NHS Greater Glasgow & Clyde	**Paper Number 20/05**
Meeting:	**Board Meeting**
Date of Meeting:	**25 February 2020**
Purpose of Paper:	**For Noting**
Classification:	**Board Official**
Sponsoring Director:	**Mr Jonathan Best, Chief Operating Officer**

Paper Title

Update on Level 4 Escalation under NHS Scotland's Performance Management Framework in relation to Scheduled and Unscheduled Care.

Recommendation

Board members are asked to:

I. Note the updated position in relation to the Level 4 Escalation for Scheduled and Unscheduled Care.

Purpose of Paper

To provide Board members with an update on the Scheduled and Unscheduled Care elements of the Level 4 Escalation under NHS Scotland's Performance Management Framework.

The other areas of Escalation; Infection Control (1st escalation) and GP Out of Hours (2nd escalation) are covered in other reports.

At this time, Finance is not considered part of the current escalation.

Key Issues to be considered

The required actions, both underway and proposed, to improve Scheduled and Unscheduled Care and, subsequently, de-escalate the NHS Board.

Any Patient Safety /Patient Experience Issues

Refer to the Corporate Plan priorities below.

Any Financial Implications from this Paper

An assessment of the finance required to deliver the recovery plan will form an integral part of the escalation process and it is anticipated that this will be finalised by the end of March 2020.

Any Staffing Implications from this Paper

Will be confirmed, following the development of the recovery plan.

Any Equality Implications from this Paper

None at this time.

Any Health Inequalities Implications from this Paper

None at this time.

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.

Risk assessments will be carried out against specific actions where relevant. Each PID contains a risk assessment.

Highlight the Corporate Plan priorities to which your paper relates

Under NHSGG&C's Corporate Objective Theme of ***Better Care*** we remain committed to delivering the required levels of performance in relation to Scheduled and Unscheduled Care.

Author: **Chief Operating Officer**
Tel No: **0141 211 0684**
Date: **25th February 2020**

Planned and Unscheduled Care Update

PURPOSE

This paper is to update the NHS Board on the Scheduled and Unscheduled Care elements of the second phase of Escalation to Level 4 under the NHS Scotland Performance Management Framework. As such, the primary objective for the Board is to work with the Oversight Board to develop and progress a Recovery Plan and comprehensive improvement plans for 2020/2021 to de-escalate the Board as soon as possible.

The paper provides an overview of the governance arrangements that have been established to lead and coordinate the programme of work and an update on the current position for the Scheduled and Unscheduled Care workstreams. A further update on the GP Out of Hours service is provided in a separate paper to the Board.

GOVERNANCE STRUCTURE AND PROGRAMME MANAGEMENT OFFICE

In respect of Level 4 Escalation for specific issues of performance, an Oversight Board has been established chaired by NHS Scotland's Chief Performance Officer, John Connaghan. The first meeting of the Oversight Board was held on the 7th February and the terms of reference will be ratified at the next meeting.

Calum Campbell, Chief Executive of NHS Lanarkshire, has been appointed to undertake the role of Turnaround Director in NHS GGC reporting to the NHSGGC Chief Executive from a governance perspective and also reporting to the Director General for Health and Social Care on all matters pertaining to the Recovery Plan through the Oversight Board.

A Programme Management Office (PMO) has been established to lead and coordinate all three workstreams, Scheduled Care, Unscheduled Care and GP out of Hours services. The PMO will be led by a Programme Manager aligned to the Turnaround Director and the Chief Executive, with three Senior Planning Managers assigned to the Programme by the Associate Director of Planning. In addition, a Senior Project Officer from NSS is being commissioned to work with the Turnaround Director, to ensure a robust, comprehensive governance and reporting framework is in place. To date the PMO has produced:

- Project Initiation Documents (PIDs) for the three workstreams, reflecting the success criteria detailed in the Oversight Board Terms of Reference.
- Core Leadership Group membership has been agreed and meetings scheduled as agreed by the Turnaround Director.
- A suite of standard documentation including Gantt Charts for project plans has been developed and agreed.
- A number of initial meetings have taken place and action plans are being developed to reflect the Recovery Plan.

SCHEDULED CARE

Sustainable performance improvements in scheduled care during 2019/20 remained a challenge, particularly in relation to TTG, due to a number of factors conveyed and discussed with the SG Access Team throughout the year. This was one of the primary reasons for the Board being escalated to Level 4 in January 2020.

Late commencement of national insourcing/outsourcing contracts and the NHS-wide impact of revised tax and pension legislation have impacted on the projections due to reduced activity. In addition, the conversion rate from the reduction in outpatient waits has impacted on TTG performance, with conversion rates of up to 30% in some specialties.

The current NHS GG&C Waiting Times Improvement Plan for 2019/20 outlines the Board trajectory to achieve a maximum of 19,800 new outpatients waiting >12 weeks and 8,500 inpatients / daycase patients waiting >12 weeks by the end of March 2020.

The Scottish Government's overall Waiting Times Improvement Plan outlines the national trajectory to get to 14,500 outpatients waiting >12 weeks and no inpatient/ daycase patient waiting >12 weeks by March 2021. These represent a significant challenge to all NHS Boards across Scotland; however, NHSGGC remains committed to the delivery of these targets during 2020/21.

Immediate/Short Term Actions

The initial work, much of which was already underway, is focussing on:

- **Permanent recruitment of medical consultants and specialist nurses**, particularly around the key specialties with long waiting patients (Paediatric ENT, Orthopaedics and Anaesthetics).
- **Increasing use of day case surgery,** particularly at Stobhill.
- **Making the best use of the capacity across the 3 large acute sites.**
- **Securing delivery of the existing backlog** and, where possible, maximising the available capacity at the GJNH and existing in/outsourcing contracts – and increasing it where possible, particularly around the specialties with the longest waits.
- **Weekend working** – undertaking additional sessions, whenever possible, at the weekend for a range of specialties. This has included in/outsourcing.
- **Review productivity and efficiency** to increase throughput.

Long Waiting Patients

NHSGGC is committed to reducing the numbers of patients who are waiting a long time and are in conversation with the Scottish Government Access Team regarding solutions. A comprehensive plan is being drafted, which will include individual and group patient management plans, developed at a service/Sector level.

In the current financial year, there have been significant areas of progress to reduce long waits. For example, in Surgical Paediatrics, there were approximately 550 patients in July 2019 waiting over 12 weeks for a religious or cultural circumcision. The service insourced a

clinical service for circumcisions to treat the long waiting patients and has been working with NHS Lanarkshire to develop a sustainable nurse-led model for future patients. By the end of March 2020, there are expected to be no patients waiting over 12 weeks in this area.

Independent Sector Support

In line with other Boards, NHSGGC has benefited from insourcing and outsourcing arrangements throughout 2019-20. However, the late start of these contracts, and a backlog at the GJNH, has impacted on the achievement of waiting times plans. In addition to the national contracts, NHSGGC has negotiated a number of additional contracts and services to deal with particular issues (shortage of anaesthetics) and challenged specialties.

In 2020/21, it is anticipated that a similar level of in sourcing/outsourcing activity will be required to ensure progress towards the final targets. Discussions with relevant suppliers are ongoing to ensure optimal service delivery for existing contracts and exploring opportunities for other service provision.

Ophthalmology

Significant progress has been made in increasing activity and reducing the over 12 week waits through 2019-20. It is expected that the number of patients over 12 weeks will reduce to 350 (from 1833) by March 2020. This focus will continue into 2020-21

Projections for 2020/21

As part of the Annual Operational Plan process, the projected elective targets have been modelled using the specified templates. The projections depend on the final position at 31 March 2020, and the content of the Performance Recovery Plan. The Board remains fully committed to delivering the targets set out in the Waiting Times Improvement Plan, through the actions and work outlined above.

As part of the Board's 2020/21 approach to TTG, there will be a greater focus on a number of major specialties: adult Trauma and Orthopaedics, adult Ophthalmology and paediatric ENT. The initiatives outlined above are already aligned to this strategy, but more will follow. There will also be a significant focus on improving productivity and efficiency, striving for more activity through existing capacity and maximising day case performance.

The Turnaround Director has been appointed with the objective of producing a Performance Recovery Plan. Clearly this is at the early stages and will develop through February and March. Only at this time will the Board be in a position to commit to elective care performance trajectories and the specified templates which will be finalised and submitted to the Board's Finance and Planning Committee and the SG Access Team.

UNSCHEDULED CARE

NHSGGC is committed to delivering the four hour target of 95% and ensuring patients receive the most appropriate assessment, treatment, support and services at the right time, in the right place and by the right person. In line with national guidance and support through the Six Essential Actions Programme (6EA), the Board has focused on delivering NHS

GGC's 6EA Improvement Programme, in partnership with the Scottish Government National Improvement Advisors.

In addition, a programme of work has been established to implement the recommendations made by the North East Commissioning Support Teams (NECS) as part of the Queen Elizabeth University Hospital Demand and Capacity Review. Despite these efforts, compliance with the four hour waiting time standard remains challenged as the demand on our Emergency Departments (EDs) and Assessment Units (AUs) continues to increase.

The immediate focus for unscheduled care is to produce a Recovery Plan aligned to the success criteria detailed in the Oversight Board Terms of Reference namely:

- Sustained improvement in 4/8/12 hour performance across sites by end March 2020; and
- Agreement on long-term improvement/sustainability with all planning partners by end June 2020

Performance

NHSGGC delivered 90.3% compliance for 2018/19 and performance for the year to date for Jan 2020 was 85.7%, compared to 90.7% for the same period to Jan 2019.

Attendances – Emergency Department and Assessment Units

NHS GGC's year on year urgent care demand continues to grow with Emergency Attendances over the last 10 years reflecting an increase from 453,848 to 517,730 over this period (including Assessment Units). This represents an increase of 14.1% or 64,073 attendances which is roughly the equivalent size of the annual activity for the Royal Alexandra Hospital Emergency Department.

Emergency Department attendances for the year to date in January 2020 compared to January 2019 are provided below and report a 2.6% increase on last year. Estimated ED attendances to the end of March 2020 indicate a total of 457,571, the equivalent of an annual increase of 2.9%, which is consistent with the increase in demand over recent years.

Number of A&E Presentations					
	Dec-19	**Jan-20**	**2019-20 YTD Total**	**2018-19 YTD Total**	**% Var on YTD Total**
Glasgow Royal Infirmary	7,910	7,786	**82,239**	**80,979**	**1.6**
Stobhill Hospital	1,701	2,011	**19,210**	**18,342**	**4.7**
Queen Elizabeth University Hospital	8,320	8,551	**87,568**	**87,814**	**-0.3**
New Victoria Hospital	2,598	2,972	**30,241**	**29,411**	**2.8**
Royal Alexandra Hospital	5,644	5,640	**58,418**	**56,684**	**3.1**
Inverclyde Royal Hospital	2,712	2,822	**28,445**	**27,432**	**3.7**
Vale of Leven Hospital	1,435	1,516	**15,727**	**15,407**	**2.1**
Royal Hospital for Children	6,538	5,447	**59,461**	**55,743**	**6.7**
NHSGG&C Total	**36,858**	**36,745**	**381,309**	**371,812**	**2.6**

Assessment Unit attendances for the year to January 2020 compared to January 2019 were reported as 60,014 and are largely consistent with the previous year projecting an estimate of 72,017, which represents a 1.2% decrease on last year. This can be attributed to the significant work that has been completed in developing Ambulatory Emergency Care Pathways which has been core to the Board's 6EA Improvement Plan for 2019/20.

This brings the actual emergency attendances total through ED's and the AU's to 441,323 with an estimated projection of 529,588 for 2019/2020.

Admissions – Emergency Department and Assessment Unit Admissions

NHS GGC's year on year emergency admissions also continue to grow with the April 2019 to Jan 2020 year to date admissions reported as 132,639 from ED and AUs reflecting a 2.0% increase on the same period last year. So far this financial year there have been 119,230 ED & AU admissions, up 4.1% on 2018/19. Estimated ED and AU admissions to the end of March 2020 are 159,167, predicting an annual increase overall of 2.0%.

All GG&C Sites

2019/20

	ED No. Attends				
Source of Adm	Dec-19	Jan-20	Feb-20	Mar-20	Total
Admissions Via ED	9500	9223			92526
Admissions Via AU	2611	2768			26704
Other Admission	726	934			13409
Non elective Admissions	12837	12925			132639

2018/19

	ED No. Attends				
Source of Adm	Dec-18	Jan-19	Feb-19	Mar-19	Total
Admissions Via ED	9134	9092	8107	8894	102463
Admissions Vie AU	2816	3050	2637	2791	34475
Other Admission	1373	1520	1537	1591	18637
Non elective Admissions	13323	13662	12281	13276	155575

Immediate/Short Term Actions

The initial work for 2020/21 commenced in the final quarter of 2019/20 and will focus on:

Patient Flow Processes – we will review the current service models to assess the capability and efficiency of the service to deliver improvement in unscheduled care performance:

- Review the service model and specialty bed holding capacity to improve the admissions pathway for medical and surgical admissions (flow 3 and 4 patients) across the hospitals to reduce bed waits;
- Review the service model and improve minor injury services (flow 1 patients) by maximising the utilisation of existing high performing Minor Injury Units and adopting best practice ensuring all attendances can be attributed to the Core Hospital Site responsible for managing the service; and
- Increase compliance of the higher acuity 'discharged' patients (flow 2) by improving time to triage and first assessment with timely decision on appropriate streaming including optimisation of ambulatory care areas (target decision 2 hours).

Consistency of Reporting – as NHSGGC reflects the largest Board population and corresponding attendances and admission across Scotland we have developed a service model that includes dedicated Minor Injury Units and Assessment Units. We will consider the existing patient pathways and reporting framework to ensure that we have parity with other Boards in relation to how activity is recorded and the associated impact that this may have on performance.

Delayed Discharge – NHSGGC will focus on reducing the number of patients delayed in their discharge to release acute beds to the acute hospital system and to ensure that every effort is made to proactively anticipate patient needs to avoid delays. The programme of improvement in relation to AWI patients will continue into 2020/21 which brings scrutiny to elements that can be improved, including timeous completion of reports and local authority guardianship applications. This approach will require to be given a high priority by the local HSCPs to ensure these delays are minimised and that a whole system approach is taken by all parts of the system.

Reducing Emergency Department and Assessment Unit Demand – with continued year on year growth in demand, the departments are busy, especially at peak times of the day and, therefore, we will prioritise work with the local IJBs in relation to the completion of the Joint Unscheduled Care Commissioning Plan. Working within the context of IJB commissioning accountabilities, we will provide a strategic and tactical response that reflects the continued and on-going pressure on the health and social care system as a whole to prioritise service redesign that will deliver care in the community or closer to home. The plan will focus on a number of key priorities that reflect the patient journey;

- early intervention and prevention of admission to hospital to better support people in the community e.g. ACPs, management of COPD, falls prevention, admissions from care homes
- improving hospital discharge and support to people transfer from acute care to community supports e.g. intermediate care, home first, improving delays and,
- improving the primary / secondary care interface jointly with acute to better manage patient care in the most appropriate setting in line with IJBs' and the NHS Board's strategic direction e.g. GP access to consultant advice, "hot clinics", developing minor injuries services, reducing frequent attenders.

Plan for 2020/2021

It will be essential to adopt a whole system approach, working with the 6 local IJBs to complete the work on the Joint Commissioning Plan, with a clear focus on a number of key priorities that reflect the patient journey:

- ***early intervention and prevention*** of admission to hospital to better support people in the community e.g. ACPs, management of COPD, falls prevention, admissions from care homes
- ***improving hospital discharge*** and support to people transferring from acute care to community supports e.g. intermediate care, home first, improving delays and,
- improving the ***primary / secondary care interface*** to better manage patient care in the most appropriate setting in line with IJBs' and the NHS Board's strategic direction e.g. GP access to consultant advice, "hot clinics", developing minor injuries services, reducing frequent attenders etc.

The timescales and associated resource implications will be considered as part of the Recovery Plan process and will, therefore, be defined by the end of March 2020.

Key priorities

- Communications

One of the key priorities will be a proactive Communications plan. It is planned to put in place a major campaign across a range of media to better inform the public about which service to access for what and when, and to raise awareness about issues such anticipatory care plans, and key health promotion initiatives. This will be an essential component of the whole system working approach to maximise the shift in the balance of care.

- *Prevention & early intervention*

- Work with the Scottish Ambulance Service will be progressed to implement the falls pathway to safely manage patients who do not need to be seen in an A&E department.
- A range of alternatives to admission for GPs will be considered, including access to consultant advice, access to diagnostics and "hot clinics" e.g. community respiratory team advise for COPD, consultant connect etc.
- More robust frailty pathway management processes will be established between acute, GPs and community teams to provide alternatives to hospital or to reduce length of stay for patients admitted with frailty
- Extend the care home Local Enhanced Service to provide more GP support to care homes.

- *Primary and Secondary care interface*

- A policy of re-direction will be implemented to ensure patients see the right person, in the right place at the right time.
- Separate and distinct MIUs will be established at all main acute sites to improve the management of minor injuries and flow within emergency departments and access for patients
- Develop further the MIU service model to deliver shorter waiting times consistently and reliably to increase attendances and encourage patients to attend MIUs for appropriate cases instead of A&E
- Test a change in the hours of operation of MIUs to better match pattern of demand with MIUs open to 11.00 pm at weekends and Bank Holidays.
- Implement care pathways for such conditions such as deep vein thrombosis and abdominal pain to reduce the number of people discharged in the same day from GP assessment units

- *Improving discharge*

- Increase by 10% the number of discharges occurring before 12.00 noon and at weekends, including alternative sources of hospital transport for discharges home

- Begin care planning as soon as possible after a patient is admitted to hospital and involve the appropriate members of the multi-professional team at the earliest opportunity.

At present, detailed action plans with timescales and resource implications are being established. The majority of these priority areas will require to be implemented across the whole system and will require the HSCP and Acute colleagues to work together across a multitude of eras to alter the patient pathways and ensure that patients can access the services they need, in eth right location and at the right time.

SUMMARY

Work is underway on both Scheduled and Unscheduled Care plans to address the required levels of performance. Once these plans have been defined in more detail, further, more detailed plans will be presented through the appropriate governance mechanisms within the Health Board, Oversight Board and IJBs.