

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 3 October 2022
Title:	Performance Report
Responsible Director:	Kirstin Dickson
Report Author(s):	NHS Ayrshire & Arran Performance and Insights Team (Directorate of Transformation and Sustainability)

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 has been continuously adapting to safely respond to the ongoing and significant challenges and pressures across our system as a whole. We continue to face substantial operational difficulties, caused by the backlog created during the pandemic. Like other NHS Boards, we are experiencing workforce capacity issues and an increase in the demand across our services.

This Performance report aims to provide NHS Board members with an overview of performance against national Waiting Times measures, in addition to wider Unscheduled Care and Delayed Transfers of Care data. It also includes a high level summary of COVID-19 community and hospital data to add additional context in relation to our performance. The report continues to include an update from each of the services on their improvement plans. Following the announcement by the Cabinet Secretary for Health on 6 July 2022 in relation to new targets to eliminate long waits for planned care, this Performance Report also provides a provisional update on progress against these new targets.

2.2 Background

During 2021/22, NHS Ayrshire & Arran moved to reporting against the aims and trajectories outlined in our Remobilisation Plans (RMP) 3 and 4. At the end of April 2022,

correspondence was received from Scottish Government highlighting a revised approach for 2022/23. All NHS Boards were asked to produce an Annual Delivery Plan (ADP) for 2022/23 in place of an RMP 5 and focus this plan on a limited set of priorities in recognition that our health and social care system needs to recover from the challenges and pressures experienced during the pandemic. Our ADP was submitted to Scottish Government (SG) on Friday 12th August 2022 and sets out our key priorities for 2022/23 and includes our plan to deliver the new waiting list targets. The targets are to eliminate:

- two year waits for outpatients in most specialities by the end of August 2022;
- 18 month waits for outpatients in most specialities by the end of December 2022;
- one year waits for outpatients in most specialities by the end of March 2023;
- two year waits for inpatient/day cases in most specialities by September 2022;
- 18 month waits for inpatient/day cases in most specialities by September 2023;
- and
- one year waits for inpatient/day cases in most specialities by September 2024

As we seek to recover and stabilise our services, we will continue to evolve our Performance Reporting to ensure that NHS Board members are sighted on progress against the new long waits targets and any appropriate measures against the key priorities in our ADP.

2.3 Assessment

2.3.1 Assessment Summary

COVID-19

- Following a rise in COVID-19 cases in the community towards the end of May 2022, the number of COVID-19 positive patients in our hospitals started to increase rapidly at the start of June 2022, reaching 183 on 17th July 2022. Numbers have since fallen to 52 as at 31st August 2022. The number of COVID-19 positive patients in our Intensive Care Units (ICUs) have remained below five since the end of November 2021.

Planned Care

- The impact of the necessary previous reductions in outpatient and elective appointments during the pandemic has had a direct impact on key compliance targets and waiting lists. The total number of patients waiting for a New Outpatient appointment and Inpatient/Daycase elective treatment have more than doubled between February 2020 and July 2022.

Diagnostics and Cancer

- Diagnostic services have also been impacted by social distancing requirements and reduced patient throughput due to national infection control protocols. This resulted in a rise in the overall number of patients waiting for diagnostics, however waiting lists for Endoscopy have reduced substantially compared to January 2022. Imaging waits have also fallen in recent months, with compliance against the National Target for compliance at levels similar to pre-COVID-19.
- Diagnostic capacity has had a significant impact on cancer performance against the 62 day standard with compliance falling to a low of 66.7% in June 2022 before increasing to 72.3% in July 2022.
- Treatment for patients with Cancer within 31 days of decision to treat, continues to exceed the target.

Mental Health

- In July 2022, compliance against the Child and Adolescent Mental Health Services (CAMHS) has fallen below the 90% target for the first time since July 2020. A resurgence of COVID-19 related absence amongst the workforce in June and July significantly impacted service provision. An increase in the number of referrals prior to the summer break has also contributed to the fall in performance.
- Performance against the Psychological Therapies standard has improved since the start of the COVID-19 pandemic with compliance levels exceeding the target of 90% in some months.
- Drug and Alcohol Treatment services continue to exceed their respective target, however compliance at July 2022 has fallen to its lowest level since January 2020.

Unscheduled Care

- Acute care remains challenged by high levels of acuity, occupancy rates and extended lengths of stay. There are a high number of patients who are frail, elderly and deconditioned, some as a result of longer waiting times for outpatient appointments and therefore accessing acute care through the unscheduled care pathway. The average length of stay across our core wards reached a high at UHC in July 2022.
- Overall ED attendances to date in 2022 remain lower than pre-COVID-19 levels, however have increased in comparison to 2021.
- Compliance against the ED 4-Hour target did noticeably improve in May 2022, exceeding the National average, however decreased again in June 2022 before improving slightly in July 2022. Performance in July 2022 has also diverged for each site, with compliance improving at University Hospital Crosshouse (UHC) whilst declining at University Hospital Ayr (UHA).
- The numbers of ED 12 Hour Breaches at Board level reached the highest number of breaches recorded in NHS Ayrshire & Arran in a single month in July 2022. Our 12 hour breaches as a proportion of the total 12 hour breaches in Scotland was around 19% in July 2022.

Delayed Transfers of Care

- Our three Health and Social Care Partnerships (HSCPs) have continued to experience significant and increasingly complex demand for Care at Home. Workforce challenges in this area have been significant, with increased level of vacancies and absence. A further complication, has been an increase in delayed private guardianship cases for adults with incapacity (AWI). This has contributed to an increase in delayed transfers of care, with levels reaching a high at March 2022. Numbers did then fall between April 2022 and June 2022 but at July 2022, they had increased to their third highest level since the start of the pandemic.

The latest performance data within this report is mainly for the period July 2022, with the exception of MSK which reports an August 2022 position. The following sections of the report provide infographics, performance assessment (including benchmarking) and improvement actions covering the following topic areas:

- COVID-19
- Planned Care Waiting Times
 - New Outpatients, including the new long wait targets
 - Inpatient and Daycase, including the new long wait targets
 - 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

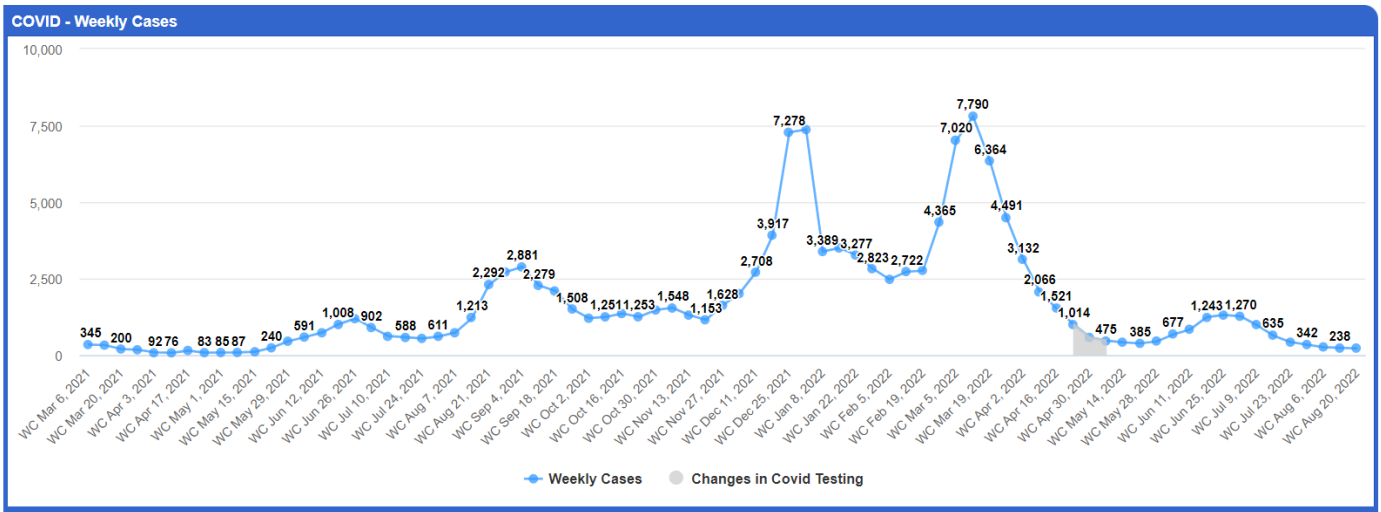
Please note that some data may be un-validated and subject to change in future reports.

2.3.2 COVID-19

Although routine and regular testing is no longer required for most people, Public Health Scotland (PHS) continue to report on the number of positive cases reported.

Based on data from PHS, the number of COVID-19 cases across Ayrshire and Arran started to increase towards the end of May 2022, reaching 1,315 in week commencing 25th June 2022 (Figure 1). This wave has receded, with the latest data for week commencing 20th August 2022 showing 221 new positive cases.

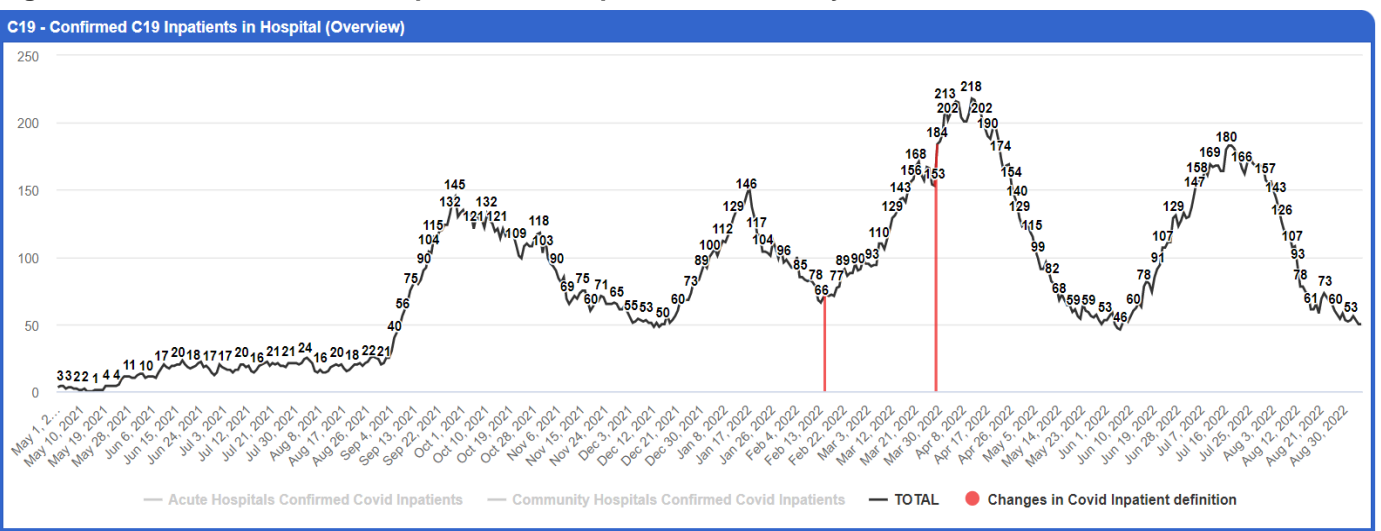
Figure 1 – Weekly number COVID-19 Positive Cases, NHS Ayrshire & Arran



Source: Public Health Scotland

Increased transmission rates in the community resulted in a rise across our hospitals from June 2022, peaking at 183 on 17th July 2022. Numbers continue to fall with 52 COVID-19 Inpatients as at 31st August 2022 (Figure 2).

Figure 2 – Confirmed COVID-19 Inpatients in Hospital across NHS Ayrshire & Arran







Source: COVID-19 Local management information reports

The numbers of COVID-19 positive patients in our Intensive Care Units (ICUs) have remained below five since 25th November 2021.

2.3.3 Planned Care Waiting Times

The COVID-19 pandemic has resulted not only in significant backlogs of patients awaiting assessment and treatment for planned care, but has been impacted by a number of practical constraints which are restricting our ability to return to pre-pandemic levels. All services have now re-mobilised and are working towards the new waiting times targets announced by the Cabinet Secretary for Health in July 2022.

Planned Care Waiting Times			
National Performance Measures			
39.3% Jul 2022	41.1% Jul 2021	of patients were waiting fewer than 12 weeks for a New Outpatient appointment	 95%
57.5% Jul 2022	64.1% Jul 2021	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (completed waits)	 100%
25.4% Jul 2022	35.4% Jul 2021	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (ongoing waits)	
66.5% Jul 2022	65.4% Jul 2021	of patients waited fewer than 18 weeks from Referral to Treatment	 95%
44.8% Aug 2022	51.3% Aug 2021	of adult patients were waiting fewer than 4 weeks from referral for Musculoskeletal Services	 90%
National Benchmarking			
39.6% QE Jun 2022	49.1% Scotland	of patients were waiting fewer than 12 weeks for a New Outpatient appointment	- 9.5
65.0% QE Jun 2022	61.6% Scotland	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (completed waits)	+ 3.4
28.5% QE Jun 2022	31.5% Scotland	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (ongoing waits)	- 3.0
69.9% QE Jun 2022	73.8% Scotland	of patients were waited fewer than 18 weeks Referral to Treatment	- 3.9
55.6% QE Mar 2022	54.7% Scotland	of patients were waiting fewer than 4 weeks for Musculoskeletal Services	+ 0.9

New Outpatients

New Outpatients – Waiting Lists and new targets

The total waiting list at July 2022 reached its highest level of 44,081, more than double the size compared to pre-COVID-19 levels of 21,188 at February 2020 (Figure 3a).

3a – New Outpatients Waiting List at month end



Source: Local monthly management reports, Information Team

We continue to prioritise patients deemed to have high clinical urgency, but the number and proportion of urgent referrals received continues to be significantly greater than pre-pandemic levels, leading to a larger proportion of capacity being used for this purpose, and a smaller capacity remaining to see longer waiting, routine patients.

The newly announced waiting times target for New Outpatients sets a target of no patients waiting over 104 weeks by end of August 2022. At week commencing 29th August 2022, we were predicting an estimated 1,397 new outpatients over 104 weeks at this milestone, varying by specialty (Figures 3b and 3c).

Figure 3b – Estimated number of new outpatients expected to be waiting more than 104 weeks (two years) by the end of August 2022



Source: Local weekly management reports, Information Team

Figure 3c – Estimated number of new outpatients expected to be waiting more than 104 weeks (two years) by the end of August 2022 by speciality

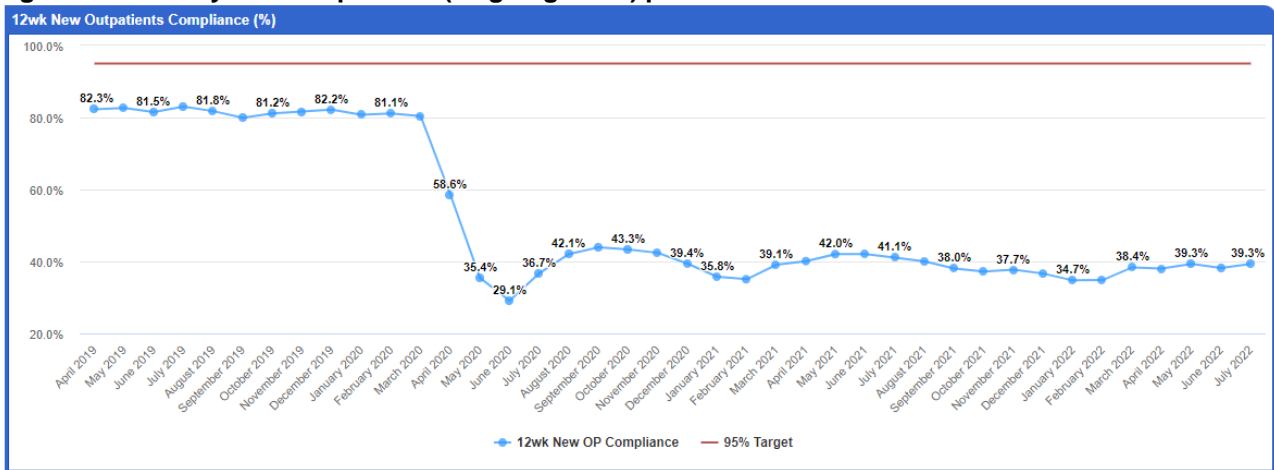
New OP:Pts estimated to be waiting more than 2yrs by end of Aug 22			
Title	Value	Last Update	History
Dermatology- Number of Outpatients waiting over 2yrs by end of Aug ...	0	WC 29-Aug-2022	
ENT(Ear, Nose & Throat)- Number of Outpatients waiting over 2yrs b...	0	WC 29-Aug-2022	
Endocrinology and Diabetes- Number of Outpatients waiting over 2yr...	504	WC 29-Aug-2022	
Gastroenterology- Number of Outpatients waiting over 2yrs by end of ...	554	WC 29-Aug-2022	
General Medicine- Number of Outpatients waiting over 2yrs by end of ...	51	WC 29-Aug-2022	
General Surgery (excl Vascular, Maxillofacial)- Number of Outpatients...	74	WC 29-Aug-2022	
Neurology- Number of Outpatients waiting over 2yrs by end of Aug 2022	110	WC 29-Aug-2022	
Ophthalmology- Number of Outpatients waiting over 2yrs by end of A...	0	WC 29-Aug-2022	
Oral and Maxillofacial Surgery- Number of Outpatients waiting over 2...	90	WC 29-Aug-2022	
Plastic Surgery- Number of Outpatients waiting over 2yrs by end of A...	7	WC 29-Aug-2022	
Respiratory Medicine- Number of Outpatients waiting over 2yrs by en...	7	WC 29-Aug-2022	
Urology- Number of Outpatients waiting over 2yrs by end of Aug 2022	0	WC 29-Aug-2022	

Source: Local weekly management reports, Information Team

New Outpatients – Compliance and Benchmarking

Compliance against the New Outpatients target of 95% had been on a downward trend between May 2021 and January 2022, falling to 34.7% in January 2022. However, compliance levels have since increased to 39.3% in July 2022 (Figure 4). Prior to the impact of COVID-19, performance at February 2020 was 81.1%.

Figure 4 – Monthly New Outpatients (Ongoing waits) performance



Source: Local monthly management reports, Information Team

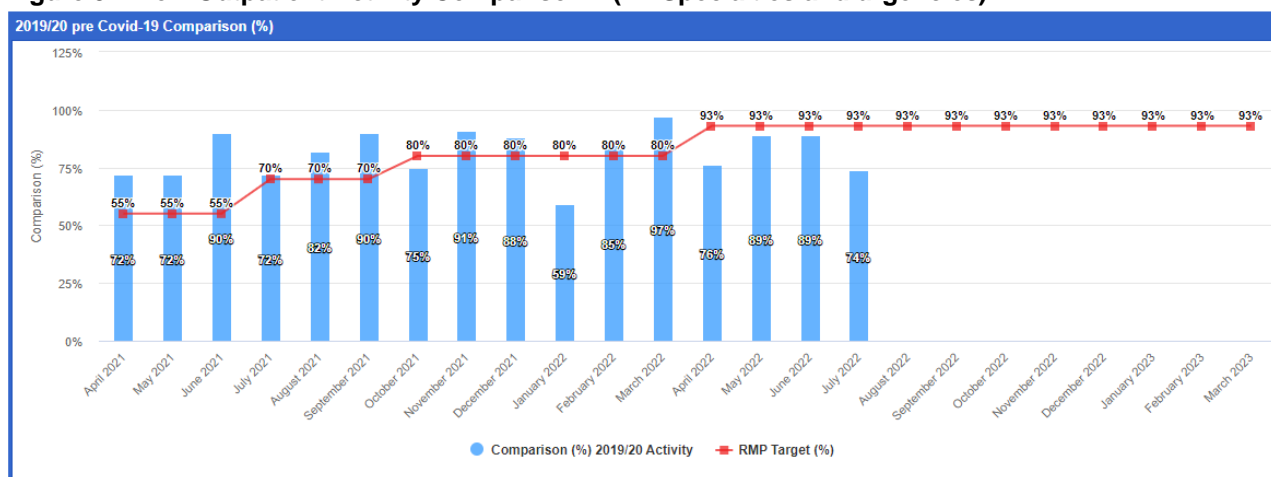
The latest published benchmarking data for the National Waiting Times targets from Public Health Scotland for quarter ending June 2022 shows that compliance for patients waiting for a New Outpatient appointment remains lower across NHS Ayrshire & Arran when compared to Scotland.

New Outpatients – Remobilisation

Although the Annual Delivery Plan (ADP) will replace Remobilisation Plans, provisional trajectories have been set locally around New Outpatients for 2022/23 and are currently reported under the banner of RMP. *Please note - Due to an identified underreporting of attendances, previously reported figures from April 2022 have been revised.*

At July 2022, NHS Ayrshire & Arran had remobilised 74% of all New Outpatient activity compared to July 2019, which is lower than our local target of 93% (Figure 5).

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



Source: Local monthly management reports, Information Team

We continue to prioritise patients deemed to have high clinical urgency, but the number and proportion of urgent referrals received continues to be significantly greater than pre-pandemic, leading to a larger proportion of capacity being used for this purpose, and a smaller capacity remaining to see longer waiting, routine patients.

Activity levels in Urgent categories in July 2022 was 119% compared to July 2019 (Table below).

New Outpatient (12 Week Standard) Activity – All Specialties	31-May-22			30-Jun-22			31-Jul-22		
	May 2019 Actual	May 2022 Actual	%	Jun 2019 Actual	Jun 2022 Actual	%	Jul 2019 Actual	Jul 2022 Actual	%
Urgency									
All	9,583	8,558	89%	8,851	7,845	89%	8,778	6,492	74%
Routine	6,667	4,241	64%	6,099	3,642	60%	5,919	3,099	52%
Urgent	2,916	4,317	148%	2,752	4,203	153%	2,859	3,393	119%

Source: Local monthly management reports, Information Team

New Outpatients – Improvement Actions

- Further to the very recent announcement of new milestones to eliminate long waits for outpatients, work is underway to maximise capacity and ensure validation has been carried out as far as possible.
- We are working actively with the newly formed National Elective Coordination Unit (NECU) to identify opportunities for patients to be treated out with NHS Ayrshire & Arran. Mutual aid support is in place for Neurology and General Surgery Outpatients. Discussions are underway regarding support for Diabetes and Endocrinology and Oral and Maxillofacial Surgery.
- A specific programme of work is underway in Gastroenterology to identify the required investment in the wider multi-disciplinary team which would enable the implementation of national pathways. In addition, we are pursuing independent support for outpatient reviews.
- Plans are being finalised for re-establishment of a Bone Metabolism service, which has been paused for several years and includes a number of the longest waiting patients.
- A number of clinical specialties have already introduced new ways of working, including Enhanced Triage/Active Clinical Referral Triage (ACRT) 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.

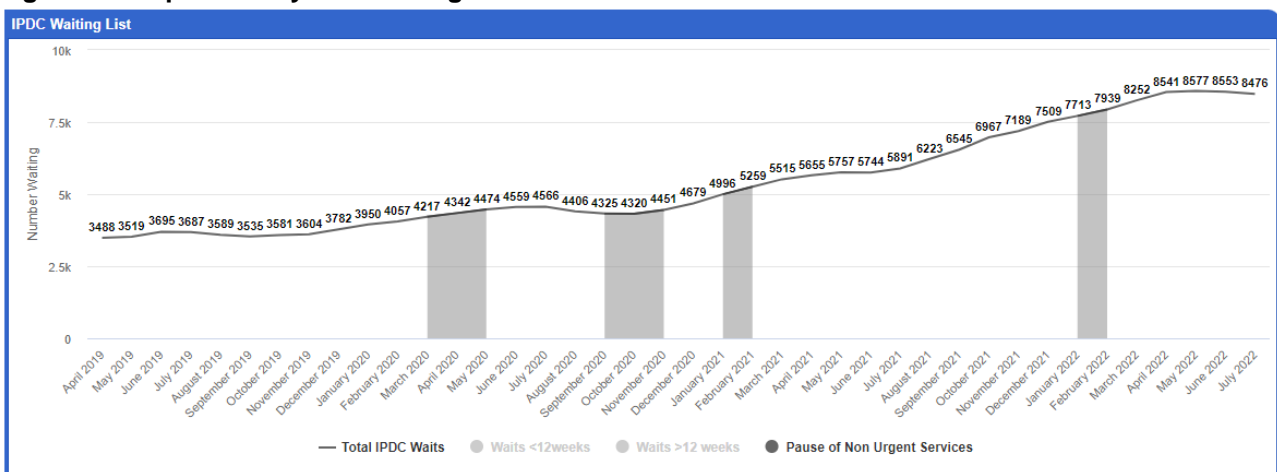
Inpatient/Daycases

Inpatient/Daycases – Waiting Lists and new targets

The significant constraints in operating capacity during the pandemic has resulted in an increase in overall elective surgical waiting lists, with the biggest impact being for the patients awaiting procedures in the less clinically urgent Priority 3 and particularly the Priority 4 categories.

The total waiting list for Inpatients/Daycases appears to have peaked at May 2022, with a slight decrease in recent months. At July 2022 the waiting list was 8,476, approximately double the size compared to pre-COVID-19 levels of 4,057 at February 2020 (Figure 6a).

Figure 6a – Inpatient/Daycase Waiting List at month end



Source: Local monthly management reports, Information Team

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 in the table below.

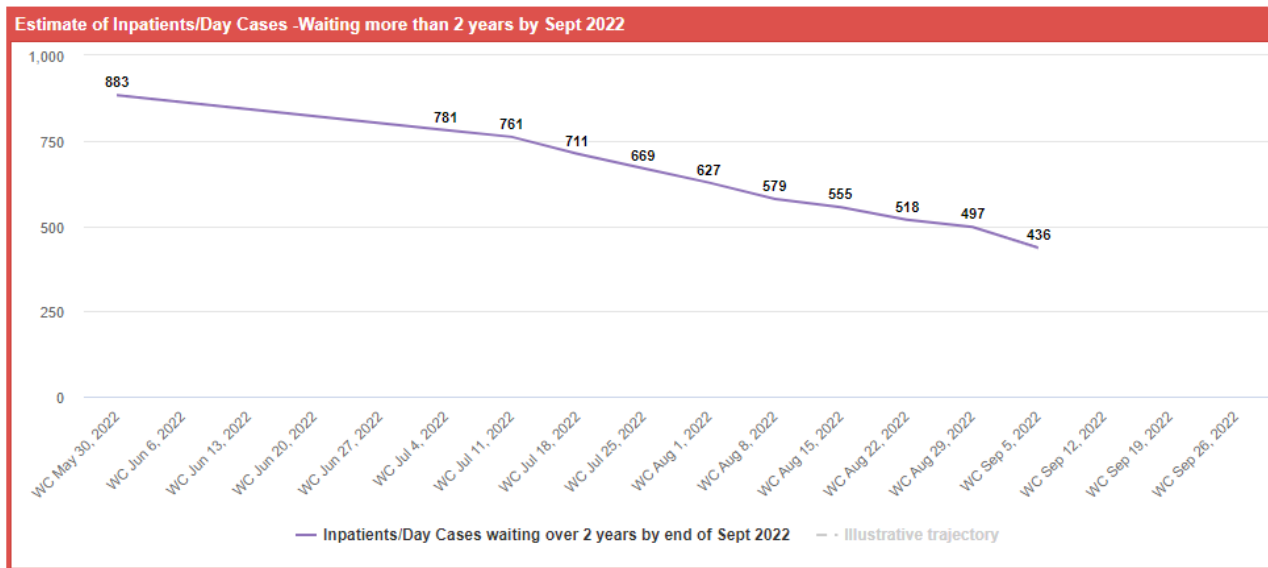
Total Number of Inpatients/Daycases waiting >12 weeks by specialty

Specialty	As at 29 February 2020 (Pre-COVID-19)	As at 30 June 2022	As at 31 July 2022
ENT	54	666	644
General Surgery (inc Vascular)	102	1,659	1,662
Gynaecology	1	280	281
Ophthalmology	294	507	522
OMFS	62	226	246
Plastic Surgery	0	53	59
Trauma & Orthopaedics	561	2,386	2,387
Urology	28	412	436
Other	1	81	60
Total	1,103	6,270	6,297

Source: Local monthly management reports, Information Team

The newly announced waiting times targets for Inpatients and Daycases sets a target of no patients waiting over 104 weeks by the end of September 2022. At week commencing 5th September 2022, we were predicting an estimate of 436 patients waiting over 104 weeks at this milestone, varying by specialty (Figures 6b and 6c).

Figure 6b – Estimated number of inpatients and daycases expected to be waiting more than 104 weeks (two years) by the end of September 2022



Source: Local weekly management reports, Information Team

Figure 6c – Estimated number of inpatients and daycases expected to be waiting more than 104 weeks (two years) by the end of September 2022 by specialty

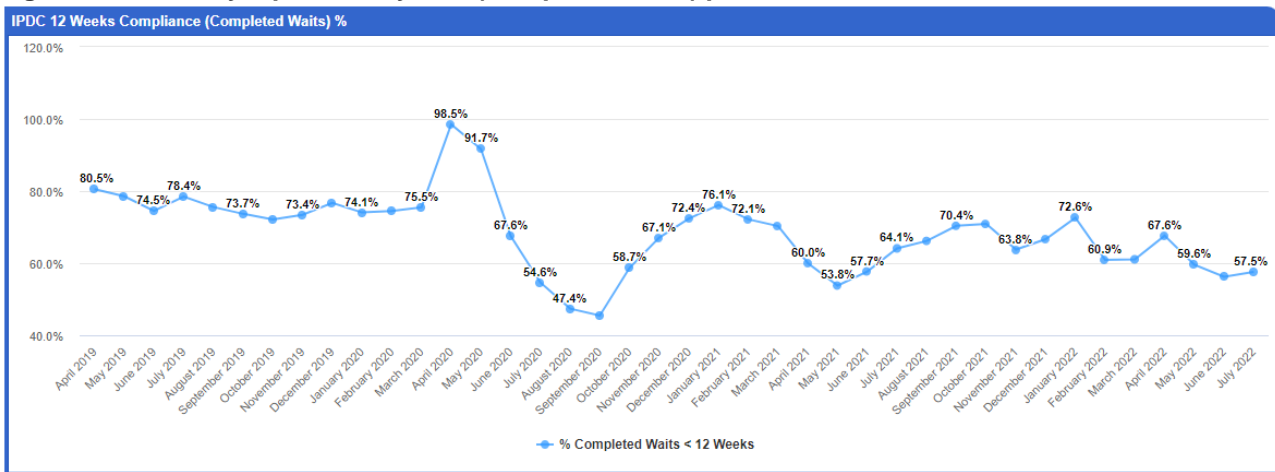
IP/DC:Pts estimated to be waiting more than 2yrs by end of Sept 22			
Title	Value	Last Update	History
Cardiology- Number of Inpatients & Day Cases waiting over 2yrs by e...	0	WC 05-Sep-2022	
Community Dental Practise- Number of Inpatients & Day Cases waiti...	0	WC 05-Sep-2022	
ENT (Ear, Nose & Throat)- Number of Inpatients & Day Cases waiting...	72	WC 05-Sep-2022	
General Surgery (excl Vascular, Maxillofacial)- Number of Inpatients ...	76	WC 05-Sep-2022	
Gynaecology- Number of Inpatients & Day Cases waiting over 2yrs b...	24	WC 05-Sep-2022	
Ophthalmology- Number of Inpatients & Day Cases waiting over 2yrs ...	1	WC 05-Sep-2022	
Oral and Maxillofacial Surgery- Number of Inpatients & Day Cases wa...	37	WC 05-Sep-2022	
Plastic Surgery- Number of Inpatients & Day Cases waiting over 2yrs ...	0	WC 05-Sep-2022	
Trauma & Orthopaedic Surgery- Number of Inpatients & Day Cases w...	99	WC 05-Sep-2022	
Urology- Number of Inpatients & Day Cases waiting over 2yrs by end ...	94	WC 05-Sep-2022	
Vascular Surgery- Number of Inpatients & Day Cases waiting over 2yr...	33	WC 05-Sep-2022	

Source: Local weekly management reports, Information Team

Inpatient/Daycases – Compliance and Benchmarking

The formal measure of performance against the 12 weeks TTG for Inpatients/Daycases applies to patients seen (completed waits). Compliance levels against the 100% target reached 72.6% in January 2022 but have been generally decreasing since, falling to 57.5% in July 2022 (Figure 7a). The levels in January 2022 should be considered in the context that all non-urgent elective surgery was paused, therefore reducing the number of patients seen in that month.

Figure 7a – Monthly Inpatient/Daycase (Completed waits) performance



Source: Local monthly management reports, Information Team

The number of patients waiting for treatment at a point in time (ongoing waits) is also a key measure in assessing NHS hospitals' performance. Local management information indicates compliance is on a reducing trend from 29.3% at May 2022 to 25.4% at July 2022 (Figure 7b). Prior to the impact of COVID-19, performance at February 2020 was 71.8%.

Figure 7b – Monthly Inpatient/Daycase (Ongoing waits) performance



Source: Local monthly management reports, Information Team

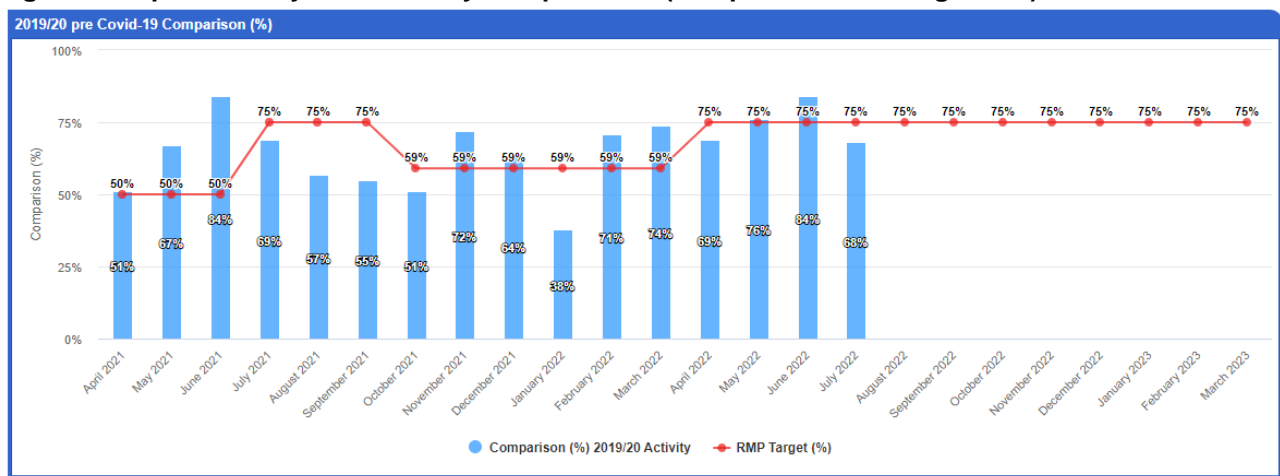
Based on the latest published data from Public Health Scotland that reports on quarter ending June 2022, compliance in relation to completed waits was higher than the Scotland average but lower for ongoing waits.

Inpatient/Daycases – Remobilisation

Although the ADP will replace Remobilisation Plans, provisional trajectories have been set locally around Inpatients/Daycases for 2022/23 and are currently reported under the banner of RMP. *Please note - Due to an identified underreporting of attendances, previously reported figures from April 2022 have been revised.*

In July 2022, NHS Ayrshire & Arran had remobilised 68% of Inpatient/Daycase activity compared to July 2019, which is lower than our local target of 75% (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 244% in Urgent categories in July 2022 compared to July 2019 (Table below).

Inpatient/Day case Activity – All Specialties	31-May-22			30-Jun-22			31-Jul-22		
	May 2019 Actual	May 2022 Actual	%	Jun 2019 Actual	Jun 2022 Actual	%	Jul 2019 Actual	Jul 2022 Actual	%
Urgency									
All	1,634	1,249	76%	1,447	1,211	84%	1,552	1,037	68%
Routine	1,397	614	44%	1,241	575	46%	1,293	478	37%
Urgent	237	635	268%	206	636	309%	229	559	244%

Source: Local monthly management reports

Inpatients/Daycases – Improvement Actions

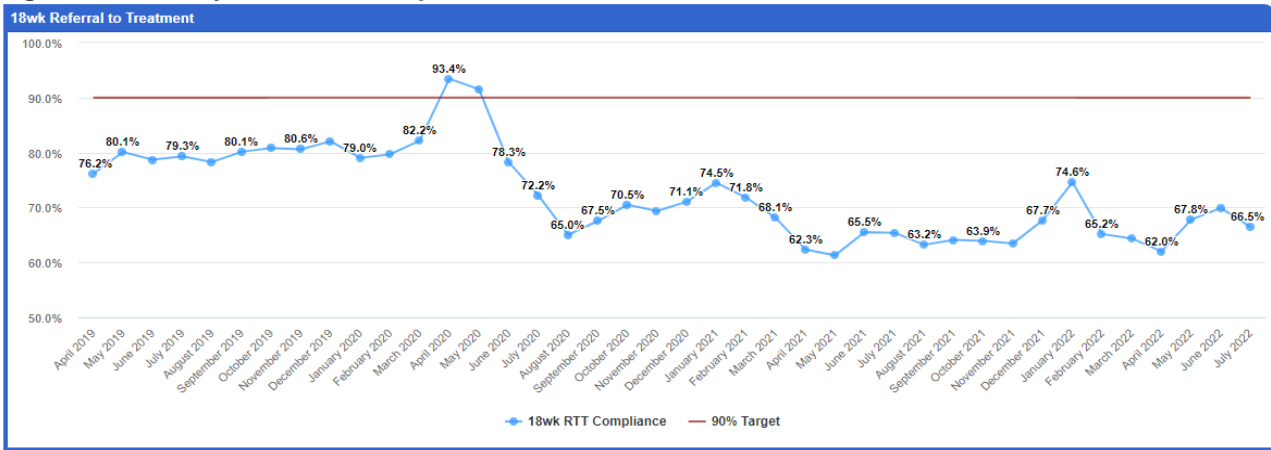
- Further to the very recent announcement of new milestones in relation to eliminating long waits for planned care, work is underway to maximise capacity and ensure that waiting lists undergo administrative validation, and clinical validation where clinical capacity allows.
- We are working actively with the newly formed National Elective Coordination Unit (NECU) to identify opportunities for patients to be treated out with NHS Ayrshire & Arran. Support is already in place to help with the Urology waiting list.
- We will finalise arrangements for some independent sector capacity for ENT through Spire (Edinburgh).
- Routine Orthopaedic surgery is now underway within UHA and throughput has recently increased in August 2022, following the regional Vascular service reconfiguration which has resulted in a further theatre to be available for Orthopaedic patients.
- Discussions are ongoing in relation to increasing day case recovery space within UHC, including looking at the feasibility of mobile day surgery unit.

18 week Referral to Treatment

18 week Referral to Treatment – Compliance and Benchmarking

The target for 18 week Referral to Treatment (RTT) compliance is 90% and Local management information indicates compliance was 66.5% at July 2022 (Figure 9). Prior to the impact of COVID-19, performance at February 2020 was 79.7%. Levels reached 74.6% in January 2022 however this should be considered in the context of non-urgent elective services being paused, resulting in less patients receiving treatment.

Figure 9 – Monthly 18 Weeks RTT performance



Source: Local Information Team Reports

Based on the latest published benchmarking data from Public Health Scotland that reports on quarter ending June 2022, compliance for the 18 week Referral to Treatment standard remains lower across NHS Ayrshire & Arran when compared to the Scotland average.

18 Weeks Referral to Treatment - Improvement Actions

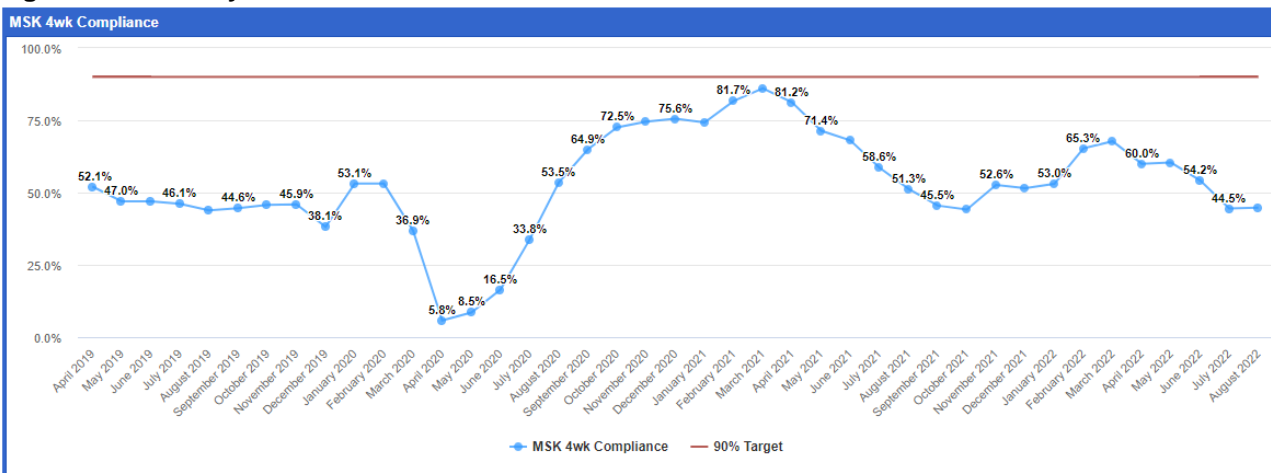
- Compliance against the 18 Week RTT target of 90% continues to be affected by the measures put in place to effectively and safely manage the pressures of COVID-19, which resulted in higher than expected compliance being recorded in April and May 2020.
- Achieving the standard depends on waiting times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

Musculoskeletal Services (MSK) – Compliance

Local management information highlights compliance in relation to the MSK target of 90% was 44.8% at July 2022. Current performance is on a reducing trend from 67.7% at March 2022 and is lower than pre-COVID-19 levels of 53.1% at February 2020 (Figure 10).

Figure 10 – Monthly MSK Performance



Source: Local Information Team Reports

Musculoskeletal Services (MSK) – Benchmarking

The latest published benchmarking data for MSK services for quarter ending March 2022 shows that across NHS Ayrshire & Arran, compliance was slightly higher compared to Scotland.

Musculoskeletal – Improvement Actions

- The service continues to experience an increased need for face to face activity with many patients presenting with greater complexity and requiring more resource intensive care. There has been an increase in cancellations and rescheduled appointments which has an impact on available capacity. Focus continues on increasing face to face capacity and from 1st September 2022 most NP appointments will be face to face, Flexible diaries have now been implemented to allow conversion of consultation appointments to virtual, telephone or face to face to facilitate appropriate consultations and maximise capacity. Patient Initiated Reviews, opting in for new appointments and Active Clinical Referral Triage to optimise efficiency. Referral Criteria has been discussed and acknowledged by the GP Sub Committee and a test of an 'advice only' referral process is planned. These initiatives will ensure delivery of timeous face to face management for those with clearly identified need, and will reduce duplication of activity. Data collection is being conducted to inform opportunity to optimise capacity across specialty by appointing to available capacity where skill and capability permits. Additional clinics are being carried out wherever these can be supported, whilst maintaining a focus on staff wellbeing.
- Workforce remains the significant challenge. Capacity remains restricted by a number of factors including vacancies, retirements, annual leave, maternity 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 across the service.
- One hydrotherapy session commenced in July 2022 (pre Covid an additional 8 staffed sessions and 2 self-management sessions occurred). Lack of group sessions and hydrotherapy is due to availability, due to social distancing, which 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 NHS Ayrshire & Arran MSK web page, to enhance clinical outcomes and increase capacity. Plans are now in place for resumption of group or class activity which will improve both effectiveness and efficiency.
- 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. We await the organisation server update to enable further progress to be made.

2.3.4 Diagnostics

Diagnostics			
National Performance Measures			
73.4% Jul 2022	66.4% Jul 2021	of patients were waiting fewer than 6 weeks for Imaging	100%
33.0% Jul 2022	21.8% Jul 2021	of patients were waiting fewer than 6 weeks for Endoscopy	100%
National Benchmarking			
71.4% Jun 2022	50.6% Scotland	of patients were waiting fewer than 6 weeks for Imaging	+ 20.8
29.7% Jun 2022	36.6% Scotland	of patients were waiting fewer than 6 weeks for Endoscopy	- 6.9

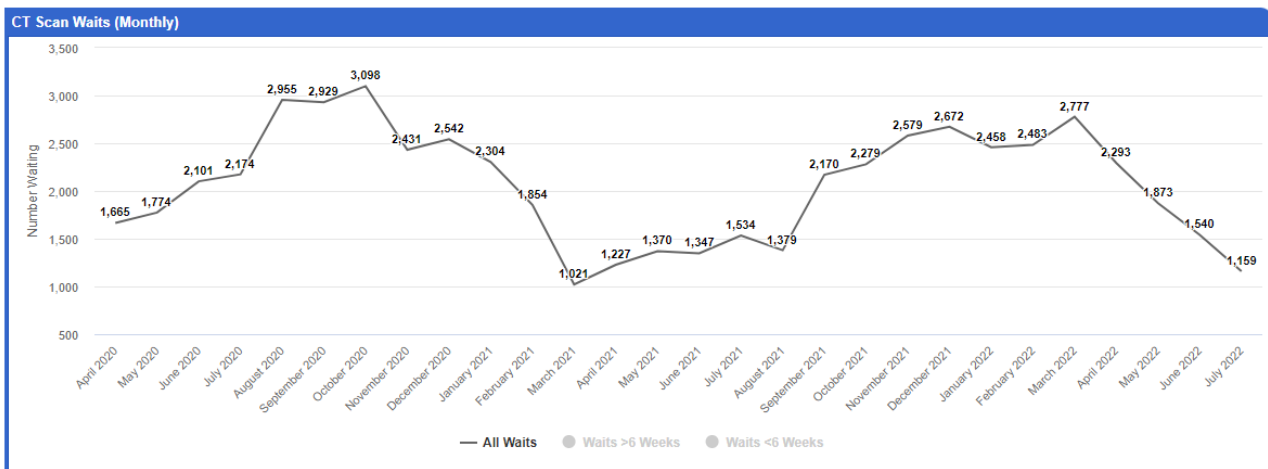
Diagnostic services have also been significantly impacted by social distancing requirements and reduced patient throughput due to national infection control protocols.

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

Imaging – Waiting lists and compliance

The total number of patients waiting for a CT and MRI scan had generally been increasing since March 2021, however overall waits have since fallen between March 2022 and July 2022 for CT scans (Figure 11); and have reduced between April 2022 and July 2022 for MRI scans (Figure 12).

Figure 11 - CT Waiting List at month end



Source: Local monthly management reports, Information Team

Figure 12 - MRI Waiting List at month end



Source: Local monthly management reports, Information Team

Local management information highlights compliance against the 6 weeks Access Target of 100% for Imaging has been on an increasing trend since January 2022 (Figure 13). Levels reached 73.4% in July 2022. Prior to the impact of COVID-19, performance at February 2020 was 73.0%.

Figure 13 – Imaging compliance Performance



Source: Local monthly management reports, Information Team

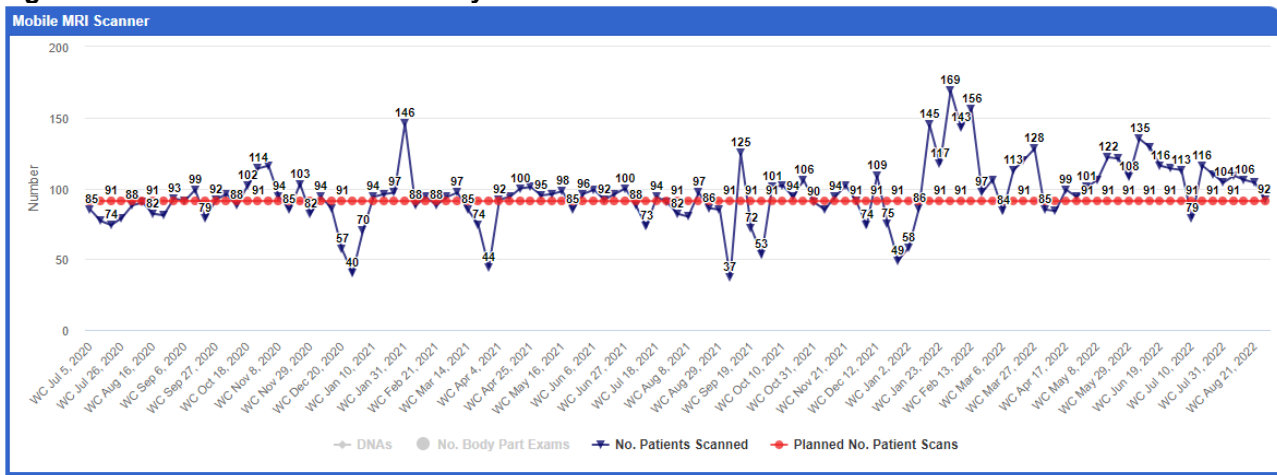
Imaging (MRI, CT, Non-obstetric ultrasound, Barium Studies) – Benchmarking

The latest published benchmarking data from Public Health Scotland for June 2022 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 substantially higher across NHS Ayrshire & Arran compared to Scotland.

Imaging – Mobile MRI

The number of patient scans delivered through the mobile MRI scanner has generally exceeded the local weekly target of 91, with the exception of public holiday periods (Figure 14).

Figure 14 - MRI Mobile Scanner Activity



Source: Local monthly management reports, Information Team

Imaging – Improvement Actions

- The mobile MRI scanner is now in situ until March 2023, which will mean activity will be able to continue at current levels. A second mobile MRI scanner will be on site in December 2022 for 3 months. It should however be noted that the 2 permanent MRI scanners will also have a period of downtime during this period to allow for upgrading, and so overall this may result in a dip in performance.
- Ultrasound are suffering from significant staffing pressures which has restricted activity, as obstetric ultrasound has been prioritised over the non-obstetric patients. A part-time locum Sonographer is in post for the foreseeable future and recently released funding will support the training of additional ultrasonographers.
- CT allocation at GJNUH has been reduced to help other boards with their waiting times pressures. We are awaiting funding confirmation to allow recruitment for additional CT hours.

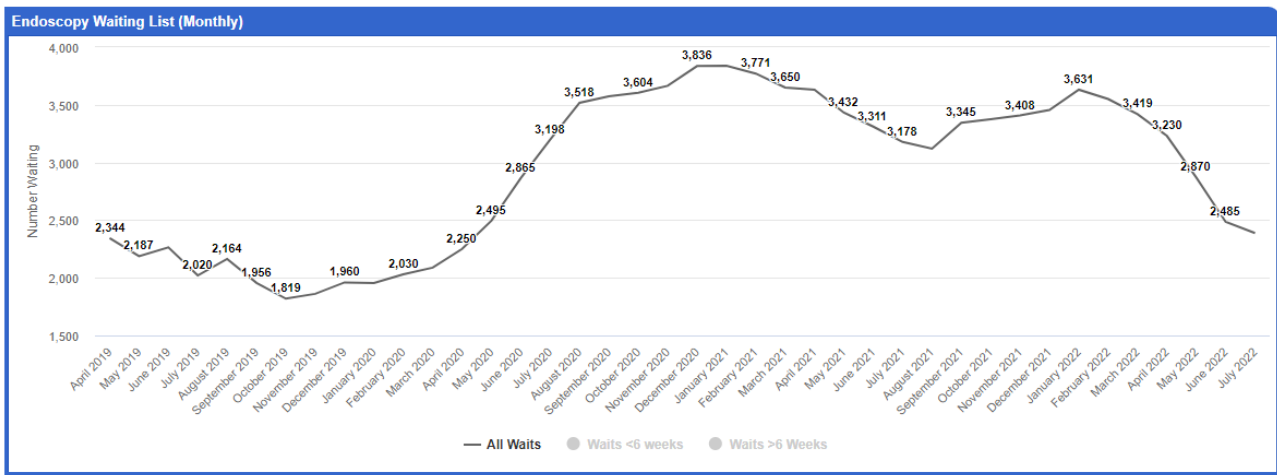
Endoscopy (Upper, Lower Endoscopy, Colonoscopy, Cystoscopy)

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.

Endoscopy – Waiting lists and compliance

The total number of patients waiting for an Endoscopy has been on a reducing trend since January 2022, falling from 3,631 at January 2022 to 2,388 at July 2022 (Figure 15).

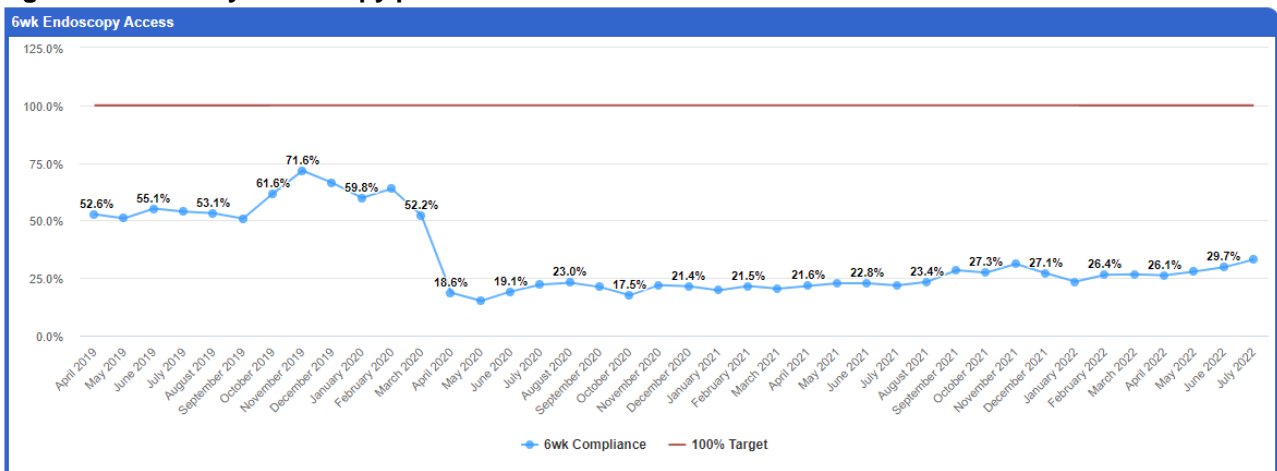
Figure 15 – Endoscopy Waiting List at month end



Source: Local monthly management reports, Information Team

Local management information highlights that compliance against the 6 weeks Access Target for Endoscopy has increased to 33.0% in July 2022, the highest level since the start of the pandemic (Figure 16). Prior to the impact of COVID-19, performance at February 2020 was 63.8%.

Figure 16 – Monthly Endoscopy performance



Source: Local monthly management reports, Information Team



Endoscopy – Benchmarking

The latest published benchmarking data from Public Health Scotland for June 2022 shows that compliance for Endoscopy remains lower across NHS Ayrshire & Arran compared to the Scotland average.

Endoscopy – Improvement Actions

- The recovery space for Endoscopy at UHC remains restricted due to the placement of the extended ICU.
- 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 development of a fourth Endoscopy room at UHA is now expected to start in August 2022 after a delay in the completion of the upgrade of the decontamination unit. The work is expected to take around six weeks and therefore additional capacity will be available in October 2022.
- Colon Capsule Endoscopy (CCE) and Cytosponge have been implemented, and work is ongoing to consider how these alternative procedures can be increased. 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 Golden Jubilee National University (GJNUH) continues to be used and through changes to admin processes utilisation of these lists has improved.

2.3.5 Cancer

Cancer			
National Performance Measures			
72.3% Jul 2022	82.4% Jul 2021	of patients with suspicion of cancer started treatment within 62 days of initial referral	 95%
98.9% Jul 2022	95.1% Jul 2021	of patients with a Cancer diagnosis started treatment within 31 days following decision to treat	 95%
National Benchmarking			
77.3% QE Mar 2022	76.9% Scotland	of patients with suspicion of cancer started treatment within 62 days of initial referral	+ 0.4
97.4% QE Mar 2022	96.3% Scotland	of patients with a Cancer diagnosis started treatment within 31 days following decision to treat	+ 1.1

62 Day Urgent Suspicion of Cancer

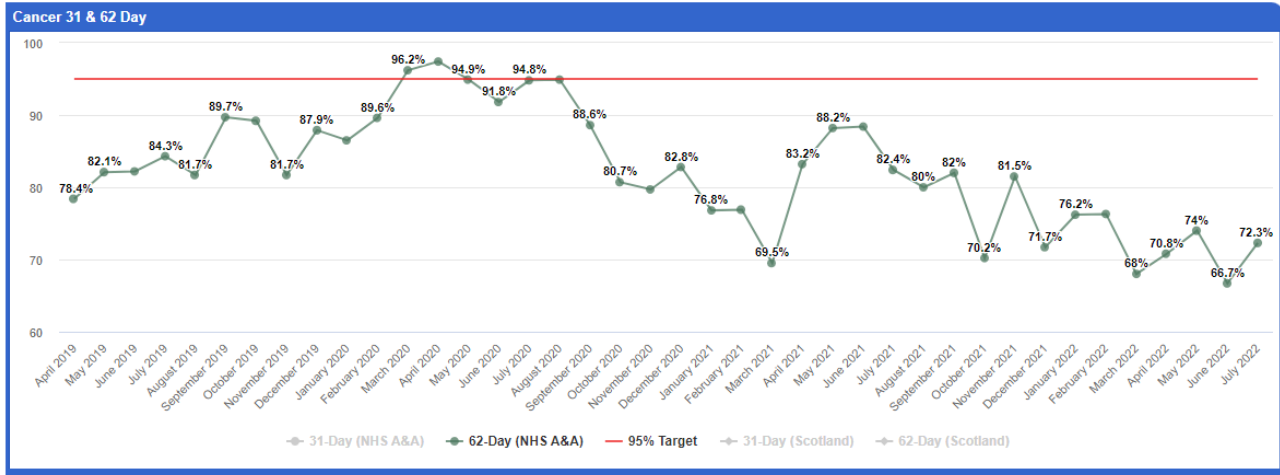
62 Day Urgent Suspicion of Cancer – Compliance

The target is 95% of those referred urgently with a suspicion of cancer should begin treatment within 62 days of receipt of referral.

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 (Figure 17). Further service remobilisation did begin to demonstrate improved 62-day target performance. However system and staffing pressures which reduced diagnostic capacity, have resulted in lower levels of performance. Performance has however shown an improvement from a low of 66.7% in June 2022 to 72.3% in July 2022.

Figure 17 – Monthly Cancer 62 day Performance



Source: Public Health Scotland and Local Information Team Reports

62 Day Urgent Suspicion of Cancer - Benchmarking

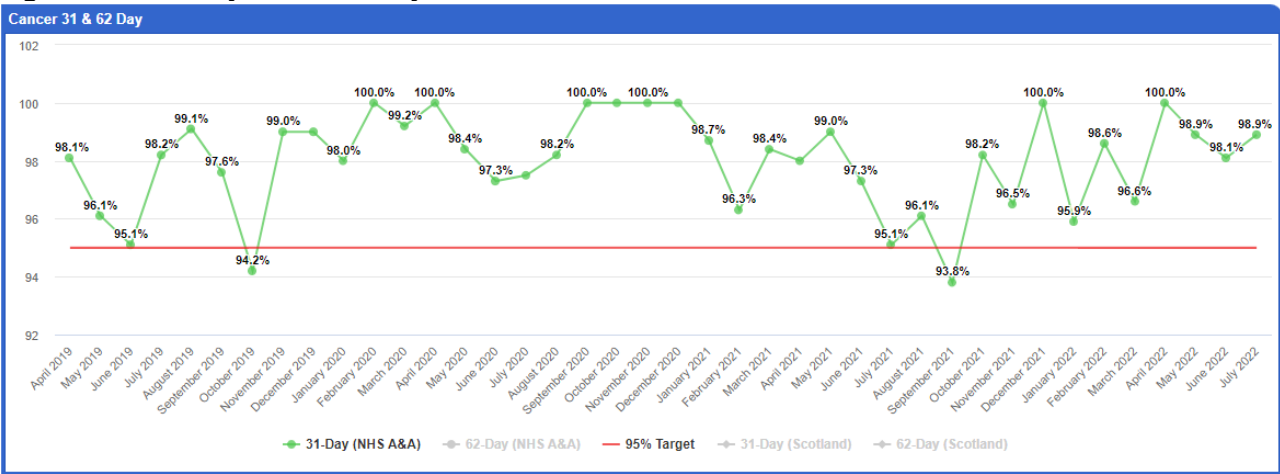
The latest published benchmarking data for quarter ending March 2022 indicates that compliance against the 62 day Cancer target of 95% remains marginally higher across NHS Ayrshire & Arran compared to the Scotland average.

31 Day Cancer Treatment

31 Day Cancer Treatment – Compliance

The target is that 95% of all patients diagnosed with cancer should begin treatment within 31 days of decision to treat. Performance against the 31 day Cancer target has generally been consistently met and maintained prior to and throughout the COVID-19 outbreak. Local management information indicates that compliance at July 2022 was 98.9% (Figure 18).

Figure 18 – Monthly Cancer 31 day Performance



Source: Public Health Scotland and Local Information Team Reports




31 Day Cancer Treatment – Benchmarking

The latest published benchmarking data for quarter ending March 2022 indicates that compliance against the 31 day Cancer target remains higher across NHS Ayrshire & Arran, compared to Scotland. However this continues to be challenged by the continued and notable increase in the number of Urgent Suspicion of Cancer (USC) referrals which have shown a sustained increase of approximately 35% since before the pandemic. This level of increase is very difficult to support in a targeted pathway.

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 239 referrals up to the end of July 2022 with 13 cancers detected.

2.3.6 Mental Health

Mental Health			
National Performance Measures			
87.7% Jul 2022	99.2% Jul 2021	of children and young people started treatment within 18 weeks of initial referral to CAMH services	 90%
87.8% Jun 2022	89.1% Jun 2021	of patients started treatment within 18 weeks of their initial referral for psychological therapy	 90%
95.6% Jul 2022	99.6% Jul 2021	of clients waited less than 3 weeks from referral to appropriate drug or alcohol treatment that supported their recovery	 90%
National Benchmarking			
96.8% QE Jun 2022	68.4% Scotland	of children and young people started treatment within 18 weeks of initial referral to CAMH services	+ 28.4
88.9% QE Jun 2022	81.4% Scotland	of patients started treatment within 18 weeks of their initial referral for psychological therapy	+ 7.5
98.7% QE Mar 2022	91.8% Scotland	of clients waited less than 3 weeks from referral to appropriate drug or alcohol treatment that supported their recovery	+ 6.9

Child and Adolescent Mental Health Services (CAMHS)

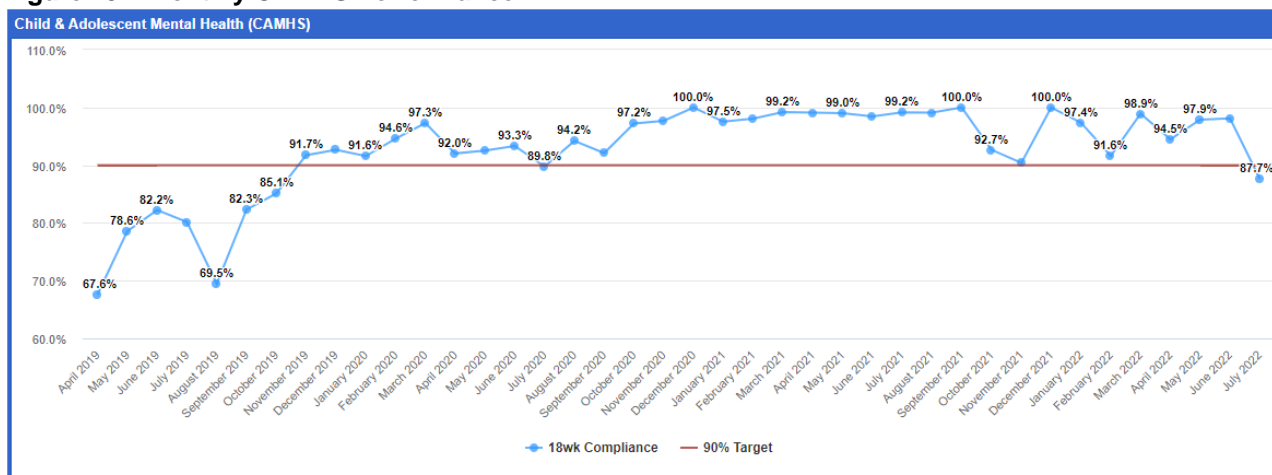
CAMHS – Compliance

Local management information shows that at July 2022, the CAMHS 18 weeks waiting times compliance fell below the 90% standard for the first time since July 2020. However performance against the CAMHS 18 week compliance target of 90% had been consistently met and maintained throughout the COVID-19 outbreak (Figure 19).

There has been a reduction in availability of Tier 4 beds at the regional facility Skye House and there has been a need to provision workforce in managing urgent referrals and unscheduled work to reduce requirement for hospital admission. We have also seen an increased number of referrals prior to schools stopping for the summer break in tandem with an overall increase in referrals in the calendar year of 2022.

A resurgence of COVID-19 amongst the workforce in June and July 2022 significantly impacted unscheduled service provision along with delays in the recruitment process and job matching panels.

Figure 19 – Monthly CAMHS Performance



Source: Local Information Team Reports, Mental Health

CAMHS – Benchmarking

The latest published data for quarter ending June 2022 indicates that compliance levels continue to remain substantially higher across NHS Ayrshire & Arran compared to the Scotland average.

CAMHS – Improvement Actions

- Every effort is being made to redress the recruitment situation and recruitment processes have been increased to match the re-configuration of the service. Maximisation of external contractors providing Autism assessments have also taken place with a planned 170 referrals going to Helios before the end of May 2023.
- Accommodation for Pan-Ayrshire Neurodevelopmental Service on going with the hope that this will be confirmed in coming weeks.
- Growing rates of referrals in line with end of Academic Year is projected to outstrip capacity and has been proven to do so in June, July and into August 2022.
- Soft launch of Unscheduled Care service provision now seven days as of end of July 2022.

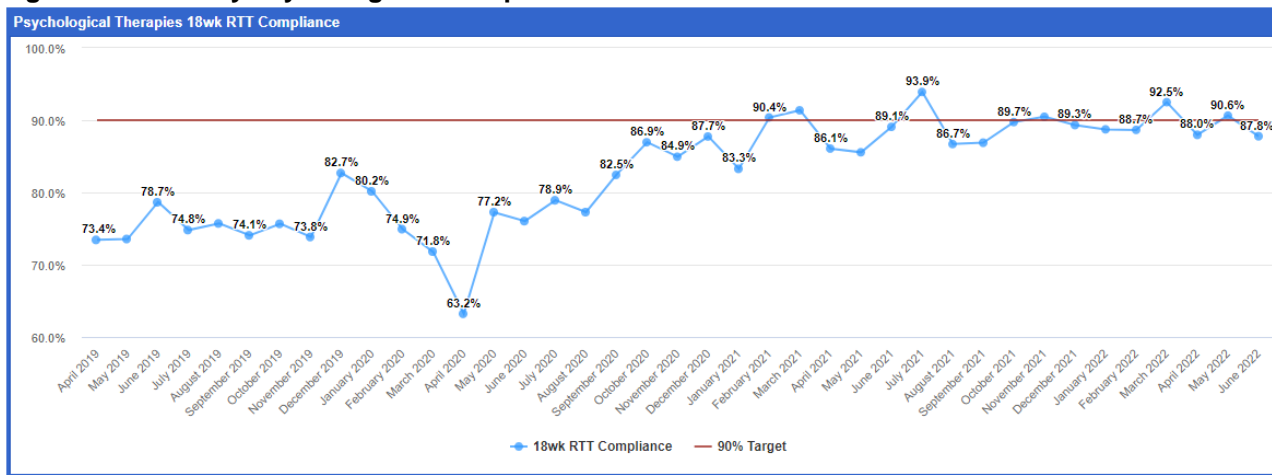
Psychological Therapies

Psychological Therapies – Compliance

Local management information shows that waiting-times compliance for Psychological Therapies has fallen back below the 90% standard, down from 90.6% in May 2022 to 87.8% in June 2022 (Figure 20). Prior to the impact of COVID-19, performance in February 2020 was 74.9%.

Due to the development of a new data system (TrakCare), data checks are being undertaken to ensure accuracy, resulting in a delay in reporting the July 2022 position.

Figure 20 – Monthly Psychological Therapies Performance



Source: Local Information Team Reports, North Ayrshire HSCP

Psychological Therapies - Benchmarking

The latest published data for quarter ending June 2022 indicates that compliance for Psychological Therapies remains higher than the Scotland average.

Psychological Therapies – Improvement Actions

- Recruitment** - Psychological Services (PS) continues to engage in a strong recruitment drive to fill all vacancies. Skill mix and reconfiguration of existing posts are being considered, our Lead Partnership is supporting recruitment to permanent contracts and underspend from the core budget is being utilised to develop fixed term Assistant Psychology posts to support qualified staff in service delivery and developments. PS have been successful, in a very competitive workforce context, in utilising our full SG funding allocation for PT, increasing capacity for longest waits and unmet need. The greatest challenges in our workforce remain in the Adult Mental Health, CAMHS and Community Paediatric Psychological Specialties. Difficulties in recruitment and retention and high maternity leave in these clinical areas are leading to longer waiting times. However, this reduction in capacity, and therefore compliance, has been offset by improvements in RTT for other Specialties, resulting in our overall compliance remaining high.
- Service Delivery** – Continue remote delivery of assessment and treatment where appropriate. Reintroduction of face to face therapeutic groups following the appointment of a Group Coordinator within the Adult Specialty, alongside continued expansion of remote group delivery across the Specialties due to

increases in attendance capacity within Attend Anywhere. Continue to increase face-to-face clinical contact in outpatient and inpatient settings, prioritising longest waits and neurodevelopmental and neuropsychological assessment. Expand access to an increased range of SG supported digital options as part of a tiered model of service delivery. Continued engagement with SG priorities, including the PT and Secondary Care Mental Health Standards Taskforce. SG, in a recent communication, positively assessed our Board as not requiring enhanced support for PT.

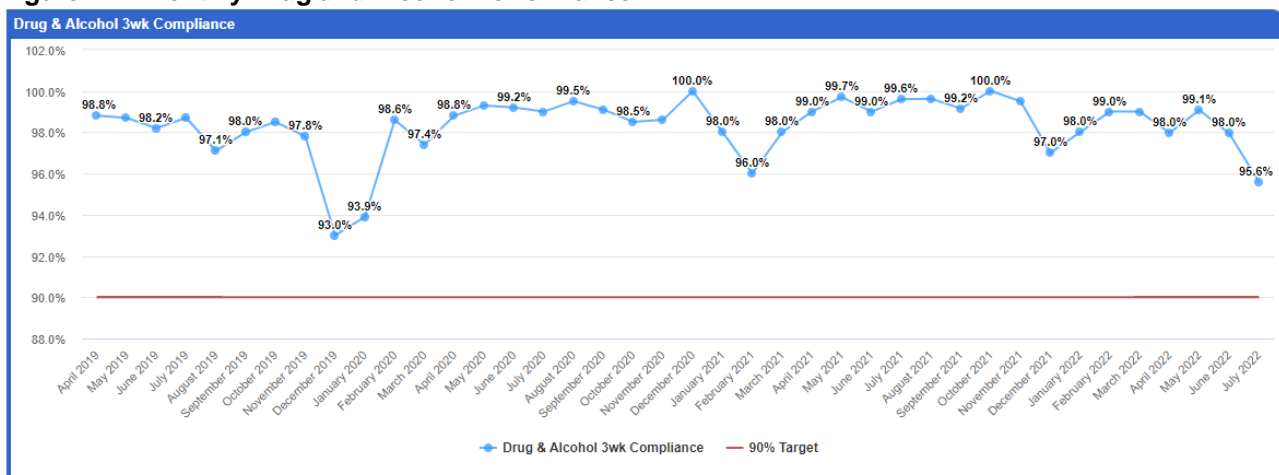
- **Training/Wider Workforce Upskilling** - Implement the recently developed strategic plan for psychological training and supervision, initially focused on Adult Mental Health, based on clinical care pathways, and with more explicit knowledge of what resource is available and required for delivery of the different levels of psychological work.
- **Data Systems** - Development of data systems (TrakCare and CarePartner) for Psychological and wider Mental Health Services to improve accuracy in reporting and access to service data to inform on demand capacity analyses and clinical outcomes.

Drug and Alcohol Treatment

Drug and Alcohol Treatment – Compliance

Local management information shows that compliance levels continue to exceed the target of 90% with performance of 95.6% at July 2022 (Figure 21) but have fallen to the lowest level since January 2020.

Figure 21 – Monthly Drug and Alcohol Performance



Source: Local Information Team Reports, Mental Health

Drug and Alcohol Treatment – Benchmarking

The latest published data for quarter ending March 2022 indicates that compliance for Drug and Alcohol Treatment remains higher across NHS Ayrshire & Arran compared to the overall rate for Scotland.

Alcohol and Drugs Waiting Times – Improvement Actions

North Ayrshire

- The North Ayrshire (NA) Medication Assisted Treatment (MAT) standards draft Improvement Plan is being considered by partners and will be ready for sign off by Chief Officers and Chief Executives by the end of September 2022.
- MAT availability has been expanded across further NA Localities (in addition to the current prioritised vulnerable groups across all of NA and Arran). Services continue to seek suitable premises across all localities in order to deliver MAT interventions and continue to explore IM&T options for more remote and rural settings
- Within the next month, due to the further easing of Covid related restrictions and impact, Ward 5, Woodland View, will recommence its 'Day Attendance' programme after a pause of nearly 2 years
- There is a continued focus on increasing training and awareness on the topic of 'Naloxone' and also improvement actions to further increase the distribution and supply of Naloxone

East Ayrshire

- **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 6th 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 27th September 2021. The RADAR service is based within North West Kilmarnock Area Centre, Kilmarnock, however has additional outreach clinics on Tuesdays and Thursdays in East Ayrshire Community Hospital in Cumnock which commenced on 11th January 2022. This provides easier access for clients who live in the south of the authority. Following the latest ADP governance meeting in December 2021, it has been agreed that the Social worker post and Co-Ordinator post within the RADAR team will be made permanent positions and will be advertised accordingly in the very near future.
- Addictions Services are also implementing a 12 week engagement process to keep patients in service when unable to promote engagement. Weekly/Fortnightly calls are made and a letter to the patient inviting them to contact the service. If no contact is received from the patient within 12 weeks, the patient is discharged at that point. This is currently under review. It would be worth highlighting that this is likely to be reduced in the near future in line with the ongoing review processes to meet other areas of service demand.
- 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.

South Ayrshire

- South Ayrshire Community Addictions Service, now known as START (**S**outh **A**yrshire **T**reatment **A**nd **R**ecovery **T**eam), has continued providing medication access clinics, extending this to four days per week, for individuals wishing to commence opiate replacement therapy (ORT) on that day. A choice of treatment options are 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. The plan is to extend this to 5 days from later on in the year (September), once all staff are in post and have undertaken induction and training. 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. 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 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 and remove 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.

2.3.7 Unscheduled Care

As with other NHS Boards, we are experiencing workforce capacity issues and recruitment gaps across professional bodies. Patients are presenting at our Emergency Departments and Combined Assessment Units with complex acute needs which have resulted in high occupancy rates and extended lengths of stay. These issues, combined with higher levels of delayed discharges and continuing infection control measures have added to the complexity of managing patient flow.

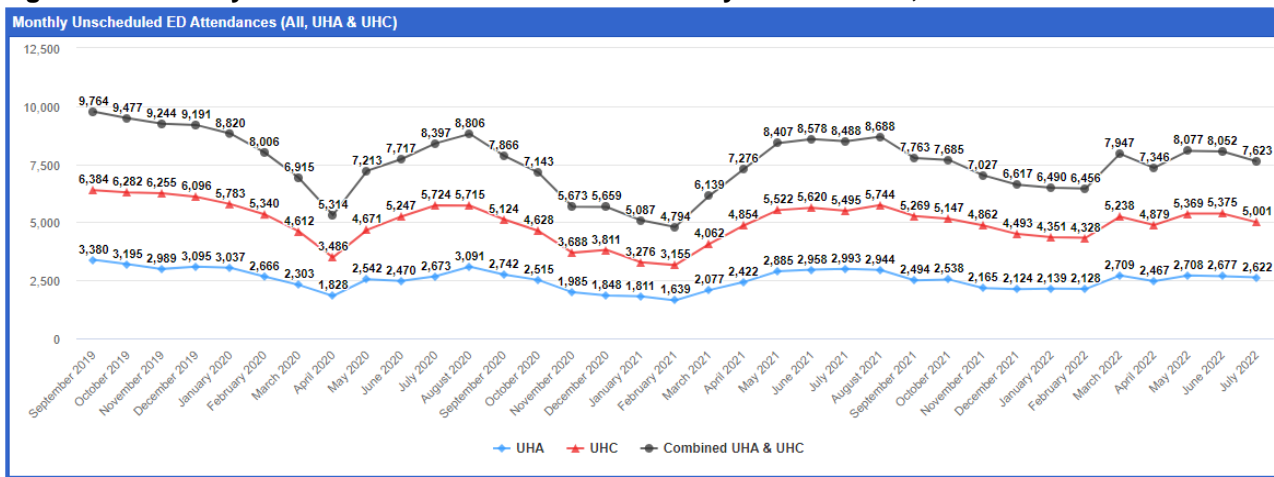
Unscheduled Care			
National Performance Measures			
7,623 Jul 2022	8,488 Jul 2021	unscheduled attendances at Emergency Departments	
68.9% Jul 2022	81.9% Jul 2021	of unscheduled ED attendees were treated, admitted or discharged within 4 hours of arrival	 95%
824 Jul 2022	280 Jul 2021	ED attendees waited over 12 hours to be treated, admitted, or discharged	
Local Performance Measures			
2,858 Jul 2022	3,305 Jul 2021	presentations to Combined Assessment Units	
1,586 Jul 2022	2,154 Jul 2021	Emergency admissions to medical or surgical wards following attendance at ED or CAU	
National Benchmarking			
68.9% Jul 2022	66.5% Scotland	of unscheduled ED attendees were treated, admitted or discharged within 4 hours of arrival	+ 3.4

Emergency Department (ED)

ED Attendances

Local management information shows that in July 2022, there were less Unscheduled ED attendances across NHS Ayrshire & Arran compared to July 2021. However in general, Unscheduled ED attendances have increased to a monthly average of 7,427 between January 2022 and July 2022, compared to 6,967 in the same period in 2021 (Figure 20 and Table below).

Figure 20 – Monthly unscheduled ED attendances – NHS Ayrshire & Arran, UHA and UHC



Source: Local Information Team Reports

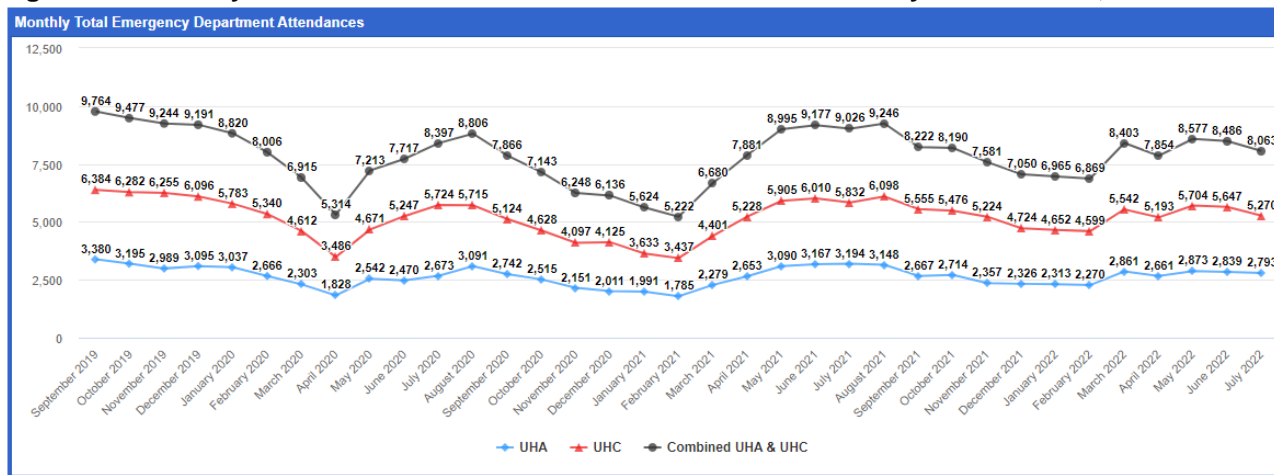
Monthly average number of Unscheduled ED Attendances (January to July)

Monthly average of Unscheduled ED Attendances	Jan – Jul, 2019 (pre-COVID-19)	Jan – Jul, 2021	Jan – Jul, 2022
NHS Ayrshire & Arran	9,630	6,967	7,427

Source: Local Information Team Reports

When considering the total volume of activity within the EDs, including all scheduled and unscheduled attendances (Figure 21), there were a total of 8,063 attendances at the EDs in July 2022, compared to 9,026 in July 2021. However, all ED attendances on average have increased to a monthly average of 7,888 between January 2022 and July 2022, compared to 7,515 in the same period in 2021 (Figure 21 and Table below). ED attendances do remain lower than pre-COVID-19 levels.

Figure 21 – Monthly scheduled and unscheduled ED Attendances - NHS Ayrshire & Arran, UHA & UHC



Source: Local Information Team Reports

Monthly average number of scheduled and unscheduled ED Attendances (January to July)

Monthly average of ED Attendances	Jan – Jul, 2019 (pre-COVID-19)	Jan – Jul, 2021	Jan – Jul, 2022
NHS Ayrshire & Arran	9,630	7,515	7,888

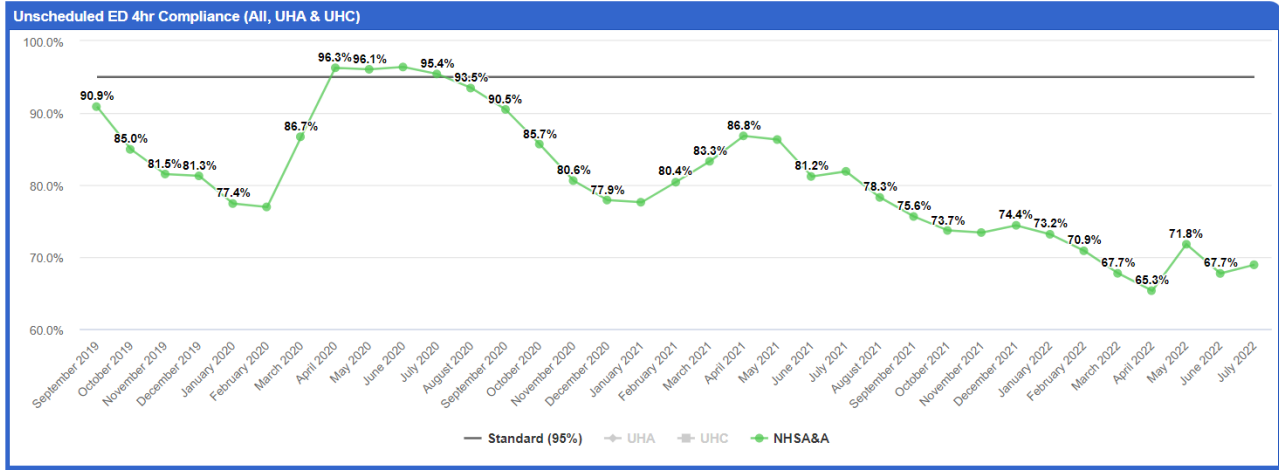
Source: Local Information Team Reports

ED 4-Hour Wait

ED 4-Hour Wait – NHS Ayrshire & Arran Compliance

Local management information reports indicate that compliance against the ED 4-Hour standard did improve and reach 71.8% in May 2022 but decreased to 67.7% in June 2022, before increasing slightly to 68.9% in July 2022 (Figure 22).

Figure 22 – Monthly Unscheduled ED 4 Hour Compliance - NHS Ayrshire & Arran

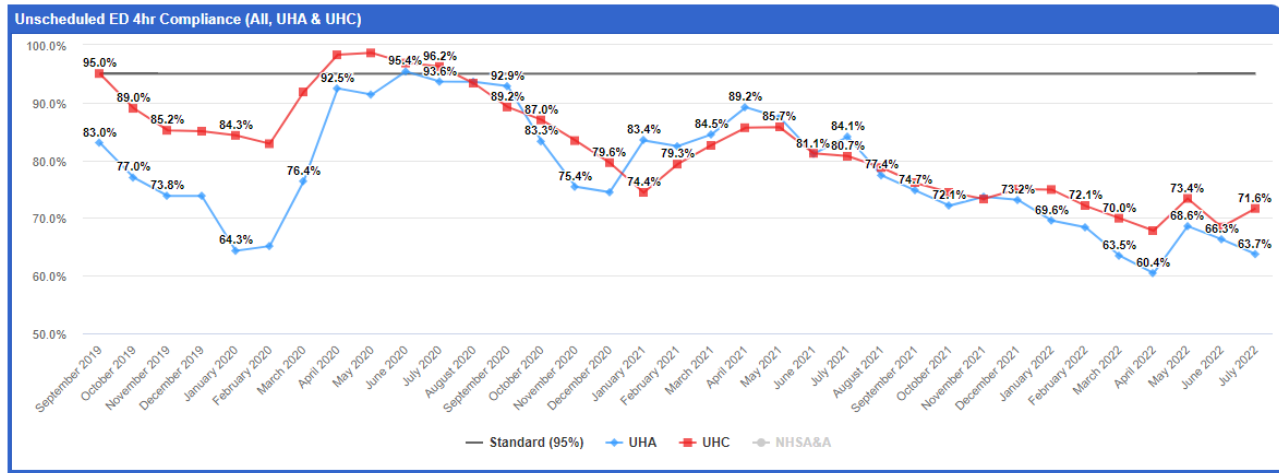


Source: Local Information Team Reports

ED 4-Hour Wait – UHA and UHC Compliance

Following a decreasing trend at both acute sites, compliance against the 4 hour target noticeably improved at both UHA and UHC in May 2022. Since then, compliance has fallen again at UHA in June and July 2022 but has increased at UHC in July 2022 (Figure 23).

Figure 23 – Monthly Unscheduled ED 4 Hour Compliance – UHA and UHC



Source: Local Information Team Reports

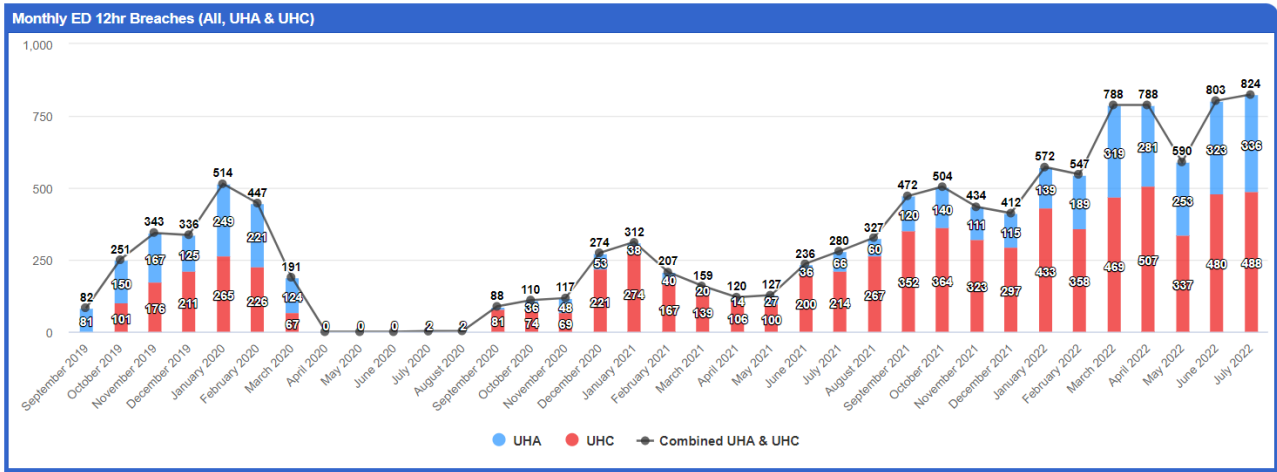
ED 4-Hour Wait – NHS Ayrshire & Arran Benchmarking

The latest national published data for June 2022 indicates that compliance against the 4-Hour Wait for unscheduled ED attendances for NHS Ayrshire & Arran was marginally lower than the Scotland average.

ED 12 Hour Breaches

The numbers of ED 12 Hour Breaches at Board level reached 824 in July 2022, the highest number of breaches recorded in NHS Ayrshire & Arran in a single month (Figure 24a). Since September 2020, the majority of breaches have been at UHC.

Figure 24a – Monthly ED Waits Over 12 Hours - NHS Ayrshire & Arran, UHA, and UHC

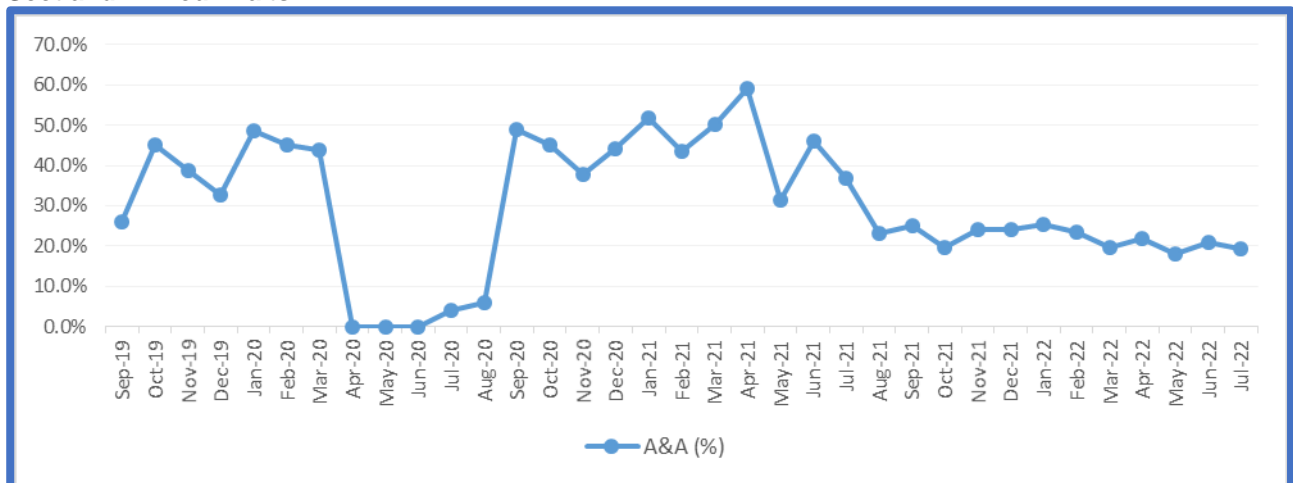


Source: Local Information Team Reports

National published data indicates that ED 12hr breaches for NHS Ayrshire & Arran expressed as a proportion of the total 12hr breaches in Scotland rose to a peak of 59.3% in April 2021 and has steadily decreased since, down to 19.2% as at July 2022 (Figure 24b).

This measure has remained relatively stable over the past 12 months, indicating that the national as a whole has been experiencing similar growth in the numbers of 12hr waits at ED.

Figure 24b – % Monthly ED waits over 12 Hours across NHS Ayrshire & Arran as a proportion of Scotland 12 Hour waits

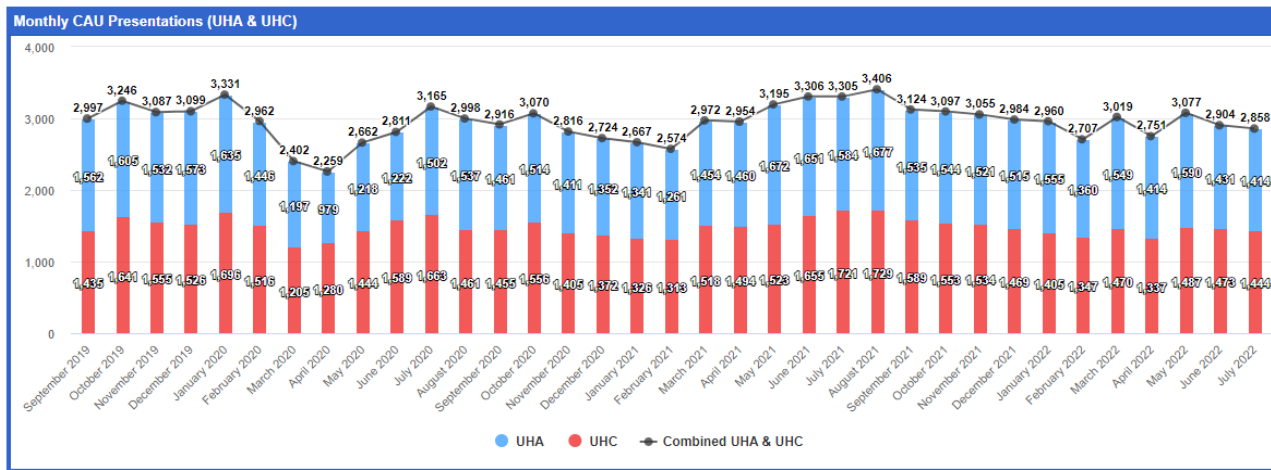


Source: Public Health Scotland

Combined Assessment Unit (CAU) Presentations

Local management information shows that in July 2022, there were less CAU presentations across NHS Ayrshire & Arran compared to July 2021. However in general, CAU presentations between January 2022 and July 2022 are at similar levels to the same period for 2021 (Figure 25 and Table below). CAU presentations do remain lower than pre-COVID-19 levels.

Figure 25 – Monthly CAU Presentations - NHS Ayrshire & Arran, UHA, and UHC



Source: Local Information Team Reports

Monthly average number of CAU Presentations (January to July)

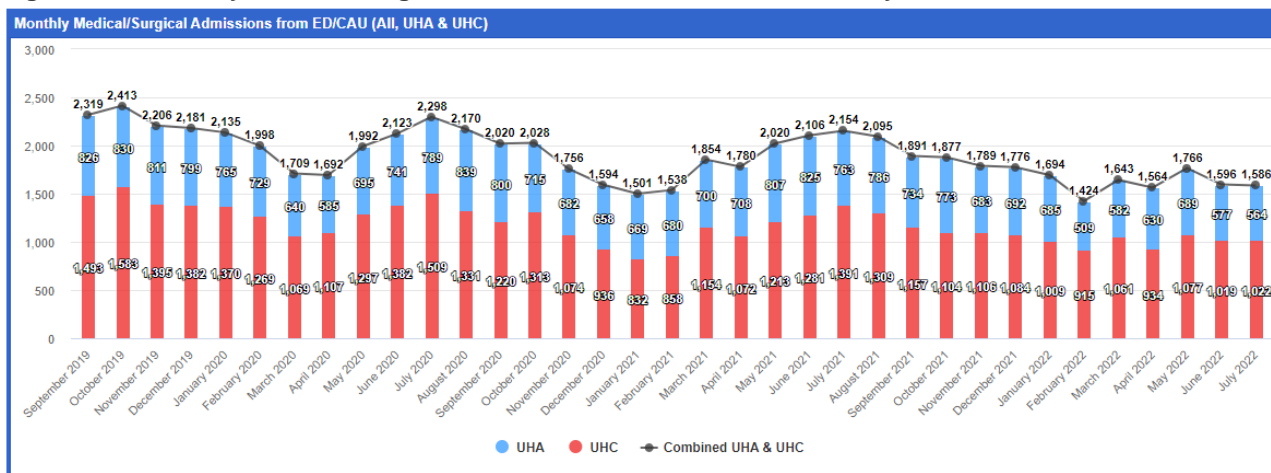
CAU Presentations	Jan – Jul, 2019	Jan – Jul, 2021	Jan – Jul, 2022
NHS Ayrshire & Arran	3,260	2,996	2,897

Source: Local Information Team Reports

Emergency Admissions

The numbers of Medical and Surgical Inpatient Admissions from ED and CAU have decreased at both UHA and UHC in July 2022 when compared to the same month of the previous year (Figure 26 and Table below). During the period January 2022 and July 2022, there have been 1,610 admissions per month on average, this compares to 1,850 for the same period the previous year. The pre-COVID-19 average for the same period in 2019 was 2,378 admissions per month.

Figure 26 – Monthly Medical/Surgical Admissions from ED/CAU - NHS Ayrshire & Arran, UHA and UHC



Source: Local Information Team Reports

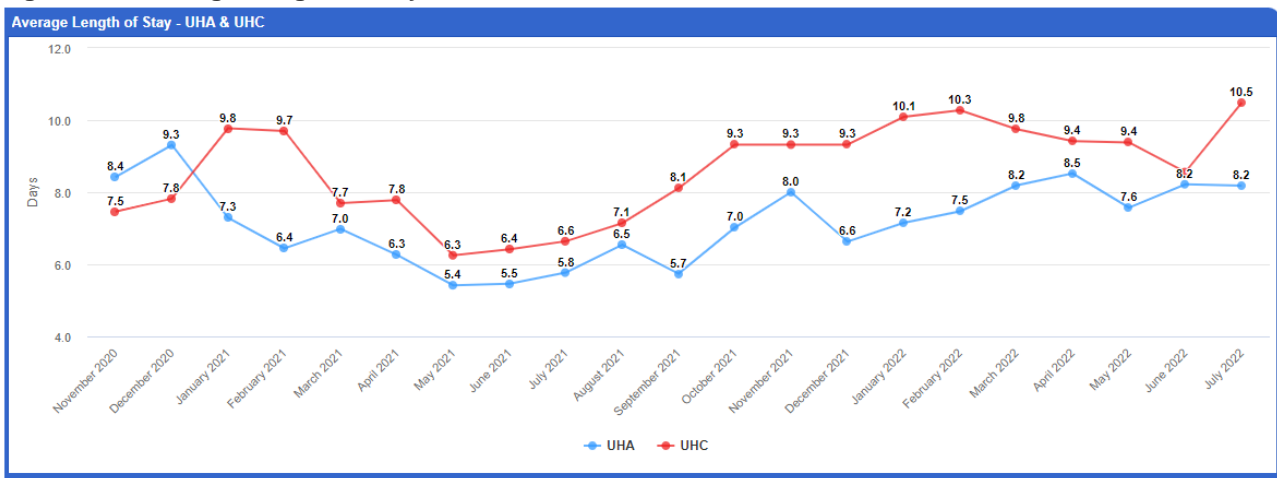
Total number of Emergency Admissions	Jan – Jul, 2019 (Pre-COVID-19)	Jan – Jul, 2021	Jan – Jul, 2022
NHS Ayrshire & Arran	2,378	1,850	1,610

Source: Local Information Team Reports

Average Length of Stay

Local management information highlights that the average length of stay (in days) across our Core wards at UHA and UHC had been gradually decreasing over the past few months but has increased in July at UHC (Figure 27). This increase at UHC appears in part to be driven by an increased length of stay in Geriatric Medical wards.

Figure 27 - 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

Reducing Length of Stay

- A series of regular Discharge without Delay (DwD) events are scheduled between now and November 2022. These three & seven day events are held on both acute sites with plans to roll out to community hospitals. The events involve teams of staff, both clinical and non-clinical, reviewing patients in each ward and identifying issues blocking their progress through their treatment and a safe discharge. Our HSCPs in all three local authorities are closely involved, patient inputs are captured and outputs from the events are summarised and communicated to the wider organisation.

Reducing Emergency Department attendances

- Hospital at Home (H@H) has been initiated across South and East Ayrshire HSCPs, with a limited resource to date. Funding has been secured for the South and East Ayrshire HSCPs and will roll out the service to 28 virtual beds. Recruitment is complete with staff all now in post. This evidence based H@H acute intervention is where acute care (normally delivered in hospital) is delivered within our patient's home or homely setting. The impact to date mirrors the evidence from elsewhere with 80% of patients being maintained at home.

- Data analysis is ongoing in order to understand the next clinical conditions which will be added to the Outpatient parenteral anti-microbial therapy (OPAT) service. This analysis will be included in a business case for an expanded service and will look to increase the number of patients who can be treated with Intravenous (IV) anti-microbial agents without the need for hospital admission. A pilot of Orthopaedic patients with infected joints requiring IV anti-microbial agents &/or complex oral agents who would ordinarily need inpatient hospital care is underway and is being supported by our H@H team.
- Redesign of Urgent Care - Flow Navigation Centre (FNC) will continue to be developed as a single point of access for many services across the whole system
- Communication Plan with ongoing social media messages and press releases on appropriate use of services, as well as more targeted messages when ED pressures are particularly high

Reducing Unscheduled Care admissions

- The Operations Resource Centre (ORC) has a clinical team based at UHA, with representation from both acute sites which co-ordinates referrals from primary care to acute services.
- The ORC is currently funded by non-recurring Remobilisation 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 HSPPs.

2.3.8 Delayed Discharges/Transfers of Care

Note - From May 2022, Public Health Scotland have amended the definition of a delayed discharge. 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 July 2016 have now been retrospectively updated to include these delays.

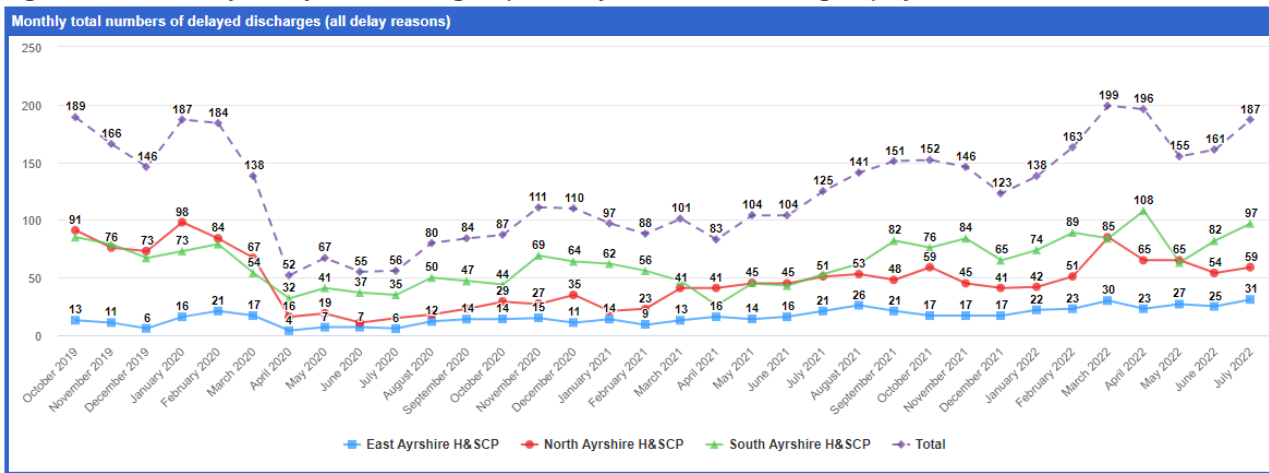
Delayed Discharges						
National Performance Measures						
Total Number of Delayed Discharges (all delay reasons and lengths) by HSCP	North Ayrshire HSCP		East Ayrshire HSCP		South Ayrshire HSCP	
		59 Jul 2022	51 Jul 2021	31 Jul 2022	21 Jul 2021	97 Jul 2022
Numbers of patients whose discharge from hospital was delayed by 2 weeks or more for non-clinical reasons (excluding code 9 reasons)	10 Jul 2022	13 Jul 2021	0 Jul 2022	0 Jul 2021	44 Jul 2022	21 Jul 2021
Total number of hospital bed days occupied during the month by patients whose discharge from hospital was delayed for non-clinical reasons	1,646 Jul 2022	1,567 Jul 2021	879 Jul 2022	541 Jul 2021	2,906 Jul 2022	1,721 Jul 2021

Delayed Discharges/Transfers of Care – All Delays

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. This reduced the total number of delays to a low in April 2020 (Figure 28).

Workforce challenges in Care at Home remain significant, with increased level of vacancies and absence. This has contributed to an increase in delayed transfers of care, with levels reaching a high of 199 delays at March 2022 (Figure 28). Numbers did then fall between April 2022 and May 2022 but have increased at July 2022 to their third highest level since the start of the COVID-19 pandemic.

Figure 28 – Monthly Delayed Discharges (all delay reasons and lengths) by HSCP

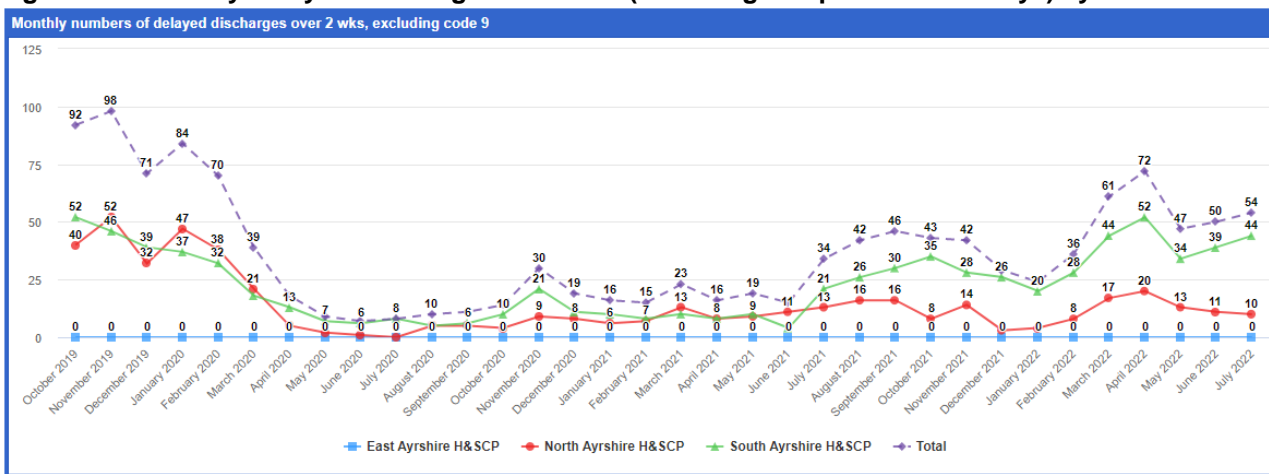


Source: Public Health Scotland

Delayed Discharges/Transfers of Care – Delays over 2 weeks (excluding complex code 9 delays)

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 reached 72 in April 2022, before falling to 54 at July 2022 (Figure 29). There remain zero delays over 2 weeks in East Ayrshire HSCP.

Figure 29 – Monthly Delayed Discharges >2 Weeks (excluding complex code 9 delays) by HSCP



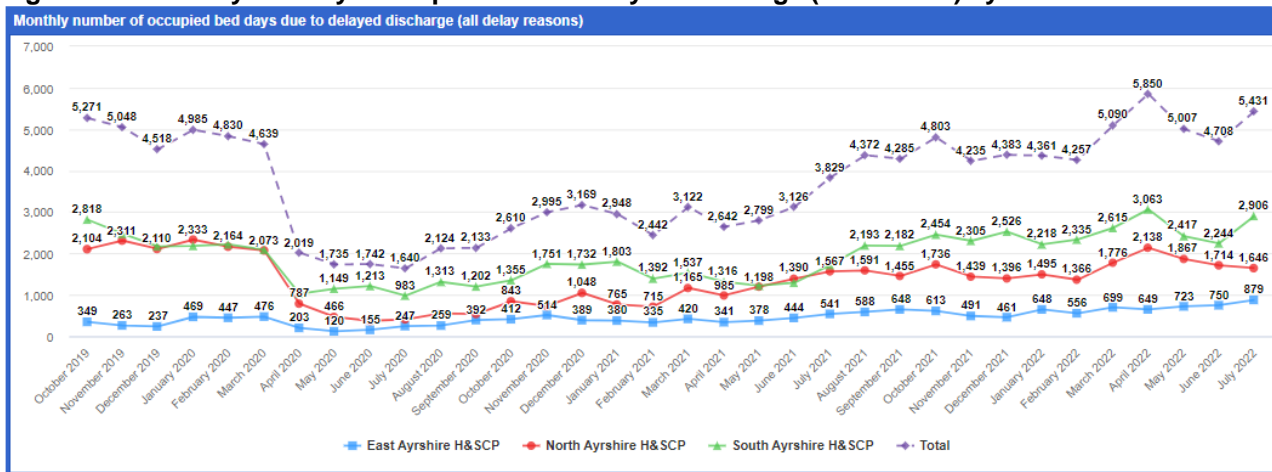
Source: Public Health Scotland

Delayed Discharges/Transfers of Care – Occupied bed days

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.

Delayed Discharge Occupied Bed Days (OBDs) for all delay reasons and lengths increased to the highest numbers recorded in April 2022 (Figure 30), before falling in May and June 2022. Figures have since increased in July 2022 to the second highest figure recorded.

Figure 30 – 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 and on the basis of that an Action Plan is being implemented to deliver on prioritised actions. A DwD Oversight Group is in place with operational teams taking forward the programme which is one of the High Impact Changes identified within the new Urgent and Unscheduled Care Collaborative.

East Ayrshire HSCP

- All Community teams are working together to continue to prioritise supporting people and their families at home, with a key focus on enablement, well-being and carers support to increase prevention of admission;
- Increase ratio and volume of in-house to commissioned care at home services to support more people at home and ensure discharge without delay;
- The HSCP is investing in developing the model of care at East Ayrshire Community hospital to provide Advanced Nurse Practitioner (ANP) and Allied Health Professional (AHP) capacity together with supporting rehabilitation and enablement resource to support discharge at earlier point without delay;
- A number of Adults with Incapacity progressing through legal process cannot legally be discharged from hospital and are therefore delayed in hospital. A Quality Improvement (QI) based focus on each stage of the guardianship process for both private and local authority led guardianships is underway. This will also include review alongside Advocacy Services;
- Planned Date of Discharge (PDD) best practice will be supported by our hospital teams & community services and implemented within East Ayrshire Community Hospital;
- Participation in a third DwD whole system event will identify further improvements to systems and processes to reduce delays;
- A whole system Service Pressures Investment Plan is in place and is being implemented.

North Ayrshire HSCP

- 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 hospital-based assessment teams continue to develop and embed systems and processes to improve service user experience around discharge. One key area of focus for improvement is participation in PDD meetings to contribute to and implement PDD with a view to improving performance with continued promotion of home first ethos.
- There is now a Mental Health Officer fully integrated into North's hospital social work assessment team. There has been a steady increase in the complexity of referrals and support required by people, particularly in relation to Adults with Incapacity processes. However, it is anticipated that there will be improvement in performance of delays linked to these with the addition of an MHO to the social work team.
- The North Partnership will continue to utilise interim beds for those people who can be discharged for assessment to consider their longer-term care needs out with a hospital setting. This process has been successful in the last 6 months in discharging a number of people who would have required an extended stay in hospital and positively has not resulted in an increased number of moves with most choosing to remain in the same care setting on a longer-term basis.
- Anam Cara is being utilised as a step-down facility with up to 9 beds for use to support Care at Home delays to be discharged from hospital while awaiting the commencement of a care package. Whilst in these step-down beds a programme of rehabilitation is supported by our Enhanced Intermediate Care team who have an established link with Anam Cara to ensure people can be supported to remain as independent as possible as they await discharge home.
- The Partnership has developed a targeted plan for the recent winter investment 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.

South Ayrshire HSCP

- 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. 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.

- As part of the FFA carers can return packages of care if needs cannot be met – resulting in double packages being returned recently due to inability to recruit staff.
- In total 4000 hours per week have been picked up from private providers over a 3 month period, equating to 300hrs per week of care to be sourced in-house
- 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. Currently 162 people awaiting homecare and another 223 awaiting assessment for homecare.

A Reablement Unmet Needs Assessment Team (RUN-AT) is being established to address the community waiting list for Homecare:

- Our use of interim beds in care homes to support those individuals delayed in hospital awaiting care packages has been exhausted. We are not progressing any new contracts in terms of interim beds at this time but will continue to make use of the current provision, i.e. when an individual in an interim bed is supported home we will offer that bed to an individual delayed in hospital.
- South Ayrshire HSCP have seen excellent progress in terms of Guardianship delays which has reduced from 14 to 4 through focussing on process and increasing our MHO capacity.
- Operationally, South Ayrshire HSCP strive to pursue a “Home First” approach for everyone. The Enhanced Intermediate Care (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 and stabilising 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. 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 and ADP, the health and care system is ensuring appropriate levels of capacity are maintained to remobilise and stabilise 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 planned how we would safely prioritise the resumption of some services, whilst also maintaining COVID-19 capacity and resilience. This will continue within our ADP.

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.