NHS Ayrshire & Arran

Meeting:	**Ayrshire and Arran NHS Board**
Meeting date:	**Monday 3 February 2020**
Title:	**Performance report**
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1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- Annual Operational Plan, and
- Government policy/Directive

This aligns to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

In 2018/19, the Scottish Government replaced the Local Delivery Plan (LDP) Standards with the Annual Operational Plan (AOP). The NHS Ayrshire & Arran AOP submitted to the Scottish Government for 2019/20 included detailed planning assumptions and expected levels of operational performance to support the delivery of key priorities on improving Elective, Cancer and Mental Health Waiting Times; and Unscheduled Care performance.

This report provides an overview of performance in these key areas under the headings Unscheduled Care (2.3.1) and Planned Care (2.3.2) and includes details of improvement plans to provide assurance that systems and procedures are in place to monitor, manage and improve overall performance progress.

A set of two infographics are provided to NHS Board members with an overview of Performance ‘At a Glance’ in relation to Unscheduled Care and Planned Care in each section respectively; and to ensure that NHS Board members are sighted on the corresponding impact of underperformance across the system as a whole.

National targets in relation to unscheduled care and waiting times are set by the Scottish Government. However trajectories have been developed at a local level through service planning and in conjunction with Scottish Government.

The Board is asked to discuss the current Performance and be assured that systems and procedures are in place to monitor, manage and improve overall performance progress.

2.2 Background

In October 2018, the Scottish Government (SG) published the Waiting Times Improvement Plan (WTIP) for NHS Scotland https://www.gov.scot/publications/waiting-times-improvement-plan/. The Improvement Plan is phased and outlined that:

By October 2019
- 75% of inpatients/day cases will wait less than 12 weeks to be treated
- 80% of outpatients will wait less than 12 weeks to be seen
- 95% of patients for cancer treatment will be continue to be seen within the 31-day standard

By October 2020
- 85% of inpatients/day cases will wait less than 12 weeks to be treated
- 85% of outpatients will wait less than 12 weeks to be seen

For 2019/20, a local Elective Waiting Times Improvement Plan was submitted as part of the wider AOP for NHS Ayrshire & Arran and included quarterly trajectories on the number of patients waiting over 12 weeks for an Inpatient/Day Case or New Outpatient appointment for most specialties.

A local improvement plan was also put in place to maintain the 31 day Cancer waiting times standard and improve the 62 day Cancer waiting times standard.

Three key measures and associated monthly trajectories were submitted to the Scottish Government as part of the Unscheduled Care component of the AOP. These included improving trajectories in relation to the Emergency Department (ED) four hour standard, reducing the number of 12 hour breaches and reducing occupancy levels.

Mental Health Waiting Times Improvement trajectories for CAMHS (Child and Adolescent Mental Health Services) and Psychological Therapies were also submitted as part of the wider AOP and detailed an improving trajectory for compliance, measured on a quarterly basis to March 2020.

2.3 Assessment

The Performance information provided below includes:

- Performance in relation to Unscheduled Care across Health and Social Care
- Performance against the National Waiting Times and Access targets
- Details of improvement plans to provide assurance that systems and procedures are in place to monitor, manage and improve overall performance
- A summary of performance in relation to the Annual Operational Plan commitments and trajectories for both Unscheduled Care and Planned Care
- An overview of the Winter Plan

2.3.1 Unscheduled Care

NHS Ayrshire & Arran – At a Glance

Unscheduled Care

Latest performance, with comparison to previous year where: Improving ⇧ No change ▬ Worsening ⇩
Includes Scottish Government target (⊕), where applicable.

Emergency Departments

UHA	2,989 Nov 2019	⇧	attendances at UHA Emergency Department	
	73.8% Nov 2019	⇩	ED attendees were treated, admitted or discharged within 4 hours of arrival	⊕ 95%
	166 Nov 2019	⇩	ED attendees waited over 12 hours to be treated, admitted, or discharged	
UHC	6,255 Nov 2019	⇩	attendances at UHC Emergency Department	
	85.2% Nov 2019	⇩	ED attendees were treated, admitted or discharged within 4 hours of arrival	⊕ 95%
	176 Nov 2019	⇩	ED attendees waited over 12 hours to be treated, admitted, or discharged	

Medical and Surgical Bed Occupancy

95.2% Nov 2019	⇩	occupancy of acute medical and surgical beds at University Hospital Ayr
93.2% Nov 2019	⇧	occupancy of acute medical and surgical beds at University Hospital Crosshouse

Combined Assessment Units

1,532 Nov 2019 ⇧	presentations to UHA CAU	
1,555 Nov 2019 ⇧	presentations to UHC CAU	

Emergency Admissions*

811 Nov 2019 ⇩	admissions to UHA via ED/CAU
1,395 Nov 2019 ⇧	admissions to UHC via ED/CAU

Delayed Discharge

Numbers of patients whose discharge from hospital was delayed by 2 weeks or more for non-clinical reasons	North Ayrshire HSCP	East Ayrshire HSCP	South Ayrshire HSCP
	40 ⇩	0 ▬	52 ⇩
		Oct 2019 ⊕ 0	

* Inpatient Admissions from the ED admitted directly into Medical or Surgical ward (excluding CAU) and Inpatient admissions from the CAU admitted to CAU (regardless of source) who are transferred to a medical or surgical ward (excluding discharges directly from the CAU)

Summary of Performance and Improvement Plans - Unscheduled Care

Emergency Department

ED Attendances at UHC have continued to increase year on year, with activity levels now in excess of pre-CAU levels. Over the past 12 months, on average 45% of all ED attendances at UHC have been Minor Injury attendees (Flow 1). Comparing April to November 2019 with the same period the previous year, the number of Minor Injury attendees has increased by 1,396 (6.2%), which is equivalent to an additional 5.8 attendances per day.

At UHA, overall ED attendances have similarly continued to increase following the opening of CAU. Flow 1 attendances over the period April to November 2019 have remained at similar levels compared to April to November 2018. There has however been an additional 104 Flow 3 attendances (Medical Admissions), increasing from 297 to 401.

For the most recent month, overall ED attendances at UHA were 2.1% lower when comparing November 2019 (2,989) with November 2018 (3,052), whilst at UHC there was a 3.9% increase between November 2018 (6,023) and November 2019 (6,255).

ED 4-Hour Wait 95% target has not been achieved at NHS Board level since July 2018. Compliance at UHA ED has decreased by 15.9 percentage points from 89.7% in November 2018 to 73.8% in November 2019. At UHC ED there has been a 7.7 percentage point decrease between November 2018 and November 2019, from 93.0% to 85.3%.

Analysing ED performance by patient flow pathways shows that whilst overall compliance is low at UHA and UHC, compliance for Minor Injury patients has consistently remained above 95%. Performance for ED Flow 2 (Acute Assessments), Flow 3 and Flow 4 has been declining.

12 hour breaches at both UHA and UHC Emergency Departments have increased. At UHA, the numbers of 12 hour breaches have risen from 150 in October 2019 to 166 in November 2019, compared to 20 in November 2018. At UHC the numbers increased from 101 in October 2019 to 176 in November 2019, compared with 24 in November 2018.

The worsening performance in relation to the ED 4 hour wait and the increase in the number of patients waiting over 12 hours is linked to increased occupancy levels and increasing numbers of delayed discharges for health and social care reasons currently occupying acute care beds at UHA and UHC. With fewer medical and surgical beds available, admission flow from the ED and CAU is restricted, leading to longer delays in ED for patients awaiting a hospital bed for direct admission or acute assessment.

Improvement Actions

Unscheduled Care Exemplar Leadership teams have been established across NHS Ayrshire & Arran to develop key priorities across the whole system to deliver exemplar unscheduled care. Two groups have been established ((UHC & North/North-East and UHA & South/South-East) and bring together leaders from both Acute services and HSCPs.

Both Exemplar Leadership Groups have reviewed data and predictive analytics to identify the most pressing priorities in unscheduled care. There are a number of improvement

priorities which have been identified to reduce crowding in ED and decompress the front door.

Whilst ED attendances have continued to rise, ED staff re-direct people where appropriate. A total of 2-3% of all attendances are redirected over a month, mainly to their GP or Ayrshire Urgent Care Services. This continues to be a focus. Social media messages have also been delivered to the local population to raise awareness of the most appropriate healthcare provider by condition/urgency of the situation.

The establishment of 2 hourly Board Rounds in ED at UHA offers junior medical staff support and supervision regarding the suitability of admission. More complex presentations and people living longer with multiple morbidities are considered to be contributing factors in the substantial increase in Flow 3 (Medical Admission) attendances at UHA.

Escalation plans on each acute site have been reviewed to ensure consistency of application, and to confirm that all staff are clear about their actions at times of heightened pressure. The Single Health Resilience Early Warning Database (SHREWD) supports services (from ED to Care Homes) across the whole system to operationalise their escalation thresholds and triggers, prompting early actions to decompress the system.

Creating early movement in the morning on both sites has involved working with Discharge Lounge staff to 'pull' suitable patients as early as possible, thus reducing the length of wait for people within ED awaiting a hospital bed. A Breakfast Club within the Discharge Lounge at UHC showed very promising results - embedding of processes is now vital to sustain changes.

Additional priorities at UHC include reducing the time to be seen by a Senior Decision Maker and making available key staff at peak times of pressure, i.e. Consultants to ensure a plan is in place within 24 hours and portering staff for transfer of patients.

The embedding of processes to make sure that medical specialty patients are placed in the correct specialty continues with the IHO workstream. The evidence base is clear that specialty patients receive optimal care if they are cared for by their specialty team which in turn, reduces length of hospital stay.

Combined Assessment Units

CAU Presentations at both sites have shown a gradual increase over the past 2 years, with presentation numbers for the period July to November 2019 up by 2.2% at UHA and by 1.1% at UHC when compared with July to November 2017.

At UHA and UHC, the number of ED and GP referrals are broadly similar comparing this same time period, however there has been an increase of 42.7% (+128) at UHA and a 20.2% (+62) increase at UHC from 'Other sources'.

To help provide context to these figures, in November 2019 there were 799 ED referrals, 694 GP referrals, and 82 Other referrals to UHA CAU, and 755 ED referrals, 761 GP referrals, and 86 Other referrals to UHC CAU.

Note: 'Other' referral sources include referrals from Outpatient clinics, Radiology patients requiring immediate assessment, and Cancer patients referred via the national cancer helpline, however do not include elective return patients, who are instead recorded separately as outpatient attendances at the Acute Clinic.

For the most recent month, presentation numbers at UHA have experienced a 2.6% decrease between November 2018 (1,573) and November 2019 (1,532), whilst there has been a decrease of 1.3% at UHC (November 2018: 1,576, November 2019: 1,555).
The Combined Assessment Unit at UHC opened in April 2016 and at UHA in May 2017. Patients are referred by their GP or the Emergency Department. When comparing activity levels between the two sites, it should be noted that the CAU at UHA is configured to receive both Medical and Surgical admissions, whilst only Medical admissions are routed via CAU at UHC. Therefore, whilst UHA services a smaller catchment area and would be expected to have lower numbers of CAU presentations than UHC, the additional Surgical admissions bring overall activity levels on a par with that at UHC.

Admissions and Occupancy

Analysis of **Medical and Surgical Inpatient Admissions from the EDs and CAUs** shows that after an initial decrease at both sites following the opening of CAU, admission numbers have plateaued, with activity in recent months remaining relatively constant. When comparing the numbers of medical and surgical admissions for November 2019 with November 2018, there has been a 1.8% increase at UHA and a 6.5% decrease at UHC.

Bed occupancy for acute medical and surgical wards has increased at UHA, rising from 91.1% in November 2018 to 95.2% in November 2019, whilst at UHC there has been a marginal decrease from 93.4% in November 2018 to 93.2% in November 2019.

Improvement Actions

Establishing a pathway for those patients identified as frail is a key improvement activity on both acute sites. Acute Care of Elder (ACE) practitioners are central to this work. Both sites are now routinely screening patients in ED and CAU for frailty and ACE practitioners are completing a Comprehensive Geriatric Assessment (CGA) where appropriate. This has been proven to lead to improved outcomes for our frail elderly population. Further work is being undertaken to ensure a seamless transfer of care from the acute setting to the community.

Increasing the number of people treated and discharged from Ambulatory Emergency Care at UHA continues to be a priority. The ANP-led service sees and treats patients on the same day and schedules additional treatment on a planned basis thus reducing the need for occupying beds.

Expansion of the current Medical Day Case Unit at UHC will allow more patients to have an intervention/procedure undertaken on the same day rather than on an inpatient basis. This will improve patient experience and reduce occupied bed days. In addition, this work stream will explore opportunities to provide suitable facilities in the community (e.g. in community hospitals) for some day case interventions where appropriate and safe to do so.

Improving ward and discharge processes is a key priority on both acute sites. Planning ahead for a smooth discharge by co-ordinating all services involved in more complex discharges is vital. A clear understanding of what the challenges are in respect of this are crucial to systematically tackle each.

Both sites have recently established weekly long-stay reviews. These are reviews of patients with a length of stay over 14 days, the purpose being for senior clinical leaders to offer support to ward staff to 'unblock' obstacles in the patient's journey through health and social care. Probing questions are asked regarding the presence of a clear clinical plan, and what specifically, is preventing the person from being at home. The reviews focus on actions which can be escalated and executed quickly to move patients on in their journey.

Delayed Discharges

Delayed Discharges >2 Weeks (excluding complex code 9 delays) have steadily been increasing over the past 3 years, reaching their highest ever recorded position of 95 delays in July 2019, improving only marginally to 92 delays by October 2019. Across the HSCPs, the majority of delays are from South Ayrshire HSCP residents, however October 2019 saw a rise in North Ayrshire HSCP delays compared with the previous month. Performance in East HSCP continues to meet the target of zero delays over 2 weeks.

Delayed Discharge Occupied Bed Days (OBDs) for all delay reasons have been increasing continually over the past 3 years to reach an all-time high in August 2019 of 5,530, decreasing only slightly to 5,271 bed days in October 2019. Delays from South HSCP residents have contributed most to this, with South OBDs reaching their 2nd highest recorded position in October 2019 with 2,818 OBDs, an increase of 31.2% compared to the same period last year (October 2018: 2,148). North Ayrshire HSCP numbers similarly increased by 27.2% from 1,654 in Oct 2018 to 2,104 in Oct 2019. OBDs due to delayed discharge for East HSCP residents have remained consistently at or below 500 per month, and are mostly as a result of more complex (Code 9) delays.

Improvement Actions

East Ayrshire HSCP continues to pursue local stretch targets and to improve the experience of people who are potentially delayed through the Adults with Incapacity process. In the most recent period there has been increased pressure in relation to people with very complex care needs (Code 9).

Performance in the year-to-date 2019/20 is positive with a monthly average of 258 bed days occupied when compared with 420 per month over 2018/19. Agreed investment plans from the winter planning process relate to capacity in Enhanced Intermediate Care and Care at Home Services as part of the overall approach to developing alternatives to admission and facilitating discharge. Additional capacity in the Red Cross Home from Hospital Service will also be prioritised between October 2019 and March 2020.

North Ayrshire HSCP has, over the last year, established a full-time presence in University Hospital Crosshouse (UHC) with a mix of social workers, social work assistants, Care at Home managers and administrators. This presence continues to be supplemented during periods of high activity levels including, like last year, a weekend presence through

the winter. The team is now forging relationships with nursing and medical staff to begin planning for discharge with patients and their families at an earlier stage.

Work is also ongoing to improve processes in capturing, reporting on and understanding delayed discharges to ensure improvement activity is appropriately focused.

The Care at Home Service faces particularly high levels of demand from UHC and, as part of the winter planning process, the service has committed to an increased number of care packages to facilitate discharge from hospital – from a target of 45 last year to 50 over the 19/20 winter period.

In **South Ayrshire HSCP**, demand for care services continues to rise, set against a background of reducing service availability as a result of financial constraints. The additional funding for 34 people awaiting care home funding and the use of winter planning money to create additional capacity in care at home had initially resulted in reduced numbers of people waiting and shortened lengths of those waits. Whilst published data to October indicates an increase in delay numbers to exceed pre-investment levels, subsequent local management information suggests there has been a further decrease in delays across November, which is a direct result of the work being undertaken and overseen by the Resource Allocation Group.

Improvement activity during October and November has focussed on reducing the number of long delays. The South System Unscheduled Care Leadership Group is now established and is working to understand data across the system to identify the best opportunities for improvement.

Budget monitoring information is being regularly reviewed on an ongoing monthly basis to ensure budget remains balanced and maximum service can be offered within resources available.

To support Unscheduled Care, engagement sessions facilitated by iHub were held throughout May and June 2019. Information gathered from the engagement sessions was collated and an Adults and Older People's Service Improvement Strategy: Fit for the Future has been published in draft for consultation. Detailed work is being developed to progress the action plan and the final version will be published early in 2020.

Annual Operational Plan - Unscheduled Care

To support the delivery of the 2019/20 Annual Operational Plan for Unscheduled Care, each acute site has a number of priorities supported by detailed project plans. Delivery of the AOP is being driven by a unique approach involving the development of Unscheduled Care Exemplar Leadership teams across NHS Ayrshire & Arran. These groups, in addition to aligning to the 6 Essential Actions plans, will continue to develop key priorities across the whole system to deliver exemplar unscheduled care. There may be additions to both action plans as further projects are identified and prioritised by the Leadership teams.

Three key measures and associated monthly trajectories were submitted to the Scottish Government as part of the Unscheduled Care component of the AOP. Current performance is summarised in Table 1.

Table 1: AOP 2019/20 Performance and Trajectories for Unscheduled Care (November 2019)

	UHA	Target	UHC	Target
ED 4-Hour compliance	73.8%	95%	85.2%	95%
Occupancy	95.2%	90%	93.2%	90%
Number of 12 hour breaches	166	5	176	0

Winter Plan – Unscheduled Care

The Winter Plan is the Health and Social Care response to unscheduled care over the winter to supplement existing year round plans. It is a whole system business continuity plan and was developed in collaboration between NHS Ayrshire & Arran, East Ayrshire Health & Social Care Partnership (HSCP), North Ayrshire HSCP, South Ayrshire HSCP and key partners from Scottish Ambulance Service and the Third Sector.

A number of programmes which were implemented during 2018/19, are now fully operational in 2019/20. The programmes include:

- Intermediate Care and Rehab
- Pulmonary Rehab
- Discharge to Assess
- Supported End of Life Care

The programmes help support reducing attendances and avoiding unnecessary admissions by managing care closer to home. They also help improve flow through the hospital to reduce length of stay and facilitating smoother transfer or discharge of patients on the health and care pathway.

In addition to these projects, resources will be purchased using the winter allocation. The full Winter Plan was presented to NHS Board members in October 2019. https://www.nhsaaa.net/media/8102/20191007bmp15.pdf.

2.3.2 Planned Care

NHS Ayrshire & Arran – At a Glance

Planned Care

Latest performance, with comparison to previous year where: Improving ⇧ No change ▬ Worsening ⇩
against the Scottish Government target (⌖) ,where applicable

Service Access

81.7% Nov 2019	⇧	waited fewer than 12 weeks for a New Outpatient appointment	⌖ 95%
80.8% Oct 2019	⇧	waited fewer than 18 weeks from Referral to Treatment	⌖ 90%
76.8% Nov 2019	⇩	waited fewer than 12 weeks for inpatient or day case treatment	⌖ 100%

Child and Adolescent Mental Health

91.7% Nov 2019	⇩	⌖ 90%

of children and young people started treatment within 18 weeks of initial referral to CAMH services

Psychological Therapies

73.8% Nov 2019	⇩	⌖ 90%

of patients started treatment within 18 weeks of their initial referral for psychological therapy

MSK

45.9% Nov 2019	⇩	⌖ 90%

of adult patients waiting fewer than 4 weeks for MSK services

Drug and Alcohol Treatment

98.5% Oct 2019	⇩	⌖ 90%

of clients waited no longer than 3 weeks from referral to appropriate drug or alcohol treatment that supported their recovery

Cancer

94.2% Oct 2019	⇩	⌖ 95%	89.2% Oct 2019	⇧	⌖ 95%
started treatment within **31 days** following decision to treat			of patients with suspicion of cancer started treatment within **62 days**		

Diagnostics

71.6% Nov 2019	⇧	of patients waiting fewer than 6 weeks for Endoscopy	⌖ 100%
79.6% Nov 2019	⇧	of patients waiting fewer than 6 weeks for Imaging	⌖ 100%

Summary of Performance and Improvement Plans - Planned Care

Inpatient and Day Cases

Inpatient and Day Case compliance against the National 12 week Treatment Time Guarantee is below the 100% target, with a decrease of 1.2 percentage points from a position of 78.0% at October 2019 to 76.8% at November 2019. This is lower than the 79.9% recorded in November 2018.

Trauma and Orthopaedics (62.5%), Ophthalmology (72.0%) and General Surgery (including Vascular) (77.6%) are the three specialties with the lowest levels of compliance against the 12 weeks access target. Compared to the previous recorded position at October 2019, Trauma and Orthopaedics (64.3%) has shown a reduction in compliance of 1.8 percentage points while Ophthalmology (82.6%) compliance has also reduced by 10.6 percentage points. In comparison, General Surgery (including Vascular) (74.6%) has shown an improvement in compliance of 3 percentage points.

Improvement Actions

The Orthopaedics service is continuing to maximise the opportunity to run additional theatre lists within UHA and UHC, where consultant availability allows, but this has been relatively limited. The additional Golden Jubilee National Hospital and independent sector capacity reported in the last report, has been starting to have some beneficial impact in reducing the number of patients waiting over 12 weeks. There has been some notable efficiency gains at UHA, where 4 joint replacements on each all-day operating list are now being delivered.

The latest data demonstrates that UHA are currently the best performing Scottish hospital against this measure. Unfortunately, despite this, the number of patients waiting over 12 weeks at UHA has been increasing over the same period. There is further opportunity at UHC to improve this measure of theatre throughput. At UHC, there is continued pressure on elective orthopaedic theatre lists, caused by the notably heavier burden of trauma operating which sometimes spills over into elective operating lists, resulting in elective cases being cancelled. There has been 39 such elective cancellations at UHC since April 2019. A small amount of non-recurring funding has been secured from the Scottish Government to allow an additional 6 hours of trauma operating per week.

Since the last report, the period of consultant sickness and other unplanned leave within General Surgery has reduced. There have been a few difficulties providing anaesthetic cover for operating lists, particularly at UHA, which is having some impact. The performance at UHC in contrast has been improving over the last month.

Staffing pressures in ophthalmology continue to cause significant challenges. The independent sector “insourcing” noted in the last report, has recently commenced and is expected to demonstrate some impact by the end of December. The Scottish Government has funded a second similar cycle of insourcing which will benefit more in January. Furthermore, recent discussions with Scottish Government colleagues has highlighted a potential opportunity to access some additional cataract treatment capacity in the independent sector and discussions are underway to finalise the plans.

New Outpatients 12 Weeks Access

New Outpatient compliance continues to remain below the 95% National target, with an increase of 0.5 percentage points from a position of 81.2% at October 2019 to 81.7% at November 2019. This is higher when compared to the November 2018 position of 80.1%. The five specialties with the lowest compliance against the 95% target are summarised in Table 2.

Table 2: Top 5 New OP 12 Weeks Access Target (excludes unavailable patients) by lowest performing specialties October 2019 – November 2019

	Oct-19		Nov-19		*+/- Previous Month*	
	% Compliance	**No. >12Wks**	**% Compliance**	**No. >12Wks**	***% Points***	***No. >12Wks***
Anaesthetics	46.7%	288	46.9%	293	*0.2%*	*5*
General Surgery (Including Vascular)	67.2%	1235	67.0%	1237	*-0.2%*	*2*
Dermatology	80.0%	463	76.4%	518	*-3.6%*	*55*
Ophthamology	80.2%	476	78.2%	558	*-2.0%*	*82*
Diabetes & Endocrinology	76.8%	116	79.0%	97	*2.2%*	*-19*

Source: NHS Ayrshire & Arran Pentana System, local validated data from Business Intelligence report - extracted December 2019

With compliance levels of 46.9%, Anaesthetics continues to have the lowest level of compliance against the new outpatient 12 week access target with 293 available patients waiting over 12 weeks. The number of available patients waiting more than 12 weeks for General Surgery continues to increase with 1,235 waiting at November 2019. Dermatology experienced the largest decrease in compliance of 3.6% points from 80.0% in October 2019 to 76.4% in November 2019.

In November 2019, there have been improvements in compliance of over 10% points in both ENT (Ear, Nose and Throat) and Gastroenterology compared to October 2019.

Improvement Actions

As noted in previous reports, the Anaesthetics (Pain Clinics) service continues to be one of the more challenged areas, following some staffing changes earlier in 2019. A proposal for service reform is being developed on a multidisciplinary basis, and led by Pharmacy.

The main area of challenge within outpatients waiting times continues to be General Surgery, where the numbers of patients waiting more than 12 weeks has been rising week on week since August 2019, with significantly higher numbers of patients than in any other specialty. Work is being carried out to identify a solution.

The main factor influencing dermatology is securing additional independent sector capacity, along with additional nursing staff to support these clinics.

It is encouraging to see the improvement in ENT, and further improvement in this specialty is anticipated as some work around the integrated ENT – audiology capacity continues.

18 Weeks Referral to Treatment

18 week RTT performance remains below target, with compliance recorded at 80.8% in October 2019, an increase of 0.7 percentage points from the 80.1% recorded in September 2019. This is higher than 77.6% recorded in October 2018. 18 weeks RTT performance is on an increasing trajectory from the 75.7% recorded in March 2019.

Improvement Actions

Performance is linked to the issues with stage of treatment performance and recruitment difficulties. Improvement in performance against Stage of Treatment and Diagnostics, in line with the actions being taken as part of the WTIP will result in improved RTT performance.

Diagnostics

Within Diagnostics, compliance against the 6 week Access Target of 100% for **Endoscopy** increased by 10.0 percentage points from 61.6% in October 2019 to 71.6% in November 2019, which is its highest recorded position since 73.2% at August 2017. **Imaging** compliance has also increased by 6.6 percentage points, from 73.0% in October 2019 to 79.6% in November 2019, which is its highest recorded position since 81.7% in August 2016.

Improvement Actions

Endoscopy performance has continued to improve through November 2019, being driven by a combination of additional non-recurring activity at the same time as implementing new protocols, which reduce demand for repeat procedures.

Within the Imaging service there has been improvement in the performance within the CT and ultrasound services, however MRI performance continues to be extremely challenging due to the rising demand, and longer test duration.

Cancer

The **31 day Cancer target** of 95% has not been met in October 2019, with performance of 94.2%. This is also lower than the October 2018 position of 99.2% and the Scotland average of 95.7% in October 2019. This is only the second time performance has fallen below the target, the previous time being January 2018 when compliance was 91.7%.

Compliance against the **62 day Cancer target** has generally been on an improving trajectory since January 2019, with performance of 89.2% in October 2019. This is higher than the 83.5% recorded in October 2018 and higher than NHS Scotland average compliance of 82.7% in October 2019.

Improvement Actions

In October 2019, the main pathway challenge against the 31 day standard was breast cancer, where 5 patients out of 34 did not have their treatment with the standard.

The national Cancer Manager undertook a follow up visit on 14 and 15 October 2019. A short report was received with a number of further recommendations. The main focus of these was a recommendation that the Cancer Patient Tracking meetings should be reviewed to include more senior leadership and management involvement in dealing with escalated delays. This recommendation was actioned promptly, with a revised process for cancer tracking meetings coming into place at the start of November 2019.

Mental Health – Psychological Therapies

Psychological Therapies waiting times continues to remain below the 90% target, with a decrease of 1.9 percentage points from 75.7% at October 2019 to 73.8% in November 2019. This is lower than the 81.9% recorded in November 2018.

Improvement Actions

Over the last three months (September 2019 to November 2019) over 1,100 children, young people and adults have started a psychological treatment/intervention. In the same period, there were over 1,200 accepted referrals. Demand is continually exceeding capacity, with an average of 370 new treatments per month against an average of 400 referrals being added to the waiting lists.

Although compliance is not being achieved, there are significant improvements being made in reducing numbers of people waiting over 18 weeks. In April 2019, there were 575 people waiting more than 18 weeks, this has reduced by 21%, to 454 in November 2019.

There remains considerable variation in waiting times across our local services, with four of the fourteen services consistently achieving 100% compliance, and three services varying around the 18 week standard,. The major breaches remain within CAMHS Psychology and Community Paediatrics. One area of notable success is the impact of the local computerised Cognitive Behavioural Therapy service which has been utilised well above projections and is positively contributing to the number of adults accessing an evidence based psychological approach within the 18 week waiting time standard. There has been further marketing and training of GPs across Ayrshire & Arran to enable all GPs to access this therapeutic option for adults presenting with mild to moderate anxiety and depression.

Mental Health – CAMHS

Although below the 94.5% recorded in November 2018, the Mental Health waiting times target of 90% for CAMHS has been met, with a 6.6 percentage point increase from 85.1% at October 2019 to 91.7% at November 2019.

Improvement Actions

CAMHS has been making positive improvements in relation to addressing the long waiters and the numbers waiting. As at 30 November 2019, the waiting list has reduced from 398 (April 2019) to 225, a decrease of 43%.

Referral rates to CAMHS have significantly increased across all Health and Social Care Partnerships with additional demand in responding to urgent referrals and an increase in urgent referral places placing considerable strain across the system. There has been a continuous demand in relation to urgent response primarily driven by local suicide activity and expectations of partner agencies.

CAMHS are testing new ways of working across the system to build partnership responses to children and young people in need with the aim of influencing demand, in particular early intervention and low level interventions.

Mental Health – Drug and Alcohol Treatment

Drug and Alcohol Treatment continues to meet and exceed the target of 90% with performance of 98.5% in October 2019.

Musculoskeletal

Performance against the MSK target of 90% of patients being seen within 4 weeks from referral to first clinical outpatient appointment at the end of November 2019 was 45.9% which is an increase of 0.2 percentage points from a position of 45.7% at the end of October 2019. This is lower than the November 2019 trajectory of 58.5%.

Against the published data for the quarter ending September 2019, NHS Ayrshire & Arran was the 4th equal highest performing mainland NHS Board with 42.5% of patients waiting less than 4 weeks, which is higher than the Scottish average performance of 37.7%.

Improvement Actions

Within MSK Services, both MSK Occupational Therapy and MSK Physiotherapy are below their trajectory. Recruitment remains a challenge within MSK Occupational Therapy, which has been further affected following two retirements. While candidate availability is not an issue, there has been a significant loss of capacity within the service due to internal candidates being successful and creating consequential vacancies.

Within MSK Physiotherapy, the recruitment challenge is related to the national shortage of physiotherapists. The recruitment impact on MSK Physiotherapy performance is increased as the vacancies are disproportionately affecting localities.

The roll-out of opt-in arrangements across MSK Physiotherapy, MSK Podiatry and MSK Occupational Therapy remains the key improvement focus, with MSK Podiatry uptake at very encouraging levels in the first week of introduction.

Driving performance improvements in MSK Physiotherapy is key to reaching the trajectory in NHS Ayrshire & Arran, with other Boards also finding this challenging. All four MSK services in NHS Ayrshire & Arran performed well against average NHS Scotland Levels:

- MSK OT 33.1%, compared to 29.6% across Scotland
- MSK Physiotherapy 39.5%, compared to 35.2% across Scotland
- MSK Podiatry 53.7%, compared to 44.6% across Scotland
- MSK Orthotics 67.0%, compared to 52.9% across Scotland

Annual Operational Plan - Planned Care

In October 2018, the Scottish Government published the Waiting Times Improvement Plan (WTIP) for NHS Scotland https://www.gov.scot/publications/waiting-times-improvement-plan/

The Improvement Plan is phased and outlined that:

By October 2019

- 75% of inpatients/day cases will wait less than 12 weeks to be treated
- 80% of outpatients will wait less than 12 weeks to be seen
- 95% of patients for cancer treatment will be continue to be seen within the 31-day standard

By October 2020

- 85% of inpatients/day cases will wait less than 12 weeks to be treated
- 85% of outpatients will wait less than 12 weeks to be seen

At October 2019, NHS Ayrshire & Arran had met and exceeded the Scottish Government Waiting Times Improvement Plan targets set out for October 2019 for Inpatient/Day Cases and Outpatients. Across NHS Ayrshire & Arran, 78.0% of Inpatient/Day Case patients waited less than 12 weeks to be treated, with 81.2% of Outpatients waiting less than 12 weeks to be seen. Since April 2016, NHS Ayrshire & Arran has consistently met the 31 day National Cancer target of 95%. In October 2019, compliance dropped below 95% for only the second time, failing to meet the WTIP of 95%.

A local Waiting Times Improvement Plan for Acute services was submitted as part of the AOP for NHS Ayrshire & Arran and included trajectories for the number of patients waiting over 12 weeks for an Inpatient/Day Case or Outpatient appointment at the end of each quarter in 2019/20. A Mental Health Waiting Times Improvement Plan was also submitted as part of the AOP and detailed an improving trajectory for compliance, measured on a quarterly basis to March 2020.

The number of patients waiting over 12 weeks for an Inpatient/Day case appointment for the specialties included within the local Waiting Times Improvement Plan was 772; the target by December 2019 is 380. For outpatients, the number of patients waiting over 12 weeks for an appointment for the specialties included within the local Waiting Times Improvement Plan was 3,589, which meets the trajectory of 3,676 set for December 2019. This is shown in Table 3 below.

Table 3: NHS Ayrshire and Arran WTIP AOP 2019/20 Performance and Trajectories for Inpatient/Day Cases and Outpatients

	Current Compliance (November 2019)	National Compliance Target	National WTIP Compliance Target (October 2019)	**Number of patients waiting over 12 weeks in WTIP (November 2019)**	Trajectory Number of patients waiting over 12 weeks by December 2019 (WTIP)	Trajectory Number of patients waiting over 12 weeks by March 2020 (WTIP)
12 week TTG IP/DC	**76.8%**	100%	75%	**772**	380	277
12 week Outpatients	**81.7%**	95%	80%	**3,589**	3,676	2,878

Within CAMHS, the AOP target of 87% by September 2019 was not met, with performance recorded at 82.3%. However, performance has since improved to a position of 91.7% in November 2019, which is exceeding the AOP target of 90% by December 2019.

The Psychological Therapies AOP target of 79% by September 2019 was not achieved, with performance recorded at 74.1%. Performance levels have further reduced to 73.8% at November 2019, which remains below the AOP target of 80% by December 2019.

These are shown in Table 4 below.

Table 4: NHS Ayrshire and Arran WTIP AOP 2019/20 Performance and Trajectories for CAMHS and Psychological Therapies

	Current Compliance (November 2019)	National Target	Target by December 2019 (AOP)
CAMHS	**91.7%**	95%	90%
Psychological Therapies	**73.8%**	95%	80%

2.3.3 Quality/patient care

Improved performance levels will impact positively on the quality of care for patients.

2.3.4 Workforce

Sustainable workforce and recruitment levels are imperative to ensure appropriate levels of capacity are maintained to manage demand across all services. Workforce implications identified relate to recruitment of staff to ensure appropriate levels of capacity are maintained to manage demand.

2.3.5 Financial

Performance improvement will have a positive impact on the financial position through efficient and effective service delivery. There is growth in referrals across a number of specialties in Acute Services. This, along with current financial challenges, has led to bids for Waiting List Initiatives and ongoing service enhancements being reviewed and resubmitted, where appropriate, by service managers.
Bids for all further investment are reviewed in light of available funding and the implication of levels of investment on waiting times targets. Additional Scottish Government support is being provided.

2.3.6 Risk assessment/management

There is a significant risk to the organisation in failing to improve against the waiting times targets, with action plans in place to ensure safety of patient care is prioritised.
Risks remain that unforeseen circumstances, e.g. ward closures due to illness, could adversely affect any recovery programme. As all internal relevant staff and facilities are already committed to this effort no contingency plans are possible.
Risks to delivery of key performance targets and trajectories are routinely assessed and managed.

2.3.7 Equality and diversity, including health inequalities

An Impact Assessment has not been completed because the service improvement plans referred to within the paper will be assessed as appropriate against the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes.

2.3.8 Other impacts

Best value:
Successful management of waiting times requires leadership, and engagement with clinical staff. The Health and Social Care Partnerships have increasing influence on Delayed Discharge performance through patient flow. Local performance management information is used to provide as up to date a position as possible in this report. Some information may change when the data is quality assured by ISD in readiness for publication.

Compliance with Corporate Objectives:
The achievement of the waiting times targets set out within this paper complies with a number of the corporate objectives: improving health; safety/outcomes; quality of experience; equality; transforming and patient flow; supply and demand.

Local outcomes improvement plans (LOIPs):
The achievement of the targets provides better access to healthcare services and should therefore have a positive effect on the health inequalities priority within local LOIPs.
The achievement of the patients awaiting discharge targets will have a positive contribution towards the Outcomes for Older People priority.

2.3.9 Communication, involvement, engagement and consultation

There is no legal duty for public involvement in relation to this paper. Any public engagement required for specific service improvement plans will be undertaken as required.

2.3.10 Route to the meeting

The content discussed in this paper has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Strategic Planning Operational Group (SPOG)
- Performance Governance Committee on 17 January 2020

2.4 Recommendation

This paper is presented for discussion. The Board is asked to discuss the current Performance across NHS Ayrshire & Arran and be assured from the improvement action plans that systems and procedures are in place to monitor, manage and improve overall performance progress.