

# NHS Ayrshire & Arran



<b>Meeting:</b>	<b>Ayrshire and Arran NHS Board</b>
<b>Meeting date:</b>	<b>Monday 23 May 2022</b>
<b>Title:</b>	<b>Performance Report</b>
<b>Responsible Director:</b>	<b>Kirstin Dickson</b>
<b>Report Author(s):</b>	<b>Donna Mikolajczak (Performance Manager), Paul Dunlop (Senior Performance Officer), Steven Fowler (Senior Performance Officer)</b>

## 1. Purpose

This is presented to the NHS Board members for:

- Discussion

This paper relates to:

- Government policy/Directive

This aligns to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person Centred

## 2. Report summary

### 2.1 Situation

NHS Ayrshire & Arran continues to develop and evolve 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 20<sup>th</sup> 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

- 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.

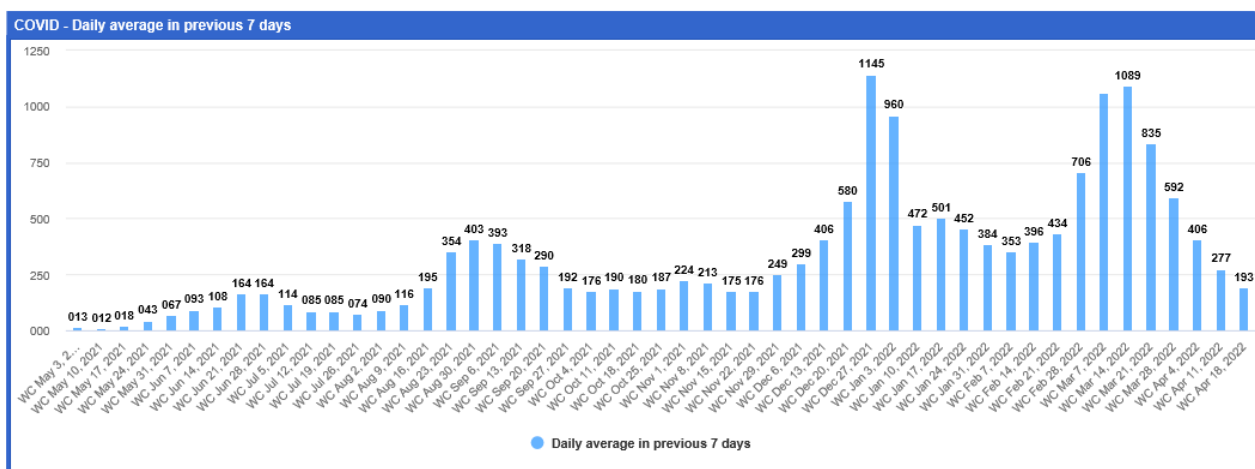
### 2.3.1 COVID-19

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 and then again in the middle of March 2022. Daily average figures reached 1,089 positive cases in week commencing 14<sup>th</sup> March 2022 (Figure 1).

The latest data for week commencing 18<sup>th</sup> April 2022 shows a continuing decrease in the number of positive cases across Ayrshire and Arran, falling to its lowest daily average since week commencing 29<sup>th</sup> November 2021 (Figure 1).

The decrease should be considered in the context of COVID-19 testing changing in Scotland on 18<sup>th</sup> April 2022 with testing limited to people with symptoms of COVID-19, and in some other circumstances. From the beginning of May 2022, routine, regular testing will no longer be required for most people.

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



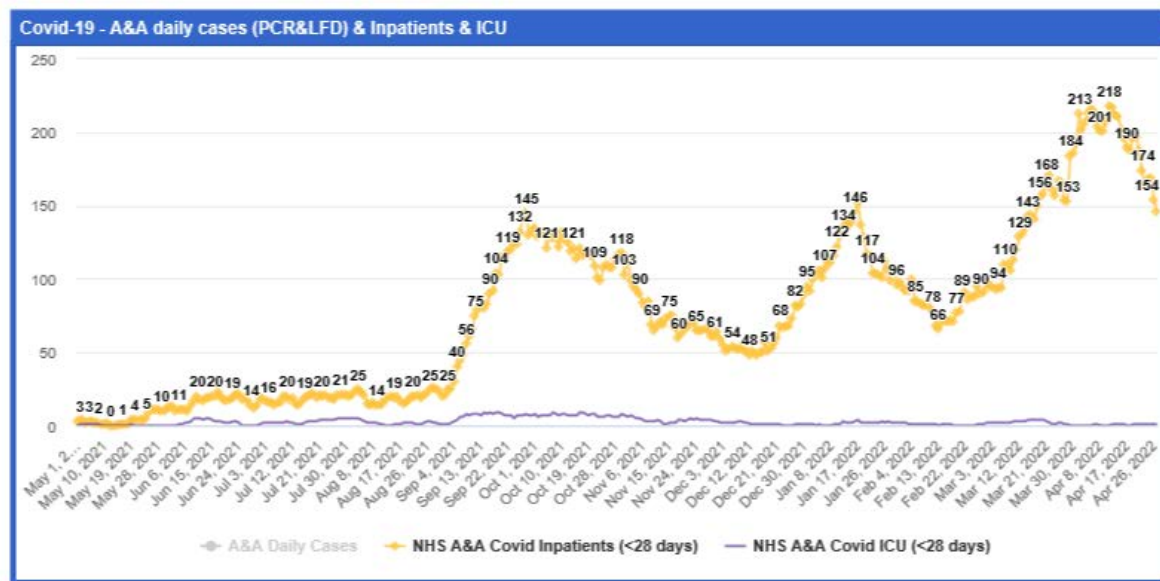
Source: Public Health Scotland

Following the rise in case numbers in the community, the number of COVID-19 positive patients in hospital across NHS Ayrshire & Arran reached a high of 218 on the 11<sup>th</sup> April 2022. This is the highest number of COVID-19 positive patients in hospital since the 1<sup>st</sup> February 2021 (243 cases) (Figure 2).

*Note - from Monday 14<sup>th</sup> 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 25<sup>th</sup> 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			
<b>21,553</b> Q4 2021/22	<b>18,959</b> Target	Number of New Outpatients seen	<b>+ 2,594</b>
<b>2,846</b> Q4 2021/22	<b>2,800</b> Target	Number of Inpatient / Daycase treatments commenced	<b>+ 46</b>
National Performance Measures			
<b>38.4%</b> Mar 2022	<b>39.1%</b> Mar 2021	of patients were waiting fewer than 12 weeks for a New Outpatient appointment	 <b>95%</b>
<b>61.3%</b> Mar 2022	<b>70.3%</b> Mar 2021	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (completed waits)	 <b>100%</b>
<b>27.9%</b> Mar 2022	<b>29.3%</b> Mar 2021	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (ongoing waits)	
<b>64.4%</b> Mar 2022	<b>68.1%</b> Mar 2021	of patients waited fewer than 18 weeks from Referral to Treatment	 <b>95%</b>
<b>67.7%</b> Mar 2022	<b>86.0%</b> Mar 2021	of adult patients were waiting fewer than 4 weeks from referral for Musculoskeletal Services	 <b>90%</b>
National Benchmarking			
<b>37.3%</b> QE Dec 2021	<b>46.5%</b> Scotland	of patients were waiting fewer than 12 weeks for a New Outpatient appointment	<b>- 9.2</b>
<b>71.7%</b> QE Dec 2021	<b>69.4%</b> Scotland	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (completed waits)	<b>+ 2.3</b>
<b>31.4%</b> QE Dec 2021	<b>34.6%</b> Scotland	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (ongoing waits)	<b>- 3.2</b>
<b>67.6%</b> QE Dec 2021	<b>74.4%</b> Scotland	of patients were waited fewer than 18 weeks Referral to Treatment	<b>- 6.8</b>
<b>37.7%</b> QE Dec 2021	<b>54.4%</b> Scotland	of patients were waiting fewer than 4 weeks for Musculoskeletal Services	<b>- 16.7</b>

### New Outpatients

A total of 21,553 new outpatients were seen in Quarter 4 (January – March) of 2021/22, exceeding the trajectory of 18,959 by 13.7%, with NHS Ayrshire & Arran seeing 2,594 more New Outpatients than planned as outlined in RMP4.

Note - Due to an identified discrepancy in reporting relating to New Outpatient activity, monthly figures from March 2019 have been revised and differ from those reported previously.

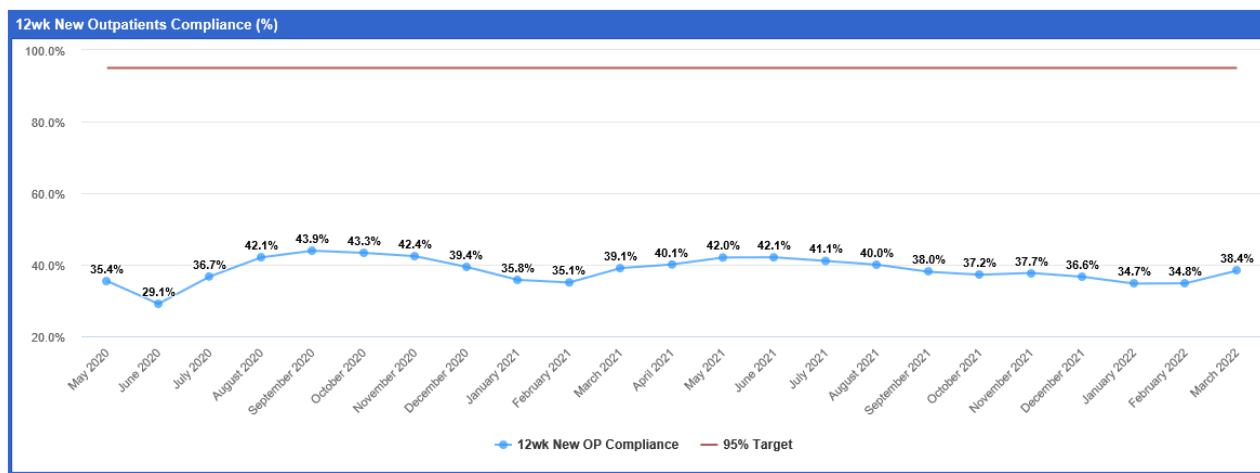
<b>21,553</b> Q4 2021/22	<b>18,959</b> Target	Number of New Outpatients seen	<b>+ 2,594</b>
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The latest published benchmarking data for the National Waiting Times targets from Public Health Scotland for quarter ending December 2021 shows that compliance 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.

<b>37.3%</b> QE Dec 2021	<b>46.5%</b> Scotland	of patients were waiting fewer than 12 weeks for a New Outpatient appointment	<b>- 9.2</b>
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Local management information indicates that, following a reducing trend in performance across NHS Ayrshire from 42.1% at June 2021, to 34.7% at January 2022, compliance has risen to 38.4% at March 2022. This is the highest level of compliance since 38.0% at September 2021 (Figure 3). Prior to the impact of COVID-19, performance at February 2020 was 81.1%.

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



Source: Local monthly management reports, Information Team

Performance against the National Waiting Times targets continues to be reported alongside our 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-COVID-19) to 39,654 at October 2021, the total waiting list showed some improvement, decreasing 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 increased further to a high of 41,768 at February 2022. At March 2022, the overall waiting list has reduced to 40,871 (Figure 4).

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



Source: Local monthly management reports, Information Team

At March 2022, NHS Ayrshire & Arran had remobilised 97% of all New Outpatient activity compared to March 2019, which exceeded the revised remobilisation plan 4 target of 80% (Figure 5).

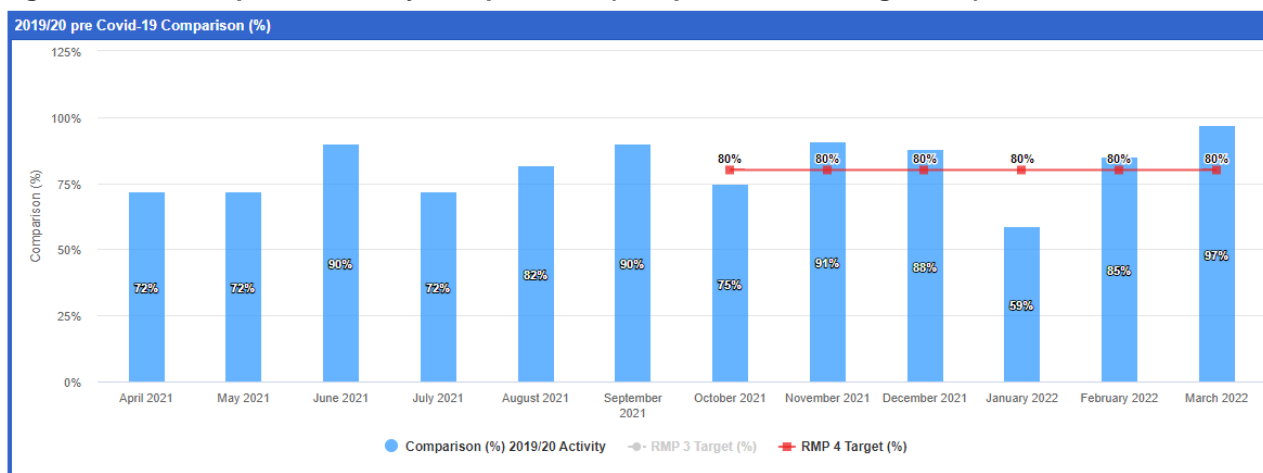
Patient referrals continue to be prioritised in line with clinical priorities with activity levels of 167% in March 2022 in Urgent categories compared to March 2019 (Table below).

*Note - Due to an identified discrepancy in reporting relating to New Outpatient activity, monthly figures from March 2019 have been revised and differ from those reported previously.*

New Outpatient (12 Week Standard) Activity – All Specialties	31-Jan-22			28-Feb-22			31-Mar-22		
	Jan 2020 Actual	Jan 2022 Actual	%	Feb 2020 Actual	Feb 2022 Actual	%	Mar 2019 Actual	Mar 2022 Actual	%
Urgency									
All	8,938	5,259	59%	8,558	7,296	85%	9,302	8,998	97%
Routine	5,982	1,890	32%	6,100	3,085	51%	6,468	4,254	66%
Urgent	2,956	3,369	114%	2,458	4,211	171%	2,834	4,744	167%

Source: Local monthly management reports, Information Team

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



Source: Local monthly management reports, Information Team

*Note - Due to an identified discrepancy in reporting relating to New Outpatient activity, monthly figures from March 2019 have been revised and differ from those reported previously.*

### 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 was undertaken and continues within the Ophthalmology department. It is anticipated that this will be extended across all outpatient departments in the coming weeks and will 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.

Ophthalmology completed a contract with an external provider to deliver additional outpatient capacity and are now looking to agree a further 6 month contract to continue to reduce the outpatient waiting list.

### Inpatient/Daycases

Across NHS Ayrshire & Arran, a total of 2,846 Inpatients/Daycase procedures were carried out in Quarter 4 (January – March) of 2021/22. Current performance has exceeded the trajectory of 2,800 by 1.6%, with NHS Ayrshire & Arran seeing 46 more patients than planned as outlined in RMP4.

<b>2,846</b> Q4 2021/22	<b>2,800</b> Target	Number of Inpatient / Daycase treatments commenced	<b>+ 46</b>
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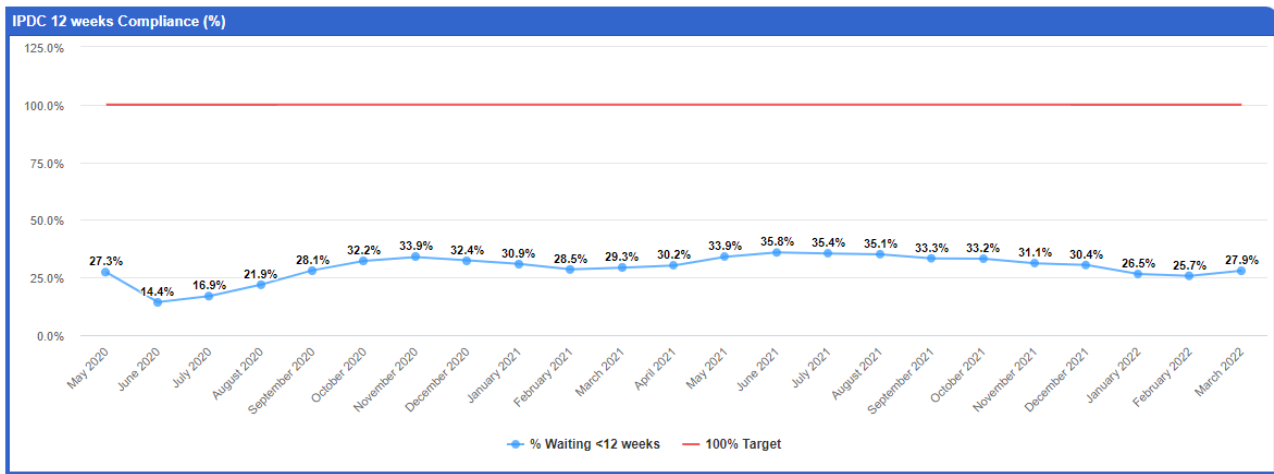
The formal measure of performance against the 12 weeks Treatment Time Guarantee (TTG) for Inpatients/Daycases applies to patients seen (completed waits). Based on the latest published data from Public Health Scotland that reports on quarter ending December 2021, compliance was 71.7% across NHS Ayrshire & Arran, which is 2.3 percentage points higher when compared to 69.4% for Scotland.

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

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.

Based on local management information, following a reducing trend from 35.8% at June 2021 to 25.7% at February 2022, performance across NHS Ayrshire & Arran has shown an improvement of 2.2 percentage points at March 2022, with compliance of 27.9% (Figure 6).

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

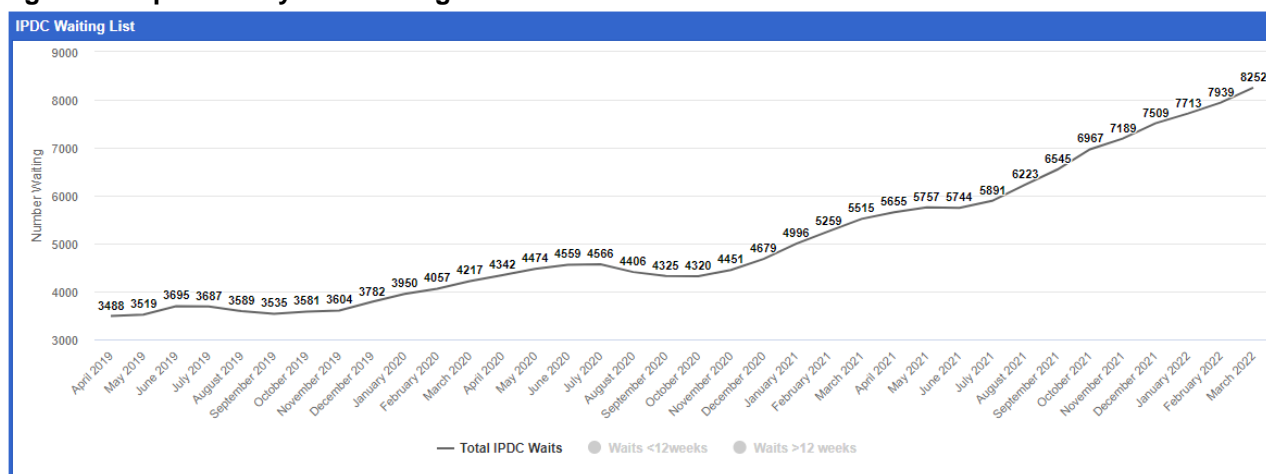


Source: Local monthly management reports, Information Team

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 also cancelled for a three week period starting on 10<sup>th</sup> January 2022. This has resulted in the overall number of patients increasing from 4,057 at February 2020 to a new high of 8,252 at March 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.

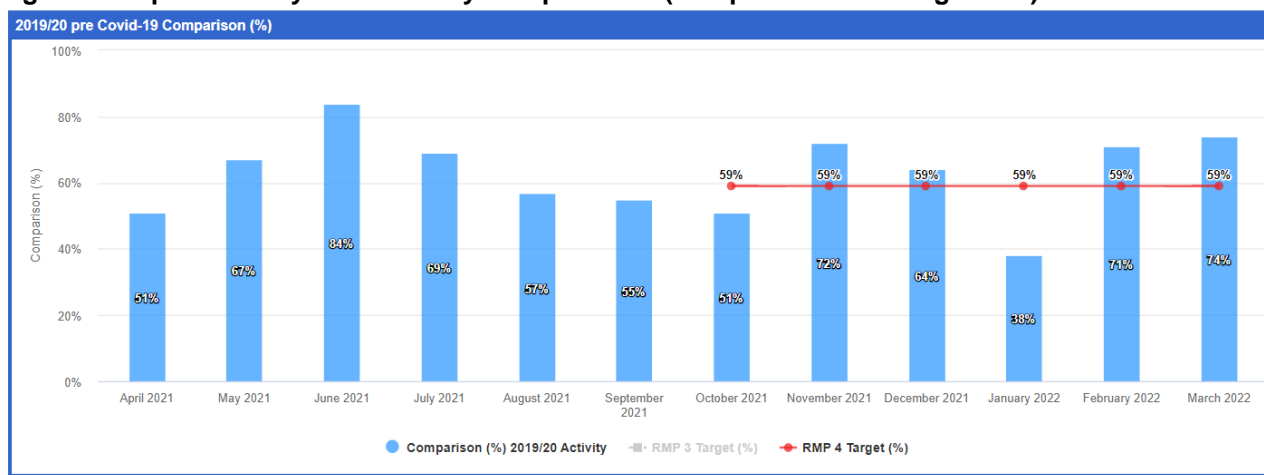
The allocation of operating theatre capacity based on clinical priority has affected some surgical specialties more than others. The number of Inpatients/Daycases by specialty waiting >12 Weeks is outlined below.

Specialty	As at 29 February 2020 (Pre-COVID-19)	As at 28 February 2022	As at 31 March 2022
ENT	54	608	623
General Surgery (inc Vascular)	102	1,586	1,648
Gynaecology	1	242	250
Ophthalmology	294	259	230
OMFS	62	195	205
Plastic Surgery	0	28	30
Trauma & Orthopaedics	561	2,401	2,399
Urology	28	478	466
Other	1	88	85
<b>Total</b>	<b>1,103</b>	<b>5,885</b>	<b>5,936</b>

Source: Local monthly management reports, Information Team

NHS Ayrshire & Arran remobilised 74% of Inpatient/Daycase activity at March 2022, exceeding the revised Remobilisation Plan 4 target of 59% (Figure 8).

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



Source: Local monthly management reports, Information Team

Throughout the pandemic, the allocation of the limited operating capacity has been driven by the relative clinical priority of each case. Activity levels reached 298% in Urgent categories in March 2022 compared to March 2020 (Table below).

Inpatient/Day case Activity – All Specialties	31-Jan-22			28-Feb-22			31-Mar-22		
	Jan 2020 Actual	Jan 2022 Actual	%	Feb 2020 Actual	Feb 2022 Actual	%	Mar 2020 Actual	Mar 2022 Actual	%
All	1,579	599	38%	1,517	1,072	71%	1,593	1,175	74
Routine	1,367	184	13%	1,252	471	38%	1,373	519	38%
Urgent	212	415	196%	265	601	227%	220	656	298%

Source: Local monthly management reports

### Inpatients/Daycases – Improvement Actions

With the exception of Orthopaedics, all surgery has now restarted at both sites. Plans to restart Orthopaedics within UHA are being made for early May 2022. Priority 2 surgery at Golden Jubilee National Hospital is continuing for Breast Surgery only.

Further changes to the Intensive Care Unit has resulted in the ability to use the original footprint for ICU for a Day Surgery recovery area. Whilst this is still less recovery space than pre-COVID-19, it is allowing for better post-operative flow.

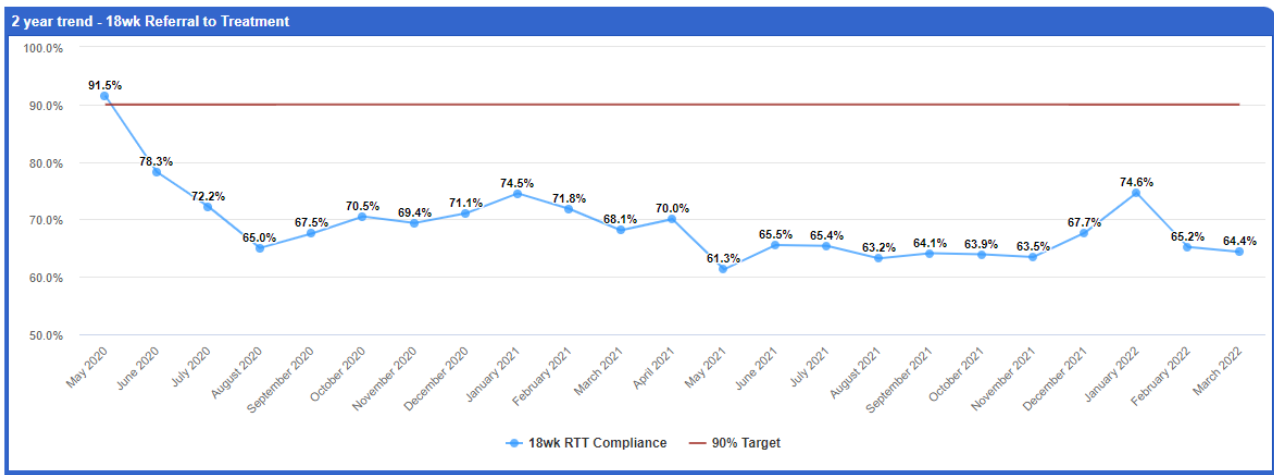
### 18 week Referral to Treatment

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.

<b>67.6%</b> QE Dec 2021	<b>74.4%</b> Scotland	of patients were waited fewer than 18 weeks Referral to Treatment	<b>- 6.8</b>
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The target for 18 week Referral to Treatment (RTT) compliance is 90% and Local management information indicates that following an improving trend from 63.5% at November 2021 to 74.6% at January 2022, NHS Ayrshire & Arran’s performance has fallen from 65.2% at February 2022 to 64.4% at March 2022 (Figure 9). Prior to the impact of COVID-19, performance at February 2020 was 79.7%.

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



Source: Local Information Team Reports

### 18 Weeks Referral to Treatment

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

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

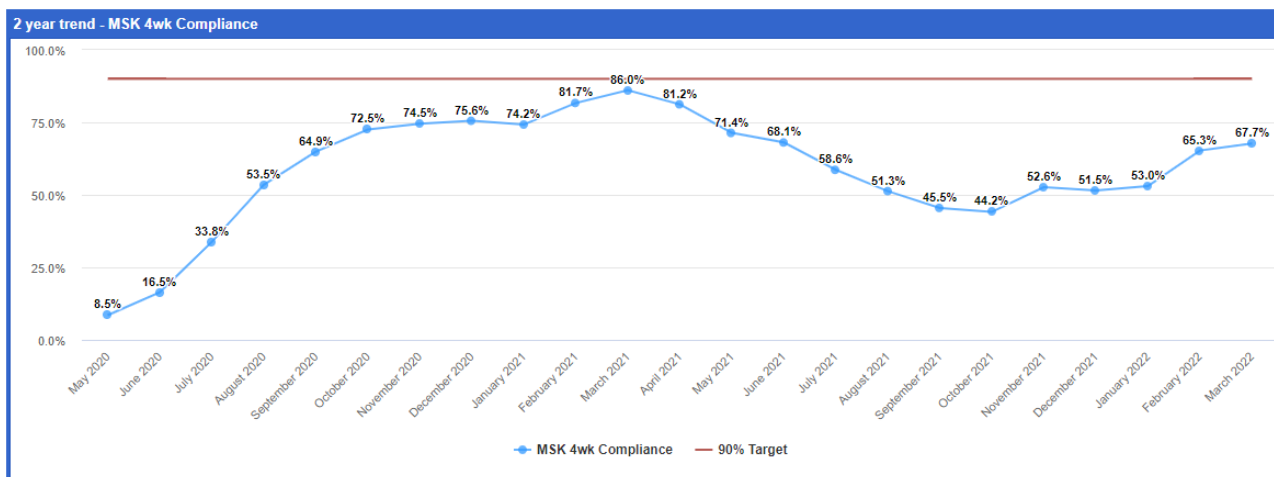
### Musculoskeletal Services (MSK)

The latest published benchmarking data for MSK services for quarter ending December 2021 shows that across NHS Ayrshire & Arran, compliance reduced to 37.7% from 39.2% at quarter ending September 2021. This is 16.7 percentage points lower compared to 54.4% across Scotland.

<b>37.7%</b> QE Dec 2021	<b>54.4%</b> Scotland	of patients were waiting fewer than 4 weeks for Musculoskeletal Services	<b>- 16.7</b>
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Local management information highlights an improvement in performance from 51.5% at December 2021 to 67.7% at March 2022 (Figure 10). Current performance is higher than pre-COVID-19 levels of 53.1% at February 2020.

**Figure 10 – Monthly MSK Performance**



Source: Local Information Team Reports

## Musculoskeletal – Improvement Actions

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 (EPR) 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. Following a report on the learnings

and outcomes from this trial, Formstream, the electronic system to support EPR is in the process of being upgraded to a new version, before being trialled and progressed within Ayrshire and Arran.

### 2.3.3 Diagnostics

Diagnostics			
Remobilisation Plan Measures			
<b>10,044</b> Q4 2021/22	<b>10,809</b> Target	Number of Imaging procedures carried out (MRI, CT, Non-obstetric ultrasound, Barium studies)	<b>- 765</b>
<b>1,941</b> Q4 2021/22	<b>2,209</b> Target	Number of Endoscopy procedures carried out (Upper/Lower Endoscopy, Colonoscopy, and Cystoscopy)	<b>- 268</b>
National Performance Measures			
<b>65.6%</b> Mar 2022	<b>77.4%</b> Mar 2021	of patients were waiting fewer than 6 weeks for Imaging	 <b>100%</b>
<b>26.6%</b> Mar 2022	<b>20.4%</b> Mar 2021	of patients were waiting fewer than 6 weeks for Endoscopy	 <b>100%</b>
National Benchmarking			
<b>60.2%</b> Dec 2021	<b>54.7%</b> Scotland	of patients were waiting fewer than 6 weeks for Imaging	<b>+ 5.5</b>
<b>27.1%</b> Dec 2021	<b>33.4%</b> Scotland	of patients were waiting fewer than 6 weeks for Endoscopy	<b>- 6.3</b>

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

A total of 10,044 imaging tests were carried out in Quarter 4 (January – March) of 2021/22, remaining below the trajectory of 10,809 with 765 fewer tests being carried out than had been detailed within RMP4.

<b>10,044</b> Q4 2021/22	<b>10,809</b> Target	Number of Imaging procedures carried out (MRI, CT, Non-obstetric ultrasound, Barium studies)	<b>- 765</b>
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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.

<b>60.2%</b> Dec 2021	<b>54.7%</b> Scotland	of patients were waiting fewer than 6 weeks for Imaging	<b>+ 5.5</b>
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Based on local management information, compliance against the 6 weeks Access Target for Imaging has increased for the second month by 1.0 percentage points from 64.6% at February 2022 to 65.6% at March 2022 (Figure 11). Prior to the impact of COVID-19, performance at February 2020 was 73.0%.

**Figure 11 – Imaging compliance Performance**

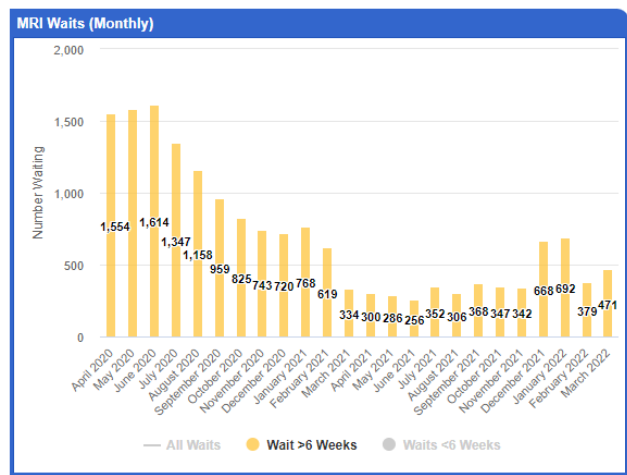
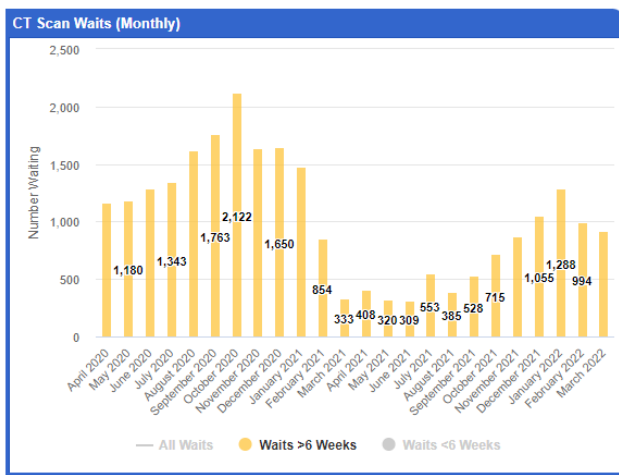


Source: Local monthly management reports, Information Team

The number of patients waiting over 6 weeks for a CT scan has decreased for the second consecutive month, reducing from 994 at February 2022 to 918 at March 2022 (Figure 12). 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 45.2% decrease from 692 waits at January 2022 to 379 waits at February 2022, there has been a further increase to 472 waits at March 2022 (Figure 13). MRI Scan waiting list numbers continue to be lower than pre-COVID-19 levels of 1,112 at the end of February 2020.

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



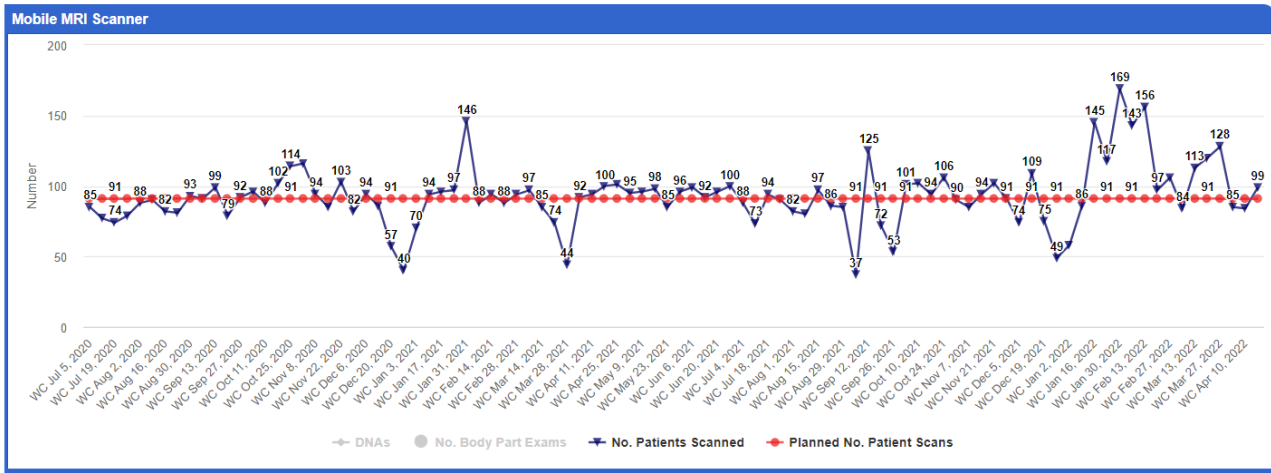
Source: Local monthly management reports, Information Team

### Imaging – Improvement Actions

A mobile MRI scanner is now in situ until March 2023, which will mean activity will be able to continue at current levels.

Ultrasound have also suffered from significant staffing pressures which has restricted activity, as obstetric ultrasound has been prioritised over the non-obstetric patients. A locum Ultrasonographer was secured in March 2022, and will be in post on an ongoing basis for the foreseeable future.

**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 1,941 patients received a scope (Upper/Lower Endoscopy, Colonoscopy, Cystoscopy) during Quarter 4 (January – March) of 2021/22, lower than the quarterly position trajectory of 2,209 outlined in RMP4, with the service seeing 268 fewer patients than anticipated.

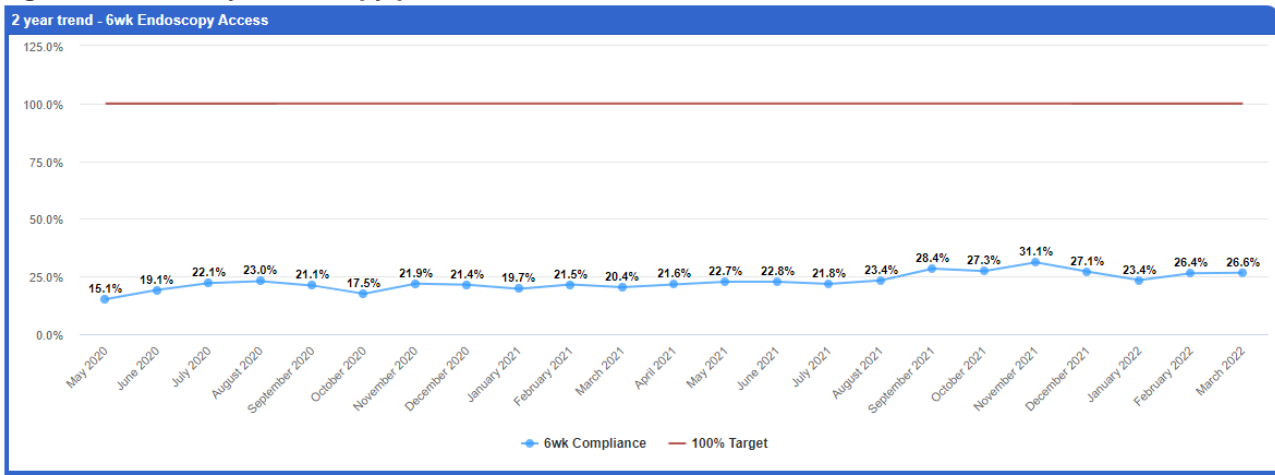
<b>1,941</b> Q4 2021/22	<b>2,209</b> Target	Number of Endoscopy procedures carried out (Upper/Lower Endoscopy, Colonoscopy, and Cystoscopy)	<b>- 268</b>
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The latest published benchmarking data from Public Health Scotland for December 2021 shows that compliance for Endoscopy was 27.1% across NHS Ayrshire & Arran, 6.3 percentage points lower when compared to 33.4% for Scotland.

<b>27.1%</b> Dec 2021	<b>33.4%</b> Scotland	of patients were waiting fewer than 6 weeks for Endoscopy	<b>- 6.3</b>
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Based on local management information, compliance against the 6 weeks Access Target for Endoscopy has shown a further marginal increase of 0.2 percentage points from 26.4% at February 2022 to 26.6% at March 2022 (Figure 15). Prior to the impact of COVID-19, performance at February 2020 was 63.8%.

**Figure 15 – Monthly Endoscopy performance**

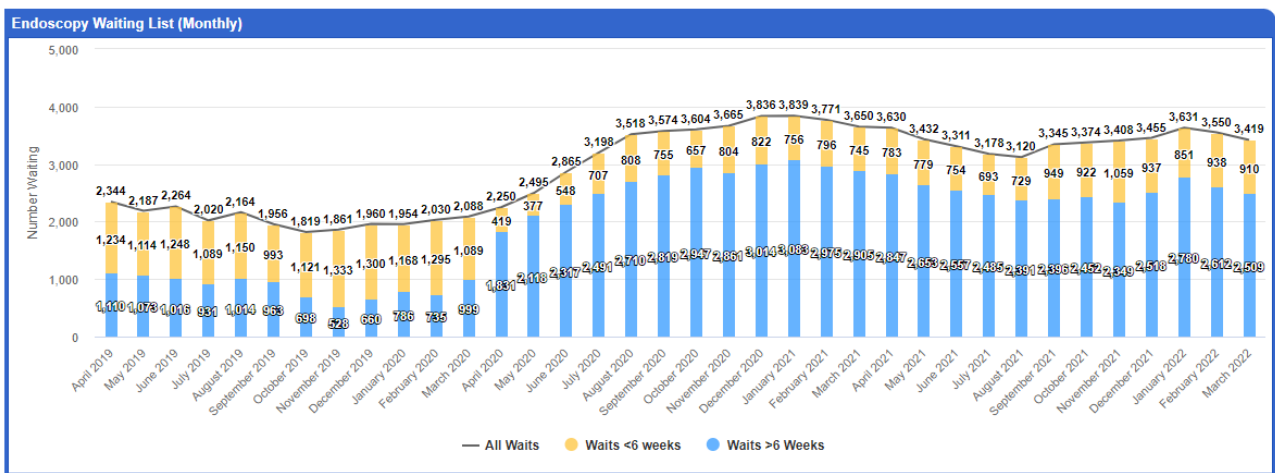


Source: Local monthly management reports, Information Team

Endoscopy services have continued 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.

Following an increasing trend from 3,120 at August 2021 to 3,631 at January 2022, the total number of patients waiting for an Endoscopy has reduced to 3,419 at March 2022 (Figure 16). The numbers waiting > 6 weeks has also decreased from 2,780 at January 2022 to 2,509 at March 2022, the lowest number waiting since December 2021.

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



Source: Local monthly management reports, Information Team

### 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 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 and through changes to admin processes utilisation of these lists has improved.

The development of a fourth Endoscopy room at UHA is now expected to start in June 2022 after the completion of the upgrade of the decontamination unit. The work is expected to take around 6 weeks and therefore additional capacity will be available in August 2022.

### 2.3.4 Cancer

Cancer			
Remobilisation Plan Measures			
<b>205</b> QE Dec 2021	<b>275</b> Target	Number of patients with suspicion of Cancer who started treatment within 62 days of initial referral	<b>- 70</b>
<b>329</b> QE Dec 2021	<b>320</b> Target	Number of patients with a Cancer diagnosis who started treatment within 31 days of decision to treat	<b>+ 9</b>
National Performance Measures			
<b>68.0%</b> Mar 2022	<b>69.5%</b> Mar 2021	of patients with suspicion of cancer started treatment within <b>62 days</b> of initial referral	 <b>95%</b>
<b>96.6%</b> Mar 2022	<b>98.4%</b> Mar 2021	of patients with a Cancer diagnosis started treatment within <b>31 days</b> following decision to treat	 <b>95%</b>
National Benchmarking			
<b>75.1%</b> QE Dec 2021	<b>79.0%</b> Scotland	of patients with suspicion of cancer started treatment within <b>62 days</b> of initial referral	<b>- 3.9</b>
<b>98.5%</b> QE Dec 2021	<b>97.1%</b> Scotland	of patients with a Cancer diagnosis started treatment within <b>31 days</b> following decision to treat	<b>+ 1.4</b>

## 62 Day Urgent Suspicion of Cancer

A total of 205 patients with a suspicion of Cancer started treatment within 62 days of initial referral during the period October - December 2021, 70 less than anticipated as outlined in RMP4.

*Note - RMP4 measures have been revised from the previous reported RMP3 number of urgent referrals with a suspicion of Cancer received.*

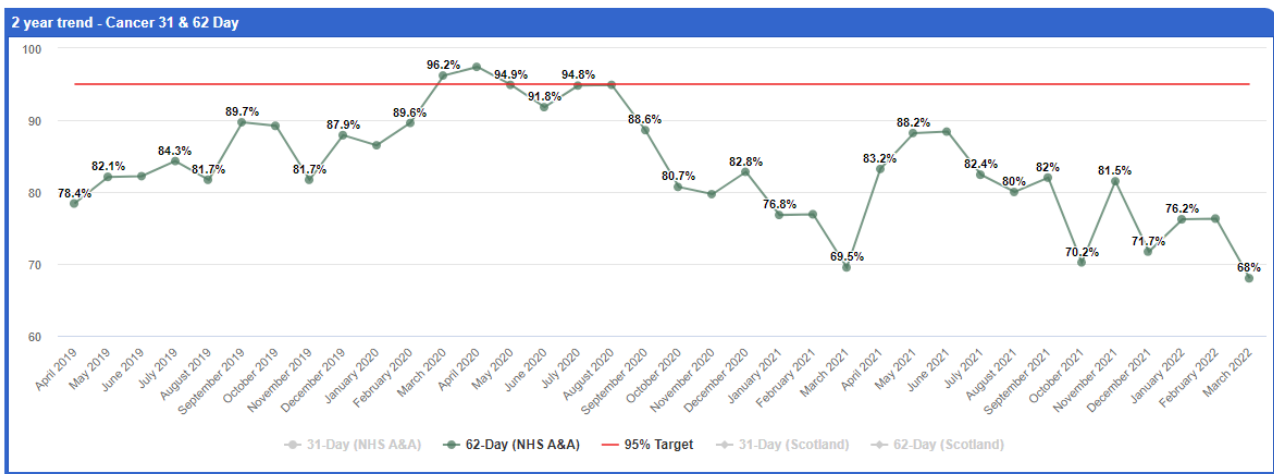
<b>205</b> QE Dec 2021	<b>275</b> Target	Number of patients with suspicion of Cancer who started treatment within 62 days of initial referral	<b>- 70</b>
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The latest published benchmarking data for quarter ending December 2021 indicates that compliance against the 62 day Cancer target of 95% was 75.1% across NHS Ayrshire & Arran, which is 3.9 percentage points lower compared to 79.0% for Scotland.

<b>75.1%</b> QE Dec 2021	<b>79.0%</b> Scotland	of patients with suspicion of cancer started treatment within 62 days of initial referral	<b>- 3.9</b>
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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 an improvement from 71.7% at December 2021 to 76.3% at February 2022, compliance levels at March 2022 have reduced by 8.3 percentage points to a new low of 68% at March 2022. The previous low recorded was 69.5% at March 2021. (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 329 patients diagnosed with cancer were treated within 31 days of diagnosis during the period October - December 2021, nine more than anticipated as outlined in RMP4.

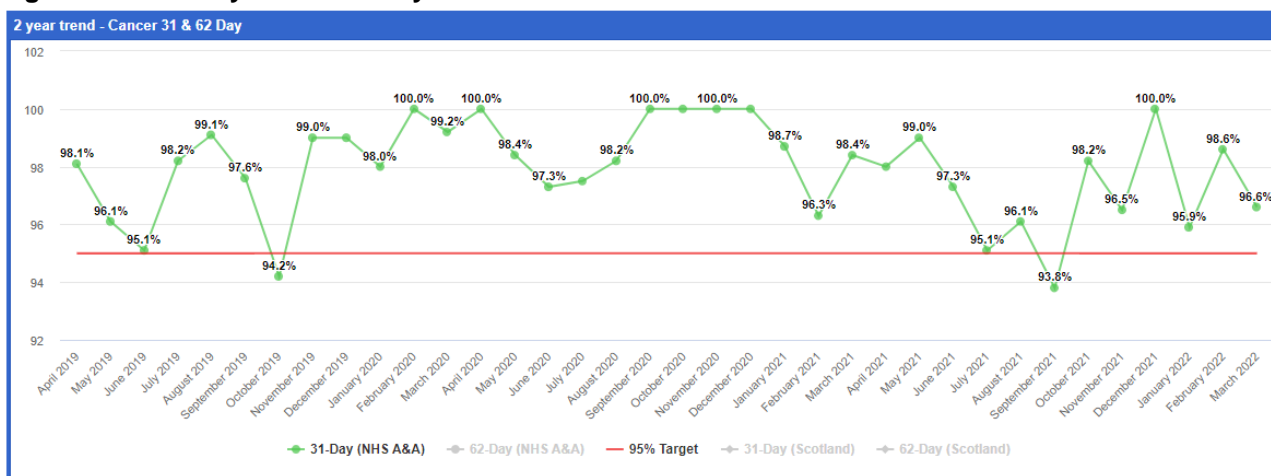
<b>329</b> QE Dec 2021	<b>320</b> Target	Number of patients with a Cancer diagnosis who started treatment within 31 days of decision to treat	<b>+ 9</b>
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The latest published benchmarking data for quarter ending December 2021 indicates that compliance against the 31 day Cancer target of 95% was 98.5% across NHS Ayrshire & Arran, which is 1.4 percentage points higher compared to 97.1% for Scotland.

<b>98.5%</b> QE Dec 2021	<b>97.1%</b> Scotland	of patients with a Cancer diagnosis started treatment within <b>31 days</b> following decision to treat	<b>+ 1.4</b>
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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 2.0 percentage points from 98.6% at February 2022 to 96.6% at March 2022 (Figure 18).

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



Source: Public Health Scotland and Local Information Team Reports

### Cancer – Improvement Actions




A 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 150 referrals up to the end of March 2022 with eight cancers detected.

## 2.3.5 Mental Health

Mental Health			
Remobilisation Plan Measures			
<b>96.0%</b> Q4 2021/22	<b>95%</b> Target	CAMHS - Performance against the 18 week standard (%)	<b>+ 1.0</b>
<b>450</b> Q4 2021/22	<b>318</b> Target	CAMHS - First Treatment Appointments (patients treated within 52 weeks of referral)	<b>+ 132</b>
<b>1</b> Q4 2021/22	<b>0</b> Target	CAMHS - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable)	<b>+ 1</b>
<b>90.2 %</b> Q4 2021/22	<b>86.3%</b> Target	Psychological Therapies - Performance against the 18 week standard (%)	<b>+ 3.9</b>
<b>782</b> Q4 2021/22	<b>810</b> Target	Psychological Therapies - First Treatment Appointments (patients treated within 52 weeks of referral)	<b>- 28</b>
<b>28</b> Q4 2021/22	<b>24</b> Target	Psychological Therapies - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable)	<b>+ 4</b>
National Performance Measures			
<b>98.9%</b> Mar 2022	<b>99.2%</b> Mar 2021	of children and young people started treatment within 18 weeks of initial referral to CAMH services	 <b>90%</b>
<b>92.5%</b> Mar 2022	<b>91.4%</b> Mar 2021	of patients started treatment within 18 weeks of their initial referral for psychological therapy	 <b>90%</b>
<b>99.0%</b> Mar 2022	<b>98.0%</b> Mar 2021	of clients waited less than 3 weeks from referral to appropriate drug or alcohol treatment that supported their recovery	 <b>90%</b>
National Benchmarking			
<b>93.7%</b> QE Dec 2021	<b>70.3%</b> Scotland	of children and young people started treatment within 18 weeks of initial referral to CAMH services	<b>+ 23.4</b>
<b>89.9%</b> QE Dec 2021	<b>84.4%</b> Scotland	of patients started treatment within 18 weeks of their initial referral for psychological therapy	<b>+ 5.5</b>
<b>99.0%</b> QE Dec 2021	<b>93.0%</b> Scotland	of clients waited less than 3 weeks from referral to appropriate drug or alcohol treatment that supported their recovery	<b>+ 6.0</b>

## Child and Adolescent Mental Health Services (CAMHS)

For Quarter 4 (January to March) of 2021/22, compliance was 3.9 percentage points higher than the 95% target outlined in RMP4.

*Note - RMP4 measures have been revised from the previously reported number of children and young people who started treatment with CAMH services.*

Additionally 450 first treatment appointments were treated within 52 weeks of referral, 132 referrals higher than the anticipated RMP4 Target of 318; while one appointment was treated out with 52 weeks, which was higher than the RMP4 target of zero (0).

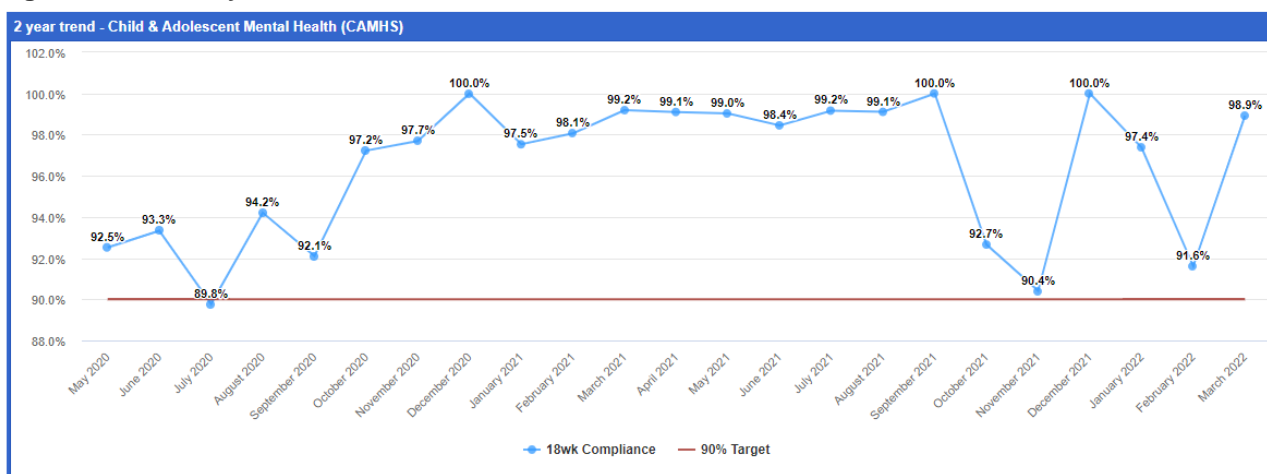
<b>96.0%</b> Q4 2021/22	<b>95%</b> Target	CAMHS - Performance against the 18 week standard (%)	<b>+ 1.0</b>
<b>450</b> Q4 2021/22	<b>318</b> Target	CAMHS - First Treatment Appointments (patients treated within 52 weeks of referral)	<b>+ 132</b>
<b>1</b> Q4 2021/22	<b>0</b> Target	CAMHS - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable)	<b>+ 1</b>

The target for CAMHS compliance is 90%, and the latest published data for quarter ending September 2021 indicates that compliance was 93.7% across NHS Ayrshire & Arran, which is 23.4 percentage points higher compared to 70.3% for Scotland.

<b>93.7%</b> QE Dec 2021	<b>70.3%</b> Scotland	of children and young people started treatment within 18 weeks of initial referral to CAMH services	<b>+ 23.4</b>
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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 a reduction to 91.6% compliance at February 2021, there has been a 7.3 percentage point increase to 98.9% at March 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. We have now recruited to the Service Manager and Team Coordinator posts for the neurodevelopmental team which will allow us to take forward the organisational change meetings for the band 6 and band 5 nurses. The Unscheduled care team has recruited to two band 6 posts and are due to re-interview in April 2022 for Band 6 and Band 5 posts.

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. This bidding process is still currently on going.

CAMHS continues to provide a mixture of face to face, telephone 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. Accommodation difficulties are now presenting a limiting factor to recruitment and the full implementation of the proposed changes.

## Psychological Therapies

For Quarter 4 (January to March) of 2021/22, compliance was 3.9 percentage points higher than the 86.3% target outlined in RMP4.

*Note - RMP4 measures have been revised from the previously reported number of eligible patients who started treatment for psychological therapy.*

Additionally 782 first treatment appointments were treated within 52 weeks of referral, 28 referrals fewer than the anticipated RMP4 Target of 810; while 28 appointments were treated out with 52 weeks, which exceed the RMP4 target of 24 by four.

<b>90.2 %</b> Q4 2021/22	<b>86.3%</b> Target	Psychological Therapies - Performance against the 18 week standard (%)	<b>+ 3.9</b>
<b>782</b> Q4 2021/22	<b>810</b> Target	Psychological Therapies - First Treatment Appointments (patients treated within 52 weeks of referral)	<b>- 28</b>
<b>28</b> Q4 2021/22	<b>24</b> Target	Psychological Therapies - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable)	<b>+ 4</b>

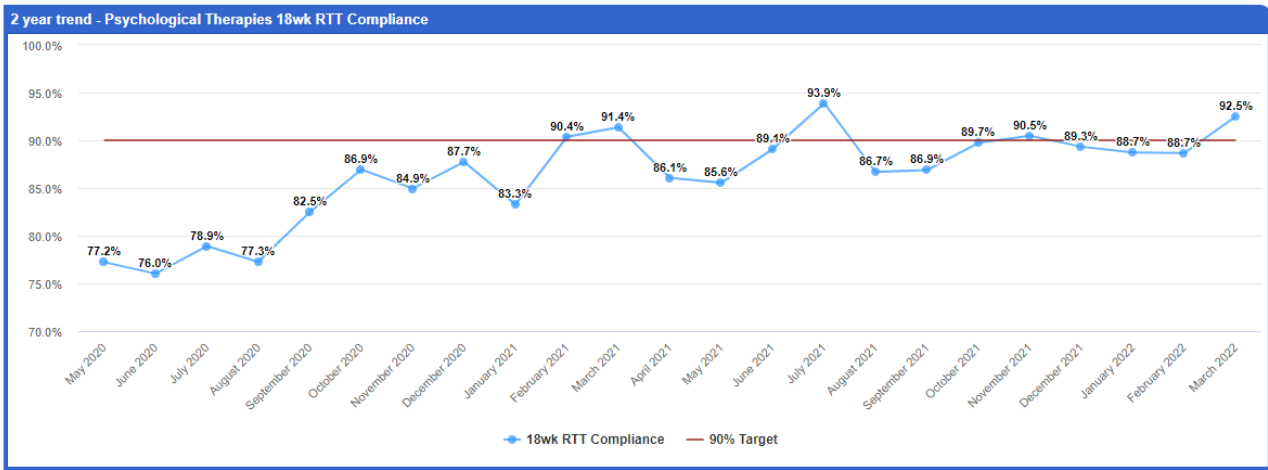
The latest published data for quarter ending December 2021 indicates that compliance for Psychological Therapies was 89.9% across NHS Ayrshire & Arran, which is 5.5 percentage points higher compared to 84.4% for Scotland.

<b>89.9%</b> QE Dec 2021	<b>84.4%</b> Scotland	of patients started treatment within 18 weeks of their initial referral for psychological therapy	<b>+ 5.5</b>
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Local management information shows that waiting times compliance for Psychological Therapies has exceeded the 90% standard for the first time since November 2021, with an increase of 3.8 percentage points from 88.7% reported at February 2022, to 92.5% at March 2022 (Figure 20). Prior to the impact of COVID-19, performance in February 2020 was 74.9%.

*Note - Due to an identified discrepancy in reporting, monthly figures from January 2022 to February 2022 have been revised and differ from those reported previously reported.*

**Figure 20 – Monthly Psychological Therapies Performance**



Source: Local Information Team Reports, North Ayrshire HSCP

Following a return to pre-COVID-19 referral demand for PT, there was a reduction in the number waiting, from 601 at February 2022, to 588 at March 2022.

**Psychological Therapies – Improvement Actions**

All specialties have faced challenges in the recent quarter, however our Adult Mental Health, CAMHS and Community Paediatric Psychological Services have continued to experience significant difficulties with recruitment and retention of staff and a number of maternity leaves, leading to significant waiting times. This reduction in capacity and, therefore, compliance, has been offset by improvements in RTT for other specialties, resulting in overall compliance remaining high.

Following reduction in restrictions, a return to face to face appointments has increased treatment options for all Psychological Specialties, although a blended approach is still being provided where clinician and patient agree that this can be safely delivered.

An update on our actions and plans include:

- Alongside the Scottish Government’s recent National Recruitment Process, Psychological Services continue to engage in a strong recruitment drive to fill all vacancies. Further developments for skill mix and reconfiguration of existing posts are being considered.



- Continued recruitment to permanent contracts. Recent allocation of additional fixed term NES funded posts 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.
- Psychological Services have engaged with the SG National recruitment event, managed by NES, with several posts advertised through this process. Interviews for applicants to posts will take place in the coming weeks.
- Use of Underspend. Services have scoped and commenced recruitment for additional Assistant Psychologist staff, which we will fund from within our existing budget, using vacancy underspend.
- Continue remote delivery of psychological assessment and treatment where appropriate.
- Reintroduction of face to face therapeutic groups following the appointment of a group coordinator (from within existing Adult Mental Health staffing), alongside continued expansion of remote group delivery due to increases in attendance capacity within Attend Anywhere. The availability of Attend Anywhere as a group platform has allowed groups from Community and Medical Paediatrics to be provided.
- Continue to increase face-to-face clinical contact in outpatient and inpatient settings, prioritising longest waits and neurodevelopmental and neuropsychological assessment.
- Improvements in access to Attend Anywhere. Expand access to an increased range of Scottish Government supported digital options as part of a tiered model of service delivery, through recruitment of Assistant Psychology posts.
- 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.
- Continued engagement with PT Standard Taskforce, as well as contribution to the Secondary Care Mental Health Standards Taskforce.

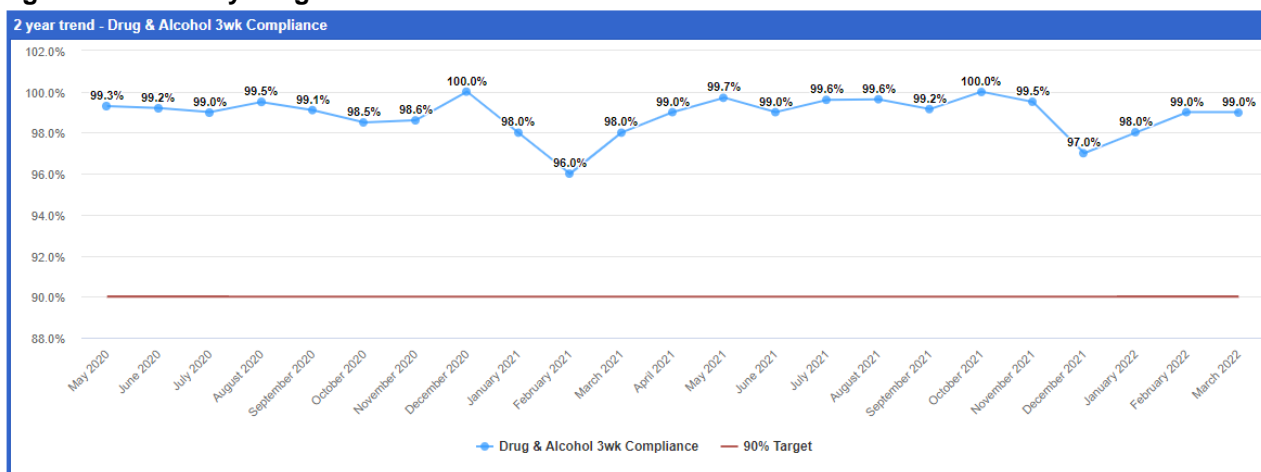
## Drug and Alcohol Treatment

The latest published data for quarter ending December 2021 indicates that compliance for Drug and Alcohol Treatment was 99.0% across NHS Ayrshire & Arran, which is 6.0 percentage points higher compared to 93.0% for Scotland.

<b>99.0%</b> QE Dec 2021	<b>93.0%</b> Scotland	of clients waited less than 3 weeks from referral to appropriate drug or alcohol treatment that supported their recovery	<b>+ 6.0</b>
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Local management information at March 2021, shows that compliance levels continue to exceed the target of 90% with performance of 99% at March 2022 (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 are embedded into practice and this will continue to be reviewed and improved as required.

There has been a specific focus over the last quarter in developing processes and pathways to ensure that Medication Assisted Treatment (MAT) standards 1 to 5 will be embedded into practice from April 2022. Data systems have been devised for the reporting on MAT delivery, evidence of MAT processes (guidelines, pathways, policies, procedures, etc) has been supplied to the national MAT support Team along with an agreed Project Specification Document and experiential outcomes. The Pan Ayrshire MAT Steering group has met regularly and an overall locality MAT Improvement Plan has been agreed. Staff recruitment continues and services are hopeful that full recruitment will be completed in the next Quarter.

**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 reached its one year mark on 6<sup>th</sup> April 2022. This combines NHS and commissioned treatment services under one same day assessment and access to treatment support point. This is in line with MAT Standards. In line with additional investment, a further two band 5 staff nurse posts

and a qualified Social Worker post have been recruited to support the further access to treatment and support services, The Social Worker, who is also a qualified mental health officer, began with the team on 27<sup>th</sup> September 2021. 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 11<sup>th</sup> 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 the previously identified funding gap for six WTE MHPs (band 6) had been funded via Primary Care. East Ayrshire have been contributing to the planning proposal in relation to Mental Health and Wellbeing and this will see an increase in MHP's in East Ayrshire to 16.3 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 on-going 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, which will now be known as START ( South Ayrshire Treatment And Recovery Team), has commenced medication access clinics from the 4 April 2022, offering initially six appointment slots across the locality on two days per week, for individuals wishing to commence opiate replacement therapy (ORT) on that day, with a choice of treatment options discussed with the specialist prescriber and staff with access to harm reduction, BBV/Sexual health/IEP support and recovery support, at a time and location that suits the individual. Intensive support will be offered to support the individual to remain in treatment as long as they require it and to achieve optimum recovery goals. This will be extended to five days offering 15 available slots as staff take up posts and suitable locations are confirmed. The funding for additional staff has been agreed with MIST enabling recruitment, and has increased 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 review of the medication access clinics will be undertaken to assess any changes that can be applied once the Scottish Government COVID restrictions are reviewed/changed to enable a more flexible/drop in approach to the clinics to enable no perceived barriers to treatment/access to Service.

The national MAT Implementation Support Team (MIST) have 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 has been set up to support this.

The pathway of support between the Scottish Ambulance Service (SAS) and South Ayrshire Community Mental Health Services, whereby essential support will be available to individuals following a Non-Fatal Overdose, continues to be in place with pan-Ayrshire meetings with SAS staff every six to eight weeks to review the pathway and processes. This has been beneficial for Service population and has improved working relationships and communication with SAS, ensuring that individuals are offered support within 24-72 hours of any presentation of NFOD.

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. A pan-Ayrshire business case has been developed and submitted to Scottish Government to access Primary Care mental health and wellbeing funding. Successful award will enable further roll out of this service.

## 2.3.6 Unscheduled Care

Unscheduled Care			
Remobilisation Plan Measures			
<b>20,892</b> Q4 2021/22	<b>26,530</b> Anticipated	Total patients attending Emergency Departments (unplanned attendances only)	<b>- 5,638</b>
<b>10,982</b> Q4 2021/22	<b>12,509</b> Anticipated	Number of patients admitted to hospital as an emergency admission	<b>- 1,527</b>
National Performance Measures			
<b>7,947</b> Mar 2022	<b>6,139</b> Mar 2021	unscheduled attendances at Emergency Departments	
<b>67.7%</b> Mar 2022	<b>83.3%</b> Mar 2021	of unscheduled ED attendees were treated, admitted or discharged within 4 hours of arrival	 <b>95%</b>
<b>788</b> Mar 2022	<b>159</b> Mar 2021	ED attendees waited over 12 hours to be treated, admitted, or discharged	
Local Performance Measures			
<b>3,019</b> Mar 2022	<b>2,972</b> Mar 2021	presentations to Combined Assessment Units	
<b>1,643</b> Mar 2022	<b>1,854</b> Mar 2021	Emergency admissions to medical or surgical wards following attendance at ED or CAU	
National Benchmarking			
<b>67.7%</b> Mar 2022	<b>68.4%</b> Scotland	of unscheduled ED attendees were treated, admitted or discharged within 4 hours of arrival	<b>- 0.7</b>

### Emergency Department (ED) Attendances

As part of RMP4 we anticipated the volume of unplanned ED attendances for Quarter 4 2021/22 (January - March) to be in the region of 26,530 attendances. However during this time there were 20,892 unplanned ED attendances. This was 5,638 less than expected demand.

<b>20,892</b> Q4 2021/22	<b>26,530</b> Anticipated	Total patients attending Emergency Departments (unplanned attendances only)	<b>- 5,638</b>
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## ED Attendances

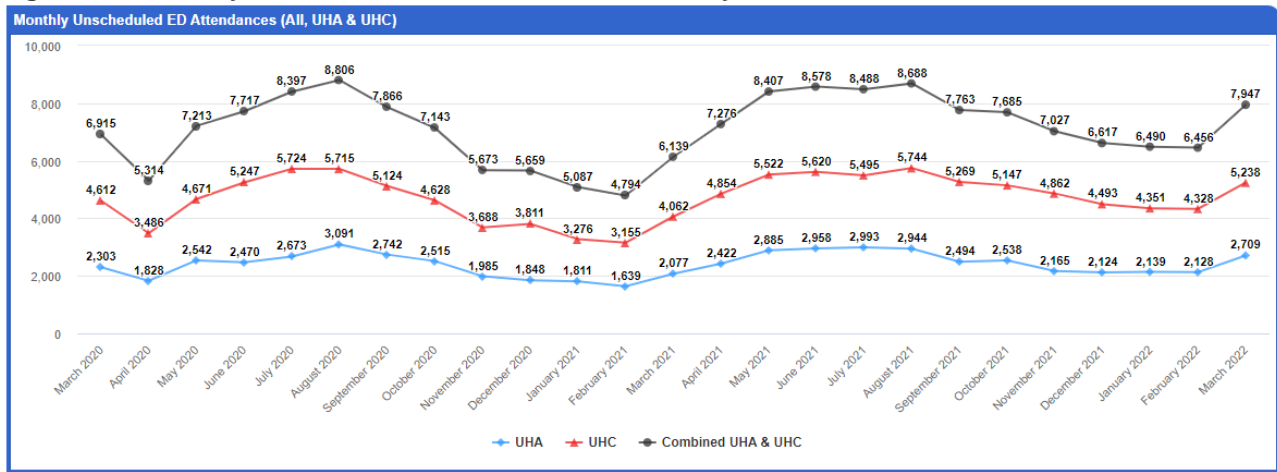
Following the introduction of the Urgent Care Pathway in November 2020 a proportion of ED attendees are routed via a Flow Navigation Centre and appointed to a scheduled time slot to attend the Emergency Department (ED).

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

<b>7,947</b> Mar 2022	<b>6,139</b> Mar 2021	<b>unscheduled attendances at Emergency Departments</b>
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Over the past 12 months, unscheduled ED attendances rose to a peak of 8,688 in August 2021, decreasing steadily thereafter to 6,456 by February 2022, before increasing sharply to 7,947 in March 2022. This was an increase of 632 attendances at UHA (+30.4%) and an increase of 1,176 attendances at UHC (+29.0%) when comparing March 2022 with the same month of the previous year. This rise should be considered in the context of easing lockdown restrictions in place this time last year, which had the effect of reducing attendances at ED (Figure 22).

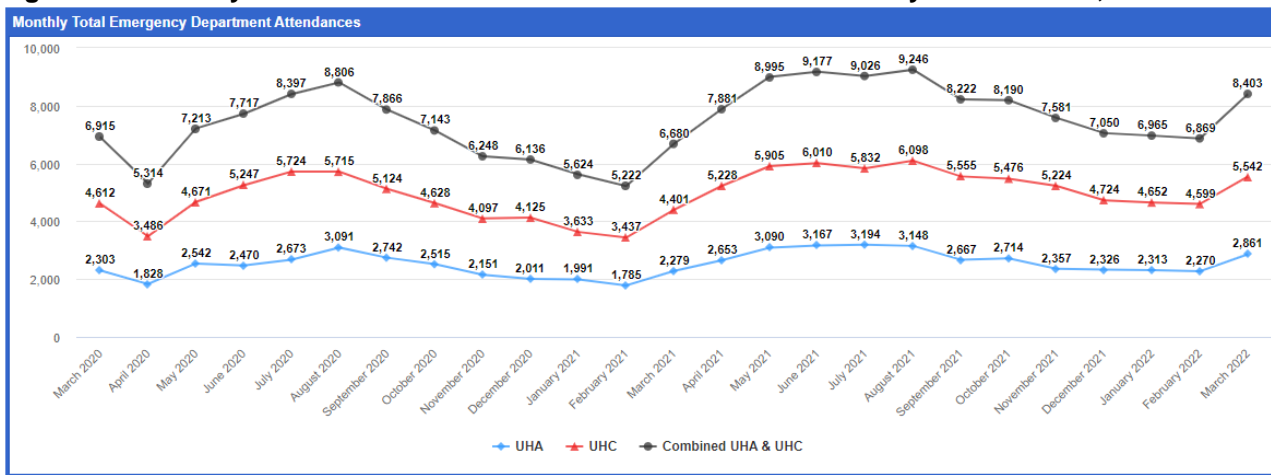
**Figure 22 – Monthly unscheduled ED attendances – NHS Ayrshire & Arran, UHA and UHC**



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 8,403 attendances at the EDs in March 2022. This is an increase of 25.8% when compared with the same month last year (March 2021: 6,680), and is an increase of 22.3% from February 2022 (6,869).

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



Source: Local Information Team Reports

When considering this data it should 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

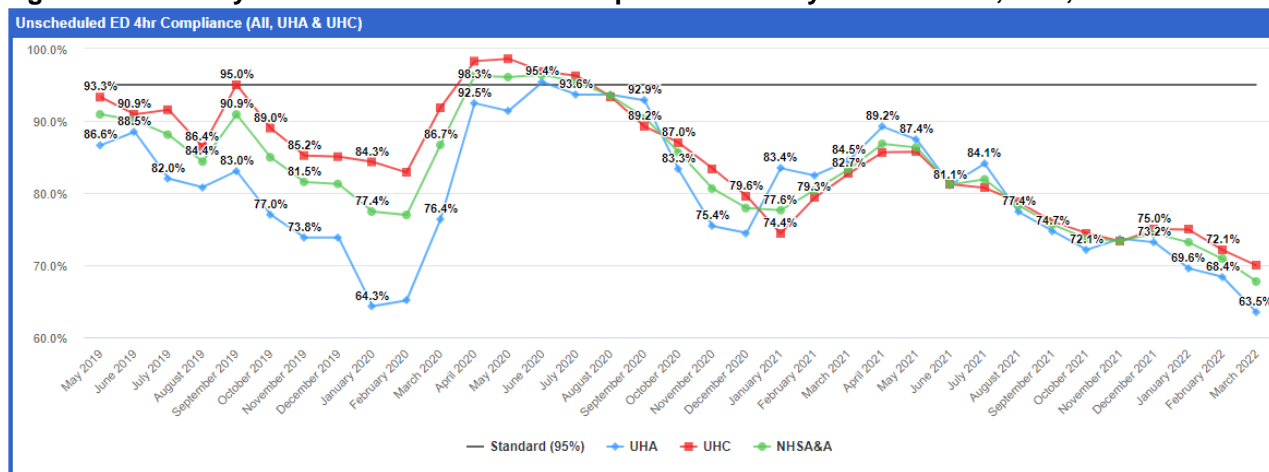
The latest published data for March 2022 indicates that compliance against the 4-Hour Wait for unscheduled ED attendances for NHS Ayrshire & Arran was 67.7%, which was 0.7 percentage points lower than the 68.4% recorded for Scotland as a whole.

National Benchmarking			
<b>67.7%</b> Mar 2022	<b>68.4%</b> Scotland	of unscheduled ED attendees were treated, admitted or discharged within 4 hours of arrival	<b>- 0.7</b>

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

<b>67.7%</b> Mar 2022	<b>83.3%</b> Mar 2021	of unscheduled ED attendees were treated, admitted or discharged within 4 hours of arrival	<b>95%</b>
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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 March 2022 was 63.5%, a decrease of 21.0 percentage points when compared to the same month of the previous year, and a decrease of 4.9 percentage points from the 68.4% recorded in February 2022. This was the lowest compliance recorded at any point for UHA over the past three year period.

At UHC, compliance was 70.0% for March 2022, a decrease of 12.7 percentage points from the previous year, and a decrease of 2.1 percentage points from the 72.1% recorded for February 2022. This was similarly the lowest compliance figure recorded at UHC over the past three years.

<b>UHA</b>	<b>63.5%</b> Mar 2022	<b>84.5%</b> Mar 2021	of unscheduled ED attendees at UHA were treated, admitted or discharged within 4 hours of arrival	<b>95%</b>
<b>UHC</b>	<b>70.0%</b> Mar 2022	<b>82.7%</b> Mar 2021	of unscheduled ED attendees at UHC were treated, admitted or discharged within 4 hours of arrival	<b>95%</b>

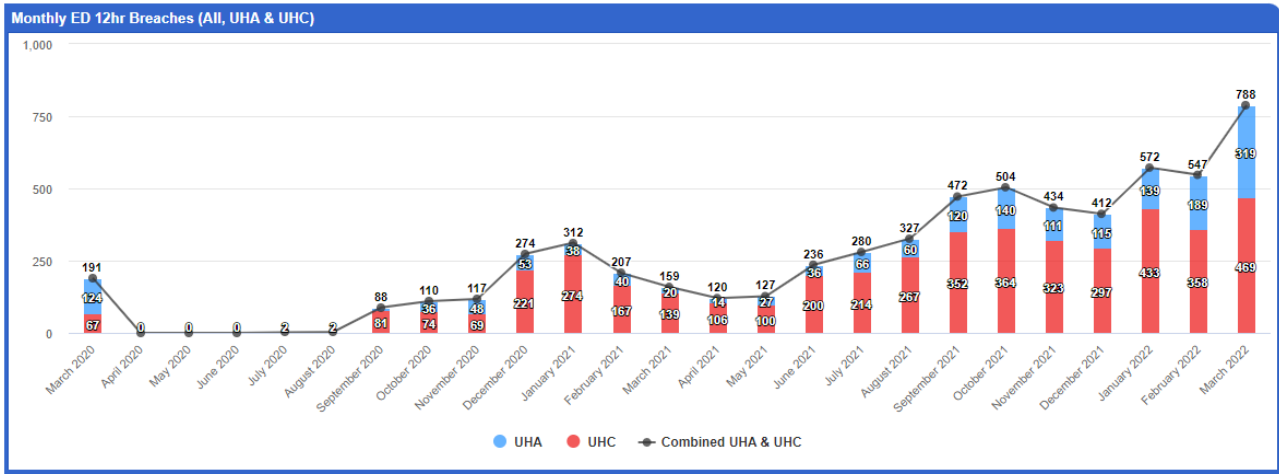
### ED 12 Hour Breaches

The numbers of ED 12 Hour Breaches at Board level have increased significantly to 788 in March 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 160 12-hour breaches in March 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 March 2020, this was also higher than the 191 breaches recorded in that month (Figure 25).

<b>788</b> Mar 2022	<b>159</b> Mar 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 319 12-hour breaches at UHA and 469 at UHC in March 2022, the highest numbers ever recorded in a single month for both sites. Numbers have increased significantly at UHA when compared with the previous month (February 2022: 189), and also when compared to the same month last year (March 2021: 21). Numbers of 12-hour breaches at UHC have similarly increased sharply to 469 in March 2022, up from 358 the previous, and significantly higher than the same period last year (March 2021: 139).

<b>UHA</b>	<b>319</b> Mar 2022	<b>21</b> Mar 2021	ED attendees at UHA waited over 12 hours to be treated, admitted, or discharged
<b>UHC</b>	<b>469</b> Mar 2022	<b>139</b> Mar 2021	ED attendees at UHC waited over 12 hours to be treated, admitted, or discharged

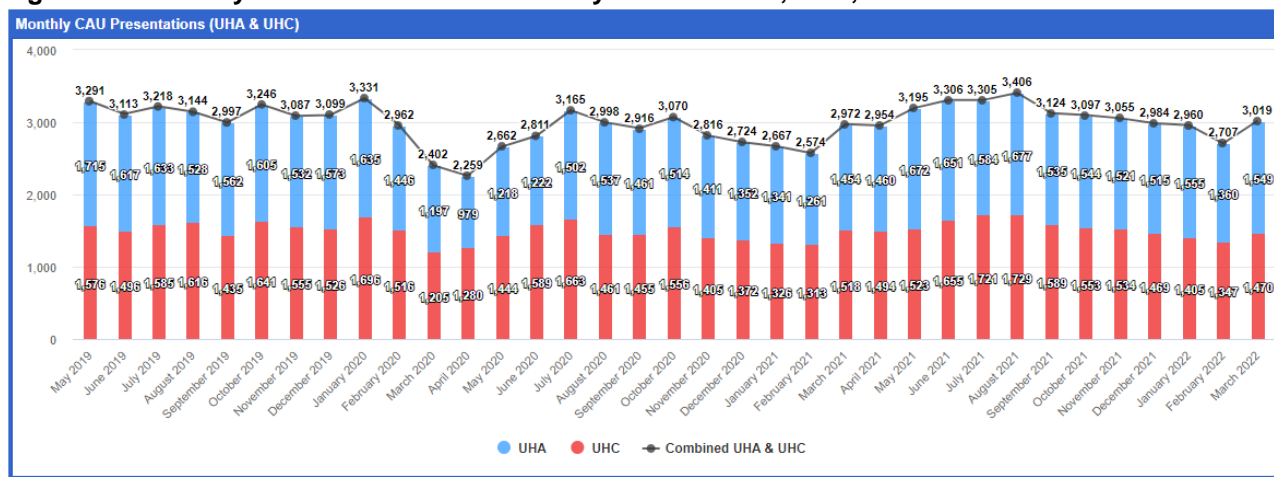
The numbers of ED 12 Hour Breaches at Board level as a proportion of all ED 12 Hour Breaches across Scotland reached a peak of 59.3% in April 2021, decreasing to 20.1% by March 2022. It should be noted that this proportional decrease is mainly driven by increasing numbers of 12 hour breaches in other 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 been steadily decreasing from a high of 3,406 in August 2021 to a low of 2,707 by February 2022, however have since increased again to 3,019 in March 2022 (Figure 26). This is an increase of 47 (+1.6%) when compared with the same month last year.

<b>3,019</b> Mar 2022	<b>2,972</b> Mar 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 March 2021, numbers have increased at UHA whilst decreasing at UHC, with 95 additional presentations at UHA in March 2022 compared to March 2021, an increase of 6.5%, and 48 fewer presentations at UHC over the same time period, a decrease of 3.2% (Figure 26).

<b>UHA</b>	<b>1,549</b> Mar 2022	<b>1,454</b> Mar 2021	presentations to UHA Combined Assessment Unit
<b>UHC</b>	<b>1,470</b> Mar 2022	<b>1,518</b> Mar 2021	presentations to UHC Combined Assessment Unit

In terms of sources of referral: at UHA, ED referrals decreased by 11.5% while GP referrals increased by 23.2% when comparing March 2022 with March 2021. Similarly at UHC, ED referrals decreased by 13.3% while GP referrals increased by 9.5%. Referrals from ‘Other’ sources increased at UHA (up by 40.6%) but decreased at UHC (down by 30.6%).

**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 4 2021/22 (January – March) to be in the region of 12,509 admissions. However during this time, there were 10,982 overall Emergency Admissions (including those which were admitted to CAU). This was 1,527 less than the expected demand.

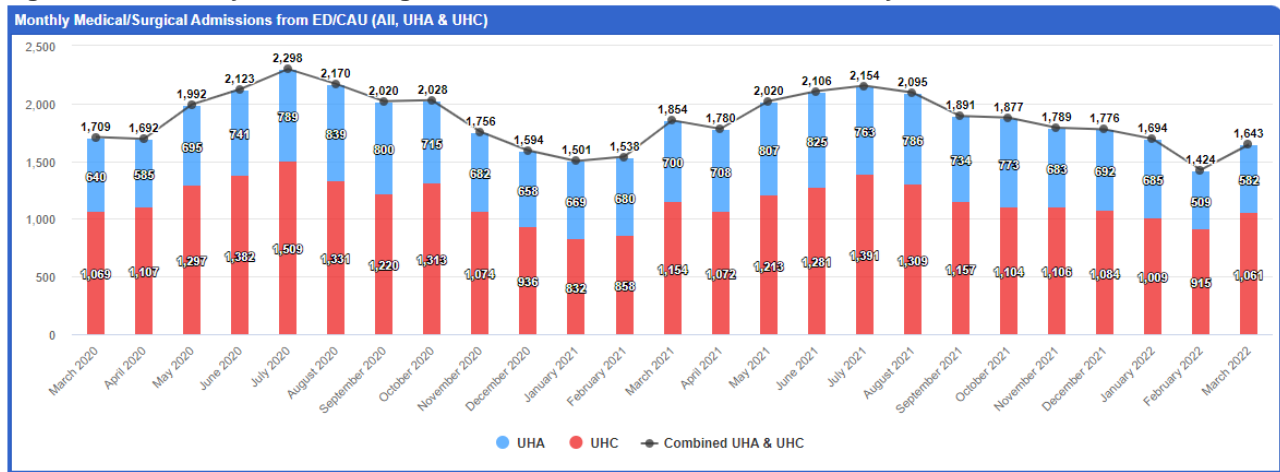
<b>10,982</b> Q4 2021/22	<b>12,509</b> Anticipated	Number of patients admitted to hospital as an emergency admission	<b>- 1,527</b>
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The numbers of Medical and Surgical Inpatient Admissions from ED and CAU have decreased, with 118 fewer admissions at UHA in March 2022 when compared to the same month of the previous year, and 93 fewer admissions at UHC (Figure 27). These figures represent general Acute admissions, and so do not include admissions to intensive care or

high dependency wards. Maternity and Paediatric admissions are also not included within this data.

National Performance Measures			
<b>1,643</b> Mar 2022	<b>1,854</b> Mar 2021	Emergency admissions to medical or surgical wards following attendance at ED or CAU	
University Hospital Ayr		University Hospital Crosshouse	
<b>582</b> Mar 2022	<b>700</b> Mar 2021	<b>1,061</b> Mar 2022	<b>1,154</b> Mar 2021

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

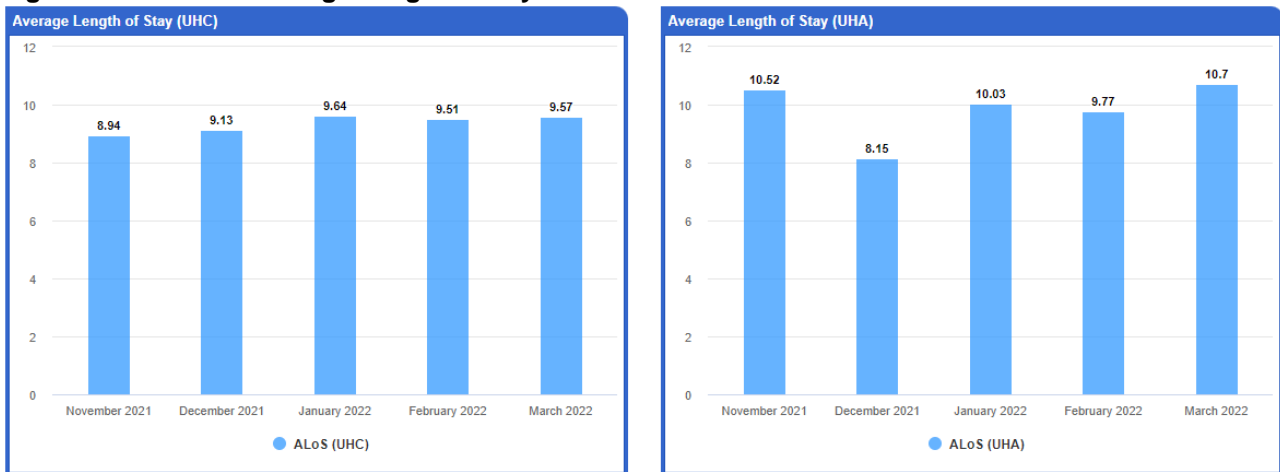


Source: Local Information Team Reports

### 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 has remained high over the past few months; 9.57 in March 2022. At UHA, the average reached a new high of 10.7 in March 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**

An Outpatient parenteral anti-microbial therapy (OPAT) service for lower limb cellulitis has commenced on both acute sites from 10<sup>th</sup> March 2022 as part of the Interface care work-stream. It is hoped that this will reduce hospital admissions for certain patient groups. Further work to identify additional conditions is ongoing in order to expand this service.

A bi-weekly Discharged without Delay (DwD) delivery group meeting has been implemented and is in the process of defining improvement initiatives. At UHC, under the DwD banner, five wards are now participating in the DwD daily board rounds and a roll-out in CAU is also ongoing, with the ethos that all admitted patients should have a planned date of discharge (PDD) on admission. During April 2022, both acute sites held a DwD event, where a multi-disciplinary team, including HSCPs, spent a full day reviewing patient status and blockages to discharge. UHA will continue this model on a smaller scale.

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.


Our ED activity on patient re-direction has come to a close and we are now focussing on pathway improvement for surgical and orthopaedic patients. This work is at an early stage and is focussing on understanding our current baseline performance, with plans to map the current patient pathway and identify improvements planned for next month.

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 is now fully up and running and is supporting all ongoing operational improvement work across our pre, intra and post –hospital services. Regular meetings are being held at both delivery group and programme level in order to ensure work-streams stay on track with documented delivery time-lines. The programme recently expanded to include work on the Same Day Emergency care (SDEC) and UHC and the ED- orthopaedic and surgical pathway work.

## 2.3.7 Delayed Discharges/Transfers of Care

Note - From May 2022, Public Health Scotland have amended the definition of a delayed discharge. Effective from April 2021, the numbers of patients delayed at the monthly census point now includes those patients delayed due to infection control measures in hospital, or in the care home that they are moving to. Historic figures since April 2021 have now been retrospectively updated to include these delays.

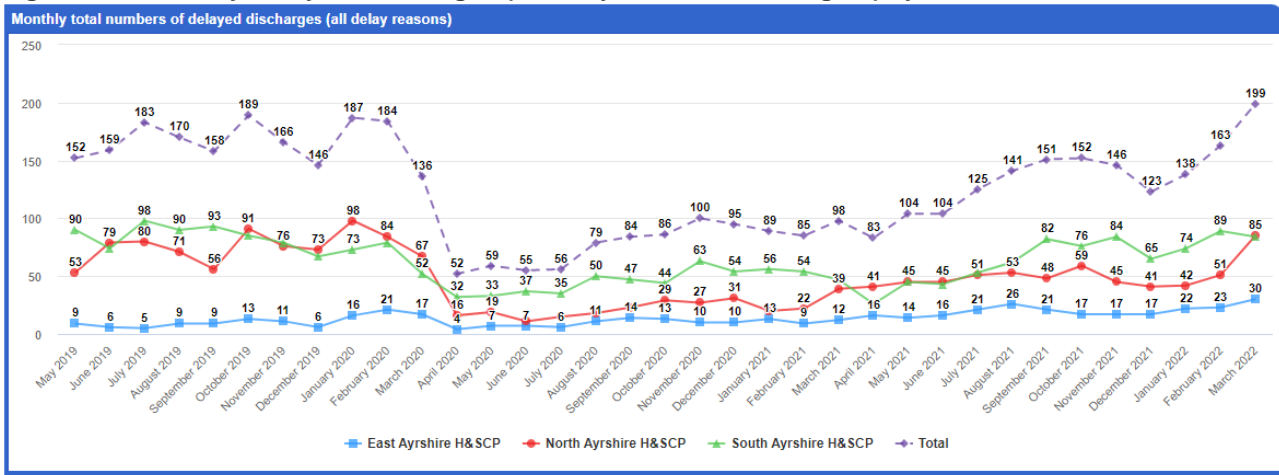
Delayed Discharges						
Remobilisation Plan Measures						
<b>199</b> Q4 2021/22	<b>79</b> Target	Number of Delayed Discharges at month end – includes all delays for any reason or duration				<b>+ 120</b>
National Performance Measures						
Numbers of patients whose discharge from hospital was delayed by 2 weeks or more for non-clinical reasons (excluding code 9 reasons)  0	North Ayrshire HSCP		East Ayrshire HSCP		South Ayrshire HSCP	
	<b>17</b> Mar 2022	<b>13</b> Mar 2021	<b>0</b> Mar 2022	<b>0</b> Mar 2021	<b>44</b> Mar 2022	<b>10</b> Mar 2021
Total number of hospital bed days occupied during the month by patients whose discharge from hospital was delayed for non-clinical reasons	<b>1,776</b> Mar 2022	<b>1,165</b> Mar 2021	<b>413</b> Mar 2022	<b>420</b> Mar 2021	<b>2,615</b> Mar 2022	<b>1,537</b> Mar 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 4 2021/22 (March 2022). North Ayrshire HSCP set a target of 39 delays, with East Ayrshire HSCP setting a target of 10, and South Ayrshire HSCP a target of 30; resulting in a combined target of 79 delays in total across Ayrshire. At the end of March 2022 census point, there were 199 delayed discharges in total for NHS Ayrshire & Arran residents (85 in North, 30 in East, and 84 in South – Figure 30). This is a worsening position when compared to the end of the previous quarter, when North Ayrshire HSCP were below their target and East Ayrshire HSCPs were in line with their target.

<b>199</b> Q4 2021/22	<b>79</b> Target	Number of Delayed Discharges at month end – includes all delays for any reason or duration				<b>+ 120</b>
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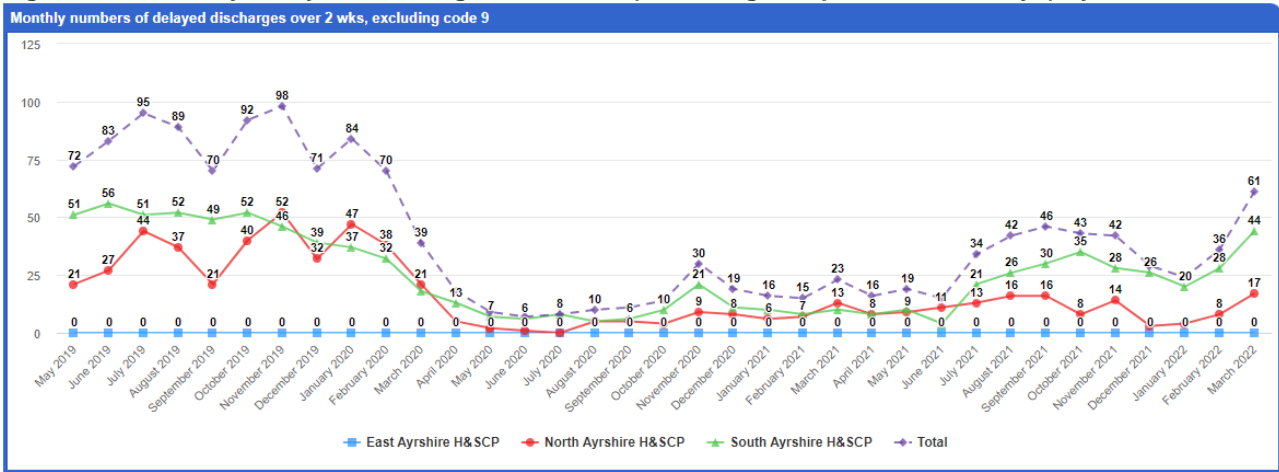
**Figure 30 – Monthly Delayed Discharges (all delay reasons and lengths) by HSCP**



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 significantly over the past 12 months, up from 23 in total in March 2021 to 61 in March 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	17	13	0	0	44
	Mar 2022	Mar 2021	Mar 2022	Mar 2021	Mar 2022	Mar 2021

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



Source: Public Health Scotland

For North Ayrshire HSCP residents there were 17 delays over 2 weeks at the end of March 2022, up from eight the previous month and up from 13 in the same month of the previous year. For South Ayrshire HSCP residents there were 44 delays over 2 weeks at the end of March 2022, up from 28 the previous month and up from 10 in the same month of the previous year. Performance in East Ayrshire HSCP has continued to meet the target of zero delays over 2 weeks (Figure 31).

Although the formal measure of performance for Delayed Discharges applies to the number of delays over 2 weeks (end of month census), the total number of bed days occupied in

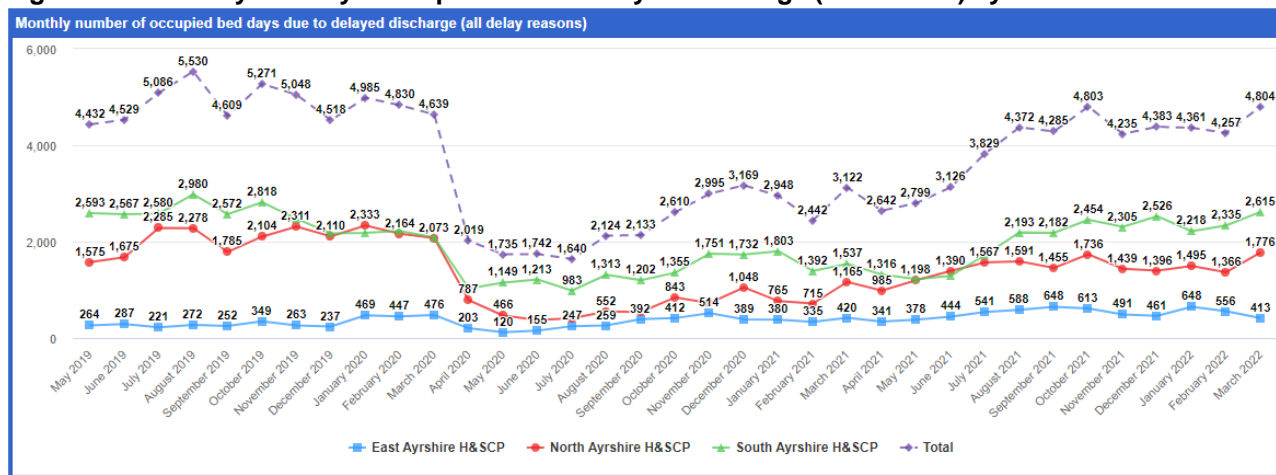
each month by patients whose discharge from hospital has been delayed for non-clinical reasons is also a key measure in assessing performance (Figure 32).

	North Ayrshire HSCP		East Ayrshire HSCP		South Ayrshire HSCP	
Total number of hospital bed days occupied during the month by patients whose discharge from hospital was delayed for non-clinical reasons	<b>1,776</b> Mar 2022	<b>1,165</b> Mar 2021	<b>413</b> Mar 2022	<b>420</b> Mar 2021	<b>2,615</b> Mar 2022	<b>1,537</b> Mar 2021

Delayed Discharge Occupied Bed Days (OBDs) for all delay reasons have increased to the highest numbers recorded since February 2020, up by 547 bed days to a total of 4,804 when compared to the previous month (February 2022: 4,257), and have increased by 1,682 when compared with the same month of the previous year (March 2021: 3,122).

In North Ayrshire, OBD's increased by 410 in March 2022 when compared with the previous month (February 2022: 1,366), in East Ayrshire, OBD's decreased by 143 compared with previous month (February 2022: 556), whilst in South Ayrshire increased by 280 OBDs (February 2022: 2,335) (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, 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. However, two periods of outbreak have occurred. 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 supporting transfers of care from hospital to community settings, with a focus on minimising delayed discharges. 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. This however has had a significant impact on community waits for care at home services.

The Team Manager(s) for the HSCP hospital team are based within Crosshouse Hospital and continue to develop positive and effective working relationships with the acute teams. In 2021 the HSCP agreed an investment plan to develop the hospital assessment team with a view to supporting the discharge without delay programme and improving delayed discharge performance. The structure of the teams was reviewed with a distinctive split in role and function to increase capacity and focus on the Home First approach. The team are now fully embedded in their new roles and developing systems and processes to improve service user experience around discharge, including a new approach to assessment for care packages to utilise the knowledge and skill of our reablement teams. This has been successful and our Home First team are supporting high numbers of hospital discharges on a daily basis in North Ayrshire, including multiple complex packages of care. The team have also actively been supporting joint working approaches within the Crosshouse site including recent PDD ward rounds. The team has been further enhanced by the recent recruitment of a Mental Health Officer who has now commenced in post which will support in reducing delays in discharges related to Adults with Incapacity processes.

The partnership has maintained a stable position around community waiting lists for admission to Care Homes and there are now no delays in 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, this has also reduced the need for emergency/crisis care home placements and unscheduled hospital admissions.

The North Partnership has continued to utilise our Anam Cara dementia respite service, by converting nine beds for interim placements for individuals in hospital awaiting care at home services to support step down from acute hospital settings whilst awaiting the commencement of care services. The recent commencement of HCSW's within our Enhanced Intermediate Care Team will provide further opportunity for rehabilitation and reablement with focussed support provided within Anam Cara for the duration of the step-down period. The interim funding as part of the Winter package of support has continued to provide 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 five care homes in the North Ayrshire locality to identify 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 continue to be utilised. 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. As with the step down beds in Anam Cara, the utilisation of interim care placements has been impacted over recent months by COVID outbreaks both in hospital wards and our Care Homes.

North Ayrshire has continued to experience significant demand for its Care at Home service, and this has been increasingly challenged throughout early 2022 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. Our frontline social care service have seen the highest levels of COVID-19 related absences at any stage of the pandemic in the first quarter of 2022 which has presented new challenges in the safe and ongoing delivery of services. There has been continued fragility with our external care providers which has resulted in minimal capacity for care provision, and on occasion the support being provided to our external providers via the in-house service.

The Partnership has developed a targeted plan for the recent winter investments which was agreed through our IJB. Recruitment for this investment is advanced with a number of posts having commenced and this activity will remain ongoing. These plans included significant investment in the Care at Home workforce and a comprehensive ongoing programme of recruitment to the Care at Home service has been ongoing for several months. It has, however, proven to be challenging recruiting 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 and one provider has had to do so. This provider is now in Moratorium which further impacts on our CAH capacity.
- 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 Ayrshire Social Work teams are working to identify appropriate patients awaiting Care Home placement or a POC for interim placements in Care Homes. As at 4<sup>th</sup> May 2022 30 Interim Beds have been secured from 10 different care homes. 23 Placements have ended and 23 are currently being used therefore a total of 46 interim placements have been arranged. A further 55 patients refused the offer of an Interim bed.

Biggart and Girvan Hospitals are operating at capacity; Biggart has 17 beds open above their established workforce but recent outbreaks of COVID-19 have required the closure of two wards; 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 Hospital 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 UHA 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

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.

## **4. List of appendices**

- There are no appendices to this paper