability impacts

20. There are none arising as a direct result of this update report however it is recognised that all future models of care and delivery must take due cognisance of the impacts on the environment and in respect of climate change targets.

Quality of care

21. The improvement and recovery programme sets out to improve the quality of care and people's experience and access to care in Lothian.

Consultation

22. The improvement and recovery programme was developed in collaboration with all Lothian Partnerships and NHS Lothian.

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Background Reports

1. NHS Escalation Report – 20 August IJB

Appendices

Appendix 1 NHS Lothian Performance Recovery Programme
Appendix 2
Appendix 3
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NHS Lothian Performance Recovery Programme

Final Version

29 November 2019

Foreword

The health and care system across Lothian is facing unprecedented levels of demand for the services it provides, putting the system, as well as frontline staff under severe pressure. One of the symptoms of this pressure has been a gradual deterioration in the ability to meet a number of core performance indicators, in particular those relating to patient access times for treatment.

The Lothian Recovery Programme is our whole system approach, over the short and longer term, to address these challenges. In recognition of the immediacy of these issues, the Recovery Programme has been designed to:

- increase the pace of improvement by providing greater management capacity and focus on performance challenges;
- ensure improvement plans and actions are clearly articulated and capture the relevant work ongoing across the system;
- provide a structured approach to the delivery of the programme to help increase the level of grip and rigour around the implementation plans;
- use data as a foundation to the programme ensuring plans are based on robust analysis and can be quantified in terms of their impact;
- support joint accountability for the delivery of the programme and increase the level of collaboration across the health and care system.

Moving forward, the programme will address broader questions of whole system sustainability feeding into the annual planning process. Improvements in grip, control and operational planning will help address some of the short term pressures, but more broad based solutions will be required to meet future needs including service redesign, innovation and digital delivery models.

Our commitment to recovery has been demonstrated by our investment in programme infrastructure ensuring there is sufficient managerial oversight. We have recruited a Director of Improvement to manage and provide oversight to the Recovery Programme, and established three Recovery Boards, each chaired by an Executive from across the system recognising the importance of collaborative working.

In the rest of this document, the actions the Lothian system has put in place to progress the Recovery Programme over the past three months, as well as those which will be progressed up until March 2020 have been set out. It summarises the work that the Board, in conjunction with its Integration Joint Board partners have been taking forward, and is structured into five components:

- unscheduled care and delayed discharges;
- scheduled care;
- cancer waiting times;
- mental health services, including sustaining inpatient services at the Royal Edinburgh Hospital, and improving access to psychological therapies and child and adolescent mental health services; and
- paediatric services at St John's Hospital.

A number of short term improvements have been delivered, particularly in relation to the provision of inpatient mental health accommodation, whilst there has also been a welcome reduction in delayed discharges over the past year. However, it is recognised that this is the start of a long journey and many challenges and risks remain, including the upcoming winter period as well as tight budget settlements in social care. Regardless, the system is committed and ready for the challenge with a unified commitment to delivery.

Tim Davison
Chief Executive, NHS Lothian
November 2019

Contents

1. Introduction

In July 2019, the Scottish Government wrote to NHS Lothian notifying the Board that it would now be placed at Level 3 of the NHS Board Performance Escalation Framework. The basis of the escalation was related to ongoing performance challenges across scheduled care, unscheduled and mental health services, together with the significant work required to complete the move to the new Royal Hospital for Children and Young People. It was recognised that the cumulative impact of these would put significant pressure on the leadership capacity of the Board, and in order to fully deliver for the people of Lothian, a tailored package of support would be required.

As part of the escalation process the Scottish Government also require a formal Recovery Plan with clear milestones to be developed. The responsibility for developing this plan has resided with NHS Lothian with oversight provided by a Director within the Scottish Government.

This Recovery Plan sets out NHS Lothian's response to the escalation process and outlines the actions put in place by Lothian over the past three months, as well as the proposed delivery plan up until March 2020. The Recovery Plan builds upon a series of papers submitted to the two weekly recovery meetings instigated by the Scottish Government, and provides a succinct summary of the recent actions taken. It is deliberately focused on short term performance, whilst recognising that a broader and longer term system wide approach to sustainability will be required. The Plan has been developed collaboratively across the Lothian health and care system with NHS Lothian and the four Integration Joint Boards working closely together to provide an integrated response to the challenge.

This documents sets out in further detail the content of the Recovery Plan and is structured into three main sections as below:

- the first, provides an overview of current performance against each area in scope of the Recovery Plan as of September 2019, as well as position Lothian is planning to reach by March 2020;
- the second, provides an overview of current performance in each key area and summary of the main activities undertaken; and
- the final section, sets out how the programme will be structured and governed linking into long term sustainability plans, highlighting the investment made in additional management capacity to drive through improvements in the short to medium term.

A series of appendices have been added outlining the detailed action planning undertaken at a service, partnership and site level.

2. Current Performance

2.1 Key Metrics

In this section, an overview of current performance is set out against the key performance metrics included within the scope of the Recovery Programme. Table 1 below illustrates current performance against the eight key metrics covered by the plan along with the target for paediatrics at St John's[1].

Table 1. Core Recovery Plan Metrics

Metric		Sept 2019	Sept 2018	Change	Target
Delayed Discharges*	Standard delays	196	354	-44.6%	200 (Dec 19)
	All delays	229	379	-39.6%	-
4 Hour ED Waiting Time		88.2%	83.4%	3.6%	95%
Outpatient >12 week waiting time		25,529	26,222	-7.7%	16,151**
Treatment Time Guarantee		2,788	2,203	16.3%	2,472**
Cancer Waiting Times (62 day target)		78.5%	79.1%	-0.3%	95%
Mental Health & Learning Disability Bed occupancy		86.5%	106.4%	-17.3%	85-90%
CAMHS >18 week target		52.8%	57.8%	-9.9%	90%
Psychological Therapies > 18 week target		80.8%	71.7%	6.5%	90%
Paediatrics and St John's		4 days a week 24x7	Closed to inpatients		7 days a week 24x7

* Standard delays include health, social care, patient & family related reasons. All delays include code 9 (complex cases)
** 2019-20 AOP Trajectory at year end
*** Green denotes an improvement, red deterioration, and amber no change over the past year

The data illustrate that whilst some metrics still require improvement, the overall direction of travel is positive with further incremental improvements expected by March 2020. In particular, the data highlights:

- bed occupancy at the Royal Edinburgh has been reduced by 10-15% with no overnight boarders on mattresses since late August;

[1] Performance data has been presented for the month of September, which is the latest available validated information, while some October 2019 data is provisional management information and may be subject to small variation. It illustrates how this has changed over the preceding year and how it aligns with Scottish Government performance targets and expectations

- that performance against the 4 hour ED target has slightly improved since last year, whilst it is still recognised that work is required to move to the 95% target especially given recent demand challenges and the upcoming over Winter period;
- the number of delayed discharges has fallen by over 30% since last year and is on track to meet the target of 200 by December 2019;
- the numbers waiting over 12 weeks for an outpatient appointment and inpatient/day case treatment are both on, or under trajectory, based on the 2019/20 AOP target. The number of those waiting over 12 weeks for an outpatient and inpatient/day case are expected to fall in the second half of the financial year; and
- the paediatric service at St John's continues to make incremental steps towards full 24x7 opening.

Whilst the overall direction of travel is positive, the system continues to face severe demand pressures in many areas and the months of October and November have been difficult with increased pressure on the unscheduled care system. A number of targets are still being missed and in the rest of this document the actions taken to address these are set out. Most importantly it is recognised that the Recovery Programme is the start of a longer journey to improve system sustainability and resilience.

2.2 Recovery Plan Position (March 2020)

The Recovery Programme sets out how Lothian will deliver against eight core performance metrics by March 2020 with the following planned outcomes:

Scheduled Care

- *Outpatients*: to reduce the number >12week waits by over 30% by March 2020 to 16,151;
- *Treatment Time Guarantee*: to maintain >12week waits in line with the AOP trajectory as of March 2020 (2,472) as well as manage additional conversions associated with the reduction in outpatient waits;
- *Cancer Waiting Times*: to maintain current performance against the 31 day cancer target whilst increasing performance against the 62 day cancer target to the AOP trajectory by March 2020.

Unscheduled Care

- *4 Hour ED Waiting Time*: to build on recent ED improvements by maintaining performance as close to 90% as possible during the winter period, then move towards trajectory;
- *Delayed Discharges*: to reduce the number of delayed discharges relating to health and social care and patient and family reasons to under 200 by Dec 2019 and to continue to further reduce the number of delays and occupied bed days.

Mental Health and Learning Disabilities

- *Inpatient beds*: achieve a bed occupancy of 85-90% and ensure that all patients will have suitable overnight accommodation;

- *CAMHS and Psychological Therapy 18 week waits*: work towards the agreed AOP trajectory to Dec 2020, and will achieve incremental improvements in reducing the longest waits and waiting time performance between early 2020 and summer 2020 as new staff come into post.

Paediatrics at St John's

- To consolidate the success of the four day a week full inpatient paediatric service by increasing the resilience of existing rotas, and build towards a full 24/7 service subject to further recruitment.

In the remainder of the plan we set out the actions and milestones that the Lothian health and care system has delivered and will be putting in place over the next few months to meet these targets recognising that many challenges and risks remain.

3. Unscheduled Care Performance

In this section, a brief overview of performance against the 4 Hour Emergency Access Standard (4EAS) and Delayed Discharges (DDs) is set out, along with the six key actions that have been undertaken as part of the Recovery Plan and will be delivered up until March 2020.

3.1 Delayed Discharges

Delayed discharges has been a significant challenge within Lothian for many years, with a negative impact on patients who are delayed in hospital, as well as a corresponding impact on those waiting to access a hospital bed. Lothian has suffered from one of the highest rates of patient delays for many years and whilst good progress is being made to reduce the number of delays and associated bed days lost, it is recognised that the Lothian still has further work to do.

The table below illustrates how performance has been improving across all four of the Partnerships with delays at just under 200 during September 2019.

Table 2. Delayed Discharges by Partnership (Standard Delays)

Delays	September 2018	September 2019	Difference	December 2019 Aim
East Lothian	15	7	-53.3%	15
Edinburgh	232	143	-38.3%	113
Midlothian	42	21	-50.0%	30
West Lothian	65	25	-61.5%	42
NHS Lothian	**354**	**196**	**-44.6%**	**200**

The improvements reflect the ongoing focus on delay discharges within each partnership area as well as within each acute hospital site. The table below illustrates the six key themes that underpin actions across the system. Appendix 1 provides further details of the short term action plans agreed by each Partnership area and acute site across the unscheduled care pathway.

These actions will support delivery of the target of 200 delays (not including complex delays) by December 2019, with a break down by partnership of this position included in Table 2 above. Planning is ongoing to determine target trajectories post December and into 2020/21 which will be incorporated into the Annual Operational Plan. All partnerships are working to reduce delays as far as possible and will look to reduce these below 200 if possible whilst recognising that winter pressures are starting to impact on performance. Similar rigour is also applied to the management of complex delays as it is recognised these account for a significant proportion of occupied bed days.

Table 3. Delayed Discharges. Key Actions (Sept – March 2020)

Action	Description	Status
Operational Performance	Plans in place in each HSCP with regular monitoring and reporting. Delivered on targets over the past year with DDs down by 45% from Sept 18 to Sept 19. Challenge will be to maintain over winter	On track
7 Day Working	Aim is to increase provision and consistency of patient flow. East moving to 7 day working for flow team from Oct 2019. Mid recruiting to discharge to assess team (in post Dec 2019) focusing on orthopaedics and MoE. West put in place new Care at Home contract from 1 Oct. Edinburgh investing in discharge to assess: additional capacity 20 discharges from Nov 2019 and a further 20 discharge from the south team by March 2020. Increased clinical cover in out of hours period at acute sites as part of winter planning.	In Progress
Home First	Implementation across all partnerships, with expansion of Hospital at Home into NW Edin in Nov and plans in place for 10 Frail Elderly beds in Merchiston subject to staffing. In the East, HF will be rolled out across all wards by end Oct 2019. West developing the same principles with the Integrated Discharge Hub and reablement service. Highbank intermediate care team building capacity in Mid.	In Progress
Independent Living	Support for independent living (eFrailty in West and Mid). Focus on identifying at risk frail elderly for prevention and intervention. Mid working with Red Cross to support anticipatory care models.	In Progress
System Working	Number of examples of cross system working in place, such as joint learning between Edin and WGH using 'patient stories'. Twice weekly MDT meetings with SJH and West. MDT pilot in MoE ward in RIE with in-reach OT starting end Oct 2019.	In Progress
Enhanced Governance	Planned refresh of Unscheduled Care Committee and Unscheduled Care Board to be put in place Nov 2019.	In Progress

Whilst good progress has been made against the target further expansion of home first, community alternatives to hospital provision will be required over the coming years as a whole system response to bed pressures becomes more embedded with the Lothian culture.

3.2 Four Hour Emergency Access Standard (4EAS)

NHS Lothian manages the second biggest emergency care system in Scotland with four sites providing emergency access to patients. The Royal Infirmary of Edinburgh (RIE) has the busiest emergency department in Scotland, with just under 122,000 attendances during the 2018-19 financial year. The emergency department at St John's Hospital (SJH) had just under 59,000 attendances during the same period, whilst the Western General Hospital (WGH) and Royal Hospital for Sick Children (RHSC) had 49,000 and 50,000 attendances respectively.

There have been significant improvements in Lothian's four hour performance over the past two years with a particular focus on improving the situation in the RIE. The table below illustrates how performance has improved over the past year across all four sites.

Table 4. 4EAS Performance by Site (%)

Performance (%)	September 2018	September 2019	Difference
Royal Infirmary of Edinburgh	75.2	83.1	+10.5%
Western General Hospital	88.0	88.3	-
St John's Hospital	87.0	92.2	+6.0%
Royal Hospital Sick Children	95.1	96.0	+1.1%
NHS Lothian	**83.3**	**88.2**	**+5.9%**

This has been a result of implementing recommendations of the Academy Review working with the team chaired by Sir James Mackey. At the 'touch point' meeting in June 2019 it was concluded that NHS Lothian had taken significant strides forward to address the cultural, leadership and safety implications that were described in the Academy Report. Despite continued pressures across the system in relation to the delivery of the 4 Hour Emergency Access Standard, it was evident that Lothian had maintained a focus upon patient safety and had created an environment where staff were empowered to act.

Formal management groups have continued to function to provide strategic leadership and oversight to the programme of actions derived from the Academy Report and to manage new and emerging actions. The Programme Delivery and Assurance Group (PDAG), derived to oversee improvement associated with the work commissioned through Sir Jim Mackey and NECS has continued to action plan and mitigate risk as a result of current performance.

Whilst performance has improved, this level of performance has been difficult to maintain given the year on year increases in attendance rates. At the RIE the annual increase in attendances averages 7% year on year and a similar increase is seen at St John's. During October and November performance at the RIE has slipped in part due to the large increase in attendance, for example, on Tuesday 24th September it had a record 445 attendances in the Emergency Department showing a

rise in activity beyond the national average. Year to date, the site has seen 96,064 attendances which is an increase of c.6,600 from 2018. Waits for first assessment was the overall main breach reason for September equating to 46% of all breaches.

The table below illustrates the main actions put in place across each site to address these challenges.

Table 5. 4EAS Target. Key Actions (Sept – March 2020)

Action	Description	Status
SJH ED Capacity	Implemented revised ED clinical model and processes with performance in range of 91-92% for past six months. £4.6m investment in additional cubicle/clinical space (c.12-24) underway with Dec 2019 opening. Once open the plan will be to meet or exceed the 95% ED access target.	On track
WGH Performance	Implemented a number of tests of change including nurse practitioner support at the MIU front door, Home First Navigators and revised SAS 999 protocol at the weekend so that suitable patients can be diverted to the Western	In Progress
RIE Performance	RIE performance has dipped from 90% July to 82% in October. Rapid root cause assessment underway. Activity levels 6-9% higher on a month by month basis putting strain on the new clinical model. Audit demonstrated growth in demand across all patient groups and relatively small opportunity to redirect attendance to alternatives (12% of attendances only). Ongoing managerial scrutiny, governance and refresh of improvement cycle required throughout Winter Period. Appendix 2 provides further details regarding ongoing mitigation plans.	Planning underway
RIE Redesign	An Initial Agreement in being developing to increase patient / cubicle space at the RIE frontdoor. This will be progressed in parallel with system wide improvement plans agreed with each HSCP.	In Progress
Six Essential Actions	Key actions include Home First in-reach at WGH frontdoor (1 post Oct 2019, 1 Dec 2019). RIE Home First as part of Winter Plan. GP practice outlier metrics being collated, improved OOH senior on-call rota to be put in place Jan 2019 and progressing publishing of live performance metrics	In Progress

Winter Planning	Plan overseen by the Lothian Unscheduled Care Committee. Initiatives include the enhancement of senior medical and other clinical staffing at critical pressure periods, consistency of 7 day working for HSCP teams, increased ADT capacity in the Lothian Flow Centre.	On Track

There have been an unacceptable number of 12 hour waits over the last month, due to the intensified bed pressures. In addition, there is an increased patient acuity presenting across all sites, which contributes to an increased length of stay and reduced discharge profile, in turn leading to higher boarding numbers across the acute system. Generally the 12 hour waits happen in the out of hours period, and a number of priority actions have been put in place across the acute sites to mitigate this patient safety risk. Appendix 2 provides further detail of work being undertaken at the RIE to address the recent reduction in 4EAS performance.

As the table illustrates, there is a lot of activity underway across the unscheduled care pathway including planning for the Winter period. The Winter plan was overseen by the Lothian Unscheduled Care Committee which is chaired by Alison MacDonald, Chief Officer, East Lothian Integration Joint Board. The plan was developed using a scoring framework to prioritise Winter schemes which have been derived from the learning from previous years, and as noted in the 2018/19 Debrief to Scottish Government.

The plan was developed in parallel to the development of the overall Recovery Programme and the prioritisation of initiatives took into account how it would support the delivery of 4 Hour Performance and help to reduce Delayed Discharges. In particular, it prioritised resources for:

- additional resource at ED Front Doors through Nurse Specialists;
- additional weekend and overnight medical cover;
- admission avoidance/alternatives to admission; and
- enhanced nursing support to the OPAT Service.

The Unscheduled Care Committee will continue to monitor the spend and impact of each funded scheme throughout the winter period. Further details of the Winter Plan can be provided on request.

4. Scheduled Care Performance

In this section, a brief overview of performance against each of the core scheduled care access targets is set out, along with the six key actions that have been undertaken as part of the Recovery Plan and will be delivered up to March 2020.

4.1 Outpatient 12 Week Waiting Times

NHS Lothian has historically struggled to meet the outpatient 12 week waiting time target with referrals increasing year on year creating a significant recurrent gap between capacity to deliver additional activity and demand. This has resulted in a steady increase in the backlog of patients waiting over 12 weeks which currently standards at 25,529 patients with 63% of patients seen within the target threshold.

It is recognised that this position is not sustainable in the long term and as a result the annual AOP plan committed to a significant reduction in over 12 week waits. This commitment has been reconfirmed within the Recovery Plan, with plans in place to reduce 12 week waits by over 30% from current levels to 16,151 by the end of March.

The key actions that have been delivered and are ongoing over the next six months to meet this commitment are set out in the table below.

Table 6. Outpatient 12 Week Waits. Key Actions (Sept – March 2020)

Action	Description	Status
Operational	Ongoing performance monitoring of outpatient waiting times, with the proactive management of recruitment, staffing and other pressures and this will continue throughout the Recovery Plan period and beyond. Performance is currently in line with trajectory.	In Progress
Risk Based Improvement	Adopted a risk based approach to outpatient waiting list reductions, focusing on those specialties where waiting can mean greater clinical risk. Endoscopy (adult) and dermatology long waits have been targeted using this approach and should move to a position of zero 12 week waits by March 2020. This has been achieved through increased capacity, external provision and service redesign.	On track

Modernising Outpatients	Lothian has taken a whole system approach to reducing demand for outpatient appointments and is rolling out a range of initiatives including PfB, Patient Initiated Follow up and virtual clinics.	In Progress
Capacity	Plans are in place for the external provision of 10,000 outpatient appointments. Capacity has been secured between Oct 2019 and March 2020 using a range of providers including SPIRE, Medinet, Medicare and as well as local insourcing.	In Progress
East Lothian Community Hospital	A further 2,075 outpatient appointments will be performed in the new ELCH. Commencing in Nov 2019 this will focus on three specialties: Dermatology, Gastroenterology and Neurology.	In Progress
Capacity Contingency	Further contingency plans for additional OP activity are being developed looking at further insource options, external provision and the impact of using ELCH capacity into Q4. See Appendix 3.	Planning Underway
Governance	Instigated enhanced performance monitoring at the Waiting Times Improvement Programme Board with recruitment of Programme Director for Scheduled Care (in post Oct 2019) and new Head of Access (starting Dec 2019), and Capacity Modeller (starting December 2019)	In Progress

As the table highlights, in the short term, the focus of the team remains on managing local service issues as well as ensuring outpatient capacity from external providers can be managed and delivered on time. All independent sector contracts (local and national) are already in place and are expected to deliver in line with phased plans, and negotiations are underway to extend these further. The East Lothian Community Hospital building has been signed off and it is anticipated that capacity will come on stream as of November 2019. Appendix 3 provides an overview of further contingency plans under development to meet the AOP target by March 2020.

Whilst the immediate focus of the Recovery Plan is on meeting short term performance targets a number of activities are underway to support a more sustainable whole system delivery model for outpatients which we expect will form part of the subsequent AOP submission for 2020-2023.

4.2 Treatment Time Guarantee (TTG)

NHS Lothian had just under 2,800 patients waiting in excess of 12 weeks for inpatient or day case treatment in September 2019. This is below trajectory as set out in the AOP, representing performance of 75% against the TTG standard. Performance is in line with the rest of Scotland and significantly better than a number of large Board areas, however, it is still well below the 100% target and improvement is required.

The Recovery Plan commits to maintaining TTG performance and numbers waiting over 12 weeks in line with current levels by the end of March 2020, in line with the AOP trajectory. This will be challenging as the large reduction in outpatient waits will result in an increase in the number of patients 'converting' to a treatment pathway.

The key actions that have been delivered and are ongoing over the next six months to meet this commitment are set out in the table below.

Table 7. Treatment Time Guarantee. Key Actions (Sept – March 2020)

Action	Description	Status
Operational	Ongoing performance monitoring of the TTG, with the proactive management of recruitment, staffing and other pressures and this will continue throughout the Recovery Plan period and beyond. Performance is currently below trajectory.	On track
Capital Development	Business cases for a Short-Stay Elective Centre and the Princess Alexandra Eye Pavilion have been prepared and are awaiting sign off.	Delivered
Redesign & Improvement	Performance improvement supported by the Theatres Improvement Programme with 93% average theatre utilisation achieved. This is above the Scottish average with further improvements to be made by reducing cancellation rates which will be taken forward by the Theatres Service Director	In Progress
Capacity	Additional theatre capacity at Forth Valley to support TTG position from Nov 2019 agreed. Original plan was to undertake 1,000 procedures which would have provided sufficient capacity for Lothian to meet the AOP TTG trajectory. However, due to staffing, case mix and theatre restrictions at FV it is likely there will only be capacity for 450 cases.	In Progress
Capacity Contingency	Ongoing work is being undertaken to identify contingency measures for the 550 case shortfall at Forth Valley. The team is actively looking at all available alternative private or outsources models working with the Scottish Government. See Appendix 4.	Planning underway
Governance	Instigated enhanced performance monitoring at the Waiting Times Improvement Programme Board with recruitment of Programme Director for Scheduled Care (in post Oct 2019) and new Health of Access (starting Dec 2019).	In Progress

As expected for there are number of operational risks to delivery, and whilst performance is currently in line with trajectory there have been challenges relating to anaesthetic vacancies gaps, issues with instrument contamination in cataract surgery resulting in patient cancellations and knock on effects from the delay at RHSC and DCN (neurosurgery). These are being managed on an ongoing basis at present are not in isolation considered material risks to the TTG target.

However, there remain a number of risks relating to the implementation of additional capacity plans. Whilst the outsourcing of Orthopaedics via the GJNH Commissioning model has commenced, the level of activity Lothian will be able to push through Forth Valley theatres is not as high as originally anticipated. There remains a shortfall of approximately 550 cases which will need to be undertaken elsewhere.

Mitigating plans are being developed to use private sector capacity elsewhere in Scotland as well as in England as appropriate. Appendix 4 provides details of the latest mitigation plans.

5. Cancer Waiting Times

In this section, we provide an overview of performance against the Cancer Waiting Time performance standards. The focus is on the 62 day standard as this has been an area of risk for the Board, whilst performance against the 31 day standard has been in line with the 95% national target for a number of months.

5.1 Overview

In September, 2019 NHS Lothian achieved 79.9% 62 day performance against a planned trajectory position of 83% and this was little changed in October 2019. However, following the instigation of weekly scrutiny meetings, as outlined below, performance has improved significantly in November 2019 with performance at the week ending 17 November reaching 87.2%. This has resulted in the year end Cancer Waiting Time trajectory forecasts increasing to 88%.

The main areas of improvement have related to the tumour groups which have been under most pressure for a sustained period – Urology and Colorectal cancer.

The position for Urology has been consistent with the position across NHS Scotland. Within Urology the workload is diverse and there are many different sub-specialty pathways, with over 80% of 62 day breaches on the Prostate pathway. The primary challenge in the Prostate pathway relates to the sequential nature of the diagnostic pathway, and oncology outpatient appointment, exacerbated by access times for both. Key actions to improve performance in this specific pathway include steps to streamline the diagnostic process for prostate patients through increased MRI capacity aligned to urology outpatient clinics.

The primary challenge in the colorectal pathway relates to access to diagnostic endoscopy in addition to extended waits at the other pathway steps for colorectal outpatient clinic and theatres. Demand for endoscopy has approximately doubled in the past five years (in line with national trends) and there is insufficient capacity to meet the demand. Prioritisation of endoscopy capacity for urgent suspicion of cancer has been implemented to reduce clinical risk. In addition to this, bowel screening demand has also risen significantly.

5.2 Key Actions

The key actions that have been delivered and are ongoing over the next six months to deliver on this commitment are set out in the table below (we have provided access to the detailed plans for Colorectal and Urology Cancer in a separate attachment). They are focused particularly on urology and colorectal cancer given these are the areas that have causes the greatest pressure.

Table 8. 62 Day Cancer Performance. Key Actions (Sept – March 2020)

Action	Description	Status
Enhanced Governance	Enhanced weekly reporting has been put in place with a Lothian 'Cancer Huddle' targeting long waits and established a Cancer Tracking Review Group. This has built on observations from the SG (Margaret Kelly) and Tayside. NHS Lothian will engage with new weekly Scottish Government reporting from w/c 4th November. Since September the number of long waits (all patients regardless of having a cancer diagnosis > 100 days on 62 day pathway) has reduced from 248 to 64. 42 of these patients are Colorectal of which 13 have a decision to treat. Action on this group forms part of the Colorectal specific action plan which is reviewed weekly. Backlog reporting. Since the end of September the backlog for those without a decision to treat (regardless of confirmation of diagnosis) has reduced from 535 to 312. For those with a decision to treat the figure has reduced from 45 to 36. Actions to achieve this reduction include data validation, escalation and performance management. This remains an area of focus with plans. As work continues to focus on diagnostic elements of the pathway (e.g. endoscopy) we will monitor for any increase in backlog for treatment in the short-term. By mid-November breaches not yet diagnosed had reduced to 123.	On track
Prostate Pathway Redesign	Plans in place to streamline access to urology diagnostics for prostate cancer by introducing a multi-visit arrangement for MRI and TRUS biopsy results taking up to 14 days out of the patient journey. The long term aspiration would be to move towards a one-stop clinic arrangement which will require further diagnostic support and additional incremental improvements to capacity.	In Progress
Capacity	Appointed an additional urology consultant (Sept 2019) and purchased an additional 8 MRI slots per week dedicated for prostate cancer from Oct 2019 onwards	Delivered
Colorectal Pathway Redesign	Reduced pre-operative assessment for bowel screening outpatient assessment from over 100 days to c. 50 days by end Oct 2019. Telephone reminder calls by the bowel screening team have reduced DNAs from between 15 – 20% to 8%.	In Progress

	Revised triage process across the service from max 3 to 1 day. Targeting a 7 day pathway reduction using telephone pre assessment for endoscopy.	
QI Support	Work will be undertaken with HIS and Lothian QI team to reduce DNA rates and identify further pathway improvements. Urology is part of the Access QI early implementer sites and Scottish flow coaching academy	In Progress
Primary Care	Colorectal waiting times have been under pressure due to a 10% increase in referrals. Lothian is actively working with primary care colleagues to manage demand using referral protocols (i.e. RefHelp). The same approach is being adopted in the Urology service, ensuring that RefHelp protocols are aligned to the Scottish Referral Guidelines for Suspected cancer.	In Progress

Given the recent successes in urology and colorectal cancer the weekly cancer huddle has widened its remit to consider melanoma and lung cancer.

NHS Lothian received a more detailed improvement plan on the 24 October following a visit by Margaret Kelly of the Scottish Government and this will form the basis of ongoing redesign work and further strengthening of governance processes.

5.3 Key Risks

There are a number of ongoing risks to delivery of this target, in particular timely access to diagnostics and endoscopy specifically, and the plan sets out a number of incremental steps to achieving this. In addition, further work will be commenced next year looking at the general level of capacity required to meet Urgent Suspected of Cancer (USoC) demand to reduce risks around available capacity. As in all specialties workforce capacity is a recognised risk as well as the requirement to purchase and install additional diagnostic equipment.

6. Mental Health Performance

The Lothian system has faced a number of significant performance challenges relating to the provision of mental health and learning disabilities services during 2019. In particular, there has been a shortage of inpatient bed capacity for adult mental health patients at the Royal Edinburgh, where patients were on occasion having to sleep on sofa beds and mattresses due to bed occupancy rates exceeding 100%. In addition, performance against the waiting time standards for both Psychological Therapies (PT) and Child and Adolescent Mental Health Services (CAMHS) outpatients was below trajectory and significantly adrift of the required 90% of patients seen within 18 weeks.

In this section, a brief overview of performance against these three measures is set out, along with the main actions that have been undertaken as part of the Recovery Plan, as well as those underway and will be delivered up until March 2020.

5.1 Adult Mental Health Bed Occupancy

The immediate plan for adult mental health capacity focussed on reducing the occupancy level of inpatient beds at the Royal Edinburgh Hospital (REH). Throughout September and October occupancy rates have reduced to between 85-90%, and there has not been any patients without an appropriate bed since late August, as against 3 in July and 13 in early to mid-August.

This has been achieved by opening an additional 13 adult mental health beds temporarily within the system, as well as implementing a series of internal process improvement measures in the REH which have facilitated the discharge of patients and improved the flow within the hospital. These measures taken together, along with the commissioning of additional care places in the community should be sufficient to sustain the reduction in acute bed shortages and provide some breathing space for the re-profiling of the total bed stock.

Further work commenced in late November to address the medium term bed requirements across Lothian to provide whole system sustainability across primary, community, social care and the acute sector. This work will review current inpatient mental health and learning disabilities service model, including demand, capacity, utilisation, throughput and the number and configuration of the bed base, and how this aligns with future redevelopment plans. This will include a whole system consideration of capacity across the system and the optimum acute bed base. This work will report into the newly established Programme Board with initial findings expected in March 2020.

5.2 Psychological Therapy and CAMHS Performance

CAMHS waiting time performance in September was below trajectory at 55.9% of patients waiting over 18 weeks for a first outpatient appointment, whilst Psychological Therapy was broadly in line with trajectory at 80%. The Recovery Plan commits to improving performance in line with AOP trajectories that meet target by December 2020, and achieve incremental improvements in reducing the longest waits and waiting time performance between early 2020 and summer 2020.

The main determinant of short to medium term improvement relates the ability of the service to recruit additional staff to provide additional capacity. There has been a significant investment in capacity in both services, with additional funding earmarked for Psychological Therapies as well as into the CAMHS service. Recruitment plans into both services are well underway with the first additional staff coming into post in October, with the recruitment campaign continuing into February 2020. In total, over 80 psychology, nursing, administration and occupational therapy roles will be recruited to over the period.

Each service is now in the process of revising demand and capacity assumptions and associated trajectories taking into account this new capacity. Further planning is also ongoing during November to ensure that waiting lists have been validated, patients are appropriated listed and tracked and caseloads are appropriately managed. Changes to a number of Standard Operating Policies (SOPs) are being discussed with each HSCP team during December, with the aim of building these into job plans and implementing changes on a phased basis starting in West Lothian in January 2020.

5.3 Action Plan Summary

The table below provides a summary of the main actions that have been delivered or underway within Mental Health and Learning Disability services.

Table 9. Mental Health Plan Actions (Sept – March 2020)

Action	Description	Status
Acute Beds	Opened an additional 13 inpatient mental health beds at the Royal Edinburgh site in September 2019 to reduce occupancy rates from 106% to below 100% but a current occupancy level of circa 90% has been achieved. This has eliminated the requirement for patients to sleep on mattresses. No patient has been accommodated in this way since late August. Medium term, system wide bed capacity planning is underway with initial findings expected in March 2020.	On track
Leadership	Appointed a new site Director (Aug 2019) and Director of Psychology (Oct 2019) who are implementing a series of operational improvement initiatives	Complete
Operational	Established enhanced discharge procedures at Royal Edinburgh with daily rapid rundown meetings and a weekly 'MATT' meeting to free up bed capacity. This involves setting a discharge total of 3-4 per day to maintain flow in REH. In addition a weekly cross system Operational Recovery Board has been established to provide enhanced delivery assurance.	In Progress

	More robust capacity and demand analysis is being undertaken within both CAMHS and PT.	
System Capacity (PT and CAHMS)	Invested in significant additional capacity (20-30%) across PT and CAMHS across all four HSCPs. Psychological therapy recruitment is underway for ~18 psychology and nursing roles will be filled between Oct 2019 to Feb 2020. CAMHS recruitment is underway for 62 roles including psychology, nursing, OT, administrative and psychiatry staff. The first 10 FTE started in November, 12 are expected in December and the others will be in post by February 2020. Capacity plans are being developed taking into account proposed changes to a number of SOPs which are being developed across the system. These include looking at waiting list validation, matrix prioritisation approaches, group therapy efficacy, caseload reviews and follow up rates as well as Patient Focused Booking. Implementation will be phased from Jan-March 2020.	In Progress
Community Delivery	Developing plans to create additional care home beds in Edinburgh with 10 specialist dementia places available by Jan 2020. Each HSCP is looking to develop preventative measures to reduce demand for psychological therapies	In Progress
Governance	Established an overarching Mental Health and LD Programme Board to provide strategic direction to the programme. This will review waiting time trajectories to monitor short term performance as well as part of the 2020/23 AOP and would aim to have this agreed by end of April 2020.	In Progress

In the longer term, it is expected that newly formed Mental Health and LD Programme Board will provide strategic direction to the delivery of these services across the Lothian health and care system. In particular, it will focus on how best to design a sustainable mental health service with greater community provision of care. This will involve ensuring the REH is appropriately sized, and will provide greater transparency of the community infrastructure required to safely reduce the acute bed base.

Further details on the adult mental health bed plan can be made available on request and similar plans for CAMHS and PT are being prepared and will be available late November / early December 2019. These cover the period up until April 2020 and will be refreshed on a regular basis. Longer term plans and actions will be set out as part of the annual AOP process.

7. Paediatrics at St John's Hospital

6.1 Background

There have been longstanding difficulties in staffing the middle grade 'out of hours' rota at St John's Hospital (SJH,) due to well documented changes in the availability of trainee doctors, reduction in working hours (EWTR), the demand for less than full time training options and the reduced availability of oversees doctors who used to fill gaps.

These challenges have affected paediatric services across the UK, they are not unique to SJH. The SJH ward has on 3 occasions had to stop taking inpatient admissions, in 2012, in 2015 and more recently, the ward was closed to inpatients from July 2017. In 2016, NHS Lothian invited the Royal College of Paediatrics and Child Health (RCPCH) to do a comprehensive review of inpatient services in Lothian and make recommendations about the future shape of safe, effective and sustainable services.

The RCPCH recommended that the Board should develop a workforce strategy to sustain the inpatient service at SJH, with a pan Lothian approach (to makes jobs as attractive as possible) and based largely on a resident consultant model for out of hours cover. The College also recommended the development of Advanced Paediatric Nurse Practitioner (APNP) roles and advised that the whole workforce strategy would take 3- 5 years to implement. The RCPCH were invited back in 2017, when the College confirmed that the Board was making good progress in recruitment and reshaping the workforce and they reiterated the expected timeframe for full implementation.

NHS Lothian set up a Paediatric Programme Board (PPB) in 2016, chaired by a Non-Executive Director of the Board, in order to oversee the development and implementation of the RCPCH report. This Programme Board has significant membership from the SJH medical and nursing teams and it is where all recommendations about the service and the workforce strategy are agreed.

6.2 Current Service Position

In March 2019, following on from successful recruitment campaigns, the PPB recommended that the inpatient service should reopen in March 2019, for 4 nights a week, as an interim step toward the full reopening of the service which was hoped would be achieved from October 2019 onwards. Over the preceding years the service had recruited in an additional 16 staff and there are now 24 staff across Lothian who provide resident out of hours support for the SJH paediatric and/or neonatal service.

To be sustainable, the SJH service requires 40 out of hours shifts per month to be covered by permanent staff and not, as in the past, to be heavily reliant on locums which cannot be guaranteed. The key concern for the PPB and the service itself is to be confident that the workforce numbers available to support the out of hours resident rota are robust and not overstretched, so that the service will not face the prospect of a short notice service collapse if it reopens 24/7, with the consequent patient safety implications.

The service has since been working towards opening a full 24x7 service seven days a week with the aim of meeting the Scottish Governments target date of October 2019. The Board met on the 27 August to consider the current staffing and rota position. Current issues with weekday middle grade cover were considered to be the main clinical risk and a number of steps were agreed to mitigate this risk. The out of hours resident middle grade cover was also considered in light of the staffing developments above. The PPB agreed that of the 40 out of shifts requiring cover by a staff member with the necessary paediatric competencies only 32 of these would be covered from October by permanent career grade staff members with another four being covered by a fixed term Clinical Fellow. The PPB membership was unanimous that the current staffing situation precluded the safe re-instatement of a seven day 24/7 inpatient service at St John's from October. The PPB considered that the potential risks to patient safety from inability to staff the rota fully, further short notice absence and/or further attrition in staffing were unacceptable.

The PPB discussed and acknowledged the success of the four day 24/7 re-opening from March and felt that this could be maintained despite the current staffing challenges. Further discussion was has about when the staffing situation could reasonably be expected to change significantly for the better. It was felt that this was unlikely to happen in less than six months. The PPB acknowledged that the RCPCH had suggested that reinstatement of a full 24/7 paediatric inpatient service at St John's would take between three and five years and that NHSL is currently just three years in to that process.

Following the August meeting of PPB it was agreed to undertake a further recruitment round was agreed with APNP posts advertised in late August 2019, along with a Clinical Fellow post and a consultant post for St John's. The process had limited success to date:

- there were no applicants for the APNP post and it has been decided to readvertise; and
- there is one applicant for the re-advertised SJH consultant post with an interview date set for the 29 November.

In the meantime the service remains fragile, the ward had to be closed at short notice on Monday 7 October due to a lack of middle grade cover and weekday middle grade cover remains a pressure and a risk.

6.3 Next Steps

The PPB met again on the 29 October and acknowledged that the out of hour rota still has gaps. It was noted that three APNPs are undergoing training to support the service, one who will join the out of hours rota at the end of November, with two more aiming to complete competencies during 2020. In addition, one of the doctors currently on sick leave is to start a phased return to work during November. Based on this information, it was agreed that PPB would meet again on 14 January 2020 to re-assess the rota and APNP situation.

The PPB also recommended that the Royal College of Paediatrics and Child Health should be asked to return and review progress since their last follow up review in 2017 and advise on any services which could be relocated from RHSC to SJH in order to help underpin the SJH Children's Ward service.

8. Programme Governance

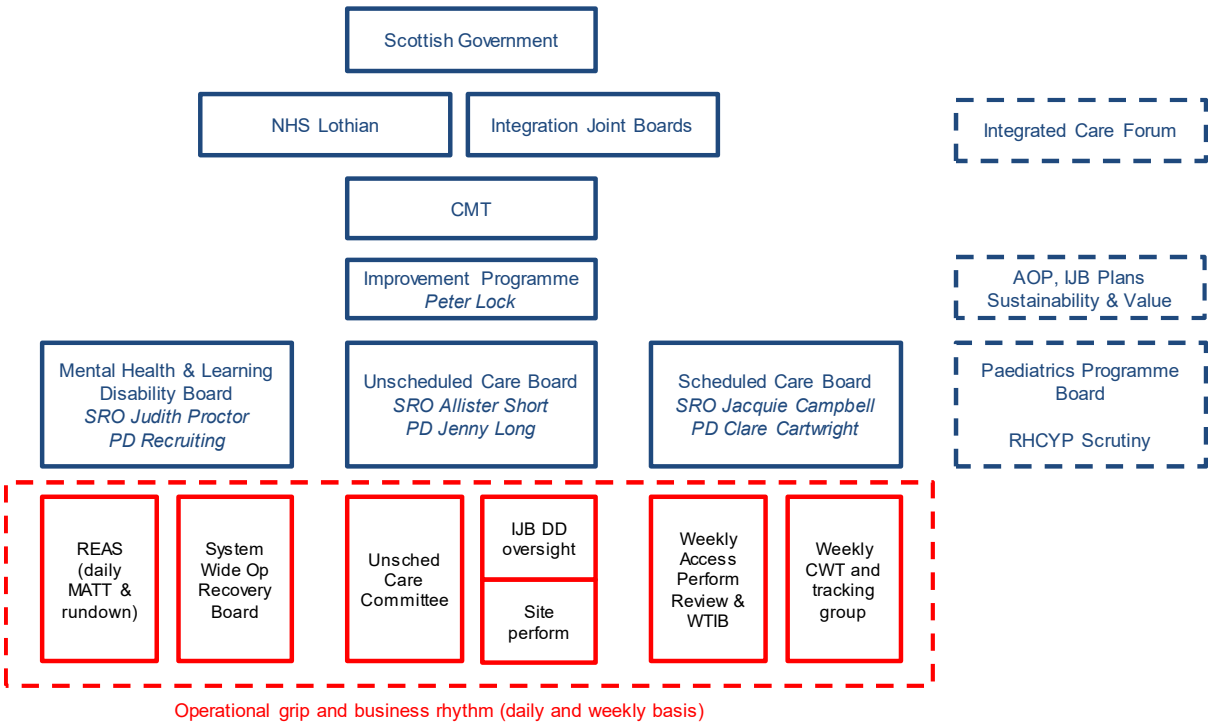
In order to deliver a programme of this scale, a Recovery Programme infrastructure has been put in place. In this section, an overview of the programme has been set out, plus details of how it will be governed and aligned with longer term planning priorities.

7.1 Programme Structure

The figure below illustrates how the Recovery Programme will be governed and structured. The core programme consists of three elements covering: scheduled care, unscheduled care and mental health and learning disabilities. Three new Programme Boards will be established to drive the recovery programme with an Accountable Officer or Executive Officer acting as the relevant SRO. These will be supported by a programme infrastructure with a Director of Improvement providing oversight. Existing governance groups are in place for paediatrics at St John's and RHSC and these will continue.

The programme will ultimately report into the Scottish Government in line with escalation processes as well as to the NHS Lothian Board and four Lothian Integration Joint Boards. Where possible decision making processes will be streamlined to ensure the pace of delivery can be maintained whilst balancing the requirements of system wide governance processes.

Figure 1. Overview of Programme Governance



The figure illustrates that much of the required programme infrastructure is now in place with final recruitment underway. It also illustrates that a series of operationally focused (daily and weekly)

performance monitoring groups will underpin the delivery programme. These will be critical to enhance grip and control measures in the short term. A number of these have recently been established, strengthened or refocused, and ensuring these governance processes function effectively will be a key focus of the recovery programme in the short term.

Over the coming weeks the programme will be developed further with additional resources coming into post, with a greater rigour applied to reporting and action planning processes, as well as milestone delivery and quantification.

7.2 Funding

Significant funds have been allocated to Recovery Programme during 2019/20 recognising the challenges faced my many of the frontline services. The majority of this relates to recurrent monies to support performance as set out below:

- £5m for scheduled care;
- £9.1m for unscheduled care;
- £3m for mental health, plus a further £0.95m of non-recurrent funding for psychological therapies; and
- a further £3.5m of non-recurrent funding for delayed discharges in Edinburgh IJB.

In total, the recurrent resources committed to the programme this financial year is just over £17m.

7.3 Longer term planning

Moving forward, the programme will address broader questions of whole system sustainability feeding into the annual planning process. Improvements in grip, control and operational planning will help address some of the short term pressures and will be the primary focus up until March 2020. In parallel, the programme will support the AOP process setting out annual performance trajectories as well as informing longer term strategic planning.

It is recognised that performance will not sustainably improve without system reform, investment in capacity and more broad based solutions will be required to meet future needs including service redesign, innovation and digital delivery models.

Appendix 1. Unscheduled Care Plans

Unscheduled Care Key Improvement Actions by Partnership and Site

West Lothian Health and Social Care Partnership

Action Description	Timescales	Quantifiable Impact
Care Homes Arrangements in place to secure care home places as soon as vacancies arise to enhance West Lothian share of care home market locally.	Daily updates on capacity position	This is having a positive impact on the number of people delayed who are awaiting a care home place however the demand for care home placements are increasing
Communication Improved understanding of pathways into services to divert people to most appropriate pathway to enable services to Manage care closer to home.	Continue to improve communication – on going work	Improve discharge into the community Better coordination and streamlined discharge planning for those with complex needs
Operational Grip Multi Disciplinary Team Meetings Ward MDT's Delayed discharge meeting	Weekly Meetings on wards Twice weekly delayed meeting - fully embedded – continue to improve	Joint working between HSCP and Acute services. Improve communication and recognising pressures across the full system. Reduction in Hospital delays Working toward Early discharge of people to avoid becoming a delay Contribute to patient flow for the site
Integrated Discharge Hub Weekly monitoring of arrangements in place to support discharge to assess model to ensure hub is equipped to co-ordinate care and reduce system delays through better communication and co-ordination.	Twice - Daily Hub Huddle – on going integration	Reduction in Hospital delays. Improve discharge into the community Better coordination and streamlined discharge planning for those with complex needs

Home First Supporting people to remain at Home as an alternative to admission and enabling earlier discharge from Hospital	Attending daily huddles – Ongoing planning to expand services	Avoiding admissions Early access to services in the community People will go home sooner (reduction length of stay) Reduction in delayed discharges
Care Providers Work will be undertaken with new providers to consider ways in which support can be given with recruitment and allocation of care packages to build sustainability and ultimately improve the level of supply. Ability to achieve this is dependent on providers ability to recruit new staff rather that staff transferring from other care providers.	New Contract started 1st October 2019 -	Reduction in people waiting on Packages of care Reduction in Hospital delays Early intervention approaches delivered in partnership improve capacity in reablement Use of Technology to assist people in their homes.

St John's Hospital

Action Description	Timescales	Quantifiable Impact
Front Door Redesign – Majors patients - Build additional cubicles with patient monitoring and complimentary staffing model	End November 2019	• Number of major presentations • Time to first assessment for major patients • Total time in department for major patients • Time to bed request if appropriate • Breaches of major patients • Flow 1/2 performance • Patient and Family experience • Staff experience
Create dedicated minors area at front door led by Emergency Nurse Practitioners	End December 2019	
Review clinical model within the co-located observation ward and test different ways of working/patient pathways.	End December 2019	Dependant on agreed patient pathways. Examples could include: • Reduce no ED breaches (Other, Clinical Exception and Treatment End) • Shorter Length of Stay avoiding admission • Patient and Family experience • Staff experience

Medical Admissions - Sustain the nurse practitioner led triage model of medical patients. Identify needs including space, equipment and staffing.	End December 2019	• Number of medically expected patients admitted/discharged • Length of stay in department • Patient and family experience • Staff experience
Amend pathways in relation to redesign changes including work with flow centre to bring patients to site earlier in the day and offer alternatives to ED attendance.	March 2020	• Number of GP referred attendances at ED • Number of expected patients to SJH • Time of arrival of expected patients • Number of patients directed to an alternative from FC • Staff and Patient experience
Strengthen the daily golden discharge patient initiative	March 2020	• Discharge profile by ward, directorate, site • Time of day discharge curve • Utilisation of discharge lounge • Time of transfer to discharge lounge

Edinburgh Health and Social Care Partnership

Action Description	Timescales	Quantifiable Impact
Reduce Delayed Discharges Home First Navigators-Reduce the number of admissions beyond MAU Beds through Home First Navigators at WGH. Reduce Length of stay and Prevent Delays.	Currently in place with a move to extend hours	Focused on 2 discharges a day with impact on LOS.
Reduce Delayed Discharges Purchase additional Care Home capacity to reduce the number of people delayed across the whole system waiting on Care Homes at a Local Authority Rate.	November / December 2019	30 beds. Currently not being progressed due long term funding issues
Reduce Delayed Discharges Create additional Step Down Beds in Care Home Setting to deliver.	February 2020	15 Beds. This will be in-house care home beds based on an intermediate care model- within City of Edinburgh footprint. This will be for people with low medical/ high rehab needs. Potential to increase to 30 beds.

Reduce Delayed Discharges Discharge to Assess – Pathway 0 focused on patients with identified therapy needs who require ongoing assessment in their own home.	Discharge to assess – North – November 2019 Discharge to Assess- South February 2020	20-25 Discharge per week for North. 20-25 Discharges per week for South.
Prevent Attendances Winter- Flow Centre- 2 Home First Navigators- Focus on navigating to community.	December 2019	Anticipated reduction in attendances as alternative pathways sourced. Plan to have 1 x community In-reach nurse and 1 x Homecare Coordinator.
Prevent Attendances Home First Winter Support Team- Crisis Care for up to 72 hours- City Wide that is accessible by community based teams to enable people to stay at home as an alternative to admission.	December 2019	1. Anticipated reduction in attendances as options for GP. 2. Localities currently identifying 4 people each to support team. 3. Challenges around Care Inspectorate and registration 4. Fragility of Care Market.

Western General Hospital

Action Description	Timescales	Quantifiable Impact
Collaborative working with EHSPC to support admission avoidance through development of Home First Approach to include D2A - Full roll out D2A model across EHSCP based on NW and WGH winter trial.	North: November 2019 South: March 2020	• Reduction in number of patients occupying acute beds / LOS • Measurement framework developed as part of the trial • Reduction in length of stay, admission rates and to number of delayed discharge days • Improved patient experience • Anticipated impact of 20-25 discharges per week
Front Door processes - data driven review group to drive improvements • Monthly breach analysis admitted and non-admitted MAU/SAU • Capacity footprint / in /out balance • GP arrival times via patient transport / SAS	March 2020	• Reduction in breaches • Improved patient centred flow • Improved patient safety / experience • Improved OOH performance

Non-admitted pathways review • Development of ambulatory care capacity –test of change to redesign Pathway for chest pain • PACA extension of clinical pathways - [Linked to 999 7 day implementation] • ARC expansion / Day hospital / Community Frailty Management • Home First@Front Door • Frailty@Front Door	March 2020 - dependant on resource linked into 999 SAS take	• Admission avoidance / improved LOS / improved flow • Enhancement of speciality receiving pathways to support flow [additional PACA capacity • supports reduced overcrowding within MAUT, improving 4 hour performance and safety] • Prevention of admission / early supported discharge Improved patient outcomes • Reduction in OBD /LOS • Reduced DD rates
Admitted pathway review • AHP rehab model • Flow Navigators	December 2020	• Reduced LOS through improved 'ready to go time' • Improved patient resilience • Early support discharge • Improved patient outcomes • Reduced OBD • Reduced DD
Expansion of the selected 999 model to WGH to support flow and system pressures Pan Lothian. Implement ion of 7 day 999 take to WGH over 18 month evaluation period	December 2019 - dependant on resource	• 20% increase in median weekend WGH activity • Supports reduction in activity at RIE ED • Decrease the number of Inter Hospital Transfer's for such conditions between RIE and WGH • Improved staff experience within SAS, A&E and MAU • Improved patient pathways and experience with potential of reducing length of stay • Reduced service times for ambulance crews & reduction in further SAS resource for • subsequent transfers
Site resilience /community responsiveness • Monthly DOCA to support • UC Learning Group Collaborative	August 2019 - March 2020 November 2020	• Provide capacity to effect change and provide continuous improvement • Support collaborative working across system acute/partnership • Reduced patient LOS supporting the reduction of growth in the use of hospital resources

Mid Lothian Health and Social Care Partnership

Action Description	Timescales	Quantifiable Impact
Short term plan for Emergency Department Attendance Short term plan with nominated team , exploration of minor injuries at MCH, ongoing E-frailty project, AMU pilot	Ongoing over Winter Period	Anticipated reduction in attendances as alternative pathways explored.
Reduce Delayed Discharges Remapping exercise and structural changes within Midlothian Homecare Team.	Start 18th November 2019	Increasing flexibility & capacity further, specific times will be changed to a time "Band"–anticipated to increase capacity during these times, managing expectation, whilst ensuring needs & outcomes are safely met. To be measured.
Flow Hub Expansion & Single Point of Contact Creation Phase 2 of flow hub is a further coordinator working towards the Home First Approach. This will also support a single point of contact for all Midlothian Intermediate Care Services	January 2020 (pending recruitment)	Anticipated reduction in patients delayed in hospital due to appropriate services provided at the right time.
Discharge to Assess Expansion Phase 2 development of this team with extended work hours and an extension to 7/7 day working to increase capacity further.	December 2019 (pending recruitment)	Anticipated increased capacity for team, saving approximately 1800 bed days saved (over 6 month period, 7/7 service)
Increasing Interim Placement Capacity Midlothian have committed to purchasing 6 interim care home beds within Springfield Bank Nursing Home	In place 2 patients have moved in October 2019 with plans for a further 2 patients to move in November 2019.	Anticipated reduction in patients delayed in acute settings awaiting care at home services.
Reduce Delayed Discharges OT Inreach Pilot – assessing & identifying patients within MoE wards	Started 30th September 2019	1. Long term impact of joint working and integrated approach and decision making 20 patients seen, 8 signposted in month 1.

Royal Infirmary Edinburgh

Action Description	Timescales	Quantifiable Impact
Reduction in Delayed Discharges on RIE Site Focused collaboration across all HSCPs to in reach and pull patients from RIE site. This would include a proposal to have HSCP reps on site and based in front door areas. Focus on home care packages for simple packages of care – twice per day services as a start. Regular mini Day of Care Audits to be developed for delayed discharge patients on site to identify health related delays, linking in with AHPs and long term condition nursing teams. Length of Stay meetings on a weekly basis with directorates to ensure actions and plans for patients with a length of stay of 14 days plus.	Mar-20	Removing patients who do not need to be in an acute hospital setting to alternative and preferred places of care will result in a significant improvement in overall performance by reducing current occupancy rates on the site. This would in turn reduce the number of patients cared for out with their correct ward which increases their LOS, improve staff and patient experience and reduce other risks associated with unacceptably high site occupancy rates.
SAS Repatriations & flow from other Health Boards Eliminate all waits for ambulance transfer to other acute sites across NHSL and specifically the longer waits arising for repatriation of patients to other Health Boards. This is particularly an issue during the OOHs period.	Mar-20	0.8% improvement in performance based on current breaches relating to transport. However, this is just for delays from the ED. Delays from AMU and the main arc will also factor into this and therefore be a contributing factor to bed breaches.
AMU OOHs preparation & Obs Unit utilisation Establishing a bed base in AMU on a daily basis, ensuring capacity going into the evening. Development of Criteria Led Discharges (CLDs) in the Observation Unit over winter to ensure consistent flow out of the unit and maximising resource and utilisation.	Mar-20	Potential 2.6% improvement in performance based on total number of bed breaches between Jul-Sep 2019.
Review of OOHs management A more consistent and robust on call response to site safety issues to be developed. This would empower on call team to have an awareness of site specific pressures and intervene timeously and appropriately. Plan to recruit an individual focusing on supporting the out of hours and weekend flow.	Jan-20	In the interim, a shift system involving senior staff on site is being planned which would begin from Jan-20 and enable site focus and management of site flow and safety.
MIU, NHS 24 & Infographics around inappropriate presentations and signposting Establishment of NHS 24 & Telemedicine initiative to reduce the number of presentations at MIU. SLWG with NHS 24 to balance the flow of patients across the system and schedule more minor injury appointments via NHS 24 so that patients arrive earlier in the day. Sharing infographics around common inappropriate presentations and signposting on a regular basis to reduce volume of attendances at front door.	Mar-20 Jan-20	Reduction in activity to RIE site Reduced overcrowding in the department Improved time to triage Improved time to first assessment Reduction in activity to RIE site Reduced overcrowding in the department Improved time to triage Improved time to first assessment
Presentation Profile Flow Centre assistance with admission avoidances to be developed which would see FC holding urgent clinic appointments and access to Hospital at Home and prevent patients from being admitted and becoming delays.	Mar-20	Increase in alternatives to admission Reduced overcrowding in the department

East Lothian Health and Social Care Partnership

Action Description	Timescales	Quantifiable Impact
An integrated Patient Flow and Discharge Hub operates effectively. Social Work and District Nursing are joining the Hospital at Home, Hospital to Home and Patient Flow teams in one space within the new East Lothian Community Hospital	November 2019	Immediate improvements in communication and processes. Reduction in average length of stay in medical inpatient wards.
The social work and health teams who deliver care at home are being brought under a single management structure and will have shared objectives. Terms and conditions need properly worked through and staff discussions throughout the process	April-July 2020	Ability to coordinate home care and to combine staffing skills to a greater level than currently. Improved engagement with care at home providers to identify capacity to deliver on a weekly basis to allow matching.

The East Lothian rehabilitation teams have all adopted a 'reablement' model. Discharge to Access has been established as part of - East Lothian's Home First approach Teams are increasingly moving to 7 day working	In progress	Reduction in average length of stay in medical inpatient wards. Improvement in patient/client pathway from hospital to home.
The Patient Flow Team is working longer hours across Mon-Friday and establishing weekend working.	In progress	Greater flexibility for inpatient wards to arrange discharges outwith 9-5 Mon-Fri. Staff available to discuss options with relatives/carers at visiting times in the evening or during the day on Saturday and Sunday. Social work able to initiate assessment earlier than currently, so reducing time delays in establishment of needs.

Longer Term Actions

- Engagement with housing colleagues to consider appropriate future housing models for people requiring support in East Lothian.
- Established new planning and commissioning structure across the HSCP for care groups focussing on whole system redesign through involvement of community and acute services.
- Focus on early intervention and prevention and building capacity in communities.
- Work with the voluntary sector to increase the range of opportunities for reducing social isolation
- Review infrastructure to move to next phase of East Lothian Home First model – community capacity to avoid hospital admission
- Review approach to technology enabled care and develop revised strategy

Appendix 2. RIE 4 Hour ED Mitigations

Royal Infirmary Edinburgh 4EAS Mitigation Plan

As part of the overall Recovery efforts an Unscheduled Care Programme has been established with a Programme Director now in post. The aim of the Unscheduled Care Programme is to build upon existing action plans that have been developed by individual Partnerships and Acute sites, and provide additional programme rigor to delivery ensuring a system level response to challenges Lothian is facing.

Given the particular pressures at the RIE a number of further actions for the site were identified and described at the October 4EAS Programme Delivery and Assurance Group (PDAG). These are being taken forward by the group and include the following:

- ***Improving care provider capacity and productivity at RIE front door*** – this work is being led by Deputy Clinical Director for Emergency Medicine and includes the recruitment of additional ANP capacity in January and in April 2020, plus the recruitment of 5 Fellows starting in January and February 2020. In addition it is focusing on the minimum workload performance and clinical variation;
- ***Increasing senior nurse presence in ED during the out of hours period*** – this is scheduled for January 2020 with interviews taking place in early December. The additional CNM will allow a change in shift pattern so that there is senior nursing cover up 10pm 7 days per week;
- ***Improving redirection from the ED to more appropriate services*** – a workshop took place in November between ED staff, in-hours and out-of-hours GP leads with a number of actions now being progressed in conjunction with national initiatives;
- ***A proposal for a telehealth pilot has been developed*** and will be progress over the next few weeks, initially focusing on triaging of minor injuries 'Manage My Injury' as a proof of concept and if successful will be rolled out further;
- ***A system-level dataset has been developed to support the analysis of demand and referral patterns***. Initial data illustrates a 20 fold variation in referrals to medical assessment, this is being progress with the Lothian GP subcommittee.

These actions and those being progressed as part of the 6 Essential Actions work are being incorporated into a broader system-level programme plan to improve unscheduled care across Lothian. This aims to focus and prioritise activity underway across the acute sites and partnerships in order that we best focus our resources to deliver the biggest impact in improving performance. The initial outline of this plan is described below with more detailed underlying plans being developed.

In addition weekly unscheduled care recovery programme meetings have been established, initially focussed on the RIE with representation from the HSCPs and the acute site to support a collaborative whole system approach. The focus remains on reducing activity at the front door and reducing occupancy at the site through reducing lengths of stay and earlier discharge planning, and progress

will be reviewed on a weekly basis. If this approach is successful then it will be extended to include the other acute sites.

Unscheduled Care Programme plan – initial outline

Four key areas of focus are proposed with the aim to improve unscheduled care performance, by providing safe, effective and person-centred care that supports stronger community care systems and sustainable acute hospital services:

1. **Where acute hospital treatment is required there is a focus on getting people home or to a community setting as soon as appropriate, by working across community and acute teams** to:
    a. Manage admissions
    b. Reduce Length of Stay
    c. Early multi-professional discharge planning to support timely discharge

Outcomes: Ensuring patients are optimally cared for in their own homes or homely setting; patient rather than bed management; reduced admissions; increased daily discharges and reduced delayed discharges; reduced occupancy which will improve patient flow, reduce boarders, reduce wait at EDs, improve 4EAS performance and reduce breaches (linked to 6EAs 1,2,3,4,5 and 6).

2. **Shifting emergency unscheduled care to urgent scheduled care (right care in the right place at the right time)**
    a. Access to quality primary care services 24/7
    b. Simplifying and signposting community provision, and aligning with PCIPs – including flow centre triage and telehealth approach
    c. Consistency in community provision across Lothian HSCPs
    d. Redirection to right service upon arrival at ED
    e. Improve HCP referral pathways e.g. GP/SAS/NHS24

Outcomes: Improved access to right care first time; reduced attendance at EDs; reduced wait at EDs for those requiring emergency unscheduled care; ensuring patients are optimally cared for in their own homes or homely setting; reduced admissions (linked to 6EAs 5 and 6).

3. **Acute front door process improvements**
    a. Productivity
    b. Capacity – clinical model
    c. Front door redesign projects
    d. Medical/surgical processes designed to pull from ED

Outcomes: Improved patient safety; reduced over-crowding; improved patient flow; reduced wait at EDs, improve 4EAS performance and reduce breaches (linked to 6EAs 1,2, 4 and 5).

4. **Back door process improvements**
    a. Productivity
    b. Capacity
    c. Streamlining discharge processes across acute sites and HSCPs

Outcomes: Reduced delayed discharges; increased daily discharges; reduced occupancy which will improve patient flow (linked to 6EAs 5 and 6)

All underpinned by:

a. system-wide data and information which is visible and shared across all partners
b. staff are supported and work together across organisations to make the best decisions for patients
c. seven day services appropriately aligned to reduce variation and out of hours working, and consistency in care services provided across the Lothian HSCPs

Appendix 4. Outpatient Mitigations

Outpatient External Capacity Plan Oct-March 2020

A number of mitigating actions have been put in place by NHS Lothian to ensure the required additional capacity to meet outpatient trajectories is in place over the next five months. A number of these relate to the identification of external capacity as well as efficiency improvements, as set out below:

- external capacity (current contracts) of 9,753 outpatient slots have been secured through existing contracts. The breakdown of additional appointments per specialty are listed below. The programme is back ended with over 2,000 more slots planned for the second half of the year than the first;

Table A3. External 'See and Treat' and Treat Only Slots

Contract Type	Specialty	Source	Provider	Oct	Nov	Dec	Jan	Feb	Mar	Total
S&T	GI - Adult	C/Fwd	Spire	20	20	0	0	0	0	40
S&T	Colorectal Surgery	Local	Spire	30	30	30	30	30	30	180
S&T	General Surgery	Local	Spire	20	20	20	20	20	20	120
S&T	GI Diagnostics	Local	TAC	80	280	280	280	280	280	1,480
S&T	GI Diagnostics - Colonoscopy points adjustment	Local	TAC	-16	-56	-56	-56	-56	-56	-296
S&T	Oral & Maxillofacial Surgery	Local	TAC	150	150	150	150	150	150	900
S&T	Plastic Surgery - Hands	Local	TEC	25	25	25	25	25	25	150
S&T	Urology	Local	TEC	10	10	10	10	10	10	60
S&T	Urology	Local	Spire	30	30	30	30	30	30	180
S&T	Vascular Surgery	Local	TEC	17	17	17	17	17	17	102
S&T	Dermatology	National	Insource Medicare	667	667	667	667	667	667	4,002
S&T	Ear, Nose & Throat (ENT)	National	Medinet	417	417	417	417	417	0	2,085
S&T	Ear, Nose & Throat (ENT) - Paed	National	Medinet	50	50	50	50	50	50	300
S&T	Ophthalmology	National	Medinet	75	75	75	75	75	75	450
S&T Total				**1,575**	**1,735**	**1,715**	**1,715**	**1,715**	**1,298**	**9,753**
Treat Only	Urology	Local	TEC	15	15	15	15	15	15	90
Treat Only	Orthopaedics - Majors	National		21	21	20	20	21	21	124
Treat Only	Orthopaedics - Minors	National		11	11	10	10	11	11	64
Treat Only Total				**47**	**47**	**45**	**45**	**47**	**47**	**278**
Grand Total				**1,622**	**1,782**	**1,760**	**1,760**	**1,762**	**1,345**	**10,031**

- a further 2,075 outpatient appointments will be performed in the new East Lothian Community Hospital. These will be undertaken between November 2019 and January 2020 focusing on three specialties: Dermatology, Gastroenterology and Neurology;

- the delivery of outpatient capacity at the East Lothian Community Hospital for February and March 2020 is being explored, this could provide capacity for a further 1,200 slots (subject to validation). It is recognised this may increase TTG waits next financial year;

- options for the further expansion of external capacity for outpatient appointments in other surgical specialties are also being considered with a market sounding exercise recently undertaken with the private sector. A further 2,000 slots maybe available, noting again the

potential risk to TTG performance with associated conversion, this will be mitigated by procuring see and treat where possible.

- further benefit is expected from Modernising Outpatients Programme and the expansion of patient focused booked to selected specialties which will help manage demand.

Appendix 5. TTG Mitigations

TTG Additional Capacity Mitigation Plans Nov-March 2020

A number of mitigating actions have been put in place by NHS Lothian to ensure the required additional capacity to meet TTG trajectories is in place over the next five months. A number of these relate to the identification of external capacity, as set out below:

- there is ongoing dialogue with Forth Valley to ensure that Lothian can maximise access to theatres in the Board area and expanded criteria have been agreed for orthopaedics;

- the External Providers Office (EPO) is currently in negotiation with a number of private providers for additional local 'treat' capacity following recent market sounding which closed on the 25th October. These discussions are ongoing but it is anticipated that this process will identify in the region of 200-250 additional procedures, primarily across urology, neurosurgery, vascular and general surgery before the year end;

- discussions are ongoing with the Golden Jubilee about potential additional orthopaedics capacity as part of the National Contract; and

- a number of additional capacity options have been considered in England, although given historical problems with patient acceptance, complexity associated with subsequent follow up and the high level of administrative burden, Lothian are not actively pursuing this option at this time. The number of cases likely to be undertaken through this route would also be relatively small.

In order to provide further headroom against the TTG target Lothian is actively looking at how best to maximise core capacity within the theatre estate building on the current below trajectory position. Whilst theatre utilisation rates are good, a number of opportunities remain to increase the number of cases per list and take advantage of unused sessions. All options will be explored over the coming months, whilst recognising ongoing constraints associated with staffing availability.