

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 23 May 2022
Title:	NHS Ayrshire & Arran Annual Review
Responsible Director:	Kirstin Dickson, Director for Transformation and Sustainability
Report Author:	Gillian Arnold, Head of Planning & Information

1. Purpose

This is presented to the Board for:

- Awareness

This paper relates to:

- Annual Operational Plan

This aligns to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

The Annual Review for NHS Ayrshire & Arran took place via video conference on Monday 29 November 2021. The review was chaired by Mr Humza Yousaf, Cabinet Secretary for Health and Social Care, supported by Caroline Lamb, Director General, Health & Social Care and Chief Executive of NHS Scotland.

A letter, summarising key points discussed during the Annual Review meeting was received on 3 February 2022. This letter is provided at Appendix 1 for members' information.

2.2 Background

The core purpose of the Annual Review of each NHS Board in Scotland is for Boards to be held to account for their performance. The primary focus is on performance during the specific financial year being reviewed but Boards often prepare materials to discuss the in-year position, as well as describing plans into the year ahead and beyond.

2.3 Assessment

The agenda for the Annual Review held on 29 November 2021 was split into two sections, to cover:

- looking back over 2020/21, including the initial response to the pandemic; and
- looking forward, in line with the current Board resilience and mobilisation plans.

Given the ongoing focus on the COVID-19 pandemic response at that time, and the extent of other materials which had been provided with regards remobilisation planning, the requirements for briefing material were reduced significantly.

2.3.1 Quality/patient care

There are no direct impacts on quality of care from the content of this paper as it is for NHS Board member awareness only.

2.3.2 Workforce

There are no direct impacts on staff health and wellbeing from the content of this paper as it is for NHS Board member awareness only.

2.3.3 Financial

There is no direct financial impact as a consequence of the content of this paper. This paper is for NHS Board member awareness of the outcome of the Annual Review process.

2.3.4 Risk assessment/management

There are no direct risks associated with the content of this paper. However failure to have adequate information to ensure action is taken in areas of poor performance is recognised as a potential risk to the organisation and mitigating actions have been put in place to alleviate this risk.

2.3.5 Equality and diversity, including health inequalities

An impact assessment has not been completed because this paper provides an update on correspondence received relating to the Annual review meeting for 2020/21.

2.3.6 Other impacts

There are no specific actions resulting from this paper in relation to Best Value, Compliance with Corporate Objectives or on Local outcomes of improvement plans. However the content of briefings for each Annual Review take into account these key areas of impact.

2.3.7 Communication, involvement, engagement and consultation

There has been no requirement to directly involve external stakeholders in the Annual Review on this occasion due to the response to the COVID-19 pandemic. However, relevant stakeholder groups have contributed to the briefing materials for the Annual Review.

2.3.8 Route to the meeting

This letter of response to the Annual Review meeting has not been previously considered by any other Committees.

2.4 Recommendation

For awareness. Members are asked to note the information provided within Appendix 1.

3. List of appendices

The following appendices are included with this report:

- Appendix 1 - NHS Ayrshire & Arran Annual Review response letter summarising the key discussion points.

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Appendix 1

Lesley Bowie
Chair
NHS Ayrshire & Arran

Via email: chairman.tayside@nhs.scot

03 February 2022

Dear Lesley

NHS AYRSHIRE & ARRAN ANNUAL REVIEW: 29 NOVEMBER 2021

1. Thank you for attending NHS Ayrshire & Arran's Annual Review with Hazel Borland, the Board's Interim Chief Executive, on 29 November 2021 via video conference. I am writing to summarise the key discussion points.

2. In the same way as last year, in-person Reviews have not proved possible given the ongoing state of emergency as a result of the Covid-19 pandemic and associated pressures. Nonetheless, Annual Reviews remain an important part of the accountability process for the NHS and, as such, we have arranged for Ministers to hold appropriate sessions with the Chair and Chief Executive of each Board via video conference. I was supported in the meeting by Caroline Lamb, Director General, Health & Social Care and Chief Executive of NHS Scotland.

3. The agenda for this year's round of Reviews had been split into two sections to cover: a look back over 2020/21, including the initial response to the pandemic; and a look forward, in line with the Board's resilience and mobilisation plans.

Look back: 2020/21, including the initial response to the pandemic

4. You provided a helpful overview of the Board's initial response to the pandemic from late February 2020. This required an unparalleled, immediate and radical restructure of both services and ways of working across the NHS in Scotland, including in NHS Ayrshire & Arran. The Board's response and recovery planning process involved the rapid reconfiguration of local health and care services across acute, primary and community settings, including a significant increase in the use of technology, such as *Near Me*, to deliver care outside hospitals or clinic settings, alongside effective, whole system working.

5. Staff at every level have consistently performed above and beyond the call of duty to support both local services and the national effort: for instance, with the unprecedented *Test & Protect* and vaccination programmes, as well as the crucial support and clinical oversight provided to local care homes.

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6. An example of this had been the medical physics staff who had worked innovatively and tirelessly in the initial stages of the pandemic to bolster vital critical care capacity by converting anaesthetic machines to ventilators; alongside other largely unsung heroes, such as those who had been instrumental in establishing the new community pathways; and ensuring that key services, such as district nursing and health visiting, had been maintained throughout. Indeed, it is through the consistent dedication and commitment of local health and social care staff, under largely unrelenting pressures, that we have ensured that the NHS has not been overwhelmed at any point during the pandemic, to date. As such, I would want to formally record our deep appreciation to all local health and social care staff for their outstanding work, and give them an assurance that we will continue to do all we can to support them.

7. NHS Ayrshire & Arran had worked with local partners on an integrated basis to support health and care teams to implement the necessary changes that would enable an effective response to Covid-19; whilst continuing to treat non-Covid urgent and emergency care, including cancer services within hospitals. The Board had set up community clinical hubs and assessment centres; providing a comprehensive front line response to enable rapid pathways for those affected by Covid-19. Primary care continued to deliver other vital services including clinical assessment and treatment of patients within a local community setting, and urgent care patient pathways both in and out of hours.

8. You confirmed that this very significant activity, and the service adaptations noted above, such as the remarkable increase in virtual outpatient appointments (peaking at around 25% of all local appointments) had been delivered via a highly effective, whole system command structure in Ayrshire & Arran: ensuring appropriate oversight and governance alongside delivery.

9. The need to establish capacity to meet the Covid-19 demands placed on health and social care required significant changes in the level of planned care available during 2020/21. During the first Covid-19 wave all planned surgery, with the exception of cancer, was paused. Staff sickness and isolation compounded a challenge the Board had faced for a number of years with medical consultant vacancies. Subsequent surgical capacity during the remobilisation period from July to November and during the second wave (December 2020 to March 2021) was restricted by capacity constraints necessary to follow national Infection Prevention and Control guidelines to protect patients and staff; and the need to continue to adapt to meet the numbers of Covid-19 admissions.

10. The Board had benefited from arrangements with private hospitals to support urgent and cancer surgery; also making use of NHS Louisa Jordan to provide outpatient and diagnostic capacity; and working with the Golden Jubilee National Hospital for routine orthopaedics, ophthalmology, endoscopy and small volumes of cancer surgery. As noted above, access to outpatient clinics was maintained using a combination of face to face consultations and tele-medicine. The Board's remobilisation focus following the first wave of the pandemic had been underpinned by clinical prioritisation. However, early progress had been limited by the operational impact of resurgences in Covid-19 admissions. Ultimately, the capacity available had not been sufficient to meet demand; resulting in an increase in the overall waiting list size during the year.

11. Unscheduled care performance has been an issue for NHS Ayrshire & Arran for a number of years, with a history of long waits and high levels of delayed discharge. In line with rest of Scotland, performance against the 4-Hour standard was positively impacted during lockdown restrictions; attributable to the huge drop in attendance experienced. As such, performance exceeded the 95% standard between April 2020 and July 2020: the first months it had done so since July 2018. The numbers of 12-hour breaches similarly reduced to zero between April 2020 and June 2020 for the first time since March 2014. Post lockdown restrictions, higher patient acuity, alongside significantly increased demand and rises in delayed discharge, resulted in an increasing trend of waits at both main acute hospitals.

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12. Similar to most Health Boards across Scotland, the initial response to Covid-19 resulted in a delay to diagnostics for those with a suspicion of cancer. A significant amount of capacity was utilised out-with the Board to ensure cancer patients continued to receive care safely. This included utilisation of the private sector and the Golden Jubilee National Hospital. With cancer service delivery remaining a priority, the Board's performance against the 31-Day standard was consistently strong whilst performance against the 62-Day standard was more challenged.

13. The Board is to be commended for the progress made in respect of the mental health waiting time standards. For Child and Adolescent Mental Health Services, performance has been very stable: with NHS Ayrshire & Arran either meeting or exceeding the standard over the last 18 months and very few long waits. In terms of Psychological Therapies, performance had improved steadily over the last year, and had fallen just short of the standard for the last 3 quarters.

14. Following the review of escalated Boards in March 2021, the Board remained at Stage 3 on the Performance Framework in terms of its financial position. NHS Ayrshire & Arran had received brokerage of £20 million in 2018/19 and £14.7 million in 2019/20 in order to achieve financial breakeven. The Board anticipated a further £13.5 million of support in 2020/21 and funding was provided by the Government to address Covid-19 costs and undelivered savings, in order for the Board to deliver a balanced position. This was part of the £1.7 billion of additional funding allocated to NHS Boards and Integration Authorities in 2020/21 to meet Covid-19 pressures.

15. All Boards will need to learn from the pandemic experience and adapt; ensuring that the remarkable innovation and new ways of working demonstrated underpin the local strategy for a sustainable future. We also asked the local Area Clinical Forum, Area Partnership Forum and patient/carer stakeholders to provide brief updates ahead of the Review and were pleased to note the ongoing positive engagement and contribution of these groups; the Board will need to harness this and ensure full staff and wider stakeholder support and engagement for the longer term recovery and renewal phase; as part of the Board's wider *Caring for Ayrshire* whole system approach, centred on sustainable improvements in population health.

16. To summarise, we are most grateful for the outstanding efforts of local staff to adapt and maintain key services during 2020/21 for the benefit of local people, in the face of unrelenting pressures. We must also recognise that the initial pandemic response, which necessitated the prioritisation of Covid, emergency and urgent care, meant that there has inevitably been a regrettable increase in non-Covid health and wellbeing harms, alongside a significant and growing backlog of non-urgent, planned care; and that, despite the success of the vaccination programme, we face ongoing risks around the disease, alongside a range of other pressures that were likely to have a significant impact on the winter period and beyond.

Forward look

17. Ensuring that the NHS is not overwhelmed remains of paramount importance and, given the myriad of pressures facing us, Boards will remain on an emergency footing until at least the end of March 2022. The Government had been holding mobilisation and critical winter planning meetings with all NHS Boards, including NHS Ayrshire & Arran, in the context of the [Health and Social Care Winter Overview](#), published on 22 October; which brought together all of the actions we had taken in preparation. The approach was based on four principles: maximising capacity; supporting staff wellbeing; supporting effective system flow; and improving outcomes. It outlined how we would: protect the public from the direct impact of Covid-19 and other winter viruses; support our staff to deliver high quality care; increase capacity and maintain high quality integrated health and social care; support the public through clear and consistent messaging to make sure they access the right care, in the right place, at the right time; and use digital and financial enablers to achieve these objectives.

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18. This approach, supported by the [Adult Social Care Winter Plan](#), is backed by £300 million of recurring funding, aimed at ensuring we have a well-staffed, well-supported and resilient health and social care system. The new multi-year funding will support a range of measures to maximise capacity in our hospitals and primary care, reduce delayed discharges, improve pay for social care staff, and ensure those in the community who need support receive effective and responsive care.

19. You confirmed that the acute sector in NHS Ayrshire & Arran had been experiencing sustained pressure across services. The causes were multifactorial and had resulted in very high bed occupancy, bed closures, reduced theatre capacity, cancellations of elective surgery, overcrowding in the A&E Departments and queues at front doors with very long waits for admission. Within the national planning context noted above, you confirmed that NHS Ayrshire & Arran's Winter Plan provided a system-wide framework that focused on patient pathways, staffing, enhanced flow and alternatives-to-admission, linking in with Scottish Ambulance Service, Health and Social Care Partnerships and specialty teams; providing as much support out of hospital as possible. We noted the local work underway as part of a range of improvement programmes, including the Redesign of Urgent Care, Discharge without Delay, Flow Navigation Centres, and Interface Care; and will keep progress under close review.

20. A key local pressure point had been workforce availability and the Board had undertaken a range of urgent actions to mitigate associated risks, including: a recruitment campaign for at least 74 WTE additional health care support worker roles to augment local hospital teams; the successful recruitment of 133 newly qualified nurses and midwives (88 within acute services): the majority of whom commenced work in September 2021 on receipt of their professional registration; and the continued success of the local Clinical Development Fellow programme, with over 100 individuals appointed during 2021; providing an invaluable resource within the local medical workforce. The Board were also due to receive support from defence service personnel across local acute hospital services via the Military Assistance to Civilian Authorities (MACA) programme.

21. We also remain very conscious on the cumulative pressures on the health and social care workforce and were pleased to note the steps NHS Ayrshire & Arran is taking in terms of the wellbeing and resilience of local staff. You confirmed that the Board has established a range of support measures for staff in order to promote personal resilience, help prevent mental health issues developing, and to promote overall wellbeing in the workplace. These measures will also play a pivotal role during the essential recovery period, following on from the height of the pandemic, and in rebuilding staff resilience. To this end, the Board are committed to embedding staff health, safety and wellbeing as part of local core infrastructure; recognising the model of success prompted by the pandemic and validated by staff in their feedback supporting the retention of the local wellbeing hubs as part of NHS Ayrshire & Arran's organisational fabric.

22. Whilst the focus over the winter period has necessarily been on resilience (not least in response to the Omicron wave), we remain ever conscious of the backlog of elective care and associated harms. We continue to assist NHS Boards, including NHS Ayrshire & Arran, with their plans for recovery, in light of the more than £1 billion of targeted investment driving the remobilisation of our NHS; as part of our [Recovery Plan](#), announced in August 2021. Whilst the Board continued to be pressured for inpatient beds and access to theatres, we acknowledged the work underway to increase day surgery, where possible. NHS Ayrshire & Arran are also supplementing local capacity with the use of the Golden Jubilee National Hospital for urgent cancer and other 'P2' cases. Further Government funding has been secured for a fourth endoscopy room to support backlog reduction: this should be operational by April. In the longer term, the Board's capacity will be significantly enhanced by a National Treatment Centre for inpatient elective care at University Hospital Ayr - primarily for orthopaedics - with an anticipated phased opening from Autumn 2023.

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23. In terms of local mental health services, the Board has a robust remobilisation plan in place covering all of the key themes and clearly demonstrating a whole system approach to mental health. A regular programme of engagement will continue via the Government's Mental Health Performance Unit: to seek assurance that adequate plans are in place to sustainably staff local Addictions and Community Mental Health Teams; to monitor progress with the implementation of the Board's remobilisation plan; and to monitor the local spend of the Mental Health Recovery and Renewal fund. It was also reassuring to hear the Board's continuing commitment to providing high quality support services to the complex and vulnerable population at HMP Kilmarnock.

24. The Government has released £738,000 in 2021/22 to support cancer waiting times improvements. We noted pressures on local endoscopy capacity (not least through the need to expand ICU capacity during the pandemic) and the time taken between an Urgent Suspicion of Cancer (USC) referral to investigation. You confirmed that making progress in these areas is a priority for the Board. NHS Ayrshire & Arran is one of three pilot sites to introduce the new Early Cancer Diagnosis Centre. This new pathway for USC referrals who do not meet current guidelines but have vague and concerning symptoms commenced on 21 June 2021. An ANP is in post to lead the service with the backing of a multi-disciplinary team with members from radiology, haematology, respiratory and general surgery. The pathway will be mainly virtual with the patients only attending to undergo any tests required i.e. CT scan, endoscopy etc. Further discussions and planning were underway: to remobilise outpatient activity; and to examine opportunities to augment local endoscopy capacity, e.g. via modular units. We will keep progress under close review.

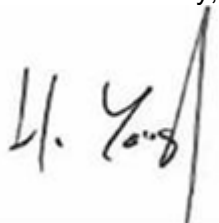
25. The continuing refinement and delivery of the Board's financial recovery plan remains a top priority for NHS Ayrshire & Arran. The Government will continue to offer support and scrutiny under the Performance Escalation Framework. Additional funding for frontline Boards in 2022/23 amounts to £387.4 million – an increase of 3.2%; with NHS Ayrshire and Arran receiving £20.3 million of increased investment. After pausing longer term financial planning in March 2020 in response to Covid-19, NHS Boards are starting to draft 3-year financial plans that will come into effect from 2022-23. We recognise the ongoing financial impact of Covid-19 and associated pressures. The Government will continue to regularly engage with the Board: to monitor the financial position and assist with planning.

Conclusion

26. I hope that by the time of the next Review we will be free of some of the more extreme recent pressures and able to focus fully on local service recovery and renewal. I am, nonetheless, under no illusion that the NHS continues to face one of the most challenging winters in its history and are grateful for your ongoing efforts to ensure resilience. We will continue to keep local activity under close review and provide as much support as possible.

27. I want to conclude by reiterating my sincere thanks to the NHS Ayrshire & Arran Board and local staff for your sustained professionalism and commitment, in the face of unprecedented and unremitting pressures during both 2020/21 and 2021/22, for the benefit of local people.

Yours sincerely,



HUMZA YOUSAF

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