

# NHS Ayrshire & Arran



|                              |  |
|------------------------------|--|
| <b>Meeting:</b>              | <b>Ayrshire and Arran NHS Board</b>  |
| <b>Meeting date:</b>         | <b>Monday 31 January 2022</b>  |
| <b>Title:</b>                | <b>Performance Report</b>  |
| <b>Responsible Director:</b> | <b>Kirstin Dickson</b>   |
| <b>Report Author(s):</b>     | <b>Donna Mikolajczak (Performance Manager), Paul Dunlop (Senior Performance Officer), Steven Fowler (Senior Performance Officer)</b> |

## 1. Purpose

This is presented to the NHS Board members for:

- Discussion

This paper relates to:

- Government policy/Directive

This aligns to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person Centred

## 2. Report summary

### 2.1 Situation

NHS Ayrshire & Arran continues to develop and evolve Performance Reporting to ensure monitoring of Performance against National measures and Standards, in addition to analysing and describing progress against plans laid out within our Remobilisation Plans.

The format of the NHS Board Report was revised in advance of the meeting on 18 August 2021. The report continues to include a high level summary of COVID-19 community and hospital data to add additional context in relation to our performance. The remainder of the report has been structured to provide an update to NHS Board members on NHS Ayrshire & Arran's progress against Remobilisation Plan measures. This sits alongside analysis, trends and benchmarking reporting against a range of National and local performance measures.

### 2.2 Background

During 2019/20, NHS Ayrshire & Arran moved to reporting against some of the aims and trajectories outlined in our Annual Operational and Waiting Times Improvement Plan,

however from 2020/21 the focus moved to Remobilisation and understanding the corresponding impact of COVID-19 across the system as a whole.

Through our Remobilisation plans we outlined how we would safely prioritise the resumption of some paused services, whilst also maintaining COVID-19 capacity and resilience. Our Remobilisation Plan 3 (RMP3) highlighted our key priorities and actions for 2021/22 and was approved by the Scottish Government in early April 2021.

Whilst RMP3 detailed clear plans for remobilising services within 2021/22 we anticipated that a mid-year update would be required. Correspondence received from Scottish Government on 20 July 2021 commissioned an update of those 2020/21 plans (to be referred to as RMP4); asking for a reflection on progress to date as well as requesting that we set out what we would expect to deliver over the second part of the year (October 2021 to March 2022). Our RMP4 was submitted to the Scottish Government at the end of September 2021 and included revised trajectories for the remainder of the year.

## 2.3 Assessment

The impact of the necessary previous reductions in planned care during the pandemic has had a direct impact on planned care and has resulted in more patients reaching crisis point and accessing unscheduled care. These patients can often be acutely unwell requiring hospital admission and longer lengths of stay due to their complexity.

The latest performance data within this report is for the period November 2021, prior to the emergence of Omicron. Therefore this should be considered when reviewing the content of this Performance Report.

The format and structure of this Performance report will continue to evolve to reflect the changing landscape but currently focuses on our progress for Quarter 2 2021/22 (July – September) as outlined in our RMP3, as well as providing an update on progress against National measures. In addition to this, benchmarking data is also provided which highlights performance of NHS Ayrshire & Arran within the context of National Performance. Progress against RMP4 will be reported to NHS Board members once data for Quarter 3 2021/22 (October – December) is available. Where monthly RMP4 data is available, an update has been provided.

The following sections of the report provide infographics, performance assessment and improvement actions covering the following topic areas:

- COVID-19
- Planned Care Waiting Times
  - New Outpatients
  - Inpatient and Daycase
  - 18 week Referral to Treatment
  - MSK
- Diagnostics
  - Imaging
  - Endoscopy
- Cancer
  - 62 day suspicion of cancer
  - 31 day treatment
- Mental Health
  - CAMHS
  - Psychological Therapies

- Alcohol and Drugs
- Unscheduled Care
  - ED Attendances
  - ED 4 Hour compliance
  - ED 12 hour breaches
  - CAU presentations
  - Emergency Admissions
- Delayed Discharges/Transfers of Care

Please note that some data may be un-validated and subject to change in future reports.

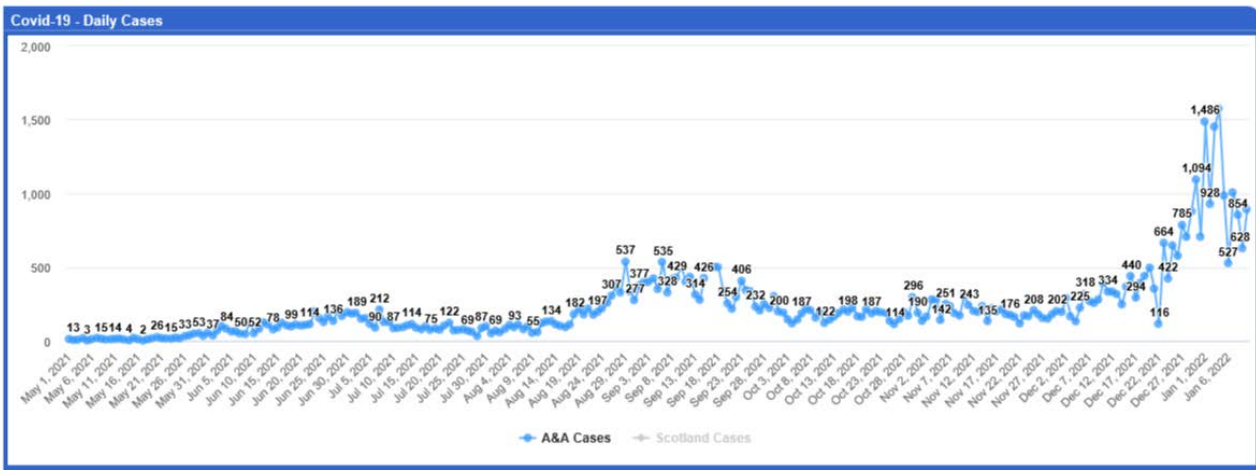
### 2.3.1 COVID-19

The emergence of the new Omicron COVID-19 variant has taken us into a period of significant challenge across our whole Health and Social care system.

Following a period of relatively lower numbers of COVID-19 positive cases in our communities from the end of September 2021 until the end of November 2021 (Figures 1a and 1b), cases started to increase in the first week of December 2021 and have accelerated to 8,225 (an average of 1,175 cases per day) in week ending 5<sup>th</sup> January 2022.

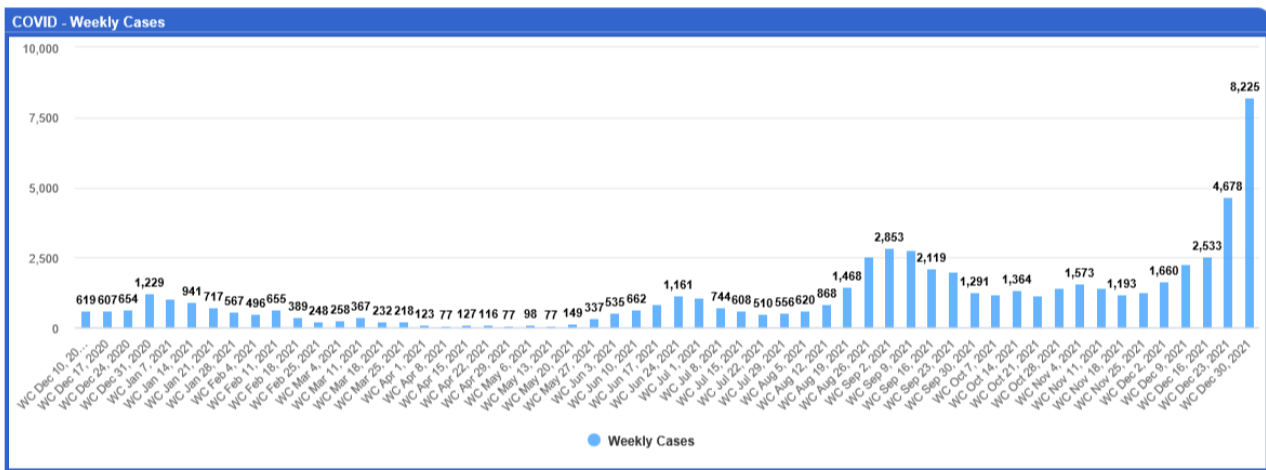
Trends in daily COVID-19 cases in the community are shown in Figures 1a and 1b.

**Figure 1a - Number of COVID-19 Positive Cases in the Community NHS Ayrshire & Arran**



Source: Scottish Government

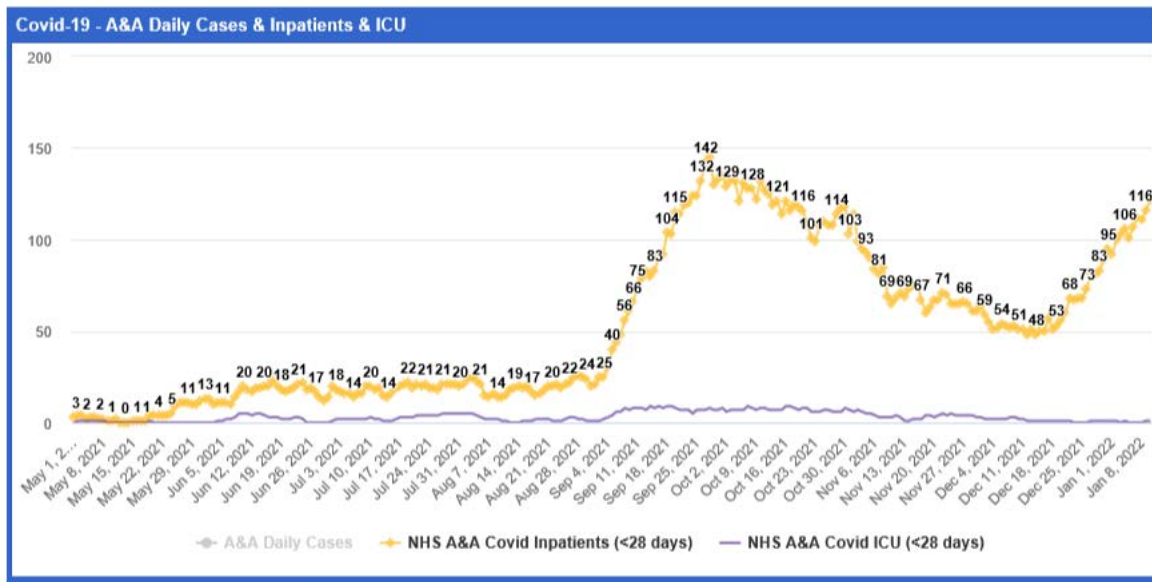
**Figure 1b – Weekly number of COVID-19 Positive Cases in the Community NHS Ayrshire & Arran**



Source: Scottish Government





At the end September 2021, the numbers of COVID-19 positive patients in our hospitals started to fall, decreasing to 48 as at 14<sup>th</sup> December 2021. However in line with the significant rise in positive cases in our communities, the number of patients in hospital with COVID-19 has increased to 122 at 10<sup>th</sup> January 2022 (Figure 2). This is the highest figure since 125 patients on 12<sup>th</sup> October 2021. The numbers of COVID-19 patients in ICU have remained below five since the end of November 2021 (Figure 2).

**Figure 2 - Number of COVID-19 Positive Cases in hospital and ICU (testing positive within 28 days) – NHS Ayrshire & Arran**



Source: COVID-19 Local management information reports

## 2.3.2 Planned Care Waiting Times

| Planned Care Waiting Times    |                          |  |  |
|-------------------------------|--------------------------|--|--|
| Remobilisation Plan Measures  |                          |  |  |
| <b>20,783</b><br>Q2 2021/22   | <b>17,778</b><br>Target  | Number of New Outpatients seen   | <b>+ 3,005</b>   |
| <b>2,794</b><br>Q2 2021/22    | <b>3,283</b><br>Target   | Number of Inpatient / Daycase treatments commenced   | <b>- 489</b>   |
| National Performance Measures |                          |  |  |
| <b>37.7%</b><br>Nov 2021      | <b>42.4%</b><br>Nov 2020 | of patients were waiting fewer than 12 weeks for a New Outpatient appointment                      |  <b>95%</b>   |
| <b>64.1%</b><br>Nov 2021      | <b>67.1%</b><br>Nov 2020 | of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (completed waits) |  <b>100%</b>  |
| <b>31.1%</b><br>Nov 2021      | <b>33.9%</b><br>Nov 2020 | of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (ongoing waits)   |  |
| <b>63.5%</b><br>Nov 2021      | <b>69.4%</b><br>Nov 2020 | of patients waited fewer than 18 weeks from Referral to Treatment                                  |  <b>95%</b>  |
| <b>52.6%</b><br>Nov 2021      | <b>74.5%</b><br>Nov 2020 | of adult patients were waiting fewer than 4 weeks from referral for Musculoskeletal Services       |  <b>90%</b> |
| National Benchmarking         |                          |  |  |
| <b>38.7%</b><br>QE Sep 2021   | <b>48.1%</b><br>Scotland | of patients were waiting fewer than 12 weeks for a New Outpatient appointment                      | <b>- 9.4</b>   |
| <b>72.0%</b><br>QE Sep 2021   | <b>70.2%</b><br>Scotland | of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (completed waits) | <b>+ 1.8</b>   |
| <b>34.0%</b><br>QE Sep 2021   | <b>37.5%</b><br>Scotland | of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (ongoing waits)   | <b>- 3.5</b>   |
| <b>64.1%</b><br>QE Sep 2021   | <b>74.9%</b><br>Scotland | of patients were waited fewer than 18 weeks Referral to Treatment                                  | <b>- 10.8</b>  |
| <b>39.2%</b><br>QE Sep 2021   | <b>52.8%</b><br>Scotland | of patients were waiting fewer than 4 weeks for Musculoskeletal Services                           | <b>- 13.6</b>  |

### New Outpatients

A total of 20,783 new outpatients were seen in Quarter 2 (July – September) of 2021/22, exceeding the trajectory of 17,778 by 17%, with NHS Ayrshire & Arran seeing 3,005 more New Outpatients than planned as outlined in RMP3. Progress against RMP4 at Quarter 3 (October – December) will be available for the next report.

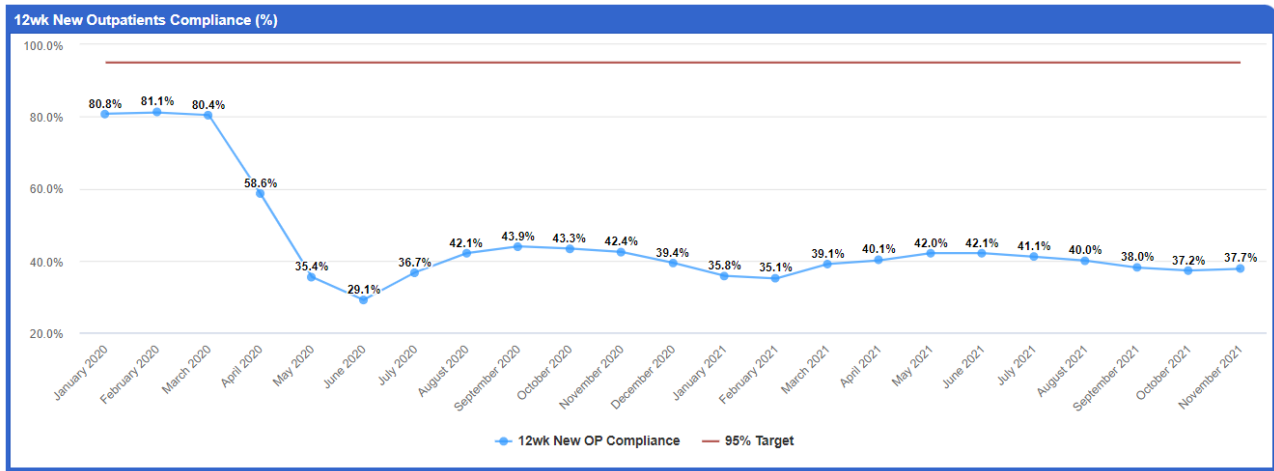
|                             |                         |                                |                |
|-----------------------------|-------------------------|--------------------------------|----------------|
| <b>20,783</b><br>Q2 2021/22 | <b>17,778</b><br>Target | Number of New Outpatients seen | <b>+ 3,005</b> |
|-----------------------------|-------------------------|--------------------------------|----------------|

The latest published benchmarking data for the National Waiting Times targets from Public Health Scotland for quarter ending September 2021 shows that compliance for patients waiting for a New Outpatient appointment was 38.7% across NHS Ayrshire & Arran which is 9.4 percentage points lower when compared to 48.1% for Scotland.

|                             |                          |   |              |
|-----------------------------|--------------------------|---|--------------|
| <b>38.7%</b><br>QE Sep 2021 | <b>48.1%</b><br>Scotland | of patients were waiting fewer than 12 weeks for a New Outpatient appointment | <b>- 9.4</b> |
|-----------------------------|--------------------------|---|--------------|

Local management information indicates that following a reducing trend in performance across NHS Ayrshire & Arran from 42.1% at June 2021, there was an increase of 0.5 percentage points from 37.2% at October 2021 to 37.7% at November 2021 (Figure 3). Prior to the impact of COVID-19, performance at February 2020 was 81.1%.

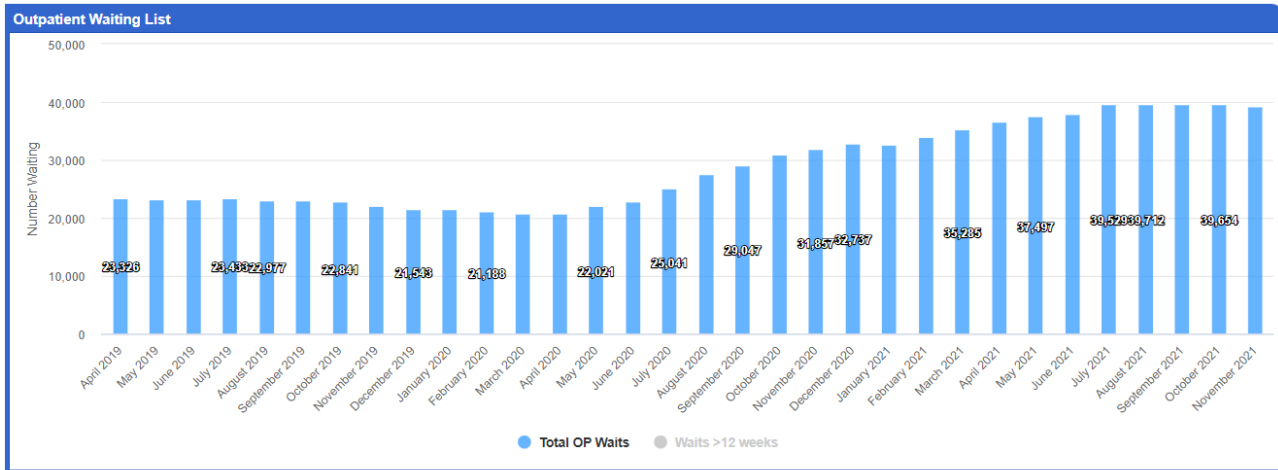
**Figure 3 – Monthly New Outpatients (Ongoing waits) performance**



Source: Local monthly management reports, Information Team

Performance against the National Waiting Times targets continues to be reported alongside our RMP3. The impact of social distancing requirements, the availability of staff and physical resources and the pausing of planned care at various points throughout the pandemic has had a significant impact on the New Outpatient waiting list. The total waiting list increased from 21,188 at the end of February 2020 (pre-COVID-19), to 39,654 at the end of October 2021 before reducing to 39,286 at end of November 2021. This is the lowest recorded number since June 2021 (Figure 4).

**Figure 4 – New Outpatients Waiting List at month end**



Source: Local monthly management reports, Information Team

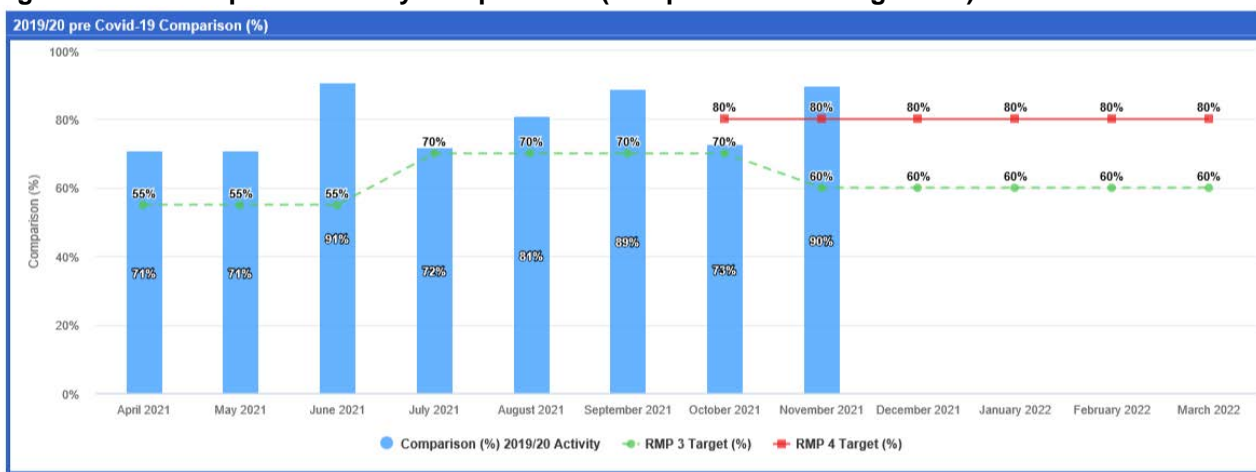
In November 2021, NHS Ayrshire & Arran had remobilised 90% of all New Outpatient activity compared to November 2019, and exceeded the revised remobilisation plan 4 target of 80% (Figure 5).

Patient referrals continue to be prioritised in line with clinical priorities with activity levels of 137% in November 2021 in Urgent categories compared to November 2019 (Table below).

| New Outpatient (12 Week Standard) Activity – All Specialties | 30-Sep-21 |                 |                 | 31-Oct-21 |                 |                 | 30-Nov-21 |                 |                 |      |
|--|-----------|-----------------|-----------------|-----------|-----------------|-----------------|-----------|-----------------|-----------------|------|
|  | Urgency   | Sep 2019 Actual | Sep 2021 Actual | %         | Oct 2019 Actual | Oct 2021 Actual | %         | Nov 2019 Actual | Nov 2021 Actual | %    |
| All  |           | 8,262           | 7,320           | 89%       | 9,921           | 7,273           | 73%       | 9,574           | 8,592           | 90%  |
| Routine  |           | 6,381           | 4,775           | 75%       | 7,674           | 4,897           | 64%       | 7,473           | 5,722           | 77%  |
| Urgent   |           | 1,881           | 2,545           | 135%      | 2247            | 2,376           | 106%      | 2,101           | 2,870           | 137% |

Source: Local monthly management reports Source: Local monthly management reports, Information Team

**Figure 5 – New Outpatient Activity Comparison – (All Specialties and urgencies)**



Source: Local monthly management reports, Information Team

### Outpatients – Improvement Actions

In November 2021, remobilisation of outpatients achieved 90% which is likely to reduce over future months due to the emergence of the Omicron variant and the contingency plans that are being put in place to deal with a significant outbreak.

Work is ongoing/starting within a number of specialties to introduce further new ways of working, which includes Enhanced Triage and Patient Initiated Review, in an attempt to maximise capacity as far as possible. Administrative review of waiting lists is also taking place to identify any patients who may have been referred twice or have been treated as an inpatient but remain on the outpatient waiting list.

### Inpatient/Daycase

Across NHS Ayrshire & Arran, a total of 2,794 Inpatients/Daycase procedures were carried out in Quarter 2 (July – September) of 2021/22. Current performance is lower than the trajectory of 3,283 by 15%, with NHS Ayrshire & Arran seeing 489 less patients than



planned as outlined in RMP3. Progress against RMP4 at Quarter 3 (October – December) will be available for the next report.

|                            |                        |  |              |
|----------------------------|------------------------|--|--------------|
| <b>2,794</b><br>Q2 2021/22 | <b>3,283</b><br>Target | Number of Inpatient / Daycase treatments commenced | <b>- 489</b> |
|----------------------------|------------------------|--|--------------|

The formal measure of performance against the 12 weeks Treatment Time Guarantee (TTG) for Inpatients/Daycases applies to patients seen (completed waits). Based on the latest published data from Public Health Scotland that reports on quarter ending September 2021, compliance was 72.0% across NHS Ayrshire & Arran, which is 1.8 percentage points higher when compared to 70.2% for Scotland.

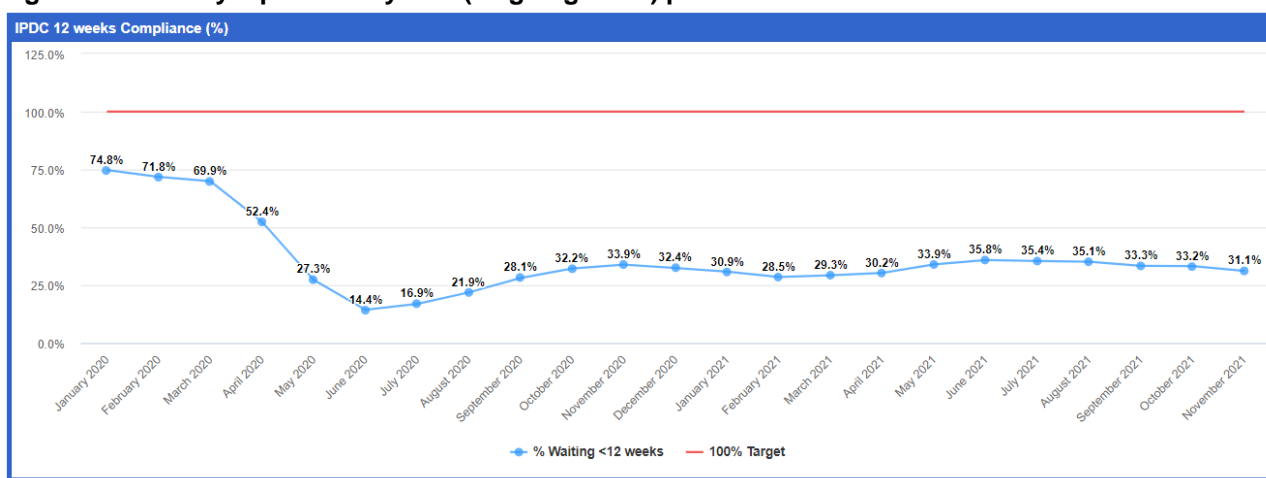
Although the formal measure of performance against the 12 weeks TTG for Inpatients/Daycases applies to patients seen (completed waits), the number of patients waiting for treatment at a point in time (ongoing waits) is also a key measure in assessing NHS hospitals' performance. Based on the latest published benchmarking data from Public Health Scotland that reports on quarter ending September 2021, compliance for ongoing waits was 34.0% across NHS Ayrshire & Arran, which is 3.5 percentage points lower when compared to 37.5% for Scotland.

|                             |                          |  |              |
|-----------------------------|--------------------------|--|--------------|
| <b>72.0%</b><br>QE Sep 2021 | <b>70.2%</b><br>Scotland | of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (completed waits) | <b>+ 1.8</b> |
| <b>34.0%</b><br>QE Sep 2021 | <b>37.5%</b><br>Scotland | of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (ongoing waits)   | <b>- 3.5</b> |

Based on local management information, following an increasing trend from a low of 14.4% at end of June 2020 to 35.8% at end of June 2021, NHS Ayrshire & Arran performance continues to fall with compliance of 31.1% reported at the end of November 2021 (Figure 6).

This followed cancellation of Orthopaedic Arthroplasty at UHA, and Priority 3 and 4 patients at UHC, to allow redeployment of staff. The decision to pause the majority of planned care in September 2021 has also had an impact on waiting times performance. Prior to the impact of COVID-19, performance at February 2020 was 71.8%.

**Figure 6 – Monthly Inpatient/Daycase (Ongoing waits) performance**

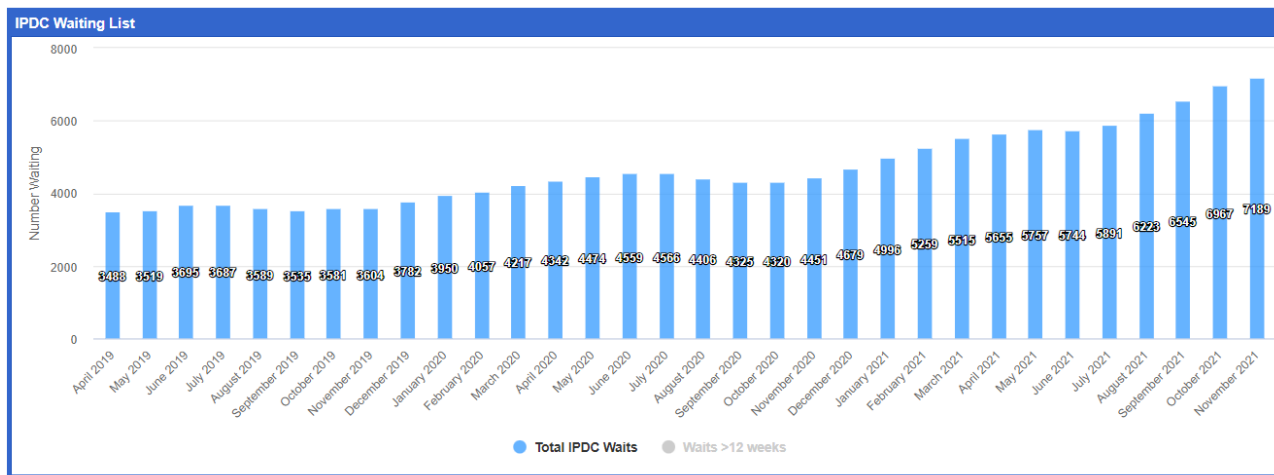


Source: Local monthly management reports, Information Team



The significant constraints in operating capacity during the pandemic have resulted in an increase in overall elective surgical waiting lists, with the biggest impact being for the patients awaiting procedures in the less clinically urgent Priority 3 and particularly the Priority 4 categories. The overall number of patients waiting has increased from 4,057 at February 2020 to 7,189 at November 2021 (Figure 7).

**Figure 7 – Inpatient/Daycase Waiting List at month end**



Source: Local monthly management reports, Information Team

Please note that the total numbers for New Outpatients and Inpatients/Daycases include unavailable patients. Compliance figures for National Report exclude unavailable patients.

The allocation of operating theatre capacity based on clinical priority has affected some surgical specialties more than others. The Number of Inpatients/Daycases by specialty waiting > 12 Weeks is outlined below.

| Specialty                      | As at 29 February 2020 (Pre-COVID-19) | As at 31 October 2021 | As at 30 November 2021 |
|--------------------------------|---------------------------------------|-----------------------|------------------------|
| ENT                            | 54                                    | 479                   | 512                    |
| General Surgery (inc Vascular) | 102                                   | 1,217                 | 1,287                  |
| Gynaecology                    | 1                                     | 186                   | 202                    |
| Ophthalmology                  | 294                                   | 320                   | 282                    |
| OMFS                           | 62                                    | 127                   | 151                    |
| Plastic Surgery                | 0                                     | 17                    | 23                     |
| Trauma & Orthopaedics          | 561                                   | 1,783                 | 1,951                  |
| Urology                        | 28                                    | 445                   | 437                    |
| Other                          | 1                                     | 72                    | 89                     |
| <b>Total</b>                   | <b>1,103</b>                          | <b>4,646</b>          | <b>4,934</b>           |

NHS Ayrshire & Arran remobilised 72% of Inpatient/Daycase activity in November 2021 against a revised remobilisation plan 4 target of 59% (Figure 8).

**Figure 8 – Inpatients/Daycases Activity Comparison – (All Specialties and urgencies)**



Source: Local monthly management reports, Information Team

Throughout the pandemic, the allocation of the limited operating capacity has been driven by the relative clinical priority of each case. Although overall targets were not met, activity levels reached 249% in Urgent categories in November 2021 compared to November 2019 (Table below).

| Inpatient/Day case Activity – All Specialties | 30-Sep-21        |                  |      | 31-Oct-21       |                 |      | 30-Nov-21       |                 |      |
|---|------------------|------------------|------|-----------------|-----------------|------|-----------------|-----------------|------|
|   | July 2019 Actual | July 2021 Actual | %    | Aug 2019 Actual | Aug 2021 Actual | %    | Sep 2019 Actual | Sep 2021 Actual | %    |
| All   | 1,421            | 784              | 55%  | 1,709           | 866             | 51%  | 1,583           | 1,145           | 72%  |
| Routine                                       | 1,204            | 358              | 30%  | 1,437           | 367             | 26%  | 1,336           | 531             | 40%  |
| Urgent  | 217              | 426              | 196% | 272             | 499             | 183% | 247             | 614             | 249% |

Source: Local monthly management reports

### Inpatients/Daycases – Improvement Actions

Priority 3 and 4 surgery has continued to be paused throughout November 2021 due to competing demands for bed capacity from unscheduled care. This is likely to continue to be the case until the end of January 2022.

Priority 2 surgery is continuing although at reduced capacity. All Colorectal surgery is being carried out at UHA. ENT, Breast and Upper GI surgery is being carried out at Golden Jubilee National Hospital.

### 18 week Referral to Treatment

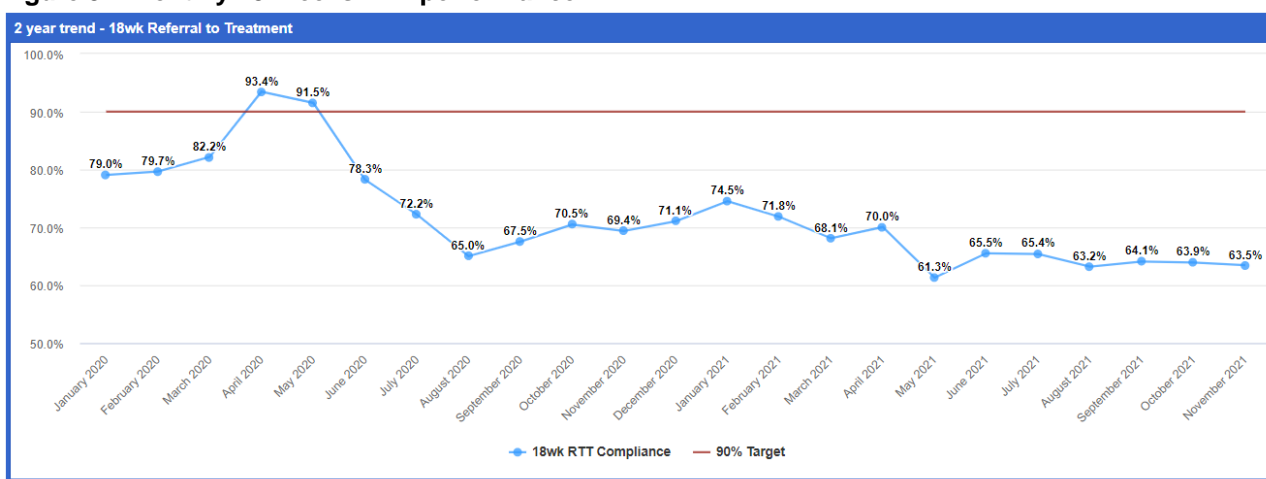
Based on the latest published benchmarking data from Public Health Scotland that reports on quarter ending September 2021, compliance for the 18 week Referral to Treatment

standard was 64.1% across NHS Ayrshire & Arran, which is 10.8 percentage points lower when compared to 74.9% for Scotland.

|                             |                          |   |               |
|-----------------------------|--------------------------|---|---------------|
| <b>64.1%</b><br>QE Sep 2021 | <b>74.9%</b><br>Scotland | of patients were waited fewer than 18 weeks Referral to Treatment | <b>- 10.8</b> |
|-----------------------------|--------------------------|---|---------------|

The target for 18 week Referral to Treatment (RTT) compliance is 90% and Local management information indicates that performance across NHS Ayrshire & Arran continues to show a decreasing trend, with a reduction of 0.4 percentage points from 63.9% at October 2021 to 63.5% at November 2021 (Figure 9). Prior to the impact of COVID-19, performance at February 2020 was 79.7%.

**Figure 9 – Monthly 18 Weeks RTT performance**



Source: Local Information Team Reports

### 18 Weeks Referral to Treatment

Compliance against the 18 Week RTT target of 90% continues to be affected by the measures put in place to effectively and safely manage the pressures of COVID-19, which resulted in higher than expected compliance being recorded in April and May 2020.

Achieving the standard depends on waiting times for diagnostic tests, new outpatient appointments and inpatient/daycase treatment. Due to the pauses in elective surgery, this will have an impact on being able to make improvements.

### Musculoskeletal Services (MSK)

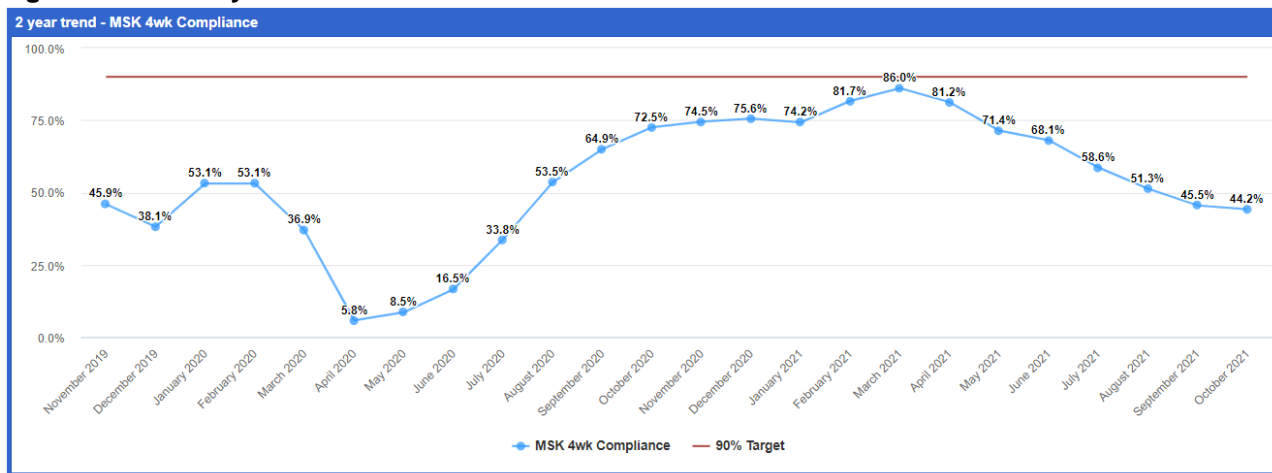
The latest published benchmarking data for MSK services for quarter ending June 2021 shows that compliance was 65.3% across NHS Ayrshire & Arran, which is 7.1 percentage points higher compared to 58.2% across Scotland.

|                             |                          |  |              |
|-----------------------------|--------------------------|--|--------------|
| <b>65.3%</b><br>QE Jun 2021 | <b>58.2%</b><br>Scotland | of patients were waiting fewer than 4 weeks for Musculoskeletal Services | <b>+ 7.1</b> |
|-----------------------------|--------------------------|--|--------------|

Local management information highlights that there was a sharp fall in compliance at the outset of the pandemic to 5.8% in April 2020 (Figure 10). Following that low, performance had been improving, reaching a high of 86.0% in March 2021. However compliance levels

have since decreased month on month to 44.2% at October 2021 (Figure 10). Performance continues to be lower than pre-COVID-19 levels of 53.1% at February 2020 and are at their lowest since 33.8% at July 2020.

**Figure 10 – Monthly MSK Performance**



Source: Local Information Team Reports

### Musculoskeletal – Improvement Actions



MSK have not secured any RMP funding despite submitting a bid for additional resource. The service has experienced an increased need for face to face activity, to complete care for people whose needs have not been met by more remote ways of working. Paused care for some has also resulted in greater complexity, requiring more resource intensive care. Work continues to source alternative suitable accommodation and different ways of working, to enable increased face to face clinical capacity.

Since March 2021, demand has increased to pre-COVID-19 levels, and in some areas, has exceeded previous levels contributing to a decline in performance. Capacity remains restricted by a number of factors including vacancies, retirements, annual leave, sickness absence and COVID-19 related absences. Recruitment approach and skill mix has been reviewed, however slower HR processes and lack of suitable applicants are impacting on timely recruitment. A depleted administrative resource and delayed recruitment has resulted in inefficiencies in referral management and service delivery.

Patient referrals continue to be prioritised in line with clinical need. Patient Initiated Reviews (PIRs), opting in for new appointments and Active Clinical Referral Triage (ACRT) have targeted a reduction in waiting times. Work continues to develop referral criteria for referrers. A change in process will ensure delivery of timeous face to face management for those with clearly identified need, and will reduce duplication of activity.

Lack of group sessions and no hydrotherapy availability, due to social distancing, has impacted on onward referral routes, increasing the need for individual appointment consultations. We are working with colleagues in communities to develop alternative solutions. Digital technology has been enhanced through social media and the MSK NHS Ayrshire & Arran web page, resulting in increased self- management advice and the availability of exercise videos for signposting, to target a reduction in referrals and facilitate timely discharge. Digitally accessible self- management workbooks for clinical conditions have also been uploaded on to the web page, to enhance clinical outcomes and increase capacity.

## 2.3.3 Diagnostics

| Diagnostics                   |                          |   |  |
|-------------------------------|--------------------------|---|--|
| Remobilisation Plan Measures  |                          |   |  |
| <b>10,304</b><br>Q2 2021/22   | <b>13,675</b><br>Target  | Number of Imaging procedures carried out (MRI, CT, Non-obstetric ultrasound, Barium studies)    | <b>- 3,371</b>   |
| <b>2,012</b><br>Q2 2021/22    | <b>2,205</b><br>Target   | Number of Endoscopy procedures carried out (Upper/Lower Endoscopy, Colonoscopy, and Cystoscopy) | <b>- 193</b>   |
| <b>29</b><br>Q2 2021/22       | <b>168</b><br>Target     | Number of Cytosponge procedures carried out   | <b>- 139</b>   |
| <b>39</b><br>Q2 2021/22       | <b>63</b><br>Target      | Number of Colon Capsule Endoscopy procedures carried out  | <b>- 24</b>  |
| National Performance Measures |                          |   |  |
| <b>68.7%</b><br>Nov 2021      | <b>50.9%</b><br>Nov 2020 | of patients were waiting fewer than 6 weeks for Imaging   |  <b>100%</b>  |
| <b>31.1%</b><br>Nov 2021      | <b>21.9%</b><br>Nov 2020 | of patients were waiting fewer than 6 weeks for Endoscopy                                       |  <b>100%</b> |
| National Benchmarking         |                          |   |  |
| <b>70.9%</b><br>Sep 2021      | <b>66.9%</b><br>Scotland | of patients were waiting fewer than 6 weeks for Imaging   | <b>+ 4.0</b>   |
| <b>28.4%</b><br>Sep 2021      | <b>33.9%</b><br>Scotland | of patients were waiting fewer than 6 weeks for Endoscopy                                       | <b>- 5.5</b>   |

### Imaging (MRI, CT, Non-obstetric ultrasound, Barium Studies)

A total of 10,304 imaging tests were carried out in Quarter 2 (July – September) of 2021/22, remaining below the trajectory of 13,675 with 3,371 fewer tests being carried out than had been detailed within RMP3. Progress against RMP4 at Quarter 3 (October – December) will be available for the next report.

|                             |                         |  |                |
|-----------------------------|-------------------------|--|----------------|
| <b>10,304</b><br>Q2 2021/22 | <b>13,675</b><br>Target | Number of Imaging procedures carried out (MRI, CT, Non-obstetric ultrasound, Barium studies) | <b>- 3,371</b> |
|-----------------------------|-------------------------|--|----------------|

The latest published benchmarking data from Public Health Scotland for September 2021 shows that compliance as a whole for all four modalities for Imaging (CT, MRI, Barium Studies and Non-obstetric Ultrasound) against the 6 weeks Access Target of 100% was 70.9% across NHS Ayrshire & Arran, which is 4.0 percentage points higher compared to 66.9% for Scotland.

|                          |                          |   |              |
|--------------------------|--------------------------|---|--------------|
| <b>70.9%</b><br>Sep 2021 | <b>66.9%</b><br>Scotland | of patients were waiting fewer than 6 weeks for Imaging | <b>+ 4.0</b> |
|--------------------------|--------------------------|---|--------------|

Based on local management information, following a reduction in compliance at October 2021 to 67.3%, compliance against the 6 weeks Access Target for Imaging has increased by 1.4 percentage to 68.7% at November 2021. (Figure 11). Prior to the impact of COVID-19, performance at February 2020 was 73.0%.

**Figure 11 – Imaging compliance Performance**



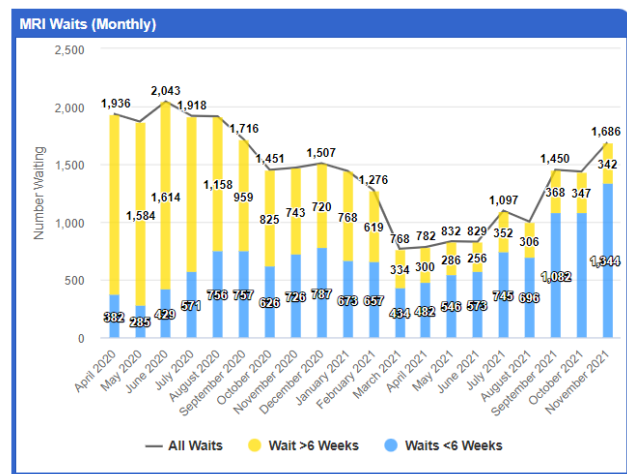
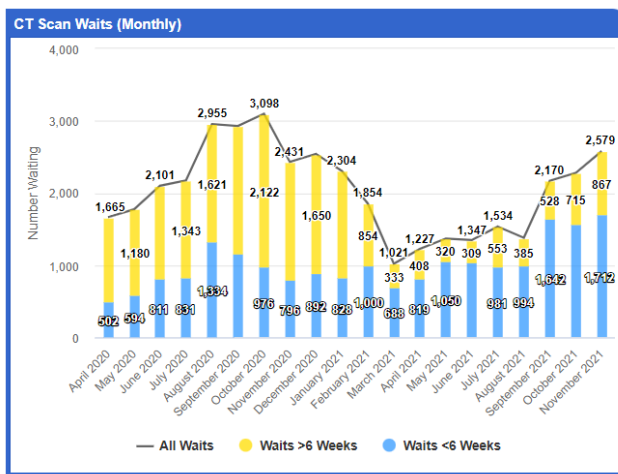
Source: Local monthly management reports, Information Team

The numbers waiting over 6 weeks for a CT scan continue to show an increasing trend, from 385 at August 2021 to 867 at November 2021. Waiting list numbers are higher than pre-COVID-19 levels of 316 at February 2020, although it should be noted that the counting methodology has changed during that period.

For MRI Scans, the numbers waiting over 6 weeks for an MRI scan have decreased, from 347 at October 2021 to 342 at November 2021. MRI Scan waiting list numbers continue to be lower than pre-COVID-19 levels of 1,112 at the end of February 2020.

A comparison of the number of patients waiting for CT and MRI is outlined in Figures 12 and 13.

**Figures 12 and 13 - CT and MRI Waiting List at month end**



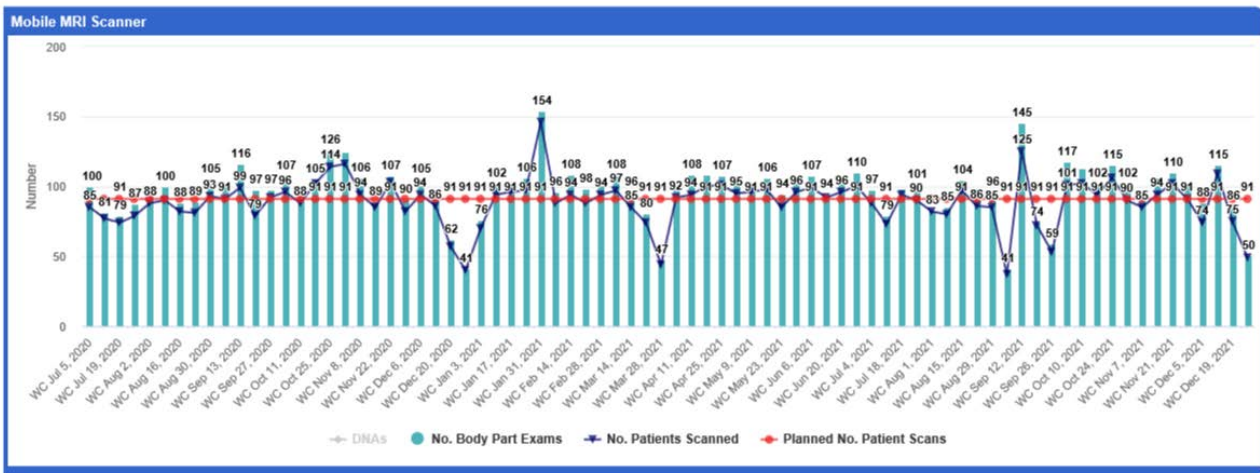
Source: Local monthly management reports, Information Team

## Imaging – Improvement Actions

The mobile MRI scanner remains in place and is delivering the planned activity (Figure 14). This will be on site until March 2022. Additional funding for a mobile MRI van has been confirmed for seven weeks from January 2022. This will allow some prostate and MRI angio scans to be delivered.

Ultrasound have also suffered from significant staffing pressures which has restricted activity as obstetric ultrasound has been prioritised over the non-obstetric patients. A locum sonographer has been sourced to start in January 2022 for a two week period.

Figure 14 - MRI Mobile Scanner Activity



Source: Local monthly management reports, Information Team

## Endoscopy Activity (Upper, Lower Endoscopy, Colonoscopy, Cystoscopy)

Across NHS Ayrshire & Arran, a total of 2,012 patients received a scope (Upper/Lower Endoscopy, Colonoscopy, Cystoscopy) during Quarter 2 (July – September) of 2021/22, falling below the quarterly position trajectory of 2,205 outlined in RMP3 with the service seeing 193 fewer patients than planned. Progress against RMP4 at Quarter 3 (October – December) will be available for the next report.

|                            |                        |   |              |
|----------------------------|------------------------|---|--------------|
| <b>2,012</b><br>Q2 2021/22 | <b>2,205</b><br>Target | Number of Endoscopy procedures carried out (Upper/Lower Endoscopy, Colonoscopy, and Cystoscopy) | <b>- 193</b> |
|----------------------------|------------------------|---|--------------|

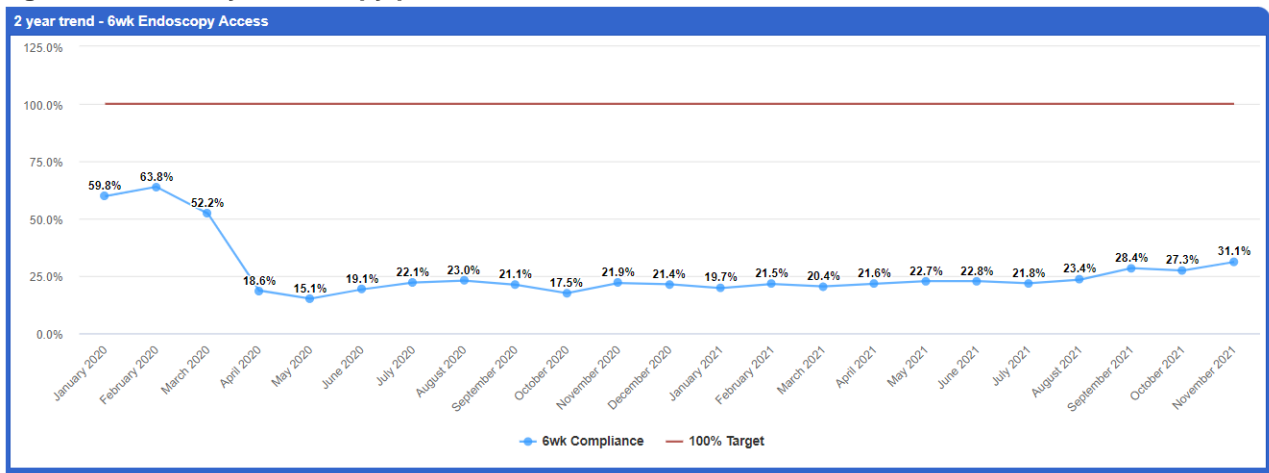
The latest published benchmarking data from Public Health Scotland for September 2021 shows that compliance for Endoscopy was 28.4% across NHS Ayrshire & Arran, 5.5 percentage points lower when compared to 33.9% for Scotland.

|                          |                          |   |              |
|--------------------------|--------------------------|---|--------------|
| <b>28.4%</b><br>Sep 2021 | <b>33.9%</b><br>Scotland | of patients were waiting fewer than 6 weeks for Endoscopy | <b>- 5.5</b> |
|--------------------------|--------------------------|---|--------------|

Based on local management information, compliance against the 6 weeks Access Target for Endoscopy is on an improving trend, and has increased by 3.8 percentage points from 27.3% at October 2021 to a post COVID-19 high of 31.1% at November 2021 (Figure 15). Prior to the impact of COVID-19, performance at February 2020 was 63.8%.



**Figure 15 – Monthly Endoscopy performance**

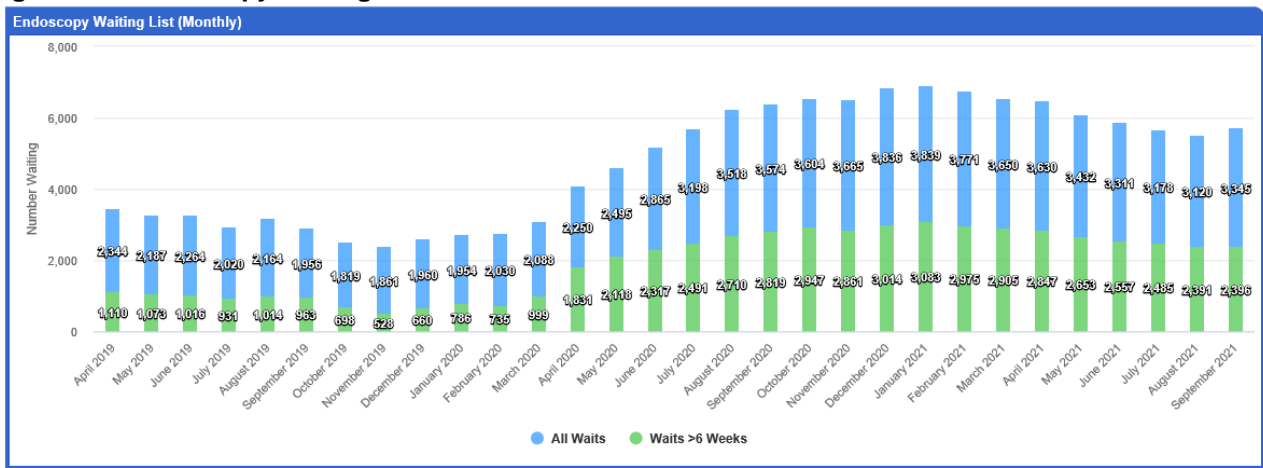


Source: Local monthly management reports, Information Team

Endoscopy services continue to be impacted by COVID-19 due to the re-designation of space to expand ICU facilities, social distancing, reduced patient throughput due to national infection control protocols, and the risk associated with aerosol generating procedures. Increased unscheduled care pressures led to a two week pause on all elective endoscopy activity during September 2021 in order to redeploy nurse staffing to other areas of pressure within the hospitals.

Following a reducing trend from a high of 3,389 at January 2021 to 3,120 at August 2021, the total number of patients waiting for an Endoscopy has increased by 7.2% to 3,345 at September 2021. The number waiting at February 2020 was 2,030. Despite overall numbers increasing, the numbers waiting > 6 weeks has gradually been falling since January 2021. A comparison of the number of patients waiting is outlined in Figure 16.

**Figure 16 – Endoscopy Waiting List at month end**



Source: Local monthly management reports, Information Team

Cytosponge and Colon Capsule Endoscopy (CCE) both continue to experience lower levels of activity against the quarterly position trajectory outlined in RMP3. For the period July - September 2021, 29 patients underwent a Cytosponge, which was 139 fewer than the quarterly trajectory of 168; additionally 39 patients received a CCE which was 24 lower than planned against quarterly trajectory of 63. Progress against RMP4 at Quarter 3 (October – December) will be available for the next report.

|                         |                      |  |              |
|-------------------------|----------------------|--|--------------|
| <b>29</b><br>Q2 2021/22 | <b>168</b><br>Target | Number of Cytosponge procedures carried out              | <b>- 139</b> |
| <b>39</b><br>Q2 2021/22 | <b>63</b><br>Target  | Number of Colon Capsule Endoscopy procedures carried out | <b>- 24</b>  |

### Endoscopy – Improvement Actions

Significant work has been undertaken to clinically review the routine waiting list, including sending patients' qFIT tests and telephone reviews to ascertain symptoms. This is an ongoing piece of work to ensure effective patient triage and to try and reduce the size of the waiting list. Thereafter new guidelines will be introduced to ensure patients with appropriate symptoms and clinical need are added to the waiting list.



Due to the increased number of COVID-19 patients requiring ICU, the recovery space for Endoscopy at UHC remains significantly restricted.

Colon Capsule Endoscopy and Cytosponge have been implemented and work is ongoing to consider how these alternative procedures can be increased. Additional Access funding has been requested to support additional staffing for Cytosponge which will support increased activity, and clinical teams are now considering the appropriateness of CCE for surveillance patients. There do remain some clinical concerns and limitations of these two procedures which are being worked through at a national level.

Additional endoscopy capacity at GJNH continues to be used, although this is not being fully utilised primarily as a result of patients lack of willingness to travel

The Scottish Government Access Support Team has provisionally supported a small capital investment to create a fourth Endoscopy room at UHA, this being an opportunity which has arisen through another ongoing project in that area of the hospital. Investment in the staffing for this additional facility will form part of the access funding plan for 2022/23. This additional endoscopy capacity is expected to be in place by April 2022.

## 2.3.4 Cancer

| Cancer                        |                             |   |  |
|-------------------------------|-----------------------------|---|--|
| Remobilisation Plan Measures  |                             |   |  |
| <b>3,441</b><br>Q2 2021/22    | <b>2,880</b><br>Anticipated | Number of urgent with a suspicion of cancer referrals received  | <b>+ 561</b>   |
| <b>287</b><br>Q2 2021/22      | <b>300</b><br>Target        | Number of patients with a Cancer diagnosis who started treatment within 31 days of decision to treat    | <b>- 13</b>  |
| National Performance Measures |                             |   |  |
| <b>81.5%</b><br>Nov 2021      | <b>79.7%</b><br>Nov 2020    | of patients with suspicion of cancer started treatment within <b>62 days</b> of initial referral        |  <b>95%</b> |
| <b>96.5%</b><br>Nov 2021      | <b>100.0%</b><br>Nov 2020   | of patients with a Cancer diagnosis started treatment within <b>31 days</b> following decision to treat |  <b>95%</b> |
| National Benchmarking         |                             |   |  |
| <b>83.3%</b><br>QE Sep 2021   | <b>83.1%</b><br>Scotland    | of patients with suspicion of cancer started treatment within <b>62 days</b> of initial referral        | <b>+ 0.2</b>   |
| <b>95.7%</b><br>QE Sep 2021   | <b>96.7%</b><br>Scotland    | of patients with a Cancer diagnosis started treatment within <b>31 days</b> following decision to treat | <b>- 1.0</b>   |

### 62 Day Urgent Suspicion of Cancer

A total of 3,441 urgent with suspicion of cancer referrals were received during the period July – September 2021, 561 more than anticipated as outlined in RMP3.

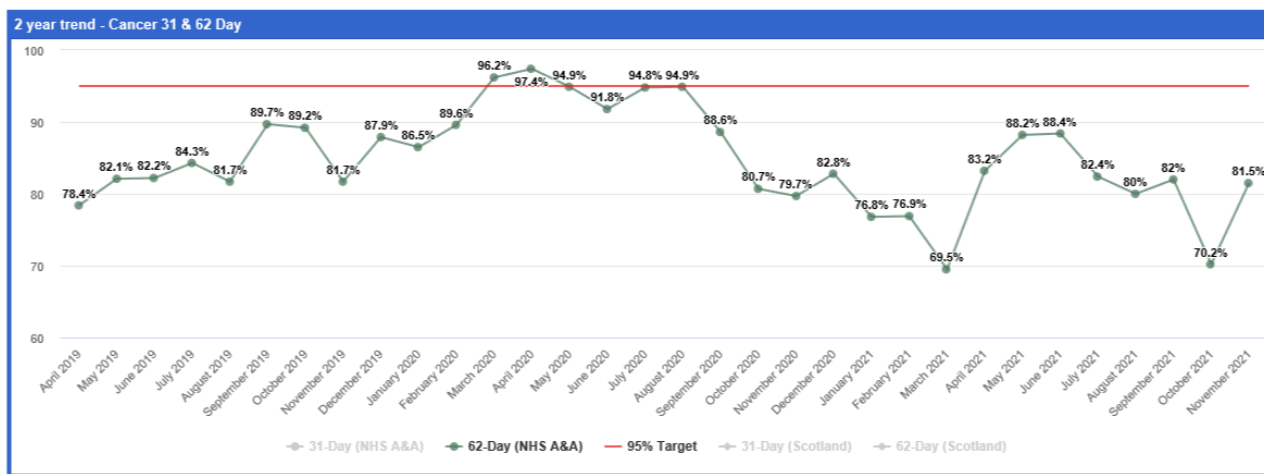
|                            |                             |  |              |
|----------------------------|-----------------------------|--|--------------|
| <b>3,441</b><br>Q2 2021/22 | <b>2,880</b><br>Anticipated | Number of urgent with a suspicion of cancer referrals received | <b>+ 561</b> |
|----------------------------|-----------------------------|--|--------------|

The latest published benchmarking data for quarter ending September 2021 indicates that compliance against the 62 day Cancer target of 95% was 83.3% across NHS Ayrshire & Arran, which is 0.2 percentage points higher compared to 83.1% for Scotland.

|                             |                          |  |              |
|-----------------------------|--------------------------|--|--------------|
| <b>83.3%</b><br>QE Sep 2021 | <b>83.1%</b><br>Scotland | of patients with suspicion of cancer started treatment within <b>62 days</b> of initial referral | <b>+ 0.2</b> |
|-----------------------------|--------------------------|--|--------------|

Local management information shows that compliance against the 95% 62 day Cancer target has risen from 70.2% in October 2021 to 81.5% in November 2021 (Figure 17). This compares to 79.7% in November 2020.

**Figure 17 – Monthly Cancer 62 day Performance**



Source: Public Health Scotland and Local Information Team Reports

Prior to the outbreak of the pandemic, the 62 day Cancer target was on an improving trajectory, reaching 89.6% in February 2020. Although performance levels remained high for the 62 day Cancer target until August 2020 it should be noted that this is considered an artificially high performance caused by the fact that very few patients were being diagnosed and treated in the early stages of the pandemic. As services remobilised from Summer 2020, more cancers were diagnosed and treated but patients by this point, had already experienced a longer wait and so performance progressively decreased to a low of 69.5% at March 2021, further exacerbated by the pandemic pressures in the second wave in early 2021. After the second wave, further service remobilisation did begin to demonstrate improved 62-day target performance. However recent system and staffing pressures which have reduced both diagnostic and operating surgery capacity since July 2021, resulted in a reduction in performance in October 2021.

### 31 Day Treatment

A total of 287 patients diagnosed with cancer were treated within 31 days of diagnosis during the period July - September 2021, 13 less than anticipated as outlined in RMP3.

|                          |                      |  |             |
|--------------------------|----------------------|--|-------------|
| <b>287</b><br>Q2 2021/22 | <b>300</b><br>Target | Number of patients with a Cancer diagnosis who started treatment within 31 days of decision to treat | <b>- 13</b> |
|--------------------------|----------------------|--|-------------|

The latest published benchmarking data for quarter ending September 2021 indicates that compliance against the 31 day Cancer target of 95% was 95.7% across NHS Ayrshire & Arran, which is 1.0 percentage points lower compared to 96.7% for Scotland.

|                             |                          |   |              |
|-----------------------------|--------------------------|---|--------------|
| <b>95.7%</b><br>QE Sep 2021 | <b>96.7%</b><br>Scotland | of patients with a Cancer diagnosis started treatment within <b>31 days</b> following decision to treat | <b>- 1.0</b> |
|-----------------------------|--------------------------|---|--------------|

Performance against the 31 day Cancer target of 95% has been consistently met and maintained throughout the COVID-19 outbreak, with the exception of lower levels in September 2021. Local management information indicates that compliance remained above target at 96.5% in November 2021 (Figure 18).

**Figure 18 – Monthly Cancer 31 day Performance**



Source: Public Health Scotland and Local Information Team Reports

### Cancer – Improvement Actions




The marked increase in the number of referrals received causes some concern around optimal and effective referral processes. This is due to the fact no increase in diagnosis of cancer is being recorded at this time despite this increase in referrals.

The Effective Cancer Management framework is currently under review and is being prioritised nationally, referral processes will form part of this review and allow for more robust re-grading policies to be implemented.

The most significant impact on the cancer performance is diagnostic capacity. The actions mentioned earlier relating to increased Imaging capacity and Endoscopy capacity form part of the cancer plan.

Early Cancer Diagnosis Centre has received 59 referrals up to end of November 2021. Only one cancer has been diagnosed so far.

## 2.3.5 Mental Health

| Mental Health                 |                          |  |  |
|-------------------------------|--------------------------|--|--|
| Remobilisation Plan Measures  |                          |  |  |
| <b>381</b><br>Q2 2021/22      | <b>300</b><br>Target     | Number of children and young people started treatment with CAMH services   | <b>+ 81</b>  |
| <b>841</b><br>Q2 2021/22      | <b>990</b><br>Target     | Number of eligible patients started treatment for psychological therapy  | <b>- 149</b>   |
| National Performance Measures |                          |  |  |
| <b>90.4%</b><br>Nov 2021      | <b>97.7%</b><br>Nov 2020 | of children and young people started treatment within 18 weeks of initial referral to CAMH services                      |  <b>90%</b> |
| <b>90.5%</b><br>Nov 2021      | <b>84.9%</b><br>Nov 2020 | of patients started treatment within 18 weeks of their initial referral for psychological therapy                        |  <b>90%</b> |
| <b>99.5%</b><br>Nov 2021      | <b>98.6%</b><br>Nov 2020 | of clients waited less than 3 weeks from referral to appropriate drug or alcohol treatment that supported their recovery |  <b>90%</b> |
| National Benchmarking         |                          |  |  |
| <b>99.5%</b><br>QE Sep 2021   | <b>78.6%</b><br>Scotland | of children and young people started treatment within 18 weeks of initial referral to CAMH services                      | <b>+ 20.9</b>  |
| <b>90.8%</b><br>QE Sep 2021   | <b>87.2%</b><br>Scotland | of patients started treatment within 18 weeks of their initial referral for psychological therapy                        | <b>+ 3.6</b>   |
| <b>98.6%</b><br>QE Mar 2021   | <b>94.6%</b><br>Scotland | of clients waited less than 3 weeks from referral to appropriate drug or alcohol treatment that supported their recovery | <b>+ 4.0</b>   |

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

A total of 381 CAMHS First Treatment patients were treated in Quarter 2 (July – September) of 2021/22, exceeding the trajectory of 300 within NHS Ayrshire & Arran by 81.

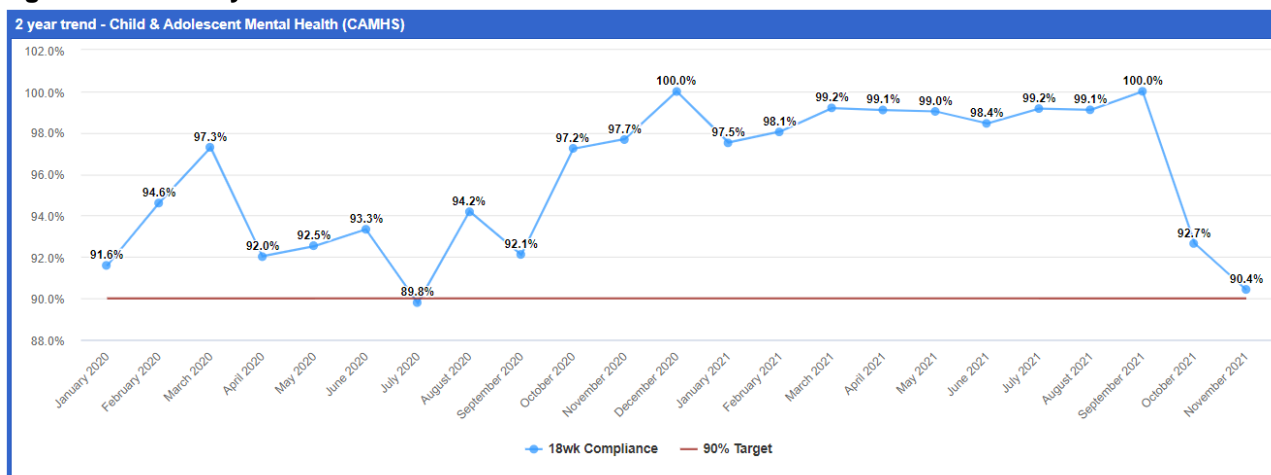
|                          |                      |  |             |
|--------------------------|----------------------|--|-------------|
| <b>381</b><br>Q2 2021/22 | <b>300</b><br>Target | Number of children and young people started treatment with CAMH services | <b>+ 81</b> |
|--------------------------|----------------------|--|-------------|

The target for CAMHS compliance is 90%, and the latest published data for quarter ending September 2021 indicates that compliance was 99.5% across NHS Ayrshire & Arran, which is 20.9 percentage points higher compared to 78.6% for Scotland.

|                             |                          |   |               |
|-----------------------------|--------------------------|---|---------------|
| <b>99.5%</b><br>QE Sep 2021 | <b>78.6%</b><br>Scotland | of children and young people started treatment within 18 weeks of initial referral to CAMH services | <b>+ 20.9</b> |
|-----------------------------|--------------------------|---|---------------|

Local management information shows that compliance reached 100% in September 2021. However, although still exceeding target, performance has reduced sharply to 90.4% at November 2021, the lowest position since July 2020 (Figure 19). Prior to the impact of COVID-19, performance at February 2020 was 94.6%.

**Figure 19 – Monthly CAMHS Performance**



Source: Local Information Team Reports, Mental Health

### CAMHS – Improvement Actions

Organisational change continues to progress, albeit not at the desired pace due to delays in the recruitment process as a result of capacity within HR. There is now a vacant Team Co-ordinator post for Neurological Services which is due to be interviewed for in the coming weeks as well as a Neurological Services Manager post which closes in week commencing 20<sup>th</sup> of December 2021.

CAMHS have submitted a paper for consideration to the Head of Mental Health Services to be allocated a ward at Woodland View Hospital as part of an options appraisal process.

CAMHS continues to provide a mixture of face to face and near-me contacts and this will be ongoing for the time being.

The greatest pressures facing the service will be recruiting 15 whole time equivalent nurses in to the new Unscheduled care service and securing accommodation to support service expansion. Accommodation remains unclear and uptake of advertised posts was significantly lower than expected.

### Psychological Therapies

A total of 841 Psychological Therapies (PT) First Treatment patients were treated in Quarter 2 (July – September) of 2021/22, falling below the trajectory of 990 within NHS Ayrshire & Arran by 149.

|                          |                      |   |              |
|--------------------------|----------------------|---|--------------|
| <b>841</b><br>Q2 2021/22 | <b>990</b><br>Target | Number of eligible patients started treatment for psychological therapy | <b>- 149</b> |
|--------------------------|----------------------|---|--------------|



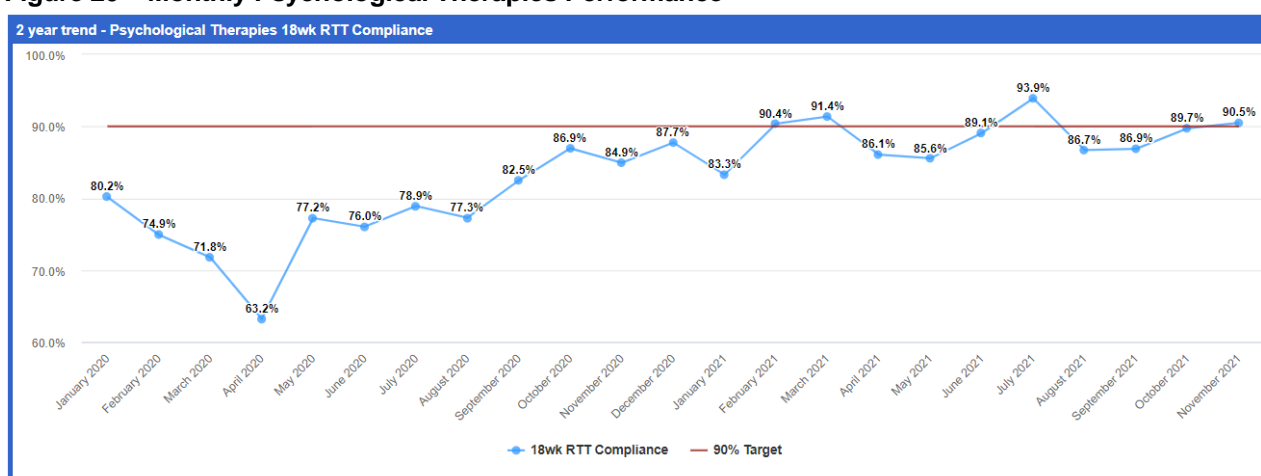
The latest published data for quarter ending September 2021 indicates that compliance for Psychological Therapies was 90.8% across NHS Ayrshire & Arran, which is 3.6 percentage points higher compared to 87.2% for Scotland.

|                             |                          |   |              |
|-----------------------------|--------------------------|---|--------------|
| <b>90.8%</b><br>QE Sep 2021 | <b>87.2%</b><br>Scotland | of patients started treatment within 18 weeks of their initial referral for psychological therapy | <b>+ 3.6</b> |
|-----------------------------|--------------------------|---|--------------|

Local management information shows there has been a small improvement in compliance of 0.8 percentage point from 89.7% at October 2021 to 90.5% at November 2021 (Figure 20). This is the first time compliance has exceeded the 90% target since July 2021. Prior to the impact of COVID-19, performance in February 2020 was 74.9%.

It should be noted that due to an identified discrepancy in reporting, monthly figures from April 2021 have been revised and differ from those reported previously.

**Figure 20 – Monthly Psychological Therapies Performance**



Source: Local Information Team Reports, North Ayrshire HSCP

Waiting time compliance for Psychological Therapies exceeded the 90% compliance standard at November 2021. After an increasing trend in the total numbers waiting to 620 at September 2021, the improvement in performance coincides with a monthly reduction in total numbers waiting to 523 at November 2021. This improvement is being delivered since a return to pre-COVID-19 referral demand. It is unclear at present what impact the new COVID-19-variant and changes to whole service provision will have on referral demand or clinical activity.

### Psychological Therapies – Improvement Actions

COVID-19 restrictions have had a negative impact on waiting times within the Specialties of CAMHS and Community Paediatrics, in particular, where there was low acceptance and suitability for remote working. This relates to the predominance of neurodevelopmental and neuropsychological work within these Specialties, and the limited evidence base and options to deliver these specialist assessments to children remotely. These Specialties are also experiencing a high level of maternity leave at present. Progress is being made in clearing the longest waits and further progress will be enhanced on recruiting to established posts, as well as new posts developed from the recent Scottish Government Mental Health Service Recovery and Renewal funding allocation for PT and CAMHS.

Much of the provision which had been paused during the earlier lockdown period has since been reinstated and will be progressed, within ongoing COVID-19 constraints, availability of face-to-face clinics and staff capacity, through the service adaptations and developments outlined below:

- Strong recruitment drive to fill all vacancies, including high levels of maternity leave. Skill-mix and adaptations to existing posts have been developed to increase recruitment to difficult-to-fill posts.
- Recruitment to permanent contracts. Recent allocation of additional fixed term SG funding dedicated to clearing backlogs has had Lead Partnership approval to recruit to posts on a permanent basis to increase attractiveness in posts in the context of strong national competition for a limited specialist workforce.
- Continue remote delivery of psychological assessment and treatment where appropriate.
- Continue development of remote therapeutic groups following positive evaluation of pilot groups, including training to expand numbers of trained clinicians to deliver groups for adults presenting with distress and emotional regulation problems which form the majority of referrals to the service.
- Reinstate face-to-face clinical contact in outpatient and inpatient settings, prioritising longest waits and neurodevelopmental and neuropsychological assessment. Use a blended face-to-face/remote approach to remove barriers to accessing psychological input and to increase patient choice.
- Expand access to an increased range of Scottish Government supported digital options as part of a tiered model of service delivery.
- Implement the recently developed strategic plan for psychological training and supervision, initially focused on Adult Mental Health, based on clinical care pathways, and with more explicit knowledge of what resource is available and required for delivery of the different levels of psychological work.
- Development of data systems (TrakCare and CarePartner) for Psychological and wider Mental Health Services, to improve accuracy in reporting and access to service data to inform on demand capacity analyses and clinical outcomes.

## **Drug and Alcohol Treatment**

The latest published data for quarter ending March 2021 indicates that compliance for Drug and Alcohol Treatment was 98.6% across NHS Ayrshire & Arran, which is 4.0 percentage points higher compared to 94.6% for Scotland.

### Please note:

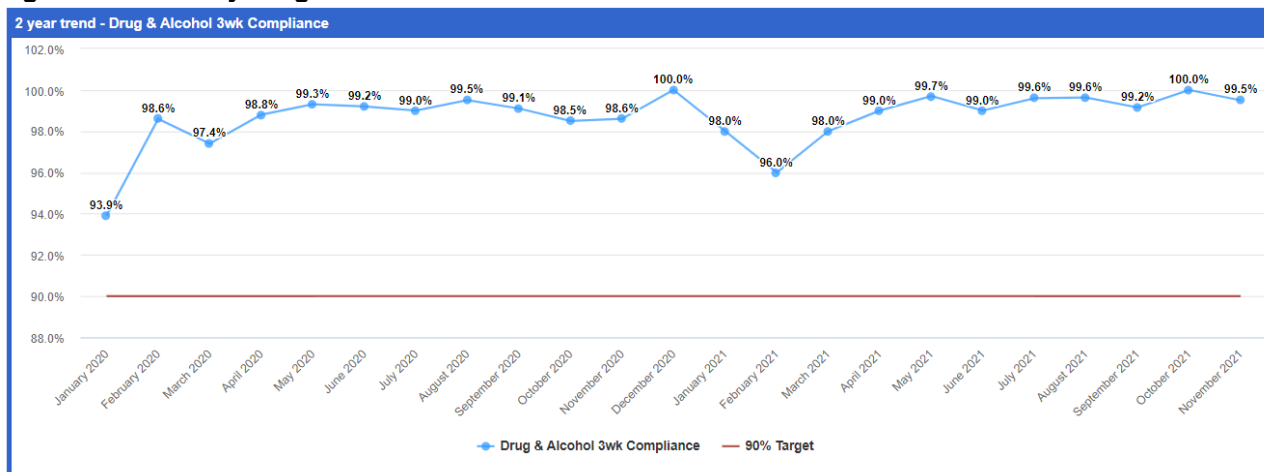
Due to the ongoing work to improve data quality and completeness, Public Health Scotland (PHS) have postponed the publication of the 2021/22 Quarter 2 report. Instead, information for 2021/22 Quarters 1 and 2 will be published as separate statistical data releases on 22<sup>nd</sup> February 2022. Each of these data releases will include a Publication Summary and Tables,

but will not include a full statistical Report. Following this, PHS plan to publish data for 2021/22 Quarter 3 as a full statistical release in early April 2022.

|                             |                          |  |              |
|-----------------------------|--------------------------|--|--------------|
| <b>98.6%</b><br>QE Mar 2021 | <b>94.6%</b><br>Scotland | of clients waited less than 3 weeks from referral to appropriate drug or alcohol treatment that supported their recovery | <b>+ 4.0</b> |
|-----------------------------|--------------------------|--|--------------|

Local management information at November 2021, shows that compliance levels continue to exceed the target of 90% with performance of 99.5% (Figure 21). Prior to the impact of COVID-19, performance in February 2020 was 98.6%.

**Figure 21 – Monthly Drug and Alcohol Performance**



Source: Local Information Team Reports, Mental Health

### Alcohol and Drugs Waiting Times – Improvement Actions

**North Ayrshire** Drug and Alcohol Service (NADARS) have completed their evaluation of a recent localised test of change pilot regarding the delivery of elements of the Medication Assisted Treatment (MAT) standards. This positive evaluation evidenced that the access to MAT can be undertaken safely and with positive client recovery outcomes. The national MAT Implementation Support Team (MIST) have recently engaged with the three Health and Social Care Partnerships (HSCPs) and Alcohol and Drug Partnerships (ADPs) to agree a new Improvement Plan in order for the MAT standards to be delivered in full and with consistency and standardisation across Ayrshire and Arran. An overarching steering group co-ordinated by our Public Health Department colleagues is being set up. Funding for additional staff has been sought from the MIST.

A new pathway of support was commenced on 1<sup>st</sup> November 2021 in North Ayrshire between the Scottish Ambulance Service and the NADARS whereby essential support will be available to individuals following a Non-Fatal Overdose. This pathway will be reviewed and improved over the next 3 months. Funding for additional staff has also been sought.

**East Ayrshire** Alcohol and Drugs Partnership have received support in three development areas via Drug Death Task Force monies. Firstly an additional two posts, a band 6 nurse and a community peer worker, have been funded to support liaison services and community interface work around non-fatal overdose follow-up and support. There have been some challenges with recruitment to these posts and this is being trialled as a joint approach between East and North Ayrshire. This will be reviewed and evaluated to inform the future approach.

In addition the redesign of treatment services is progressing, with one single access point for **Rapid Access to Drug and Alcohol Recovery services (RADAR)** having gone live on 6<sup>th</sup> April 2021. This combines NHS and commissioned treatment services under one same day assessment and access to treatment support point. This is in line with the recently published MAT Standards. In line with additional investment, a further two band 5 staff nurse posts (one having started with the team in September 2021 and one is currently being re-advertised) and a qualified Social Worker post have been approved to support the further access to treatment and support services, The Social Worker, who is also a qualified mental health officer, began with the team on 27<sup>th</sup> September 2021.

Following the latest ADP governance meeting in December 2021, it has been agreed that the Social worker post and Co-Ordinator post within the RADAR team will be made permanent positions and will be advertised accordingly in the very near future.

Addictions Services are also implementing a 12 week engagement process to keep patients in service when unable to promote engagement. Weekly/Fortnightly calls are made and a letter to the patient inviting them to contact the service. If no contact received from the patient within 12 weeks, the patient is then at that point discharged.

Finally the last area being developed is in relation to a recovery hub for East Ayrshire. This will include access to linked satellite bases in some of our more remote rural communities. Central to the development of this hub are the voices of those with lived and living experience who will help to shape and design our approach to make a real difference in the lives of those people, families and communities affected by a range of inequalities linked to alcohol and drug related issues. A project oversight group has been established which has 50% of its membership as those with lived experience. A recovery Hub manager is now in place and is working to identify suitable premises.

East Ayrshire have also aligned a Mental Health Practitioner (MHP) to each of the GP practices. This has had a significant positive impact on waiting times for the Primary Care Mental Health Team (PCMHT). There have been some recent staffing pressures for MHPs in East Ayrshire which has emphasised the importance of enhancing the existing complement of staff to be able to absorb these fluctuating system pressures and maintain the self-management, early intervention and prevention approach.


With the introduction of the new MAT standards in 2021, Ayrshire and Arran have been identified as an area that will be offered support from the MAT Implementation Support Team. A period of five years funding has been agreed for NHS and commissioned service, We Are With You, to increase staffing levels in order to meet these standards. This will increase staff capacity to respond to individuals needs and provide mental health support to individuals requiring this through the provision of one Band 7 ANP; one Band 6 Charge Nurse; two band 5 Charge Nurses; two Support Workers for NHS; and two Recovery workers for We are with you.

**South Ayrshire** Community Addictions Service have a Test Of Change (TOC) project, which has been considering how the Service can safely improve access to MAT. This would include timely access to Opiate Substitution Therapy (OST) prescribed medication following suitable assessment, to deliver harm reduction interventions to those identified at high risk of drug related harm and provide relevant supports to remain in treatment for as long as required.

The current TOC/pilot offers an enhanced service which is responsible for assessing all new referrals to the MAT service who are requesting OST with a view of commencing OST on the day of presentation, with robust follow up support within a discrete geographical area. The current specified geographical area is the Wallacetown area (KA8 postcode) and Homeless hostels. A proposal has been submitted to the Scottish Government MIST team to support the development and extension of the MAT 1 standards pilot, which will include the medication access service being available five days per week, across all geographical areas of South Ayrshire. A workshop with MIST and ADP partners has been arranged to discuss the implementation of all MAT standards. This workshop will also incorporate the pan-Ayrshire Psychologist post and how this can be developed locally to enhance current provision.

South Ayrshire Community Mental Health Services have continued with their service developments with a specific focus on Primary Care. They have brought together MHPs, Self Help Worker and Community Link Practitioners (CLPs) into a single service which offers dedicated MHPs and CLPs to each GP practice. Recruitment is ongoing with further investment and development planned for 2022/23.

## 2.3.6 Unscheduled Care

| Unscheduled Care              |                              |  |  |
|-------------------------------|------------------------------|--|--|
| Remobilisation Plan Measures  |                              |  |  |
| <b>24,937</b><br>Q2 2021/22   | <b>25,920</b><br>Anticipated | Total patients attending Emergency Departments (unplanned attendances only)                | <b>- 983</b>   |
| <b>12,730</b><br>Q2 2021/22   | <b>13,914</b><br>Anticipated | Number of patients admitted to hospital as an emergency admission                          | <b>- 1,184</b>   |
| National Performance Measures |                              |  |  |
| <b>7,027</b><br>Nov 2021      | <b>5,673</b><br>Nov 2020     | unscheduled attendances at Emergency Departments   |  |
| <b>73.4%</b><br>Nov 2021      | <b>80.6%</b><br>Nov 2020     | of unscheduled ED attendees were treated, admitted or discharged within 4 hours of arrival |  <b>95%</b> |
| <b>434</b><br>Nov 2021        | <b>117</b><br>Nov 2020       | ED attendees waited over 12 hours to be treated, admitted, or discharged                   |  |
| Local Performance Measures    |                              |  |  |
| <b>3,055</b><br>Nov 2021      | <b>2,816</b><br>Nov 2020     | presentations to Combined Assessment Units   |  |
| <b>1,789</b><br>Nov 2021      | <b>1,756</b><br>Nov 2020     | Emergency admissions to medical or surgical wards following attendance at ED or CAU        |  |
| National Benchmarking         |                              |  |  |
| <b>73.4%</b><br>Nov 2021      | <b>73.8%</b><br>Scotland     | of unscheduled ED attendees were treated, admitted or discharged within 4 hours of arrival | <b>- 0.4</b>   |

### Emergency Department (ED) Attendances

As part of RMP3 we anticipated the volume of ED attendances for Quarter 2 2021/22 (July - September) to be in the region of 25,920 attendances. However during this time there were 24,937 unplanned ED attendances. This was 983 less than expected demand.

|                             |                              |   |              |
|-----------------------------|------------------------------|---|--------------|
| <b>24,937</b><br>Q2 2021/22 | <b>25,920</b><br>Anticipated | Total patients attending Emergency Departments (unplanned attendances only) | <b>- 983</b> |
|-----------------------------|------------------------------|---|--------------|

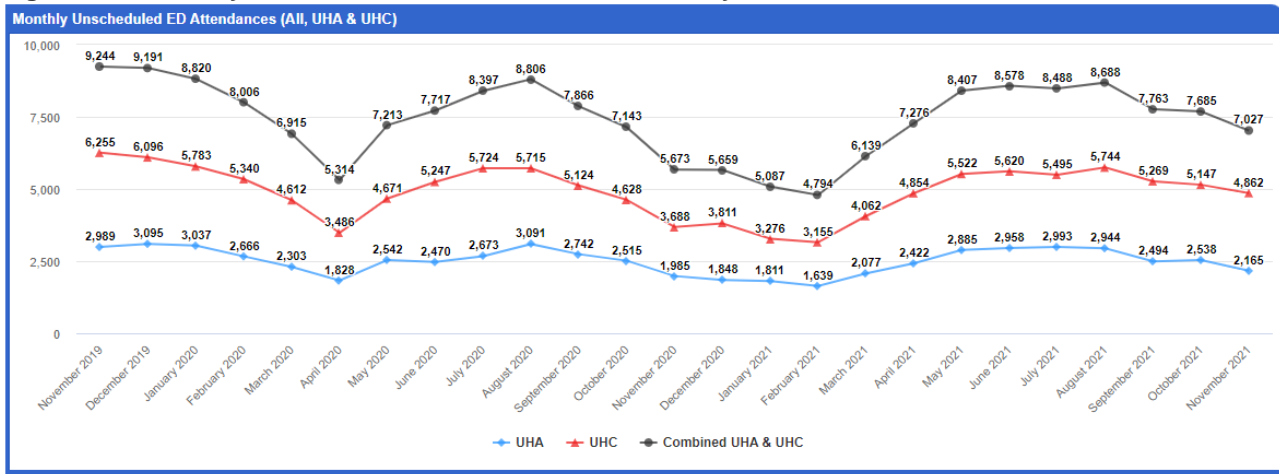
### ED Attendances

Following the introduction of the Urgent Care Pathway in November 2020 a proportion of ED attendees are routed via a Flow Navigation Centre and appointed to a scheduled time slot to attend the Emergency Department (ED).

Performance is measured both locally and nationally in relation to only those unscheduled attendances at ED (i.e. excludes scheduled activity).

Over the past 12 months, unscheduled ED attendances steadily rose to a peak of 8,688 by August 2021, decreasing steadily thereafter to 7,027 by November 2021. This is an increase of 180 attendances at UHA (+9.1%) and an increase of 1,174 attendances at UHC (+31.8%) when comparing November 2021 with the same month of the previous year. This rise should be considered in the context of the lifting of lockdown restrictions, which has had the effect of leading to increased attendances at ED (Figure 22).

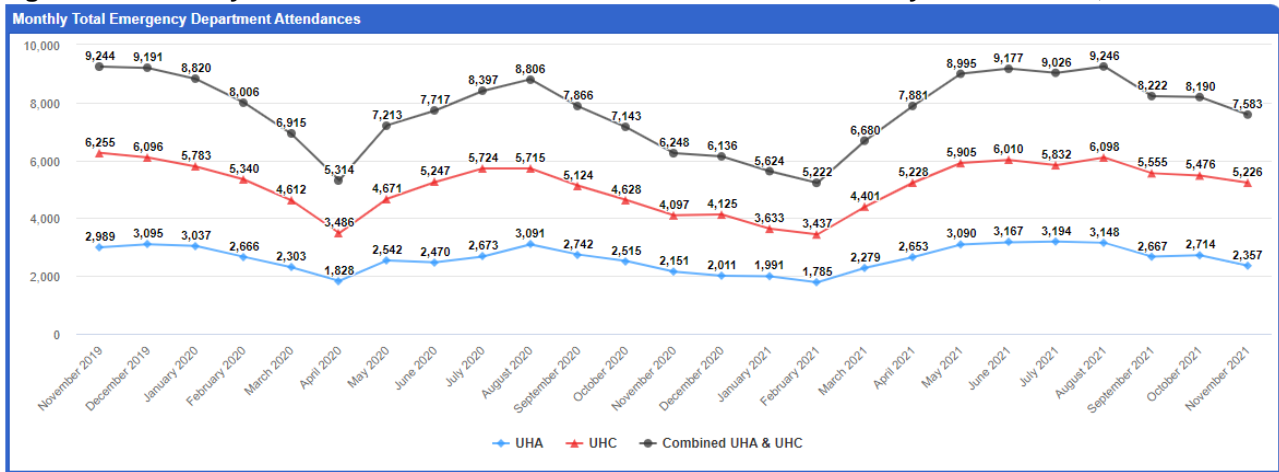
**Figure 22 – Monthly unscheduled ED attendances – NHS Ayrshire & Arran, UHA and UHC**



Source: Local Information Team Reports

When considering the total volume of activity within the EDs, including all scheduled and unscheduled attendances (Figure 23), there were a total of 7,583 attendances at the EDs in November 2021. This is an increase of 21.4% when compared with the same month last year (November 2020: 6,248), although is a reduction of 7.4% from October 2021 (8,190).

**Figure 23 – Monthly scheduled and unscheduled ED Attendances - NHS Ayrshire & Arran, UHA & UHC**



Source: Local Information Team Reports

When considering this data it should also be noted that a “Stay at Home” order was in place from the end of March 2020 until being fully lifted at the beginning of July 2020, with gradual easing of restrictions taking place throughout May and June 2020. Further restrictions were put in place throughout the autumn and winter period, with further easing of restrictions in August 2021. Data shows that ED attendances reduced considerably whilst lockdown and restriction measures were in place.



## ED 4-Hour Wait

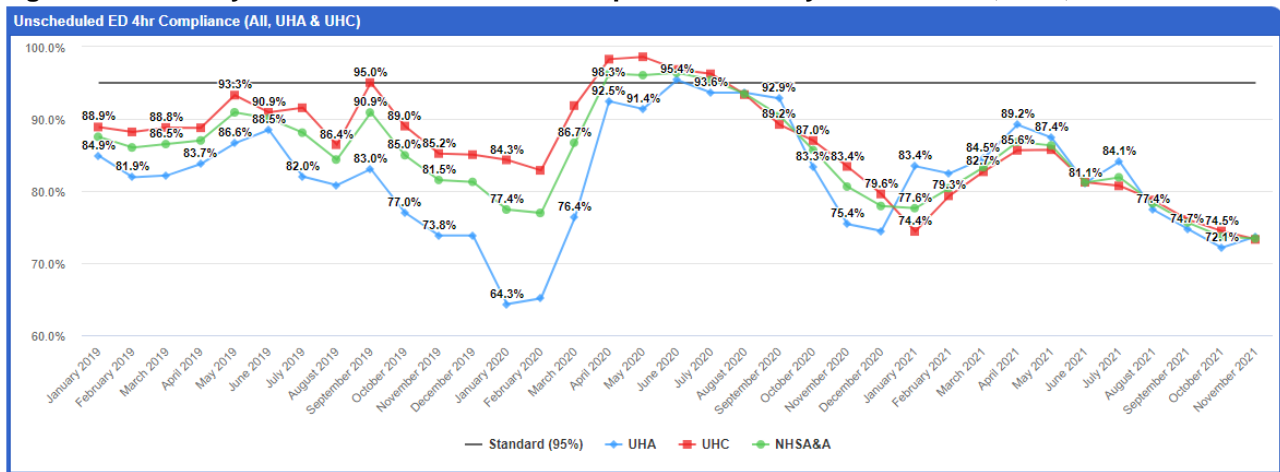
The latest national published data indicates that compliance against the 4-Hour Wait for unscheduled ED attendances for NHS Ayrshire & Arran was 73.4% in November 2021, which was 0.4 percentage points lower compared to 73.8% for Scotland as a whole.

|                          |                          |  |              |
|--------------------------|--------------------------|--|--------------|
| <b>73.4%</b><br>Nov 2021 | <b>73.8%</b><br>Scotland | of unscheduled ED attendees were treated, admitted or discharged within 4 hours of arrival | <b>- 0.4</b> |
|--------------------------|--------------------------|--|--------------|

Local management information highlights that the 4-Hour Wait compliance for unscheduled ED attendances at NHS Board level has decreased from 80.6% in November 2020 to 73.4% as at November 2021 (Figure 24). Compliance has fallen below the 95% target in each consecutive month since July 2020.

|                          |                          |  |  |
|--------------------------|--------------------------|--|--|
| <b>73.4%</b><br>Nov 2021 | <b>80.6%</b><br>Nov 2020 | of unscheduled ED attendees were treated, admitted or discharged within 4 hours of arrival |  <b>95%</b> |
|--------------------------|--------------------------|--|--|

**Figure 24 – Monthly Unscheduled ED 4 Hour Compliance - NHS Ayrshire & Arran, UHA, and UHC**



Source: Local Information Team Reports

Compliance against the 4 hour target at UHA in November 2021 was 73.7%, a decrease of 1.7 percentage points when compared to the same month of the previous year, although an increase of 1.6 percentage points from the 72.1% recorded in October 2021.

At UHC, compliance was 73.3% for November 2021, a decrease of 10.1 percentage points from the previous year, and a decrease of 1.2 percentage points from the 74.5% reported at October 2021.

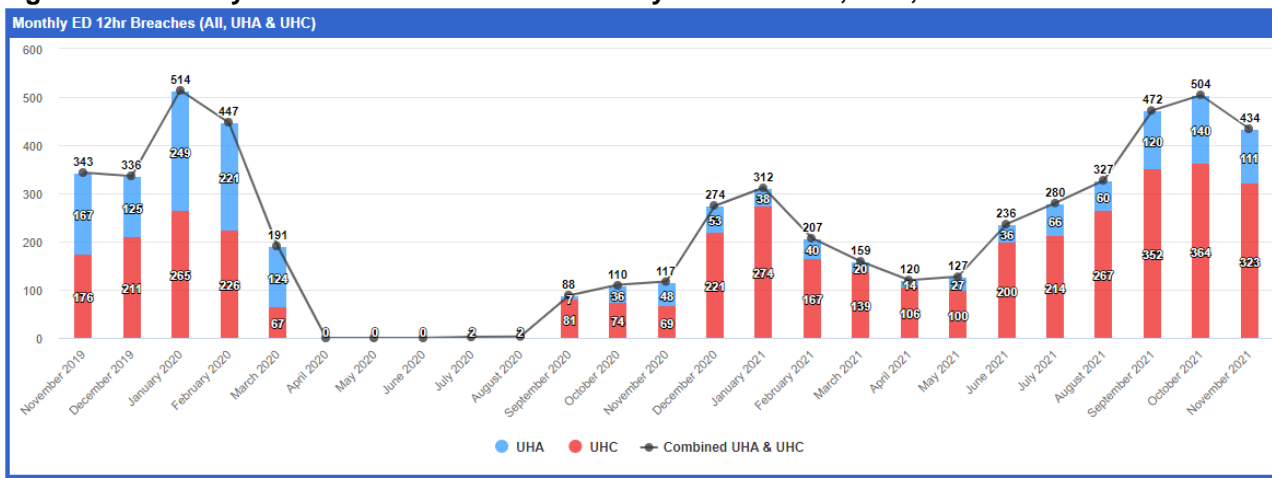
|            |                          |                          |   |  |
|------------|--------------------------|--------------------------|---|--|
| <b>UHA</b> | <b>73.7%</b><br>Nov 2021 | <b>75.4%</b><br>Nov 2020 | of unscheduled ED attendees at UHA were treated, admitted or discharged within 4 hours of arrival |  <b>95%</b> |
| <b>UHC</b> | <b>73.3%</b><br>Nov 2021 | <b>83.4%</b><br>Nov 2020 | of unscheduled ED attendees at UHC were treated, admitted or discharged within 4 hours of arrival |  <b>95%</b> |

## ED 12 Hour Breaches

The numbers of ED 12 Hour Breaches at Board level have decreased to 434 in November 2021, the first month to experience a decrease since April 2021, although remains high. Comparing to the same period of the previous year, there were 117 12 hour breaches in November 2020, however it should be noted that this was during a period of reducing attendances and increased patient flow due to lockdown measures in place. Comparing instead with November 2019, this was also higher than the 343 breaches recorded in that month (Figure 25).

|                        |                        |  |
|------------------------|------------------------|--|
| <b>434</b><br>Nov 2021 | <b>117</b><br>Nov 2020 | ED attendees waited over 12 hours to be treated, admitted, or discharged |
|------------------------|------------------------|--|

Figure 25 – Monthly ED Waits Over 12 Hours - NHS Ayrshire & Arran, UHA, and UHC



Source: Local Information Team Reports

There were 111 12-hour breaches at UHA and 323 at UHC in November 2021. Numbers have decreased at UHA when compared with the previous month (October 2021: 140) and are lower than for the same period in 2019 (November 2019: 167). Numbers of 12-hour breaches at UHC appear to have reached a peak of 364 in October 2021, reducing to 323 by November 2021, although this remains significantly higher than for the same month in 2019 (November 2019: 176).

|            |                        |                       |   |
|------------|------------------------|-----------------------|---|
| <b>UHA</b> | <b>111</b><br>Nov 2021 | <b>48</b><br>Nov 2020 | ED attendees at UHA waited over 12 hours to be treated, admitted, or discharged |
|------------|------------------------|-----------------------|---|

|            |                        |                       |   |
|------------|------------------------|-----------------------|---|
| <b>UHC</b> | <b>323</b><br>Nov 2021 | <b>69</b><br>Nov 2020 | ED attendees at UHC waited over 12 hours to be treated, admitted, or discharged |
|------------|------------------------|-----------------------|---|

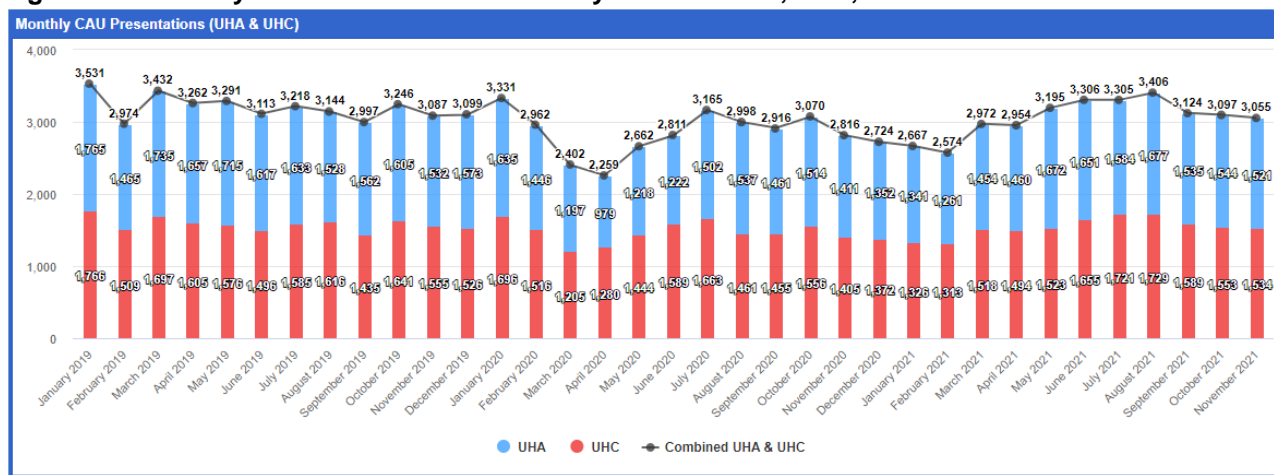
The numbers of ED 12 Hour Breaches at Board level as a proportion of all ED 12 Hour Breaches across Scotland reached a peak of 59.3% in April 2021, decreasing to 24.8% by November 2021. It should be noted that this proportional decrease is the result of increasing numbers of 12 hour breaches in other Health Boards rather than decreasing numbers within NHS Ayrshire & Arran, and so instead signifies that NHS Ayrshire & Arran is less of an outlier in regards to this measure.

## Combined Assessment Unit (CAU) Presentations

CAU Presentations had been experiencing a continued increase each month since the easing of some restrictions in February 2021, reaching a high of 3,406 in August 2021. There has since been a steady decrease, with total presentations falling to 3,055 by November 2021 (Figure 26).

|                          |                          |  |
|--------------------------|--------------------------|--|
| <b>3,055</b><br>Nov 2021 | <b>2,816</b><br>Nov 2020 | presentations to Combined Assessment Units |
|--------------------------|--------------------------|--|

Figure 26 – Monthly CAU Presentations - NHS Ayrshire & Arran, UHA, and UHC



Source: Local Information Team Reports

When compared to November 2020, numbers have increased across both sites, with 110 additional presentations at UHA in November 2021 compared to November 2020, an increase of 7.8%, and 129 additional presentations at UHC over the same time period, an increase of 9.2% (Figure 26).

|            |                          |                          |   |
|------------|--------------------------|--------------------------|---|
| <b>UHA</b> | <b>1,521</b><br>Nov 2021 | <b>1,411</b><br>Nov 2020 | presentations to UHA Combined Assessment Unit |
| <b>UHC</b> | <b>1,534</b><br>Nov 2021 | <b>1,405</b><br>Nov 2020 | presentations to UHC Combined Assessment Unit |

In terms of sources of referral: at UHA, ED referrals decreased by 7.6% whilst GP referrals increased by 20.7% when comparing November 2021 with November 2020. Meanwhile at UHC, ED referrals increased by 4.6% and GP referrals increased by 16.2%. Referrals from 'Other' sources increased at UHA, up by 57.8%, whilst decreasing by 16.3% at UHC.

**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.

## Emergency Admissions

As part of RMP3 we anticipated the volume of Emergency Admissions for Quarter 2 2021/22 (July – September) to be in the region of 13,914 admissions. However during this time

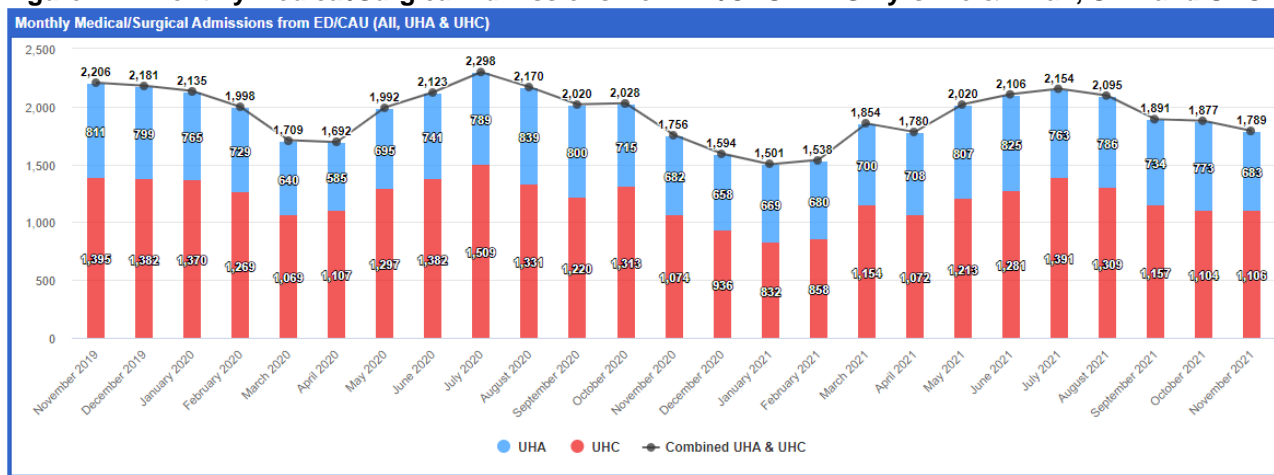
overall Emergency Admissions (including those which were admitted to CAU) was 12,730. This was 1,184 less than the expected demand.

|                             |                              |   |                |
|-----------------------------|------------------------------|---|----------------|
| <b>12,730</b><br>Q2 2021/22 | <b>13,914</b><br>Anticipated | Number of patients admitted to hospital as an emergency admission | <b>- 1,184</b> |
|-----------------------------|------------------------------|---|----------------|

The numbers of Medical and Surgical Inpatient Admissions from ED and CAU have increased slightly, with one additional admission at UHA in November 2021 when compared to the previous year, and 32 additional admissions at UHC (Figure 27). These figures represent general Acute admissions, and so do not include admissions to intensive care or high dependency wards, which may be reasonably expected to have experienced significant increase during the current crisis. Maternity and Paediatric admissions are also not included within this data.

|                                |                          |   |
|--------------------------------|--------------------------|---|
| <b>1,789</b><br>Nov 2021       | <b>1,756</b><br>Nov 2020 | Emergency admissions to medical or surgical wards following attendance at ED or CAU |
| <b>University Hospital Ayr</b> |                          | <b>University Hospital Crosshouse</b>   |
| <b>683</b><br>Nov 2021         | <b>682</b><br>Nov 2020   | <b>1,106</b><br>Nov 2021  |
|                                |                          | <b>1,074</b><br>Nov 2020  |

**Figure 27 – Monthly Medical/Surgical Admissions from ED/CAU - NHS Ayrshire & Arran, UHA and UHC**

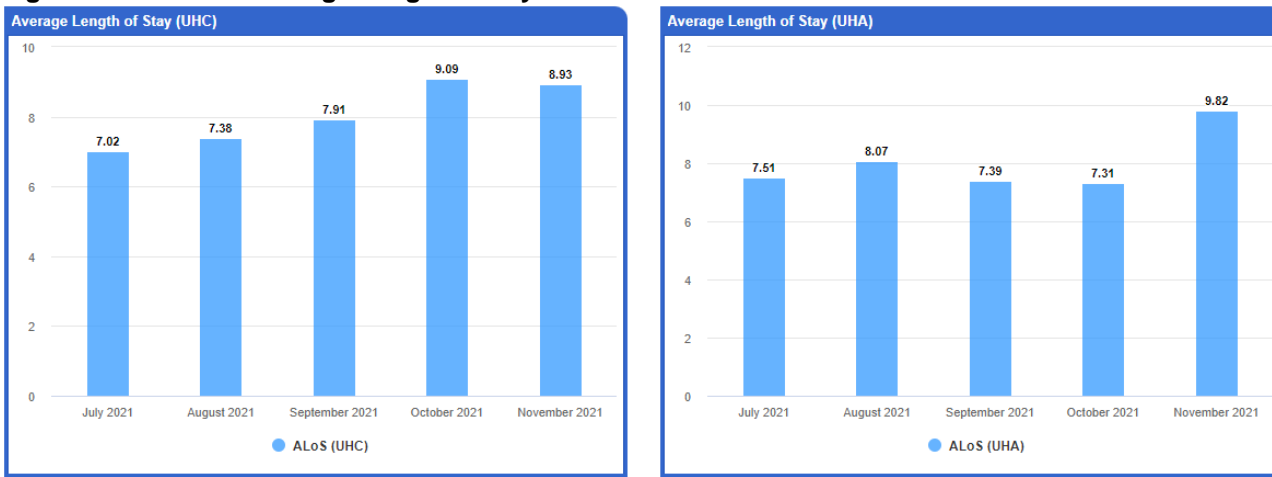


Source: Local Information Team Reports

### Average Length of Stay

The impact of the necessary previous reductions in planned care during the pandemic has resulted in more patients reaching crisis point and accessing unscheduled care. These patients can often be acutely unwell requiring hospital admission. Local management information highlights that the average length of stay (in days) across our Core wards at UHC reached a high of 9.09 in October 2021, reducing slightly to 8.93 in November 2021. At UHA, the average length of stay experienced a significant increase from a low of 7.31 days in October 2021 to 9.82 in November 2021 (Figure 28 and 29).

**Figures 28 and 29 – Average Length of stay in core wards at UHC and UHA**



Source: Local Information Team Reports

Definition: Total average length of stay for all patients discharged in month from core wards only.

### Unscheduled Care – Improvement Actions

NHS Ayrshire & Arran were previously identified as a national outlier for patients waiting greater than 12 hours in the Emergency Department for an inpatient bed.

Twelve hour bed waits are a symptom of high bed occupancy rates on site. For optimum flow and patient placement the nationally accepted position is that an occupancy around 85% is required. UHC occupancy has sat above 100% throughout this year. In response, the Executive Medical and Nursing Directors have commissioned an improvement team to reduce the number of 12-hour delays. While this work remains a high priority, it has been a challenge to deliver due to reduced levels of staffing and operational demands.

Long stay reviews continue to be carried out as well as the promotion of regular board rounds, piloted on ward 3D at UHC.

Discharge without Delay (DwD) is a USC SG work-stream with the objective of reducing barriers to transfers of care, improving patient flow and delayed discharge performance. DwD is based on the home first approach - which has already been initiated in a number of areas in UHA, with the additional change of 'estimated date of discharge' (EDD) to planned date of discharge. This work also builds on best practice from elsewhere and uses an integrated partnership approach to complete a self-assessment document. UHA have completed their self-assessment in conjunction with South HSCP and are now developing an action plan based on the scores and themes that this tool has indicated. Lead officers have been identified, who will own the action plan and carry out future mapping and quarterly assessment sessions. Progress has been made to spread this work to include UHC, North HSCP and East HSCP with a date to complete the self- assessment.

Patient choice letter conversations are being supported by the senior management team in terms of clinical staff having the ability to have those difficult conversations with patients and relatives. This work is linked with partnership activity on interim patient placements to reduce delayed transfers of care.

Interface care work-stream- work has recently started to implement an Out Patient anti-microbial treatment (OPAT) service for lower limb cellulitis on both acute sites, this work, sponsored by Scottish Government, has the potential to greatly simplify the cellulitis

pathway, avoid admissions and improve patient experience. It is planned for this service to start in March 22 with the intention that other pathways will be included over time.


Hospital at Home - will be initiated in the New Year, following the model of acute care delivered within the person's home, by a team of practitioners led by a consultant. This work will be integrated with community teams and services. A geriatrician has been allocated to this work.

Activity has also started on ED signposting/ redirection, recent Scottish Government guidance has been reviewed and a small team are reviewing our current communication plans and implementing some best practice approaches to reducing inappropriate attendance at ED.

Operations Resource Centre (ORC) - A clinical team based at UHA, with representation from both acute sites now co-ordinates referrals from primary care to acute services. This discussion with the GP now forms a part of the patient's electronic record for audit and governance purposes. Calls are no longer taken by staff working clinically with patients releasing time to care for staff in CAU. Next steps- Secure funding to enable continuation of ORC, currently funded by non-recurring RMP3 money. Form sub groups to drive alternatives to admissions - exploring key themes with focused working groups with Health & Social Care Partnerships

An Urgent/ Unscheduled Care Programme has been commissioned which will collate and programme manage all urgent and unscheduled care improvement work-streams under one banner. This will include both cross cutting and stand-alone work-streams in primary care, work on both acute sites and work across all three partnerships.

### 2.3.7 Delayed Discharges/Transfers of Care

| Delayed Discharges   |                          |  |                        |                        |                          |                          |
|--|--------------------------|--|------------------------|------------------------|--------------------------|--------------------------|
| Remobilisation Plan Measures   |                          |  |                        |                        |                          |                          |
| <b>138</b><br>Q2 2021/22   | <b>49</b><br>Target      | Number of Delayed Discharges at month end – includes all delays for any reason or duration |                        |                        |                          | <b>+ 89</b>              |
| National Performance Measures  |                          |  |                        |                        |                          |                          |
| Numbers of patients whose discharge from hospital was delayed by 2 weeks or more for non-clinical reasons (excluding code 9 reasons)  0 | North Ayrshire HSCP      |  | East Ayrshire HSCP     |                        | South Ayrshire HSCP      |                          |
|  | <b>14</b><br>Nov 2021    | <b>9</b><br>Nov 2020   | <b>0</b><br>Nov 2021   | <b>0</b><br>Nov 2020   | <b>28</b><br>Nov 2021    | <b>21</b><br>Nov 2020    |
| Total number of hospital bed days occupied during the month by patients whose discharge from hospital was delayed for non-clinical reasons   | <b>1,439</b><br>Nov 2021 | <b>730</b><br>Nov 2020   | <b>491</b><br>Nov 2021 | <b>514</b><br>Nov 2020 | <b>2,305</b><br>Nov 2021 | <b>1,751</b><br>Nov 2020 |



At the outset of the COVID-19 pandemic, in preparation for the anticipated demand of people being treated for COVID-19, additional community bed capacity and adaptation of other services enabled patients defined as medically fit for discharge to be transferred to more suitable settings.

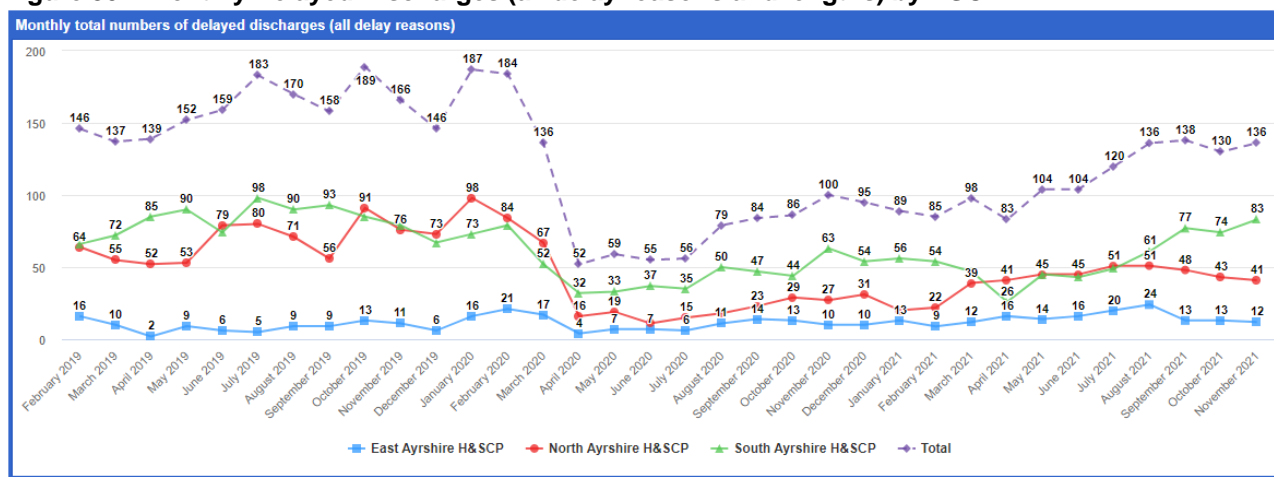
Through RMP3, each Health and Social Care Partnership (HSCP) set a target for the total number of delayed discharges (all delay lengths and all reasons for delay) at the census point for end of Quarter 2 2021/22 (September). North Ayrshire HSCP set a target of 17 delays, with East Ayrshire HSCP setting a target of 12, and South Ayrshire HSCP a target of 20; resulting in a combined target of 49 delays in total across Ayrshire. At the end of September 2021 census point, there were 138 delayed discharges in total for NHS Ayrshire & Arran residents (48 in North, 77 in South, and 13 in East), not meeting the set trajectories.

At the end of November 2021 census point, numbers were slightly lower with 136 delayed discharges in total for NHS Ayrshire & Arran residents (Figure 30; 41 in North, 83 in South, and 12 in East). Quarter 3 performance will be available in the next report once December 2021 figures have been published (due February 2022).

Please note that trajectories have been revised through RMP4 and that these will be reported against in future papers for Quarters 3 (December 2021) and 4 (March 2022).

|                          |                     |  |             |
|--------------------------|---------------------|--|-------------|
| <b>138</b><br>Q2 2021/22 | <b>49</b><br>Target | Number of Delayed Discharges at month end – includes all delays for any reason or duration | <b>+ 89</b> |
|--------------------------|---------------------|--|-------------|

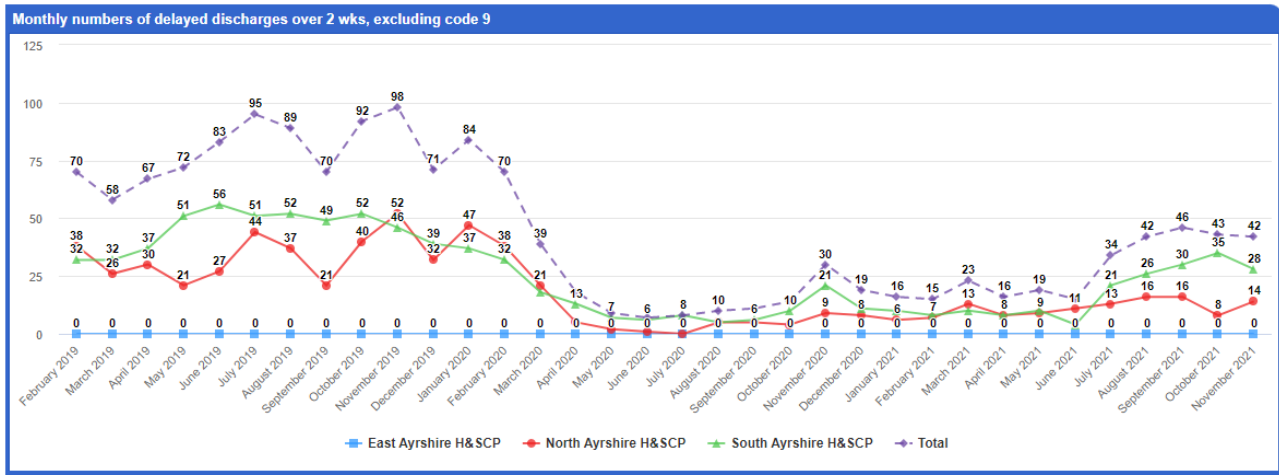
**Figure 30 – Monthly Delayed Discharges (all delay reasons and lengths) by HSCP**



Performance in relation to Delayed Discharges is measured against the national target of zero delays over 2 weeks (excluding complex code 9 delays). The numbers of such delays have risen over the past 12 months, up from 30 in total in November 2020 to 42 in November 2021 (Figure 31).

| Numbers of patients whose discharge from hospital was delayed by 2 weeks or more for non-clinical reasons (excluding code 9 reasons) | North Ayrshire HSCP |                       | East Ayrshire HSCP   |                      | South Ayrshire HSCP  |                       |
|--|---------------------|-----------------------|----------------------|----------------------|----------------------|-----------------------|
|  | <b>0</b>            | <b>14</b><br>Nov 2021 | <b>9</b><br>Nov 2020 | <b>0</b><br>Nov 2021 | <b>0</b><br>Nov 2020 | <b>28</b><br>Nov 2021 |

**Figure 31 – Monthly Delayed Discharges >2 Weeks (excluding complex code 9 delays) by HSCP**



Source: Public Health Scotland

For North Ayrshire HSCP residents there were 14 delays over 2 weeks at the end of November 2021, up from eight the previous month and up from nine in the same month of the previous year. For South Ayrshire HSCP residents there were 28 delays over 2 weeks at the end of November 2021, down from 35 the previous month and up from 21 in the same month of the previous year. Performance in East Ayrshire HSCP has continued to meet the target of zero delays over 2 weeks (Figure 31).

Although the formal measure of performance for Delayed Discharges applies to the number of delays over 2 weeks (end of month census), the total number of bed days occupied in each month by patients whose discharge from hospital has been delayed for non-clinical reasons is also a key measure in assessing performance (Figure 32).

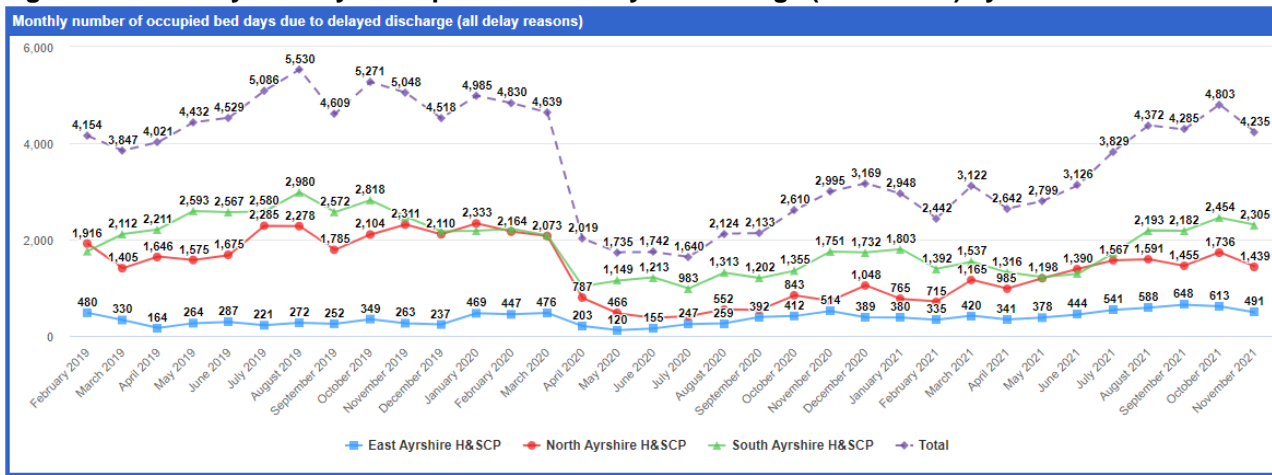
|  | North Ayrshire HSCP      |                 | East Ayrshire HSCP     |                 | South Ayrshire HSCP      |                   |
|--|--------------------------|-----------------|------------------------|-----------------|--------------------------|-------------------|
| Total number of hospital bed days occupied during the month by patients whose discharge from hospital was delayed for non-clinical reasons | <b>1,439</b><br>Nov 2021 | 730<br>Nov 2020 | <b>491</b><br>Nov 2021 | 514<br>Nov 2020 | <b>2,305</b><br>Nov 2021 | 1,751<br>Nov 2020 |

Delayed Discharge Occupied Bed Days (OBDs) for all delay reasons have decreased in November 2021, down by 568 bed days to a total of 4,235 when compared to the previous month (October 2021: 4,803), however have increased by 1,240 when compared with the same month of the previous year (November 2020: 2,995).

In North Ayrshire, there were 297 fewer OBDs in November 2021 when compared with the previous month (October 2021: 1,736), in East Ayrshire, there were 122 fewer OBDs (October 2021: 613), whilst in South Ayrshire there were 149 fewer OBDs (October 2021: 2,454) (Figure 32).



**Figure 32 – Monthly bed days occupied due to delayed discharge (all reasons) by HSCP**



Source: Public Health Scotland

### Delayed Discharges – Improvement Actions

**East Ayrshire HSCP** continues to actively manage transfers of care where hospital-based treatment is no longer clinically required and people can be more appropriately supported in another setting. There is a strong ‘home first’ ethos and the HSCP Hospital Team liaises throughout each day with colleagues in all Hospital Services to identify East Ayrshire residents and to allocate immediately to facilitate timely care and support planning for individuals. Senior management review all delays daily.

There has been a steady increase in the levels of complexity of support that colleagues are managing, court backlogs have been cleared and applications by solicitors for legal aid and availability in named care home for interim orders are currently the main factors in concluding Adults with Incapacity (AWI) processes. The remaining contributing factors to delays include: ongoing challenges to securing specialist facilities for long-term care, moratoria within a small number of care homes, and the increasing impact of COVID-19 which has further reduced throughput to some care homes and resulted in ward closures. Any such delays are kept to a minimum with close liaison with the person delayed and their family.

All Community teams are working together to continue to support people and their families at home, with a key focus on enablement and well-being.

Care at home capacity, alongside all other community services, has been challenged over the last reporting period for a combination of reasons. East Ayrshire HSCP is investing in temporary and permanent additional capacity in care at home to help to address this and are working in partnership with trade unions in doing so. Progress has been positive and ongoing proactive advertising will aid this. External providers have experienced difficulty in maintaining safe staffing levels and this has increased pressure on internal capacity with a significant number of people receiving care at home being taken on by the HSCP as ‘provider of last resort’, however recent recruitment has improved ability to cope with these pressures.

The increased use of capacity within East Ayrshire Community Hospital (EACH) earlier this year has been maintained and has assisted in flow within the system. The HSCP is investing in developing the model of care at EACH to provide Advanced Nurse

Practitioner (ANP) and Allied Health Professional (AHP) capacity together with supporting rehabilitation and enablement resource.

NHS Ayrshire & Arran and the three Ayrshire HSCPs are part of a national pathfinder programme in relation to Discharge without Delay with self-assessment in progress to inform an improvement action plan.

Plans for the investment of the HSCP share of national investment of £300M are at an advanced stage and there is a strong focus on Home First/Discharge without Delay and enhancing capacity in key service areas.

**North Ayrshire HSCP** continues to prioritise delayed discharges with specific focus on waiting times. Regular scrutiny and review of performance remains in place with daily assurance around the position and actions required. The HSCP have continued to prioritise social care capacity in both care at home and care homes for individuals ready for discharge from hospital, with a continued impact on community waits for Care at Home support.

The Team Manager for the HSCP hospital team is based within Crosshouse Hospital and has developed positive and effective working relationships with the acute team. The Social Work team will remain on site with a clear role around 'discharge to assess', prompting a 'home first' model and effecting timely activity around discharge arrangements with a view to reducing delayed discharges. In March 2021, the HSCP agreed a plan for further investment in the hospital social work team including a further Team Manager role to assist with the dual aspect of the role of hospital team, i.e. facilitating assessment and discharge. The additional Team Manager role is now in place and the new arrangements are embedded. Additional Occupational Therapy (OT) assistants have also been recently incorporated into the team with a direct link into the care at home reablement service.

The partnership has continued in its stabilised position around community waiting lists for admission to Care Homes and there are now no delays in terms of assessment or funding to access a Care Home placement within Community Care services in North Ayrshire for individuals. Whilst this supports more efficient discharge for those in hospital, it is also anticipated that this will reduce the need for emergency/crisis care home placements and unscheduled hospital admissions.

We continue to successfully utilise our Anam Cara dementia respite service, by converting nine beds for interim placements for individuals in hospital awaiting care at home services to reduce delayed discharges, whilst maintaining five respite beds to ensure emergency respite support is available. The interim placements have been promoted with patients and their families, and these have been utilised well over the last year. The interim funding as part of the Winter package of support provides an opportunity to pro-actively support people awaiting long term care placements to be placed on an interim basis in a residential care home and the partnership are proactively working with local care home colleagues to support these interim placements.

The partnership has also utilised the rehabilitation wards at the Ayrshire Central site to support with transferring some delayed patients to support with pressures in the acute hospitals. Whilst this doesn't impact on the overall delays, it does support with moving delayed patients away from an acute hospital setting where they no longer have a

medical need for care. This also poses our acute hospital based social work team with a challenge to manage the demand coming from the different hospital sites.

North Ayrshire have experienced a significant increase in demand and referrals for Care at Home from both hospital and community services with an increase of 30% currently on pre-pandemic levels. There have been some changes around capacity for providing services which have reduced the number of people waiting through the ongoing review of the community waiting list and needs of service users. However, over a period of months there has been no significant improvement in the position in terms of unmet need and it is not expected that there will be a demonstrable improvement without additional workforce resources and capacity. There is a stark difference in the level of unmet need between individuals awaiting care in hospital compared to community, with 89% of the current unmet need being for individuals on the community waiting list. This is reflective of the continued focus on prioritising packages of care for individuals in hospital to support with wider hospital pressures.

There is a comprehensive ongoing programme of recruitment within the Care at Home service to ensure sufficient contingency and capacity to further reduce delayed discharges and also to ensure community waiting lists can be addressed. Over the period, it has proven difficult to successfully recruit to all vacancies and to identify additional capacity planned for the service, this has been further compounded by challenges in retaining social care staff.

The HSCP also frequently review Care at Home waiting lists to ensure that there is a true reflection of unmet need, and to ensure support can be put in place as quickly as possible with consideration being given to OT reassessment of care at home referrals/waiting lists. The HSCP have also accessed the NHS Healthcare Assistant bank to support with capacity.

In **South Ayrshire HSCP**, there has been a continued focus on delayed transfers of care. The senior team within South Ayrshire have started meeting three times a week to focus on delayed discharges, and to identify actions to ascertain capacity across the system. The current situation has placed ever increasing demands across the system and a number of factors find the HSCP in a position where demand continues to outstrip capacity. The following are some of the issues impacting on delayed discharges:

- 80% of current Home care capacity in South Ayrshire is provided by Private providers who are struggling with staff shortages, sickness, annual leave and recruitment;
- This then impacts on the Reablement service who are unable to transfer those people who require an ongoing mainstream care service, thus reducing the numbers who can be discharged from hospital and supported to return to previous levels of independence;
- Internal Care at Home (CAH), sickness, and absence related to Test & Protect guidelines for staff is an improving picture with staff returning to work but the team are also carrying 27 vacancies across the service
- Staff continue to go above and beyond in supporting our services but are exhausted after a very long period of chronic excessive workload resulting in the reduced uptake of overtime or extra shifts;
- The potential for private providers to hand back care remains high but this has been alleviated by the formation of an Assessment & Review Team and a reduction of 222hrs of care per week across three areas of South Ayrshire;

- Due to the focus of services on reducing delayed discharges from the hospitals, the number of people waiting for home care in the community continues to rise.

The Mental Health Officers continue to be proactive in working with individuals and families in regards to the legal process but also in considering alternatives such as Section 13za of the Social Work (Scotland) Act 1968 and promoting the principles of legislation in terms of, is the order necessary and of benefit to the individual. This post is currently being evaluated and preliminary results show a positive impact of this post for patients and other disciplines/colleagues.

The team continue to utilise options at community hospital sites in relation to some guardianship patients transferring from Acute hospitals.

Referral numbers for care at home remain very high with South Ayrshire being an outlier in Scotland for the high numbers of people requiring care at home and the large care packages required to support people to return home. The following actions are being taken to try and identify capacity:

- An Assessment and Review Team (ART) has now concluded in its current form and responsibility for progressing further implementation will fall to the Maintenance CAH service;
- The ART work was helpful in supporting private providers to avoid handing back care or entering into a moratorium;
- A Multidisciplinary Team (MDT) approach in UHA to review patients and their Packages of Care (POC) requirements due to the number of patients being assessed for high tariff POC i.e. 4 x day double carers.

South Social Work teams are working to identify appropriate patients awaiting Care Home placement or a Package of Care for interim placements in Care Homes. So far there have been 12 patients transferred to interim care but there have also been a high number of patients who refuse to transfer. The team continue to work to address this issue and transfer suitable patients.

Biggart and Girvan Hospitals are operating at capacity. Biggart has 17 beds open above their established workforce. Girvan Community Hospital has 20 beds open. Staffing across both sites remains challenging due to an older demographic of nursing staff, vacancies, difficulty recruiting staff and long term sickness. 50% of patients in Biggart are awaiting home care or admission to a care home.

South Ayrshire have been identified as a pathfinder site for the implementation of the Unscheduled Care – Discharge without Delay (DwD) programme which is a joint service initiative between UHA and South Ayrshire HSCP with input and support from the Scottish Government DwD Steering group and improvement teams. The aim of the Unscheduled Care Programme is to Transform Urgent and Unscheduled Care by reducing attendances, reducing admissions and reducing Length of Stay. One of the goals of DwD is to deliver on the discharge without Delay programme within both community and acute settings, working in close partnership with hospital and community teams to agree the most effective and efficient process to ensure positive outcomes for patients. A system wide self-assessment has been completed, wards identified to be 'pilot' sites for the work and a team identified to be involved in the programme.

Operationally, South Ayrshire HSCP strive to pursue a “Home First” approach for everyone and although progress is at an early stage, it is expected that the DwD programme will expedite the implementation of this approach.

## **2.4 Quality/patient care**

We seek to balance remobilising our services with a continued response to COVID-19. Systems and procedures continue to be in place to monitor and manage the impact on performance in our provision of unscheduled and planned care for our citizens to ensure high quality of care for patients.

## **2.5 Workforce**

A sustainable workforce and appropriate recruitment levels are imperative across all services as we provide services within the current circumstances and to support how we safely prioritise the resumption of some paused services. We will continue to monitor performance against key measures to understand how this will impact on workforce and recruitment levels; and to ensure appropriate levels of capacity are maintained to manage demand.

## **2.6 Financial**

Through our Remobilisation Plans, the health and care system is ensuring appropriate levels of capacity are maintained to remobilise services whilst also maintaining COVID-19 capacity and resilience. The impact of COVID-19 on the delivery of key performance targets and trajectories are routinely being assessed and monitored.

## **2.7 Risk assessment/management**

Risks remain now that we are entering a period of uncertainty in winter. Through our Remobilisation Plans and winter plans we have been planning how we will safely prioritise the resumption of some paused services, whilst also maintaining COVID-19 capacity and resilience.

This report will provide NHS Board members with intelligence on the key aspects of Performance to provide assurance on improvements, or where mitigating and improvement actions are required.

## **2.8 Equality and diversity, including health inequalities**

An Impact Assessment has not been completed as this paper provides an update on performance of the health and care system and incorporates progress in relation to Remobilisation Plans.

## **2.9 Other impacts**

### **Best value:**

Successful management of waiting times requires leadership, and engagement with clinical staff. 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 Public Health Scotland 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.

**2.10 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.

**2.11 Route to the meeting**

The content discussed in this paper has been considered by the Senior Responsible Officer for each area and the Strategic Planning and Operational Group (SPOG). They have either supported the content, and/or their feedback has informed the development of the content presented in this report.

**3. Recommendation**

NHS Board members are asked to discuss the information provided in this report which provides assurance that systems and procedures are in place to monitor and manage the impact of COVID-19, and the remobilisation of services on the provision of unscheduled and planned care for our citizens.