

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Tuesday 23 May 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 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 12th 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, with progress against quarter 4 almost complete and due for submission at the end of April 2023.

Services across the whole health and care system remain under extreme pressure. 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.

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 March 2023. For some measures, the latest data may be for February 2023.

2.3.1 Assessment Summary

- The numbers of **COVID-19 positive inpatients** across our hospitals have fallen to 38 at 2nd May 2023 (Figure 1).
- The total number of patients waiting for a **New Outpatient** appointment has been on a general decreasing trend from a peak of 45,156 at September 2022 to 43,479 at March 2023, although there has been a slight increase between February 2023 and March 2023 (Figure 2).
- The third and final waiting times target to **eliminate long waits for a New Outpatient appointment** set a target of no patients waiting over 12 months in most specialties by March 2023. At week commencing 27th March 2023, 3,271 patients were waiting over 12 months (Figure 3a) with zero waits in eight specialties (Figure 3b).
- **12 week New Outpatient** compliance has reached a 20 month high of 42.0% at March 2023 but remains lower than the 95% target (Figure 4).
- 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 March 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 14th April 2023, 908 patients were waiting over 18 months, an increasing trend from 776 at week commencing 9th December 2022 (Figure 6b).
- Compliance levels against the 100% target for **completed Inpatient waits** have generally been on a decreasing trend since January 2022 with levels of 51.7% reported in March 2023 (Figure 7a).
- **18 week Referral to Treatment (RTT)** compliance is on a reducing trend from a 6 month high of 65.9% at December to 58.6% at February 2023 (Figure 9). This is the lowest recorded position and the first time performance has fallen below 60% against a target of 90%.
- Compliance in relation to the **Musculoskeletal (MSK)** waiting time target of 90% has decreased from 42.2% at February 2023 to 41.1% at March 2023 (Figure 10). At March 2022, compliance was 67.7%
- The total number of patients waiting for a **CT scan** has been gradually increasing over the last three months but waits remain at lower levels compared to the previous year (Figure 11).

- Following a decreasing trend from November 2022, the number of patients waiting for an **MRI scan** has also increased for the second consecutive month at March 2023, but remain at lower levels compared to the previous years. (Figure 12).
- The number of patients waiting for a **Non Obstetrics Ultrasound** has increased further, with the highest number of recorded waits at March 2023. The number waiting has generally remained higher than pre-COVID-19 levels (Figure 13).
- Local management information highlights that compliance against the **6 week Access Target for Imaging** has reduced from an 18 month high of 80% at November 2022, to 74.4% at March 2023. Performance is generally at pre-COVID-19 levels (Figure 14).
- Overall waiting lists for **Endoscopy** have shown a reduction, from 2,341 at December 2022 to 2,012 at March 2023, the lowest number of waits since February 2020 (Figure 16).
- Local management information highlights that compliance against the **6 week Access Target for Endoscopy** has decreased from 47.9% at February 2023 to 40.9% at March 2023, and remain lower than pre-COVID-19 levels (Figure 17).
- Compliance against the **62-day Cancer target** has increased from 76.5% at February 2023 to 81.7% at March 2023 (Figure 18). Performance against the **31 day Cancer treatment** standard has fallen slightly from 100% at February 2023 to 98.2% at March 2023 but remains above target (Figure 19).
- **Child and Adolescent Mental Health Services (CAMHS)** performance has exceeded the target of 90% since December 2022, with compliance of 97.2% at March 2023 (Figure 20).
- Waiting-times compliance for **Psychological Therapies** continues on a reducing trend from 91.0% at November 2022, to 83.1% at March 2023 (Figure 21), the lowest compliance since 81.1% at July 2022.
- **Drug and Alcohol Treatment** services waiting times performance remains above the target of 90% with levels of 97.2% in March 2023 (Figure 22).
- **Unscheduled ED attendances** have increased slightly over the October-March 2022/23 winter period compared to the previous year (Figure 23). **Overall ED attendances** across the October-March 2022/23 winter period have as a monthly average decreased in comparison to the same period in 2021/22 (Figure 24).
- Compliance against the **ED 4-Hour standard** did show some improvement from a low in December 2022 of 62.1%, to 66.3% in February 2023. However, levels have fallen to 64.7% in March 2023 (Figure 25). The latest published benchmarking data for March 2023 shows compliance for NHS Ayrshire & Arran (64.7%) was marginally higher than the national average of 64.5%.
- The numbers of **ED 12 Hour Breaches** at Board level have increased to their second highest level of 907 in March 2023 (Figure 27a).
- The overall **Average Length of Stay (ALOS)** (in days) across our Core wards at our Acute hospitals has reached 10.1 in March 2023, its joint highest level (Figure 29).
- Based on the latest published data from Public Health Scotland (PHS), the numbers of **delayed discharges/transfers of care** have decreased for the third consecutive month (Figure 30). Levels reached an all-time high of 261 at December 2022, decreasing to 185 as at March 2023. **Bed days occupied due to a delayed discharge** have also continued to fall, down to 5,765 in March 2023; the lowest level since August 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:

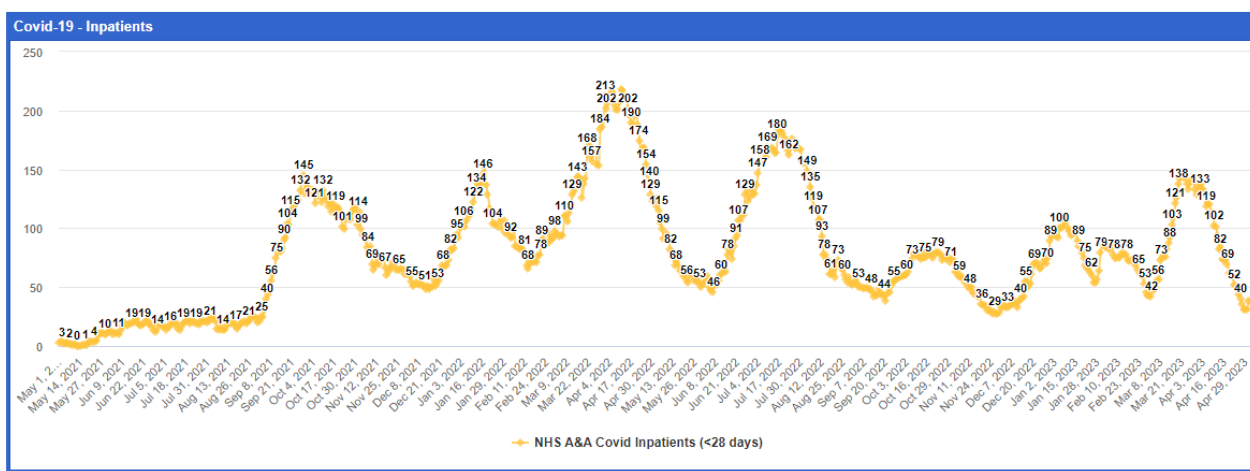
- COVID-19
- Planned Care Waiting Times
 - New Outpatients
 - Inpatient and Daycase
 - 18 week Referral to Treatment
 - MSK
- Diagnostics
 - Imaging
 - Endoscopy
- Cancer
 - 62 day suspicion of cancer
 - 31 day treatment
- Mental Health
 - CAMHS
 - Psychological Therapies
 - Alcohol and Drugs
- Unscheduled 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

Following the most recent wave of COVID-19, the numbers of COVID-19 positive patients in our hospitals reached 144 on 21st March 2023 but have fallen rapidly since then, decreasing to 38 at 2nd May 2023 (Figure 1). The numbers of COVID-19 positive patients in our Intensive Care Units (ICUs) have remained below five since 25th November 2021.





Figure 1 – 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.

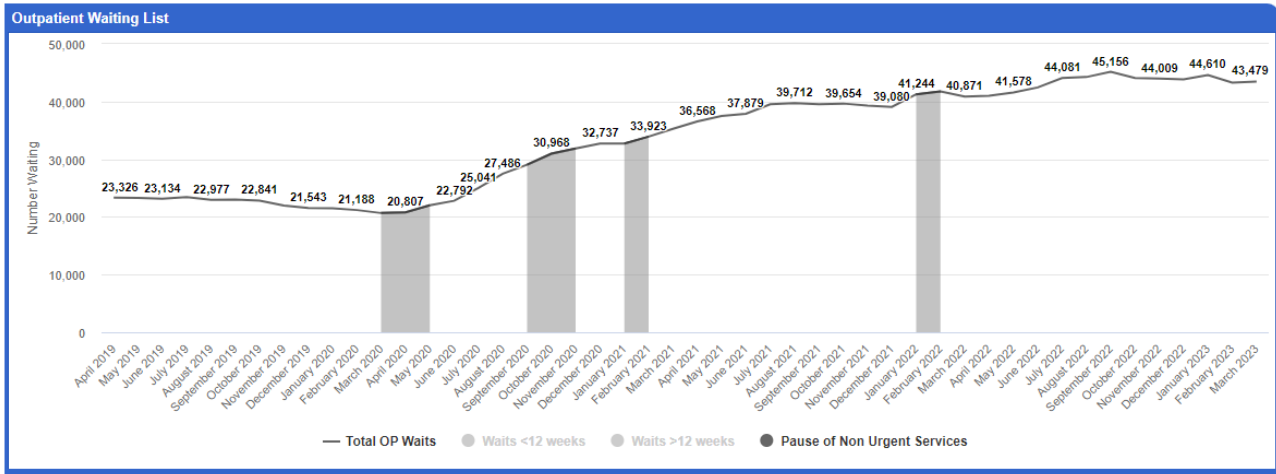
Planned Care Waiting Times			
National Performance Measures			
42.0% Mar 2023	38.4% Mar 2022	of patients were waiting fewer than 12 weeks for a New Outpatient appointment	 95%
51.7% Mar 2023	61.0% Mar 2022	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (completed waits)	 100%
28.9% Mar 2023	27.9% Mar 2022	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (ongoing waits)	
58.6% Feb 2023	65.2% Feb 2022	of patients waited fewer than 18 weeks from Referral to Treatment	 95%
41.1% Mar 2023	67.7% Mar 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
34.9% QE Dec 2022	51.6% Scotland	of patients were waiting fewer than 4 weeks for Musculoskeletal Services	- 16.7

New Outpatients

New Outpatients – Waiting Lists and new targets

The total number of patients waiting for a New Outpatient appointment has been on a general decreasing trend from a peak of 45,156 at September 2022 to 43,479 at March 2023 (Figure 2). There has however been a slight increase from 43,265 waits at February 2023.

Figure 2 – New Outpatients Waiting List at month end

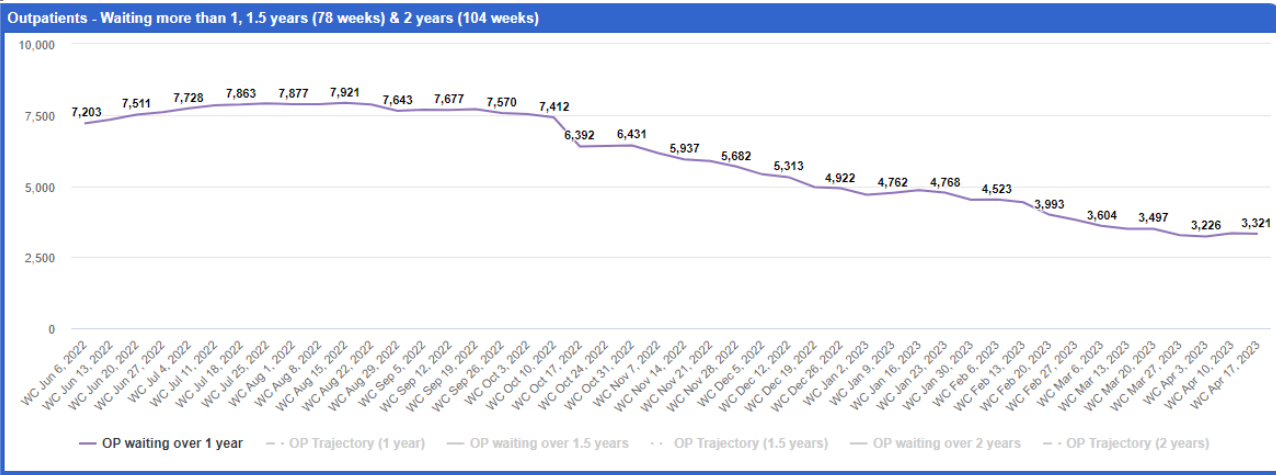


Source: Local monthly management reports, Information Team

The third and final waiting times target to eliminate long waits was for no patients waiting over 12 months in most specialties by March 2023. At week commencing 27th March 2023, 3,271 patients were waiting over 12 months (Figure 3a), a decreasing trend from 6,431 at week commencing 31st October 2022. Waiting times varied by specialty (Figure 3b) at week commencing 27th March 2023, with eight specialties reporting zero 12 month waits.

No further targets have been set by Scottish Government to eliminate long waits for Outpatients, although further direction is expected in the coming months. Performance against the 12 month wait will however continue to be monitored and reported, alongside any further targets, in future iterations of this paper.

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



Source: Local monthly management reports, Information Team

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

Title	Value ▲	Last Update	History
Anaesthetics-Number of Outpatients waiting over 1 year (52 weeks)	0	WC 27-Mar-2023	
Neurosurgery-Number of Outpatients waiting over 1 year (52 weeks)	0	WC 27-Mar-2023	
Oral Surgery-Number of Outpatients waiting over 1 year (52 weeks)	0	WC 27-Mar-2023	
Pain Management-Number of Outpatients waiting over 1 year (52 weeks)	0	WC 27-Mar-2023	
Paediatrics-Number of Outpatients waiting over 1 year (52 weeks)	0	WC 27-Mar-2023	
Paediatric Surgery-Number of Outpatients waiting over 1 year (52 weeks)	0	WC 27-Mar-2023	
Restorative Dentistry-Number of Outpatients waiting over 1 year (52 weeks)	0	WC 27-Mar-2023	
T&O:Trauma & Orthopaedics-Number of Outpatients waiting over 1 year (52 weeks)	0	WC 27-Mar-2023	
Orthodontics-Number of Outpatients waiting over 1 year (52 weeks)	1	WC 27-Mar-2023	
Cardiology-Number of Outpatients waiting over 1 year (52 weeks)	2	WC 27-Mar-2023	
ENT(Ear, Nose & Throat)-Number of Outpatients waiting over 1 year (52 weeks)	18	WC 27-Mar-2023	
Other-Number of Outpatients waiting over 1 year (52 weeks)	34	WC 27-Mar-2023	
Plastic Surgery-Number of Outpatients waiting over 1 year (52 weeks)	36	WC 27-Mar-2023	
Gastroenterology-Number of Outpatients waiting over 1 year (52 weeks)	50	WC 27-Mar-2023	
Gynaecology-Number of Outpatients waiting over 1 year (52 weeks)	105	WC 27-Mar-2023	
General Medicine-Number of Outpatients waiting over 1 year (52 weeks)	112	WC 27-Mar-2023	
Rheumatology-Number of Outpatients waiting over 1 year (52 weeks)	134	WC 27-Mar-2023	
Dermatology-Number of Outpatients waiting over 1 year (52 weeks)	199	WC 27-Mar-2023	
Urology-Number of Outpatients waiting over 1 year (52 weeks)	204	WC 27-Mar-2023	
Ophthalmology-Number of Outpatients waiting over 1 year (52 weeks)	229	WC 27-Mar-2023	
General Surgery (inc Vascular)-Number of Outpatients waiting over 1 year (52 weeks)	307	WC 27-Mar-2023	
OMFS:Oral & Maxillofacial Surgery-Number of Outpatients waiting over 1 year (52 w...	313	WC 27-Mar-2023	
Respiratory Medicine-Number of Outpatients waiting over 1 year (52 weeks)	333	WC 27-Mar-2023	
Neurology-Number of Outpatients waiting over 1 year (52 weeks)	485	WC 27-Mar-2023	
Diabetes/Endocrinology-Number of Outpatients waiting over 1 year (52 weeks)	709	WC 27-Mar-2023	

Source: Local weekly management reports, Information Team

New Outpatients – Compliance and Benchmarking

Compliance against the New Outpatients target of 95% has reached a 20 month high of 42.0% at March 2023 (Figure 4).

Figure 4 – Monthly New Outpatients (Ongoing waits) performance



Source: Local monthly management reports, Information Team

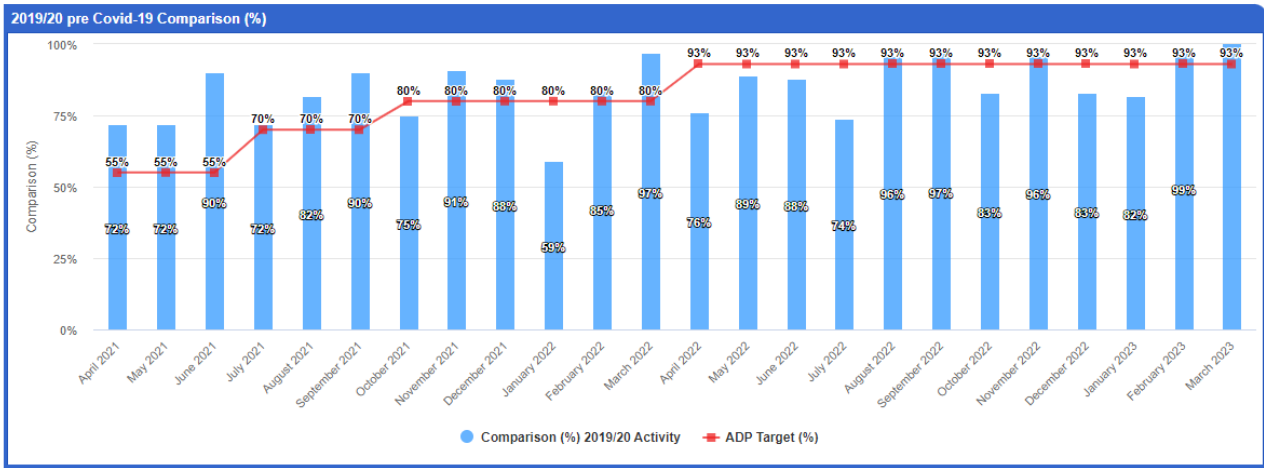
The latest published benchmarking data for the National Waiting Times targets from Public Health Scotland for quarter ending December 2022 shows that compliance for patients waiting for a New Outpatient appointment remains lower across NHS Ayrshire & Arran when compared to Scotland. It should be noted however, that the gap continues to narrow each quarter, from a deficit of -9.8 percentage points at March 2022 to -5.8 percentage points at December 2022.

New Outpatients – Annual Delivery Plan

We continue to monitor trajectories and activity compared to pre-COVID-19 levels under the banner of ADP Targets. At March 2023, NHS Ayrshire & Arran had remobilised 102% of all New Outpatient activity compared to March 2019, exceeding the local target of 93% (Figure 5a).

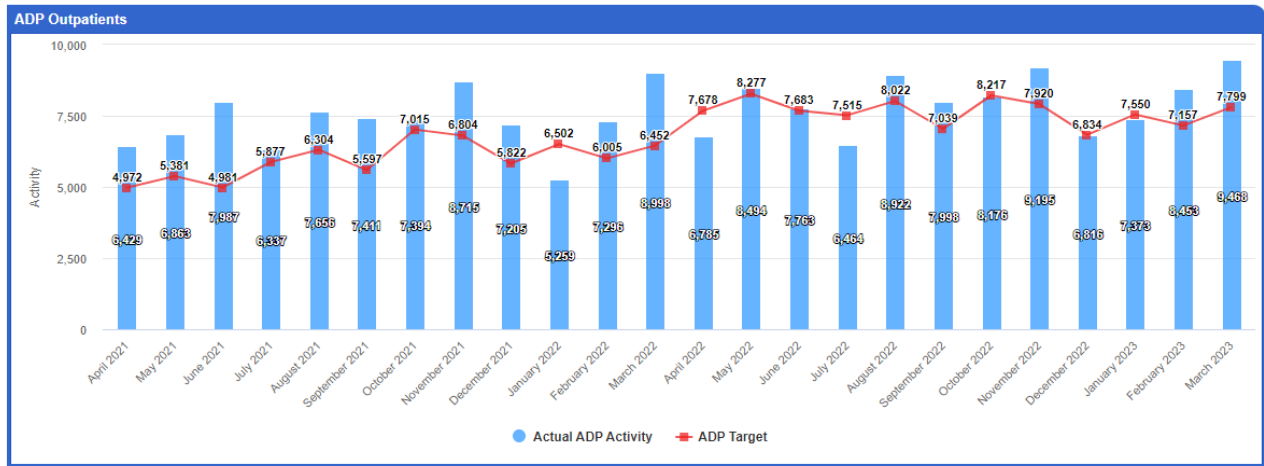
Activity levels have also exceeded the local target, with an increasing trend from 6,816 at December 2022 to 9,468 at March 2023 (Figure 5b).

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 March 2023 was 167% compared to March 2019 (Table 1 below/overleaf).

Table 1 - New Outpatient Activity in comparison to 2019/20 by clinical urgency

New Outpatient (12 Week Standard) Activity – All Specialties	31-Jan-22			28-Feb-23			31-Mar-23		
	Jan 2020 Actual	Jan 2023 Actual	%	Feb 2020 Actual	Feb 2023 Actual	%	Mar 2019 Actual	Mar 2023 Actual	%
Urgency									
All	8,938	7,373	82%	8,558	8,453	99%	9,302	9,468	102%
Routine	5,982	3,537	59%	6,100	4,385	72%	6,468	4,724	73%
Urgent	2,956	3,836	130%	2,458	4,068	166%	2,834	4,744	167%

Source: Local monthly management reports, Information Team

New Outpatients – Improvement Actions

- Validation of the outpatient waiting list is continuing and is now focussing on the patients who have waited over 26 weeks.
- 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 with NHS Grampian. The local team are also clinically validating the waiting list which is showing to be having an impact on the number of patients waiting.
- A Short Life Working Group (SLWG) is being established within Diabetes and Endocrinology to identify requirements and develop action plan to allow implementation of service redesign.
- 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.

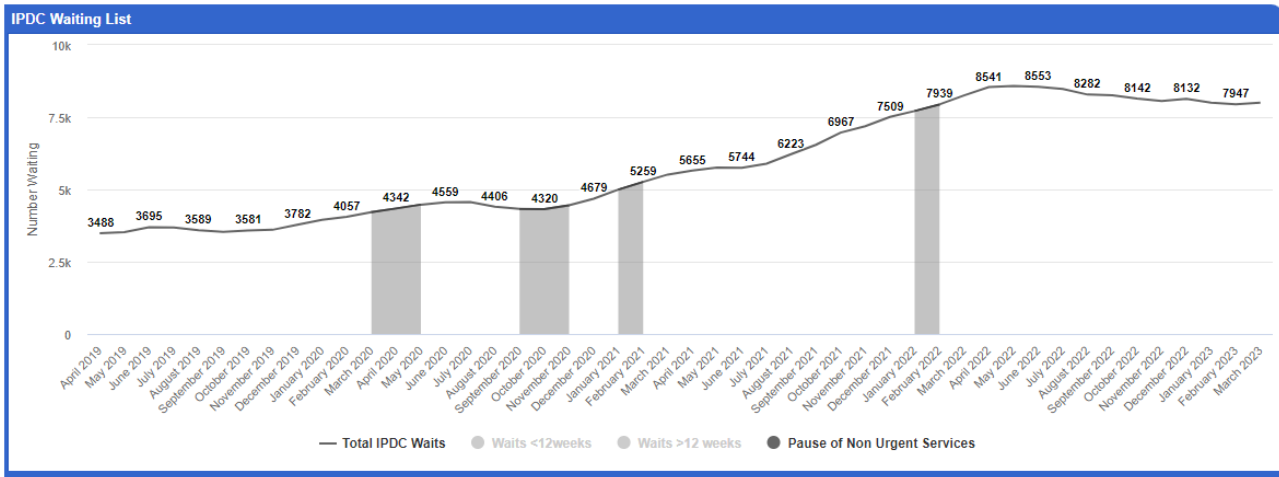
Inpatient/Daycases

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.

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 March 2023 (Figure 6a). There has however been a marginal increase from 7,947 waits at February 2023.

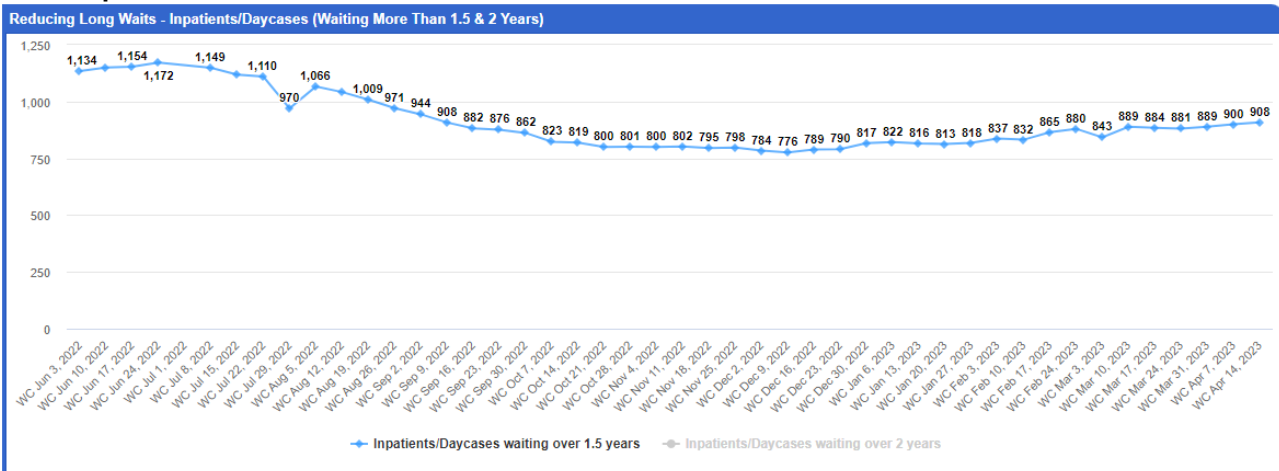
Figure 6a – Inpatient/Daycase Waiting List at month end



Source: Local monthly management reports, Information Team

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 14th April 2023, 908 patients were waiting over 18 months, an increasing trend from 776 at week commencing 9th December 2022 (Figure 6b).

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



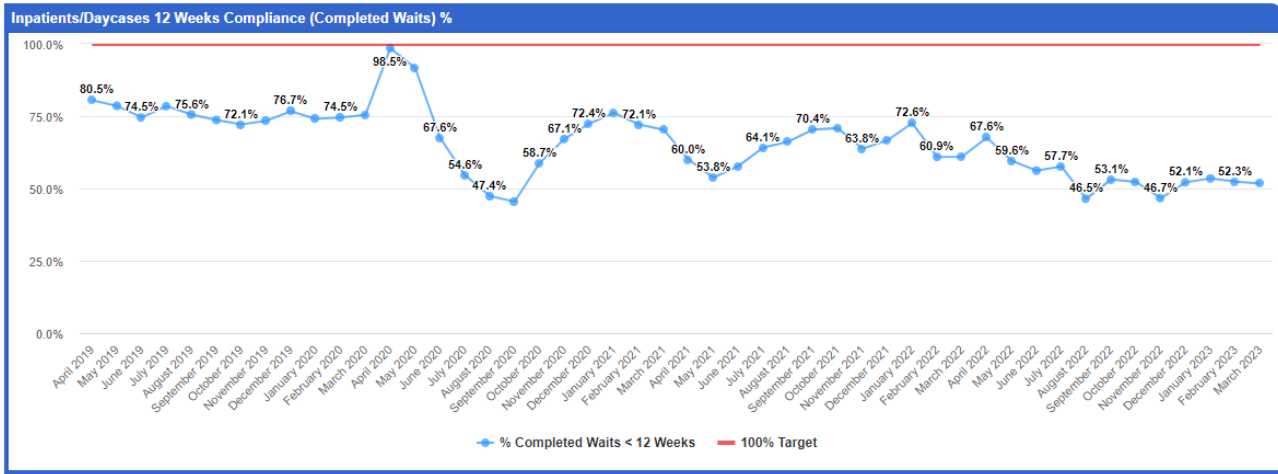
Source: Local weekly management reports, Information Team

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 have generally been on a reducing trend from a peak of 72.6% at January 2022. Local data shows levels of 51.7% at March 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.

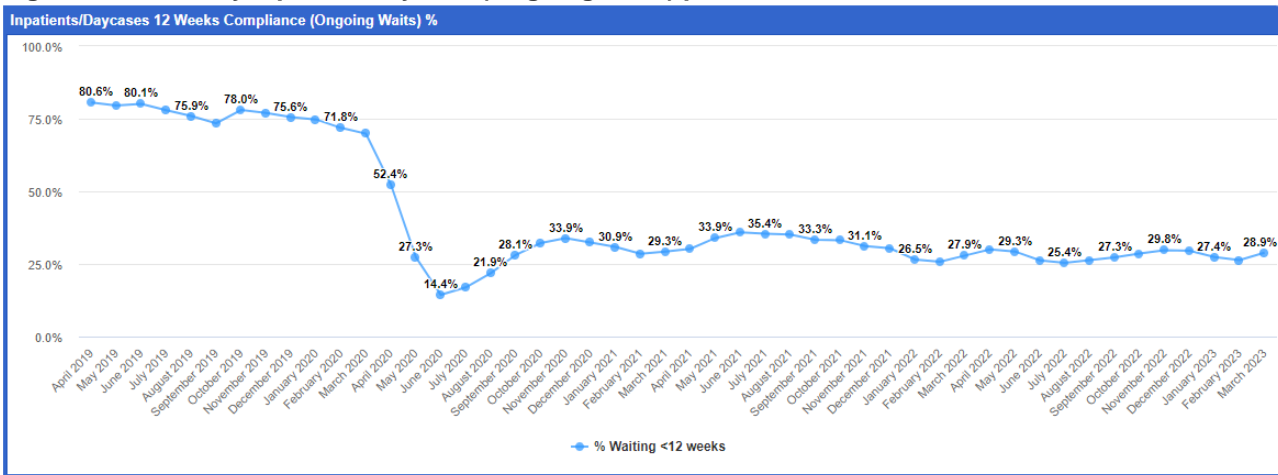
Figure 7a – Monthly Inpatient/Daycase (Completed waits) performance



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 shows an increase in performance from 26.3% at February 2023 to 28.9% at March 2023 (Figure 7b).

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



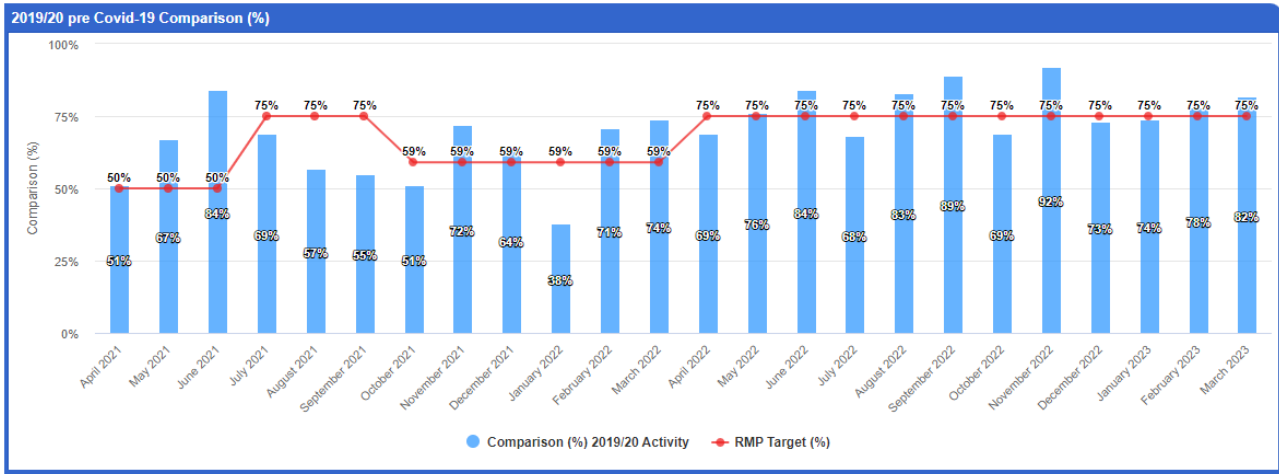
Source: Local monthly management reports, Information Team

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. However it should be noted that the gap continues to narrow each quarter, from a deficit of -3.5 percentage points at March 2022 to -1.4 percentage points at December 2022 for ongoing waits.

Inpatient/Daycases – Annual Delivery Plan

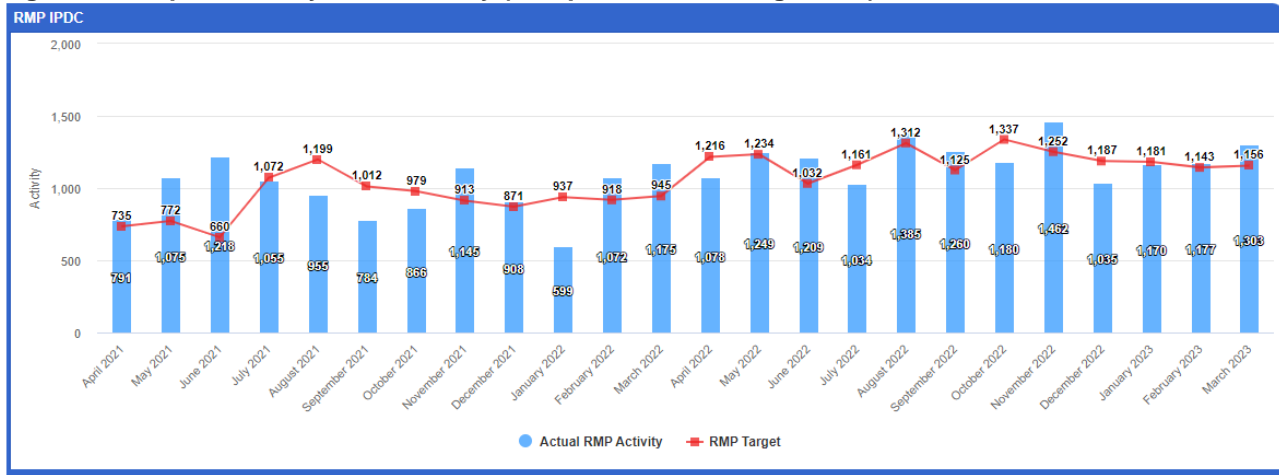
We continue to monitor trajectories and activity compared to pre-COVID-19 levels under the banner of ADP. In March 2023, NHS Ayrshire & Arran had remobilised 82% of Inpatient/Daycase activity compared to March 2019, which is higher than our local target of 75% (Figure 8a). Despite the pressures across the whole Health and Care system, our surgical activity levels of 1,303 remain at a high level, exceeding the target of 1,156 in March 2023 (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 213% in Urgent categories in March 2023 compared to March 2019 (Table 2 below/overleaf).

Table 2 – Inpatient/Daycase Activity in comparison to 2019/20 by clinical urgency

Inpatient/Day case Activity – All Specialties	31-Jan-22			28-Feb-23			31-Mar-23		
	Jan 2020 Actual	Jan 2023 Actual	%	Feb 2020 Actual	Feb 2023 Actual	%	Mar 2019 Actual	Mar 2023 Actual	%
All	1,579	1,170	74%	1,517	1,177	78%	1,593	1,303	82%
Routine	1,367	628	46%	1,252	707	56%	1,373	835	61%
Urgent	212	542	256%	265	470	177%	220	468	213%

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.
- Recent work with NECU to carry out administrative validation of all patients waiting over 26 weeks. The outcome of the exercise is awaited to understand the impact this will have.
- Work is ongoing with a specific focus around theatre utilisation and improvements that can be made to increase capacity.
- Daycase recovery space has now increased to 17 beds following some estates work. This will allow throughput to increase slightly.

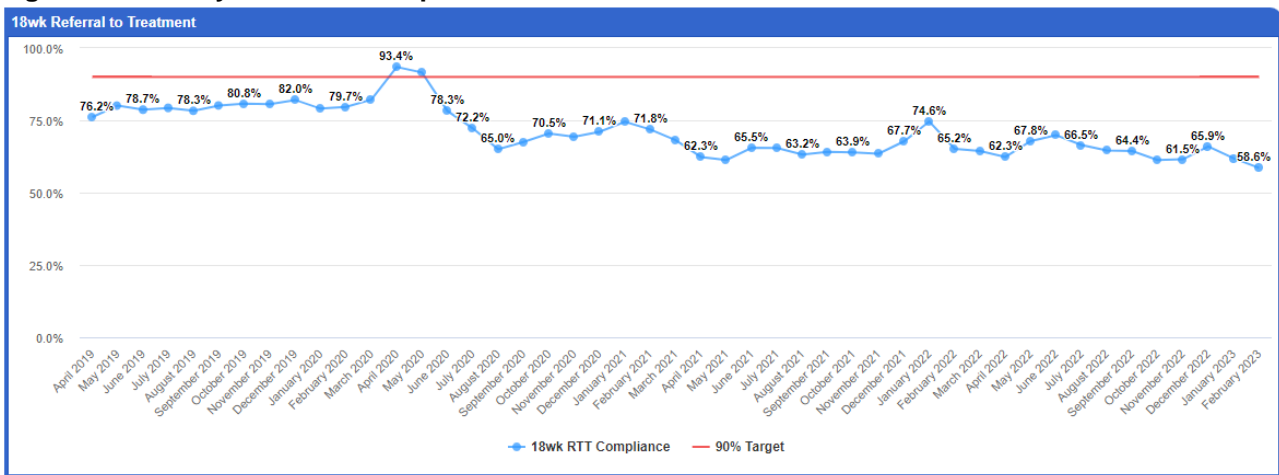
18 week Referral to Treatment

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 is on a reducing trend from a six month high of 65.9% at December 2022 to 58.6% at February 2023 (Figure 9). This is the lowest recorded position and the first time performance has fallen below 60%.

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 routine patients receiving treatment and therefore more urgent patients meeting the target.

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

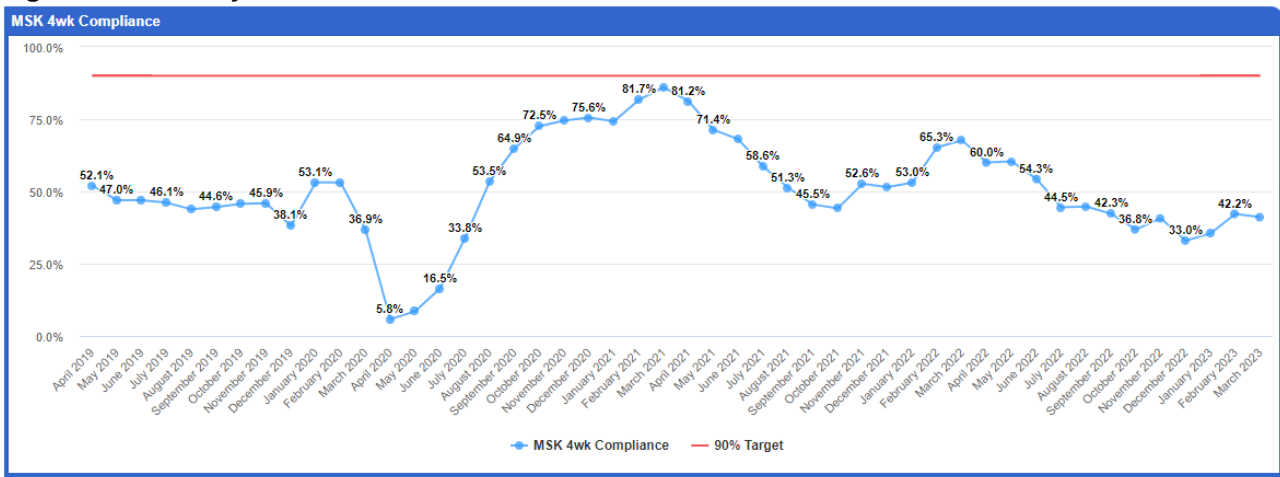
- Compliance against the 18 Week RTT target of 90% continues to be affected by the backlog of patients which resulted from the measures that were put in place to manage the pressures of COVID-19. Achieving the standard depends on waiting times for diagnostic tests, new outpatient appointments and inpatient/daycase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

Musculoskeletal Services (MSK)

Musculoskeletal Services (MSK) – Compliance

Local management information highlights that compliance against the MSK target of 90% has decreased from 42.2% at February 2023 to 41.1% at March 2023 (Figure 10). At March 2022, compliance was 67.7%

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 December 2022 shows that across NHS Ayrshire & Arran, compliance was substantially lower compared to Scotland.

Musculoskeletal – Improvement Actions

- Workforce remains a significant challenge. Capacity remains restricted by a number of factors including vacancies, retirements, annual leave, maternity leave, sickness absence and COVID-19 related absences. National data for December 2022 indicates an AHP vacancy rate of approximately 10% (greater than nursing and midwifery and medical and dental staff), however in some localities the MSK service has experienced vacancy rates in excess of 30% due to the factors outlined above. 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. It therefore remains very challenging to manage capacity and demand consistently.

- There has been a growth in urgent post-operative and trauma demand over the year reflective of the improvements in return to elective activity. This growth to address the elective waiting lists will continue to provide significant challenge in addressing the needs of those awaiting a routine appointment.
- A number of initiatives have been taken to optimise capacity:
 - Flexible diaries are now implemented to allow conversion of consultation appointments to virtual, telephone or face to face to facilitate appropriate consultations reflective of patient choice, and ensure best utilisation of clinical capacity.
 - Patient Initiated Reviews, opting in for new appointments and Active Clinical Referral Triage are being utilised to optimise efficiency in line with the recommendations of the National Modernising Patient Pathways Programme. A new pathway of care for patients with carpal tunnel syndrome has been successfully implemented, and ongoing evaluation will inform potential for expansion of this approach for other MSK conditions.
 - Referral Guidance and Clinical Pathway Reviews will support referral decision making to ensure patients are seen by the most appropriate person avoiding unnecessary appointments and the need for onward referrals. A process to support 'Advice Only' referral has been proposed for a test of change within primary care. Evaluation will inform next steps.
 - Data collection and timely reporting is being enhanced to inform opportunity to optimise capacity across specialty and locality 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.
 - Group / class activity has been reinstated across all localities to improve both effectiveness and efficiency. Weekly hydrotherapy sessions have also resumed, building capacity and improving patient experience and outcomes.
 - A programme of continuous improvement is building capacity and enhancing patient choice and outcomes. 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. The service is working with colleagues nationally and across the partnerships to develop alternative approaches to support MSK care within communities.

2.3.4 Diagnostics

Diagnostics			
National Performance Measures			
74.4% Mar 2023	65.6% Mar 2022	of patients were waiting fewer than 6 weeks for Imaging	100%
40.9% Mar 2023	26.6% Mar 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

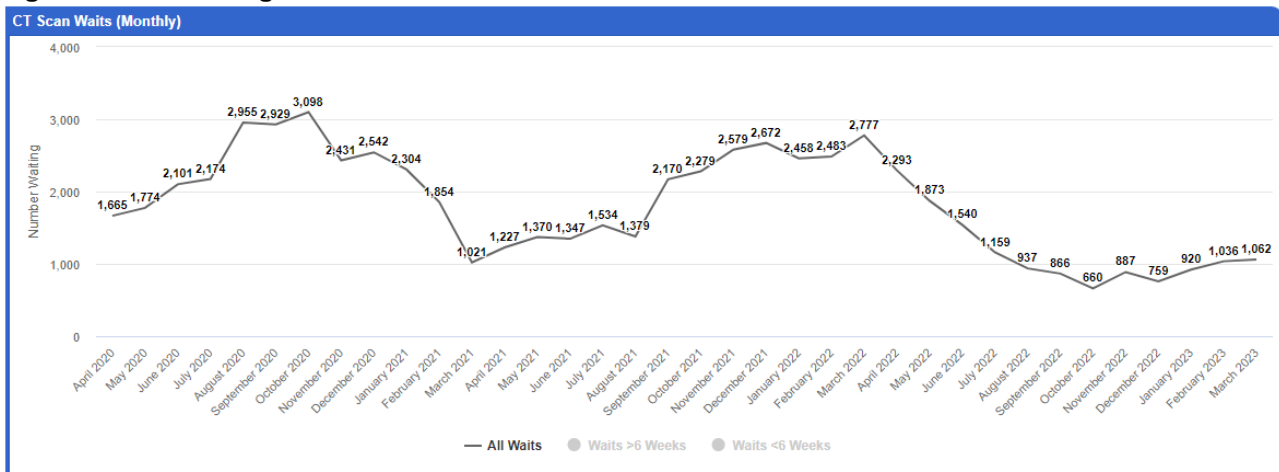
Diagnostic services have also been significantly impacted by social distancing requirements and reduced patient throughput due to national infection control protocols.

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

Imaging – Waiting lists and compliance

The total number of patients waiting for a CT scan has been increasing gradually since October 2022 but waits remain at lower levels compared to the previous year and similar to those recorded at March 2021 (Figure 11).

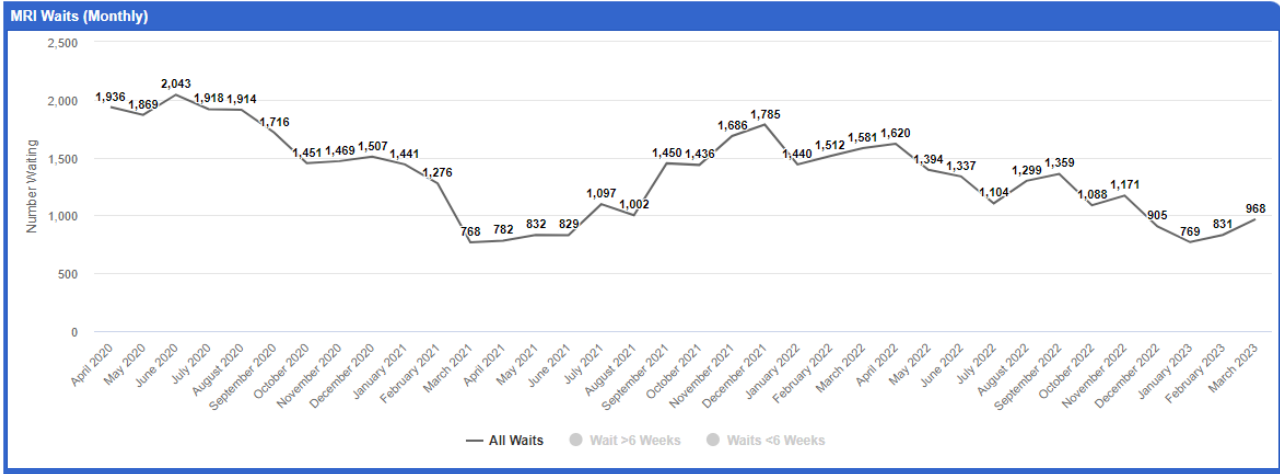
Figure 11 - CT Waiting List at month end



Source: Local monthly management reports, Information Team

Following a decreasing trend from December 2021 to January 2023, the number of patients waiting for an MRI scan have increased for the second consecutive month at March 2023, although remain at lower levels in comparison to the previous year but higher than those recorded in 2021 (Figure 12).

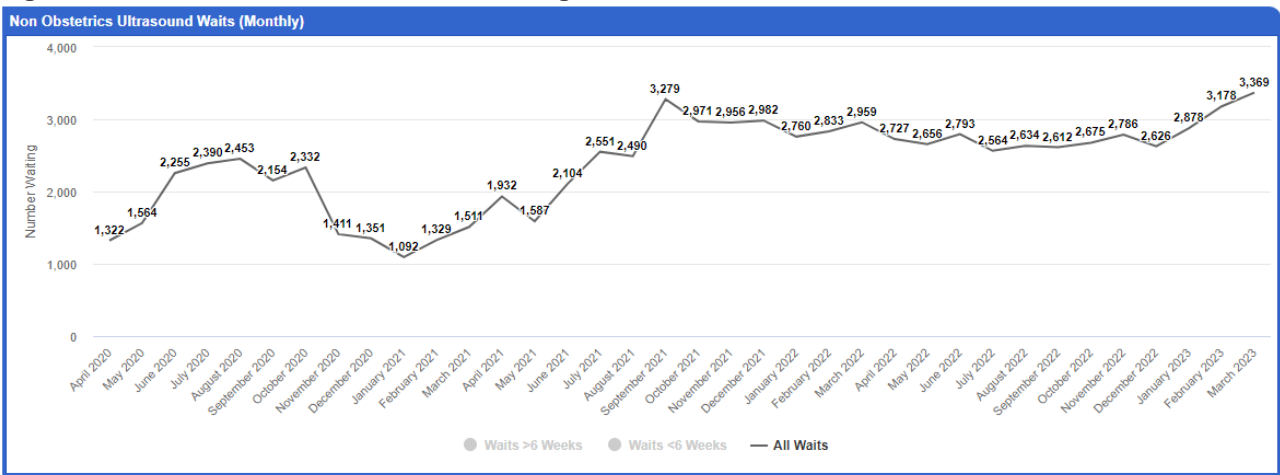
Figure 12 - MRI Waiting List at month end



Source: Local monthly management reports, Information Team

The number of patients waiting for a Non Obstetrics Ultrasound has continued to increase and reached the highest number of recorded waits at March 2023 (Figure 13).

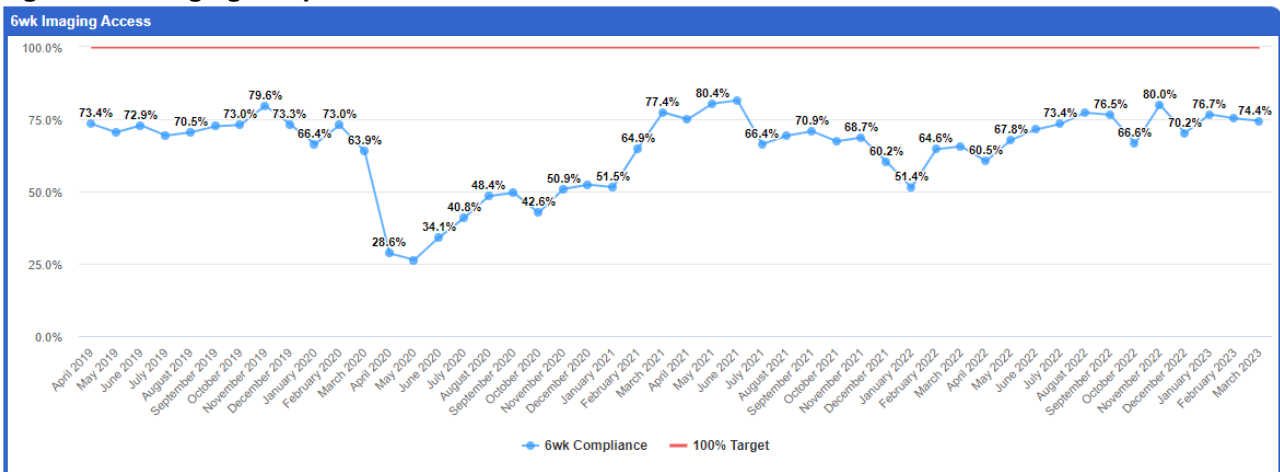
Figure 13 – Non Obstetrics Ultrasound Waiting List at month end



Source: Local monthly management reports, Information Team

Local management information highlights that compliance levels against the 6 week Access Target for Imaging had been on a general increasing trend from 51.4% at January 2022, reaching an 18 month high of 80% at November 2022. Compliance has since fallen to 74.4% at March 2023 (Figure 14), but remains generally at pre-COVID-19 levels.

Figure 14 – Imaging compliance Performance



Source: Local monthly management reports, Information Team

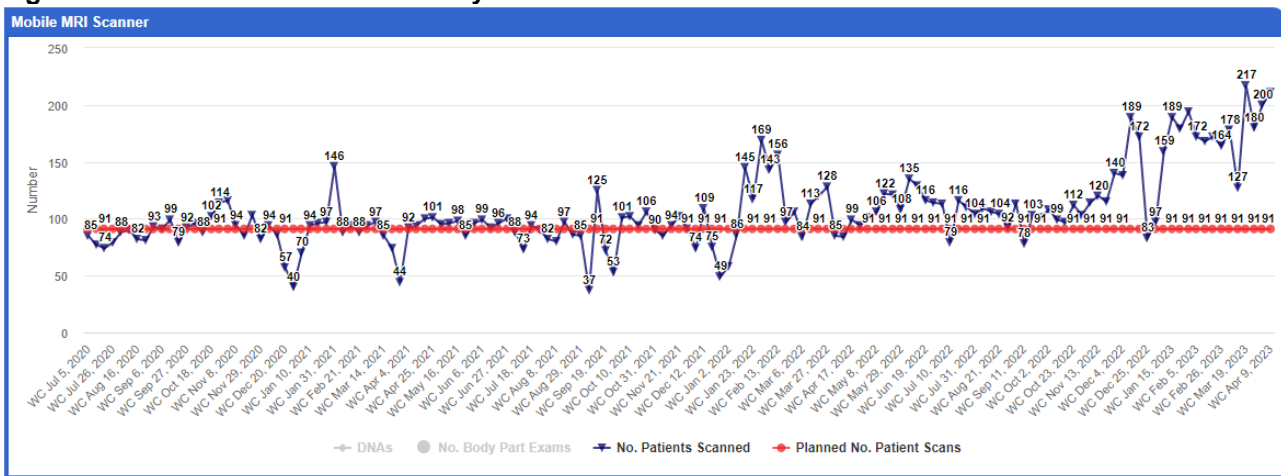
Imaging (MRI, CT, Non-obstetric ultrasound, Barium Studies) – Benchmarking

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. There was a weekly increase in the number of scans delivered from 180 to 200 at week commencing 9th April 2023, the second highest number of recorded scans since 217 week commencing 19th March 2023 (Figure 15).

Figure 15 - MRI Mobile Scanner Activity



Source: Local monthly management reports, Information Team

Imaging – Improvement Actions

- The mobile MRI scanner is now in situ until March 2024, which will mean activity will be able to continue at current levels. A second mobile MRI scanner was on site from December 2022 for three months. This has been extended for 12 weeks from 20th March 2022, to allow for the upgrade to the UHC Scanner, and to limit impact on 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. Two sonographer posts currently at recruitment. If unsuccessful in recruiting qualified sonographers then training posts will be considered.
- 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.
- Five international radiographers have commenced post, with a further five preferred candidates due to start in Summer 2023 once completed course.

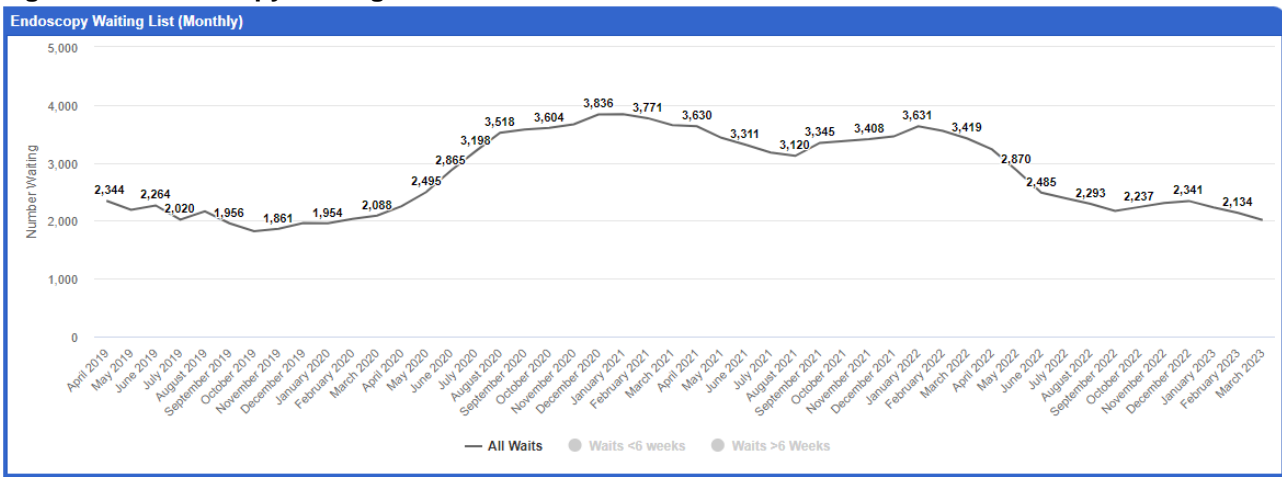
Endoscopy (Upper, Lower Endoscopy, Colonoscopy, Cystoscopy)

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 2,341 at December 2022 to 2,012 at March 2023 (Figure 16). This is the lowest number of waits since February 2020.

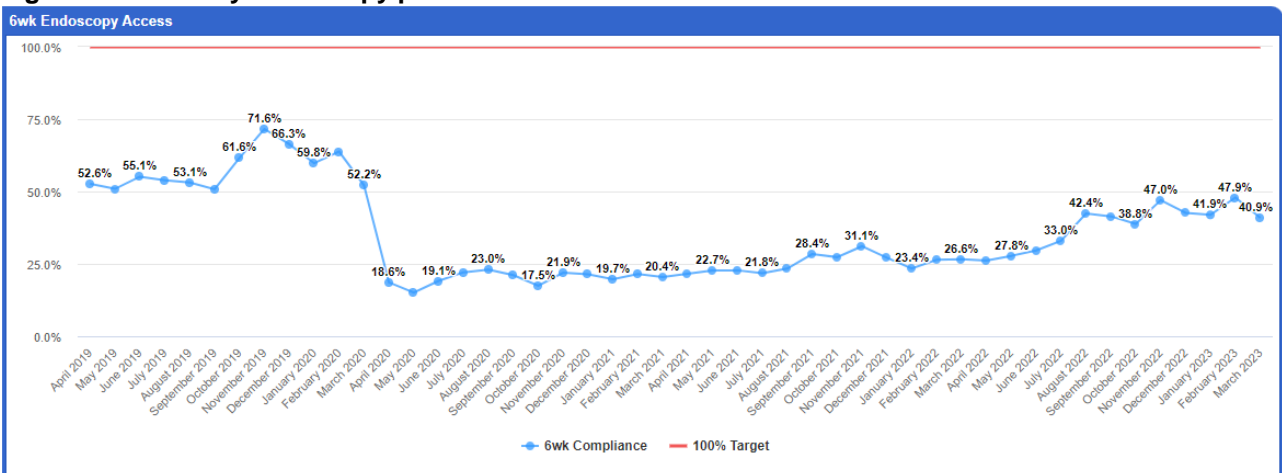
Figure 16 – Endoscopy Waiting List at month end



Source: Local monthly management reports, Information Team

Local management information highlights that compliance against the 6 week Access Target for Endoscopy has decreased from 47.9% at February 2023 to 40.9% at March 2023, and continues to remain lower than pre-COVID-19 levels (Figure 17).

Figure 17 – 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			
81.7% Mar 2023	71.4% Mar 2022	of patients with suspicion of cancer started treatment within 62 days of initial referral	 95%
98.2% Mar 2023	96.7% Mar 2022	of patients with a Cancer diagnosis started treatment within 31 days following decision to treat	 95%
National Benchmarking ⁴			
79.1% QE Dec 2022	71.7% Scotland	of patients with suspicion of cancer started treatment within 62 days of initial referral	+ 7.4
98.8% QE Dec 2022	94.1% Scotland	of patients with a Cancer diagnosis started treatment within 31 days following decision to treat	+ 4.7

62 Day Urgent Suspicion of Cancer

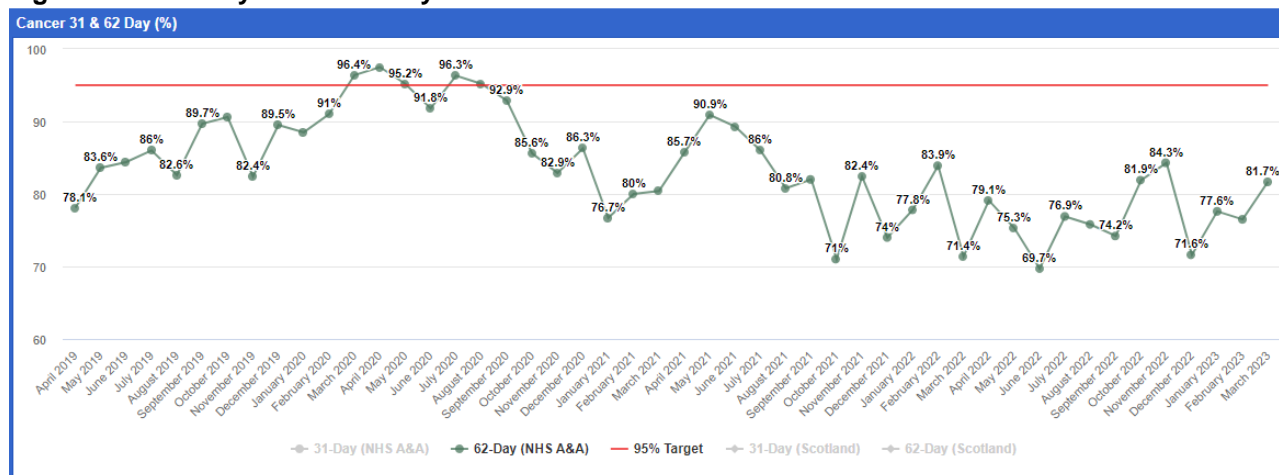
62 Day Urgent Suspicion of Cancer – Compliance

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. Performance has generally fluctuated each month since October 2021, with recent levels increasing from 76.5% in February 2023 to 81.7% at March 2023 (Figure 18).

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.

Figure 18 – Monthly Cancer 62 day Performance



Source: Discovery (Public Health Scotland) and Local Information Team Reports

62 Day Urgent Suspicion of Cancer - Benchmarking

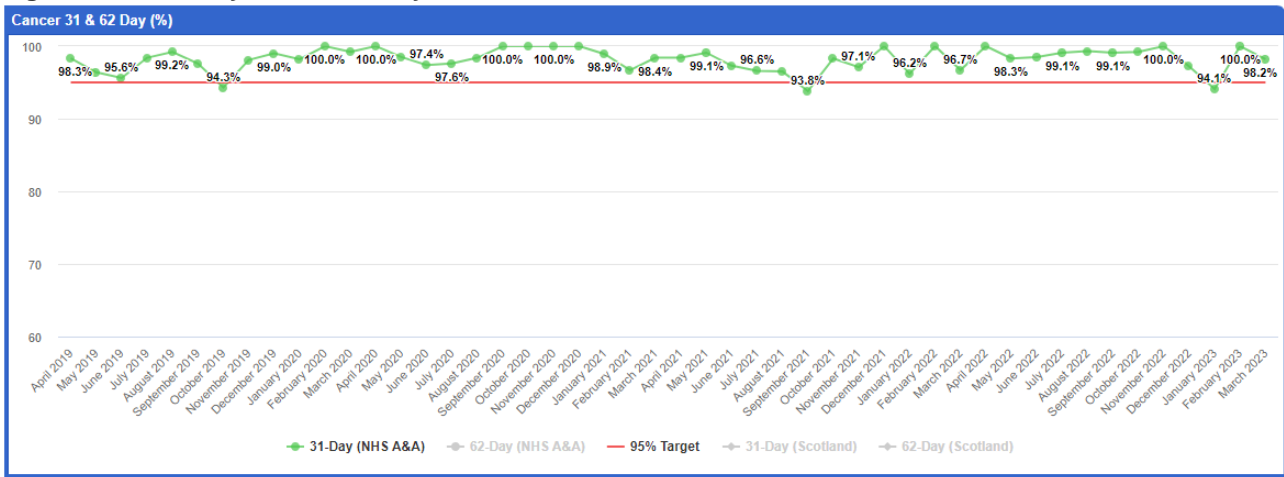
The latest published benchmarking data for quarter ending December 2022 indicates that compliance against the 62 day Cancer target of 95% is 7.4 percentage points higher across NHS Ayrshire & Arran compared to the Scotland average.

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. Local management information indicates that performance against the 31 day Cancer target has generally been consistently met and maintained throughout the COVID-19 outbreak however did fall below the target at January 2023 for the first time since September 2021. Following an increase to 100% at February 2023, compliance has since reduced slightly to 98.2% at March 2023 but remains above target (Figure 19).

Figure 19 – Monthly Cancer 31 day Performance



Source: Discovery (Public Health Scotland) and Local Information Team Reports




31 Day Cancer Treatment – Benchmarking

The latest published benchmarking data for quarter ending December 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 has been reviewed and is being prioritised nationally. Referral processes have also been reviewed and this will 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.
- Working towards implementing the National Optimal Lung Cancer Pathway.
- The Rapid Cancer Diagnosis Service (RCDS) (formerly Early Cancer Diagnosis Centre) has received 493 referrals up to end March 2023 with 22 cancers diagnosed.

2.3.6 Mental Health

Mental Health			
National Performance Measures			
97.2% Mar 2023	98.9% Mar 2022	of children and young people started treatment within 18 weeks of initial referral to CAMH services	 90%
83.1% Mar 2023	92.5% Mar 2022	of patients started treatment within 18 weeks of their initial referral for psychological therapy	 90%
97.2% Mar 2023	99.0% Mar 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
99.4% QE Dec 2022	91.3% Scotland	of clients waited less than 3 weeks from referral to appropriate drug or alcohol treatment that supported their recovery	+ 8.1

There is an identified need to improve experiences of children and adults with neurodevelopmental conditions in Scotland, which for adults affect 10-15% of the population. In Ayrshire and Arran, 30% of all referrals for adults to Community Mental Health Teams (CMHT) and 70% of referrals to CAMHS relate to a request for a neurodevelopmental assessment. The majority of these referrals are not related to a need for treatment of a mental health condition.

The adult service referral demand for neurodevelopment assessments has significantly escalated in the last 12 months. Locally, there has been a 60% increase in referrals to adult community mental health service over the past 4 years. This increase in demand risks compromising core CMHT work and leading to increasing waiting times for assessment and treatment of mental health conditions.

Although there is no current service specification for Adults in Scotland, the National Autism Implementation Team, on behalf of Scottish Government, have recently produced a "Report on Actions, Outcomes and Recommendations from Pathfinder Sites in Scotland" (2023). The report highlighted: "In 2021, there was a recognised need to improve experiences and outcomes for autistic adults, adults with ADHD and those with co-occurring neurodevelopmental conditions in Scotland - before, during and after diagnosis. Current provision is such that in some areas there is no service at all and where there is provision, waiting lists can be long and only accessible to people meeting particular thresholds for access.

In order to identify sustainable solutions and mitigations, a workstream has already been convened by service and clinical leads in NHS Ayrshire & Arran to address the increasing

referral demands upon adult services and will form an Extreme team approach moving forward with executive sponsorship and oversight.

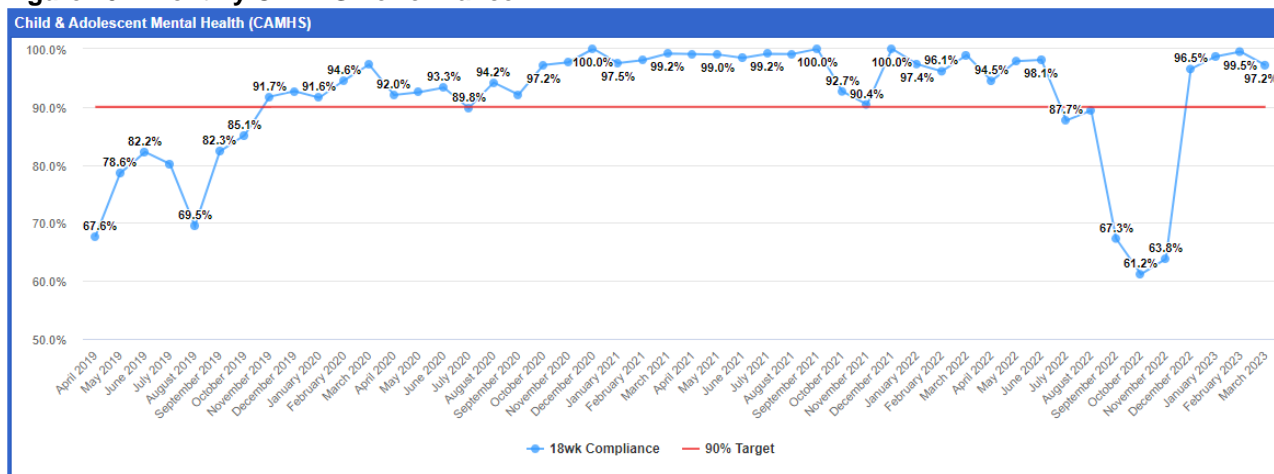
Child and Adolescent Mental Health Services (CAMHS)

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, performance has improved and continues to exceed the 90% target for the fourth consecutive month, with compliance of 97.2% at March 2023 (Figure 20).

Figure 20 – 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 Leadership and Management Team established a Recovery Plan from October to December 2022, to understand the current CAMHS waiting times for Assessment and the challenges being faced in achieving the 90% standard. As of the 22nd March 2023 the RTT waiting time was 14 weeks, with appointments booked up to week commencing 17th April 2023.

On CAMHS Risk Register - Presently the RTT waiting time is currently 14 weeks with appointments booked up to week commencing 17th April 2023. The wait has remained at 14 weeks due to capacity being provided by other areas of the CAMHS service. Out of the 300 referrals received in February 2023, 36 were actioned by CUAIT (Ward Referrals/A&E/Urgent).

CAMHS will continue to aim to provide 50 assessment slots per week which will hold the RTT for 14 weeks for as long as possible. This will however have to change in April and May 2023, to allow staff respite and time to undertake the significant amounts of admin associated with this number of referrals.

Based upon 2021 & 2022 referral trends, CAMHS anticipate a rise in referrals ahead of the Seasonal School/Term Time holidays which usually sees a rise in referrals, particularly summer. This is further complicated with the percentage of Neurodevelopmental referrals coming through that would not meet the CAMHS Specification once fully implemented. There is a correlation with this spike in referrals and the number of DNAs

CAMHS estimate based on 300 referrals received each month that April to May 2023 should be more achievable for the RTT. In June 2023, CAMHS have projected they will be hitting the 18 weeks target although this will have reduced by July 2023.

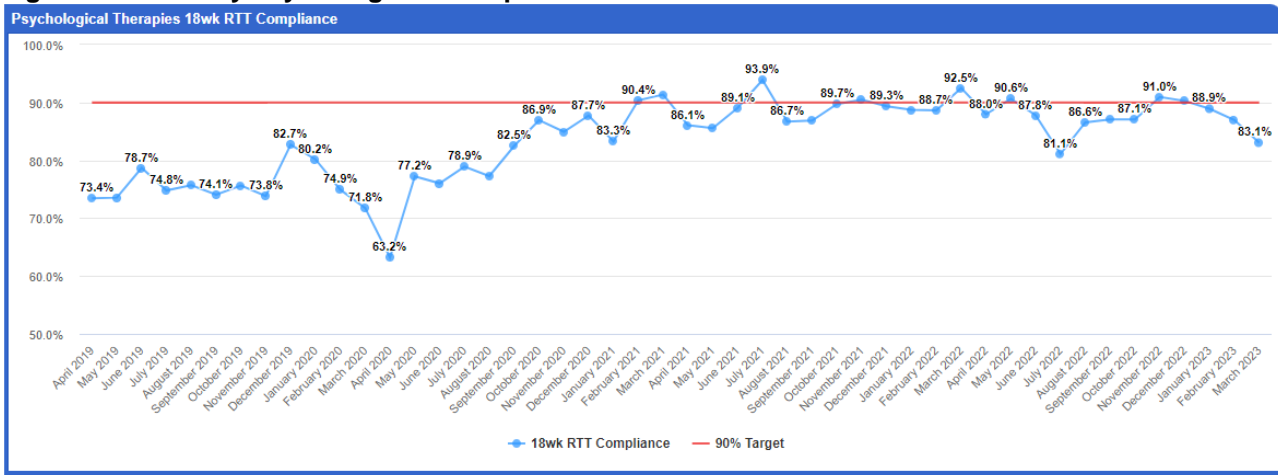
- The work of the CAMHS implementation group is now looking at full implementation of the CAMHS Specification on the 31st July 2023.
- Community Eating Disorder Service (CEDS) has appointed a Consultant Psychologist and the referral criteria and treatment pathways are being reviewed and updated in line with evidence-based practice and the Eating Disorder National Review.
- 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 the CAMHS specification on the 31st July 2023 will result in a change of service access.
- Discussions with IJB's and the GP Sub Committee are underway and a Communication Strategy has been developed.
- 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.
- 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. The Team have received an average of 15 referrals every working day during February 2023. This is 153% increase (February 2021-2023) in referrals.

Psychological Therapies

Psychological Therapies – Compliance

Local management information shows that waiting-times compliance for Psychological Therapies continues on a reducing trend, from being above target with 91.0% at November 2022, to 83.1% at March 2023 (Figure 21). This is the lowest level of compliance since 81.1% at July 2022; prior to the impact of COVID-19, performance in February 2020 was 74.9%. Please note that figures for January and February 2023 have also been revised and are marginally lower than previously reported.

Figure 21 – 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

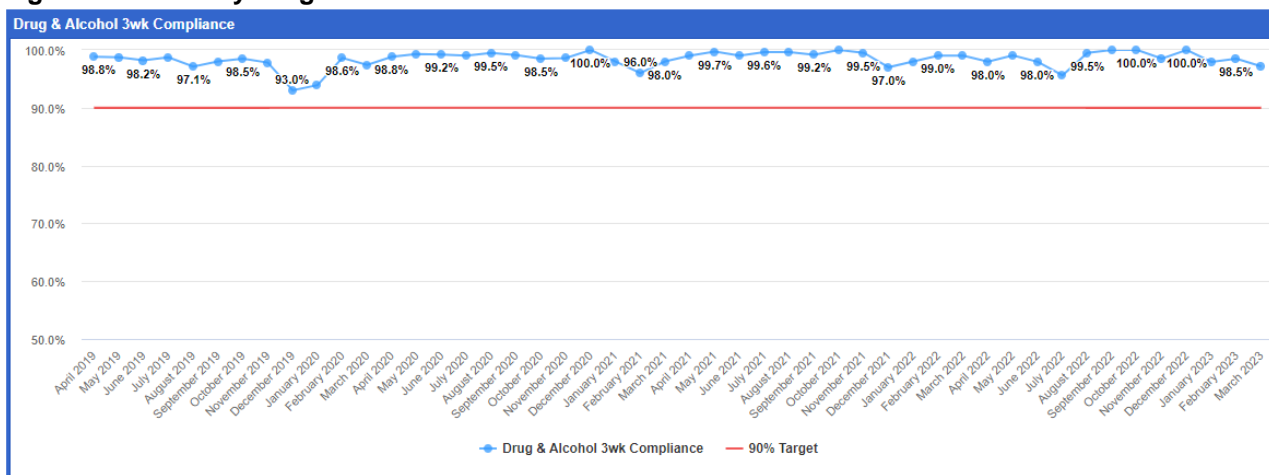
- Recruitment** - Psychological Services (PS) continues to engage in a strong recruitment drive to fill all vacancies. Skill mix and reconfiguration of existing posts are being considered, our Lead Partnership is supporting recruitment to permanent contracts and underspend from the core budget is being 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 Adult Mental Health 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 Referral to Treatment 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 March 2023 continue to exceed the target of 90% with performance of 97.2% (Figure 22).

Figure 22 – Monthly Drug and Alcohol Performance



Source: Local Information Team Reports, Mental Health

Drug and Alcohol Treatment – Benchmarking

The latest published data for quarter ending December 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

- All 'access to treatment' and waiting time standards continue to be met and exceeded. North Ayrshire services continue on trajectory to meet and exceed the new Substance Use Treatment target (whilst we await formal national published information on this new target).
- The North Ayrshire (NA) Medication Assisted Treatment (MAT) Improvement Plan actions continue to be implemented. MAT support is now accessible five days a week, with extended hours of support available across all six North Ayrshire localities. A RAG B report was submitted to the MAT Implementation Support Team (MIST) and following a joint review with the MIST and local services a new provisional RAG rating has been agreed across all 10 MAT standards. This RAG rating will be formalised once all MAT related numerical and experiential information has been submitted in April 2023 and reviewed. A MAT Quarter 4 progress report will also be submitted in April 2023 along with a final yearly RAG B report with evidence of process, guidelines and policies.
- The NA H&SCP and ADP are still awaiting feedback following the submission of a funding proposal to the Scottish Government (via the MIST) for recurring funding to be identified in order to commence implementation of MAT Standard 7 - Primary Care initiatives. Whilst awaiting communication from the Scottish Government, the NA ADP have identified non-recurring funding to support the implementation of initial developments in relation to MAT Standard 7 during 2023

(which includes new additional and enhanced GP specialist prescribing support and Pharmacist specialist prescribing support within NADARS and the commitment to pilot NA Pharmacy Based Prescribing Clinics - Bupropion test of change). Please note that the North ADP funding is non-recurring and has been identified to enable initial urgent primary care developments to commence at pace. However, recurring funding still requires to be identified and will not be available via our local NA ADP.

- Support for individuals following a Non-Fatal Overdose continues to be improved with the development of a new information leaflet for service users, families and carers.

East Ayrshire

- **East Ayrshire** Alcohol and Drugs Partnership continue to make progress in expanding 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 which have now been largely resolved. There continues to be some issues with recruitment and retention of staff, mainly nursing positions. Alternative roles to nursing positions have been considered where appropriate. The dedicated Residential Rehab Social Worker, continues to work with individuals during the pre and post residential rehab phase. In addition, short-term funding for a second post holder has been approved by ADP. Interviews have taken place and a preferred candidate identified for this role and awaiting to take up position.
- East Ayrshire Addiction & Recovery Service are currently progressing with a service review and redesign which will align to our Alcohol & Drug Partnership Strategic Improvement plan and respond to requirements set out in the Medication Assisted Treatment (MAT) Standards: Access, Choice & Treatment.
- 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.
- Confirmation on the future of ADP funding reserves is currently being sought from Scottish Government



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 was submitted in January 2023 and reflects both actions within the pan-Ayrshire as well as specific actions relating to South Ayrshire. The overall RAG status for MAT standards 1-5 has been rated as green. MAT standards 6-10 have been discussed with MIST and a blanket rating of amber has been applied across the country, with implementation plans and work being carried out to achieve this over the next week months.

- 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 65 years 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.

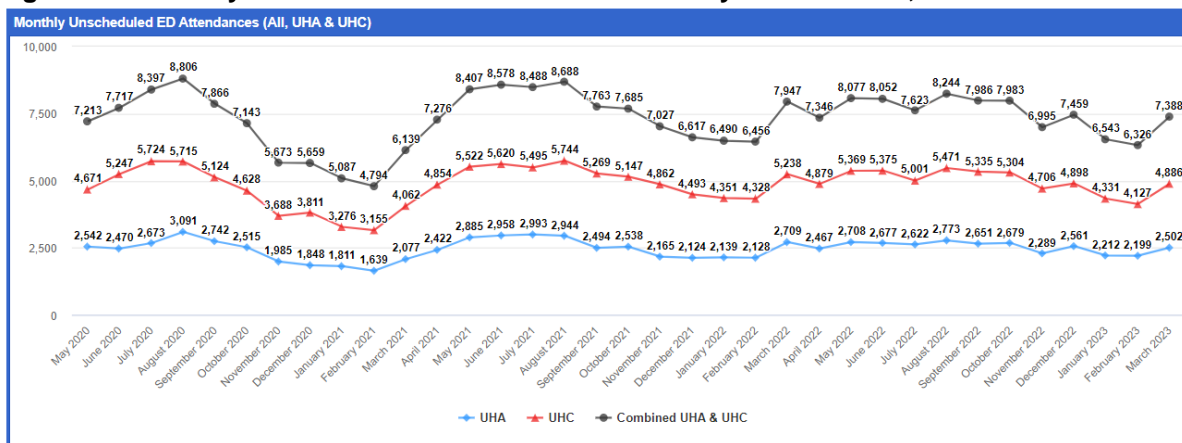
Unscheduled Care			
National Performance Measures			
7,388 Mar 2023	7,947 Mar 2022	unscheduled attendances at Emergency Departments	
64.7% Mar 2023	67.7% Mar 2022	of unscheduled ED attendees were treated, admitted or discharged within 4 hours of arrival	 95%
907 Mar 2023	788 Mar 2022	ED attendees waited over 12 hours to be treated, admitted, or discharged	
Local Performance Measures			
3,180 Mar 2023	3,019 Mar 2022	presentations to Combined Assessment Units	
National Benchmarking			
64.7% Mar 2022	64.5% Scotland	of unscheduled ED attendees were treated, admitted or discharged within 4 hours of arrival	 95%

Emergency Department (ED)

ED Attendances

Local management information shows that in March 2023, there were fewer unscheduled ED attendances across NHS Ayrshire & Arran compared to March 2022, although for the whole winter period (Oct 2022 – March 2023), unscheduled ED attendances reached a monthly average of 7,115, a slight increase from 7,037 for the same period of the previous year. Activity levels remain significantly lower than pre-COVID (Table below).

Figure 23 – Monthly unscheduled ED attendances – NHS Ayrshire & Arran, UHA and UHC



Source: Local Information Team Reports

Monthly average number of Unscheduled ED Attendances (October to March)

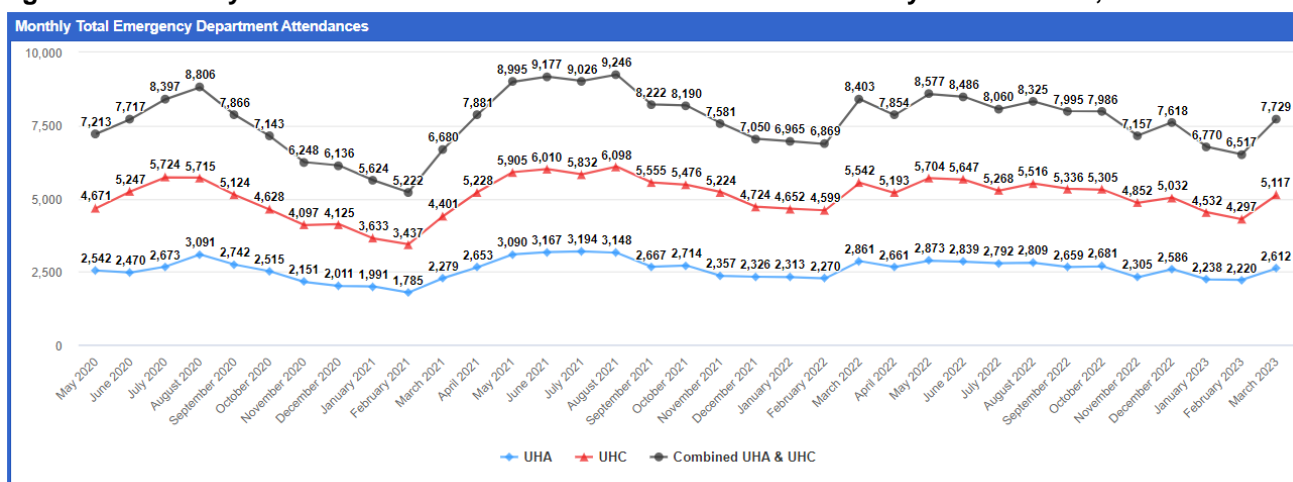
Monthly average of unscheduled ED Attendances	Oct 19 – March 20 (pre-COVID-19)	Oct 21 – Mar 22	Oct 22 – Mar 23
NHS Ayrshire & Arran	8,608	7,037	7,115

Source: Local Information Team Reports

Note – Between early August 2022 and mid-November 2022, a technical issue with the national Adastra 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 24), there were a total of 7,729 attendances at EDs in March 2023. All ED attendances on average have decreased to a monthly average of 7,296 between October 2022 and March 2023, compared to 7,510 in the same period the previous year (Table below).

Figure 24 – 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 March)

Monthly average of ED Attendances	Oct 19 – Mar 20 (pre-COVID-19)	Oct 21 – Mar 22	Oct 22 – Mar 23
NHS Ayrshire & Arran	8,608	7,510	7,296

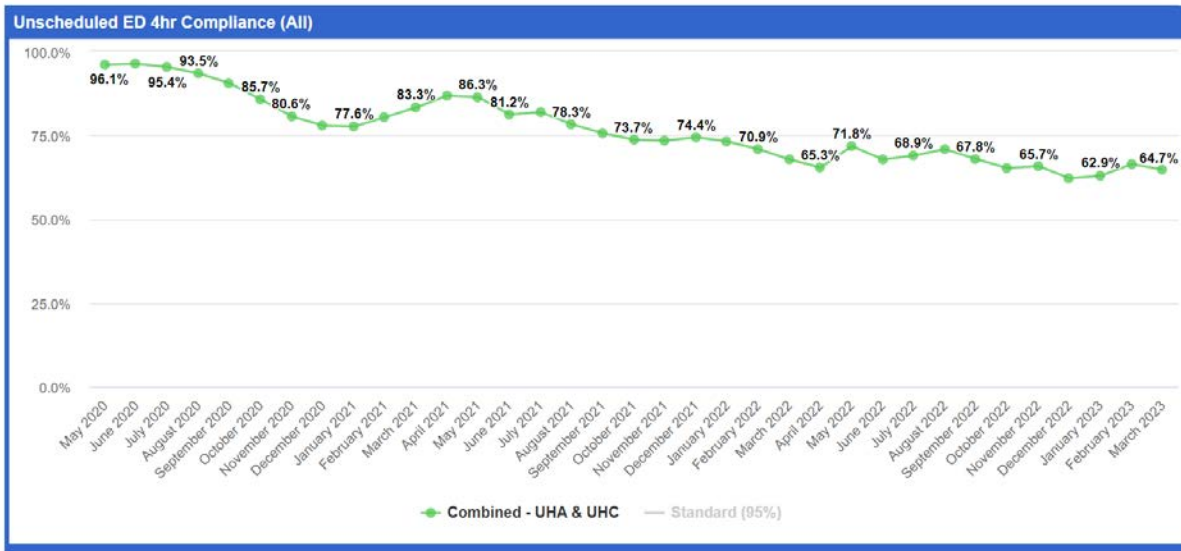
Source: Local Information Team Reports

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 show some improvement from a low in December 2022 of 62.1% to 66.3% in February 2023. However, levels have fallen to 64.7% in March 2023 (Figure 25).

Figure 25 – Monthly Unscheduled ED 4 Hour Compliance - NHS Ayrshire & Arran

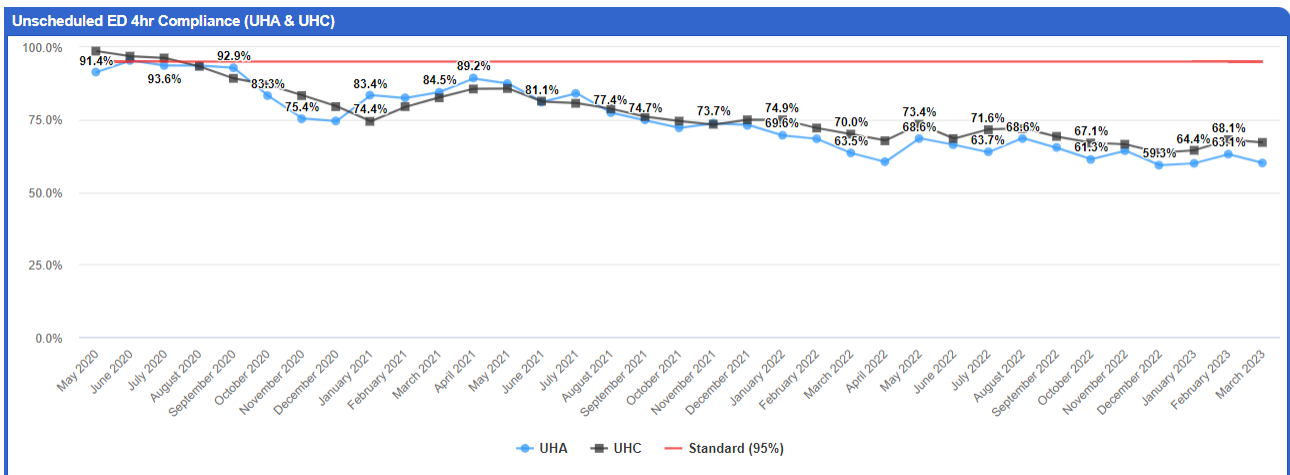


Source: Local Information Team Reports

ED 4-Hour Wait – UHA and UHC Compliance

ED 4 hour compliance continues to remain lower at UHA than at UHC, and although both sites experienced a slight increase in performance between January 2023 and February 2023, there was a decrease in March 2023 at both sites (Figure 26).

Figure 26 – Monthly Unscheduled ED 4 Hour Compliance – UHA and UHC



Source: Local Information Team Reports

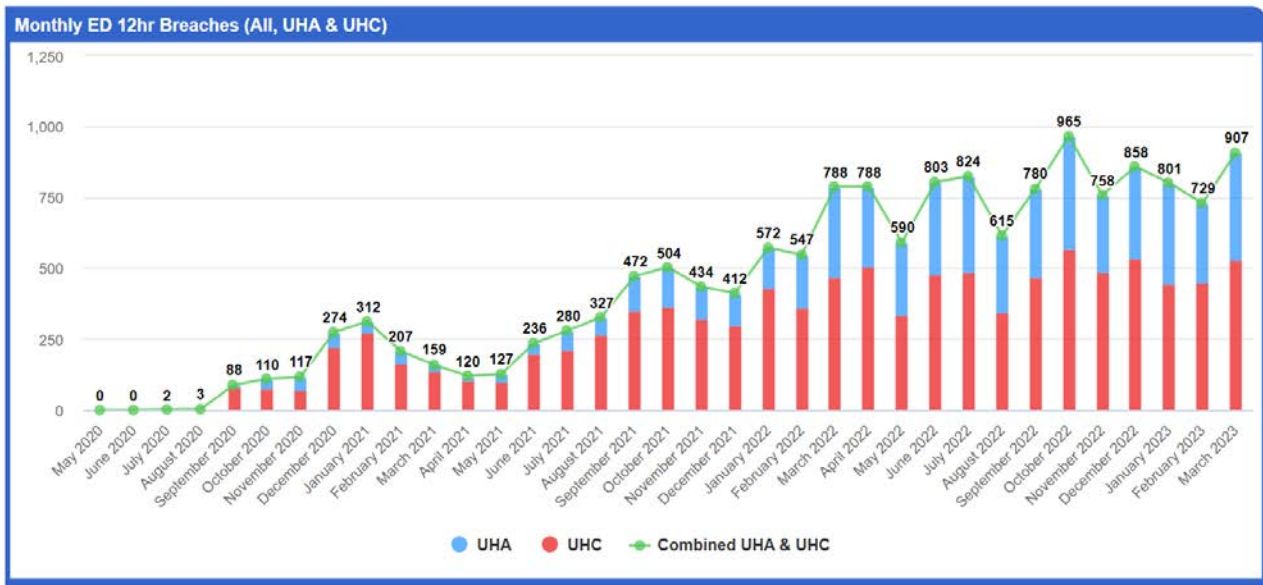
ED 4-Hour Wait – NHS Ayrshire & Arran Benchmarking

At the time of writing, the latest national published data for March 2023 indicates that compliance against the 4-Hour Wait for unscheduled ED attendances for NHS Ayrshire & Arran was marginally higher than the Scotland average; 64.7% for NHS Ayrshire & Arran and 64.5% for Scotland as a whole.

ED 12 Hour Breaches

The numbers of ED 12 Hour Breaches at Board level increased in March 2023 to 907, the second-highest recorded position (Figure 27a).

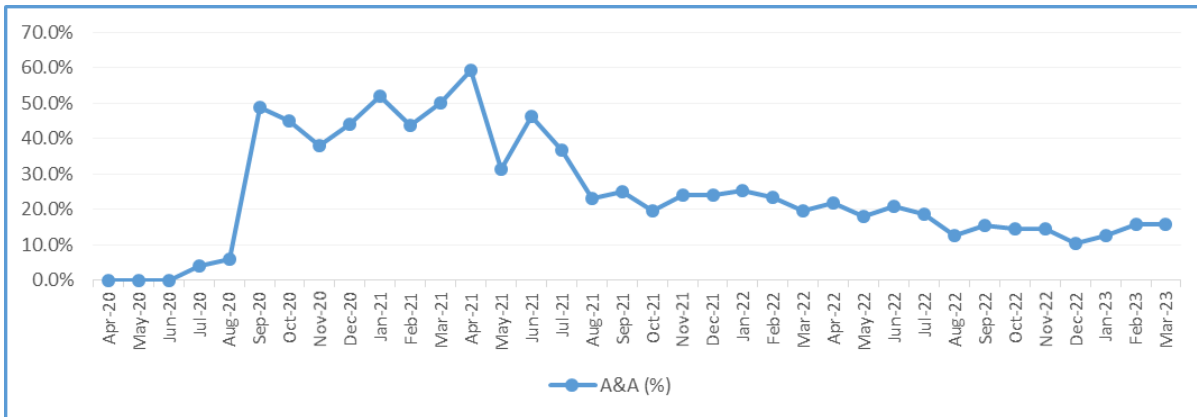
Figure 27a – Monthly ED Waits Over 12 Hours - NHS Ayrshire & Arran, UHA, and UHC



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 15.7% as at March 2023 (Figure 27b). Despite reducing, this proportion remains higher than expected given that the NHS Ayrshire & Arran population is around 6.9% of the total population in Scotland. Over the past 12 months, this measure had been on a very gradual downward trend, indicating that NHS Ayrshire & Arran was becoming less of an outlier, although it has been rising again in recent months.

Figure 27b – % Monthly ED waits over 12 Hours across NHS Ayrshire & Arran as a proportion of Scotland 12 Hour waits

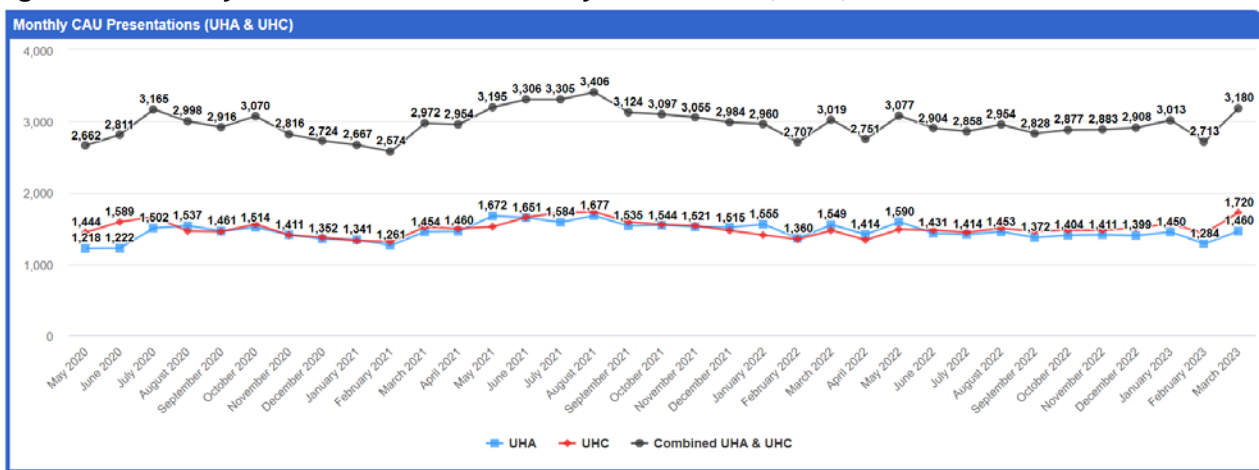


Source: Public Health Scotland

Combined Assessment Unit (CAU) Presentations

Local management information shows that in March 2023, there were increased CAU presentations across NHS Ayrshire & Arran compared to March 2022. Despite this increase, the monthly average for the winter period 2022/23 was marginally lower than for the same period the previous year. CAU presentations remain slightly lower than pre-COVID-19 levels (Table below).

Figure 28 – Monthly CAU Presentations - NHS Ayrshire & Arran, UHA, and UHC



Source: Local Information Team Reports

Monthly average number of CAU Presentations (October to March)

CAU Presentations	Oct 19 – Mar 20 (pre-COVID-19)	Oct 21 – Mar 22	Oct 22 – Mar 23
NHS A&A	3,021	2,970	2,929

Source: Local Information Team Reports

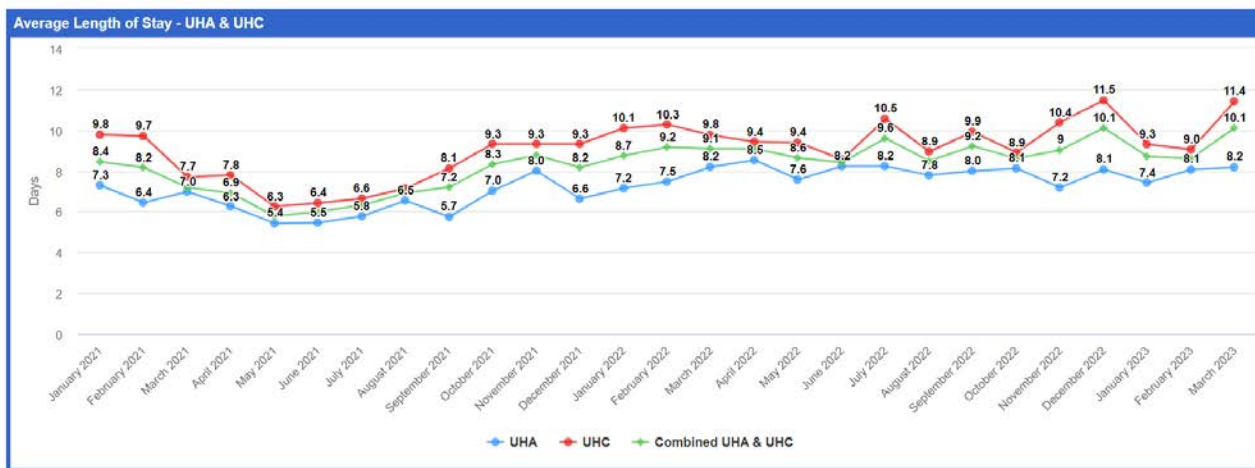
Emergency Admissions

Note – due to a technical issue, emergency admission data is currently undergoing a quality assurance review and, as such, is currently unavailable. The issue is anticipated to be resolved ahead of the next reporting period.

Average Length of Stay

The average length of stay (ALOS) at both sites has remained at the higher levels experienced throughout 2022, and in recent months has risen further. ALOS (in days) across our Core wards increased to 11.4 at UHC in March 2023, its second highest level. There was also a rise in ALOS at UHA, reaching 8.2, its highest level since July 2022. The overall ALOS across both sites has increased to 10.1 in March 2023, its joint highest level (Figure 29).

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. Twice weekly Whole System Events continue with follow-up days 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 implemented at UHC with relevant triggers to enact. There has been some infection control and workforce gaps that have not enable continuous flow to be in place every day. This is under review and a dedicated patient flow lead for UHC has been seconded since March 2023 to have leadership and oversight of this initiative.
- The Rapid Assessment & Care (RAC) area within UHC was opened mid-December with data showing a steady increase in RAC attendances along with an improving discharge % of ‘all attendances’.
- The Emergency care and Medical Triumvirates have identified key objectives to improve patient flow including a test of change of MDT Board rounds led by the Associate Medical Director. Additionally, key individuals have been using a simulation tool to assess processes and flow within CAU at UHC. This data collection and learning from this diagnostic work will be implemented with dedicated resource mid-April 23.
- Continued focus remains on reducing 12 hour delays for patients in ED and a revised improvement plan has been shared with SG colleagues.

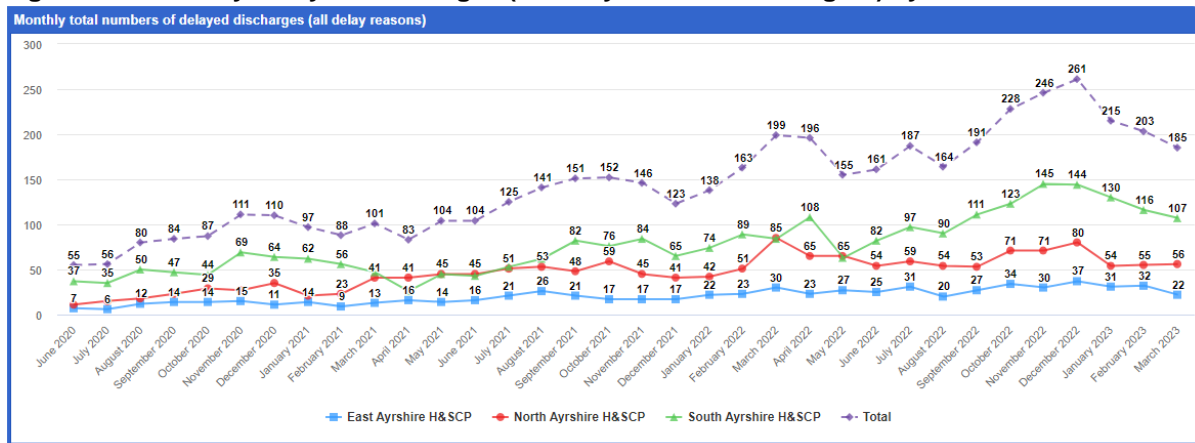
2.3.8 Delayed Discharges/Transfers of Care

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	
		56 Mar 2023	85 Mar 2022	22 Mar 2023	30 Mar 2022	107 Mar 2023
Numbers of patients whose discharge from hospital was delayed by 2 weeks or more for non-clinical reasons (excluding code 9 reasons)	15 Mar 2023	17 Mar 2022	0 Mar 2023	0 Mar 2022	55 Mar 2023	44 Mar 2022
Total number of hospital bed days occupied during the month by patients whose discharge from hospital was delayed for non-clinical reasons	1,852 Mar 2023	1,776 Mar 2022	782 Mar 2023	699 Mar 2022	3,131 Mar 2023	2,615 Mar 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. Following this, numbers of delays had then been consistently increasing to an eventual all-time high of 261 by December 2022, however have since been decreasing, down to 185 as at March 2023 (Figure 30). The majority of delays (107, 57.8%) remain in South Ayrshire HSCP.

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

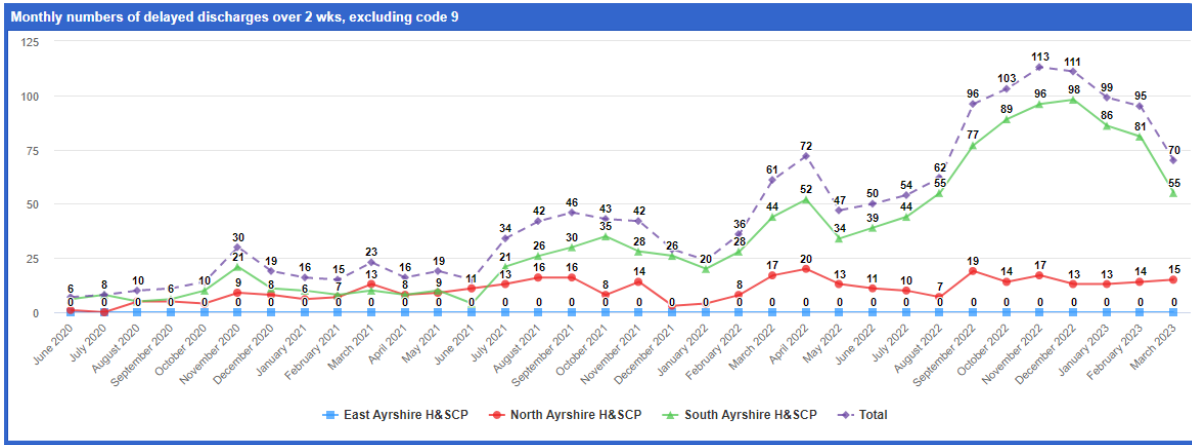


Source: Public Health Scotland

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 rose to peak of 113 at November 2022, however have since fallen to 70 at March 2023 (Figure 31). The vast majority (78.6%) of these delays are in South Ayrshire HSCP, although South Ayrshire delays reduced considerably by 26 (-32.1%) in March 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



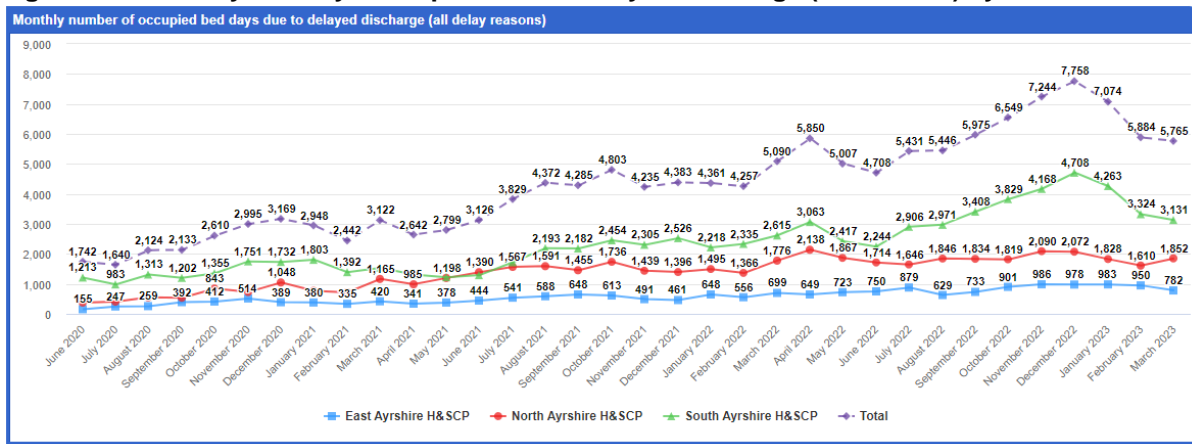
Source: Public Health Scotland

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) increased each month to a record high of 7,758 in December 2022, although have subsequently fallen to 5,765 in March 2023, a decrease of 25.7% since December 2022, and the lowest figure recorded since August 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 Whole System / “Firebreak” 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. This has been enhanced by a weekly review by senior staff and the HSCP

Director to enhance scrutiny and provide a forum for escalations to complex issues. 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 discharge plans.
- 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. This team will be enhanced in 2023 with Community Nursing support which will further enhance this Multidisciplinary team with a view to enhancing systems in place for Discharge without Delay.
- 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 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 2023 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

South Ayrshire are a significant outlier in Scotland with the highest rate of delayed transfers of care per 1000 population by some margin. During December 2022 the number of people waiting in hospital to return to a homely setting rose to an all-time high. Since then delays have fallen significantly and quickly.

Delayed transfers of care in hospital are only part of the story. There are high numbers of people awaiting a package of home care elsewhere in our system. This creates further inefficiency and risk with people falling into crisis and needing to attend hospital unnecessarily.

In April 2021 South Ayrshire reached the fewest delayed transfers of care we had had for over 6 years as a result of significant investment in our Reablement service in 2019 and an increase in commissioned care capacity of almost 20% in response to COVID-19.

From June 2021 to December 2022 recruitment and retention into both in house and commissioned care at home became extremely challenging with 30% vacancy rate within the in house service during summer of 2022 and a number of private companies handing hours back. This coincided with an increase in demand of almost 30%.

During autumn of 2022 these challenges culminated in two large providers collapsing and handing all of their hours back, a sudden loss of 2500hrs/week. The overall number of commissioned hours provided has fallen from a high of 12000/week in April 2021 to a current level of 6700/week, a reduction of 44% equivalent to 540 beds. Traditionally 80% of care at home has been delivered by the private sector so the impact has been significant and resulted in the rapid increase in the number of delayed transfers of care to a high of 150. During January and February 2023 the number of delays has fallen to fewer than 100.

In response to the challenges we have faced we have implemented the following:

- Opened a 10bedded intermediate Reablement unit which has re-abled 35 people with 90% requiring no further care.
- Established a review team to review and minimise the size of packages (care packages in house now average 7hrs compared to 11hrs in the private sector).
- Employed a recruitment and retention lead for care at home resulting in improved recruitment activity and reducing the interview to starting time from 7 weeks to 3 weeks.
- Adopted innovative recruitment and retention incentives including paying for driving lessons, providing electric bikes for none drivers, offering flexible contracts.

We have begun to see improvements in recruitment and set a goal to recruit an additional 55 carers (net) by December 2023. This should enable us to achieve our trajectory to reduce delays from 100 to 70 by the end of April 2023 and to fewer than 30 by end of August 2023. Positive progress relies on recruitment remaining buoyant and the private sector remaining stable. However, unfortunately recent events have led to our largest care provider requesting a voluntary moratorium and other providers handing back a total of 110hrs which puts our trajectory at risk.

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 we have 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

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.