Report

NHS Lothian Board Escalation

Edinburgh Integration Joint Board

20 August 2019

Executive Summary

1. This report updates the Edinburgh Integration Joint Board (EIJB) on the decision to move NHS Lothian to level 3 of the NHS Scotland escalation process.

2. Appendix 1 sets out the main issues and the recovery work currently being scoped and planned to improve performance and was presented to the NHS Board.

3. This report also highlights areas of particular focus for improvement and recovery. EIJB will also note that two areas: Delayed Discharge and Mental Health are delegated functions / responsibilities and that a whole system approach is being recommended.

Recommendations

4. The Integration Joint Board is asked to:

   i. Note the content of the NHS Lothian Board paper as set out in appendix 1

   ii. Agree that a collaborative, whole system approach to addressing sustainable, longer term change is necessary;

   iii. Direct the Chief Officer of the EIJB to support the developing improvement plans, ensuring alignment to work already underway within the EIJB; and

   iv. Report back in six months on progress being made, or earlier if significant matters arise.

Background

5. The Director-General, Health and Social Care and Chief Executive of NHS Scotland, wrote to the NHS Lothian Chief Executive on 12 July 19 to advise that NHS Lothian would be placed at level 3 of the NHS Board Performance Escalation Framework. The letter noted that there had been improvements in performance, however there remained areas where further improvement was needed:

    a. Mental Health, specifically at the Royal Edinburgh Hospital, but also the design and delivery of services across Lothian

    b. Cancer Waiting times

    c. Scheduled care

    d. Delayed Discharge

    e. Paediatric services at St John's Hospital

6. There was recognition there were programmes of work and recovery actions in place, however the cumulative impact of these issues, together with the significant work required to complete the move to the new Royal Hospital for Children and Young People / DCN building will place significant pressure on the leadership capacity of the Board. To fully deliver on this challenging agenda, the Director-General, Health and Social Care has asked the NHS Lothian Chief Executive to develop to a single comprehensive recovery plan and consider what support will be required to deliver the recovery plan.

7. A detailed background briefing has been provided to EIJB members and is included at appendix 2.

Main report

8. The NHS Lothian Chief Executive has taken a collaborative whole system approach to consider what improvement support is required, taking account of the current improvement and transformation work which is underway, the current capacity requirements across all areas and the broad strategic ambitions and direction within the Lothian system.

9. The recovery plan does highlight the range of improvement work across some of the wider strategic principles NHS Lothian are developing across the following areas:

- Developing a while system approach to Health and Care
- Developing of Home First model
- Partnership Working
- Prevention and Early Intervention

10. The recovery programme with tailored improvement support will cover each of the following areas:

    a. Mental Health, specifically at the Royal Edinburgh Hospital, but also the design and delivery of services across Lothian

    b. Cancer Waiting times

    c. Scheduled care

    d. Delayed Discharge

    e. Paediatric services at St John's Hospital

11. Full details of the single recovery plan are attached as appendix 1.

Financial implications

12. Work is ongoing to establish the total resource implications for the various elements of the recovery programme in the current financial year and this will be concluded as part of the quarter one financial forecast exercise. It is assumed the costs of the infrastructure to support the recovery programme would be at least £1m.

Implications for Directions

13. None relating to this paper however as plans emerge there may be a requirement for the EIJB to develop plans and proposals that require to be set out as Directions.

Equalities implications

14. Improvement activity and actions will be focussed on addressing challenges in the equity of access to services, the fair distribution of funding and other resources and in improving outcomes particularly in relation to health inequalities,

Sustainability implications

15. Improvement and recovery will focus on the development of sustainable models of health and care and, where ever possible on ensuring public bodies can meet their carbon and climate responsibilities.

16. As part of the development and implementation of the recovery plan, there will be separate plans for each of the six challenging service areas and where further improvement is needed, will be subject to an Integrated Impact Assessment.

Involving people

17. There has been significant engagement with senior officers across NHS Lothian including the four Lothian Integration Joint Boards Chief Officer and non-executives who are also members of the Integration Boards.

18. There may also be the need to establish a programme for wider staff engagement and consultation as well as public and patient engagement, and this will be determined once the programmes are established,

Impact on plans of other parties

19. There is no impact on the plans of other parties.

Background reading/references

20. Letter from Director-General, Health and Social Care and Chief Executive of NHS Scotland

21. Letter from NHS Lothian Chief Executive to Director- General, Health and Social Care and Chief Executive of NHS Scotland

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Appendices

Appendix 1	NHS Board Recovery Plan
Appendix 2	NHS Escalation Framework – Briefing note

NHS LOTHIAN

Board Meeting
7 August 2019

Chief Executive

NHS BOARD PERFORMANCE ESCALATION FRAMEWORK

1 Purpose of the Report

1.1 The purpose of this report is to advise Board Members that the Director-General Health and Social Care and Chief Executive of NHS Scotland ('the DG') has concluded, on the advice of the Health and Social Care Management Board, that NHS Lothian has now been placed at level 3 of the NHS Board Performance Escalation Framework. The Board now has to develop and implement a formal Recovery Plan with clear milestones.

1.2 This report sets out six challenging service areas that require further improvement. It presents the initial thinking of the Corporate Management Team on how best to direct the development of a Recovery Plan, and determine the nature of a package of tailored support to assist with its development and implementation.

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

2 Recommendations

The Lothian NHS Board is recommended to:

2.1 Note the placing of the board at level 3 of the NHS Board Performance Escalation Framework

2.2 Note the 6 challenging service areas where further improvement is required

2.3 Note the initial thinking of the members of the Board's Corporate Management Team in formulating a whole system Recovery Plan that will include the NHS Board and the 4 IJBs/Health and Social Care Partnerships working collaboratively with each other and with our 4 Council partners to achieve performance improvement

2.4 Note the CMT's initial conclusions on the nature of the tailored package of support which will be made available to the Board to support the development and implementation of the formal Recovery Plan

2.5 Agree to receive a further report on progress with the Recovery Plan at the October board meeting.

3 Discussion of Key Issues

3.1 The DG wrote to the NHS Lothian Chief Executive on 12 July to advise that NHS Lothian would now be placed at level 3 of the NHS Board Performance Escalation Framework (Table 1 below).

Table 1: Ladder of Escalation: Summary Table

Stage	Description	Response
5	Organisational structure / configuration unable to deliver effective care.	Ministerial powers of intervention.
4	Significant risks to delivery, quality, financial performance or safety; senior level external support required.	Transformation team reporting to the DG.
3	Significant variation from plan; risks materialising; tailored support required. (NHS Lothian)	Formal Recovery Plan agreed with the Scottish Government. Milestones and responsibilities clear. External expert support. Relevant Scottish Government directors engaged with the Chief Executive (of the Board) and top team. DG aware.
2	Some variation from plan; possible delivery risk if no action.	Local Recovery Plan – advice and tailored support if necessary. Increased surveillance and monitoring by the Scottish Government. Scottish Government directors aware.
1	Steady-state 'on plan' and reporting	Surveillance through published statistics and scheduled engagement of annual reviews and mid-year reviews.

3.2 Whilst the DG acknowledged that there have been improvements in performance in several areas of NHS Lothian's performance, there remained a number of challenging areas where further improvement is required in the context of a challenging financial environment:

- Mental health, specifically at the Royal Edinburgh Hospital, but also the design and delivery of services across Lothian;
- Cancer waiting times;
- Scheduled care;
- Unscheduled care;
- Delayed discharges; and
- Paediatric services at St John's Hospital

3.3 The DG recognised that there are programmes of work already underway in all of these areas and recovery plans in place for scheduled and unscheduled care and that a number of improvements are already being demonstrated. However that the cumulative impact of these issues, together with the significant work required to complete the move to the new Royal Hospital for Children and Young People/DCN building, will place significant pressure on the leadership capacity of the Board. In order to fully deliver on this challenging agenda a tailored package of support is required.

3.4 The NHS Lothian Chief Executive is responsible for the development and delivery of the recovery plan. The Scottish Government will provide a package of tailored support to develop and implement a single comprehensive recovery plan. The DG asked the Chief Executive and the senior leadership team to consider and identify what support is required, taking into account the current and projected future capacity of the team. The DG will appoint a lead Director within Scottish Government to provide oversight on his behalf.

4 Initial response from the Board's Corporate Management Team

4.1 The NHS Lothian Corporate Management Team (which includes NHS Lothian executive directors and the four health & social care partnership directors) has taken a collaborative, whole-system approach to consider what improvement support is required. The team took into account improvement and transformation work which is already underway, our capacity requirements across all areas, and the broad strategic ambitions and direction within the Lothian system. The NHS Board will directly oversee the implementation of the final recovery plan.. The NHS Board's oversight will be assisted by a new approach to overseeing corporate risks, which will offer a whole system perspective on risk.

Before going into the detail in relation to each of the areas of improvement in turn, set out below are some of the wider strategic principles we are developing and implementing as a health and care system in Lothian as these underpin the work we are already doing to address the challenges we recognise in the system:

Developing a Whole System Approach to Health and Care

4.2 We have recognised a need to ensure better whole system, pan-Lothian approaches to our planning and delivery and to support our IJBs to mature and develop further their role. Following on from the Audit Scotland update report on health & social care integration (November 2018), and the Ministerial Strategic Group integration review, we have put in place a Lothian Integrated Care Forum. The Forum brings together our four IJBs, four Councils and NHS Lothian colleagues to consider issues across the system. The Forum provides an opportunity to accelerate systemic and sustainable improvement and transformation of services. That our partners are committed to this across Lothian is a very strong indication of strengthening relationships and partnership approaches. The work we are developing to address unscheduled care and delayed discharges will also assist with our plans to improve scheduled care access by reducing boarding and elective cancellations The Forum has now developed an initial work programme focussed on system priorities across mental health, learning disabilities, and unscheduled care.

4.3 The NHS Lothian Corporate Management Team has been going through an externally facilitated team development process over the course of the last 7 months or so. This has centred on developing whole system team working and strengthening personal and collective resilience. This work will continue in the months ahead and will be an important component of the recovery plan.

Home First

4.4 The IJBs have set out in their strategic plans their intent to focus change on supporting people, wherever possible and viable to do so, at home or in a homely setting, and to use acute services as required, for as short a period of time as necessary. This is articulated as a 'Home First' approach and is relevant to the approach being set out in mental health and learning disability services, as well as in acute hospital settings. The approach underpins whole-system flow, and the best use of capacity and resources. The approach is driving the improvement plans in place to address delayed discharges and pressures on demand for mental health acute beds. It is a wholly person-centred approach that enables us to plan with people at the point of admission or crises, to and ensure people do not get delayed in the system.

Partnership Working

4.5 We are aiming for a sustainable, person centred and community focused model of care. A key element is to develop our approach to partnership working, and expanding our engagement with third sector capacity and expertise. This underpins the activities of the IJBs and also the work NHS Lothian wishes to progress in reviewing mental health pathways, community prevention approaches, and developing safe and effective alternatives to clinical models.

Prevention and Early Intervention / Shifting the Balance of Care

4.6 We must have plans for improvement in the short term. We must also develop longer term plans to improve the health of the population and improve the quality of healthcare. We should do both while improving staff experience, and achieving value and sustainability. Many of the solutions to our challenges will not be amenable to any 'quick fix' but will require a concerted effort across all partners to deliver significant change over time. A clear example of this is the work partners in the East region have been championing and supporting in relation to the prevention and reversal of type 2 diabetes. This programme involved all 3 health boards, 6 councils and 6 IJBs, supported by a dedicated Programme Director. This has included the establishment and delivery of a unified regional approach to weight management services, the introduction of the Let's Prevent Diabetes programme and wider engagement with community planning partners.

4.7 The Corporate Management Team agreed that support for improvement should be targeted at programme management capacity support (which should include planning and analytical input) for the executive and senior managers. This will accelerate work already underway, or support the system to start work that has been identified as necessary but not yet scoped. This will be a mixture of roles working both within the NHS Board and the health and social care partnerships. This is likely to involve a blend of recruitment to posts, as well as in external and temporary support where appropriate to achieve the outcomes and impact required. All additional support will be focussed on delivering system wide impact and clear improvement outcomes.

The Six Areas for Improvement

The single whole system recovery plan with tailored improvement support will cover each of the areas highlighted in the DG's letter:

1. Mental Health Services

4.8 We aim to focus improvement over the whole mental health pathway and our improvement work will focus across services at the Royal Edinburgh Hospital (REH) as well as across the design and delivery of services delivered across Lothian. Work has been underway for some time in relation to the future bed base at the REH and in relation to those beds being part of the wider mental health system in Lothian. The IJBs set out their ambitions for these services from a community perspective in their strategic plans. As set out above, the Integrated Care Forum has identified mental health and learning disability services as priorities. . Under the ICF we have begun to scope, and will develop further our thinking on the future configuration of these services and this will form the basis of discussion on the review of all four of our integration schemes.

4.9 As set out above the Home First approach is also being developed as part of our review of how we work across this system and our partners are engaged with us in relation to their future strategic commissioning of community support, housing and preventative services.

4.10 In regard to more immediate, short term actions we are opening four additional beds at the REH and the planned completion of the anti-ligature works at St John's will bring its inpatient capacity back to normal shortly. Together this will provide a degree of symptomatic relief from the current bed pressures at REH while our medium and longer term development work takes place in parallel. The Corporate Management Team recently agreed some specific collective work aimed at reducing variation in pathways of admission to inpatient beds at REH and St John's across all four partnership areas, including thresholds for admission.

4.11 We are also aware of the good work recently developed in Grampian to carry out a strategic review to place the Grampian system-wide Mental Health and Learning Disability (MHLD) services on a more sustainable footing, supported by the Health and Social Care Alliance Scotland. With the integration joint boards, we will discuss the role of the third sector or external expertise in supporting our thinking and developing a whole-system model.

4.12 On wider mental health services we have an agreed trajectory for Child & Adolescent Mental Health Services ('CAMHS') access improvement as part of our Annual Operational Plan. This builds on additional recurring investment of £3m. We have resubmitted our trajectory for psychological therapies including additional non-recurrent investment of £1.5m. We are also currently in the process of appointing to a new role of pan-Lothian professional lead for psychology services, to complement the pan-Lothian operational management responsibility for these services from the REH leadership team. Our IJB partners have each also set out wider plans in relation to community led support to mental health and wellbeing, and the role of the third sector and link workers as viable and well regarded alternatives to medically led models.

2. Cancer Waiting Times

4.13 Our main improvement focus here is on the 62 day target. Our improvement support requirement is for enhanced pathway management, additional radiology and pathology capacity, and for additional clinical capacity to meet growing demand. At our first quarter performance meeting with Scottish Government colleagues in July, we discussed our funding allocation for cancer waiting times. We have been allocated £900,000 to date to cover existing commitments (£625k) and additional capacity (£275k). Our overall additional financial support requirement amounts to £1.5m in addition to the £900k already allocated.

4.14 This additional investment would provide for enhanced performance management support to more closely manage the complex multi stage pathways across outpatient specialties, diagnostic specialties and surgical specialties for all cancer sites including enhanced cancer tracking, based on the NHS Lanarkshire exemplar. Most of the investment required to improve performance on the 62 day target is for additional clinical capacity and for additional radiology and pathology diagnostic capacity.

3. Scheduled Care

4.15 We now have agreed trajectories for outpatients and treatment time guarantee in our Annual Operational plan for 2019/20. This is an additional non-recurring investment of £21.5m. Our first quarter performance for both outpatients and TTG are ahead of (better than) trajectory. The major elements which are being tackled to develop a sustainable plan for the short, medium and longer term include:

- Securing the approval of the business case for the Elective Care Centre at SJH which will provide additional capacity to support growth up to 2035 for orthopaedic, urology, general surgery, gynaecology and vascular services. This is a significant investment consisting of 11 operating theatres, 38 in-patient beds and 20 day case beds and a MRI imaging suite. The OBC is due to be submitted to CIG in August 2019. The projection is for the build programme to start in March 2020, with a view to opening at the end of December 2021.

- Securing additional bridging capacity between April 2020 and the planned opening of the Elective Care Centre at the end of 2021. As we discussed at our first quarter performance meeting last week, we will begin to plan this bridging activity with Scottish Government colleagues over the summer months.

- Securing recurring funding and a sustainable workforce for the Elective Care Centre.

- Securing a sustainable plan for those specialties not included in the Elective Care Centre. There are recurrent pressures within a number of specialties, including, paediatric ENT, medicine, GI and general surgery, as well as in adult neurology, neurosurgery and dermatology.

- Securing the approval of the business case for the Eye Pavilion, which will provide a sustainable ophthalmology service. The OBC was submitted to CIG on 15 May 2019, with a capital cost of £86.1m including a clinical research facility (£83.05m without). The availability of capital funding is the limiting factor for this project.

We have recently been working with colleagues from North of England Commissioning Unit to identify quick wins to improve performance, particularly the treatment time guarantee.

To date the project is on track and we will move to take forward any improvement recommendations that may emerge from this work in the weeks ahead.

5.1 Our immediate need for improvement support is for a senior programme lead to design and deliver this substantial programme of work. For the last 9 months or so, our Chief Officer for Acute Services had taken on this role full time and we have an urgent need to replace this gap together with additional senior analytical and financial support. We are about to advertise an immediate secondment opportunity for the programme lead role, pending recruitment of a permanent appointment.

4. Unscheduled Care

5.2 We recognise the significant challenges and pressures in relation to unscheduled care which remain despite real improvements in our system in relation to delayed discharges and reducing admissions. The Integrated Care Forum is currently reviewing and changing our unscheduled care planning approach. We are creating an Unscheduled Care Board to oversee this whole system work across Lothian. This will bridge the planning work we know we need in place across our acute services, and the content of the IJBs' strategic plans

5.3 There has been an enormous focus on improvement on our 4 hour emergency access standard over the last year following significant review work and a substantial investment in resources. To date this additional investment has amounted to circa £7.5m revenue across RIE and St John's, and capital investment of circa £4.5m for the expansion of the emergency department at St John's. The RIE front door model has been substantially transformed to a 'four pod' system.

5.4 We have seen major performance improvement across all of our sites. Month to date performance for July 2019 across Lothian is currently 93%, with RIE at 91.6%, WGH at 94%, SJH at 91.4% and RHSC at 98%. We recognise the work across Lothian in driving this improvement. The successes of the IJBs in reducing delayed discharges and length of stay in hospital have contributed to it. Our ongoing improvement and recovery will be underpinned by the improvement and transformation work already planned, agreed and in progress in our system.

5.5 Our major requirement for improvement support for unscheduled care is very similar to that required for mental and learning disabilities. A whole system approach to developing a sustainable model of unscheduled care has already been agreed as a priority by our Corporate Management Team and the Integrated Care Forum. We have agreed to establish a collective, shared planning and commissioning resource to develop a comprehensive pan-Lothian whole system model of unscheduled care across primary, community, social and secondary care. The aim is to provide timely access to care and to avoid delays anywhere in the whole system. This will include the strategic use of the set aside budget to support community based and community facing models of care and support. There is also a substantial business case for a redesigned front door model for the RIE, to respond to projected increased demand from our growing population.

5.6 New models are already being developed across our HSCPs with Hospital at Home. Enhanced community support services are in place in all four local authority areas. They each also have in place Primary Care Improvement Plans which set out the role of Primary Care in supporting unscheduled care. Improvement work will build on these existing plans and enhance and support those areas we know we can accelerate.

5.7 Our improvement support proposition is to buy in consultancy support to help us with the population modelling, financial analytics and model of care design, building on best practice elsewhere in the UK. We are currently developing the scope and cost of this support. We have already been exploring the recruitment of a senior programme director role and a support team of planning and commissioning staff, which would provide a collective resource to all parties. Improvement support would assist us in accelerating this through a potentially blended approach of permanent roles and external expertise.

5. Delayed Discharges

5.8 We recognise the challenges in Lothian in relation to delayed discharges. The City of Edinburgh has particular challenges: – high cost of living, a buoyant employment market with real competition for workers, and issues of the relatively low pay care work offers. Both the NHS Board and each of the IJBs maintain a significant focus on both short term improvement, as well as the longer term transformation. There needs to be a shift in the balance of care to rebalance the system, and ensure we can support people in the right place, at the right time with the right level of skill.

5.9 A significant amount of work is already happening in this area and we have seen improving trends in the Edinburgh IJB (our largest partnership) across both delays and length of stay for people delayed. This is encouraging and part of our approach is to ensure we have the capacity in place to deliver the Home First approach in Edinburgh and the aligned delayed discharge improvement plan. The NHS Board has previously provided a £4m investment in delayed discharge improvement in Edinburgh, and the innovative use of this led to an increase the care capacity in the city. The next phase of this work will see us fully implement the proposed Home First model and the Edinburgh IJB has started recruitment to the capacity support within the acute setting to underpin this. There are also improving trends within Midlothian, with the Discharge to Assess model beginning to make the step change required to support timely discharge, enabled by the Midlothian flow team. A key issue, as acknowledged by Midlothian IJB, relates to workforce and availability of care at home staff. Whilst developments around creating a care academy and different commissioning models have delivered some improvements in capacity, there is still more to be done. In considering what support could be provided by Scottish Government, a nationally-led and resourced campaign focusing on careers in social care, similar to the recent approach for early years, would add value to what is being done locally to expand the workforce.

5.10 East Lothian has achieved a steady and sustained reduction in East Lothian residents experiencing a delay in hospital discharge, and a substantial reduction in the number of occupied bed days over past three years. The speed at which the Health and Social Care Partnership reacts continues to improve with a number of initiatives supporting this improvement. The Hospital at Home service (H@H), has been particularly successful. This involves a team based at East Lothian Community Hospital attending to a patient in their own home, avoiding hospital admission. The Short Term Assessment and Rehabilitation Team (START) takes the Discharge to Assess approach and supports care with volunteers recruited and supported by STRiVE, East Lothian's third-sector interface organisation. Crucial to its success has been the working relationship between the occupational therapists, physiotherapists, community care workers and the volunteers. This model is to be supported to roll out across the county. The Hospital to Home service (H2H), takes people from hospital and gives them care in their own home. The service can support rehabilitation, which often leads to a reduction in original request for care. The retention of care packages for a client

who goes into hospital for up to 7 days supports getting the client home with continuity of care in a timely manner.

5.11 East Lothian Community Hospital has partially opened with increased capacity and new outpatient services available. The wards are due to be occupied from October 2019. The work described above has reduced East Lothian's reliance on beds and there is the potential to have a number of beds made available to the wider NHS Lothian system.

6. Paediatric Services at SJH

5.12 We are currently working towards the full 24/7 reopening of the St John's Paediatric ward, in line with the Royal College of Paediatrics and Child Health (RCPCH) 2016 Review. Both the review and the 2017 follow up outlined a minimum 3 year strategy to develop a sustainable workforce plan for the service. Given the level of support which NHS Lothian requested and received from the RCPCH, it is unlikely that any further external support will bring additional benefit at this stage.

5.13 In the interim, the ward has been open 4 nights/ week since 18 March 2019 and functioning well. We re-advertised 3 Consultant posts recently and have shortlisted applicants for interview on 15 August.

5.14 The NHS Board's Vice-Chair chairs the Paediatric Programme Board. It will meet on 27 August to make a comprehensive assessment of the rota position from October 2019 onwards. Subject to the success of the recruitment exercise and assuming no significant loss of other staff from the out-of-hours rota, we remain on course for a full reinstatement of the service from the autumn onwards.

6.0 The development of a formal Recovery Plan and determining the nature of a package of tailored support to assist with its development and implementation.

6.1 While it is important to acknowledge that performance improvement work is already underway in all 6 areas requiring improvement and that this will continue, the work will be directed and coordinated through a single formal Recovery Plan which will be developed over the course of the next three months. This Recovery Plan will describe performance and resource milestones covering three time periods – up to end March 2020, up to end March 2021 and thereafter plans for sustainable performance in the years to follow.

6.2 The Recovery Plan will be structured into one overarching whole system plan led by an executive level Programme Director reporting to the Chief Executive. There will be three supporting whole system programmes. A member of the Corporate Management Team will chair each programme, supported by a programme lead, and working with existing management teams throughout the health & social care system. The three supporting programmes will group service areas as follows under a Recovery Plan Programme Board

- Scheduled care and cancer – to be chaired by the NHS Lothian Chief Officer for Acute Services
- Unscheduled care and delayed discharges – to be chaired by Health & Social Care Partnership Director
- Mental health and Learning Disabilities – to be chaired by an Health & Social Care Partnership Director

6.3 This whole system programme structure will address the short, medium and longer term steps to securing sustainable performance improvement that will meet the needs of our rapidly growing and ageing population, and the expectations of the Government, the NHS Board, and the IJBs. Steps have been taken to identify the additional support required to supplement existing leadership capacity, starting with the four senior roles described above for the overarching Programme Director and three supporting Programme Leads. Arrangements are being made to identify the most effective way to secure rapid recruitment or procurement of talent to fill these first four posts as quickly as possible.

6.4 A meeting with Scottish Government colleagues to discuss the development and implementation of the Recovery Plan is currently being arranged and will take place during August.

6.5 A further paper will be brought to the October meeting of the NHS Board setting out progress with the Recovery Plan.

7. Key Risks

7.1 There is a risk that NHS Lothian will not be able to deliver the required actions to meet the milestones set out in the recovery plan, which is dependent on the availability of clinical capacity and workforce as well as additional managerial workforce in a shorter than usual timeframe. Additionally the timeframe around the actions necessary for the rectification of RHCYP/DCN are not solely within NHS Lothian's gift (risk 4813).

8. Risk Register

8.1 The escalation of NHS Lothian on the NHS Board Performance Escalation Framework and the risks associated with the development and implementation of the formal Recovery Plan will be added to the NHS Board risk register

9. Impact on Inequality, Including Health Inequalities

9.1 There is an existing socioeconomic gradient in the health need and multi morbidity in the service areas that are the focus of the performance escalation framework NHS Lothian has a duty as a public body to assess the impact of changes in service and/or policies in respect of

- Climate Change (Scotland) Act 2009
- Equality Act 2010
- Children & Young People Act 2017
- Fairer Scotland Duty 2018

In order to take a proportionate approach to this NHS Lothian has agreed with local IJBs and Councils a single Integrated Impact Assessment which seeks to facilitate appropriate consideration of all of these requirements in one sitting.

9.2 Where a Recovery Plan is developed and implemented with significant pace and focus, there is an opportunity to pro-actively and proportionately assess likely impacts on local people and the environment. There is also a danger that these elements are missed due to external and internal pressure to deliver.

9.3 As part of the development and implementation of the Recovery Plan, the separate plans for each of 6 challenging service areas where further improvement is required will be subject to an Integrated Impact Assessment. This process will be led by the three

supporting Programme Boards, whose chairs will be supported by the NHS Lothian Lead for Equality & Human Rights.

9.4 Dependent on findings, separate Impact Assessments and one or more cumulative Impact Assessment(s) will be published by the NHS Board before the Recovery Plan is signed off and implemented. This will enable an appropriate response to any unintended adverse consequences identified.

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

10.1 The process of establishing what actions need to be undertake to support the improvement work have been undertaken with engagement and agreement with senior officers across NHS Lothian including the four Integration Joint Board Chief Officers and non executives who are also members of Integration Joint Boards.

10.2 Once the programmes are established there may well be a need for wider staff engagement and consultation and indeed potentially for public and patient engagement in relation to service delivery but this will be determined by each programme. Any such work may also require an impact assessment to be carried out. Where any changes are deemed to be significant in service terms the Scottish Health Council and any other bodies would be involved.

11. Resource Implications

11.1 Work is ongoing to quantify the total resource implications for the various elements of the recovery programme in the current financial year, and this will be concluded as part of the quarter 1 financial forecast exercise. Cost exposure from the delayed opening of the new RHSC/DCN facility will also need to be recognised within the financial forecast.

11.2 At the time of writing, it is assumed that the costs of the infrastructure to support the recovery programme will be at least £1m. Further work will be required to confirm the recurring financial impact.

11.3 Ongoing resources associated with increasing capacity, and for recurring funding sources to replace non-recurring sources, will be required for all 3 of the programmes. The work on the financial strategy will complement the recovery plan and provide greater clarity on the financial implications to deliver service sustainability.

11.4 In the case of costs across delegated functions (mental health, learning disabilities, unscheduled care, and delayed discharges) the total resource requirement will be across the entirety of the health and social care system.

11.5 Confirmed costs will be brought back through governance channels when available.

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1st August 2019
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Edinburgh Integrated Joint Board Briefing Note

Details: **Briefing on NHS Lothian Board Performance**

Directorate: **Edinburgh Health and Social Care Partnership**

Purpose

1. To update members of the Edinburgh Integrated Joint Board (EIJB) on the decision of the Health Secretary to escalate NHS Lothian to Level 3 of the NHS Board Performance Escalation Framework.

Background

Stage 1 and 2

2. The NHS Scotland Board Performance Escalation Framework, graded on a scale of one to five, outlines the level at which a Health Board is effectively operating, with stage one being a steady state "on plan" with normal reporting and surveillance through published statistics. Stage 2 would reflect a board that has some variation from plan, with a possible delivery risk if no action was taken. Boards on stage 2 would be expected to develop a local recovery plan, with advice and support tailored if necessary. There would be increased surveillance and monitoring from Scottish Governance and Scottish Government Directors would be made aware.

3. The designation of a Board as stage 1 or stage 2 is a policy-specific process and is managed by Scottish Government policy leads directly with individual boards.

Stage 3 and 4

4. Where a Board has been escalated to a stage 3, there would be significant variation from plan, risks materialising, and tailored support would be required. In recognition of the risk a formal recovery plan would be agreed with Scottish Government and will include clear milestones and responsibilities. The appropriate Scottish Government Directors would be engaged with the Chief Executive and senior leaders with the Director General aware of the position.

5. If a Board has been escalated to a stage 4, there are significant risks to delivery, quality, financial performance or safety. There would be senior level external support required and a transformation team reporting to the Director General and Chief Executive Officer NHS Scotland will be involved.

6. Where a Board has been moved to a stage 3 or 4 the decision is made by the Health and Social Care Management Board (HSCMB).

Stage 5

7. If a Board has been escalated to stage 5, the organisational structure / configuration is unable to deliver effect care at which point Ministerial powers of Intervention are implemented. The decision to escalate a Board of stage 5, the highest in the Framework

is taken by the Cabinet Secretary of Health and Sport, with advice from the Health and Social Care Management Board (HSCMB).

8. Progress against local recovery plans is reported regularly to the HSCMB, as part of the routine consideration of Board performance information and decisions about Board escalation to stage 3 or above are considered on that basis. Decisions to escalate a Board to Stage 4 or 5 are made public with the decision on when and how to notify such a change will be made on a case by case basis, taking account of the individual circumstances at the time.

9. The decision to escalate NHS Lothian to Level 3 of the NHS Board Performance Escalation Framework with the primary factors being performance and management was taken on the 3 July 19 and announced by the Health Secretary on 18 July.

10. The Director General Health and Social Care and Chief Executive of NHS Scotland wrote to the NHS Lothian Chief Executive (Appendix 1) on 12 July advising that they were placing NHS Lothian at Level 3 of the NHS Board Performance Escalation Framework.

11. The letter highlighted that there were a number of areas where further improvement was required including:
    - Mental health, specifically at the Royal Edinburgh Hospital but also the design and delivery of services across Lothian
    - cancer waiting times
    - scheduled care
    - unscheduled care
    - delayed discharges and
    - paediatric services at St John's Hospital

12. The letter requested a single recovery plan from NHS Lothian and advised that there would be a tailored package of improvement support available. This level of escalation has been applied in relation to performance and delivery, and **not** in relation to financial management or leadership. Underpinning this was the recognition that, with the situation with the Royal Hospital for Children and Young People, the Department of Clinical Neurosciences, and Child and Adolescent Mental Health Services at the Little France campus move having to have been postponed, the NHS Board was forced to focus and operate over multiple priorities.

13. It should be noted that the following Board are also at stage three of the escalation framework, NHS Ayrshire and Arran with the following at stage four of the framework, NHS Tayside, NHS Highland and NHS Borders.

Main Report

14. The Chief Executive, NHS Lothian indicated in their response back to the Director General, Health and Social Care and the Chief Executive of NHS Scotland on 16 July (Appendix 2) that there were current improvements across the Board and there is transformation work already in place. The response also highlighted the broad strategic direction and ambition as a system in Lothian and that both NHS Lothian and IJB's are

working together to develop wider strategic principles to support a sustainable health and care system across Lothian. It is recognised that there is a need to ensure a better whole system, pan-Lothian approach to planning and delivery. The Chief Officer and the Executive Team of the Edinburgh Health and Social Care Partnership will be working with NHS Lothian to deliver on the necessary actions within the recovery plan.

15. The recovery plan will take a collaborative, whole system approach when considering what improvement support is required and does also highlight the capacity requirements across all areas. The EIJB are currently striving to support a whole system approach in the following areas:

Lothian Integrated Care Forum

16. EIJB is a partner of the Lothian Integrated Care Forum which is a forum for all Lothian Integration Joint Boards, Council and NHS Lothian colleagues. It meets to discuss how to build sustainable changes across the system and, as such, is a contributor to the recovery plan for NHS Lothian as part of the wider system. The forum has begun to develop a work programme and have collectively agreed to prioritise a new pathway for Mental Health, Learning Disabilities and Unscheduled Care. They are also working closely with acute colleagues within the mental health and learning disabilities team to look what our bed base across these areas are currently and what a future model could look like.

Partnership working

17. The EIJB is also ambitious and working with the third sector in a range of workstreams to support a more sustainable, person centred and community focused model of care. We are building on existing arrangements, looking to develop strong relationships with our key providers, which include housing and support as well as engaging with those new to the market. We will monitor our contracts robustly and ensure value for money and delivery of outcomes set. We are also working to ensure that the EIJB's commissioning plans support the enhancement of community services delivered by the third sector.

Home First and Hospital and Home

18. The EIJB continue to develop the Home First, this will shift the balance of care from acute hospitals services to home or a homely setting within the community. The model will be delivered through the admission or early supported discharge process and will eventually replace the current model of placements being regularly determined by hospital-based assessors.

19. This model underpins whole system flow and is currently driving improvement in the delayed discharge position and recruitment to the capacity support within the acute setting has started. New models of care also continue to be developed with hospital at home model and enhancing community support services acknowledging that the more care that is provided in a community setting has a positive benefit on the acute setting.

Three Conversations

20. The Partnership recognises that individuals are experts in their own live and will work with them and carers to identify what works for them and support them to reach their potential whilst managing expectations and realistic delivery. The three conversations model will be a way of providing three clear and precise ways of interacting with individuals that focus on what matters to them, recognising the power of connecting people to the strengths and assets of community networks and to work dynamically with people in crisis. This approach will deliver better outcomes for individuals and complements the Home First model.

Primary Care

21. Most people in their communities are supported by their GP and do not need to routinely access hospital services. The EIJB through the Primary Care Improvement plan are supporting GP's to build on this community link and as part of the investment in primary care ensuring the sustainability of general practice thereby reducing hospital admissions.

22. The request to Director-General Health and Social Care and the Chief Executive of NHS Scotland for improvement support as part of the recovery plan include a range of proposals aimed at resolving the issues which has resulted in the escalation to level 3 of the NHS performance framework. The Chief Officer is involved in discussions regarding the improvement plan as a member of the NHS Lothian Corporate Management Team.
23. A further briefing note will be provided once the improvement support has been agreed.

Background Information

- Appendix 1 – Letter from Director-General Health and Social Care and the Chief Executive of NHS Scotland

- Appendix 2 – Response from Chief Executive to Director-General Health and Social Care and the Chief Executive of NHS Scotland

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Tim Davison
Chief Executive
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12 July 2019

Dear Tim

(cc Brian Houston)

Whilst there have been improvements in performance in several areas of NHS Lothian's performance, at our meeting yesterday we discussed a number of challenging areas where further improvement is required and in the context of a challenging financial environment:

- mental health, specifically at the Royal Edinburgh Hospital, but also the design and delivery of services across Lothian;
- cancer waiting times;
- scheduled care;
- unscheduled care;
- delayed discharges; and
- paediatric services at St John's Hospital

I recognise that there are programmes of work already underway in all of these areas and recovery plans in place for scheduled and unscheduled care. A number of improvements are already being demonstrated. I am concerned, however that the cumulative impact of these issues, together with the significant work required to complete the move to the new Royal Hospital for Children and Young People, will place significant pressure on the leadership capacity of the Board and that in order to fully deliver on this challenging agenda for the people of Lothian and beyond, a tailored package of support is required. I have therefore concluded, on the advice of the Health and Social Care Management Board, that NHS Lothian should now be placed at Level 3 of the NHS Board Performance Escalation Framework (see Annex A).

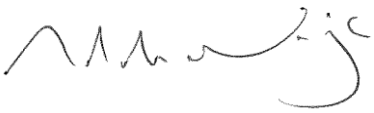
Level 3 is defined as 'Significant variation from plan; risks materialising; tailored support required'. Escalating a Board to Level 3 allows Scottish Government to request a formal Recovery Plan with clear milestones and to provide expert input to support the implementation of that plan as required.

As such a package of tailored support will be available to the Board, in order to develop and implement a single recovery plan which addresses each of the areas I have highlighted

above. The development and delivery of the recovery plan will remain your responsibility as Accountable Officer of NHS Lothian and I will appoint a lead Director within Scottish Government to provide oversight on my behalf.

Before we meet next week, I would ask you and your senior team to give consideration to the nature of improvement support that you would require to take this forward, taking into account the current and projected future capacity of your team.

Yours sincerely



Malcolm Wright
Director General for Health & Social Care and Chief Executive of NHSScotland

Annex A

Ladder of Escalation – Summary Table

Stage	Description	Response
Stage 1	Steady state "on-plan" and normal reporting	Surveillance through published statistics and scheduled engagement of ARs/MYRs
Stage 2	Some variation from plan; possible delivery risk if no action	Local Recovery Plan – advice and support tailored if necessary. Increased surveillance and monitoring Scottish Government. SG Directors aware.
Stage 3	Significant variation from plan; risks materialising; tailored support required	Formal Recovery Plan agreed with Scottish Government. Milestones and responsibilities clear. External expert support. Relevant SG Directors engaged with CEO and top team. DG aware.
Stage 4	Significant risks to delivery, quality, financial performance or safety; senior level external support required	Transformation team reporting to Director General and CEO NHS Scotland.
Stage 5	Organisational structure / configuration unable to deliver effective care.	Ministerial powers of Intervention.

At any level of escalation, where the Board Chief Executive is either not in post or is no longer designated as Accountable Officer by the Director General, the Director General on behalf of Ministers will appoint another Accountable Officer on an interim basis until such time as a substantive appointment is made.

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Date 16 July 2019
Your Ref
Our Ref TPD/EW

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Dear Malcolm

NHS BOARD PERFORMANCE ESCALATION FRAMEWORK

Thank you for your letter of 12 July advising that NHS Lothian has been placed at Level 3 of the NHS Board Performance Escalation Framework, requesting a recovery plan and advising us that a package of tailored improvement support will be available to the Board and its partners in order to develop and implement a single Recovery Plan.

We have taken a collaborative, whole-system approach to considering improvement support and the outline I have set out below has been developed with input from senior colleagues within NHS Lothian and our four Integration Joint Boards/Health and Social Care Partnerships to take appropriate cognisance of current and predicted executive and senior management capacity in light of current vacancies/sickness and the retirement profile over the next 18 months or so that I shared with you. It also takes account of current improvement and transformation work already in place, our capacity requirements across all areas and our broad strategic direction and ambition as a system in Lothian. The recovery plan, once developed, will be subject to governance oversight by our NHS Board and will be informed by our new corporate risk register approach which includes a whole system perspective on the amelioration of risk.

It might be useful, before going into the detail in relation to each of the areas of improvement in turn, to set out some of the wider strategic principles we are developing and implementing as a health and care system in Lothian as these underpin the work we are already doing to address the challenges we recognise in the system. I will detail these in reference to the specific points below but to summarise these are:

- **Developing a Whole System Approach to Health and Care** – We have recognised a need to ensure better whole system, pan-Lothian approaches to our planning and delivery and to support our IJBs to mature and develop further their

role. Following on from the Audit Scotland Review, and the Ministerial Strategic Group report, we have put in place a Lothian Integrated Care Forum which brings together our four IJBs, four Councils and NHS Lothian colleagues to consider those matters of interest and priority across the system. Initial sessions have been facilitated and we have now developed an initial work programme which has prioritised our work as a system across Mental Health and Learning Disabilities and Unscheduled Care. Having this forum in place gives us the opportunity to accelerate our improvement and transformation of these services across the system, enabling us as an NHS Board, with our partner IJBs to think systemically to build sustainable change. That our partners are committed to this across Lothian is a very strong indication of strengthening relationships and partnership approaches. The work we are developing to address unscheduled care and delayed discharges will also assist with our plans to improve scheduled care access by reducing boarding and elective cancellations

The NHSL corporate management team, which includes the 4 IJB/HSCP Directors, has been going through an externally facilitated team development process over the course of the last 7 months or so, built around the need to develop whole system team working and to strength personal and collective resilience in the face of the significant pressures our whole system is experiencing. This work will continue in the months ahead and will be an important component of supporting our recovery plan.

- **Home First** – Our IJBs have set out in their Strategic Plans their intent to focus change on supporting people, wherever possible and viable to do so, at home or in a homely setting and to use acute services as required, for as short a period of time as necessary. This is articulated as a 'Home First' approach and is relevant to the approach being set out in Mental Health and Learning Disability as well as in Acute hospital settings. The approach underpins whole-system flow, best use of capacity and resources and is driving the improvement plans in place in our IJBs in relation to Delayed Discharge and relieving pressures in our Mental Health acute beds. It is a wholly person-centred approach that enables us to plan with people at the point of admission or crises and ensure people do not get delayed in the system;

- **Collaborative Working** – We are ambitious to broaden the approach we take as a system to partnership and collaborative whole system working and to work with 3rd sector capacity and expertise, where we can, to support a more sustainable, person centred and community focused model of care. This underpins the approaches of

our IJBs and also the work we want to do in reviewing Mental Health pathways, community prevention approaches and safe and effective alternatives to clinical models. In considering support to us as a system we will want to explore the potential for support to the 3rd sector so that their contribution can be accessed and optimised.

- **Prevention and Early Intervention / Shifting the Balance of Care** – While it is imperative that we set out plans in the short term for improvement we also must develop a longer-term vision to ensure sustainability of services and the creation of health and wellbeing in the future. Many of the solutions to our challenges will not be amenable to any 'quick fix' but will require a concerted effort across all partners to deliver significant change over time. A clear example of this is the work I have been championing and supporting in relation to the prevention and reversal of type 2 diabetes – a programme involving all 3 health boards, 6 councils and 6 IJBs in the East Region, supported by a dedicated Programme Director. This has included the establishment and delivery of a unified regional approach to weight management services, the introduction of the Let's Prevent Diabetes programme and wider engagement with community planning partners.

In relation to improvement support, I have not gone into the fine detail of this but would set the context that support for improvement will be targeted at programme management capacity support for my Executive and Senior Management team, including planning and analytical input that we believe will accelerate work already underway, or support us in initiating work planned, but not already scoped. This will be a mixture of roles working both within the NHS Board, as well as within our Health and Social Care Partnerships. We will also consider a blend of recruitment to posts, as well as in external and temporary support where appropriate to achieve the outcomes and impact required. All additional support will be focussed on delivering system wide impact and clear improvement outcomes.

Our single recovery plan with tailored improvement support will cover each of the areas highlighted in your letter:

1. **Mental Health Services**

   We aim to focus improvement over the whole mental health pathway and our improvement work will focus across services at the Royal Edinburgh Hospital (REH) as well as across the design and delivery of services delivered across Lothian and within our Health and Social Care Partnerships (HSCP). Work has been underway

for some time in relation to the future bed base at the REH and in relation to those beds being part of the wider Mental Health system in Lothian with our IJBs setting out their strategic plans and ambitions for these services from a community perspective. As set out above we have agreed that MH and LD services are a priority for the Integrated Care Forum (ICF) to consider on a pan-Lothian perspective and planning work across the pathway has started with our HSCP partners. Under the ICF we have begun to scope, and will develop further our thinking on, the future configuration of these services and this will form the basis of discussion on the review of all four of our Integration schemes.

As set out above the Home First approach is also being developed as part of our review of how we work across this system and our partners are engaged with us in relation to their future strategic commissioning of community support, housing and preventative services.

In regard to more immediate, short term actions we are opening four additional beds at the Royal Edinburgh Hospital and the planned completion of the anti-ligature works at St John's will bring its inpatient capacity back to normal shortly. Together this will provide a degree of symptomatic relief from the current bed pressures at REH while our medium and longer term development work takes place in parallel. Our corporate management Team recently agreed some specific collective work aimed at reducing variation in pathways of admission to inpatient beds at REH and SJH across all four partnership areas including thresholds for admission.

We are also aware of the good work recently developed in Grampian to carry out a strategic review to place the Grampian system-wide Mental Health and Learning Disability (MHLD) services on a more sustainable footing, supported by the Health and Social Care Alliance Scotland and, with our HSCP partners we will discuss the role of the 3rd sector or external expertise in supporting our thinking and developing a whole-system model.

On wider mental health services we have an agreed trajectory for CAMHS access improvement as part of our AOP building on recurring additional investment of £3m. We have resubmitted our trajectory for psychological therapies including additional non-recurrent investment of £1.5m and are also currently in the process of appointing to a new role of pan-Lothian professional lead for psychology services to complement the pan-Lothian operational management responsibility for these services from the REH leadership team. Our IJB partners have each also set out

wider plans in relation to community led support in relation to mental health and wellbeing and the role of the 3rd sector and Link Workers as viable and well regarded alternatives to medically led models.

2. Cancer Waiting Times

Our main improvement focus here is on the 62 day target. Our improvement support requirement is for enhanced pathway management, additional radiology and pathology capacity and for additional clinical capacity to meet growing demand. At our performance meeting last week we discussed our funding allocation for cancer waiting times. We have been allocated £900,000 to date to cover existing commitments (£625k) and additional capacity (£275k). Our overall additional financial support requirement amounts to £1.5m in addition to the £900k already allocated.

This additional investment would provide for enhanced performance management support to more closely manage the complex multi stage pathways across outpatient specialties, diagnostic specialties and surgical specialties for all cancer sites including enhanced cancer tracking based on the NHS Lanarkshire exemplar. Most of the investment required to improve performance on the 62 day target is for additional clinical capacity as set out in the attached prioritised bid and for additional radiology and pathology diagnostic capacity.

3. Scheduled Care

We now have agreed trajectories for outpatients and TTG in our AOP for 2019/20, representing additional non-recurring investment of £21.5m. Our first quarter performance for both outpatients and TTG are ahead of (better than) trajectory. The major elements which are being tackled to develop a sustainable plan for the short, medium and longer term include:

- Securing business case sign off for the Elective Care Centre at SJH which will provide additional capacity to support growth up to 2035 for orthopaedic, urology, general surgery, gynaecology and vascular services. This is a significant investment consisting of 11 operating theatres, 38 in-patient beds and 20 day case beds and a MRI imaging suite. The OBC is due to be submitted to

CIG in August 2019, with a projected build programme starting in March 2020 to opening at the end of December 2021.

- Securing additional bridging capacity between April 2020 and the planned opening of the Elective Care Centre at the end of 2021. As we discussed at our first quarter performance meeting last week, we will begin to plan this bridging activity with John Connaghan and his team over the summer months.

- Securing recurring funding and a sustainable workforce for the Elective Care Centre.

- Securing a sustainable plan for those specialties not included in the Elective Care Centre , there are recurrent pressures within a number of specialties, including, paediatric ENT, medicine, GI and general surgery, as well as in adult neurology, neurosurgery and dermatology

- Securing business case sign off for the Eye Pavilion Business case for a sustainable ophthalmology service. The OBC was submitted to CIG on 15 May 2019, with a capital cost of £86.1m including a clinical research facility (£83.05m without). The availability of capital funding is the rate limiting factor for this project.

We are currently working with colleagues from North of England Commissioning Unit who are carrying out a deep dive analysis for orthopaedics, general surgery, vascular surgery, urology and colorectal services to identify quick wins to improve performance, with a particular focus on TTG. To date the project is on track and we will move to take forward whatever recommendations emerge from this work in the weeks ahead.

Our immediate need for improvement support is for a senior programme director to design and deliver this substantial programme of work. For the last 9 months or so, Jacquie Campbell had taken on this role full time and we have an urgent need to replace this gap together with additional senior analytical and financial support. We have identified one or two internal candidates of real talent who could potentially fill this role and we are speaking to them about an immediate secondment opportunity pending recruitment of a permanent appointment. (Circa £200k gross cost for programme director and financial/analytical support)

4. Unscheduled Care

We recognise the significant challenges and pressures in relation to unscheduled care which remain despite real improvements in our system in relation to Delayed Discharge improvement (101 fewer delayed discharges in June 2019 compared to June 2018), performance in relation to reduction in admissions and admission rates for our populations. Given these challenges and the platform that the ICF provides us we have agreed this as a priority within the Forum and are in the process of reviewing and changing our Unscheduled Care planning approach. We are creating an Unscheduled Care Board to oversee this whole system work across Lothian and which will bridge the planning work we know we need in place across our acute services and the plans and transformation set out in the IJBs' strategic plans

There has been an enormous focus on improvement on our 4 hour emergency access standard over the last year, major input from an external support team and substantial additional investment in staffing, clinical and managerial leadership as well as in creating space at both the Royal Infirmary of Edinburgh (RIE) and Sr John's Hospital (SJH). To date this additional investment has amounted to circa £7.5m revenue across RIE and SJH and capital investment of circa £4.5m for the expansion of the emergency department at SJH. The RIE front door model has been substantially transformed to a 'four pod' system.

We have seen major performance improvement across all of our sites. Month to date performance for July 2019 across Lothian is currently 93%, with RIE at 91.6%, WGH at 94%, SJH at 91.4% and RHSC at 98%. We recognise the work across Lothian in driving this improvement and that out that some of this has arisen from wider system improvements already seen in the reduction of Delayed Discharges and Length of Stay in our HSCPs and part of our ongoing improvement and recovery will be underpinned by the improvement and transformation work already planned, agreed and in progress in our sytem.

Our major requirement for improvement support for unscheduled care is very similar to that required for mental and learning disabilities, set out above. A whole system approach to developing a sustainable model of unscheduled care has already been agreed as a priority by our CMT and our Integrated Care Forum. We have agreed to establish a collective, shared planning and commissioning resource to develop a

comprehensive pan-Lothian whole system model of unscheduled care across primary, community, social and secondary care to provide timely access to care and to avoid delays anywhere in the whole system. This will include the strategic use of the set aside budget to support community based and community facing models of care and support and the substantial business case for a redesigned front door model for the RIE to respond to projected increased demand from our growing population.

New models are already being developed across our HSCPs with Hospital at Home and enhanced community support services in place in all four of our IJB areas and each also having in place well articulated Primary Care Improvement Plans which set out the role of Primary Care in supporting USC. Improvement work will build on these existing plans and enhance and support those areas we know we can accelerate.

Our improvement support proposition is to buy in consultancy support to help us with the population modelling, financial analytics and model of care design, building on best practice elsewhere in the UK. Costs and scope for this work are currently being developed. We have already been exploring the recruitment of a senior programme director role and a support team of planning and commissioning staff who would all work as a collective resource across the 4 IJBs, 4 councils and the health board and improvement support would assist us in accelerating this through a potentially blended approach of permanent roles and external expertise.

5. Delayed Discharges

We recognise the challenges in Lothian in relation to Delayed Discharges and you will be aware of some of the issues that drive this in the City of Edinburgh in particular – high cost of living, a buoyant employment market with real competition for workers, and issues of the relatively low pay care work offers. Notwithstanding these factors both the NHS Board and each of the Lothian IJBs maintains a significant focus on both short term improvement, as well as the longer term transformation and shift in the balance of care required to rebalance the system and ensure we can support people in the right place, at the right time with the right level of skill.

A significant amount of work is already happening in this area and we have seen improving trends in the Edinburgh IJB (our largest partnership) across both delays and length of stay for people delayed. This is encouraging and part of our approach

is to ensure we have the capacity in place to deliver the Home First approach in Edinburgh and the aligned DD improvement plan. It is also worth noting that the NHS Board provided a £4m investment in DD improvement in Edinburgh and the innovative use of this saw the investment increase the care capacity in the city. The next phase of this work will see us fully implement the proposed Home First model and the Edinburgh IJB has started recruitment to the capacity support within the acute setting to underpin this.

In line with Edinburgh, there are also improving trends within Midlothian, with the Discharge to Assess model beginning to make the step change required to support timely discharge, enabled by the Midlothian flow team. A key issue, as acknowledged by Midlothian IJB, relates to workforce and availability of care at home staff. Whilst developments around creating a care academy and different commissioning models have delivered some improvements in capacity, there is still more to be done. In considering what support could be provided by Scottish Government, a nationally-led and resourced campaign focusing on careers in social care, similar to the recent approach for early years, would add value to what is being done locally to expand the workforce.

East Lothian has achieved a steady and sustained reduction in East Lothian residents experiencing a delay in hospital discharge, and a substantial reduction in the number of Occupied Bed Days over past three years. The numbers of patients becoming a delayed discharge is reducing and the speed at which the Health and Social Care Partnership reacts continues to improve with a number of initiatives supporting this improvement. The Hospital at Home service (H@H), where on referral by a East Lothian GP, a team based at East Lothian Community Hospital assess and maintains a patient in their own home, thus avoiding a hospital admission has been particularly successful. The Short Term Rehabilitation and Assessment Team (START) takes the Discharge to Assess approach and supports care with volunteers recruited and supported by STRiVE, East Lothian's third-sector interface organisation. Crucial to its success has been the working relationship between the occupational therapists, physiotherapists, community care workers and the volunteers. This model is to be supported to roll out across the county. The Hospital to Home service (H2H), takes people from hospital and gives them care in their own home with the ability to support rehabilitation often leading to a reduction in original request for care. The retention of care packages for a client who goes into hospital for up to 7 days supports getting the client home with continuity of care in a timely manner.

East Lothian Community Hospital has partially opened with increased capacity and new Out Patient Services available. The wards are due to be occupied from October 2019.

The work described above has reduced East Lothian's reliance on beds and there is the potential to have a number of beds made available to the wider NHS Lothian system.

We can set out in more detail our system wide plans and would wish to ensure the work of our IJBs / HSCPs was recognised in this context.

6. Paediatric Services at SJH

We are currently working towards the full 24/7 reopening of the St John's Paediatric ward, in line with the Royal College of Paediatrics and Child Health (RCPCH) Review carried out in 2016 and their subsequent follow up review of our progress in 2017, both of which outlined a minimum 3 year strategy to develop a sustainable workforce plan for the service. Given the level of support which NHS Lothian requested and received from the RCPCH, it is unlikely that any further external support will bring additional benefit at this stage.

In the interim, the Ward has been open 4 nights/ week since 18 March 2019 and functioning well.

We re-advertised 3 Consultant posts recently and have shortlisted applicants for interview on 15 August.

The Paediatric Programme Board, which is chaired by the Board's Vice Chairman is meeting after these interviews, on 27 August, to make a comprehensive assessment of the rota position from October 2019 onwards and pending successful recruitment and assuming no significant loss of other staff from the Out of Hours rota, we remain on course for a full reinstatement of the service from the autumn onwards.

7. RHSYP/DCN

We are now working with both NSS and KPMG to deliver their agreed terms of reference. Although the NSS review will inform timescales for occupation of the new hospital I thought it might also be helpful to set out our initial assessment of the key stages required to rectify the critical care ventilation:

- Initial design feasibility working with IHSL, MPX, NSS and technical advisers
- More detailed design, including programme and cost implications

- Board change to be issued to IHSL
- Funders technical sign off and approval by funders
- Procurement of works if not delivered by MPX
- Delivery of works

All parties are working collaboratively and constructively to deliver the solution as rapidly as is feasible but at this stage I understand the main time barrier will be the procurement of an additional air handling unit.

8. Conclusion

I have set out some high level detail above in relation to our current work and those elements of improvement we believe will be enhanced or supported by additional support. We will work this up as a cross system package of measures with oversight through the creation of a Programme Management Office led by a Senior Programme Director for Recovery. However I can summarise the main elements of this as follows:

- Senior Programme Director – Recovery;
- Senior Programme management capacity and planning/commissioning and analytical capacity for MH and LD and our Unscheduled Care work;
- Pathway management, additional diagnostic capacity and additional clinical capacity in cancer services;
- Programme Director and financial/analytical support for WT improvement plan;
- External consultancy support for whole system unscheduled care design, capacity analysis in relation to our whole system planning approach – time limited and in support of a more substantive cross system team;
- Support to the Edinburgh HSCP in relation to accelerating its bed based review and its review of the future model of Acute Care at Home.

Finally, you will note from this response that we are already underway with some sizeable strategic changes as an NHS Board and as a partner in our IJBs and that our improvement support will provide welcome additional capacity to this. While I understand the need for an immediate response so that you and colleagues can shape the offer, I would welcome the opportunity for us to present in more detail some of the change and transformation work taking place in Lothian, in our Board and within our Partnerships. This would, I believe, give you a far better flavour of our commitment, vision and collaborative approach and I know our partners would welcome this opportunity should you agree.

Yours sincerely

TIM DAVISON
Chief Executive