

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 28 November 2022
Title:	Performance Report
Responsible Director:	Kirstin Dickson
Report Author(s):	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 continues to develop our Performance Reporting to provide NHS Board members with intelligence on the key aspects of Performance against national Waiting times measures and Standards, including new targets to eliminate long waits for planned care, in addition to wider Unscheduled Care and Delayed Transfers of Care data. Our Performance Reporting also includes a high level summary of COVID-19 community and hospital data to add additional context; and continues to include an update from each of the services on their improvement plans and any mitigating actions.

2.2 Background

Our Annual Delivery Plan (ADP) was submitted to Scottish Government (SG) on Friday 12th August 2022 and included our key priorities for 2022/23 and 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

Access funding has now been confirmed and is substantially lower than what was expected and will impact on our ability to deliver against these targets. A significant proportion of the funding is already committed and therefore a decision was taken by the Corporate Management Team to pause additional access related activities in our plans. This will remain under review and be reconsidered should further funding become available.

2.3 Assessment

2.3.1 Assessment Summary

- Following a rise towards the end of September 2022, the number of **COVID-19 positive inpatients** across our hospitals has decreased in recent weeks, falling to 62 on 3rd November 2022 (Figure 2).
- The total number of patients waiting for a **New Outpatient** appointment reached its highest level of 45,156 at the end of September 2022 (Figure 3a) before falling to 44,071 by the end of October 2022. The initial new waiting times target to **eliminate long waits** for New Outpatients was for no patients to be waiting over 104 weeks (2 years) by the end of August 2022. At week commencing 29th August 2022, 1,294 patients were waiting over 104 weeks (Figure 3b). The number of patients waiting over 2 years has since decreased to 858 at week commencing 31st October 2022.
- The total waiting list for **Inpatients/Daycases** appears to have peaked at May 2022, and continues to decrease gradually (Figure 6a). The initial new waiting times target to eliminate long waits for Inpatients and Daycases was for no patients to be waiting over 104 weeks (2 years) by the end of September 2022. At week commencing 30th September 2022, 347 patients were waiting over 104 weeks (Figure 6b). The number of patients waiting over 2 years has since fallen to 289 at week commencing 28th October 2022.
- Compliance in relation to the **Musculoskeletal (MSK)** waiting targets of 90% has decreased to 36.9% in October 2022, the lowest level since July 2020 (Figure 10).
- The total number of patients waiting for a **CT scan** continues to fall (Figure 11) however there has been an increase in the number of patients waiting for an **MRI scan** (Figure 12).
- Waiting lists for **Endoscopy** have reduced substantially compared to January 2022, and have now fallen to pre-pandemic levels (Figure 15).
- Diagnostic capacity has had a significant impact on cancer performance, with the **62-day Cancer** target remaining below 70% for the fourth time in six months (Figure 17).
- Performance against the **31-day Cancer** treatment standard continues to exceed target (Figure 18).
- **Child and Adolescent Mental Health Services (CAMHS)** has shown a significant reduction in performance, with compliance at its lowest level of 67.3% in the last 3.5 years (Figure 19).
- Waiting-times compliance for **Psychological Therapies** continues to remain below the 90% standard, however there has been an improvement from 81.1% at July 2022 to 87.1% at September 2022 (Figure 20).

- **Drug and Alcohol Treatment** services waiting times compliance reached 100% in September 2022 – only the third time since reporting began (Figure 21).
- Overall **ED attendances** to date in 2022 remain lower than pre-COVID-19 levels, however have increased in comparison to 2021 (Figure 23).
- Compliance against the **ED 4-Hour standard** did improve and reach 70.9% in August 2022 but has decreased to 67.8% in September 2022 (Figure 24). Despite this fall, compliance across NHS Ayrshire & Arran is above the national average of 65.6%.
- 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 (Figure 26a). The numbers of ED 12 Hour Breaches at Board level decreased to 615 in August 2022 but have increased to 780 in September 2022. This represents 15.5% of all 12 hour breaches across Scotland (Figure 26b).
- The **Average Length of Stay (ALOS)** for our Acute hospitals was 9.2 in September 2022. ALOS reached 10.5 days at UHC in July 2022, higher than previous winter levels where ALOS tends to increase (Figure 29).
- The number of **delayed discharges/transfers of care** reached a high at March 2022 (Figure 28). After an initial fall, numbers have increased in recent months reaching 191 at September 2022, the third highest number of delays recorded since reporting began. The majority of delays are in South Ayrshire HSCP.
- **Occupied Bed Days due to Delayed Discharges** have been increasing in recent months, reaching the highest figure recorded in September 2022 (Figure 32).

The following sections of the report provide infographics, performance assessment (including benchmarking and trends) and improvement actions covering the following topic areas:

- COVID-19
- Planned Care Waiting Times
 - New Outpatients
 - Inpatient and Daycase
 - 18 week Referral to Treatment
 - MSK
- Diagnostics
 - Imaging
 - Endoscopy
- Cancer
 - 62 day suspicion of cancer
 - 31 day treatment
- Mental Health
 - CAMHS
 - Psychological Therapies
 - Alcohol and Drugs
- Unscheduled Care
 - ED Attendances
 - ED 4 Hour compliance
 - ED 12 hour breaches
 - CAU presentations
 - Emergency Admissions
- Delayed Discharges/Transfers of Care

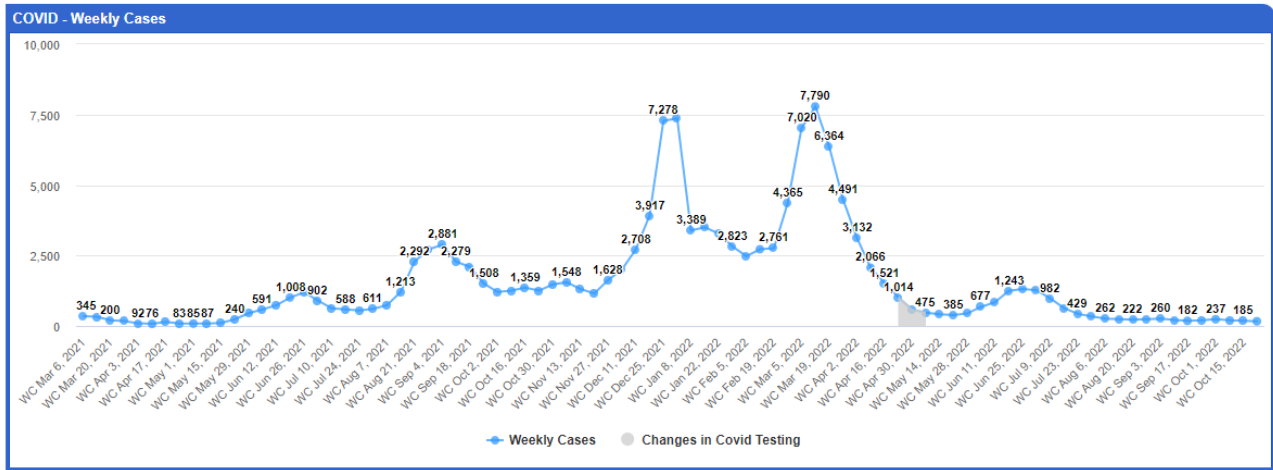
Please note that some data may be un-validated and subject to change in future reports.

2.3.2 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 receded by early August 2022, with the latest data for week commencing 22nd October 2022 showing 165 new positive cases.

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

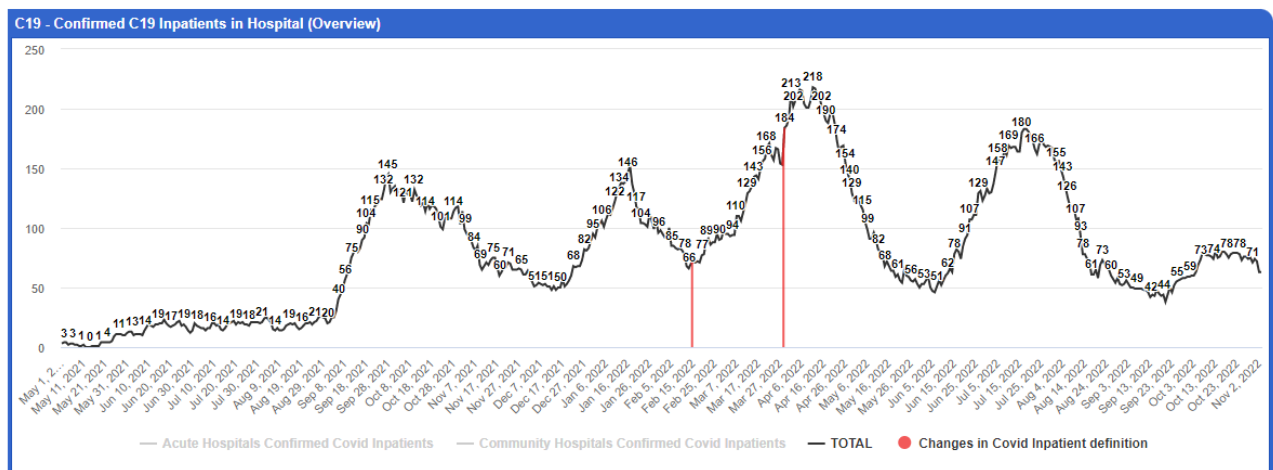


Source: Public Health Scotland

The number of COVID-19 positive patients in our hospitals started to increase towards the end of September 2022, reaching 81 on 13th October 2022. Numbers have been on a decreasing trend since then, falling to 63 COVID-19 positive inpatients on 3rd November 2022 (Figure 2). The numbers of COVID-19 positive patients in our Intensive Care Units (ICUs) have remained below five since 25th November 2021.

Note - From Wednesday 28th September 2022, the guidance for asymptomatic testing has changed for health and social care staff, and patients. Testing is no longer required for asymptomatic patients on admission or before transfer to a ward. The only exceptions are patients requiring admission or transfer to high-risk areas, which are ward 2F (Renal HDU) and 3A (Oncology) at UHC.





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



Source: COVID-19 Local management information reports

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. The reduction in access funding will however have a significant impact on the ability to meet the new targets.

Planned Care Waiting Times			
National Performance Measures			
39.3% Sep 2022	38.0% Sep 2021	of patients were waiting fewer than 12 weeks for a New Outpatient appointment	 95%
53.0% Sep 2022	70.4% Sep 2021	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (completed waits)	 100%
27.3% Sep 2022	33.3% Sep 2021	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (ongoing waits)	
64.4% Sep 2022	64.1% Sep 2021	of patients waited fewer than 18 weeks from Referral to Treatment	 95%
36.9% Oct 2022	44.2% Oct 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
54.5% QE Jun 2022	50.4% Scotland	of patients were waiting fewer than 4 weeks for Musculoskeletal Services	+ 4.1

New Outpatients

New Outpatients – Waiting Lists and new targets

The total waiting list reached its highest level of 45,156 at September 2022 (Figure 3a) before falling to 44,071 at the end of October 2022.

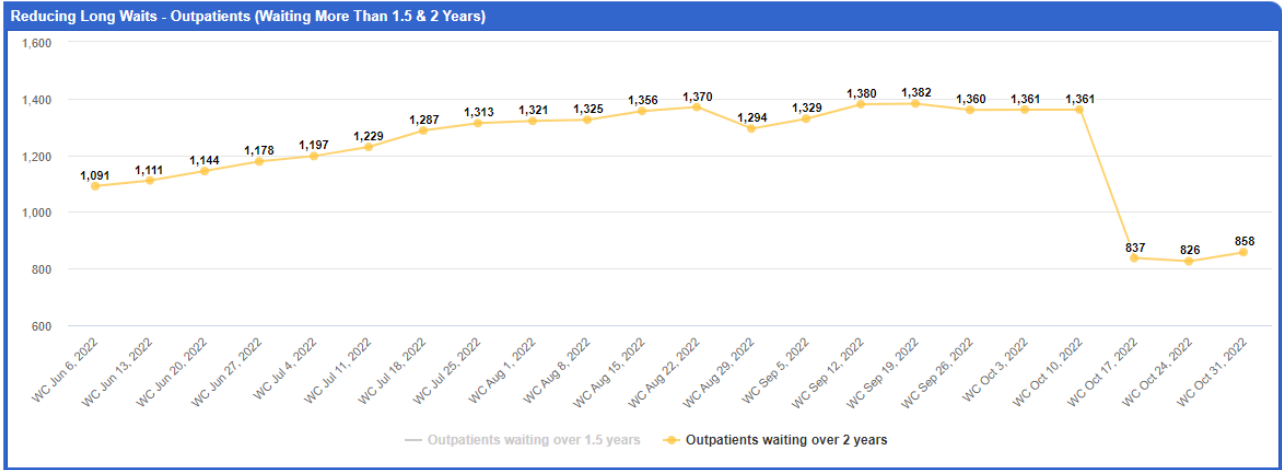
3a – New Outpatients Waiting List at month end



Source: Local monthly management reports, Information Team

The initial new waiting times target to eliminate long waits for New Outpatients was for no patients to be waiting over 104 weeks (2 years) by the end of August 2022. At week commencing 29th August 2022, 1,294 patients were waiting over 104 weeks (Figure 3b). The number of patients waiting has since decreased to 858 at week commencing 31st October 2022.

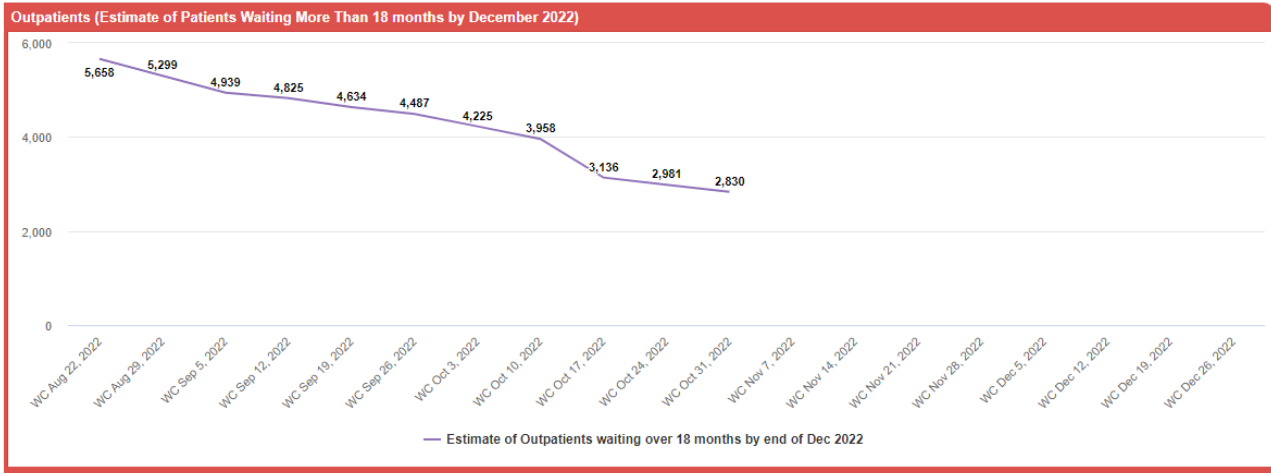
Figure 3b – Total number of New Outpatients waiting more than 104 weeks (two years) at weekly Census point



Source: Local weekly management reports, Information Team

The next waiting times target to eliminate long waits for New Outpatients sets a target of no patients waiting over 18 months by end of December 2022. At week commencing 31st October 2022, an estimated 2,830 patients are expected to be waiting more than 18 months by December 2022, varying by specialty (Figures 3c and 3d). Discussions are ongoing to agree trajectories and these will be included in future reports.

Figure 3c – Estimated number of new outpatients expected to be waiting more than 18 months by the end of December 2022



Source: Local weekly management reports, Information Team

Figure 3d – Estimated number of new outpatients expected to be waiting more than 18 months by the end of December 2022 by specialty

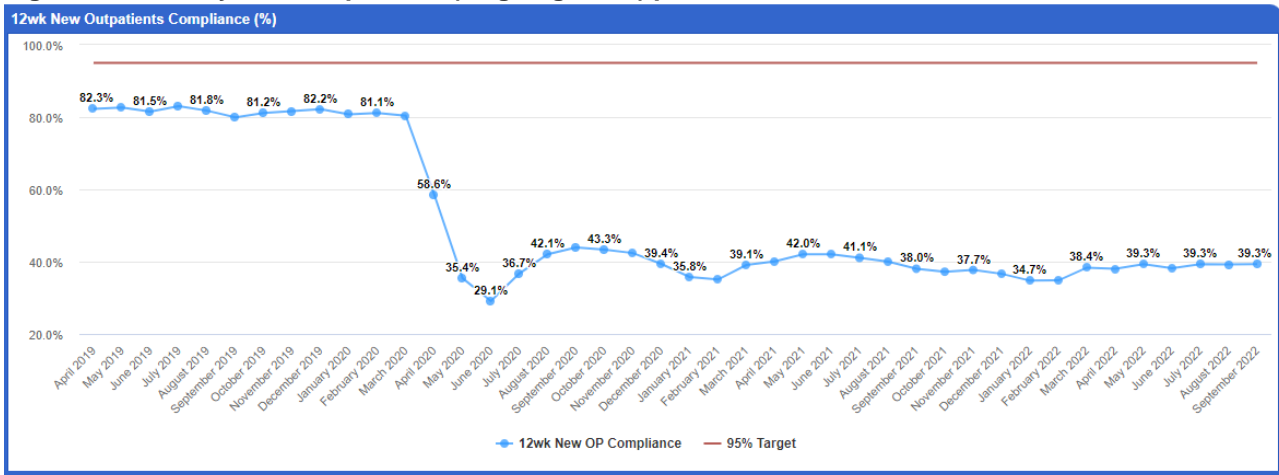
Title	Value	Last Update	History
Dermatology- Number of Outpatients waiting over 18 months (78 weeks) by end of D...	17	WC 31-Oct-2022	
Ear, Nose & Throat (ENT)- Number of Outpatients waiting over 18 months (78 weeks)...	5	WC 31-Oct-2022	
Endocrinology and Diabetes- Number of Outpatients waiting over 18 months (78 wee...	582	WC 31-Oct-2022	
Gastroenterology- Number of Outpatients waiting over 18 months (78 weeks) by end...	929	WC 31-Oct-2022	
General Medicine- Number of Outpatients waiting over 18 months (78 weeks) by end...	132	WC 31-Oct-2022	
General Surgery (excl Vascular, Maxillofacial)- Number of Outpatients waiting over 1...	11	WC 31-Oct-2022	
Gynaecology- Number of Outpatients waiting over 18 months (78 weeks) by end of ...	18	WC 31-Oct-2022	
Neurology- Number of Outpatients waiting over 18 months (78 weeks) by end of Dec...	642	WC 31-Oct-2022	
Ophthalmology- Number of Outpatients waiting over 18 months (78 weeks) by end of...	29	WC 31-Oct-2022	
Oral and Maxillofacial Surgery- Number of Outpatients waiting over 18 months (78 w...	251	WC 31-Oct-2022	
Plastic Surgery- Number of Outpatients waiting over 18 months (78 weeks) by end of...	4	WC 31-Oct-2022	
Renal Medicine- Number of Outpatients waiting over 18 months (78 weeks) by end o...	0	WC 31-Oct-2022	
Respiratory Medicine- Number of Outpatients waiting over 18 months (78 weeks) by ...	197	WC 31-Oct-2022	
Rheumatology- Number of Outpatients waiting over 18 months (78 weeks) by end of ...	5	WC 31-Oct-2022	
Trauma and Orthopaedic Surgery- Number of Outpatients waiting over 18 months (7...	0	WC 31-Oct-2022	
Urology- Number of Outpatients waiting over 18 months (78 weeks) by end of Dec 2...	5	WC 31-Oct-2022	

Source: Local weekly management reports, Information Team

New Outpatients – Compliance and Benchmarking

Compliance against the New Outpatients target of 95% has remained fairly static since March 2022, with levels of 39.3% in September 2022 (Figure 4).

Figure 4 – Monthly New Outpatients (Ongoing waits) performance



Source: Local monthly management reports, Information Team

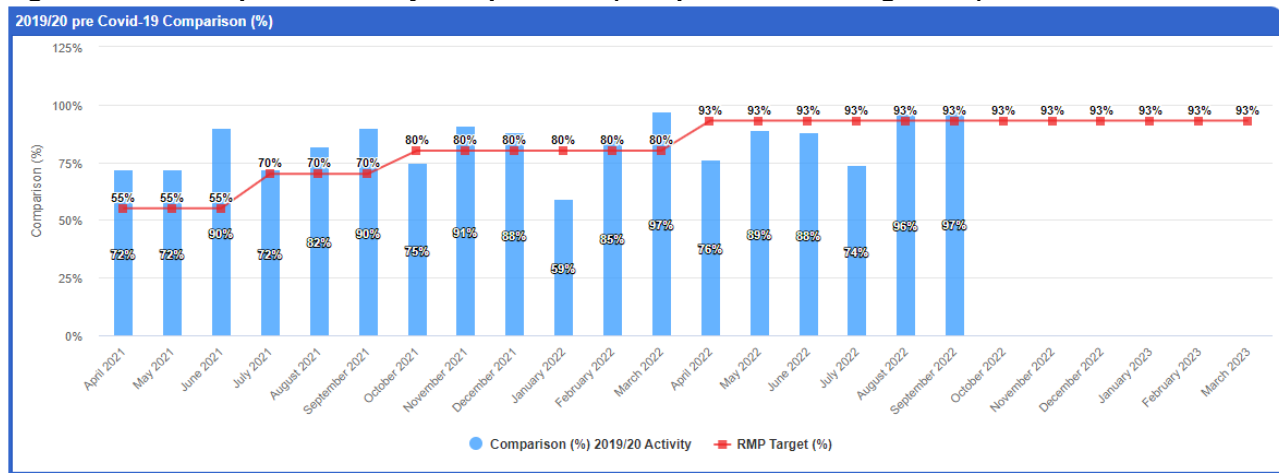
The latest published benchmarking data for the National Waiting Times targets from Public Health Scotland for quarter ending June 2022 shows that compliance for patients waiting for a New Outpatient appointment remains lower across NHS Ayrshire & Arran when compared to Scotland.

New Outpatients – Remobilisation

Although the ADP has replaced Remobilisation Plans, we continue to monitor trajectories and activity compared to pre-COVID-19 levels under the banner of RMP.

At September 2022, NHS Ayrshire & Arran had remobilised 97% of all New Outpatient activity compared to September 2019, which is higher 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 September 2022 was 144% compared to September 2019 (Table below).

New Outpatient (12 Week Standard) Activity – All Specialties	31-Jul-22			31-Aug-22			30-Sep-22		
	Jul 2019 Actual	Jul 2022 Actual	%	Aug 2019 Actual	Aug 2022 Actual	%	Sep 2019 Actual	Sep 2022 Actual	%
Urgency									
All	8,778	6,464	74%	9,312	8,922	96%	8,236	7,998	97%
Routine	5,919	3,090	52%	6,285	4,395	70%	5,571	4,157	75%
Urgent	2,859	3,374	118%	3,027	4,527	150%	2,665	3,841	144%

Source: Local monthly management reports, Information Team

New Outpatients – Improvement Actions

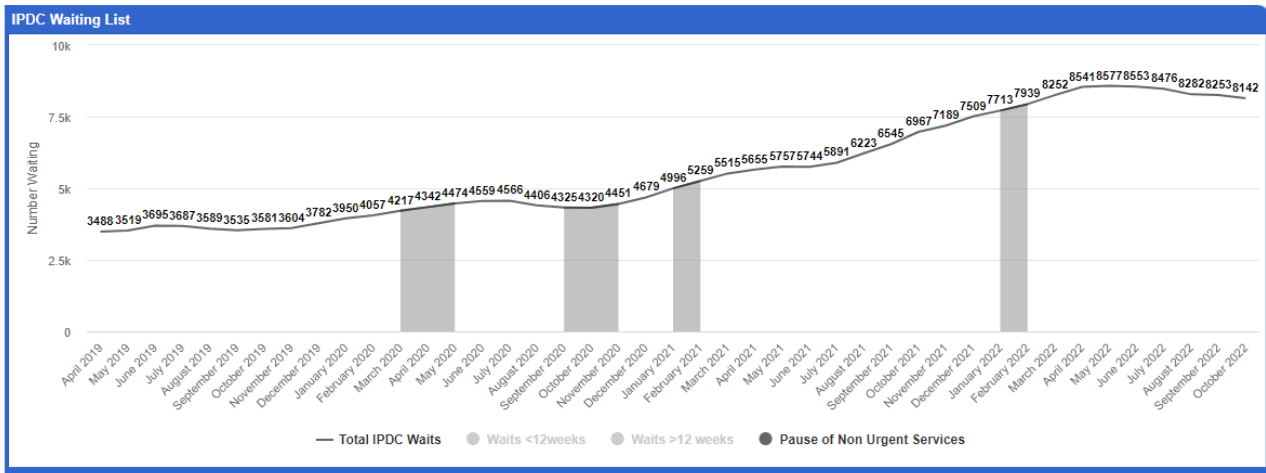
- Further to the very recent announcement of new milestones to eliminate long waits for outpatients, work is underway to maximise capacity and ensure validation has been carried out as far as possible.
- We are working actively with the newly formed National Elective Coordination Unit (NECU) to identify opportunities for patients to be treated out with NHS Ayrshire & Arran. Mutual aid support is in place for Neurology. Discussions are underway regarding support for Diabetes and Endocrinology.
- 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.
- 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 routine patients awaiting procedures which are deemed less clinically urgent. The total waiting list for Inpatients/Daycases appears to have peaked at May 2022, and has since been on a gradual decreasing trend (Figure 6a).

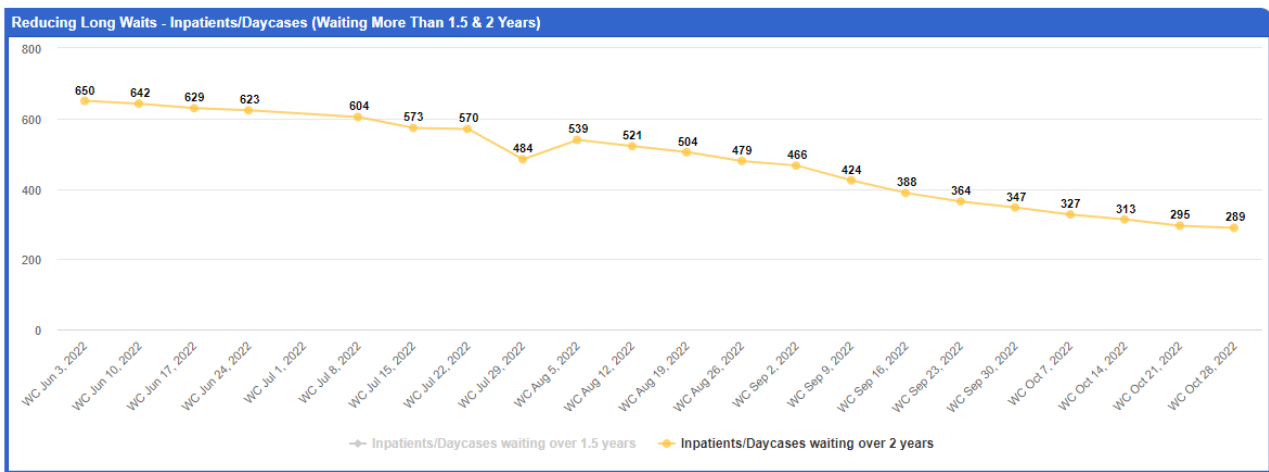
Figure 6a – Inpatient/Daycase Waiting List at month end



Source: Local monthly management reports, Information Team

The initial new waiting times target to eliminate long waits for Inpatients and Daycases was for no patients to be waiting over 104 weeks (2 years) by the end of September 2022. At week commencing 30th September 2022, 347 patients were waiting over 104 weeks (Figure 6b). The number of patients waiting has since reduced further to 289 at week commencing 28th October 2022.

Figure 6b – Total number of inpatients and daycases waiting more than 104 weeks (two years) at weekly Census point



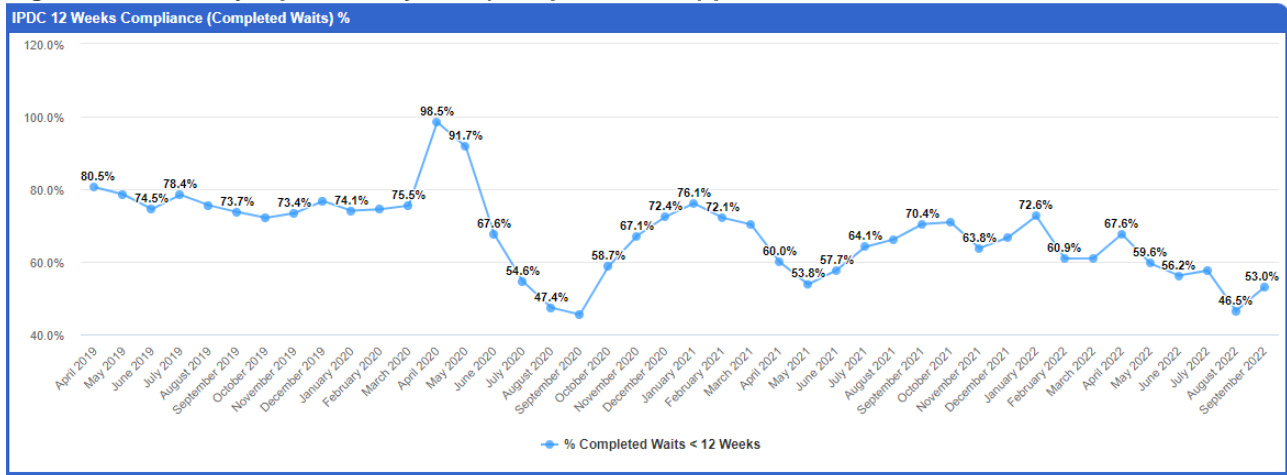
Source: Local weekly management reports, Information Team

The next waiting times target is to eliminate 18 month long waits for Inpatients and Daycases in most specialities by September 2023. Progress against this target will be reported in future iterations of this paper.

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 had been generally decreasing since, falling to 46.5% in August 2022. However compliance at September 2022 shows an increase to 53.0% (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 was on a reducing trend from 29.3% at May 2022 to 25.4% at July 2022, though has since risen slightly to 27.3% at September 2022 (Figure 7b).

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



Source: Local monthly management reports, Information Team

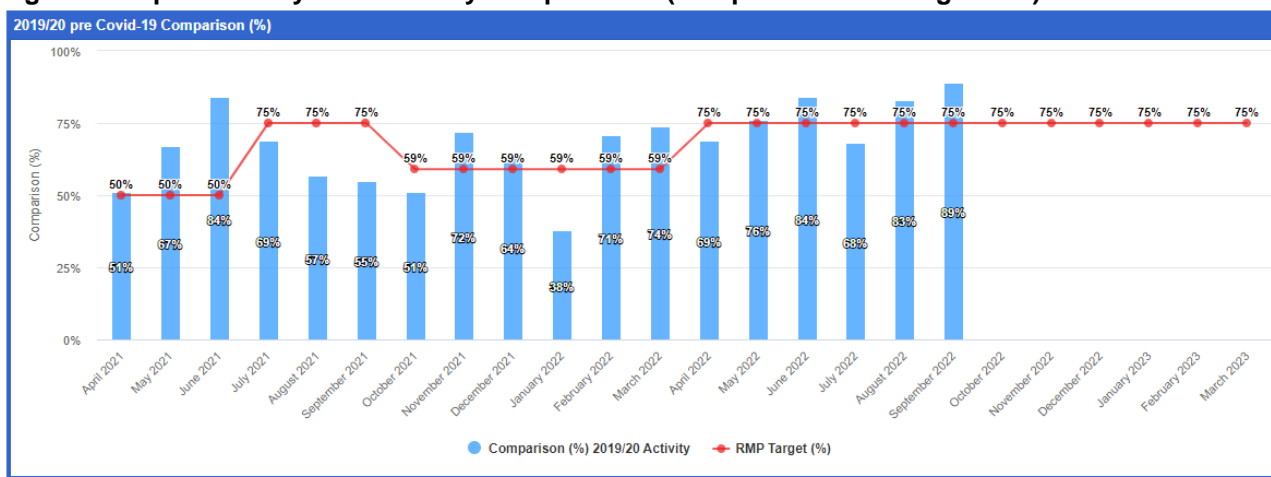
Based on the latest published data from Public Health Scotland that reports on quarter ending June 2022, compliance in relation to completed waits was higher than the Scotland average but lower for ongoing waits.

Inpatient/Daycases – Remobilisation

Although the ADP has replaced Remobilisation Plans, we continue to monitor trajectories and activity compared to pre-COVID-19 levels under the banner of RMP.

In September 2022, NHS Ayrshire & Arran had remobilised 89% of Inpatient/Daycase activity compared to September 2019, which is higher 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. In order to reduce the number of long waiting patients, theatre lists are being booked with 50% urgent and 50% routine patients, where possible. Activity levels reached 226% in Urgent categories in September 2022 compared to September 2019 (Table below).

Inpatient/Day case Activity – All Specialties	31-Jul-22			31-Aug-22			30-Sep-22		
	Jul 2019 Actual	Jul 2022 Actual	%	Aug 2019 Actual	Aug 2022 Actual	%	Sep 2019 Actual	Sep 2022 Actual	%
All	1,552	1,034	68%	1,670	1,385	83%	1,421	1,260	89%
Routine	1,293	476	37%	1,365	867	64%	1,204	770	64%
Urgent	229	558	244%	305	518	170%	217	490	226%

Source: Local monthly management reports

Inpatients/Daycases – Improvement Actions

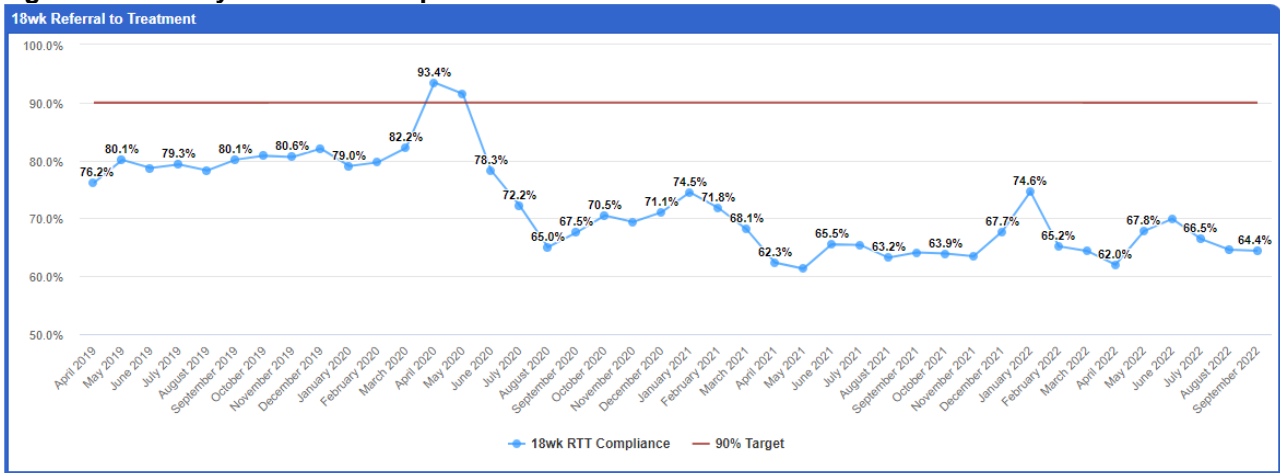
- Further to the very recent announcement of new milestones in relation to eliminating long waits for planned care, work is underway to maximise capacity and ensure that waiting lists undergo administrative validation, and clinical validation where clinical capacity allows.
- We are working actively 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.
- 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.

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 continues on a reducing trend, from 69.9% at June 2022 to 64.4% at September 2022 (Figure 9). 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

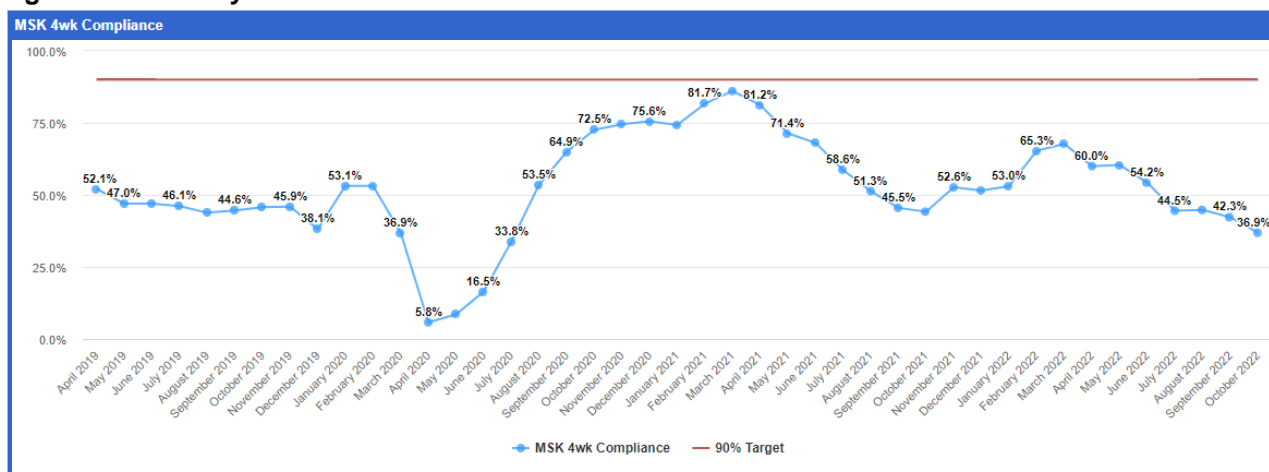
- Compliance against the 18 Week RTT target of 90% continues to be affected by the measures put in place to effectively and safely manage the pressures of COVID-19. Achieving the standard depends on waiting times for diagnostic tests, new outpatient appointments and inpatient/daycase treatment.

Musculoskeletal Services (MSK)

Musculoskeletal Services (MSK) – Compliance

Local management information highlights compliance in relation to the MSK target of 90% is on a decreasing trend from 44.8% at August 2022 to 36.9% at October 2022, the lowest since 33.8% at July 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 June 2022 shows that across NHS Ayrshire & Arran, compliance was slightly higher compared to Scotland.



Musculoskeletal – Improvement Actions

- There has been an increase in cancellations and rescheduled appointments which has an impact on available capacity. Face to Face consultations capacity increased from 1st September 2022 with the majority of New Outpatient appointments being face to face as New Telephone appointments were being followed by Face to Face appointments to appropriately objectively assess patients which should reduce the amount of consultations needed. Flexible diaries are now being implemented to allow conversion of consultation appointments to virtual, telephone or face to face to facilitate appropriate consultations and maximise capacity. Lack of administration staff and poor IT connectivity in the MSK administration hub to facilitate this is slowing this down and impacting on capacity and not all new patient slots are being filled.
- Patient Initiated Reviews, opting in for new appointments and Active Clinical Referral Triage are being utilised 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.
- Lack of group sessions and hydrotherapy due to availability and social distancing, has impacted on onward referral routes, increasing the need for individual appointment consultations. Resumption of group or class activity has begun which will improve both effectiveness and efficiency. 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.

- On 1st November 2022 a new and improved pathway for Carpal Tunnel Syndrome across NHS Ayrshire & Arran will be implemented. The key changes will see better utilisation of specialist hand therapist capacity, improved local access in North Ayrshire, and the provision of patient information (and prompt to trial a hand splint) ahead of any appointment which may prevent needing clinical intervention to increase capacity.

2.3.4 Diagnostics

Diagnostics			
National Performance Measures			
76.5% Sep 2022	70.9% Sep 2021	of patients were waiting fewer than 6 weeks for Imaging	 100%
41.4% Sep 2022	28.4% Sep 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

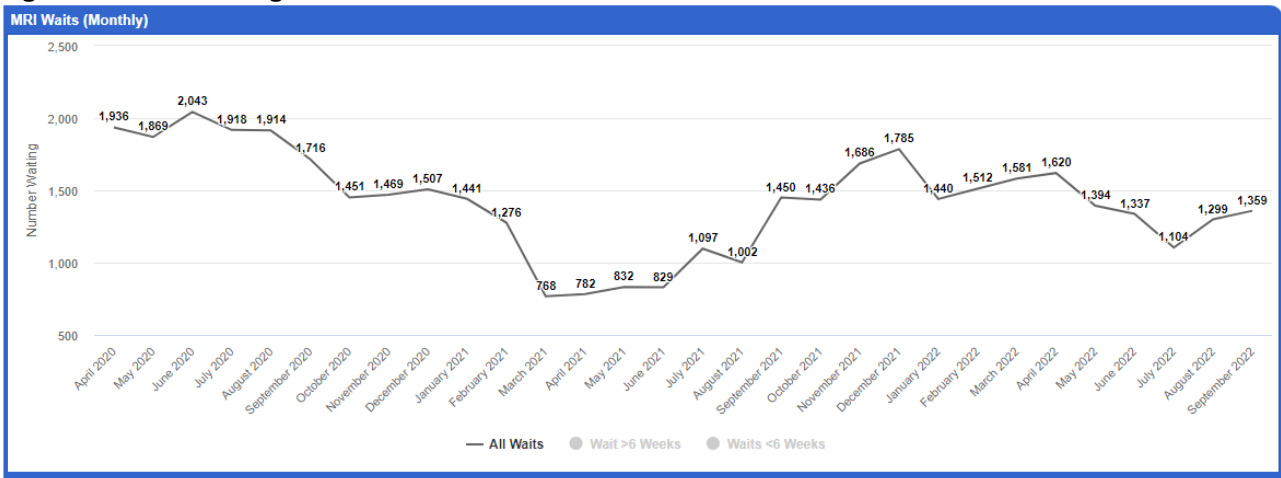
The total number of patients waiting for a CT scans continues to fall (Figure 11), however there has been an increase in the number of patients waiting for an MRI scan (Figure 12). This is due to a continued high level of demand from unscheduled care, particularly at UHC, and an increase in complex examinations having an impact on available capacity.

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 had been on an increasing trend since January 2022, reaching 77.3% in August 2022. At September 2022, there was a reduction in compliance to 76.5% (Figure 13).

Figure 13 – Imaging compliance Performance



Source: Local monthly management reports, Information Team

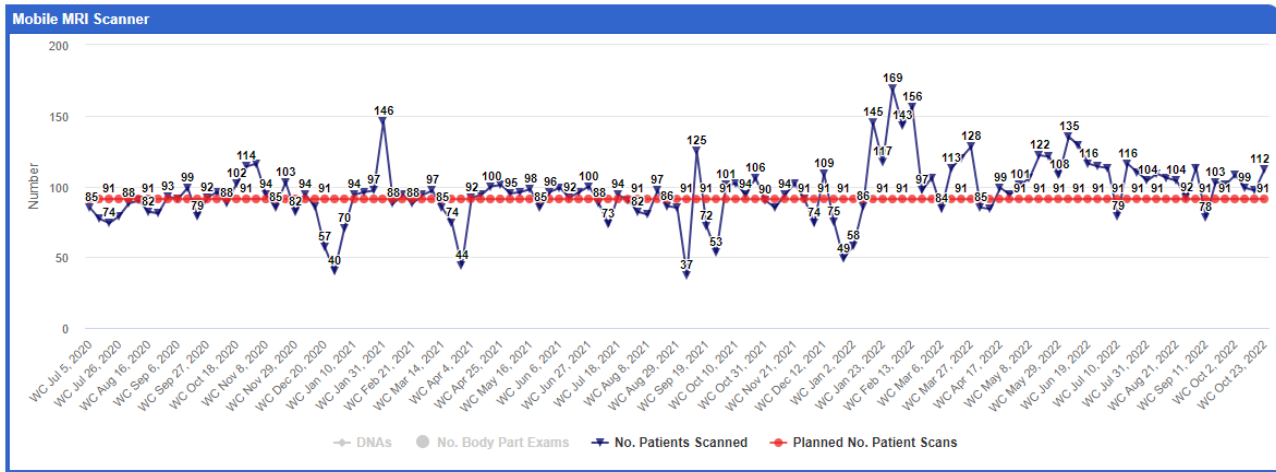
Imaging (MRI, CT, Non-obstetric ultrasound, Barium Studies) – Benchmarking

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 two 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.
- CT allocation at Golden Jubilee National University Hospital (GJNUH) has been reduced to help other boards with their waiting times pressures.

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 to 2,168 at September 2022 (Figure 15).

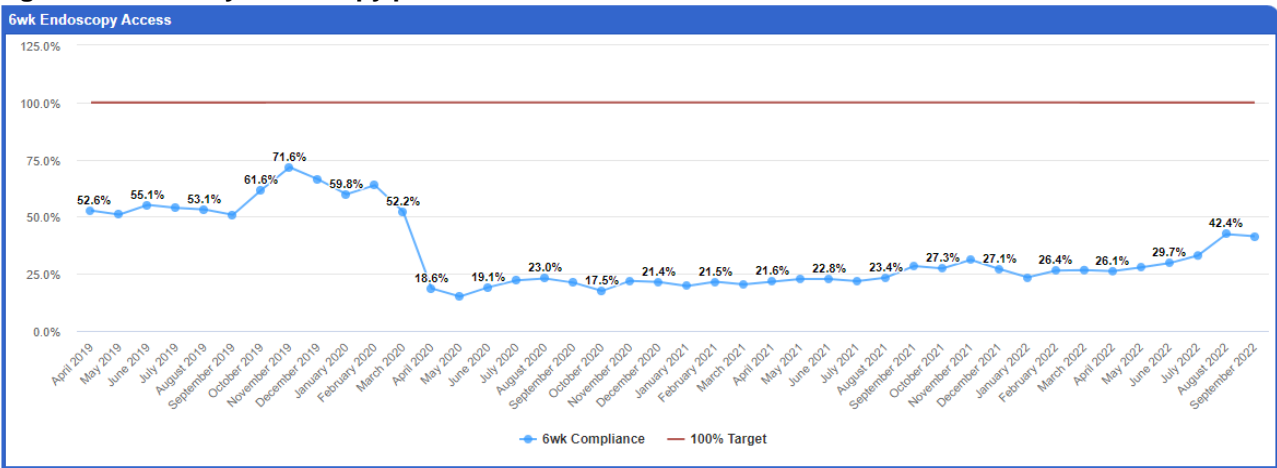
Figure 15 – Endoscopy Waiting List at month end



Source: Local monthly management reports, Information Team

Local management information highlights that compliance against the 6 weeks Access Target for Endoscopy had been on an increasing trend since April 2022, with performance of 42.4% in August 2022, the highest level since the start of the pandemic. At September 2022, performance has shown a slight reduction to 41.4% (Figure 16).

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 has encountered significant delays and work has still to be undertaken. Additional capacity will be available once work is completed.

- 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 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			
69.1% Aug 2022	82.0% Sep 2021	of patients with suspicion of cancer started treatment within 62 days of initial referral	 95%
99.0% Sep 2022	93.8% Sep 2021	of patients with a Cancer diagnosis started treatment within 31 days following decision to treat	 95%
National Benchmarking			
74.3% QE Jun 2022	76.3% Scotland	of patients with suspicion of cancer started treatment within 62 days of initial referral	- 2.0
98.8% QE Jun 2022	95.5% Scotland	of patients with a Cancer diagnosis started treatment within 31 days following decision to treat	+ 3.3

62 Day Urgent Suspicion of Cancer

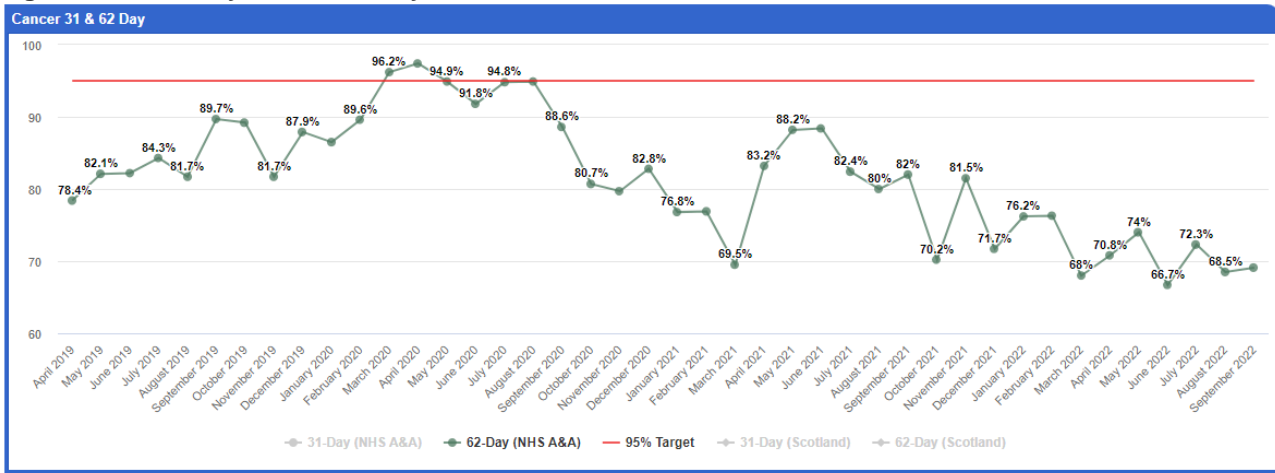
62 Day Urgent Suspicion of Cancer – Compliance

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 and delays in pathology, have contributed in lower levels of performance.

Performance 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. Despite this increase in referrals, there has been no increase in the diagnosis of cancer being recorded at this time which causes concern.

Figure 17 – Monthly Cancer 62 day Performance



Source: Public Health Scotland and Local Information Team Reports

62 Day Urgent Suspicion of Cancer - Benchmarking

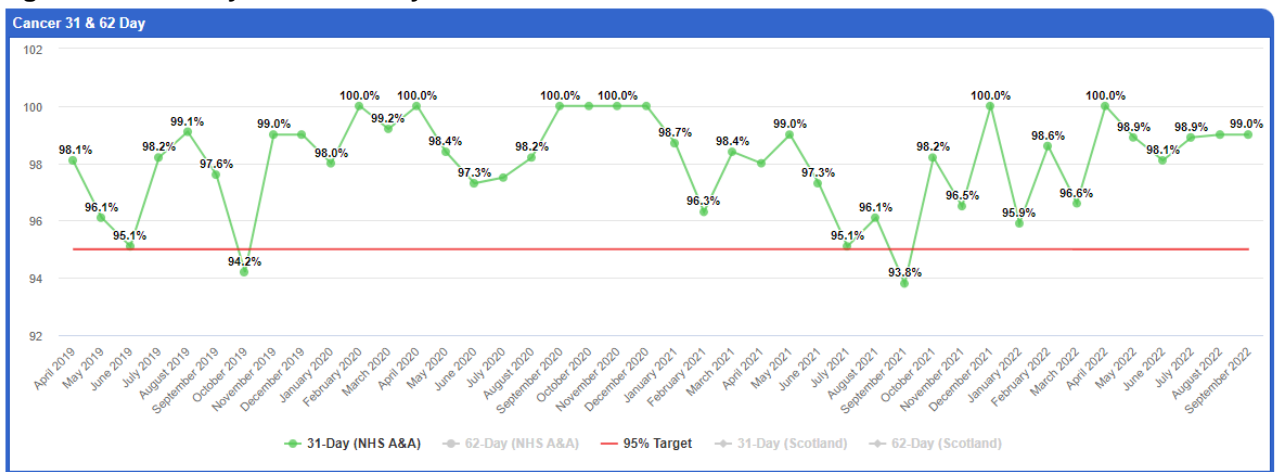
The latest published benchmarking data for quarter ending June 2022 indicates that compliance against the 62 day Cancer target of 95% is lower across NHS Ayrshire & Arran compared to the Scotland average.

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 September 2022 was 99.0% (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 June 2022 indicates that compliance against the 31 day Cancer target remains higher across NHS Ayrshire & Arran, compared to Scotland.

Cancer – Improvement Actions

- 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.
- Pathology remains one of the key diagnostic delays. Various actions have been taken to try to mitigate this including locum appointments and outsourcing, however the demand is significantly outstripping the capacity and this has become a notable delay in many cancer pathways.
- The Early Cancer Diagnosis Centre has received 298 referrals up to the end of September 2022 with 13 cancers detected.

2.3.6 Mental Health

Mental Health			
National Performance Measures			
67.3% Sep 2022	100% Sep 2021	of children and young people started treatment within 18 weeks of initial referral to CAMH services	 90%
87.1% Sep 2022	86.9% Sep 2021	of patients started treatment within 18 weeks of their initial referral for psychological therapy	 90%
100% Sep 2022	99.2% Sep 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
98.3% QE Jun 2022	90.6% Scotland	of clients waited less than 3 weeks from referral to appropriate drug or alcohol treatment that supported their recovery	+ 7.7

Child and Adolescent Mental Health Services (CAMHS)

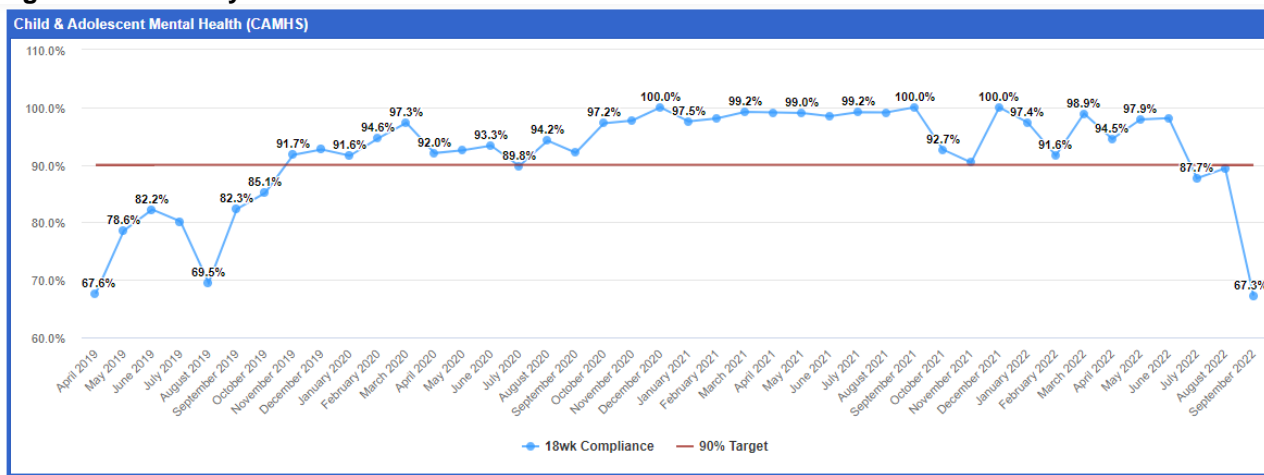
CAMHS – Compliance

Local management information shows that 67.3% of children and young people started treatment within 18 weeks of initial referral to CAMHS in September 2022. This is the lowest level of compliance recorded in the last 3.5 years. Performance against the target of 90% had previously been consistently met and maintained between November 2019 and June 2022 (Figure 19).

The trend of increased numbers of referrals received into the service since June 2022 has continued on a significant upward trajectory and has shown no sign of abating particularly during the peak holiday periods over the summer. There has also been an unprecedented number of DNA's which has resulted in significant backlog in children and young people awaiting assessment. Referrals are now averaging 266 per month compared with 140 per month over the same period during 2021, with 74% of current referrals for neurodevelopment work.

The work of the CAMHS implementation group continues at pace and a robust and assertive mitigation plan has been developed to bring the service back into RTT compliance by January 2023 which includes reprioritisation of caseloads across the 3 new pathways and revised job plans across the whole MDT to maximise clinical time. The reduction of beds at Skye house continues to have an impact on team capacity and this has been factored into workplans and caseload prioritisation. The mitigation plan will also enable testing new systems, protocols and pathways particularly for neurodevelopment work which is the greatest area of challenge.

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

- Within Tier 4 beds at the regional facility Skye House, inpatient support remains an ongoing issue with a very slight increase in beds to 19 across the West of Scotland being implemented recently.
- There continues to be delays with HR processes and posts being returned from evaluation panels which impacts on the recruitment process.
- The service and patient cancellations identified in Julys report have impacted on the RTT as these appointments were required to be rescheduled. July and August continued that trend with unprecedented level of patient Did Not Attends (DNAs) and Cancellations further impacting on performance.
- CAMHS have successfully managed to recruit to majority of vacant nursing posts and we have now got commencement dates for them.

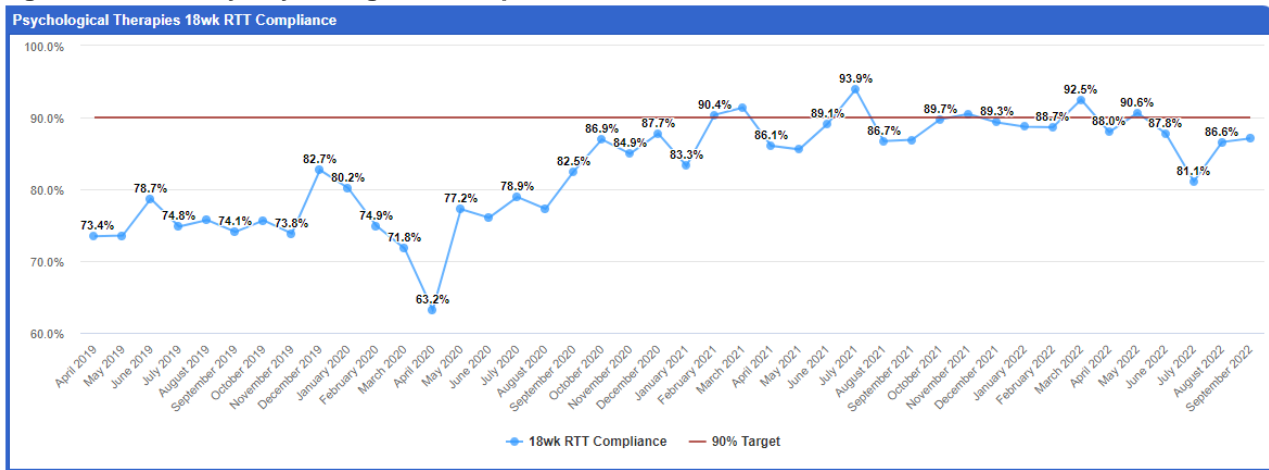
- Pathway work between the three teams is continuing with a reduction in duplication and complexity within the processes.
- CAMHS Unscheduled and Intensive Treatment (CUAIT) have commenced a 7 day working pattern, recruitment process for remaining posts has commenced.
- Demand is continuing to outstrip available capacity approximately 60 referrals a week, this will be consistently monitored within the service and mitigation put in place to ensure that compliance is maintained.

Psychological Therapies

Psychological Therapies – Compliance

Local management information shows that waiting-times compliance for Psychological Therapies continues to remain below the 90% standard, though there has been an improvement from 81.1% at July 2022 to 87.1% at September 2022 (Figure 20). Prior to the impact of COVID-19, performance in February 2020 was 74.9%.

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.

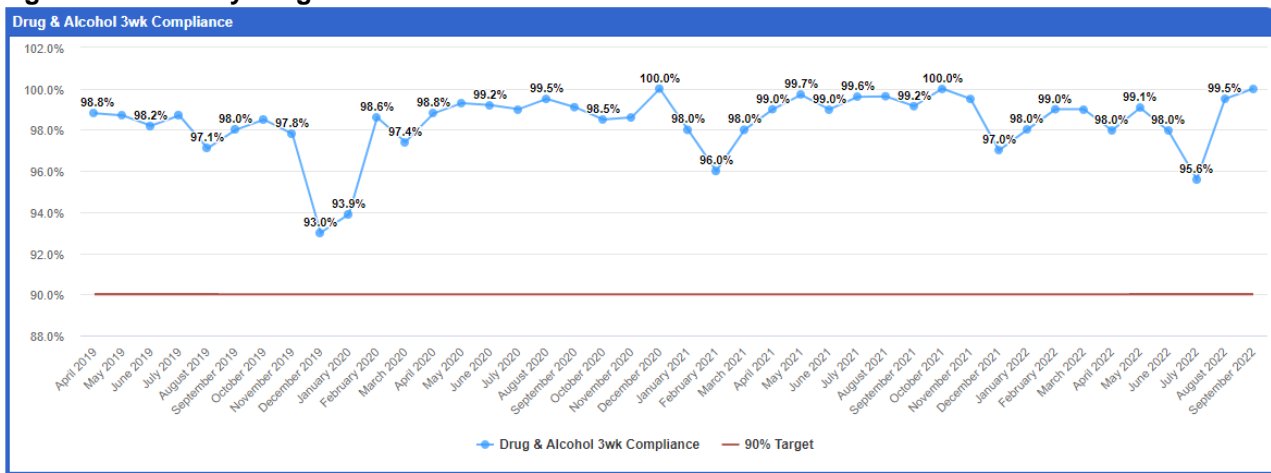
- **Service Delivery** – Continue remote delivery of assessment and treatment where appropriate. Reintroduction of face to face therapeutic groups following the appointment of a Group Coordinator within the Adult Specialty, alongside continued expansion of remote group delivery across the Specialties 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 have increased in September 2022 and continue to exceed the target of 90% with performance of 100% (Figure 21).

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 June 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

- A refreshed North Ayrshire Medication Assisted Treatment (MAT) standards Implementation Improvement Plan has now been approved. This plan provides a framework and timeline to ensure that all 10 MAT standards will be delivered within the agreed nationally set timescales. As per the Plan, the availability and accessibility of MAT interventions across North Ayrshire has continued to be expanded and the recruitment to posts continues. Key improvement actions with regard to MAT standard 7 (primary care) are underway with two Business Cases being prepared with regard to an expansion of Pharmacy and GP shared care arrangements in supporting the delivery of MAT. Additional funding will be required to be identified and the finalised Business Cases will be submitted for consideration to the Scottish Government via the MIST team (the national MAT support team).
- Following the easing of COVID-19 related restrictions, Ward 5 (NHS A&A Residential Detoxification and Rehabilitation support) has re-established its day attendance support programme resulting in the full service now being available
- In partnership with ADP colleagues, pathways, policies and processes have been finalised with regard to supporting individuals who could benefit from longer term external residential rehabilitation. The first individual has been supported through this process during this reporting period and this will be expanded over the next six months.

East Ayrshire

- **East Ayrshire** Alcohol and Drugs Partnership continue to make progress in developing a Recovery Oriented System of Care. This includes the single access point for **Rapid Access to Drug and Alcohol Recovery** services (RADAR). This combines NHS and commissioned treatment and psychological and social support services under one same / next day assessment and treatment umbrella. Some staffing challenges have been experienced across the Addictions Team, but recruitment is almost complete, which will see the team back up at full complement. The dedicated Residential Rehab Social Worker, continues to work with individuals during the pre and post residential rehab phase.
- Funding received from the CORRA Foundation has been used to create a Recovery Hub in Kilmarnock. The Hub, on John Finnie Street, opened in August 2022, and is supported by a Centre Manager, a Development Manager, and a range of volunteers
- The team of Community Recovery and Engagement Workers (CREW), also known as peers, is continuing to expand, creating networks and recovery support groups across the towns and villages of East Ayrshire. This is supported by EARN (East Ayrshire Recovery Network), which links together all the organisations, individuals and stakeholders involved in recovery.
- Plans are underway, in partnership with Ayrshire College and third sector organisations, to create a Recovery College for East Ayrshire. This pilot builds on the training and volunteering pathways that already exist, and is based on the model offered in South Ayrshire. The College offers up to 28 individuals per year, the opportunity to access a tailored education programme, to build confidence, skills and readiness for work. Individuals will be supported by course tutors and dedicated peer workers who will offer intense support.


- Work is underway to engage with the recovery community to create Lived and Living Experience Panels. A number of engagement events have already taken place and it is anticipated that these panels will elevate and amplify the voice of lived experience in all aspects of the ADPs work.

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. This has now been extended to 5 days. 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. Staffing levels remain subject to change. This is in due to some of our recruitment challenges, in particular in relation to nursing staff which is exacerbated by ongoing maternity leave and staff attrition within the service and the wide range of employment opportunities across mental health. To date the MAT standards funding which was previously confirmed by SG has not been received by the service and as such they are recruiting in an overspend position. The financial risk associated with this recruitment process is mitigated by planned and expected staff turnover. 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 Steering group is meeting on a pan-Ayrshire basis and has recently considered improvement proposals in relation to Primary Care however it was acknowledged that any additional service provided within the Primary Care setting will require additional investment. The South Ayrshire MAT Improvement plan is due for submission end of October 2022 and reflects both actions within the pan-Ayrshire as well as specific actions relating to South Ayrshire.
- 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 for adults aged 18 to 65 years of age. Recruitment is planned with further investment and development planned for 2022/23 to extend the service to people over 65 years of age. This additional investment was confirmed from the Primary Care Mental Health and Wellbeing funding however this has not been received to date. As such the enhanced recruitment has not taken place.

2.3.7 Unscheduled Care

As with other NHS Boards, NHS Ayrshire & Arran 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.

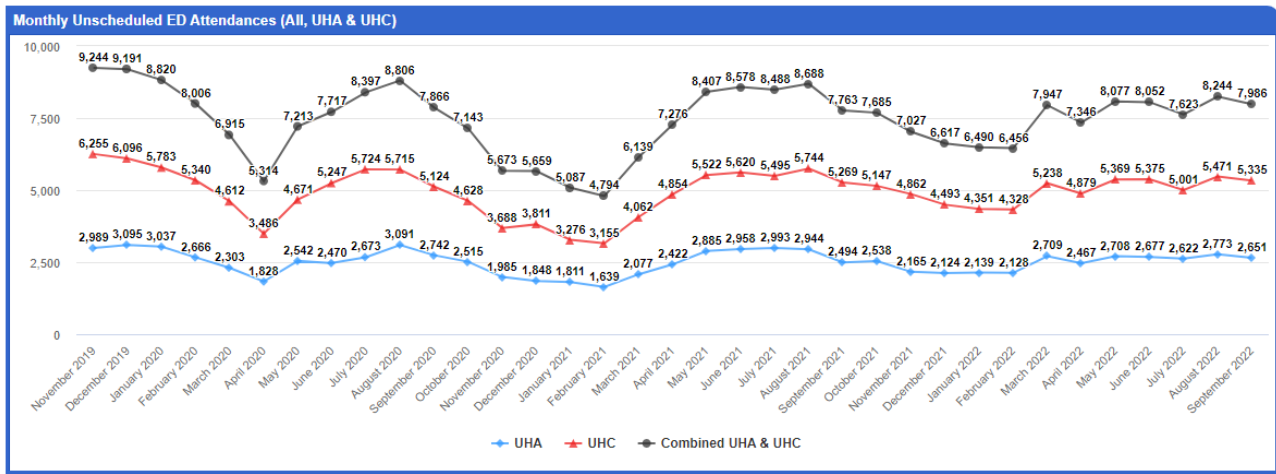
Unscheduled Care			
National Performance Measures			
7,986 Sep 2022	7,763 Sep 2021	unscheduled attendances at Emergency Departments	
67.8% Sep 2022	75.6% Sep 2021	of unscheduled ED attendees were treated, admitted or discharged within 4 hours of arrival	 95%
780 Sep 2022	472 Sep 2021	ED attendees waited over 12 hours to be treated, admitted, or discharged	
Local Performance Measures			
2,828 Sep 2022	3,124 Sep 2021	presentations to Combined Assessment Units	
1,598 Sep 2022	1,891 Sep 2021	Emergency admissions to medical or surgical wards following attendance at ED or CAU	
National Benchmarking			
67.6% Sep 2022	65.6% Scotland	of unscheduled ED attendees were treated, admitted or discharged within 4 hours of arrival	+ 2.0

Emergency Department (ED)

ED Attendances

Local management information shows that in September 2022, there were more Unscheduled ED attendances across NHS Ayrshire & Arran compared to September 2021. However in general, Unscheduled ED attendances have increased to a monthly average of 7,580 between January 2022 and September 2022, compared to 7,247 in the same period in 2021 (Figure 22 and Table below).

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



Source: Local Information Team Reports

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

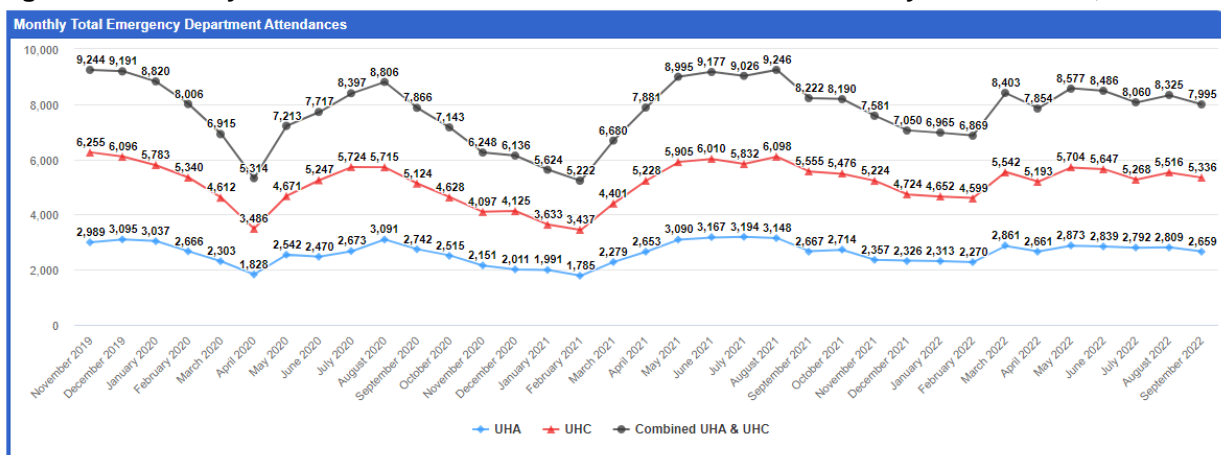
Monthly average of Unscheduled ED Attendances	Jan – Sep, 2019 (pre-COVID-19)	Jan – Sep, 2021	Jan – Sep, 2022
NHS Ayrshire & Arran	9,658	7,247	7,580

Source: Local Information Team Reports

Note - Since 3rd August 2022, an ongoing technical issue with the national Aadastra system is affecting the accurate recording of scheduled ED attendances. As such, the majority of attendees who would otherwise have been categorised as ‘scheduled’ are currently being captured as ‘unscheduled’ attendances. Between January 2022 and July 2022, there were an average of 461 scheduled attendances across NHS Ayrshire & Arran each month.

When considering the total volume of activity within the EDs, including all scheduled and unscheduled attendances (Figure 23), there were a total of 7,995 attendances at the EDs in September 2022, compared to 8,222 in September 2021. However, all ED attendances on average have increased to a monthly average of 7,948 between January 2022 and September 2022, compared to 7,786 in the same period in 2021 (Figure 21 and Table below). ED attendances remain lower than pre-COVID-19 levels.

Figure 23 – 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 September)

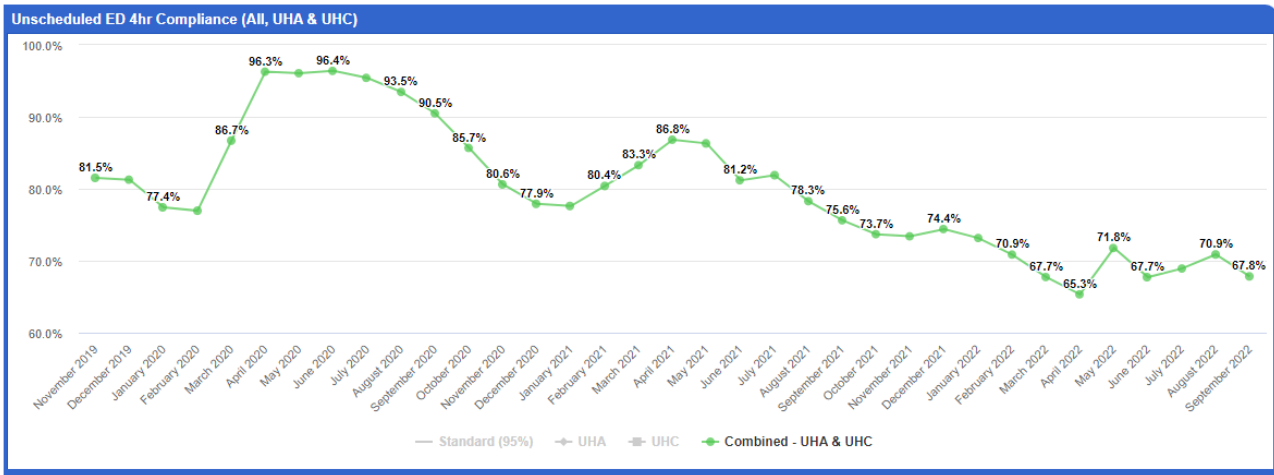
Monthly average of ED Attendances	Jan – Sep, 2019 (pre-COVID-19)	Jan – Sep, 2021	Jan – Sep, 2022
NHS Ayrshire & Arran	9,658	7,786	7,948

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 70.9% in August 2022 but has decreased to 67.8% in September 2022 (Figure 24).

Figure 24 – Monthly Unscheduled ED 4 Hour Compliance - NHS Ayrshire & Arran

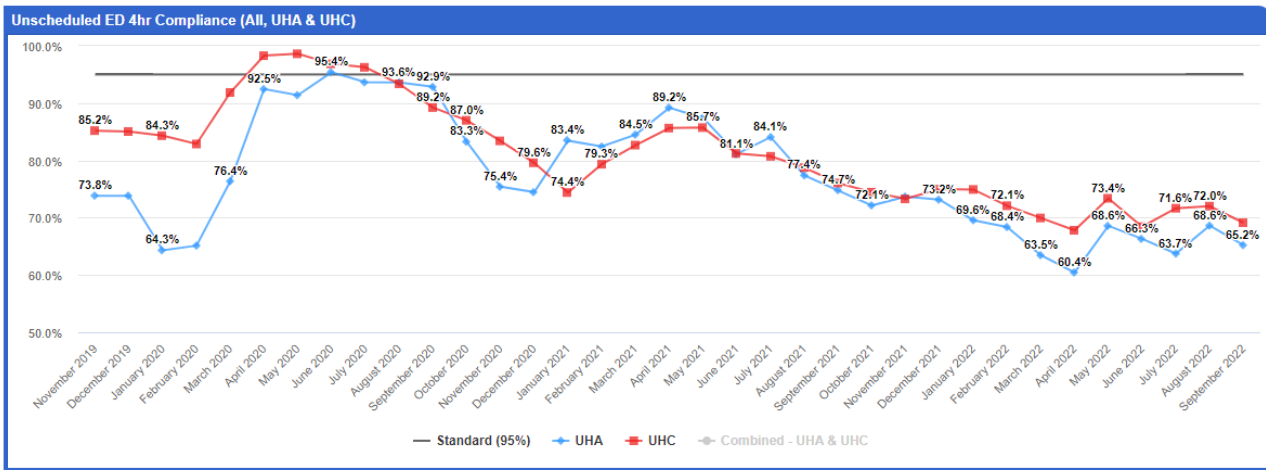


Source: Local Information Team Reports

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 both sites between August and September (Figure 25).

Figure 25 – Monthly Unscheduled ED 4 Hour Compliance – UHA and UHC



Source: Local Information Team Reports

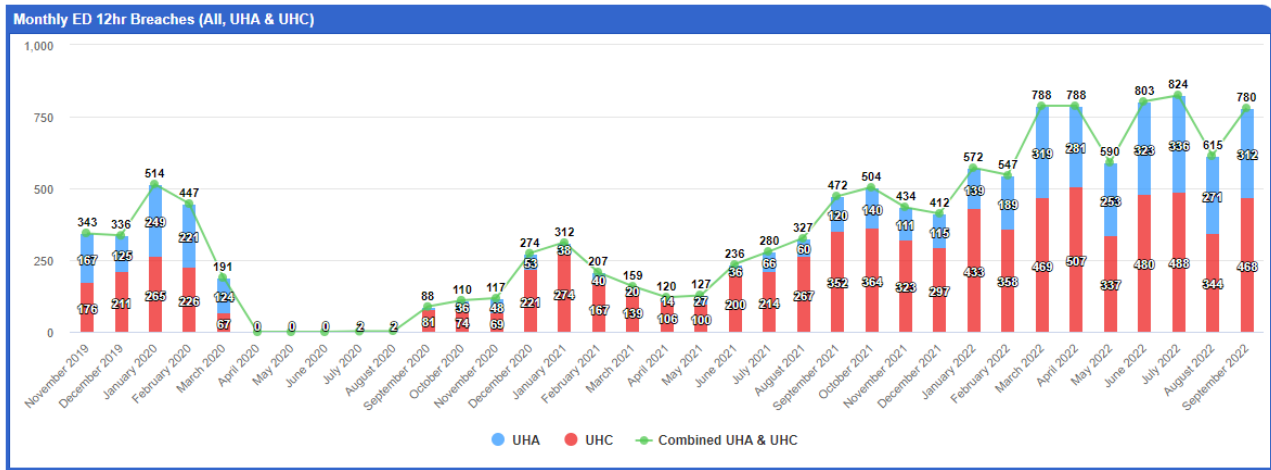
ED 4-Hour Wait – NHS Ayrshire & Arran Benchmarking

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

ED 12 Hour Breaches

The numbers of ED 12 Hour Breaches at Board level decreased to 615 in August 2022 before increasing to 780 in September 2022 (Figure 26a).

Figure 26a – 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 15.5% as at September 2022 (Figure 26b).

This proportion has been on a very gradual downward trend over the past 12 months, indicating that NHS Ayrshire & Arran is becoming less of an outlier in relation to this measure.

Figure 26b – % Monthly ED waits over 12 Hours across NHS Ayrshire & Arran as a proportion of Scotland 12 Hour waits

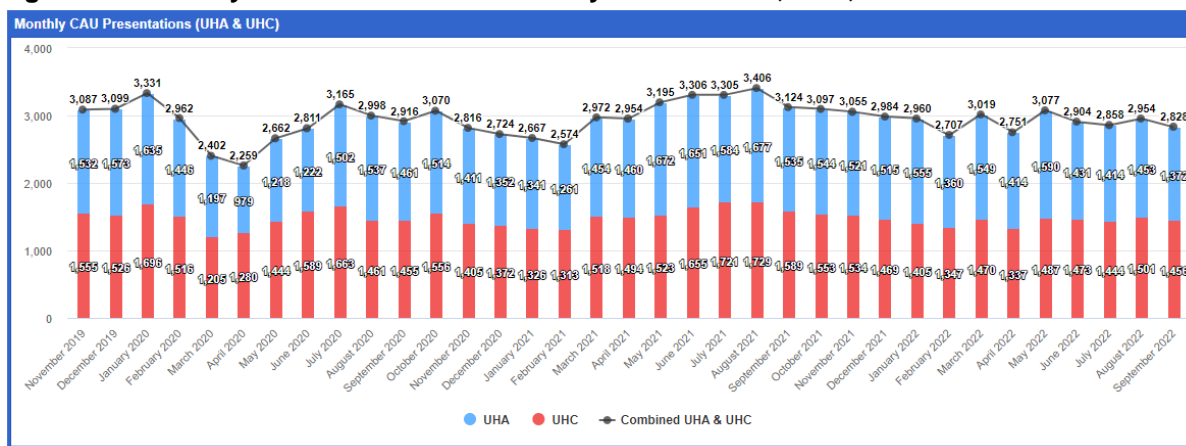


Source: Public Health Scotland

Combined Assessment Unit (CAU) Presentations

Local management information shows that in September 2022, there were less CAU presentations across NHS Ayrshire & Arran compared to September 2021. CAU presentations do remain lower than pre-COVID-19 levels.

Figure 27 – Monthly CAU Presentations - NHS Ayrshire & Arran, UHA, and UHC



Source: Local Information Team Reports

Monthly average number of CAU Presentations (January to September)

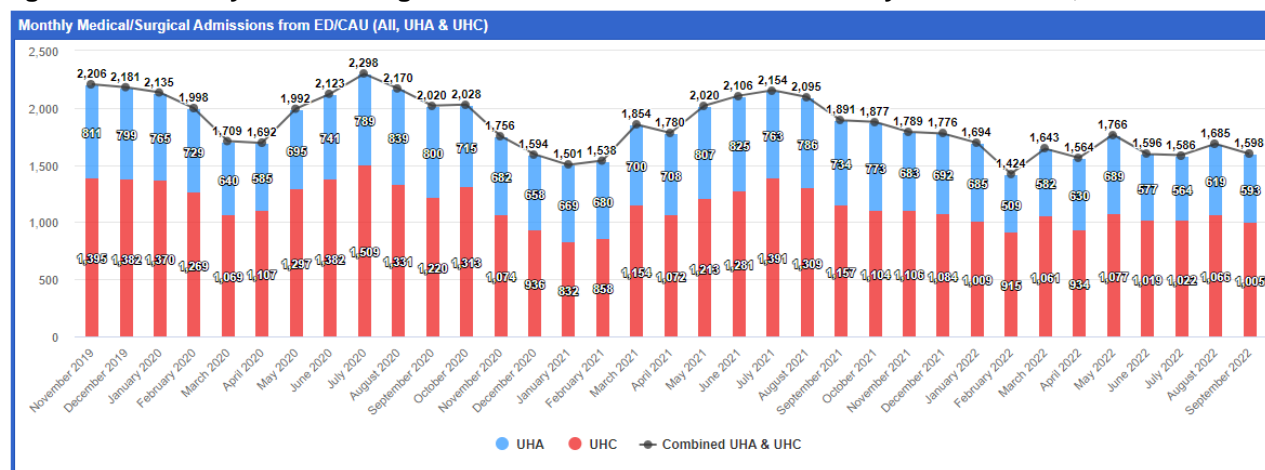
CAU Presentations	Jan – Sep, 2019	Jan – Sep, 2021	Jan – Sep, 2022
NHS A&A	3,218	3,056	2,895

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 September 2022 when compared to the same month of the previous year (Figure 28). During the period January 2022 to September 2022, there have been 1,617 admissions per month on average, this compares to 1,882 for the same period the previous year. The pre-COVID-19 average for the same period in 2019 was 2,370 admissions per month.

Figure 28 – Monthly Medical/Surgical Admissions from ED/CAU - NHS Ayrshire & Arran, UHA and UHC



Source: Local Information Team Reports

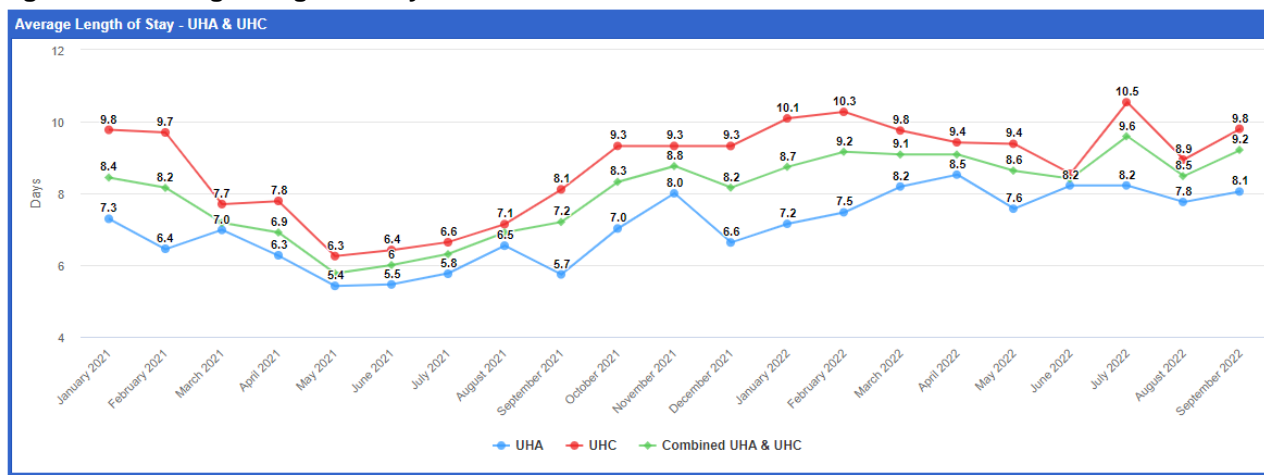
Total number of Emergency Admissions	Jan – Sep, 2019 (Pre-COVID-19)	Jan – Sep, 2021	Jan – Sep, 2022
NHS A&A	2,370	1,882	1,617

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 has been generally increasing since June 2021 with levels peaking at UHC in July 2022. In recent months the ALOS at UHA appears to have flattened (Figure 29). The ALOS in the summer months of 2022 is notably higher than the summer months of 2021.

Figure 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

Reducing Length of Stay

- A series of regular Discharge without Delay (DwD) events are scheduled between October and November 2022. Our latest event in early October 2022 focussed on patient pathways through UHC CAU department and outputs from this work are still being collated to inform future initiatives. 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 Health and Social Care Partnerships (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

- A recent pilot with Scottish Ambulance Service (SAS) will be expanded for further evaluation, a 'call before conveying' protocol was trialled for a full weekend in September 2022 and led to over 30 patients avoiding conveyance to hospital and potential admission.
- Hospital at Home (H@H) has been initiated across South and East Ayrshire HSCPs, with a limited resource to date, planning for 12 virtual beds by the end of October. Funding has been secured for the South and East Ayrshire HSCPs and will roll out the service to 28 virtual beds. The service is now planning expansion to discuss all 'in hours' nursing home patient referrals with the H@H team.
- Outpatient parenteral anti-microbial therapy (OPAT) service; a small multi-disciplinary team are working to understand current models of OPAT care at

other health boards; analyse data to predict patient volumes for clinical conditions which will be added to the service; to define and create the correct templates for data reporting to the Scottish Government and to inform our business case for a service expanded beyond lower limb cellulitis. 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. Recent discussions at a national level have highlighted the need for extended service coverage from FNC, with defined pathways into more services to provide alternatives to admission.
- 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 HSCPs.

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.

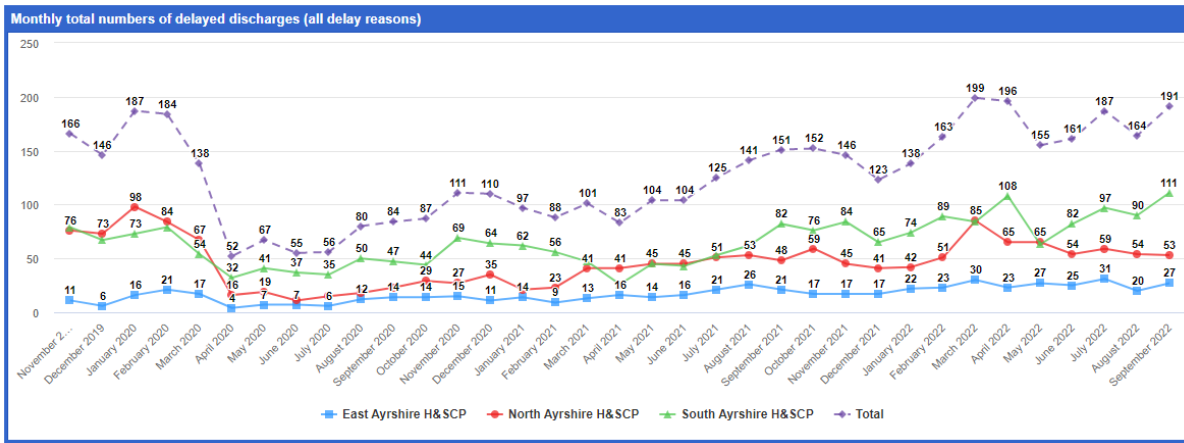
Delayed Discharges						
National Performance Measures						
Total Number of Delayed Discharges (all delay reasons and lengths) by HSCP	North Ayrshire HSCP		East Ayrshire HSCP		South Ayrshire HSCP	
		53 Sep 2022	48 Sep 2021	27 Sep 2022	21 Sep 2021	111 Sep 2022
Numbers of patients whose discharge from hospital was delayed by 2 weeks or more for non-clinical reasons (excluding code 9 reasons)	19 Sep 2022	16 Sep 2021	0 Sep 2022	0 Sep 2021	77 Sep 2022	30 Sep 2021
Total number of hospital bed days occupied during the month by patients whose discharge from hospital was delayed for non-clinical reasons	1,834 Sep 2022	1,455 Sep 2021	733 Sep 2022	648 Sep 2021	3,408 Sep 2022	2,182 Sep 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 30).

Since then, the number of delays have been increasing with levels reaching the highest number recorded of 199 delays at March 2022 (Figure 30). Follow a brief fall, numbers have risen again to 191 at September 2022, the third highest number of delays recorded since reporting began. The majority of delays are in South Ayrshire HSCP.

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

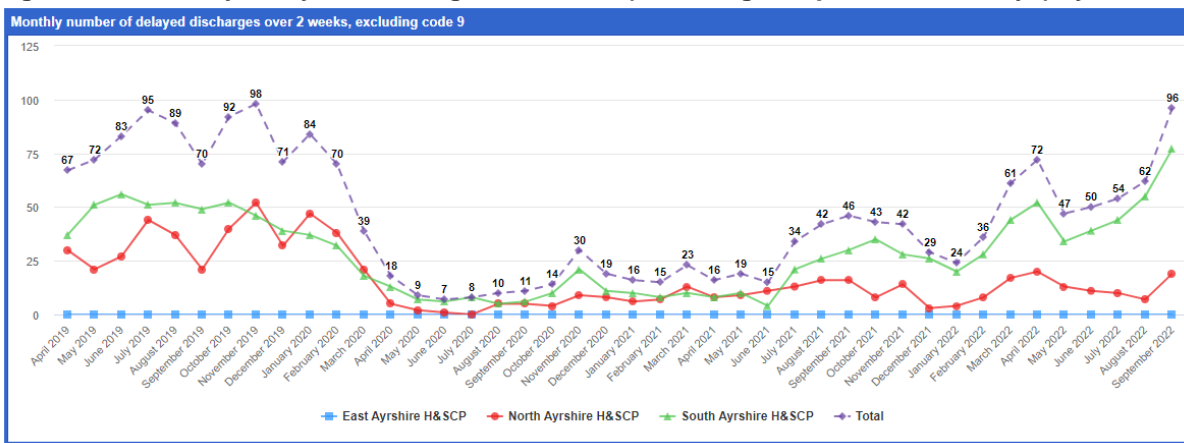


Source: Public Health Scotland

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 fell to 47 at May 2022 but have more than doubled to 96 at September 2022 (Figure 31). There remain zero delays over 2 weeks in East Ayrshire HSCP.

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



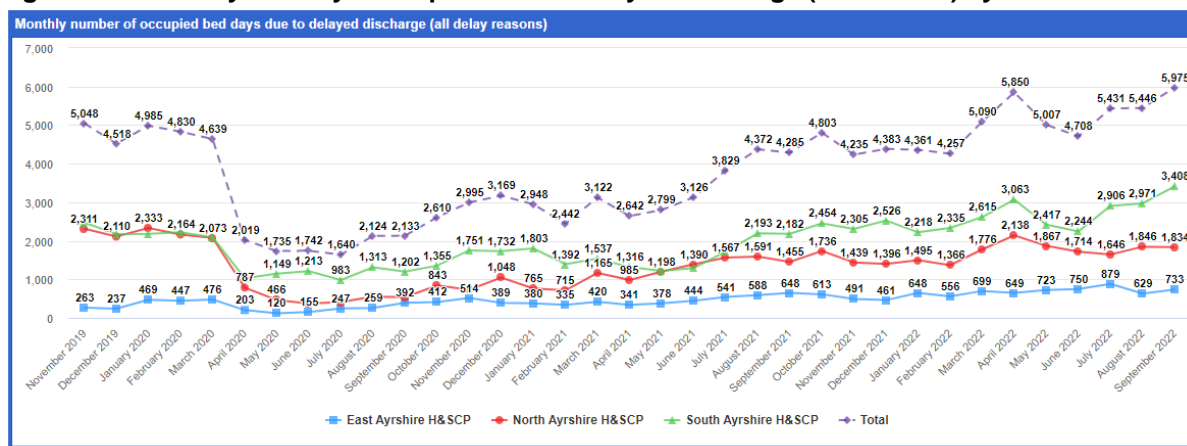
Source: Public Health Scotland

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 (Figure 32) fell in May and June 2022. Figures have since increased in September 2022 to the highest figure recorded.

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 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;
- Whole system DwD Events have identified issues and areas for improvement that will be taken forward in partnership and in line with the Urgent and Unscheduled Care Collaborative High Impact Changes;
- 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 and are working alongside acute and community colleagues to implement the ethos of DwD.
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. Sessions prompting the DWD strategy have been delivered across the HSCP teams who support this work operationally on a daily basis and the teams have been involved in recent DWD events to support the improvement work around systems and processes.
- The teams continue to support a high number of individuals with complex care needs, particularly in relation to Adults with Incapacity processes. The team are reviewing current MHO systems and processes linked to this to ensure maximum efficiency in performance. The Partnership is also developing local communication strategy to support and enhance the national Power of Attorney (POA) campaign.
- The North Partnership has reviewed its systems for utilising 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 6-9 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. This model will continue through the winter and a refresh of arrangements with Care Home providers is currently being progressed.
- The Partnership has a targeted plan for 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 until complete. 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 169 people awaiting homecare and another 240 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 (EICT) 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 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 ADP and winter plans we planned how we would safely prioritise service delivery, whilst also maintaining COVID-19 capacity and resilience.

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 the ADP.

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

For discussion. 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 on the provision of unscheduled and planned care for our citizens.

4. List of appendices

There are no appendices to this paper.