

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 28 March 2022
Title:	Performance Report
Responsible Director:	Kirstin Dickson
Report Author(s):	Donna Mikolajczak (Performance Manager), Paul Dunlop (Senior Performance Officer), Steven Fowler (Senior Performance Officer)

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 our Performance Reporting to ensure that NHS Board members are sighted on the corresponding impact of COVID-19 across the system as a whole.

The report includes 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 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 20th July 2021 commissioned an update of those 2021/22 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 outpatient and elective appointments during the pandemic has had a direct impact on key compliance targets and waiting lists. Diagnostic services have also been impacted by social distancing requirements and reduced patient throughput due to national infection control protocols.

More and more patients are 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.

Our three Health and Social Care Partnerships (HSCPs) continue to experience significant demand for Care at Home, which has been increasingly challenged by various workforce issues leading to delayed transfers of care.

Some waiting times measures continue to remain stable or show improvement. These include targets around waiting times for Child and Adolescent Mental Health Services, Psychological Therapies, Drug and Alcohol Treatment and treatment targets for patients with Cancer.

The latest performance data within this report is for the period January 2022. The format and structure of this Performance report will continue to evolve but where possible currently focuses on our progress for Quarter 3 2021/22 (October - December) as outlined in our RMP4, 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.

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

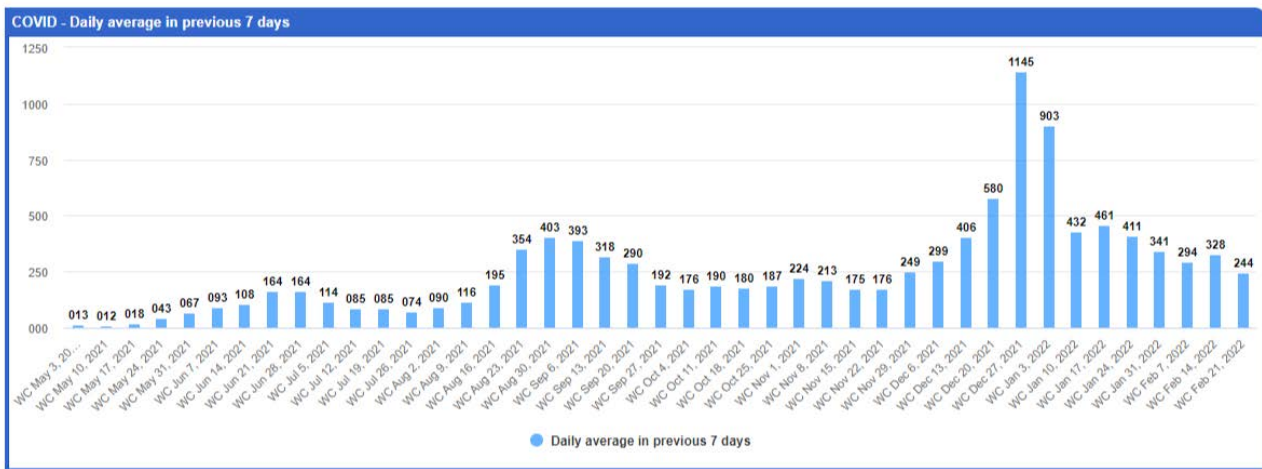
Please note that some data may be un-validated and subject to change in future reports.

2.3.1 COVID-19

The emergence of the Omicron COVID-19 variant and its increased transmissibility resulted in a sharp rise in COVID-19 confirmed cases in our communities towards the end of December 2021, reaching a daily average high of 1,145 positive cases in week commencing 27th December 2021 (Figure 1).

The latest data for week commencing 21st February 2022 shows a continuing overall decrease in the number of positive cases across Ayrshire and Arran, falling to its lowest daily average since week commencing 22nd November 2021 (Figure 1).

Figure 1 – Daily number COVID-19 Positive Cases, NHS Ayrshire & Arran



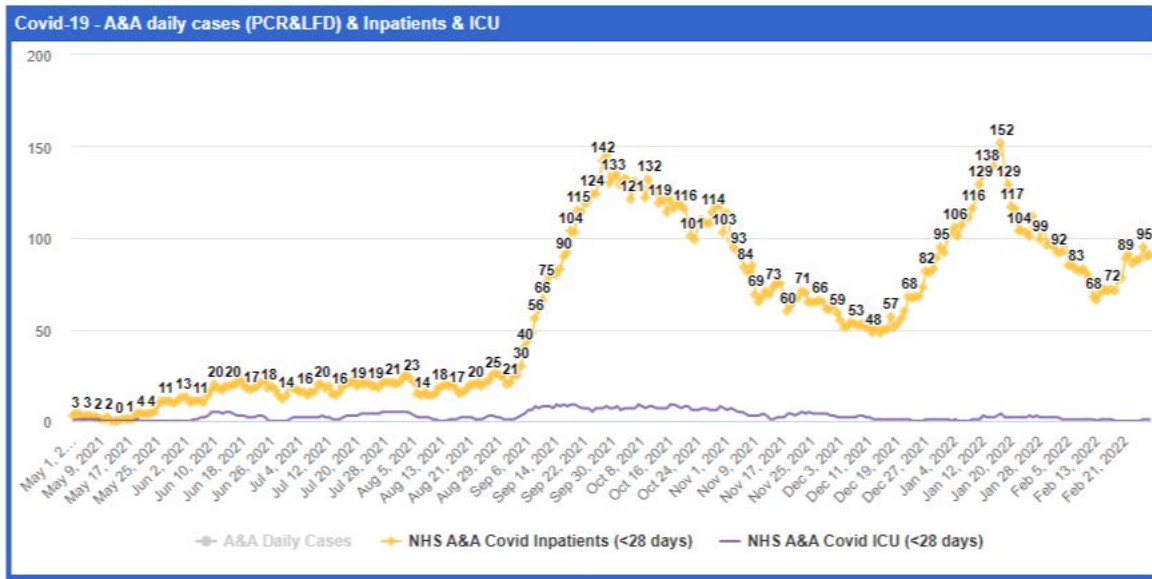
Source: Public Health Scotland

Following the increase in COVID-19 cases in the community, the numbers of COVID-19 positive patients in hospital across NHS Ayrshire & Arran started to rise around mid/late December 2021, reaching a high of 152 on 17th January 2022. Numbers decreased to as low as 66 on 13th February 2022 but have since increased to 91 at 28th February 2022 (Figure 2).

Please note that from Monday 14th February 2022, NHS Ayrshire & Arran moved to a new daily extract which includes all COVID-19 positive inpatients on the basis of their relevant LFD and PCR Test results; and their COVID-19 status on admission. The new extract is in alignment with the new Scottish Government statistical definitions on confirmed COVID-19 inpatients.





Despite an increase in overall COVID-19 positive inpatients, the numbers of COVID-19 positive patients in our Intensive Care Units (ICUs) have generally remained below five since 25th November 2021 (Figure 2).

Figure 2 - Number of COVID-19 Positive Cases in hospital and ICU – NHS Ayrshire & Arran



Source: COVID-19 Local management information reports

2.3.2 Planned Care Waiting Times

Planned Care Waiting Times			
Remobilisation Plan Measures			
22,903 Q3 2021/22	19,641 Target	Number of New Outpatients seen	+ 3,262
2,919 Q3 2021/22	2,763 Target	Number of Inpatient / Daycase treatments commenced	+ 156
National Performance Measures			
34.7% Jan 2022	35.8% Jan 2021	of patients were waiting fewer than 12 weeks for a New Outpatient appointment	 95%
72.8% Jan 2022	76.1% Jan 2021	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (completed waits)	 100%
26.5% Jan 2022	30.9% Jan 2021	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (ongoing waits)	
74.6% Jan 2022	74.5% Jan 2021	of patients waited fewer than 18 weeks from Referral to Treatment	 95%
53.0% Jan 2022	74.2% Jan 2021	of adult patients were waiting fewer than 4 weeks from referral for Musculoskeletal Services	 90%
National Benchmarking			
37.3% QE Dec 2021	46.5% Scotland	of patients were waiting fewer than 12 weeks for a New Outpatient appointment	- 9.2
71.7% QE Dec 2021	69.4% Scotland	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (completed waits)	+ 2.3
31.4% QE Dec 2021	34.6% Scotland	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (ongoing waits)	- 3.2
67.6% QE Dec 2021	74.4% Scotland	of patients were waited fewer than 18 weeks Referral to Treatment	- 6.8
39.2% QE Sep 2021	52.8% Scotland	of patients were waiting fewer than 4 weeks for Musculoskeletal Services	- 13.6

New Outpatients

A total of 22,903 new outpatients were seen in Quarter 3 (October – December) of 2021/22, exceeding the trajectory of 19,641 by 17%, with NHS Ayrshire & Arran seeing 3,262 more New Outpatients than planned as outlined in RMP4.

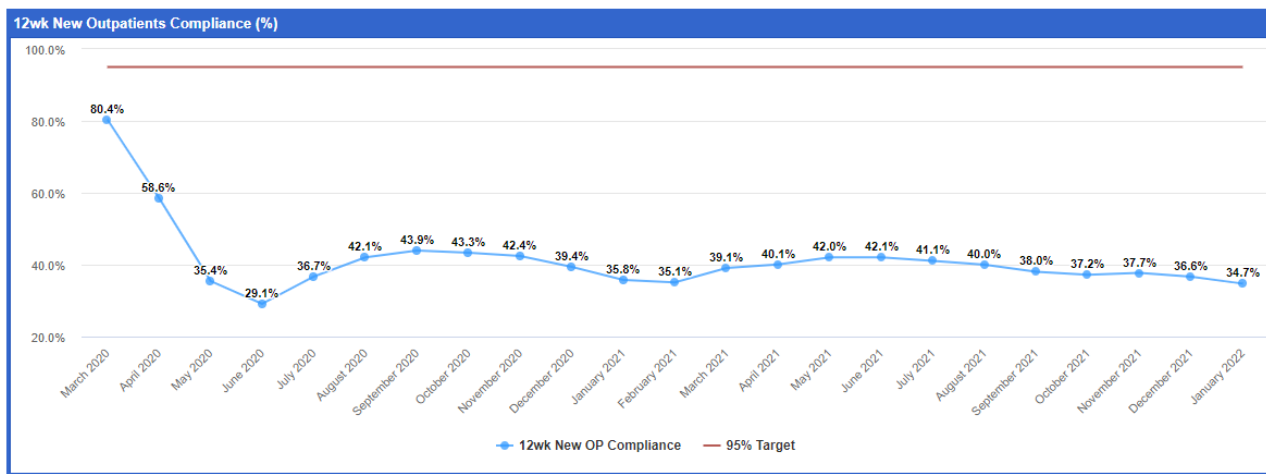
22,903 Q3 2021/22	19,641 Target	Number of New Outpatients seen	+ 3,262
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The latest published benchmarking data for the National Waiting Times targets from Public Health Scotland for quarter ending December 2021 shows that compliance for patients waiting for a New Outpatient appointment was 37.3% across NHS Ayrshire & Arran which is 9.2 percentage points lower when compared to 46.5% for Scotland.

37.3% QE Dec 2021	46.5% Scotland	of patients were waiting fewer than 12 weeks for a New Outpatient appointment	- 9.2
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Local management information indicates that performance across NHS Ayrshire & Arran continues to show a reducing trend from 42.1% at June 2021, to 34.7% at January 2022. This is the lowest level of compliance since 29.1% in June 2020 (Figure 3). Prior to the impact of COVID-19, performance at February 2020 was 81.1%.

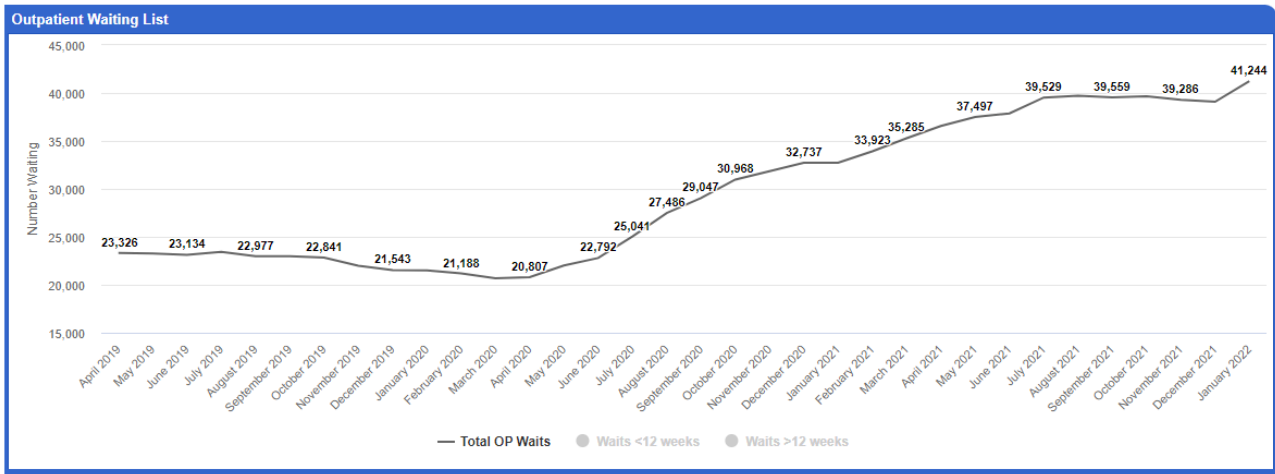
Figure 3 – Monthly New Outpatients (Ongoing waits) performance



Source: Local monthly management reports, Information Team

Performance against the National Waiting Times targets continues to be reported alongside our RMP4. The emergence of Omicron, the continued 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 lists and compliance. After an increasing trend from 21,188 at February 2020 (pre-COVID19) to 39,654 at October 2021, the total waiting list showed some improvement, with a decreasing trend to 39,080 at the end of December 2021. Following a three week period in January 2022 where all outpatient appointments, with the exception of patients on the Urgent Cancer Suspected pathway, were cancelled, the waiting list has increased by 5.5% to a new high of 41,244 (Figure 4).

Figure 4 – New Outpatients Waiting List at month end



Source: Local monthly management reports, Information Team

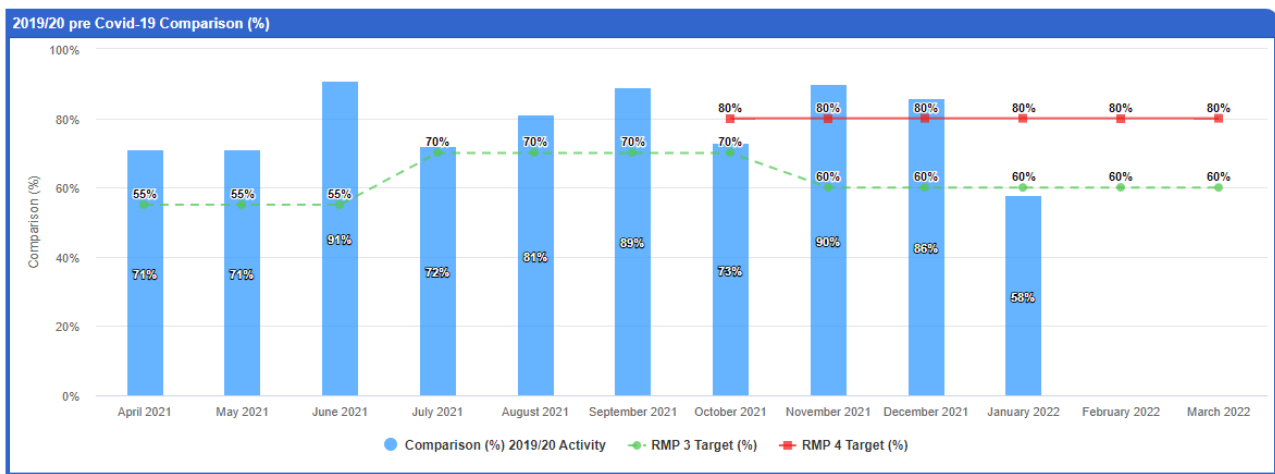
At January 2022, NHS Ayrshire & Arran had remobilised 58% of all New Outpatient activity compared to January 2020, which was lower than the revised remobilisation plan 4 target of 80% (Figure 5). A significant drop was expected as a result of the pausing of most appointments in January 2022. It is expected that from February 2022, a higher percentage of remobilisation will return.

Patient referrals continue to be prioritised in line with clinical priorities with activity levels of 101% in January 2022 in Urgent categories compared to January 2020 (Table below).

New Outpatient (12 Week Standard) Activity – All Specialties	30-Nov-21			31-Dec-21			31-Jan-22		
	Nov 2019 Actual	Nov 2021 Actual	%	Dec 2019 Actual	Dec 2021 Actual	%	Jan 2020 Actual	Jan 2022 Actual	%
All	9,574	8,592	90%	8,209	7,038	86%	8,957	5,163	58%
Routine	7,473	5,722	77%	6,413	4,585	71%	6,952	3,143	45%
Urgent	2,101	2,870	137%	1,796	2,453	137%	2,005	2,020	101%

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

Work is ongoing/starting within a number of specialties to introduce further new ways of working, which includes Enhanced Triage and Patient Initiated Review (PIR), 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.

Following updated Scottish guidance in relation to Antimicrobial Resistance and Healthcare Associated Infection (ARHAI), a trial of reduced social distancing of patients in the outpatient waiting area will be undertaken within the Ophthalmology department. If successful, this will be extended to include some other outpatient services. This change is expected to support additional patient throughput in clinics.

Two capital projects to provide alternative accommodation for the UHC staff wellbeing and pre-operative assessment services are now underway, which will allow outpatient clinic accommodation which had been reassigned to these services during the pandemic, to be returned to their outpatient clinic function from the early summer. The return of this clinic room capacity will also support the re-instatement of more clinics and contribute to reducing the outpatient waiting list.

A contract has been agreed with an external agency to deliver significant additional outpatient capacity (in University Hospital Ayr) for Ophthalmology over a three month period. This will commence in February 2022.

Inpatient/Daycases

Across NHS Ayrshire & Arran, a total of 2,919 Inpatients/Daycase procedures were carried out in Quarter 3 (October – December) of 2021/22. Current performance has exceeded the trajectory of 2,763 by 6%, with NHS Ayrshire & Arran seeing 156 more patients than planned as outlined in RMP4.

2,919 Q3 2021/22	2,763 Target	Number of Inpatient / Daycase treatments commenced	+ 156
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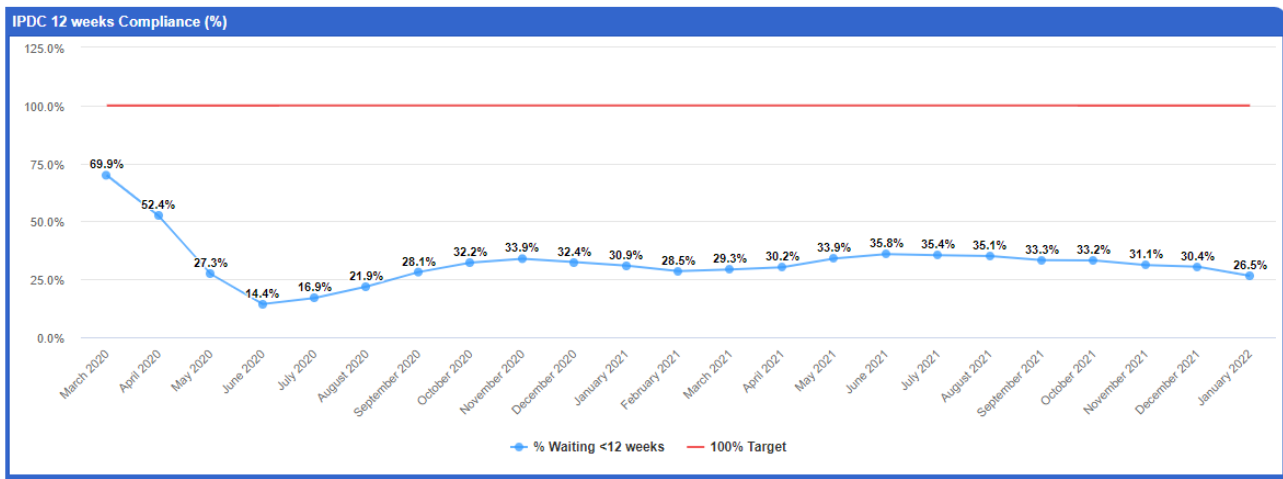
The formal measure of performance against the 12 weeks Treatment Time Guarantee (TTG) for Inpatients/Daycases applies to patients seen (completed waits). Based on the latest published data from Public Health Scotland that reports on quarter ending December 2021, compliance was 71.7% across NHS Ayrshire & Arran, which is 2.3 percentage points higher when compared to 69.4% 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 December 2021, compliance for ongoing waits was 31.4% across NHS Ayrshire & Arran, which is 3.2 percentage points lower when compared to 34.6% for Scotland.

71.7% QE Dec 2021	69.4% Scotland	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (completed waits)	+ 2.3
31.4% QE Dec 2021	34.6% Scotland	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (ongoing waits)	- 3.2

Based on local management information, performance across NHS Ayrshire & Arran continues to fall with compliance of 26.5% reported at the end of January 2022, the lowest level since 21.9% at August 2020 (Figure 6).

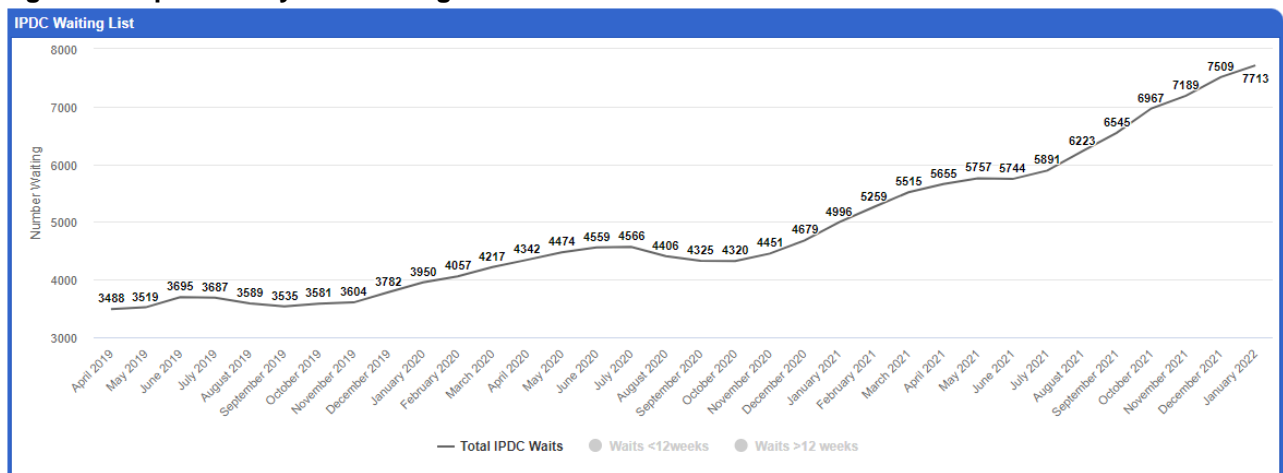
Figure 6 – Monthly Inpatient/Daycase (Ongoing waits) performance



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. All non-cancer elective surgery was cancelled for a three week period starting on 10th January 2022. This has resulted in the overall number of patients increasing from 4,057 at February 2020 to a new high of 7,713 at January 2022 (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.

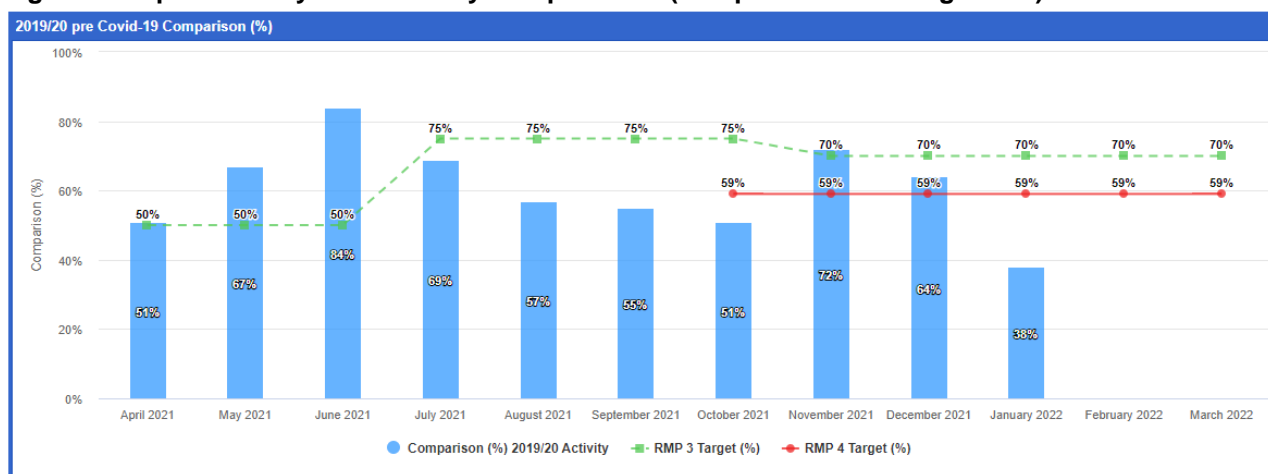
The allocation of operating theatre capacity based on clinical priority has affected some surgical specialties more than others. The number of Inpatients/Daycases by specialty waiting > 12 Weeks is outlined below.

Specialty	As at 29 February 2020 (Pre-COVID-19)	As at 31 December 2021	As at 31 January 2022
ENT	54	551	573
General Surgery (inc Vascular)	102	1,345	1,493
Gynaecology	1	209	229
Ophthalmology	294	269	296
OMFS	62	172	187
Plastic Surgery	0	28	27
Trauma & Orthopaedics	561	2,096	2,278
Urology	28	442	475
Other	1	92	87
Total	1,103	5,204	5,645

Source: Local monthly management reports, Information Team

NHS Ayrshire & Arran remobilised 38% of Inpatient/Daycase activity in January 2022 against a revised Remobilisation Plan 4 target of 59% (Figure 8). This drop was expected following the pause in most surgery in January 2022.

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. Activity levels reached 196% in Urgent categories in January 2022 compared to January 2020 (Table below).

Inpatient/Day case Activity – All Specialties	30-Nov-21			31-Dec-21			31-Jan-22		
	Nov 2019 Actual	Nov 2021 Actual	%	Dec 2019 Actual	Dec 2021 Actual	%	Jan 2020 Actual	Jan 2022 Actual	%
Urgency	1,583	1,145	72%	1,420	908	64%	1,579	599	38%
Routine	1,336	531	40%	1,182	391	33%	1,367	184	13%
Urgent	247	614	249%	238	517	217%	212	415	196%

Source: Local monthly management reports

Inpatients/Daycases – Improvement Actions

The impact of the pause in surgery in January 2022 is likely to be reflected in a further anticipated increase to the waiting list. Priority 2 surgery at Golden Jubilee National Hospital is continuing for ENT, Breast and Upper GI surgery.

The Infrastructure Programme Board has supported a feasibility study to identify a location in which a replacement Day Surgery recovery area could be created. The previous area has been re-purposed to support the increase in intensive care capacity. The day surgery unit previously supported a significant proportion of the on-site surgery, and so a replacement recovery space will be critical to the recovery of this service. The feasibility study is expected to conclude by the end of February 2022.

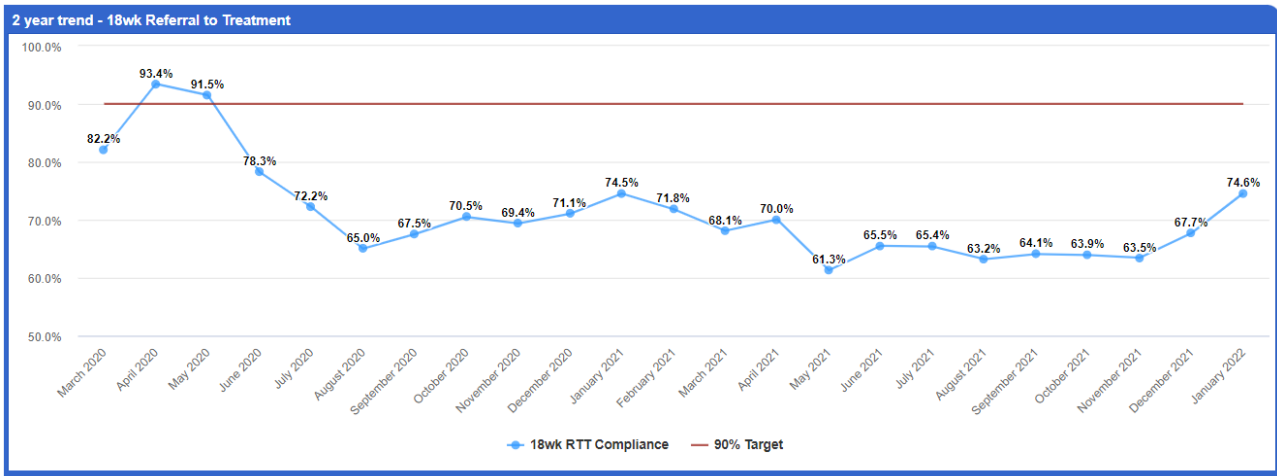
18 week Referral to Treatment

Based on the latest published benchmarking data from Public Health Scotland that reports on quarter ending December 2021, compliance for the 18 week Referral to Treatment standard was 67.6% across NHS Ayrshire & Arran, which is 6.8 percentage points lower when compared to 74.4% for Scotland.

67.6% QE Dec 2021	74.4% Scotland	of patients were waited fewer than 18 weeks Referral to Treatment	- 6.8
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The target for 18 week Referral to Treatment (RTT) compliance is 90% and Local management information indicates that NHS Ayrshire & Arran's performance has improved to 74.6% at the end of January 2022 (Figure 9). This is the highest level of performance reported since June 2020. 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.

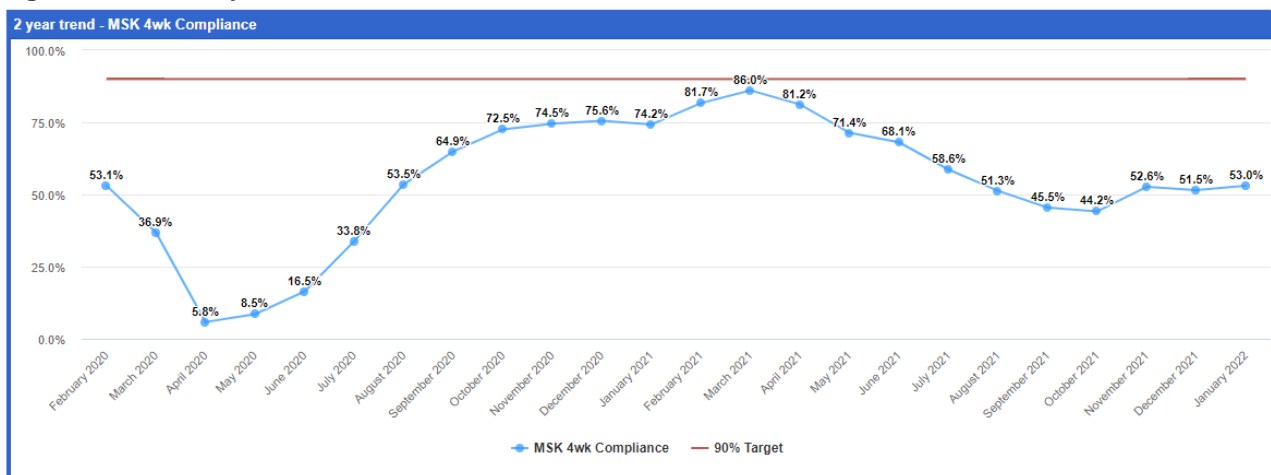
Musculoskeletal Services (MSK)

The latest published benchmarking data for MSK services for quarter ending September 2021 shows that across NHS Ayrshire & Arran, compliance reduced to 39.2% from 65.3% at quarter ending June 2021. This is 13.6 percentage points lower compared to 52.8% across Scotland.

39.2% QE Sep 2021	52.8% Scotland	of patients were waiting fewer than 4 weeks for Musculoskeletal Services	- 13.6
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Local management information highlights that following a decreasing trend in performance from a high of 86.0% at March 2021 to 44.2% at October 2021, compliance levels have increased to 53.0% at January 2022. Current performance is similar to pre- COVID-19 levels of 53.1% at February 2020. More up to date benchmarking data is not available.

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, opting in for new appointments and Active Clinical Referral Triage 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. The service is 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.

An Electronic Patient Records test of change was trialled between July 2021 and September 2021, to facilitate clinicians working from home, if self-isolating, to continue with virtual consultations to maximise capacity. This allowed an area wide approach to virtual

consultations to equate waiting times Ayrshire wide. A report on the learnings and outcomes from this trial is complete and will inform a business case to support next steps.

2.3.3 Diagnostics

Diagnostics			
Remobilisation Plan Measures			
9,474 Q3 2021/22	10,659 Target	Number of Imaging procedures carried out (MRI, CT, Non-obstetric ultrasound, Barium studies)	- 1,185
2,268 Q3 2021/22	2,096 Target	Number of Endoscopy procedures carried out (Upper/Lower Endoscopy, Colonoscopy, and Cystoscopy)	+ 172
34 Q3 2021/22	168 Target	Number of Cytosponge procedures carried out	- 134
38 Q3 2021/22	63 Target	Number of Colon Capsule Endoscopy procedures carried out	- 25
National Performance Measures			
51.4% Jan 2022	51.5% Jan 2021	of patients were waiting fewer than 6 weeks for Imaging	 100%
23.4% Jan 2022	19.7% Jan 2021	of patients were waiting fewer than 6 weeks for Endoscopy	 100%
National Benchmarking			
60.2% Dec 2021	54.7% Scotland	of patients were waiting fewer than 6 weeks for Imaging	+ 5.5
27.1% Dec 2021	33.4% Scotland	of patients were waiting fewer than 6 weeks for Endoscopy	- 6.3

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

A total of 9,474 imaging tests were carried out in Quarter 3 (October – December) of 2021/22, remaining below the trajectory of 10,659, with 1,185 fewer tests being carried out than had been detailed within RMP4.

9,474 Q3 2021/22	10,659 Target	Number of Imaging procedures carried out (MRI, CT, Non-obstetric ultrasound, Barium studies)	- 1,185
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The latest published benchmarking data from Public Health Scotland for December 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 60.2% across NHS Ayrshire & Arran, which is 5.5 percentage points higher compared to 54.7% for Scotland.

60.2% Dec 2021	54.7% Scotland	of patients were waiting fewer than 6 weeks for Imaging	+ 5.5
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Based on local management information, compliance against the 6 weeks Access Target for Imaging has decreased by 8.8 percentage from 60.2% at December 2021 to 51.4% at January 2022, the lowest level of compliance reported since January 2021 (Figure 11). Prior to the impact of COVID-19, performance at February 2020 was 73.0%.

Figure 11 – Imaging compliance Performance



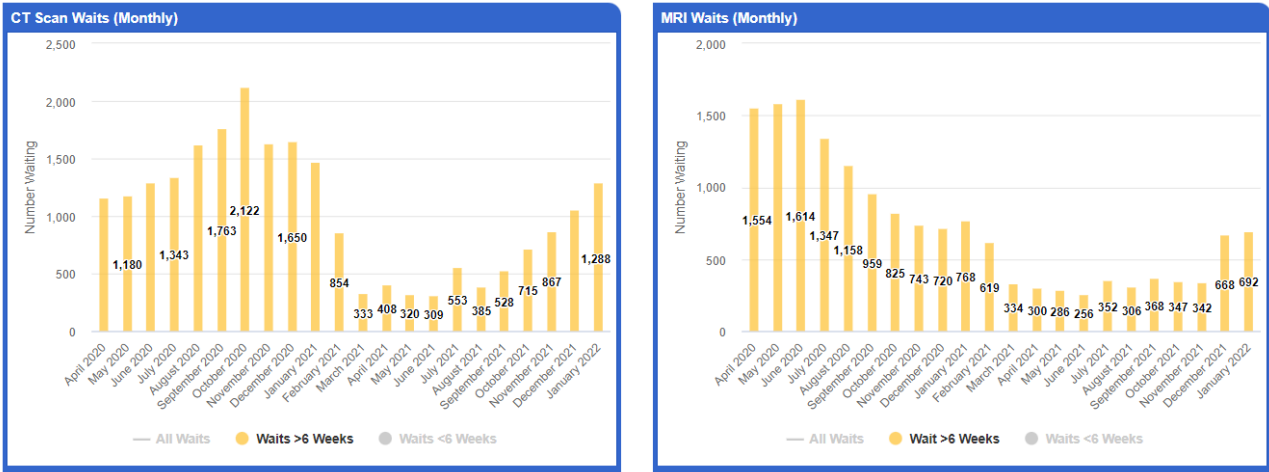
Source: Local monthly management reports, Information Team

The number of patients waiting over 6 weeks for a CT scan continues to increase, rising from 385 at August 2021 to 1,288 at January 2022. 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, following a 95.3% increase from 342 waits at November 2021 to 668 waits at December 2021, there has been a further increase to 692 waits at January 2022. 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 over 6 weeks for CT and MRI is outlined in Figures 12 and 13.

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



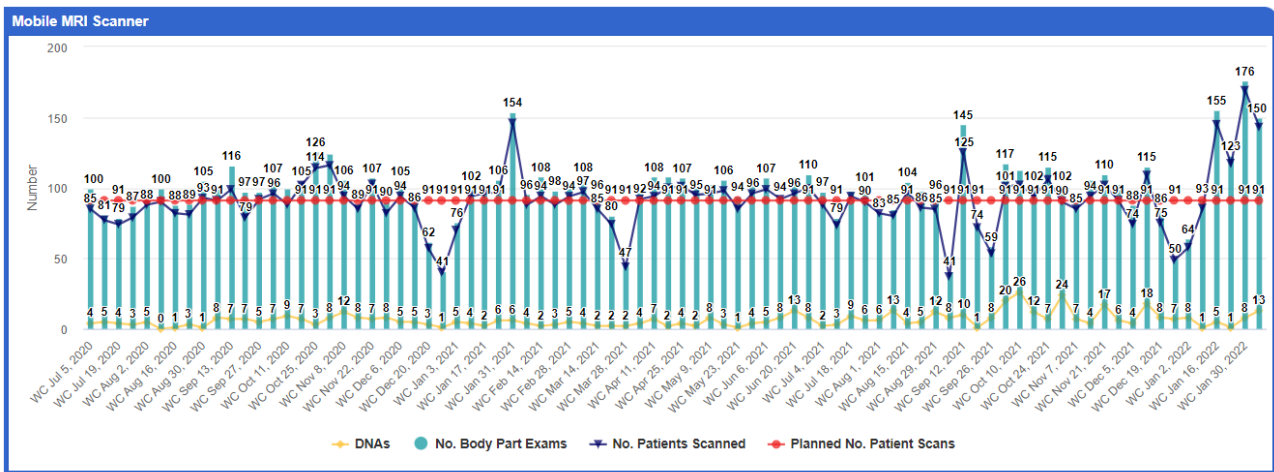
Source: Local monthly management reports, Information Team

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.

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 2,268 patients received a scope (Upper/Lower Endoscopy, Colonoscopy, Cystoscopy) during Quarter 3 (October – December) of 2021/22, exceeding the quarterly position trajectory of 2,096 outlined in RMP4, with the service seeing 172 more patients than planned.

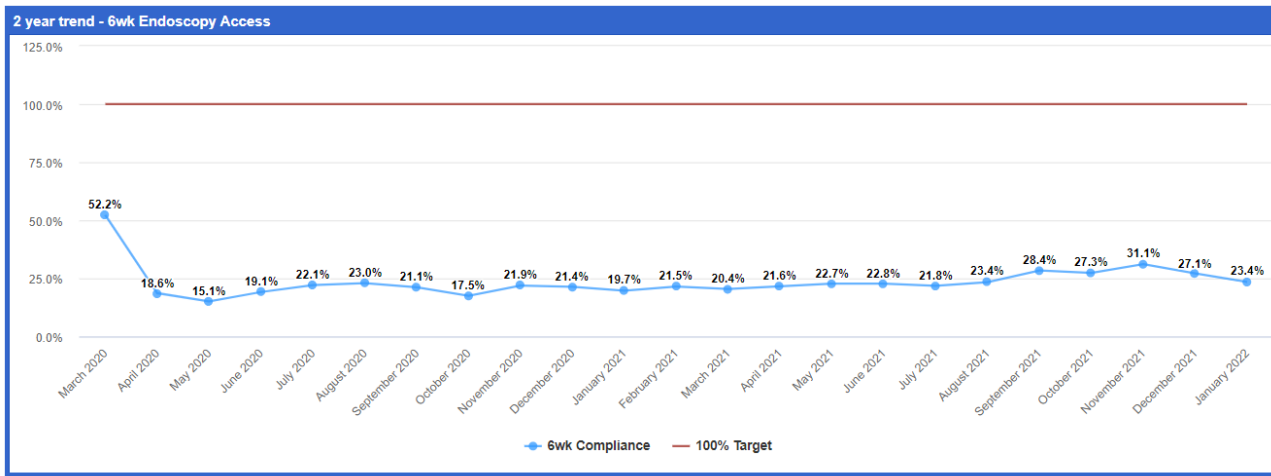
2,268 Q3 2021/22	2,096 Target	Number of Endoscopy procedures carried out (Upper/Lower Endoscopy, Colonoscopy, and Cystoscopy)	+ 172
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The latest published benchmarking data from Public Health Scotland for December 2021 shows that compliance for Endoscopy was 27.1% across NHS Ayrshire & Arran, 6.3 percentage points lower when compared to 33.4% for Scotland.

27.1% Dec 2021	33.4% Scotland	of patients were waiting fewer than 6 weeks for Endoscopy	- 6.3
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Based on local management information, following an improving trend to a post COVID-19 high of 31.1% at November 2021, compliance against the 6 weeks Access Target for Endoscopy has shown a further decrease of 3.7 percentage points from 27.1% at December 2021 to 23.4% at January 2022 (Figure 15). Prior to the impact of COVID-19, performance at February 2020 was 63.8%.

Figure 15 – Monthly Endoscopy performance

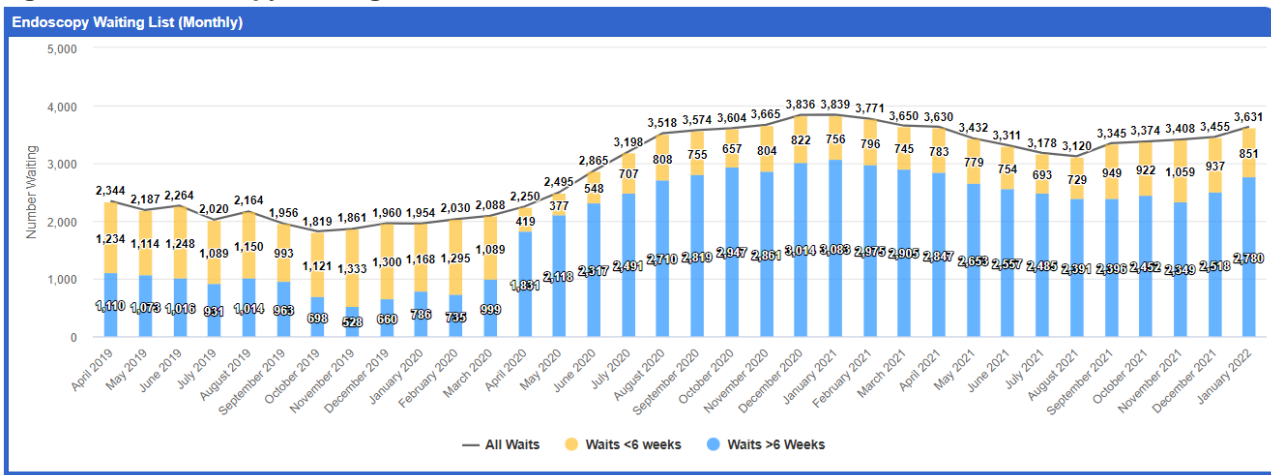


Source: Local monthly management reports, Information Team

Endoscopy services continue to be impacted by COVID-19 due to the re-designation of space to expand ICU facilities, the emergence of Omicron, continued impact of social distancing requirements, 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.

The total number of patients waiting for an Endoscopy continues to show an increasing trend, with a 5.1% rise from 3,455 at December 2021 to 3,631 at January 2022, the highest number waiting since March 2021. The numbers waiting > 6 weeks has also increased by 10.4% from 2,518 at December 2021 to 2,780 at January 2022, the highest number waiting since May 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 RMP4. For the period October - December 2021 (Quarter 3), 34 patients underwent a Cytosponge, which was 134 fewer than the quarterly trajectory of 168; additionally 38 patients received a Colon Capsule Endoscopy (CCE) which was 25 lower than planned against quarterly trajectory of 63.

34 Q3 2021/22	168 Target	Number of Cytosponge procedures carried out	- 134
38 Q3 2021/22	63 Target	Number of Colon Capsule Endoscopy procedures carried out	- 25

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.



The recovery space for Endoscopy at UHC remains significantly restricted due to the placement of the extended ICU.

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			
3,441 Q2 2021/22	2,880 Anticipated	Number of urgent with a suspicion of cancer referrals received	+ 561
287 Q2 2021/22	300 Target	Number of patients with a Cancer diagnosis who started treatment within 31 days of decision to treat	- 13
National Performance Measures			
76.2% Jan 2022	76.8% Jan 2021	of patients with suspicion of cancer started treatment within 62 days of initial referral	 95%
95.9% Jan 2022	98.7% Jan 2021	of patients with a Cancer diagnosis started treatment within 31 days following decision to treat	 95%
National Benchmarking			
83.3% QE Sep 2021	83.1% Scotland	of patients with suspicion of cancer started treatment within 62 days of initial referral	+ 0.2
95.7% QE Sep 2021	96.7% Scotland	of patients with a Cancer diagnosis started treatment within 31 days following decision to treat	- 1.0

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. A revised RMP4 update for Quarter 3 (October to December) will be available for the next report.

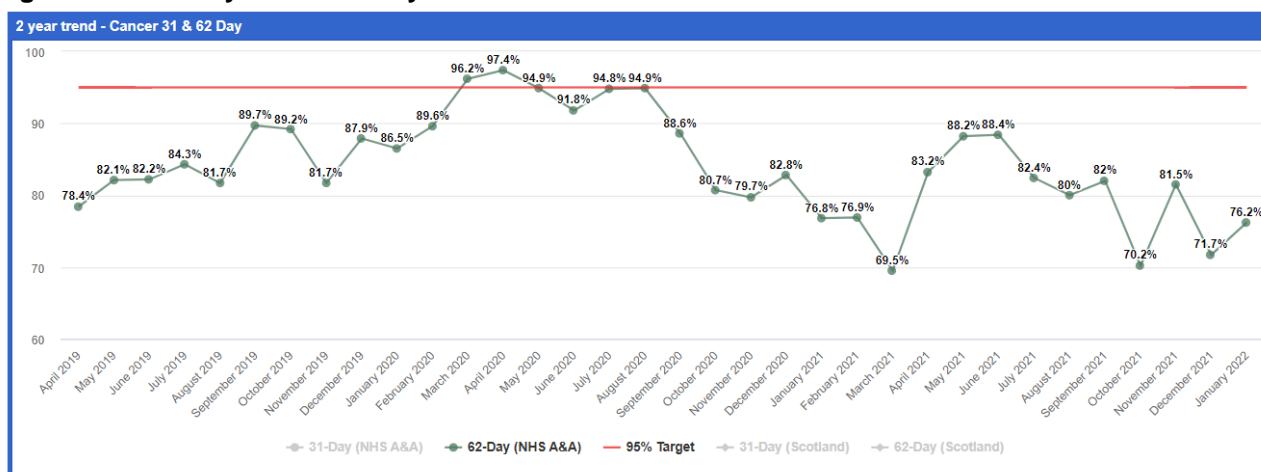
3,441 Q2 2021/22	2,880 Anticipated	Number of urgent with a suspicion of cancer referrals received	+ 561
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The latest published benchmarking data for quarter ending September 2021 indicates that compliance against the 62 day Cancer target of 95% was 83.3% across NHS Ayrshire & Arran, which is 0.2 percentage points higher compared to 83.1% for Scotland.

83.3% QE Sep 2021	83.1% Scotland	of patients with suspicion of cancer started treatment within 62 days of initial referral	+ 0.2
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Local management information shows that, performance has been consistently lower against the 62 day Cancer target of 95% throughout the COVID-19 outbreak. Following a sharp decrease in compliance at December 2021 to 71.7%, there has been an increase of 4.5 percentage points to 76.2% at January 2022 (Figure 17).

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 system and staffing pressures which have reduced both diagnostic and operating surgery capacity since July 2021, have resulted in lower levels of performance in some months.

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. A revised RMP4 update for Quarter 3 (October to December) will be available for the next report.

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

95.7% QE Sep 2021	96.7% Scotland	of patients with a Cancer diagnosis started treatment within 31 days following decision to treat	- 1.0
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Performance against the 31 day Cancer target of 95% has been consistently met and maintained throughout the COVID-19 outbreak. Local management information indicates that compliance has decreased by 4.1 percentage points from 100% at December 2021 to 95.9% at January 2022 (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.

The Early Cancer Diagnosis Centre has received 95 referrals up to the end of January 2022 with three cancers detected. The pathway paused for a three week period in line with other elective services and GPs were instructed to refer for an open access CT if concerned around non-specific symptoms.

2.3.5 Mental Health

Mental Health			
Remobilisation Plan Measures			
350 Q3 2021/22	300 Target	Number of children and young people started treatment with CAMH services	+ 50
803 Q3 2021/22	858 Target	Number of eligible patients started treatment for psychological therapy	- 55
National Performance Measures			
97.4% Jan 2022	97.5% Jan 2021	of children and young people started treatment within 18 weeks of initial referral to CAMH services	 90%
88.2% Jan 2022	83.3% Jan 2021	of patients started treatment within 18 weeks of their initial referral for psychological therapy	 90%
97.0% Dec 2021	100% Dec 2020	of clients waited less than 3 weeks from referral to appropriate drug or alcohol treatment that supported their recovery	 90%
National Benchmarking			
99.5% QE Sep 2021	78.6% Scotland	of children and young people started treatment within 18 weeks of initial referral to CAMH services	+ 20.9
90.8% QE Sep 2021	87.2% Scotland	of patients started treatment within 18 weeks of their initial referral for psychological therapy	+ 3.6
99.5% QE Sep 2021	92.9% Scotland	of clients waited less than 3 weeks from referral to appropriate drug or alcohol treatment that supported their recovery	+ 6.6

Child and Adolescent Mental Health Services (CAMHS)

A total of 350 CAMHS First Treatment patients were treated in Quarter 3 (October – December) of 2021/22, exceeding the RMP4 trajectory of 300 within NHS Ayrshire & Arran by 50.

350 Q3 2021/22	300 Target	Number of children and young people started treatment with CAMH services	+ 50
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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.

99.5% QE Sep 2021	78.6% Scotland	of children and young people started treatment within 18 weeks of initial referral to CAMH services	+ 20.9
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Local management information shows that, with the exception of July 2020, performance against the CAMHS 18 week compliance target of 90% has been consistently met and

maintained throughout the COVID-19 outbreak. After reaching 100% compliance at December 2021, there has been a 2.6 percentage point decrease to 97.4% at January 2022. 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, now at pace with active recruitment underway for the Unscheduled Care service and Allied Health Professional (AHP) workforce.

As part of an options appraisal process, CAMHS will pitch for a ward at Woodland View Hospital. During the development of the bid, Paediatric services have shown great support. CAMHS are assisting Paediatric inpatient services to develop their inpatient environment, to increase interface with CAMHS, and provide a more suitable environment for children and young people who are psychologically distressed.

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 staff and the increasing admissions to Paediatric services with regional beds being in very short supply.

Psychological Therapies

A total of 803 Psychological Therapies (PT) First Treatment patients were treated in Quarter 3 (October - December) of 2021/22, falling below the RMP4 trajectory of 858 within NHS Ayrshire & Arran by 55.

803 Q3 2021/22	858 Target	Number of eligible patients started treatment for psychological therapy	- 55
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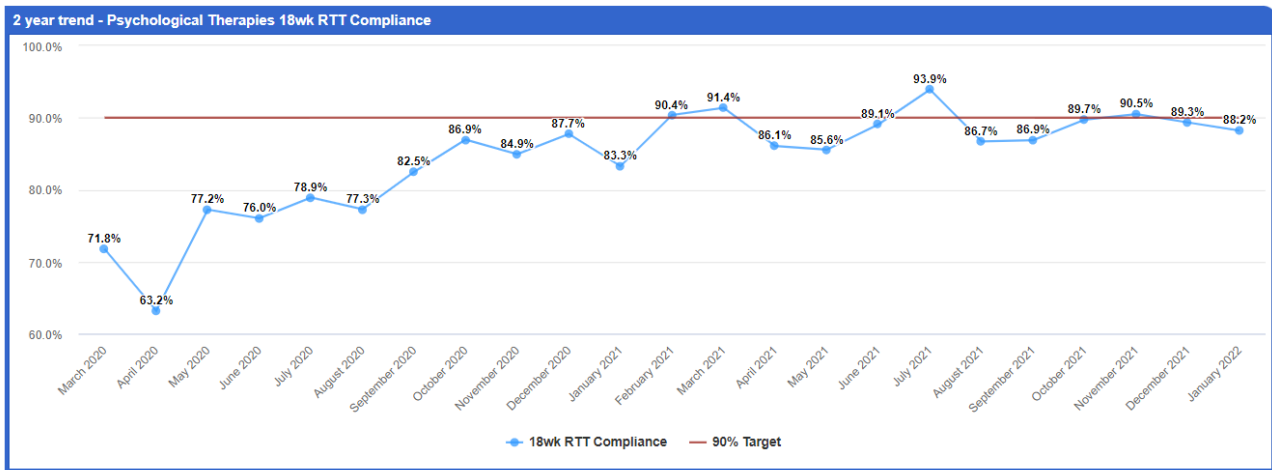
The latest published data for quarter ending September 2021 indicates that compliance for Psychological Therapies was 90.8% across NHS Ayrshire & Arran, which is 3.6 percentage points higher compared to 87.2% for Scotland.

90.8% QE Sep 2021	87.2% Scotland	of patients started treatment within 18 weeks of their initial referral for psychological therapy	+ 3.6
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Local management information shows that waiting times compliance for Psychological Therapies remains just below the 90% standard with a slight decrease to 88.2% reported in January 2022, from 89.3% in December 2021 (Figure 20). 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

After an increasing trend in the total numbers waiting to 620 at September 2021, and following a return to pre-COVID-19 referral demand, the number waiting at January 2022 has reduced to 581.

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 vacancy and maternity leave at present, with Community Paediatrics operating with approximately 30% staffing. 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 period of the pandemic 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.

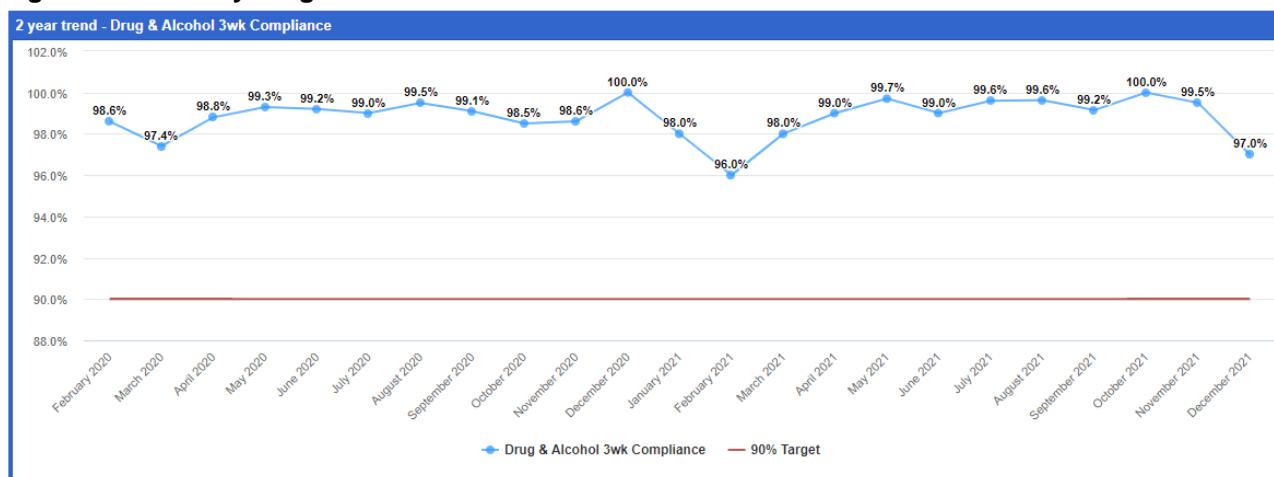
Drug and Alcohol Treatment

Following work to improve data quality and completeness, Public Health Scotland (PHS) published the postponed report for quarters ending June and September 2021/22 on 22nd February 2022. The latest published data for quarter ending September 2021 indicates that compliance for Drug and Alcohol Treatment was 99.5% across NHS Ayrshire & Arran, which is 6.6 percentage points higher compared to 92.9% for Scotland.

99.5% QE Sep 2021	92.9% Scotland	of clients waited less than 3 weeks from referral to appropriate drug or alcohol treatment that supported their recovery	+ 6.6
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Local management information at December 2021, shows that compliance levels continue to exceed the target of 90% but have fallen to 97.0% (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) continues to meet the ‘Access to treatment’ standards whilst prioritising individuals who are the most vulnerable for face to face, in person support. All community interventions continue to be delivered. The residential facility in Ward 5, Woodland View, has prioritised detoxification support alongside a seamless pathway for extended rehabilitation hospital based support (whilst the day attendance programme continues to be paused due to wider COVID-19 related restrictions – these clients continue to be supported by the locality community services). All these interventions are continuously reviewed in light of changing pandemic related guidance. Non-Fatal Overdose response pathways continue to be refined and improved.

The main focus over the new quarter is for the embedding of Medication Assisted Treatment (MAT) standards 1 to 5. A Pan Ayrshire MAT Steering group has been identified with the first meeting scheduled for the beginning of February 2022, to agree Terms of Reference and Improvement Actions. National funding for additional staff to deliver MAT has now been formally agreed.

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 6th 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 27th September 2021. The RADAR

service is based within North West Kilmarnock Area Centre, Kilmarnock, however has additional outreach clinics on Tuesdays and Thursdays in East Ayrshire Community Hospital in Cumnock which commenced on 11th January 2022. This provides easier access for clients who live in the south of the authority.

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 is received from the patient within 12 weeks, the patient is discharged at that point. This is currently under review. It would be worth highlighting that this is likely to be reduced in the near future in line with the ongoing review processes to meet other areas of service demand.

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.

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. Recruitment for these posts has begun.

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. For noting there is a funding gap of six WTE MHPs (band 6) which have been funded on a short term basis whilst permanent funding is being sourced. Currently this permanent solution has not been identified. Moreover there is a desire to increase the cohort of MHPs by a further 4.6 WTE, bringing the East Ayrshire complement to 16 WTE. Similarly there are three self-help workers that require permanent funding, previously funded via RMP monies, to support further redesign of adult mental health services. An organisational change process is ongoing to realign existing self-help workers in support of early intervention and prevention approaches in Primary Care line managed via MHP's.


South Ayrshire Community Addictions Service have completed their evaluation of a recent localised test of change pilot regarding the delivery of elements of the 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, which has been agreed, enabling recruitment process to get underway. 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; two Band 6 Charge Nurses; one band 5 assistant community addiction worker, one Support Worker and a Peer Recovery worker. A staff development session is planned with the team to look at Service re-design and how the MAT standards will be embedded into the Service which will include the medication access service being available five days per week, across all geographical areas of South Ayrshire.

A new pathway of support was commenced on 1st November 2021 between the Scottish Ambulance Service and the Service 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.

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 Workers 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			
21,331 Q3 2021/22	26,260 Anticipated	Total patients attending Emergency Departments (unplanned attendances only)	- 4,929
11,972 Q3 2021/22	12,226 Anticipated	Number of patients admitted to hospital as an emergency admission	- 254
National Performance Measures			
6,490 Jan 2022	5,087 Jan 2021	unscheduled attendances at Emergency Departments	
73.2% Jan 2022	77.6% Jan 2021	of unscheduled ED attendees were treated, admitted or discharged within 4 hours of arrival	 95%
572 Jan 2022	312 Jan 2021	ED attendees waited over 12 hours to be treated, admitted, or discharged	
Local Performance Measures			
2,960 Jan 2022	2,667 Jan 2021	presentations to Combined Assessment Units	
1,694 Jan 2022	1,501 Jan 2021	Emergency admissions to medical or surgical wards following attendance at ED or CAU	
National Benchmarking			
73.2% Jan 2022	73.7% Scotland	of unscheduled ED attendees were treated, admitted or discharged within 4 hours of arrival	- 0.5

Emergency Department (ED) Attendances

As part of RMP4 we anticipated the volume of unplanned ED attendances for Quarter 3 2021/22 (October - December) to be in the region of 26,260 attendances. However during this time there were 21,331 unplanned ED attendances. This was 4,929 less than expected demand.

21,331 Q3 2021/22	26,260 Anticipated	Total patients attending Emergency Departments (unplanned attendances only)	- 4,929
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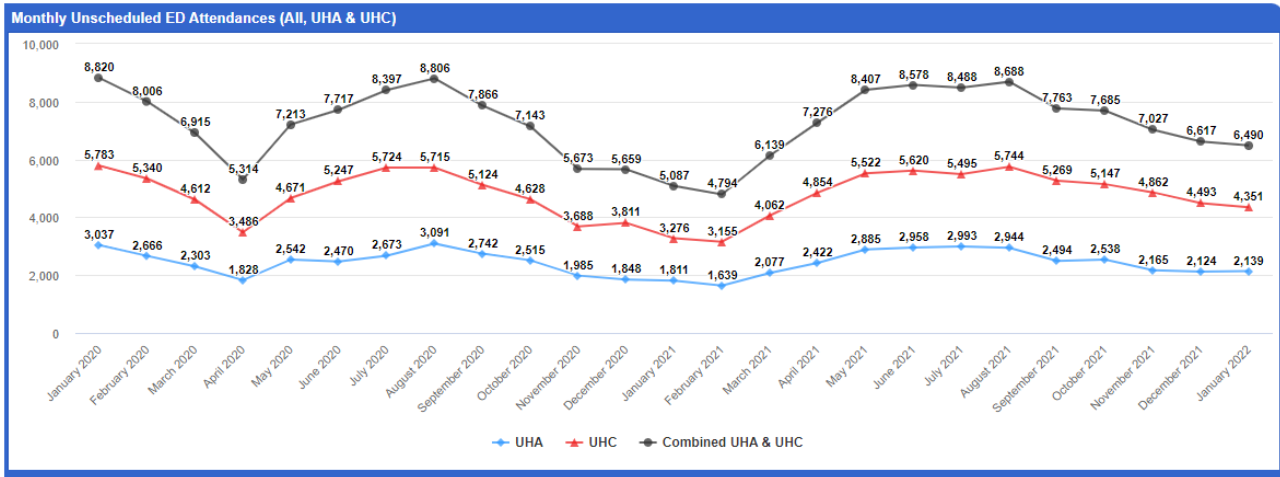
ED Attendances

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 6,490 by January 2022. This is an increase of 328 attendances at UHA (+ 18.1%) and an increase of 1,075 attendances at UHC (+ 32.8%) when comparing January 2022 with the same month of the previous year. This rise should be considered in the context of the lockdown restrictions in place last year, which had the effect of reducing attendances at ED (Figure 22).

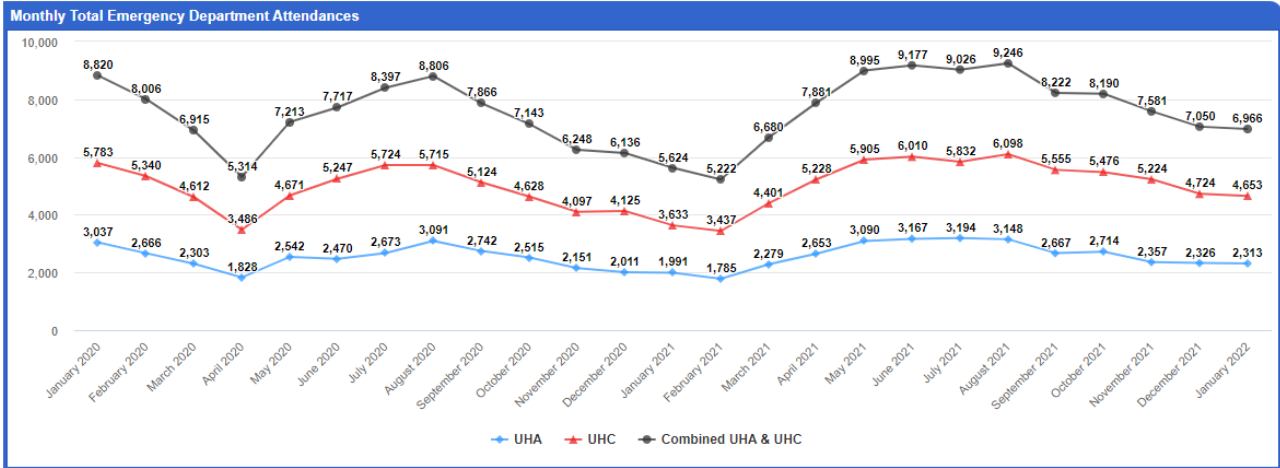
Figure 22 – Monthly unscheduled ED attendances – NHS Ayrshire & Arran, UHA and UHC



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 6,966 attendances at the EDs in January 2022. This is an increase of 23.9% when compared with the same month last year (January 2021: 5,624), although is a reduction of 1.2% from December 2021 (7,050).

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 of 2020/21, 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

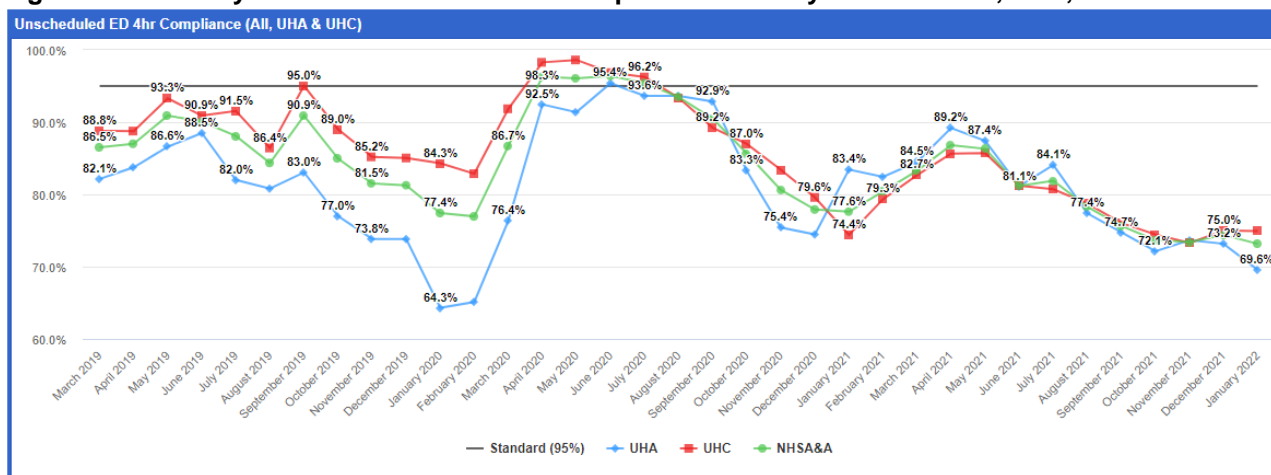
The latest published data for January 2022 indicates that compliance against the 4-Hour Wait for unscheduled ED attendances for NHS Ayrshire & Arran was 73.2%, which is 0.5 percentage points lower than the 73.7% recorded for Scotland as a whole.

National Benchmarking			
73.2% Jan 2022	73.7% Scotland	of unscheduled ED attendees were treated, admitted or discharged within 4 hours of arrival	- 0.5

Local management information highlights that the 4-Hour Wait compliance for unscheduled ED attendances at NHS Board level has been on a decreasing trend since April 2021 (Figure 24). Compliance has fallen below the 95% target in each consecutive month since July 2020.

73.2% Jan 2022	77.6% Jan 2021	of unscheduled ED attendees were treated, admitted or discharged within 4 hours of arrival	 95%
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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 January 2022 was 69.6%, a decrease of 13.8 percentage points when compared to the same month of the previous year, and a decrease of 3.6 percentage points from the 73.2% recorded in December 2021. This was the lowest compliance recorded at UHA since February 2020 (65.1%).

At UHC, compliance was 74.9% for January 2022, an increase of 0.5 percentage points from the previous year, although a slight decrease of 0.1 percentage points from the 75.0% recorded for December 2021.

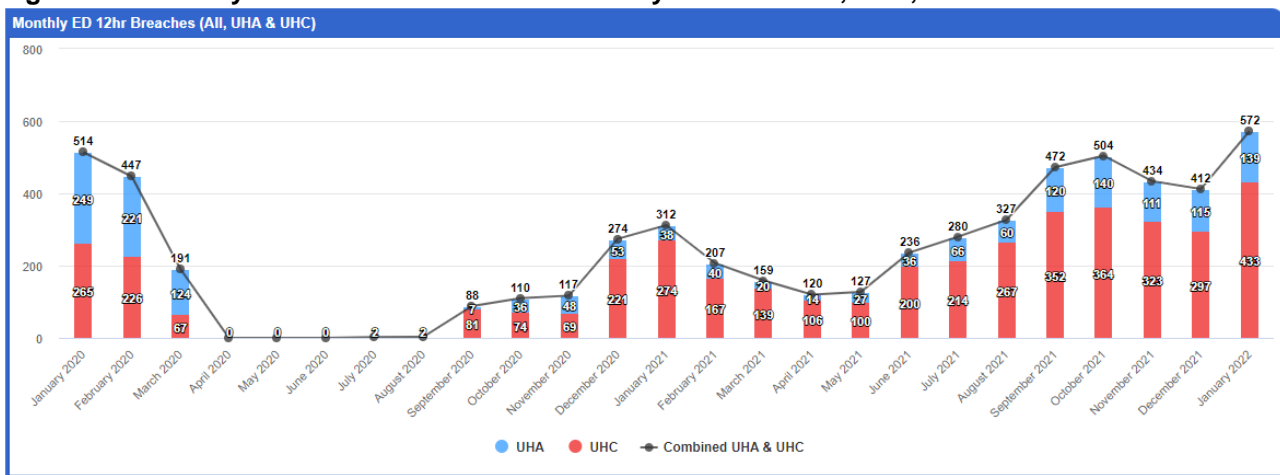
UHA	69.6% Jan 2022	83.4% Jan 2021	of unscheduled ED attendees at UHA were treated, admitted or discharged within 4 hours of arrival	 95%
UHC	74.9% Jan 2022	74.4% Jan 2021	of unscheduled ED attendees at UHC were treated, admitted or discharged within 4 hours of arrival	 95%

ED 12 Hour Breaches

The numbers of ED 12 Hour Breaches at Board level have increased significantly to 572 in January 2022, the highest number of breaches recorded in NHS Ayrshire & Arran in a single month. Comparing to the same period of the previous year, there were 312 12-hour breaches in January 2021, 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 January 2020, this was also higher than the previous all-time peak of 514 breaches recorded in that month (Figure 25).

572 Jan 2022	312 Jan 2021	ED attendees waited over 12 hours to be treated, admitted, or discharged
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Figure 25 – Monthly ED Waits Over 12 Hours - NHS Ayrshire & Arran, UHA, and UHC



Source: Local Information Team Reports

There were 139 12-hour breaches at UHA and 433 at UHC in January 2022. Numbers have increased at UHA when compared with the previous month (December 2021: 115) although are lower than for the same period in the year pre-COVID (January 2020: 249). Numbers of 12-hour breaches at UHC appeared to have reached a peak of 364 in October 2021, reducing to 297 by December 2021, although numbers have now increased sharply to 433 in January 2022, the highest number recorded, and significantly higher than the same period pre-COVID (January 2020: 265).

UHA	139 Jan 2022	38 Jan 2021	ED attendees at UHA waited over 12 hours to be treated, admitted, or discharged
UHC	433 Jan 2022	274 Jan 2021	ED attendees at UHC waited over 12 hours to be treated, admitted, or discharged

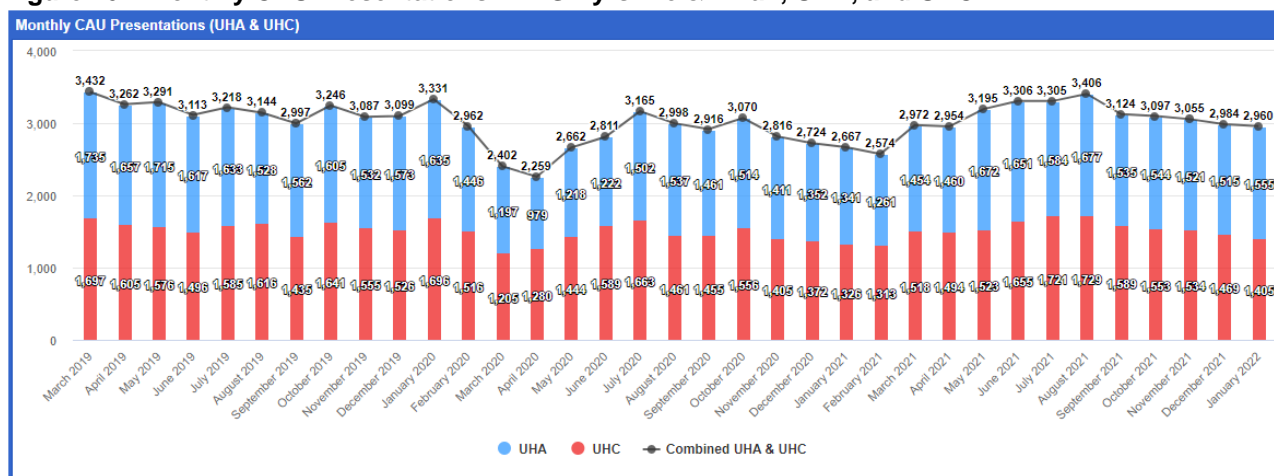
The numbers of ED 12 Hour Breaches at Board level as a proportion of all ED 12 Hour Breaches across Scotland reached a peak of 59.3% in April 2021, decreasing to 26.1% by January 2022. It should be noted that this proportional decrease is also driven by increasing numbers of 12 hour breaches in other Health Boards, signifying that NHS Ayrshire & Arran is less of an outlier in regards to this measure.

Combined Assessment Unit (CAU) Presentations

CAU Presentations had reached a high of 3,406 in August 2021 however have since been steadily decreasing, with total presentations falling to 2,960 by January 2022 (Figure 26).

2,960 Jan 2022	2,667 Jan 2021	presentations to Combined Assessment Units
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Figure 26 – Monthly CAU Presentations - NHS Ayrshire & Arran, UHA, and UHC



Source: Local Information Team Reports

When compared to January 2021, numbers have increased across both sites, with 214 additional presentations at UHA in January 2022 compared to January 2021, an increase of 16.0%, and 79 additional presentations at UHC over the same time period, an increase of 6.0% (Figure 26).

UHA	1,555 Jan 2022	1,341 Jan 2021	presentations to UHA Combined Assessment Unit
UHC	1,405 Jan 2022	1,326 Jan 2021	presentations to UHC Combined Assessment Unit

In terms of sources of referral: at UHA, ED referrals increased by 10.3% and GP referrals increased by 19.9% when comparing January 2022 with January 2021. Meanwhile at UHC, ED referrals decreased by 15.4% whilst GP referrals increased by 31.7%. Referrals from 'Other' sources increased at UHA (up by 33.5%) whilst decreasing at UHC (down by 15.8%).

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

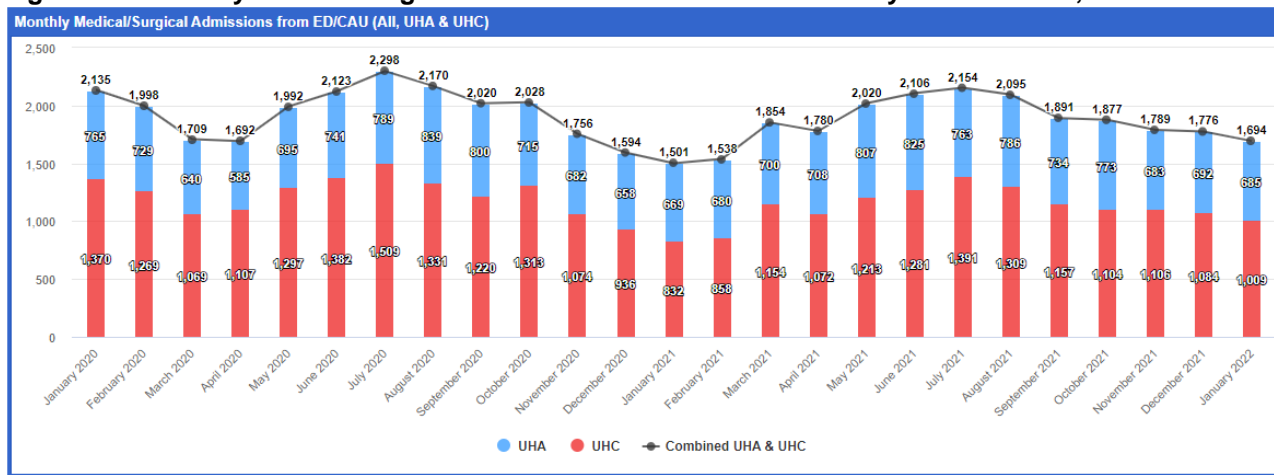
As part of RMP4 we anticipated the volume of Emergency Admissions for Quarter 3 2021/22 (October – December) to be in the region of 12,226 admissions. However during this time overall Emergency Admissions (including those which were admitted to CAU) was 11,972. This was 254 less than the expected demand.

11,972 Q3 2021/22	12,226 Anticipated	Number of patients admitted to hospital as an emergency admission	- 254
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The numbers of Medical and Surgical Inpatient Admissions from ED and CAU have increased, with 16 additional admissions at UHA in January 2022 when compared to the same month of the previous year, and 177 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.

National Performance Measures			
1,694 Jan 2022	1,501 Jan 2021	Emergency admissions to medical or surgical wards following attendance at ED or CAU	
University Hospital Ayr		University Hospital Crosshouse	
685 Jan 2022	669 Jan 2021	1,009 Jan 2022	832 Jan 2021

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

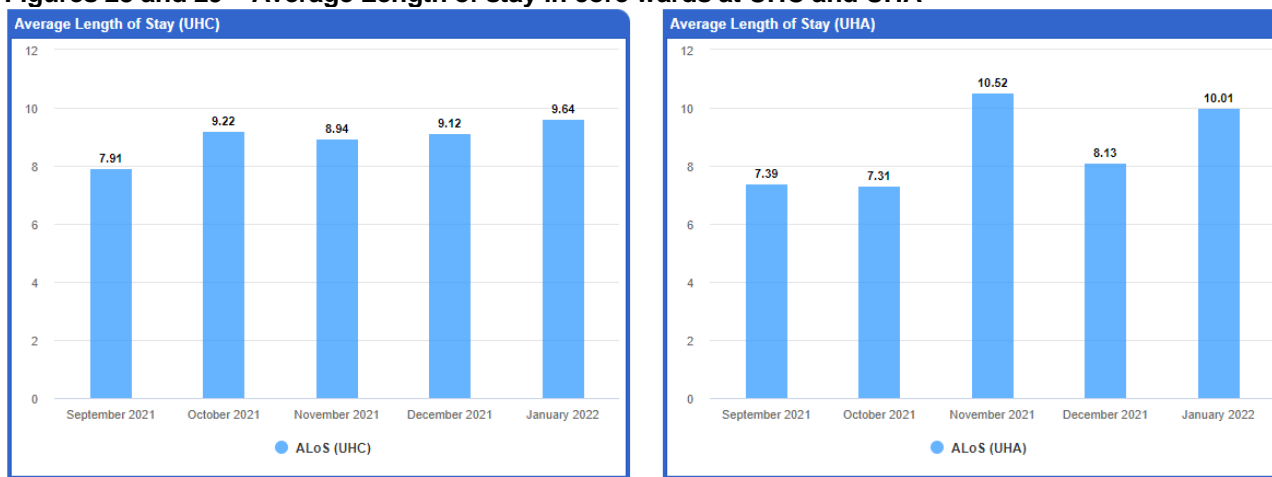


Source: Local Information Team Reports

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 new high of 9.64 in January 2022. At UHA, the average length of stay experienced a significant increase to a high of 10.49 in November 2021, reducing in December 2021 before increasing again to 10.01 in January 2022 (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

Work is ongoing to implement an Outpatient parenteral anti-microbial therapy (OPAT) service for lower limb cellulitis on both acute sites as part of the Interface care work-stream. It is hoped that this will reduce hospital admissions for certain patient groups. A new patient pathway and anti-microbial guidance have been defined and these documents are undergoing scrutiny at the relevant clinical forums for sign off later in February 2022. Arrangements for the location and staffing of the service are ongoing, work is being closely monitored by Scottish Government (SG) and it is anticipated that more conditions will be suitable for this service, once established.

A Discharge without Delay (DwD) self-assessment was recently completed with SG and Health and Social Care Partnership (HSCP) colleagues to understand the baseline across both sites. DwD is based on the home first approach which has already been initiated in a number of areas in UHA and UHC with the objective of reducing barriers to transfers of care, improving patient flow and delayed discharge performance.

Hospital at Home is being initiated across NHS Ayrshire & Arran. This evidenced based acute intervention model is delivered within our patient's home or homely setting. This is being phased in, as we seek recurring funding to attract and recruit to be in a position to implement fully. The impact to date mirror the evidence from elsewhere with 80% of patients being maintained at home.


Activity on ED signposting/ redirection is ongoing, recent Scottish Government guidance has been reviewed and a small team are reviewing our current performance and

implementing best practice signposting from other boards. Work is planned on an information document for patients who are redirected. Analysis of patient presentations, redirection locations and outcomes is planned longer term.

The Operations Resource Centre (ORC) has a clinical team based at UHA, with representation from both acute sites and co-ordinates referrals from primary care to acute services. The ORC is currently funded by non-recurring RMP monies and next steps include securing funding to enable the continuation of the ORC and forming sub groups to drive alternatives to admissions - exploring key themes with focused working groups alongside HSCPs.

Our newly commissioned Urgent/ Unscheduled Care Programme has now collated all ongoing operational improvement work across our pre, intra and post –hospital services. This work provides a single programme management structure to the key work-streams across primary care, care-homes and SAS as well as the above unscheduled acute work and work in the community by our Health and social care partners in all three council areas. Cross-cutting work-streams have been identified, which will be resourced by staff from across the healthcare community.

2.3.7 Delayed Discharges/Transfers of Care

Delayed Discharges						
Remobilisation Plan Measures						
104 Q3 2021/22	88 Target	Number of Delayed Discharges at month end – includes all delays for any reason or duration				+ 16
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) 	North Ayrshire HSCP		East Ayrshire HSCP		South Ayrshire HSCP	
	4 Jan 2022	6 Jan 2021	0 Jan 2022	0 Jan 2021	20 Jan 2022	10 Jan 2021
Total number of hospital bed days occupied during the month by patients whose discharge from hospital was delayed for non-clinical reasons	1,495 Jan 2022	765 Jan 2021	648 Jan 2022	380 Jan 2021	2,218 Jan 2022	1,803 Jan 2021

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.

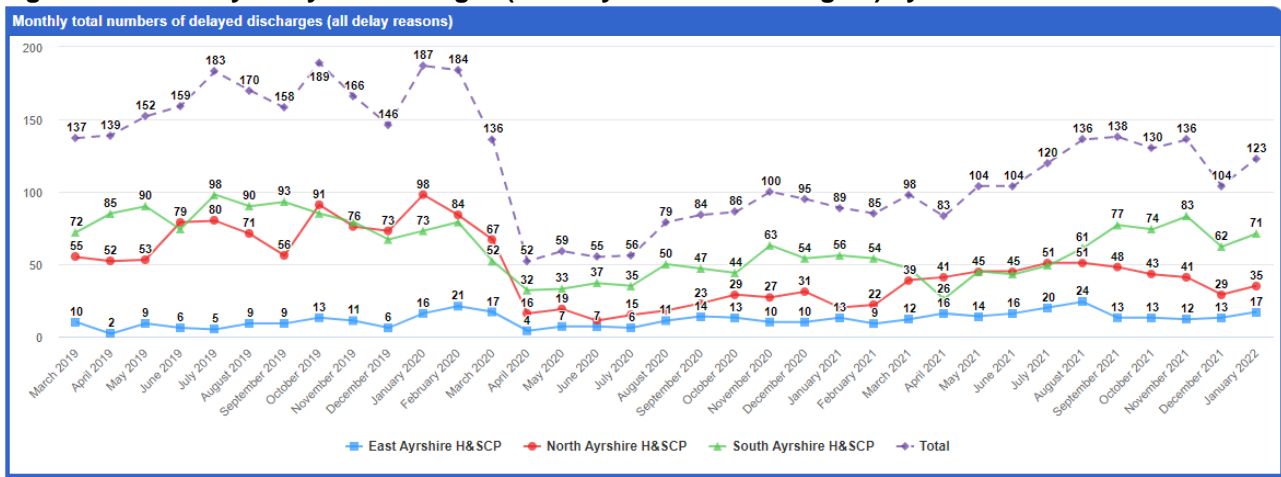
Through RMP4, each Health and Social Care Partnership (HSCP) set a target for the total number of delayed discharges (all delay lengths and all reasons for delay) at the census point for end of Quarter 3 2021/22 (December 2021). North Ayrshire HSCP set a target of 35 delays, with East Ayrshire HSCP setting a target of 13, and South Ayrshire HSCP a target of

40; resulting in a combined target of 88 delays in total across Ayrshire. At the end of December 2021 census point, there were 104 delayed discharges in total for NHS Ayrshire & Arran residents (29 in North, 13 in East, and 62 in South). Whilst this exceeded the overall target for Ayrshire, North Ayrshire HSCP were below their target whilst East Ayrshire HSCPs were in line with their target.

By the end of January 2022 census point, total delays had risen to 123 across Ayrshire (35 in North Ayrshire, 17 in East Ayrshire, and 71 in South Ayrshire).

104 Q3 2021/22	88 Target	Number of Delayed Discharges at month end – includes all delays for any reason or duration	+ 16
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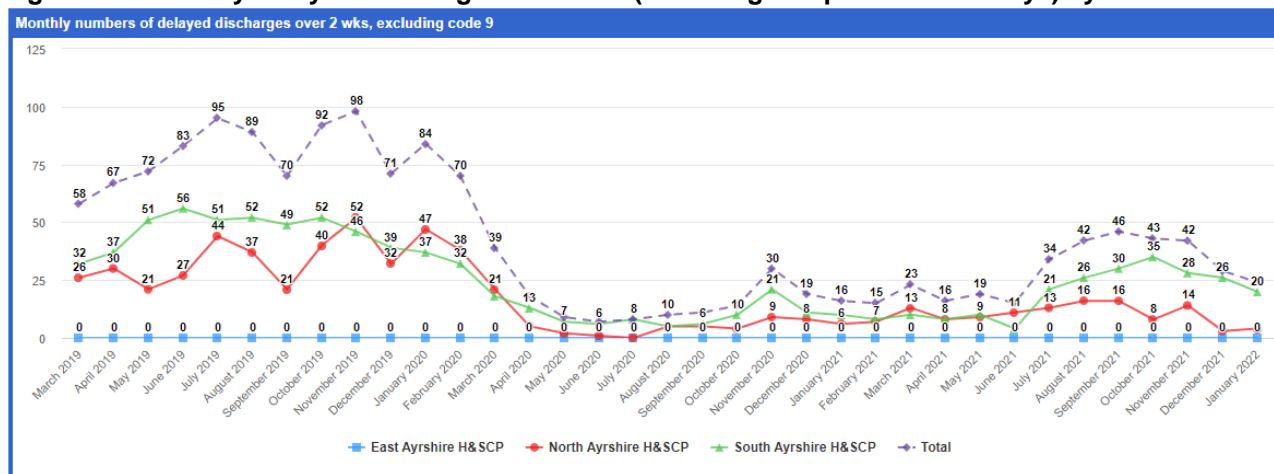
Figure 30 – Monthly Delayed Discharges (all delay reasons and lengths) by HSCP



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 16 in total in January 2021 to 24 in January 2022 (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	
	0	4 Jan 2022	6 Jan 2021	0 Jan 2022	0 Jan 2021	20 Jan 2022

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 four delays over 2 weeks at the end of January 2022, up from three the previous month though down from six in the same month of the previous year. For South Ayrshire HSCP residents there were 20 delays over 2 weeks at the end of January 2022, down from 26 the previous month although up from ten 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).

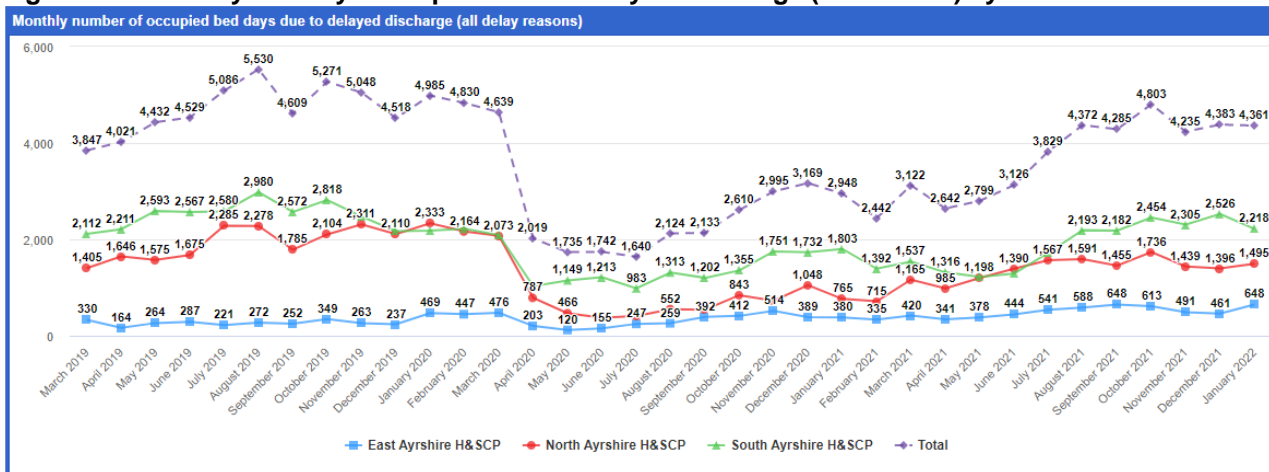
Although the formal measure of performance for Delayed Discharges applies to the number of delays over 2 weeks (end of month census), the total number of bed days occupied in each month by patients whose discharge from hospital has been delayed for non-clinical reasons is also a key measure in assessing 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	1,495	765	648	380	2,218	1,803
	Jan 2022	Jan 2021	Jan 2022	Jan 2021	Jan 2022	Jan 2021

Delayed Discharge Occupied Bed Days (OBDs) for all delay reasons have decreased slightly in January 2022, down by 22 bed days to a total of 4,361 when compared to the previous month (December 2021: 4,383), although have increased by 1,413 when compared with the same month of the previous year (January 2021: 2,948).

In North Ayrshire, there were 99 additional OBDs in January 2022 when compared with the previous month (December 2021: 1,396), in East Ayrshire, there were 187 additional OBDs (December 2021: 461), whilst in South Ayrshire there were 308 fewer OBDs (December 2021: 2,526) (Figure 32).

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



Source: Public Health Scotland

Delayed Discharges – Improvement Actions

NHS Ayrshire & Arran and the three Ayrshire HSCPs are part of a national pathfinder programme in relation to Discharge without Delay (DwD). This is supported by the Scottish Government DwD steering group and improvement teams. One of the aims of the programme is to deliver Discharge without Delay 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.

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. In the reporting period, the coronavirus wave driven by the Omicron variant has resulted in a large number of outbreaks in care homes. This, together with ward closures, has significantly affected the ability of teams to support people to be cared for in a care home setting of their choice and in flow through the system. Person-centred Multi-Disciplinary Team decision making has been an important mitigation of this risk.

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.

The resilience shown by the in-house care at home team has been critical in the reporting period in responding to demand from both community and hospital sources. External providers have experienced difficulty in maintaining safe staffing levels and this has increased pressure on internal capacity with a number of people receiving care at home

being taken on by the HSCP as 'provider of last resort'. A proactive approach to recruitment to in-house capacity has been key to maintaining this resilience and this has been supported by strong partnership working with HR.

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.

Plans for the investment of the HSCP share of national investment of £300M have been finalised and approved with a focus on a multi-disciplinary 'home first' model, underpinned by maximising capacity in care at home, rehabilitation and enablement alongside place-based Multi-Disciplinary Teams.

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 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 commenced in post and incorporated into the team with a direct link into the care at home reablement service. This has begun to have an impact on the functions of the team and we expect this will have a positive impact longer term on reducing delayed transfers of care.

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 continue to reduce the need for emergency/crisis care home placements and unscheduled hospital admissions.

The North Partnership has continued 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 has provided an opportunity to pro-actively support people awaiting long term care placements to be placed on an interim basis in a residential care home. The Partnership has successfully engaged with four care homes over the last few months to identify an interim bed capacity and offer choices across various localities for interim bed

placements. In doing so a number of interim bed placements have successfully been supported, and positively the majority of individuals who were supported to interim placements have chosen to remain in these care placements in on ongoing basis thus both reducing their length of stay in hospital without the requirement for multiple transfers to care placements. We will continue to utilise our hospital assessment teams and discharge facilitators to identify early in an individual's care journey suitability for placements out with a hospital setting and fully utilise available interim beds. It is worth noting that this has been impacted over the winter period by COVID outbreaks both in hospital wards and our Care Homes however the teams have continued to work proactively with care homes, acute and public health colleagues to ensure the safest outcomes for our service users.

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. We have also successfully recruited to approximately 80% of our allocation of Health Care Support Worker (HCSW) posts and these will be deployed to the Enhanced Intermediate Care (EIC) team in North Ayrshire and the rehabilitation wards within the Ayrshire Central site.

North Ayrshire has continued to experience significant demand for its Care at Home service, and this has been increasingly challenged over the winter period by the various workforce issues that have impacted the social care sector. There remains a stark difference in the level of unmet need between individuals awaiting care in hospital compared to community as the North Partnership has continued in its efforts to focus on prioritising packages of care for individuals in hospital to support with wider hospital pressures throughout the winter period.

The Partnership has developed a targeted plan for the recent winter investments which was agreed through our IJB and plans for recruitment to this much welcomed resource are at an advanced stage. This includes significant investment in the Care at Home workforce and a comprehensive ongoing programme of recruitment within the Care at Home service is ongoing to ensure sufficient capacity to further reduce delayed discharges and meet the demand in our communities on an ongoing basis. It has proven difficult to successfully recruit to all vacancies and this has been further compounded by challenges in retaining social care staff, however the Partnership is confident that the impact of this investment will be seen in the coming months.

In **South Ayrshire HSCP**, there has been a continued focus on delayed transfers of care. The senior team within South Ayrshire meet weekly to focus on those patients delayed for over 10 days as the operational teams work to identify actions to ascertain capacity across the system. The system remains challenged due to a number of factors and the HSCP remains 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;
- The lack of external Care at Home (CAH) capacity 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 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 32 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 222 hours 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.
- CAH and Reablement have been in contact with those awaiting care in the community to establish current and future needs and to provide telecare where possible.

The HSCP has been supported to conduct a review of the Mental Health Officer (MHO) provision and processes and a new Service Manager post has been established and filled to directly oversee this service. 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. Evaluation of this post demonstrate 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 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 further implementation will be progressed by 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 has seen a reduction in the number of 4 x day POC.

South Social Work teams are working to identify appropriate patients awaiting Care Home placement or a POC for interim placements in Care Homes. So far South Ayrshire HSCP have sourced 29 interim beds from 11 different care homes.

Biggart and Girvan Hospitals are operating at capacity; Biggart has 17 beds open above their established workforce; and 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. 35% of patients in Biggart are awaiting home care or admission to a care home.

Operationally, South Ayrshire HSCP strive to pursue a “Home First” approach for everyone. The EIC team are working closely with Acute colleagues at AUH to progress and promote this approach and there have been some positive results in a short period. 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 our 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 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.