

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Tuesday 28 March 2023
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

This Performance report includes the latest information 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 contains 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 12 August 2022 and included our wider key priorities for 2022/23 and our plan to deliver the new long waiting list targets, reduce delayed transfers of care and improve patient flow. An update on progress for quarter 3 was submitted to Scottish Government at the end of January 2023.

Although the rise in flu and COVID-19 admissions that we experienced over the festive season appears to have subsided, we are still experiencing extremely high demand across our services in urgent and emergency care, primary care services, acute hospital services, as well as in community and social care services. This is due to a combination of staff absence

across the system, high bed occupancy levels in our acute and community hospitals, delayed transfers of care and high volumes of frail patients whose recovery includes complex care.

To address these issues, we have implemented a whole system response, where we are working with our partners to ease some of those pressures and improve services for people living in Ayrshire and Arran. To support our system, our health and social care teams are working together to ensure the available capacity across our health and social care system is aligned as well as it can be.

On 9 January 2023, a decision was made to temporarily 'pause' all routine inpatient elective surgery for a period of three weeks to help alleviate some of the pressure on our unscheduled care services. Despite the pressures across the whole Health and Care system, we were able to maintain many of the surgical services over those three weeks. Rather than a 'pause' in overall surgical activity, there was a refocus on what could maximally be achieved under the constraints.

We continue to develop and refine our Performance Reporting to provide NHS Board members with insight and intelligence on the key data aspects and the impact of these pressures on our Performance.

2.3 Assessment

Where the information is available, the latest performance data within this report is for the period January 2023. For some measures, the latest data may be for December 2022.

2.3.1 Assessment Summary

- The numbers of **COVID-19 positive inpatients** have fallen to 43 at 28th February 2023 (Figure 2). This follows a high of 106 on 8th and 9th January 2023 during the most recent wave of COVID-19.
- The total number of patients waiting for a **New Outpatient** appointment at January 2023 increased for the first time since peaking at September 2022, and is the second highest number of waits recoded (Figure 3a).
- The next waiting times target to **eliminate long waits for a New Outpatient appointment** sets a target of no patients waiting over 12 months in most specialties by March 2023. At week commencing 20th February 2023, 3,993 patients were waiting over 12 months (Figure 3b) with zero waits in six specialties (Figure 3c).
- The total waiting list for **Inpatients/Daycases**, continues on an overall gradual reducing trend from a high of 8,577 at May 2022 to 8,002 at January 2023 (Figure 6a).
- The next waiting times target to **eliminate long waits for Inpatients and Daycases** is for no patients to be waiting longer than 18 months (1.5 years) by September 2023. At week commencing 17th February 2023, 865 patients were waiting over 18 months, an increasing trend from 776 at week commencing 9th December 2022 (Figure 6b).
- Compliance in relation to the **Musculoskeletal (MSK)** waiting times target of 90% has increased from a 2.5 year low of 33.0% at December 2022 to 35.5% at January 2023 (Figure 10).
- The total number of patients waiting for a **CT scan** has shown an increase at January 2023 (Figure 11), while there has been a decrease in the number of patients waiting for an **MRI scan**, which is at its lowest level since March 2021 (Figure 12).

- Local management information highlights that compliance against the **6 week Access Target for Imaging** reached 76.7% in January 2023, its second highest level since June 2021. Performance is generally above pre-COVID-19 levels (Figure 13).
- Overall waiting lists for **Endoscopy** have shown a reduction, from 2,343 at December 2022 to 2,230 at January 2023 (Figure 15).
- Local management information highlights that compliance against the **6 week Access Target for Endoscopy** has reduced from 47% at November 2022, its highest level since the start of the pandemic, to 41.9% at January 2023 (Figure 16).
- Having achieved performance in excess of 80% at October and November 2022, compliance against the **62-day Cancer target** has reduced to 70.2% at December 2022 (Figure 17). Performance against the **31 day Cancer treatment** standard continues to exceed target with levels of 96.8% compliance in December 2022 (Figure 18).
- **Child and Adolescent Mental Health Services (CAMHS)** performance has shown further improvement and is exceeding the target of 90% for the second consecutive month, with compliance of 98.7% at January 2023 (Figure 19).
- Waiting-times compliance for **Psychological Therapies** has fallen just below the 90% standard, with levels of 89.0% at January 2023 (Figure 20).
- **Drug and Alcohol Treatment** services waiting times performance remains above the target of 90% with levels of 97.9% in January 2023 (Figure 21).
- **Overall ED attendances** across the October-January 2022/23 winter period remained lower than pre-COVID-19 levels, and as a monthly average have decreased in comparison to the same period in 2021/22 (Figure 23). **Unscheduled ED attendances** have however increased in the October-January 2022/23 winter period compared to the previous year (Figure 22).
- Compliance against the **ED 4-Hour standard** remains on a long-term downward trend, although has increased to 62.9% in January 2023, up slightly from 62.1% in December 2022 (Figure 24). The latest published benchmarking data for December 2022 shows compliance for NHS Ayrshire & Arran was above the national average.
- The numbers of **ED 12 Hour Breaches** at Board level increased to an all-time high of 965 in October 2022, decreasing to 801 by January 2023 (Figure 26a). National published data indicates that ED 12hr breaches for NHS Ayrshire & Arran expressed as a proportion of the total 12hr breaches across the whole of Scotland rose to a peak of 59.3% in April 2021 and has noticeably decreased since, down to 10.6% as at December 2022 (Figure 26b).
- After reaching a high at UHC in December 2022, the **Average Length of Stay (ALOS)** (in days) across our Core wards at UHC, and also UHA has fallen in January 2023 (Figure 29).
- Based on the latest published data from Public Health Scotland (PHS), the numbers of **delayed discharges/transfers of care** have fallen for the first time since May 2022 (Figure 30). Levels reached an all-time high of 261 at December 2022, but decreased to 215 at January 2023 and have fallen across all three HSCP areas. **Bed days occupied due to a delayed discharge** also decreased for the first time since June 2022 to 7,074 in January 2023, a reduction of 8.8% compared to the previous month (Figure 32).

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

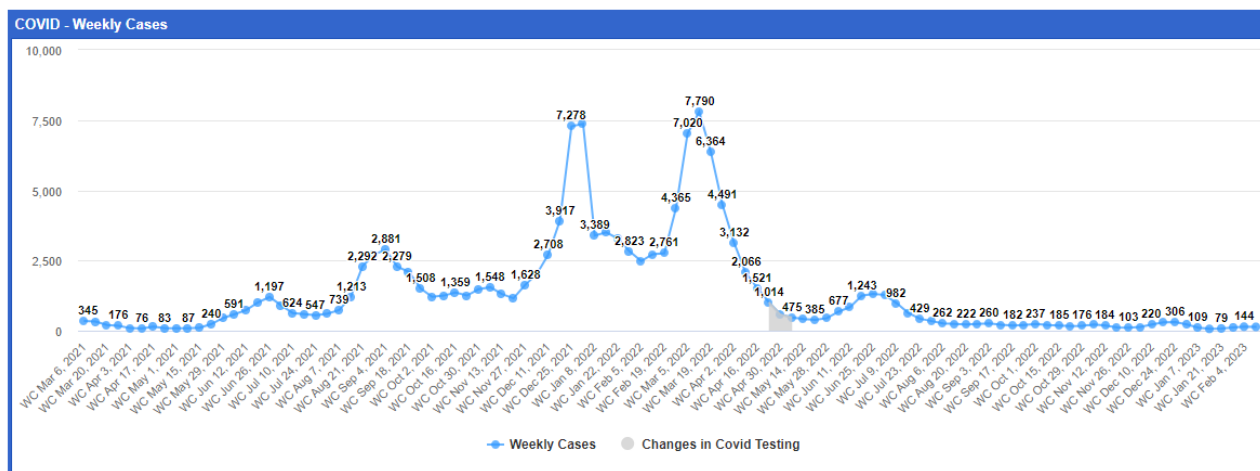
- COVID-19
- Planned Care Waiting Times
 - New Outpatients
 - Inpatient and Daycase
 - 18 week Referral to Treatment
 - MSK
- Diagnostics
 - Imaging
 - Endoscopy
- Cancer
 - 62 day suspicion of cancer
 - 31 day treatment
- Mental Health
 - CAMHS
 - Psychological Therapies
 - Alcohol and Drugs
- Unscheduled 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. Based on the latest data from PHS, the number of COVID-19 cases across Ayrshire and Arran remains fairly level with 137 cases in week commencing 11th February 2023 (Figure 1).

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

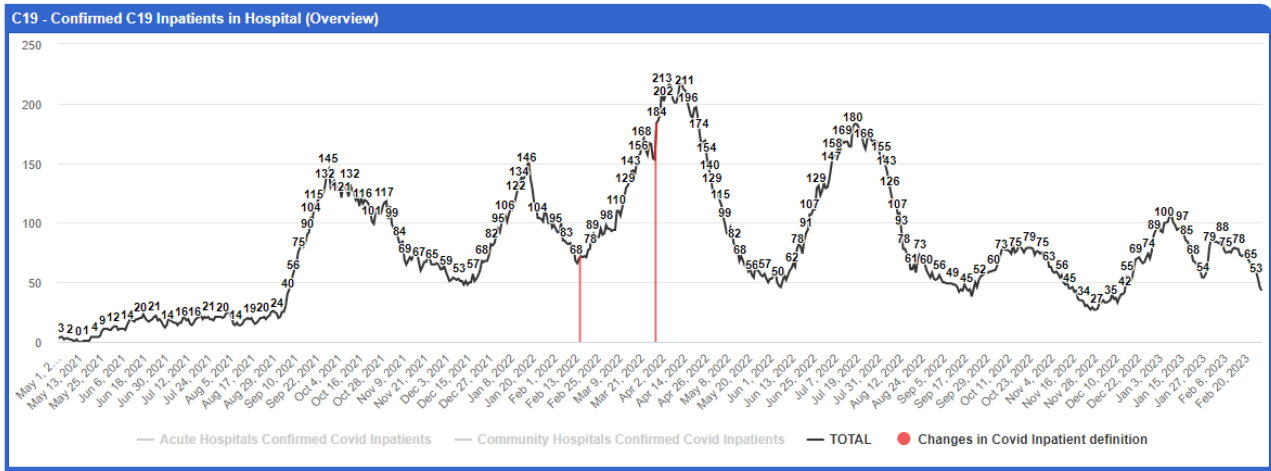


Source: Public Health Scotland

At the time of writing, the numbers of COVID-19 positive patients in our hospitals have been falling in recent weeks, decreasing to 43 on 28th February 2023 (Figure 2). The numbers of

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

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 had re-mobilised and were working towards the new waiting times targets announced by the Cabinet Secretary for Health in July 2022. The reduction in access funding and pressures on the system may however have an impact on the ability to meet the future targets.

Planned Care Waiting Times

National Performance Measures

36.8% Jan 2023	34.7% Jan 2022	of patients were waiting fewer than 12 weeks for a New Outpatient appointment	 95%
54.2% Jan 2023	72.6% Jan 2022	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (completed waits)	 100%
27.4% Jan 2023	26.5% Jan 2022	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (ongoing waits)	
66.2% Dec 2022	67.7% Dec 2021	of patients waited fewer than 18 weeks from Referral to Treatment	 95%
35.5% Jan 2023	53.0% Jan 2022	of adult patients were waiting fewer than 4 weeks from referral for Musculoskeletal Services	 90%

National Benchmarking

38.3% QE Dec 2022	44.1% Scotland	of patients were waiting fewer than 12 weeks for a New Outpatient appointment	- 5.8
55.9% QE Dec 2022	56.9% Scotland	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (completed waits)	- 1.0
29.6% QE Dec 2022	31.0% Scotland	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (ongoing waits)	- 1.4
65.9% QE Dec 2022	69.7% Scotland	of patients were waited fewer than 18 weeks Referral to Treatment	- 3.8
40.5% QE Sep 2022	51.4% Scotland	of patients were waiting fewer than 4 weeks for Musculoskeletal Services	- 10.9

New Outpatients

New Outpatients – Waiting Lists and new targets

The total number of patients waiting for a New Outpatient appointment has increased for the first time since peaking at September 2022, rising from 43,858 at December 2022 to 44,610 at January 2023 (Figure 3a). This is the second highest number of waits recorded.

3a – New Outpatients Waiting List at month end

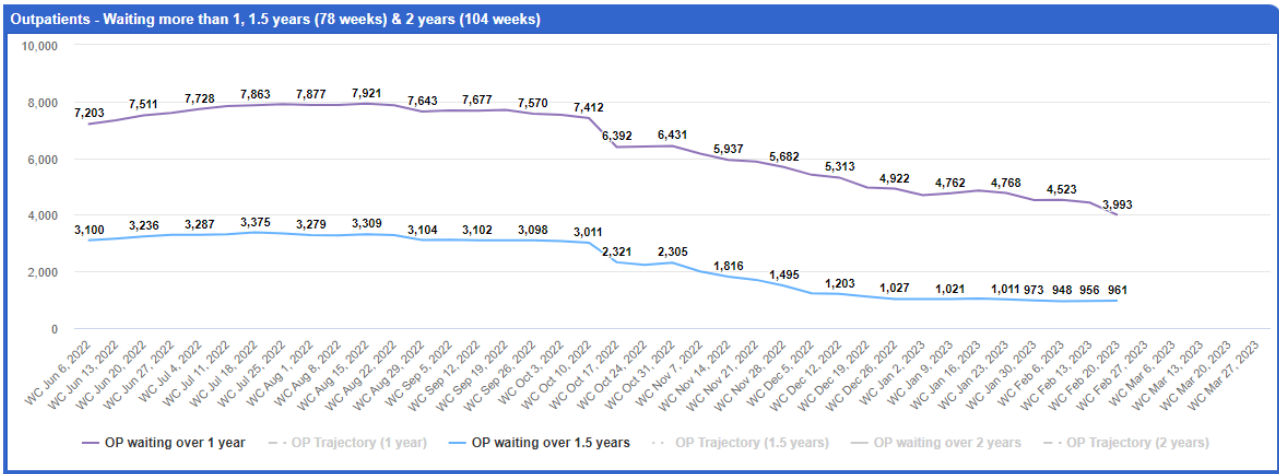


Source: Local monthly management reports, Information Team

The second waiting times target to eliminate long waits for New Outpatients was for no patients to be waiting over 18 months (1.5 years) in most specialties by the end of December 2022. At week commencing 2nd January 2023, the total number of patients waiting over 18 months was 1,020 (Figure 3b). This has since reduced further to 961 at week commencing 20th February 2023 with numbers remaining relatively level in recent weeks.

The next waiting times target to eliminate long waits sets a target of no patients waiting over 12 months in most specialties by March 2023. At week commencing 20th February 2023, 3,993 patients were waiting over 12 months (Figure 3b). This varied by specialty (Figure 3c) with six specialties reporting zero 12 month waits.

Figure 3b – Total number of New Outpatients waiting more than 12 months (1 year) and 18 months (1.5 years) at weekly Census point



Source: Local monthly management reports, Information Team

Figure 3c – Total number of New Outpatients waiting more than 12 months (1 year) at weekly Census point by specialty

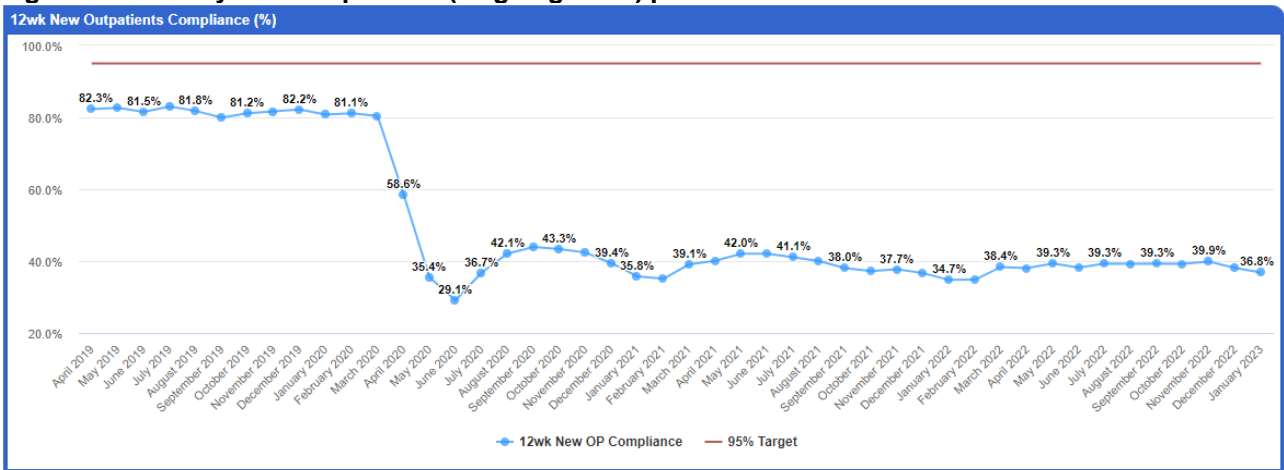
Title	Value ▲	Last Update	History
Neurosurgery-Number of Outpatients waiting over 1 year (52 weeks)	0	WC 20-Feb-2023	
Oral Surgery-Number of Outpatients waiting over 1 year (52 weeks)	0	WC 20-Feb-2023	
Pain Management-Number of Outpatients waiting over 1 year (52 weeks)	0	WC 20-Feb-2023	
Paediatrics-Number of Outpatients waiting over 1 year (52 weeks)	0	WC 20-Feb-2023	
Paediatric Surgery-Number of Outpatients waiting over 1 year (52 weeks)	0	WC 20-Feb-2023	
Restorative Dentistry-Number of Outpatients waiting over 1 year (52 weeks)	0	WC 20-Feb-2023	
T&O:Trauma & Orthopaedics-Number of Outpatients waiting over 1 year (52 weeks)	1	WC 20-Feb-2023	
Cardiology-Number of Outpatients waiting over 1 year (52 weeks)	2	WC 20-Feb-2023	
Orthodontics-Number of Outpatients waiting over 1 year (52 weeks)	7	WC 20-Feb-2023	
Anaesthetics-Number of Outpatients waiting over 1 year (52 weeks)	9	WC 20-Feb-2023	
Plastic Surgery-Number of Outpatients waiting over 1 year (52 weeks)	43	WC 20-Feb-2023	
Other-Number of Outpatients waiting over 1 year (52 weeks)	50	WC 20-Feb-2023	
ENT(Ear, Nose & Throat)-Number of Outpatients waiting over 1 year (52 weeks)	57	WC 20-Feb-2023	
Gastroenterology-Number of Outpatients waiting over 1 year (52 weeks)	134	WC 20-Feb-2023	
General Medicine-Number of Outpatients waiting over 1 year (52 weeks)	136	WC 20-Feb-2023	
Gynaecology-Number of Outpatients waiting over 1 year (52 weeks)	181	WC 20-Feb-2023	
Dermatology-Number of Outpatients waiting over 1 year (52 weeks)	218	WC 20-Feb-2023	
Ophthalmology-Number of Outpatients waiting over 1 year (52 weeks)	283	WC 20-Feb-2023	
Urology-Number of Outpatients waiting over 1 year (52 weeks)	302	WC 20-Feb-2023	
Respiratory Medicine-Number of Outpatients waiting over 1 year (52 weeks)	311	WC 20-Feb-2023	
Rheumatology-Number of Outpatients waiting over 1 year (52 weeks)	319	WC 20-Feb-2023	
OMFS:Oral & Maxillofacial Surgery-Number of Outpatients waiting over 1 year (52 w...	346	WC 20-Feb-2023	
General Surgery (inc Vascular)-Number of Outpatients waiting over 1 year (52 weeks)	379	WC 20-Feb-2023	
Neurology-Number of Outpatients waiting over 1 year (52 weeks)	504	WC 20-Feb-2023	
Diabetes/Endocrinology-Number of Outpatients waiting over 1 year (52 weeks)	711	WC 20-Feb-2023	

Source: Local weekly management reports, Information Team

New Outpatients – Compliance and Benchmarking

Compliance against the New Outpatients target of 95% has shown its secondly monthly reduction from 38.1% at December 2022 to 36.8% at January 2023 (Figure 4). Before this, compliance had remained relatively stable since March 2022.

Figure 4 – Monthly New Outpatients (Ongoing waits) performance



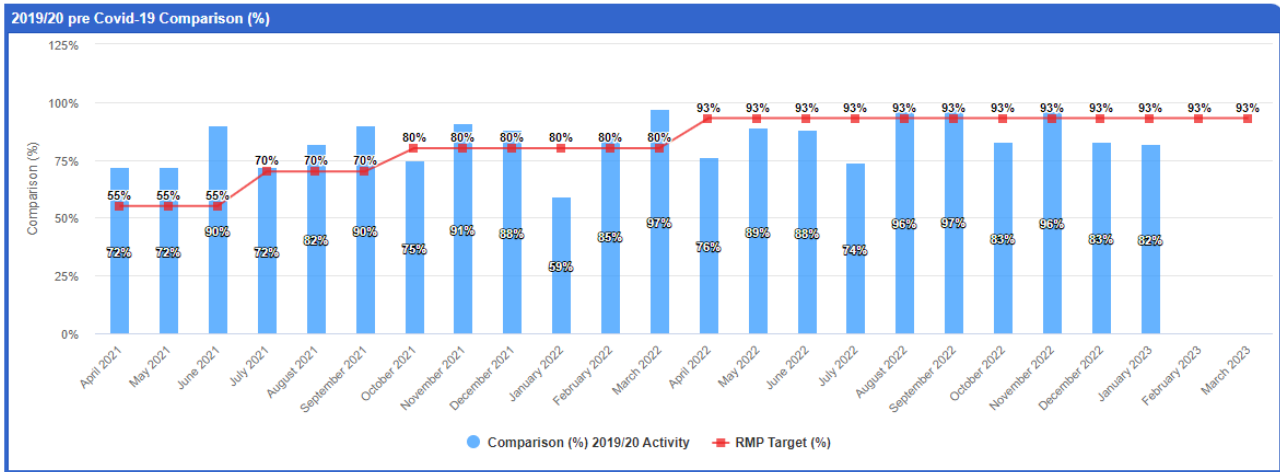
Source: Local monthly management reports, Information Team

The latest published benchmarking data for the National Waiting Times targets from Public Health Scotland for quarter ending December 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

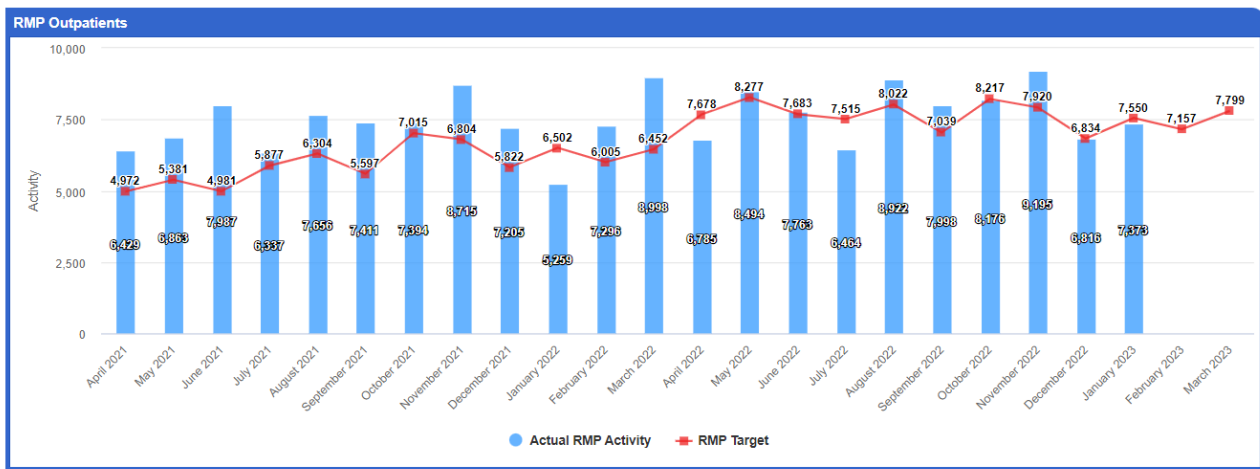
Although the ADP has replaced Remobilisation Plans (RMPs), we continue to monitor trajectories and activity compared to pre-COVID-19 levels under the banner of RMP. At January 2023, NHS Ayrshire & Arran had remobilised 82% of all New Outpatient activity compared to January 2020. Although this is lower than our local target of 93% (Figure 5a), our activity levels in January 2023 were higher than the previous month and January 2022 (Figure 5b).

Figure 5a – New Outpatient Activity Comparison (% pre-COVID) – (All Specialties and urgencies)



Source: Local monthly management reports, Information Team

Figure 5b – 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. The number and proportion of urgent referrals received continues to be greater than pre-pandemic however we are balancing ensuring these patients are appointed timeously whilst also appointing the longest waiting patients.

Activity levels in Urgent categories in January 2023 was 130% compared to January 2020 (Table below/overleaf).

New Outpatient (12 Week Standard) Activity – All Specialties	30-Nov-22			31-Dec-22			31-Jan-23		
	Nov 2019 Actual	Nov 2022 Actual	%	Dec 2019 Actual	Dec 2022 Actual	%	Jan 2020 Actual	Jan 2023 Actual	%
Urgency	9,553	9,195	96%	8,182	6,816	83%	8,938	7,373	82%
All	6,548	4,779	73%	5,639	3,302	59%	5,982	3,537	59%
Routine	3,005	4,416	147%	2,543	3,514	138%	2,956	3,836	130%
Urgent									

Source: Local monthly management reports, Information Team

New Outpatients – Improvement Actions

- Validation of the outpatient waiting list continues and due to changes with some processes, the impact of the validation is being realised sooner than previously expected.
- We are working actively with the 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 Diabetes and Endocrinology
- Gastroenterology have introduced an insourcing contract and are progressing discussions around some mutual aid support while work is ongoing to identify the required investment in the wider multi-disciplinary team.
- The Bone Metabolism service, which has been paused for several years, has been re-established and is dealing with 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.

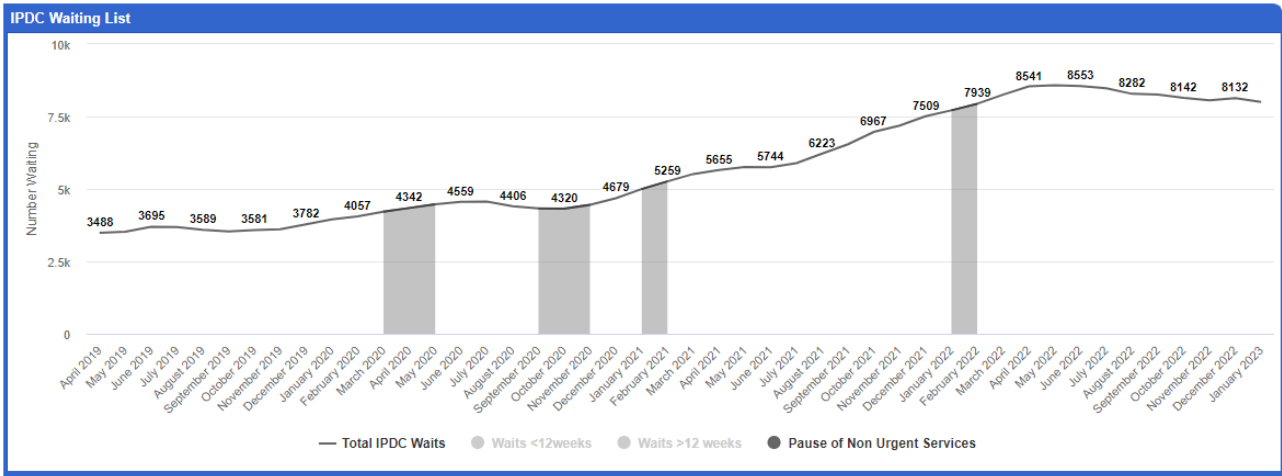
Inpatient/Daycases

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 allocation of operating theatre capacity based on clinical priority has affected some surgical specialties more than others.

With the exception of December 2022, the total waiting list for Inpatients/Daycases has been on a reducing trend from a peak of 8,577 at May 2022 to 8,002 at January 2023 (Figure 6a). Despite the pressures across the whole Health and Care system in January 2023, we were able to maintain many of the surgical services over those three weeks.

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

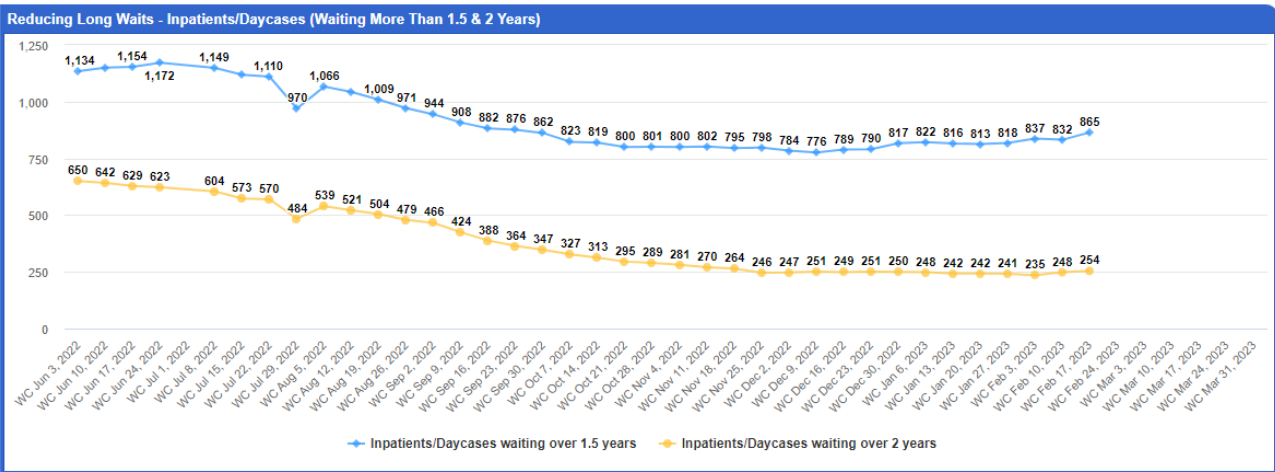


Source: Local monthly management reports, Information Team

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 the end of September 2022, 347 patients were waiting over 104 weeks (Figure 6b). This has since reduced further to 254 at week commencing 17th February 2023 with numbers increasing slightly in recent weeks.

The next waiting times target is to eliminate 18 months (1.5 year) long waits for Inpatients and Daycases in most specialities by September 2023. At week commencing 17th February 2023, 865 patients were waiting over 18 months, an increasing trend from 776 at week commencing 10th December 2022.

Figure 6b –Total number of inpatients and daycases waiting more than 18 months (1.5 years) and 24 months (2 years) at weekly Census point



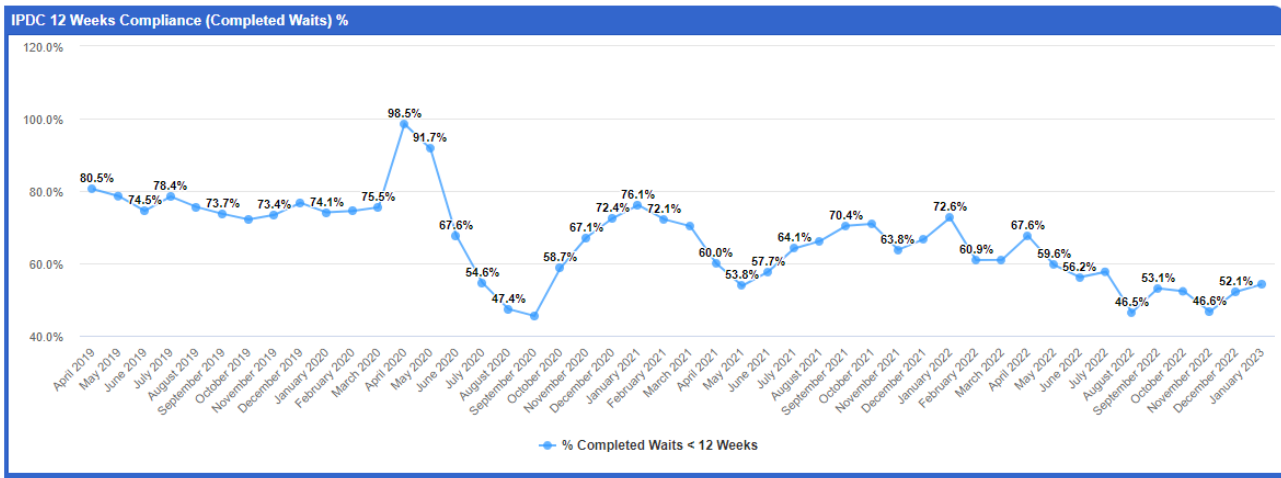
Source: Local weekly management reports, Information Team

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 had been on a reducing trend since falling to 46.6% in November 2022. Local data shows that performance is now beginning to show an improving picture, from 46.6% at November 2022 to 54.2% at January 2023 (Figure 7a).

The levels in January 2022, January 2021 and April to June 2020 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 has shown its secondly monthly reduction from 29.5% at December 2022 to 27.4% at January 2023 (Figure 7b).

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



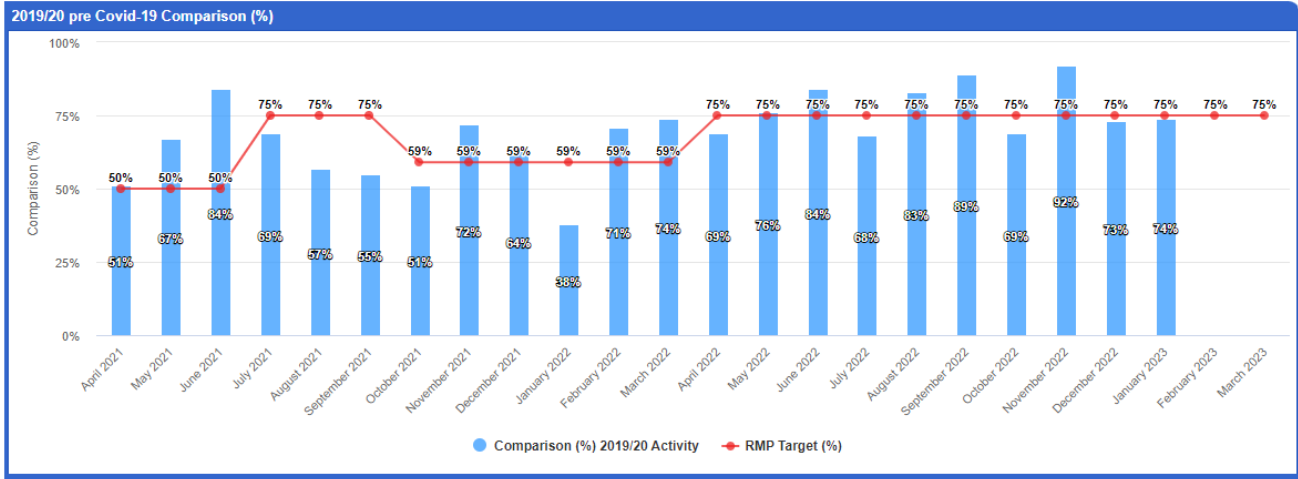
Source: Local monthly management reports, Information Team

Based on the latest published data from Public Health Scotland that reports on quarter ending December 2022, compliance in relation to both completed waits and ongoing waits, was lower when compared to the Scotland average.

Inpatient/Daycases – Remobilisation

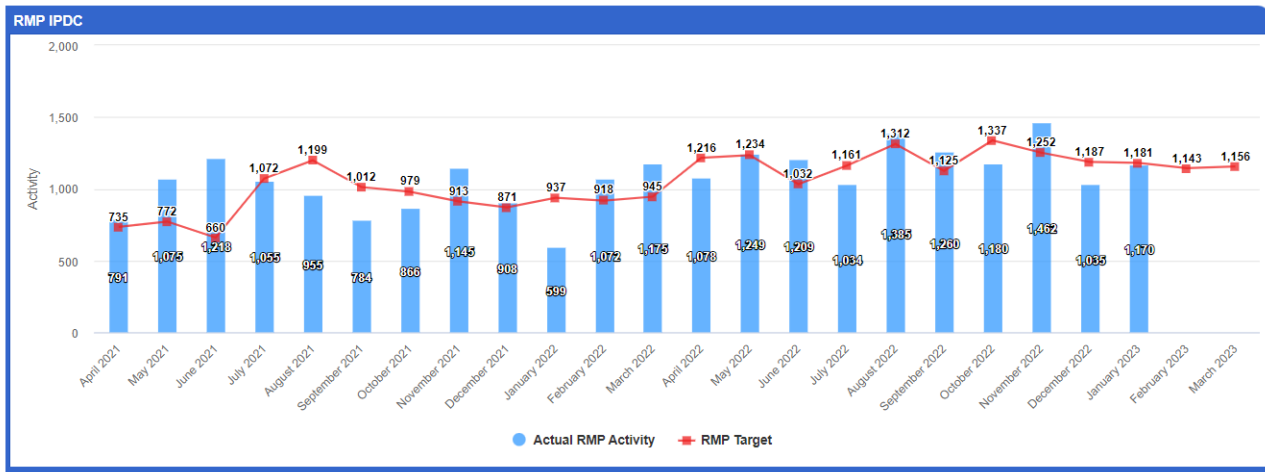
Although the ADP has replaced Remobilisation Plans, we continue to monitor trajectories and activity compared to pre-COVID-19 levels under the banner of RMP. In January 2023, NHS Ayrshire & Arran had remobilised 74% of Inpatient/Daycase activity compared to January 2020, which is slightly lower than our local target of 75% (Figure 8a). Despite the pressures across the whole Health and Care system in January 2023, our surgical activity levels remained at a high level (Figure 8b).

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



Source: Local monthly management reports, Information Team

Figure 8b – Inpatients/Daycases Activity (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 256% in Urgent categories in January 2023 compared to January 2020 (Table below/overleaf).

Inpatient/Day case Activity – All Specialties	30-Nov-22			31-Dec-22			31-Jan-23		
	Nov 2019 Actual	Nov 2022 Actual	%	Dec 2019 Actual	Dec 2022 Actual	%	Jan 2020 Actual	Jan 2023 Actual	%
All	1,583	1,462	92%	1,420	1,035	73%	1,579	1,170	74%
Routine	1,336	913	68%	1,182	562	48%	1,367	628	46%
Urgent	247	549	222%	238	473	199%	212	542	256%

Source: Local monthly management reports

Inpatients/Daycases – Improvement Actions

- Work is continuing 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 and Vascular waiting lists.
- Discussions are ongoing in relation to increasing day case recovery space within UHC. Following a recent walk-round, and after some estates works, there will be capacity to increase recovery beds to 16-20 beds. This will bring it back closer to pre-pandemic levels.

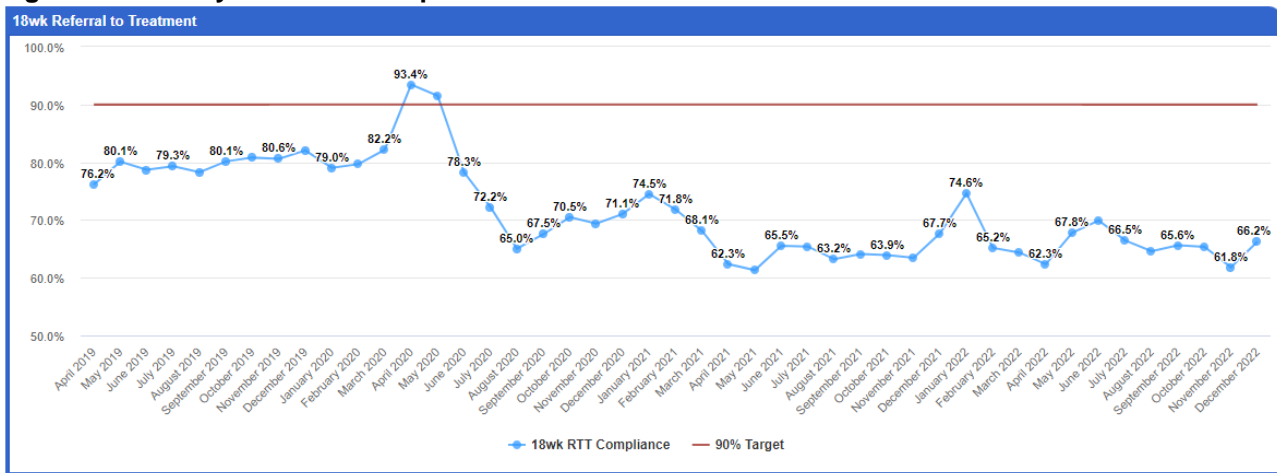
18 week Referral to Treatment

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 that compliance has increased from to 61.8% at November 2022 to 66.2% at December 2022 (Figure 9). This is the highest recorded position in six months.

Levels exceeded the target in April 2020, May 2020 and reached 74.6% in January 2022 however this performance 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 December 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

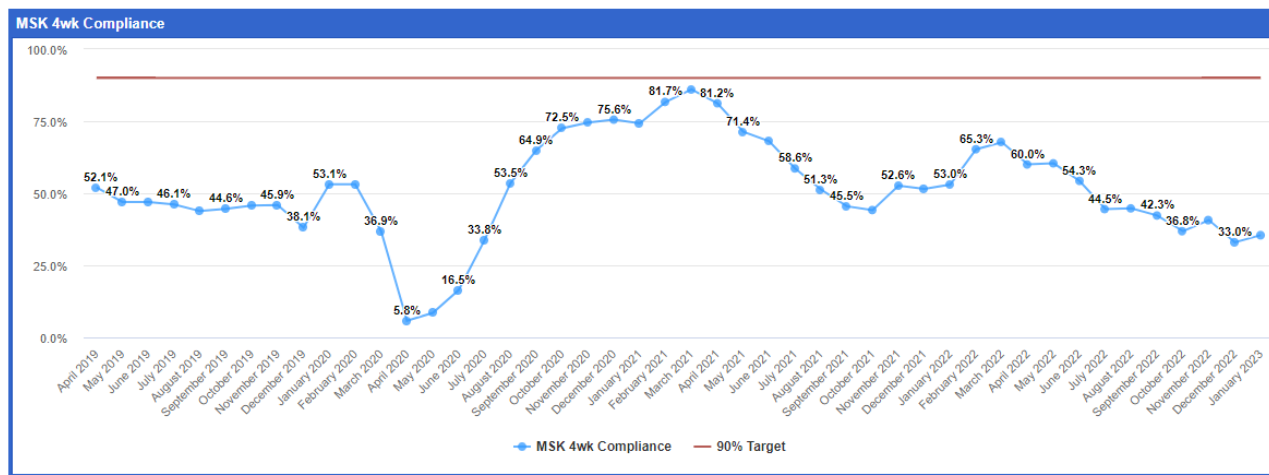
- Compliance against the 18 Week RTT target of 90% continues to be affected by the backlog of patients which resulted from the measures that were put in place to manage the pressures of COVID-19. Achieving the standard depends on waiting times for diagnostic tests, new outpatient appointments and inpatient/daycase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

Musculoskeletal Services (MSK)

Musculoskeletal Services (MSK) – Compliance

Local management information highlights that compliance against the MSK target of 90% has increased from a 2.5 year low of 33.0% at December 2022 to 35.5% at January 2023 (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 September 2022 shows that across NHS Ayrshire & Arran, compliance was substantially lower 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 has increased with the majority of New Outpatient appointments being face to face to streamline the patient journey. 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.
- 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 and using appropriate skill mix. 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 have 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 was 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			
76.7% Jan 2023	51.4% Jan 2022	of patients were waiting fewer than 6 weeks for Imaging	 100%
41.9% Jan 2023	27.1% Jan 2022	of patients were waiting fewer than 6 weeks for Endoscopy	 100%
National Benchmarking			
70.2% Dec 2022	48.5% Scotland	of patients were waiting fewer than 6 weeks for Imaging	+ 21.7
42.6% Dec 2022	37.1% Scotland	of patients were waiting fewer than 6 weeks for Endoscopy	+ 5.5

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

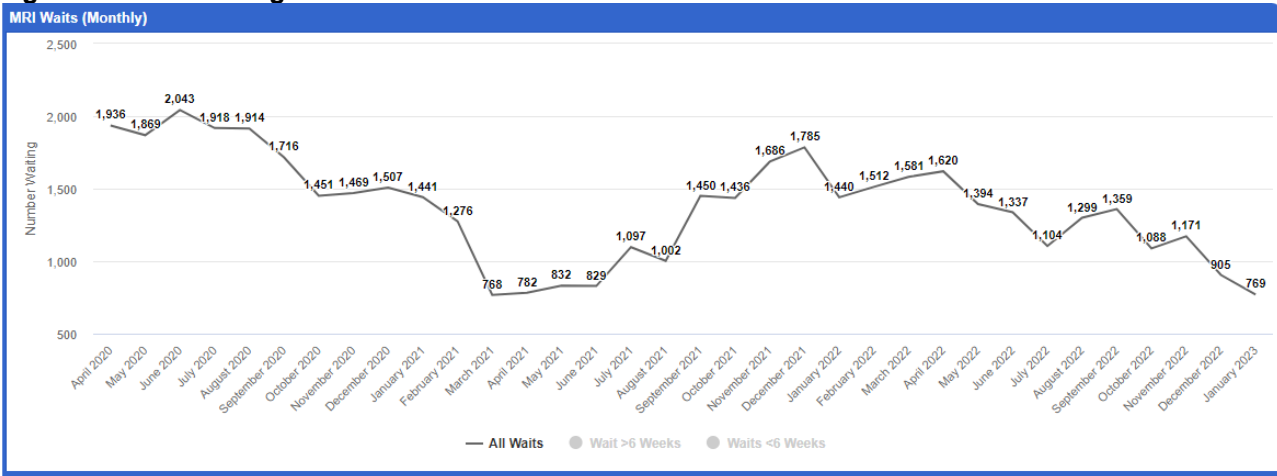
The total number of patients waiting for a CT scan has shown an increase at January 2023 (Figure 11), while there has been a decrease in the number of patients waiting for an MRI scan, which is at its lowest level since March 2021 (Figure 12).

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 that with the exception of April 2022 and October 2022, there had been a general increase in compliance levels against the 6 week Access Target for Imaging from 51.4% at January 2022 to an 18 month high of 80% at November 2022. Compliance decreased to 70.2% at December 2022 but has since increased again to 76.7% at January 2023 (Figure 13) which is generally above pre-COVID-19 levels.

Figure 13 – Imaging compliance Performance



Source: Local monthly management reports, Information Team

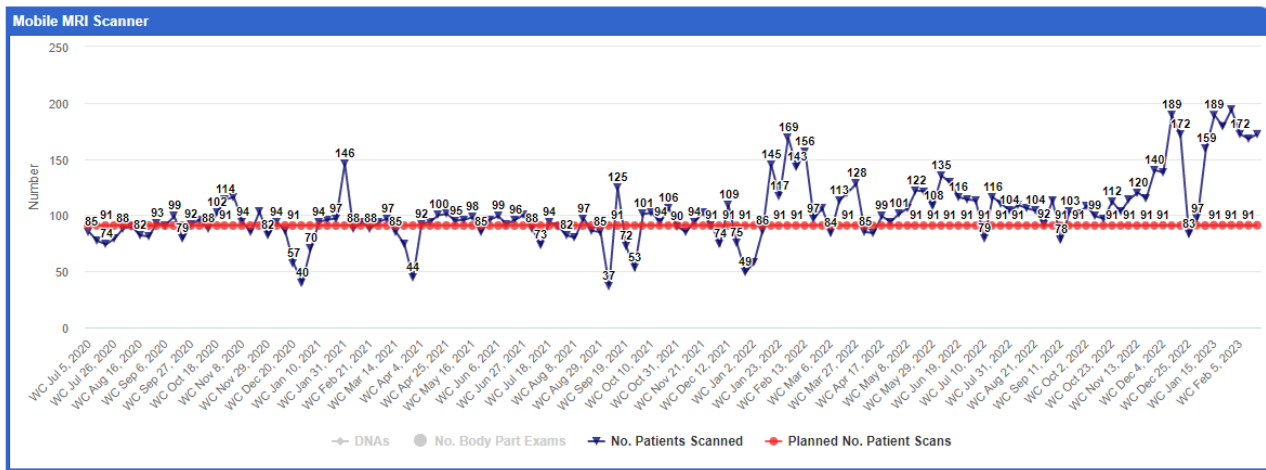
Imaging (MRI, CT, Non-obstetric ultrasound, Barium Studies) – Benchmarking

The latest published benchmarking data from Public Health Scotland for December 2022 shows that compliance as a whole for all four modalities for Imaging (CT, MRI, Barium Studies and Non-obstetric Ultrasound) against the 6 week 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 three 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 (US) 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, however MRI and US capacity continues.
- International recruitment of Radiographers has commenced, with five candidates due to start in February 2023.

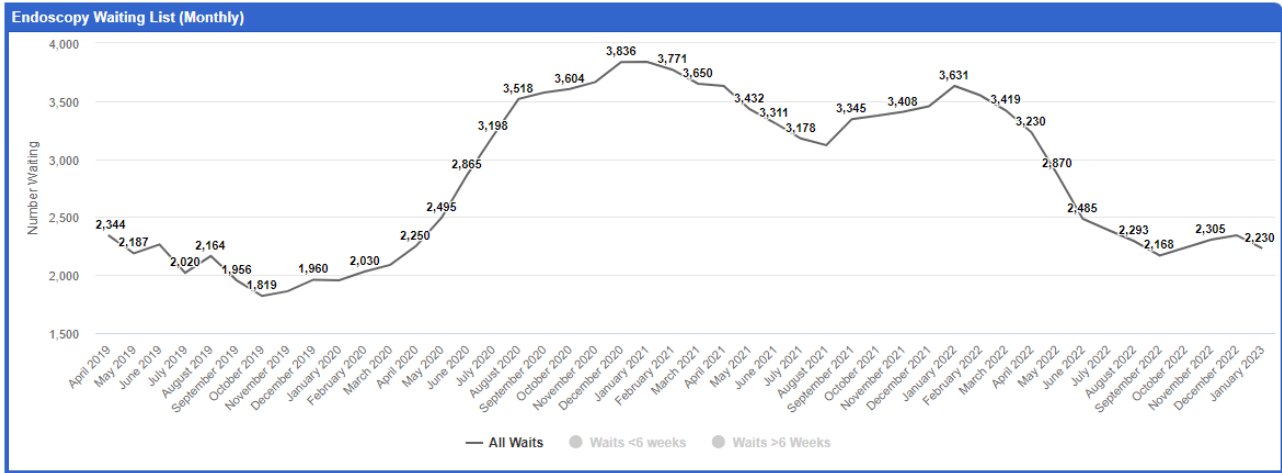
Endoscopy (Upper, Lower Endoscopy, Colonoscopy, Cystoscopy)

Endoscopy services have continued to be impacted by COVID-19 due to the re-designation of space to expand ICU facilities, 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 shown a reduction, from 2,343 at December 2022 to 2,230 at January 2023 (Figure 15).

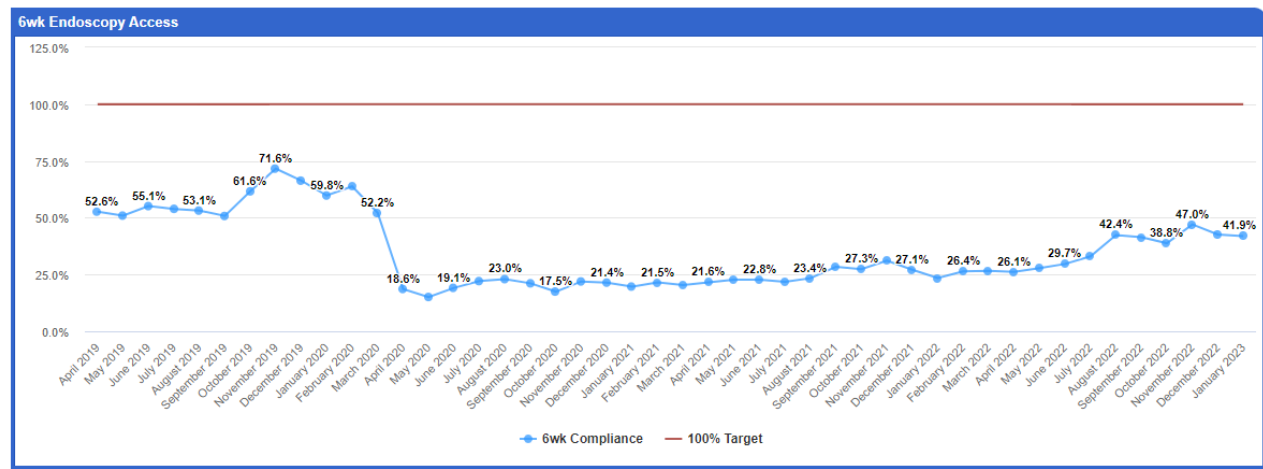
Figure 15 – Endoscopy Waiting List at month end



Source: Local monthly management reports, Information Team

Local management information highlights that compliance against the 6 week Access Target for Endoscopy has reduced from 47.0% at November 2022, its highest level since the start of the pandemic, to 41.9% at January 2023 (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 December 2022 shows that compliance for Endoscopy was higher 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 now started with completion expected around Mid-April 2023. Additional capacity is expected to be available from beginning of May 2023.
- 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. Cytosponge activity is currently paused due to external factors. The service is awaiting an update from the provider on a restart date.
- 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			
70.2% Dec 2022	71.7% Dec 2021	of patients with suspicion of cancer started treatment within 62 days of initial referral	 95%
96.8% Dec 2022	100.0% Dec 2021	of patients with a Cancer diagnosis started treatment within 31 days following decision to treat	 95%
National Benchmarking			
75.7% QE Sep 2022	74.7% Scotland	of patients with suspicion of cancer started treatment within 62 days of initial referral	+ 1.0
99.1% QE Sep 2022	94.3% Scotland	of patients with a Cancer diagnosis started treatment within 31 days following decision to treat	+ 4.8

62 Day Urgent Suspicion of Cancer

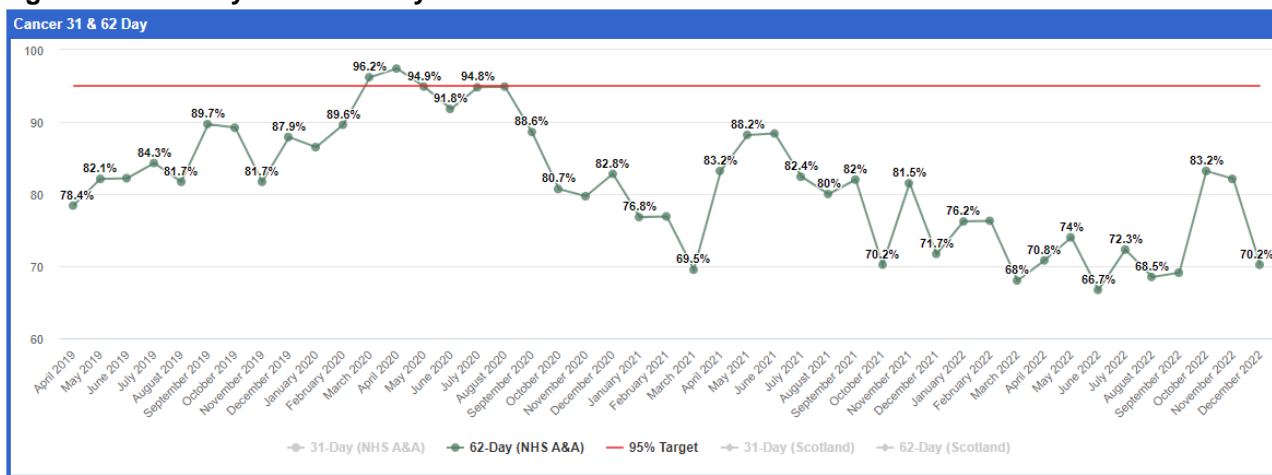
62 Day Urgent Suspicion of Cancer – Compliance

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. 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, contributed to lower levels of performance. Having achieved performance in excess of 80% at October and November 2022, compliance at December 2022 has shown a reduction to 70.2% (Figure 17).

Performance continues to be challenged by the sustained and notable increase in the number of Urgent Suspicion of Cancer (USC) referrals which increased by approximately 35% since before the pandemic. Despite this rise 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

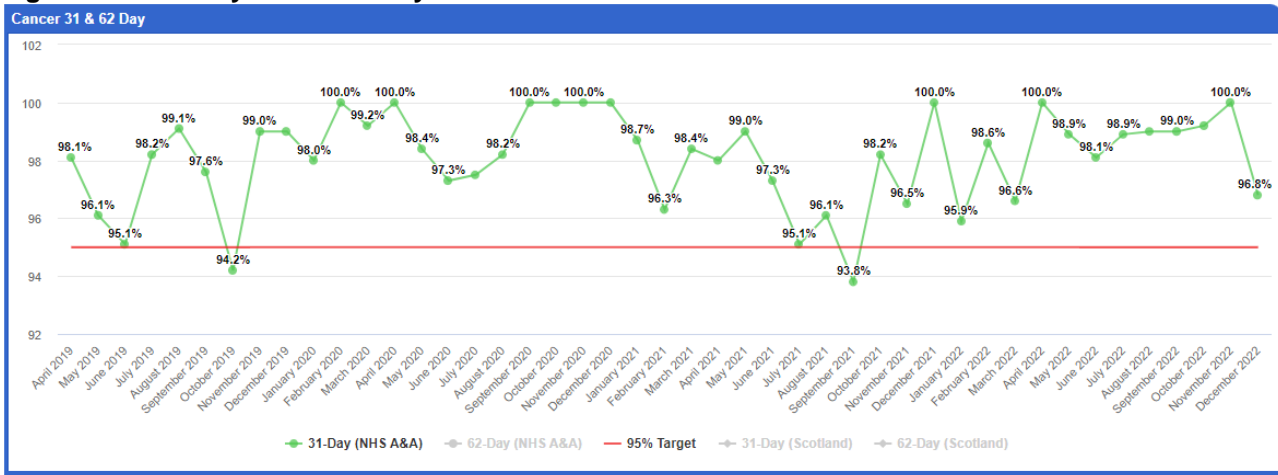
The latest published benchmarking data for quarter ending September 2022 indicates that compliance against the 62 day Cancer target of 95% is higher across NHS Ayrshire & Arran compared to the Scotland average.

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 December 2022 was 96.8% (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 September 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 Rapid Cancer Diagnosis Service (RCDS) (formerly Early Cancer Diagnosis Centre) has received 424 referrals up to the end of January 2023 with 18 cancers diagnosed.

2.3.6 Mental Health

Mental Health			
National Performance Measures			
98.7% Jan 2023	97.4% Jan 2022	of children and young people started treatment within 18 weeks of initial referral to CAMH services	 90%
89.0% Jan 2023	88.7% Jan 2022	of patients started treatment within 18 weeks of their initial referral for psychological therapy	 90%
97.9% Jan 2023	98.0% Jan 2022	of clients waited less than 3 weeks from referral to appropriate drug or alcohol treatment that supported their recovery	 90%
National Benchmarking			
73.3% QE Dec 2022	70.1% Scotland	of children and young people started treatment within 18 weeks of initial referral to CAMH services	+ 3.2
89.5% QE Dec 2022	81.1% Scotland	of patients started treatment within 18 weeks of their initial referral for psychological therapy	+ 8.4
99.2% QE Sep 2022	92.2% Scotland	of clients waited less than 3 weeks from referral to appropriate drug or alcohol treatment that supported their recovery	+ 7.0

Child and Adolescent Mental Health Services (CAMHS)

CAMHS – Compliance

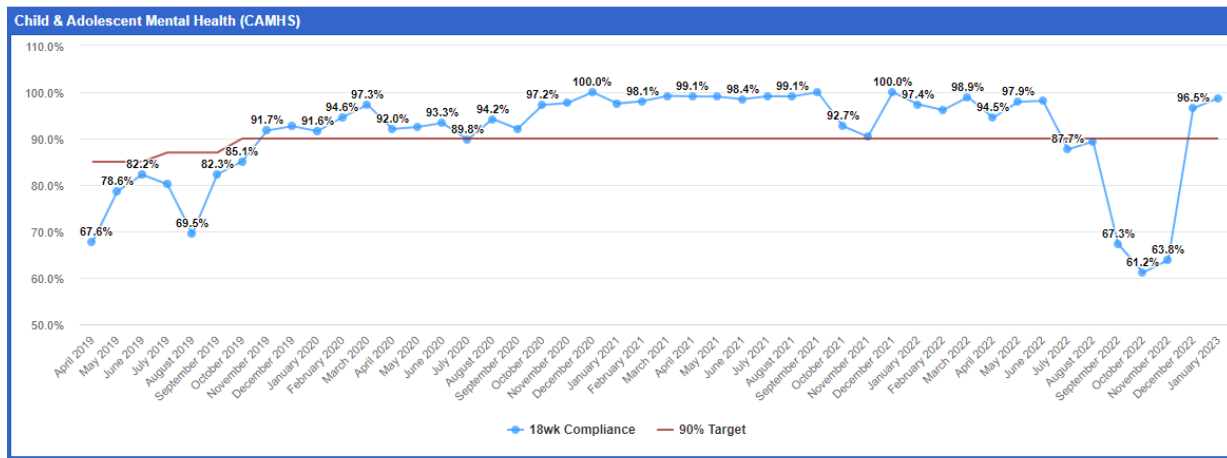
The key performance standard that CAMHS is measured against is Referral to Treatment (RTT) for all referrals. Scottish Government expects 90% of children and young people referred to CAMHS are assessed and receive a form of treatment and intervention within 18 weeks of that referral.

Local management information shows that following a reduction in compliance to 61.2% at October 2022, the lowest level of compliance recorded in the last 3.5 years, the number of children and young people starting treatment within 18 weeks of initial referral to CAMHS has shown a further increase from 96.5% at December 2022 to 98.7% at January 2023. This is the highest level recorded since March 2022. Performance against the target of 90% had previously been consistently met and maintained between November 2019 and June 2022 (Figure 19).

The Leadership and Management Team established a Recovery Plan which was implemented in early October 2022 to understand the current CAMHS waiting times for Assessment and the challenges being faced in achieving the 90% standard. The trend of increased numbers of referrals showed no sign of abating and peak holiday periods over the summer, compounded by unprecedented number of DNAs resulted in significant backlog in children and young people awaiting assessment. A 20% DNA rate, or one in every five assessments, were not attended, with August 2022 being the highest. The projected wait time in October for November/December 2022 unaddressed, would have resulted a potential drop to as low as 14% compliance equating to a wait of 91 weeks. Staff worked incredibly

hard and flexibly throughout to achieve the standard in December 2022 and again in January 2023. February 2023 is also projected to meet the standard with an estimated level of 100%. Appointments have not been allocated for March 2023 at the time of writing.

Figure 19 – Monthly CAMHS Performance



Source: Local Information Team Reports, Mental Health

CAMHS – Benchmarking

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

CAMHS – Improvement Actions

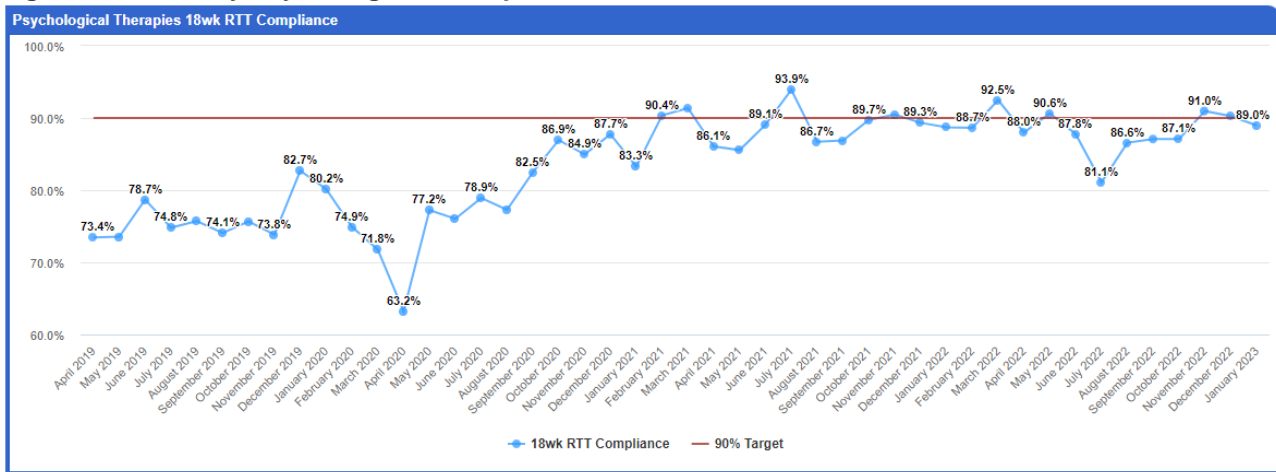
- The work of the CAMHS implementation group is now looking at full implementation of the CAMHS Specification on the 31st March 2023.
- The reduction in access to specialist Psychological interventions for eating disorders means that there is more necessity to keep our young people closer to home and work with paediatrics as sending them to Glasgow purely for ‘re-feeding’ is not perceived as patient centric.
- The N-CAMHS (neurodevelopmental CAMHS) team continues to work on pathways and processes to provide smooth transition between teams and reduce the need for duplication. Full implementation of specification will result in a change of service access.
- The pathway within N-CAMHS provides greater clarity.
- The specification describes the role of CAMHS as providing access to multi-disciplinary teams that provide
 - (i) Assessment and treatment/interventions in the context of emotional, developmental, environmental and social factors for children and young people experiencing mental health problems.
 - (ii) Training, consultation, advice and support to professionals working with children, young people and their families.
- Locally we have invested heavily in the redesign and development of the service to meet the specification and the needs of the children, young people, families and carers that we will be working with.
- CAMHS will offer assessment, treatment and care to children and young people experiencing moderate to severe depression, moderate to severe anxiety problems, self-harming behaviours and other diagnosable mental health conditions where there is an indication for treatment and therapeutic care.

Psychological Therapies

Psychological Therapies – Compliance

Local management information shows that, having exceeded the 90% waiting-times compliance for Psychological Therapies in November and December 2022, there was a slight reduction to below at January 2023 to 89.0% (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 December 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 CAMHS and parts of our AMH 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 and development of assessment and treatment where appropriate. 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 has positively assessed our Board as not requiring enhanced support for PT.

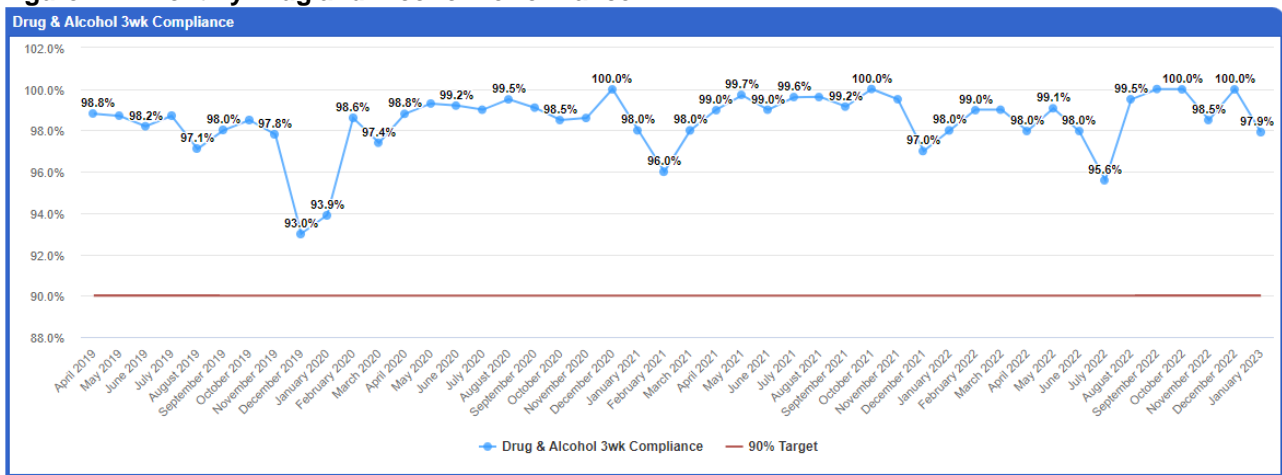
- **Training/Wider Workforce Upskilling** - Implement the recently developed strategic plan for psychological training and supervision, initially focused on Adult Mental Health, based on clinical care pathways, and with more explicit knowledge of what resource is available and required for delivery of 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 at January 2023 continue to exceed the target of 90% with performance of 97.9% (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 September 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

- North Ayrshire services continue to comply with all access to treatment standards. North Ayrshire services are on trajectory to meet the new Substance Use Treatment target (whilst we await formal national published information on this new target).
- Further information was provided in response to some follow up questions regarding the North Ayrshire Medication Assisted Treatment (MAT) Improvement Implementation Plan. A Q3 MAT Progress report was also submitted. Staff have been contributing to various national MAT related meetings and groups. MAT related data reports and audit activity has been undertaken and collected during

Q3 (however, these reports are not due to be submitted until 14th April 2023). Funding options continue to be explored regarding the delivery of MAT Standard 7 (primary care element of MAT). We await feedback from the Scottish Government.

- Support for individuals following a Non-Fatal Overdose is in place and the Pan Ayrshire steering group continues to meet and will consider any improvements during Q4.

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. There have been significant staffing challenges experienced across the Addictions Team causing some delays. Recruitment should be complete by April 2023. The dedicated Residential Rehab Social Worker, continues to work with individuals during the pre and post residential rehab phase. In addition, sort-term funding for a second post holder has been approved by EAC.
- 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 Recovery Hub opportunities continue to grow and application for additional funding has been submitted to CORRA.
- 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.
- East Ayrshire Recovery College is now operational. 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.
- In addition East Ayrshire ADP held its first annual conference since COVID 19 on 8th Dec 22. Themes were New and Emerging Themes in Drug Recovery; Whole Family Approach; Celebrating Recovery and New and Emerging Themes in Alcohol.

South Ayrshire


- **South Ayrshire** Community alcohol and drugs service, known as START (**South Ayrshire Treatment And Recovery Team**), have continued providing medication access clinics, extending this to five days per week, across five different clinics across South locality, 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, Blood Borne Virus(BBV)/Sexual health/Injecting Equipment Provision (IEP) support, and recovery support, at a time and location that suits the individual. Intensive support will be offered to support the individual to remain in treatment as long as they require it and to achieve optimum recovery goals. The funding for additional staff was agreed with the MAT Implementation Support Team (MIST), which enabled the recruitment and increased staff capacity to respond to individuals needs and provide mental health support to individuals through the provision of one Band 7 Advanced Nurse Practitioner (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 the Service is still 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 continue to be appraised with any potential improvements or developments 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 in January 2023 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 however allocation for 2022/23 has been paused and therefore plans to extend the service to people over 65years of age has not taken place. This additional investment was expected from the Primary Care Mental Health and Wellbeing funding however this has not been received to date and as such further developments have not taken place.

2.3.7 Unscheduled Care

Services across the whole health and care system remain under extreme pressure. Patients continue to present 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, staff absence and continuing infection control measures have added to the complexity of managing patient flow.

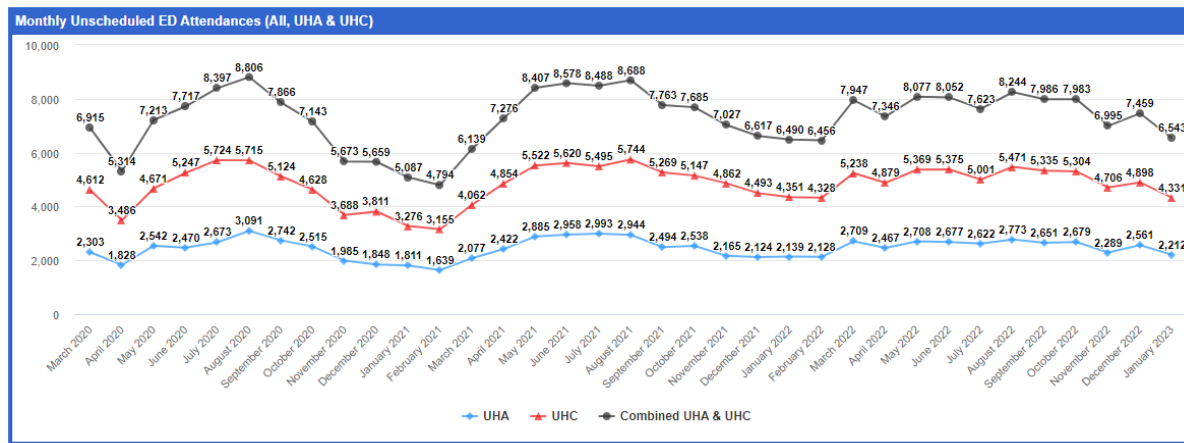
Unscheduled Care			
National Performance Measures			
6,543 Jan 2023	6,490 Jan 2022	unscheduled attendances at Emergency Departments	
62.9% Jan 2023	73.2% Jan 2022	of unscheduled ED attendees were treated, admitted or discharged within 4 hours of arrival	 95%
801 Jan 2023	572 Jan 2022	ED attendees waited over 12 hours to be treated, admitted, or discharged	
Local Performance Measures			
3,013 Jan 2023	2,960 Jan 2022	presentations to Combined Assessment Units	
1,539 Jan 2023	1,694 Jan 2022	Emergency admissions to medical or surgical wards following attendance at ED or CAU	
National Benchmarking			
62.3% Dec 2022	58.4% Scotland	of unscheduled ED attendees were treated, admitted or discharged within 4 hours of arrival	+ 3.9

Emergency Department (ED)

ED Attendances

Local management information shows that in January 2023, there were a slightly higher number of unscheduled ED attendances across NHS Ayrshire & Arran compared to January 2022. For the current winter period (Oct 2022 – Jan 2023), unscheduled ED attendances reached a monthly average of 7,245, compared to 6,955 for the same period of the previous year. Despite this increase, activity levels remain significantly lower than pre-COVID (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 (October to January)

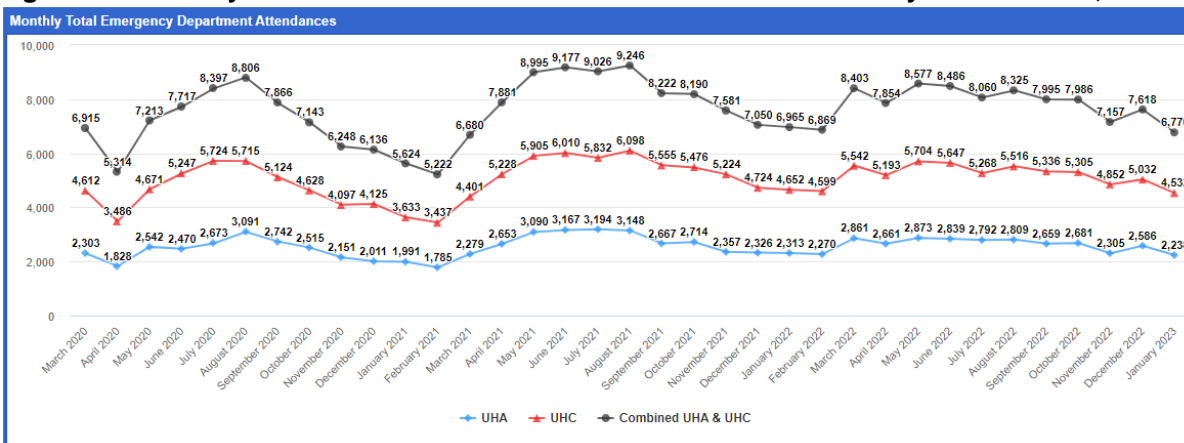
Monthly average of unscheduled ED Attendances	Oct 19 – Jan 20 (pre-COVID-19)	Oct 21 – Jan 22	Oct 22 – Jan 23
NHS Ayrshire & Arran	9,183	6,955	7,245

Source: Local Information Team Reports

Note – Between early August 2022 and mid-November 2022, a technical issue with the national Aadastra system affected the accurate recording of scheduled ED attendances. As such, the majority of attendees who would otherwise have been categorised as ‘scheduled’ were captured as ‘unscheduled’ attendances. For information purposes, 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 6,770 attendances at EDs in January 2023, a decrease from the 6,965 recorded in January 2022. All ED attendances on average have fallen to a monthly average of 7,383 between October 2022 and January 2023, compared to 7,447 in the same period the previous year (Figure 21 and Table below).

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 (October to January)

Monthly average of ED Attendances	Oct 19 – Jan 20 (pre-COVID-19)	Oct 21 – Jan 22	Oct 22 – Jan 23
NHS Ayrshire & Arran	9,183	7,447	7,383

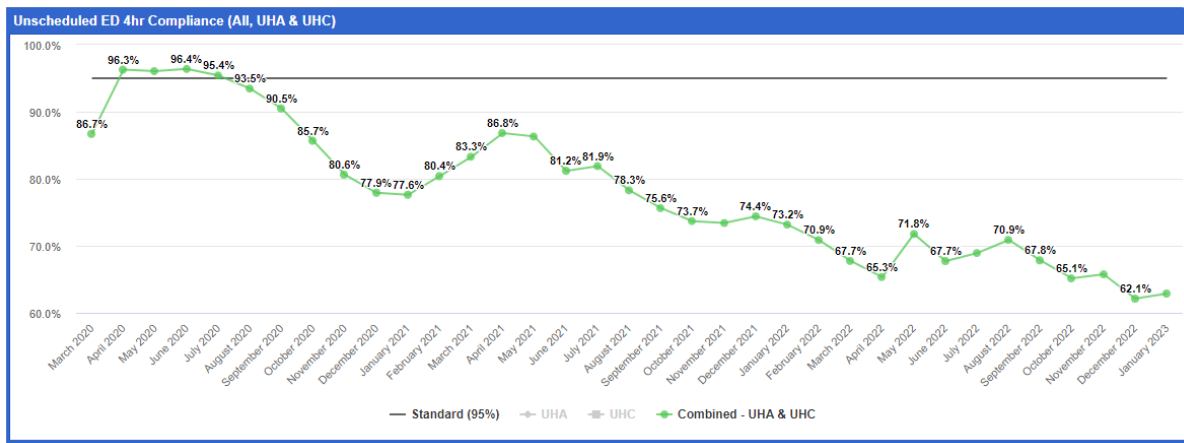
Source: Local Information Team Reports

ED 4-Hour Wait

ED 4-Hour Wait – NHS Ayrshire & Arran Compliance

Local management information reports indicate that whilst compliance against the ED 4-Hour standard has remained on a long term downward trend, there was a slight improvement in performance from 62.1% in December 2022 to 62.9% in January 2023 (Figure 24).

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

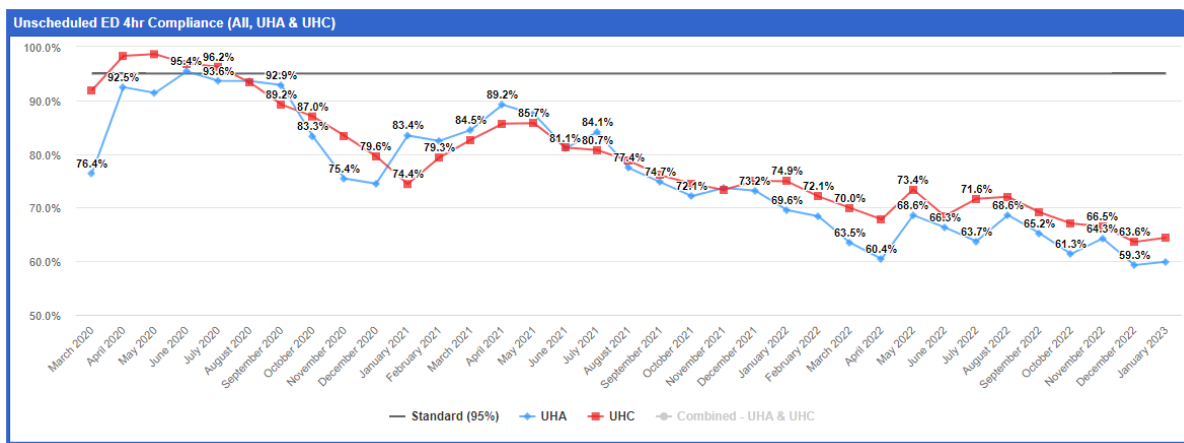


Source: Local Information Team Reports

ED 4-Hour Wait – UHA and UHC Compliance

ED 4 hour compliance continues to remain lower at UHA than at UHC, although both sites experienced a slight increase in performance between December 2022 and January 2023 (Figure 25).

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



Source: Local Information Team Reports

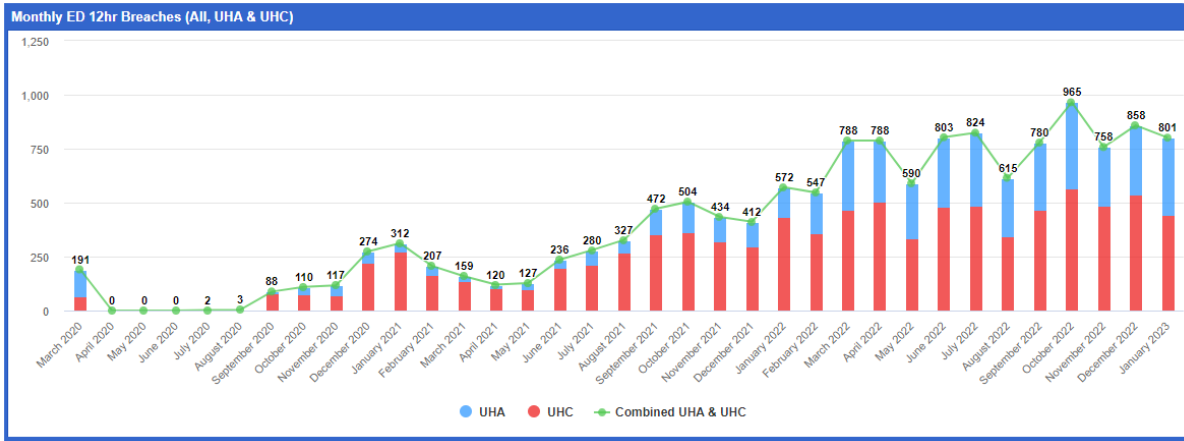
ED 4-Hour Wait – NHS Ayrshire & Arran Benchmarking

At the time of writing, the latest national published data for December 2022 indicates that compliance against the 4-Hour Wait for unscheduled ED attendances for NHS Ayrshire & Arran was higher than the Scotland average; 62.3% for NHS Ayrshire & Arran compared to 58.4% for Scotland as a whole.

ED 12 Hour Breaches

The numbers of ED 12 Hour Breaches at Board level increased to an all-time high of 965 in October 2022, decreasing to 801 by January 2023 (Figure 26a).

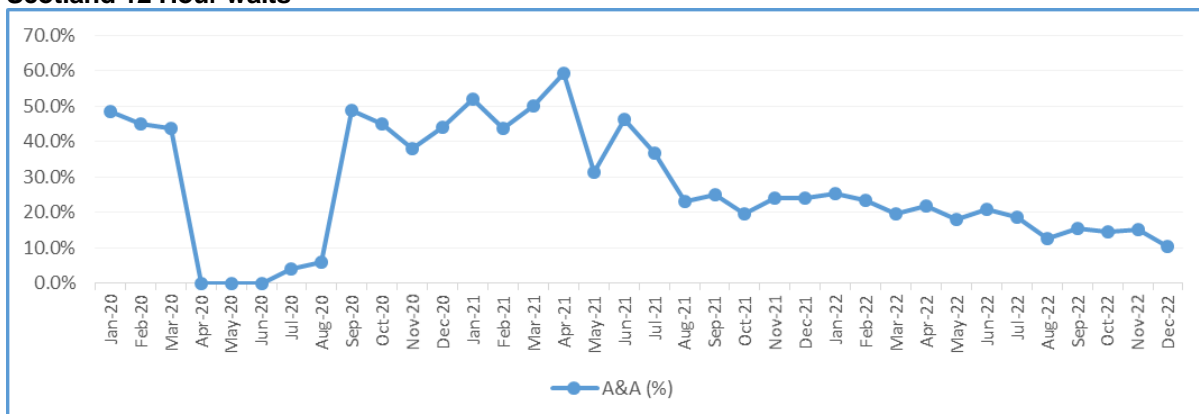
Figure 26a – Monthly ED Waits Over 12 Hours - NHS Ayrshire & Arran, UHA, and UHC



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 across the whole of Scotland rose to a peak of 59.3% in April 2021 and has noticeably decreased since, down to 10.6% as at December 2022 (Figure 26b). This proportion has been on a very gradual downward trend for the past 12 months, indicating that NHS Ayrshire & Arran is 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

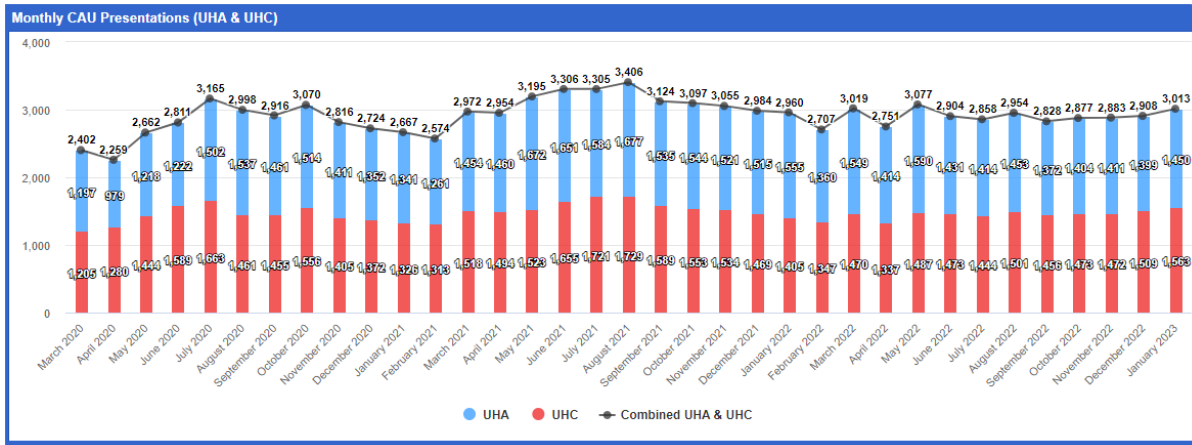


Source: Public Health Scotland

Combined Assessment Unit (CAU) Presentations

Local management information shows that in January 2023, there were slightly more CAU presentations across NHS Ayrshire & Arran compared to January 2022. Despite this increase, the monthly average for the winter period 2022/23 was lower than for the same period the previous year. CAU presentations 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 (October to January)

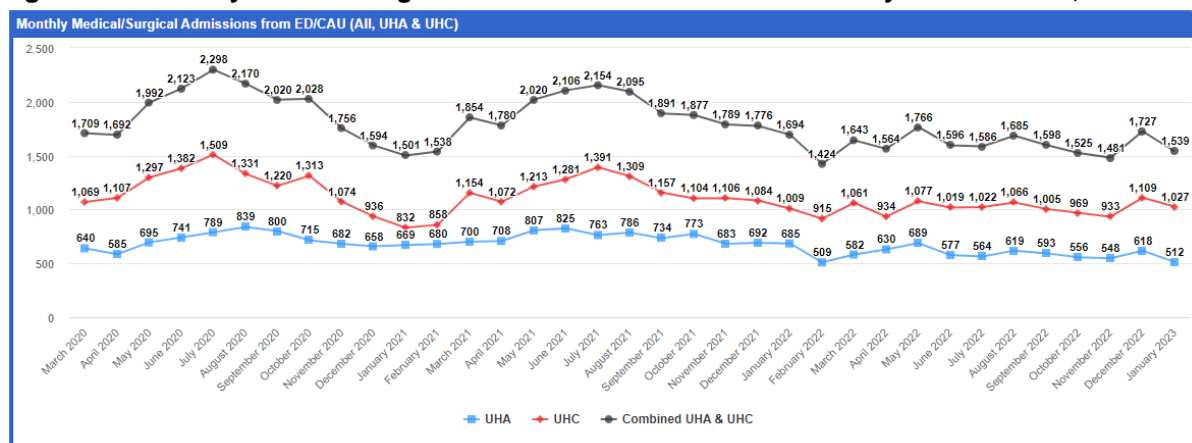
CAU Presentations	Oct 19 – Jan 20 (pre-COVID-19)	Oct 21 – Jan 22	Oct 22 – Jan 23
NHS A&A	3,191	3,024	2,920

Source: Local Information Team Reports

Emergency Admissions

The numbers of Medical and Surgical Inpatient Admissions from ED and CAU are lower at UHA and slightly higher at UHC in January 2023 when compared to the same month of the previous year (Figure 28). Throughout the winter period from October 2022 to January 2023, there were 1,568 admissions per month on average across both sites, compared to 1,784 per month for the same period the previous year. The pre-COVID-19 average for the same period in 2019/20 was 2,234 admissions per month.

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



Source: Local Information Team Reports

Monthly average number of Emergency Admissions (October to January)

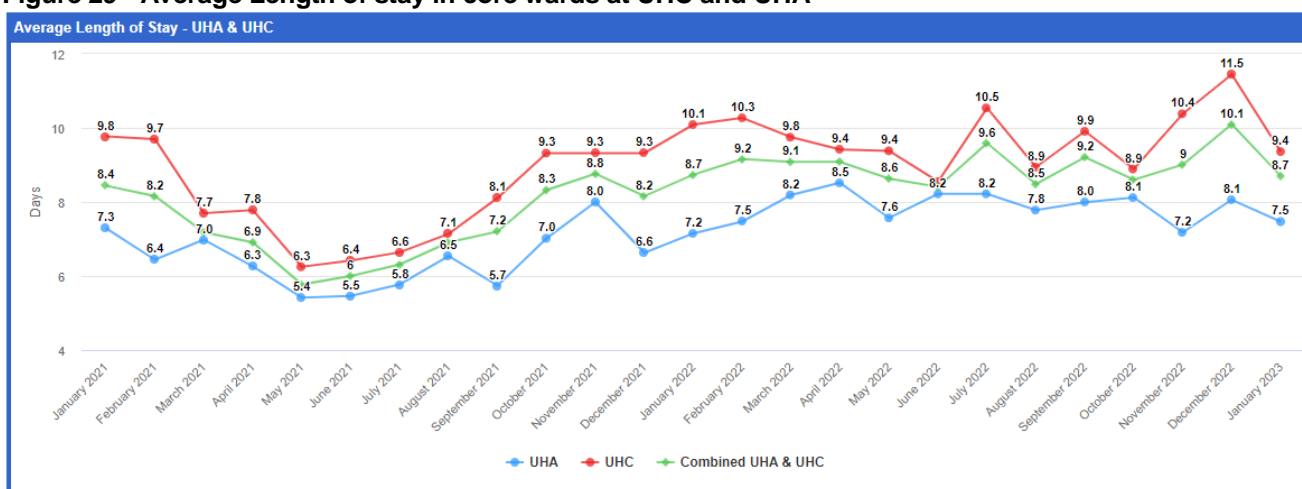
Total number of Emergency Admissions	Oct 19 – Jan 20 (Pre-COVID-19)	Oct 21 – Jan 22	Oct 22 – Jan 23
NHS A&A	2,234	1,784	1,568

Source: Local Information Team Reports

Average Length of Stay

Although there were lower levels of emergency admissions between October 2022 and January 2023 than the same time period the previous year, the average length of stay (ALOS) was notably higher over the same period. The ALOS (in days) across our Core wards reached its highest level at UHC at 11.5 in December 2022 with UHA rising to 8.1 in December 2022 (Figure 29). The overall ALOS across both sites reached its highest level of 10.1 in December 2022.

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 Emergency Department attendances and Length of Stay

- Following a successful trial of ‘call before convey’ over the 4 day September holiday weekend, this practice has been rolled out as business as usual. This involves the SAS crews phoning to discuss patients with the FNC/ED consultants & exploring alternatives before conveying to hospital. This is to ensure patients receive the most appropriate care in the right place at the right time. This results in an average of seven professional to professional calls a day rising to 12 at weekends to consider alternatives to reduce the need to convey to hospital.
- 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.
- Hospital at Home (H@H) is now established across South and East Ayrshire HSCPs with a workforce in place for 12 virtual beds. We will continue to expand the service to 28 virtual beds as workforce allows. The service is now supporting all ‘in hours’ nursing home patient referrals and expanding to support delivery of IV antimicrobial service.

- Outpatient parenteral anti-microbial therapy (OPAT) service; a small multi-disciplinary team are working to create our business case for a service expansion beyond lower limb cellulitis. The pharmacists on the team have successfully extended the range of agents available for use in this service and the expansion is now being planned.
- Whole System Interventions (MADE/DwD focus events) take place collaboratively with all three of our HSCPs. This initiative linked into previous Discharge without Delay (DwD) work, focussing on both expediting safe patient discharge and actioned work on some of the well know systemic issues. This work brought our partners into the heart of hospital operations while giving hospital staff an insight into the services our partners provide in the community. Further follow-up days are planned at a two-week interval to keep the networks and momentum going.
- The continuous patient flow model – based on the ‘Bristol Model’ has been tested at UHC. Whilst there are some noted early improvements, further analysis is required to balance the direct impact of the model, recognising that there are a number of contributing factors influencing the improvement data.
- The Rapid Assessment & Care (RAC) area within UHC was opened mid-December with early data showing a steady increase in RAC attendances along with an improving discharge % of ‘all attendances’.

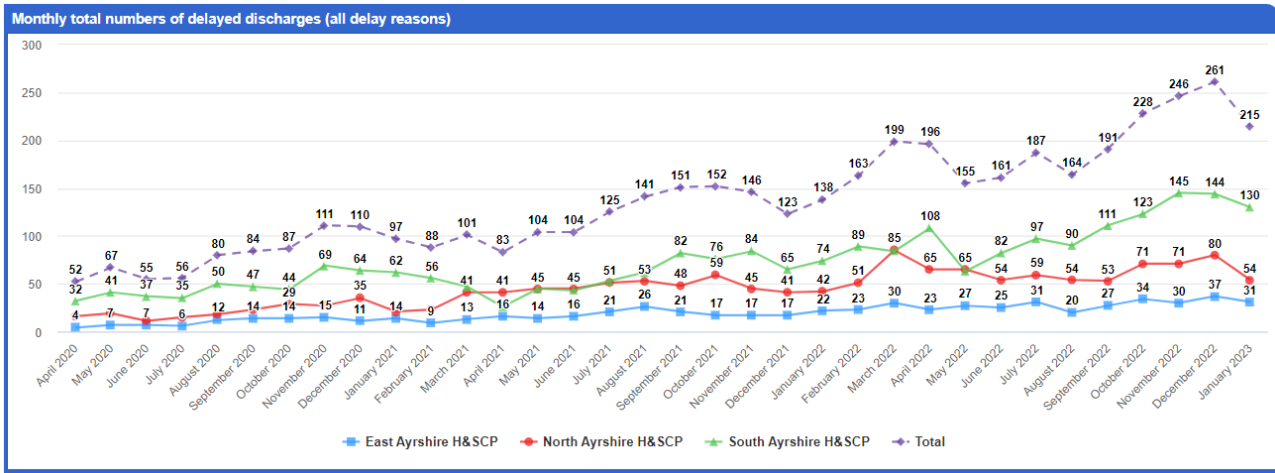
2.3.8 Delayed Discharges/Transfers of Care

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	
		54 Jan 2023	42 Jan 2022	31 Jan 2023	22 Jan 2022	130 Jan 2023
Numbers of patients whose discharge from hospital was delayed by 2 weeks or more for non-clinical reasons (excluding code 9 reasons)	13 Jan 2023	4 Jan 2022	0 Jan 2023	0 Jan 2022	86 Jan 2023	20 Jan 2022
Total number of hospital bed days occupied during the month by patients whose discharge from hospital was delayed for non-clinical reasons	1,828 Jan 2023	1,495 Jan 2022	983 Jan 2023	648 Jan 2022	4,263 Jan 2023	2,218 Jan 2022

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 numbers of delays had been consistently increasing with levels reaching an all-time high of 261 at December 2022, but in January 2023 has fallen to 215. Levels have decreased across all three HSCP areas. The majority of delays (130, 60.5%) remain in South Ayrshire HSCP. North Ayrshire has shown a decrease of 32.5%.

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

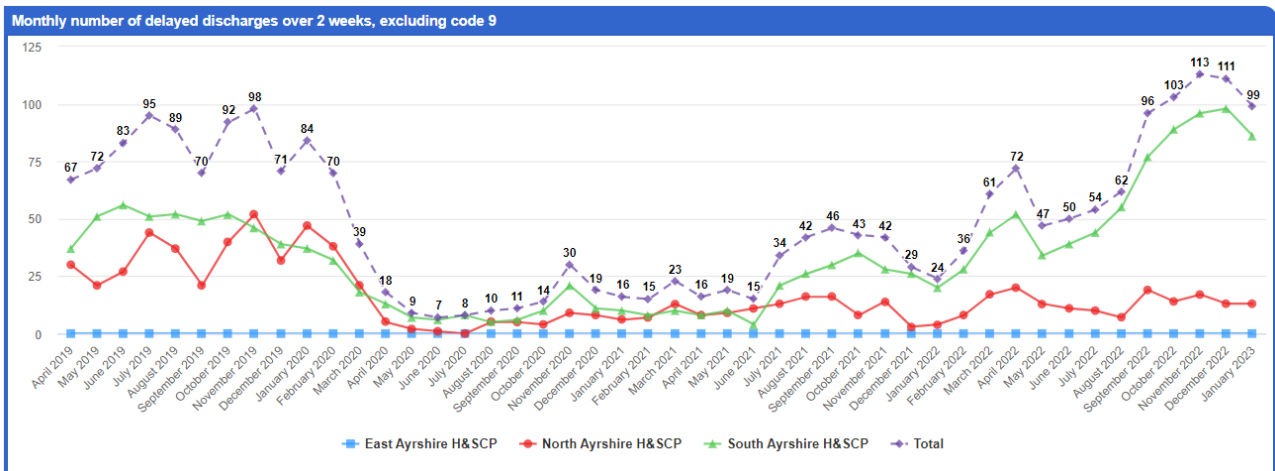


Source: Public Health Scotland

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 however increased each month to a high of 113 at November 2022. Numbers have since fallen to 99 at January 2023 (Figure 31). The vast majority (86.9%) of these delays are in South Ayrshire HSCP although South Ayrshire delays fell by 12.3% in January 2023 compared with the previous month. 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



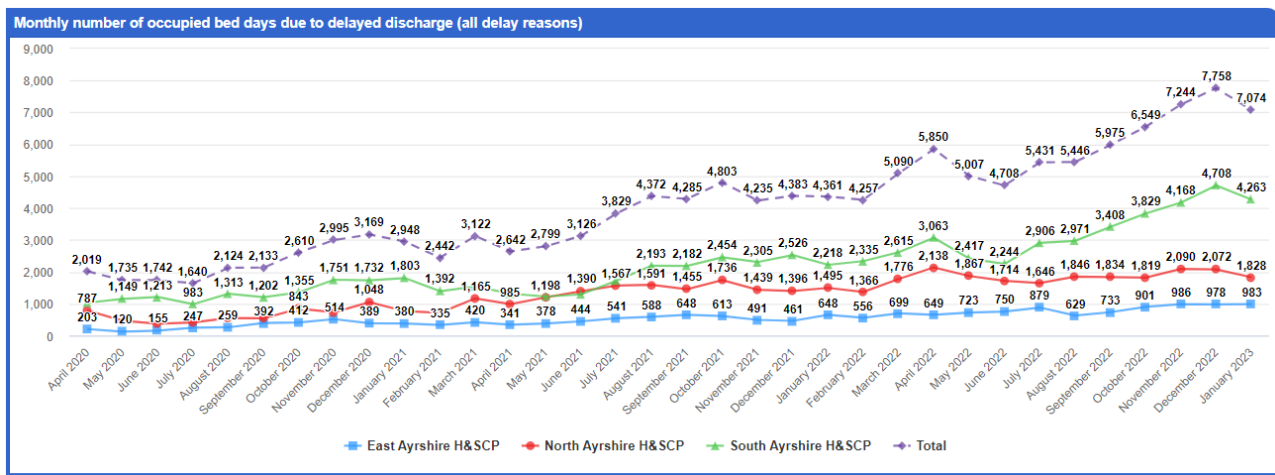
Source: Public Health Scotland

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, however increased each month to a record 7,758 in December 2022. OBDs due to delays have subsequently fallen to 7,074 in January 2023, a decrease of 8.8% compared to December 2022.

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 Discharged 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 was completed and on the basis of that an Action Plan was implemented to deliver on prioritised actions. A DwD Oversight Group is in place with operational teams taking forward the programme.

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;
- East Ayrshire community practitioners are participating in regular fortnightly Whole System Interventions in the two main Acute sites and contributing to changing the journeys of individuals and delivering on an immediate improvement plan
- 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; a joint letter from the Mental Welfare Commission for Scotland and Scottish Government has recommended local authorities can intervene to support families from after 5 weeks if private guardianship applications are experiencing any delays. The implications of the restated position are being considered.
- 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 Discharge Without Delay. 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.

- North Ayrshire HSCP are part of the planning and implementation of Whole System Intervention events and continue to support these on a fortnightly basis. Community teams from across North HSCP service areas are deployed within Crosshouse Hospital to work alongside acute colleagues to support discharges.
- Whole system improvement plan(s) have been developed following recent events and are being taken forward in partnership with teams across the system.
- The hospital-based social work and care at home teams continue to be involved on a daily basis (Monday to Friday) supporting discharge and discharge planning, including additional support as required. Teams are engaging with families as part of the assessment and discharge process to ensure all options for discharge are fully explored.
- 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 recently 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 model will continue through the

winter and a recent refresh of arrangements with Care Home providers has been completed.

- 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 number of commissioned hours available has almost halved since April 2021. 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 of the largest providers closed its doors transferring 1400hrs per week to the in house service during December 2022 contributing to the spike in delays.
- 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. At the time of writing, there are currently 150 people awaiting homecare and another 244 awaiting assessment for homecare.
- Despite these challenges there have been recent improvements in in house capacity with recruitment improving for the first time in 18months reducing the vacancy rate to 5%.
- A Reablement Unmet Needs Assessment Team (RUN-AT) has been established to address the community waiting list for Homecare. Following a review of 100 care packages, only 12 required any ongoing care suggesting that following a functional assessment, RUNAT has the potential to substantially reduce demand for Care at Home.
- 10 Intermediate care beds have been opened. 16 People have been admitted with seven having been discharged all of which did not require an ongoing package of care.
- Our use of initial interim beds in care homes to support those individuals delayed in hospital awaiting care packages has been exhausted (26 of 26 available beds being used).
- We are now progressing new interim care beds on a spot purchase basis and have over 20 beds potential beds identified.

- 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. We have shared this work nationally. The HSCP have been involved in the Whole System Interventions and are currently working on establishing a sustainable model to prevent admissions and facilitate discharges or progress the patients journey where possible.

2.4 Quality/patient care

We seek to balance remobilising, reforming 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 continued impact of whole system pressures on the provision of unscheduled and planned care for our citizens.

4. List of appendices

There are no appendices to this paper.