

# NHS Ayrshire & Arran



<b>Meeting:</b>	<b>Ayrshire and Arran NHS Board</b>
<b>Meeting date:</b>	<b>Tuesday 21 May 2024</b>
<b>Title:</b>	<b>Performance Report</b>
<b>Responsible Director:</b>	<b>Kirstin Dickson</b>
<b>Report Author(s):</b>	<b>NHS Ayrshire &amp; Arran Performance and Insights Team – Directorate of Transformation and Sustainability</b>

## 1. Purpose

This is presented to 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 focuses on the following service areas:

- Planned Care and Musculoskeletal Waiting Times;
- Diagnostic and Cancer Waiting Times;
- Mental Health Waiting Times;
- Urgent Care Pathways;
- Unscheduled Care Emergency Department (ED) Performance; and
- Delayed Transfers of Care.

To enhance intelligence and understanding of these key areas of Performance, trend charts, including control charts (where appropriate), in addition to improvement plans, have been included for the above areas in **Appendix 1**.

### 2.2 Background

Our Annual Delivery Plan (ADP) for 2023/24 was submitted to Scottish Government (SG) in July 2023 and this report has been aimed at providing Board members with insight and intelligence on the key data aspects relating to the ADP; and our wider performance against

the National Waiting Times Standards. Where possible, this latest Performance report includes progress against the trajectories set out in our previous Annual Delivery Plan for the final quarter of 2023/24. This will be replaced with the new Delivery Plan and the associated Delivery Framework Indicators for 2024/25 onwards.

## 2.3 Assessment

The monthly performance data within this report is mainly for the period March 2024, however for some measures, the latest data may be for February 2024.

### Executive Data Summary

#### New Outpatients

- Performance against the 12 week national target for New Outpatients remains below the 95% target and continues on a gradual increasing trend from an almost 4 year low of 32.5% at January 2024 to 35.5% at March 2024. Following an improving trend from a high of 52,216 patients at December 2023 to 51,706 at February 2023, the overall total number of patients waiting has increased to a new high of 52,401 in March 2024.
- In March 2024 NHS Ayrshire & Arran remobilised 94% of all New Outpatient activity compared to March 2019; failing to meet the local ADP target of 95% for the first time since December 2023.
- The number of New Outpatients waiting longer than 12 months continues to show an increasing trend from 3,271 at the end of March 2023 to a high of 8,710 at mid-April 2024, exceeding pre-COVID-19 activity. The number waiting over 18 months also continues to increase from 1,024 at end of August 2023 to 2,522 at mid-April 2024, the highest number waiting since October 2022. The number of patients waiting longer than 2 years has gradually increased from 428 at start of February 2024 to 522 at mid-April 2024.

#### Inpatients/Daycases

- Compliance against the 12 week national target of 100% for Inpatients/Day Cases, continues to show an improving trend from 49% at September 2023, to an 11 month high of 56.2% at March 2024. The overall total waiting list for Inpatient/Day Case treatment continues to show an increasing trend, from 7,759 at July 2023 to an 18 month high of 8,227 in March 2024. This is however lower than and meets our ADP trajectory of 8,500.
- In March 2024, NHS Ayrshire & Arran remobilised 73% of all Inpatient/Day Cases activity compared to March 2019; failing to meet the local ADP target of 75% for the first time since August 2023.
- The next waiting times target to eliminate long waits, is for no Inpatient /Day Case patients to be waiting longer than 12 months in the majority of specialties by September 2024. The number waiting longer than 12 months continues to show a reducing trend from 2,257 at mid-December 2022 to 1,458 mid-April 2024. In NHS Ayrshire & Arran, 12 month waits have been eliminated in seven specialties, with a further three showing <5 patients waiting. Trauma and Orthopaedics, ENT and General Surgery continue to report the highest recorded waits.

#### Musculoskeletal

- Compliance data for both ongoing and completed waits are available within the report. Compliance in relation to the national 4 week target for Musculoskeletal

(MSK) waiting times for ongoing waits has increased from 28.6% at February 2024 to 29.4% at March 2024. Performance continues to remain on the lower control limit of the XmR chart, however an increase in compliance was seen across all professions in March 2024. Compliance in relation to patients seen (completed waits) remains below the Scotland average at quarter ending December 2023.

- On average in March 2024, Urgent referrals to Occupational Therapy (OT) and Physiotherapy and Podiatry were seen within 4 weeks; however Urgent Orthotic referrals had an average wait of 7 weeks.

### **Diagnostics**

- Performance against the 6 week national target of 100% for Imaging has decreased from 62.9% in February 2024 to 59.8% in March 2024. Performance reached 91.7% in March 2024 for Computerised Tomography (CT) scans; 52.5% for Magnetic Resonance Imaging (MRI) scans; 95.7% for Barium Studies; and 56.7% in Non-Obstetrics Ultrasound. The overall waiting list continues to show an increase from 5,722 at December 2023 to an almost two year high of 6,551 at March 2024, failing to meet our ADP activity target by almost 2,000 patients.
- Compliance against the 6 week national target for Endoscopy has decreased from a high of 64.7% at February 2024 to 57.5% to March 2024. Compliance remains on a long term increasing trajectory and is above the upper control limit for the fifth month in a row, indicating a positive change. The overall waiting list for Endoscopy has been on an increasing trend from 1,313 waits at October 2023 to 1,642 at March 2024; meeting the ADP trajectory of 1,662. In March 2024, 63% of Endoscopy activity was remobilised compared to March 2019; lower than local ADP target of 100%. The ADP Target has not been met following a change from 80% to 100% at April 2023.

### **Cancer**

- Performance against the 62-day Cancer target of 95% has been on a decreasing trend from 84.7% at December 2023 to 76.9% in February 2024. This fails to meet the local ADP trajectory of 90%. Performance remains within the control limits of the control chart highlighting the fall is within normal variation limits.
- Performance in relation to the 31-day Cancer target continues to meet the 95% national target, with levels of 98.1% at February 2024.

### **Mental Health**

- In March 2024, compliance in relation to Child and Adolescent Mental Health Services (CAMHS) was 98.0%, which continues to exceed the national target of 90%; this is however lower than the local ADP trajectory of 98.5%.
- Performance for Psychological Therapy (PT) waiting times has shown a decrease in compliance from 84.1% in February 2024 to 83.7% in March 2024, below the 90% national target and lower than the local ADP trajectory of 91.2%. Performance remains within the control limits of the control chart highlighting the fall is within normal variation limits.
- Drug and Alcohol Treatment services continue to exceed the national target of 90% in March 2024, with compliance at 100%.

### **Urgent Care**

- In March 2024, Ayrshire Urgent Care Service (AUCS)/ Flow Navigation Centre (FNC) received 10,967 contacts including patients navigating through the various

pathways. 91% of these patients were not referred onwards to hospital. These patients therefore did not self-present to the Emergency Departments (EDs).

- During March 2024, 350 Call Before Convey calls were received by AUCS with only 29 (8%) of these calls resulting in onward conveyance to hospital. This pathway ensured that 321 ambulances avoided attendance at the EDs during the month with these patients receiving alternative pathways of care within a community setting.
- In March 2024, there were 736 calls from Care Homes into the AUCS service with only 10% (74) of these patients requiring to attend an acute hospital. Therefore, 662 frail and elderly residents of Care Homes received alternative care through the various pathways available within AUCS. These patients would have otherwise attended the Emergency Departments; by providing an alternative to attending the Emergency Department, potential admissions have been avoided.
- A total of 179 patients were navigated through the Emergency Services Mental Health pathway in March 2024. This pathway provides Police Scotland and SAS with an alternative pathway to access community mental health services for those patients in need of urgent Mental Health intervention. These patients would have otherwise been conveyed to the EDs and may have experienced lengthy waits to access care of a mental health professional. This pathway provides direct access to the mental health team for these patients.
- Rapid Respiratory Response (RRR) within the Virtual Capacity Programme is a community-based service which supports individuals with exacerbations of COPD to remain at home whenever possible avoiding the need for front door attendance. So far over 650 patients have accessed the RRR service, some of who have engaged with the service on a number of occasions. The service has also introduced alerts via Trakcare to facilitate early supported discharge for this patient cohort. The service has now expanded to include 24 GP practices as at mid-April 2024.

### **Unscheduled Care**

- The number of attendances at our EDs has increased marginally by 2.6% in 2023/24 compared to 2022/23. However, during January 2024 to March 2024, there has been a rise of 12.3%, equating to almost 2,500 additional ED presentations, compared to the same time period in 2023.
- Compliance against the 95% ED 4-Hour National standard has continued to decrease over the past few months, down to 63.6% at March 2024. This compares to 64.5% in February 2024, and 64.7% in March 2023. Throughout 2023/24, performance had consistently been higher at University Hospital Crosshouse (UHC) than UHA (University Hospital Ayr), however this has reversed in March 2024 with performance at UHA now higher than UHC. This has not been the case since April 2023.
- The local 2023/24 ADP target was for no patients to wait over 12 hours to be seen, treated or discharged within our EDs. In March 2024, there were a total of 914 breaches at UHC and UHA; similar levels to the same month in 2023 and a rise since February 2024. However, there was an increase between February 2024 and March 2024 at UHC and a decrease at UHA.
- The turnaround time for Scottish Ambulance Service (SAS) vehicles is a measure of the time between vehicle arrival and departure when conveying patients to our acute hospital sites. The local target is for our overall median turnaround time to be in line with the Scottish median, and for much of the period between April and June 2023, this was achieved. Since July 2023, however, the median turnaround time has consistently exceeded the Scottish median. The Median turnaround time

is currently at 60 minutes for UHA and 48 minutes at UHC for the latest week ending 7<sup>th</sup> April 2024, exceeding the 44 minutes reported nationally.

### **Delayed Transfers of Care**

- At January and February 2024, the total number of delayed transfers of care were at their lowest levels since August 2022. At the February 2024 census point, there were 178 delays reported, a decrease of 12.3% compared to February 2023 where 203 delays were reported. The majority of delays are from South Ayrshire Health and Social Care Partnership (HSCP) residents (75 delays; 42.1%) however they are at lower levels compared to February 2023 (116 delays; 57.1%).
- The national target is for no delays over 2 weeks, however in February 2024 there were 45 such delays within NHS Ayrshire & Arran, with 30 of these (66.7%) from South Ayrshire HSCP. Numbers from North Ayrshire HSCP remained at 15 for January and February 2024 and there were no delays for East Ayrshire HSCP.
- Since August 2023, bed days occupied due to a delayed discharge have been falling gradually but this decrease is within the limits of normal variation.

#### **2.3.1 Quality/patient care**

We seek to balance reforming and stabilising our services. 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.

#### **2.3.2 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.

#### **2.3.3 Financial**

Through our Delivery Plan, 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 on the delivery of key performance targets and trajectories are routinely being assessed and monitored.

#### **2.3.4 Risk assessment/management**

Through our Delivery Plan we have planned how we would safely prioritise service delivery, whilst also maintaining COVID-19 capacity and resilience.

#### **2.3.5 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 Delivery Plan.

#### **2.3.6 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 LOIPs. The achievement of the patients awaiting discharge targets will have a positive contribution towards the Outcomes for Older People priority.

### **2.3.7 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.

### **2.3.8 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.

The report was discussed at the Performance Governance Committee on 7 March 2024.

## **3. Recommendation**

For discussion. NHS Board members are asked to discuss the information provided in this report which provides assurance that systems and procedures are in place to monitor and manage the continued impact of whole system pressures on the provision of unscheduled and planned care for our citizens

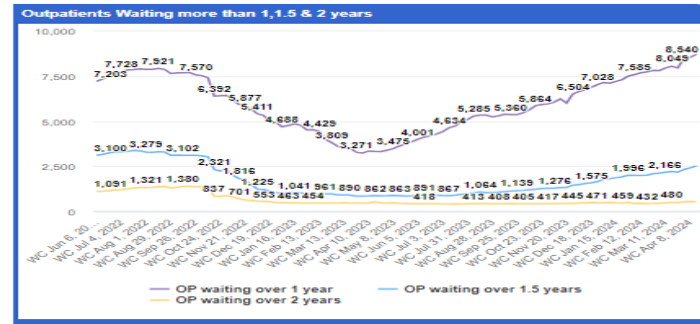
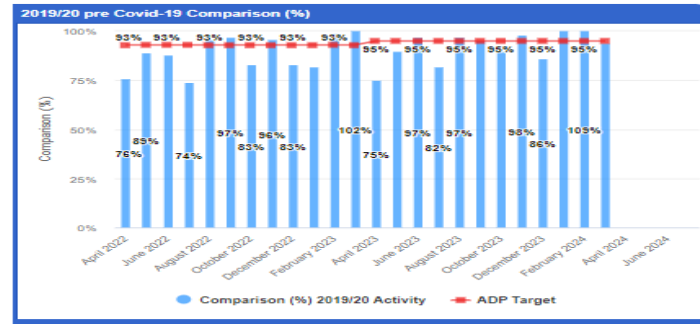
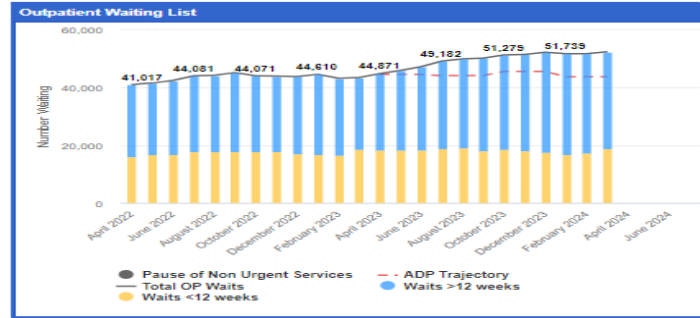
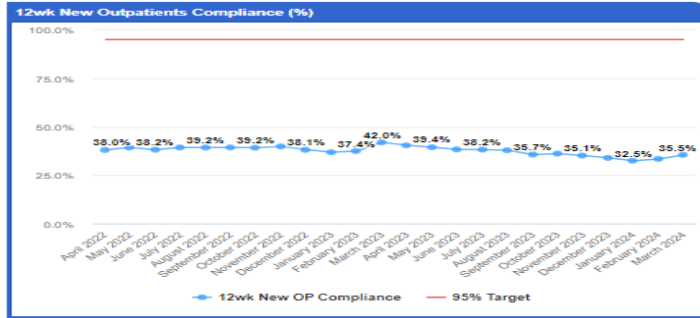
## **4. List of appendices**

Appendix 1 – Performance Report

# New Outpatients - Compliance



- National Target – 95% of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end census)
- Annual Delivery Plan - Achieve 95% of pre-COVID-19 activity in March 2024.
- No further targets have been set by Scottish Government to eliminate long waits for Outpatients, however performance against the long waits will continue to be monitored and reported.



## National Benchmarking – 12 Week New OP Target (95%)

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
NHS A&A	38.1%	36.8%	37.4%	42.0%	40.4%	39.4%	38.3%	38.2%	37.9%	35.7%	36.1%	35.1%	33.9%
Scotland	44.0%	47.1%	47.1%	47.1%	45.5%	45.5%	45.5%	42.4%	42.4%	42.4%	40.1%	40.1%	40.1%

Source: Public Health Scotland and Local Management Reports  
Next National Benchmarking Update: 28<sup>th</sup> May 2024

# Appendix 1 Performance Report

## IMPROVEMENT ACTIONS

At the time of writing, £4M of Access/GJNH funding which is most of the available funding has been identified as CRES. Discussions are ongoing with SG regarding additional support funding. The outcome of these discussions will determine whether improvement actions which incur a cost can proceed over the year. Meantime some limited expenditure on improvement actions is being incurred whilst discussions progress.

### Capacity shortfalls

- Insourcing contracts and Waiting List Initiatives deliver additional activity

### Capacity Shortfall in Diabetes and Endocrinology

- Service redesign proposals are now awaiting confirmation of access funding to put recruit non-medical alternatives to create service capacity

### Capacity shortfall within Sleep Pathway

- Vetting backlog being addressed by short term WLI and purchase of additional doctor time from GGC. Draft SLA document under discussion for more reliable service ongoing

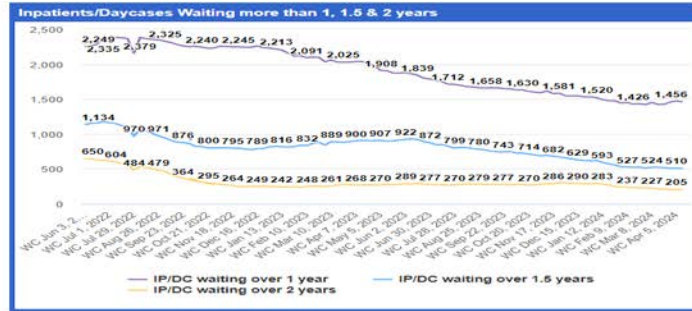
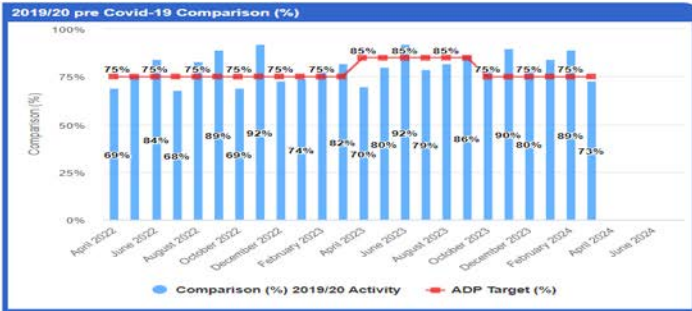
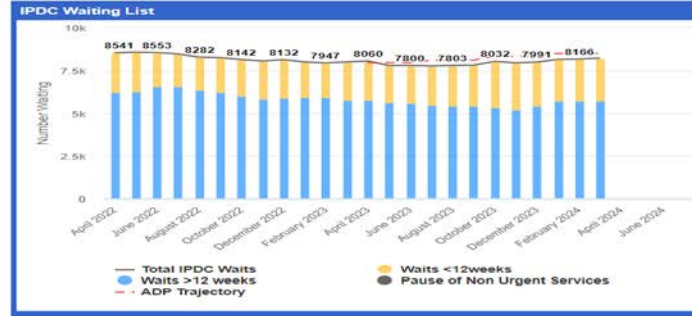
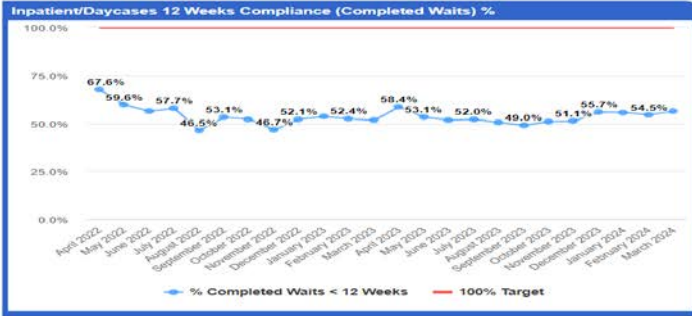
### Alternative pathways

- Improvement event for surgical specialties scheduled for June, focussing on expanding ACRT, PIR & pathways

# Inpatients/Day Cases - Compliance



- National Target – 100% of eligible patients receive inpatient or daycase treatment within 12 weeks of such treatment being agreed.
- Annual Delivery Plan - Achieve 75% of pre-COVID-19 activity in March 2024.
- Eliminate 12 month waits for Inpatient/Day Cases in majority of specialities by end of September 2024.



## National Benchmarking – 12 Week IP/DC Target (100%)

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
<b>NHS A&amp;A</b>	52.1%	53.5%	52.3%	51.7%	58.3%	53.1%	51.8%	52.0%	50.5%	49.0%	51.0%	51.1%	55.7%
<b>Scotland</b>	56.9%	56.3%	56.3%	56.3%	56.7%	56.7%	56.7%	56.1%	56.1%	56.1%	57.6%	57.6%	57.6%

Source: Public Health Scotland and Local Management Reports  
Next National Benchmarking Update: 28<sup>th</sup> May 2024

## IMPROVEMENT ACTIONS

### Ensure Theatre utilisation continues to show high utilisation

- Weekly gantt chart meetings and quarterly theatre governance meetings
- Use WLIs to create additional capacity where need and opportunity exists

### Reduce operating theatres fallow time

- Work with CfSD to develop measurement tool to accurately track fallow time
- Consultant Anaesthetists interviews in May
- Continued recruitment approaches for theatre nursing although note that international recruitment has been paused due to financial position

### Reduction of number of patients over 2 years

- Review and action plan longest waiting patients by specialty with updates required fortnightly .

### Operating capacity within ENT

- Surgical Team are reviewing opportunity to re-assign theatre lists across both hospitals to help prioritise those with greatest backlogs

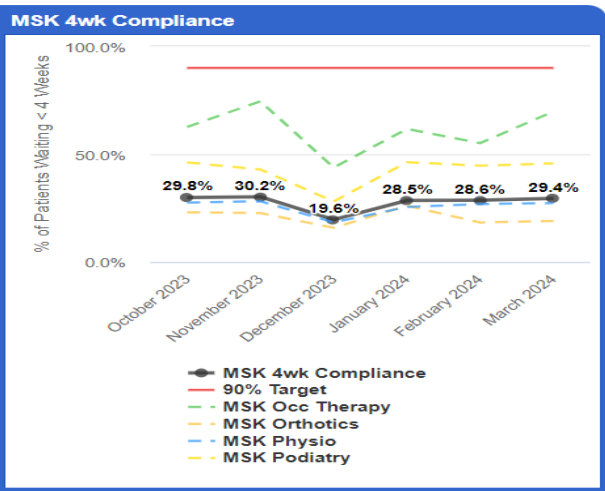
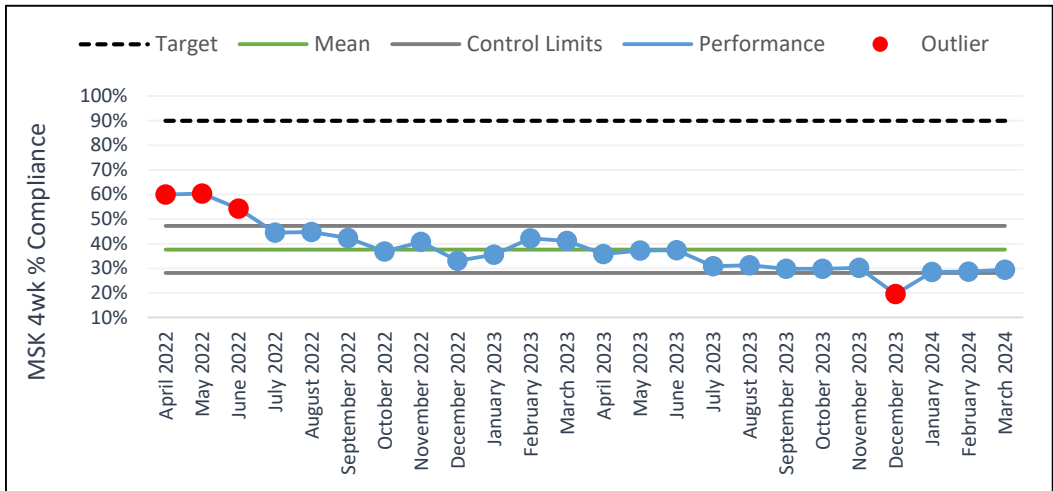


# Musculoskeletal (MSK) - Compliance



- National Target - At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at Allied Health Professional (AHP) led Musculoskeletal (MSK) services.

## National Benchmarking - % Patients waiting less that 4 Weeks (ongoing waits)



## March 2024 - Waits by Profession

	All Waits			Urgent Waits Only
	Number Waiting	Max Weeks Waiting	Average Wait (Weeks)	Average Wait (Weeks)
MSK Occupational Therapy	129	19	6	4
MSK Podiatry	628	23	10	4
MSK Physiotherapy	4567	35	14	4
Orthotics	538	57	21	7

## National Benchmarking - % Patients seen within 4 Week MSK Target (90%)

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
NHS A&A	35.4%	30.3%	41.6%	39.4%	41.6%	43.8%	43.7%	42.3%	36.9%	35.2%	34.4%	32.3%	42.2%
Scotland	47.1%	41.0%	47.1%	47.9%	46.5%	47.5%	47.6%	47.9%	47.0%	48.6%	46.1%	45.5%	49.5%

# IMPROVEMENT ACTIONS

## National registered AHP staffing shortage

- Review of skill mix
- Review of clinical education, development roles and blended student placements to facilitate recruitment and retention
- Recruitment fair
- Trying to recruit band 5 rotational staffing
- Training and Development funding requested to facilitate recruitment and retention
- Timely HR processes for recruitment

## Reduced capacity and increasing waiting times and poor 4 week waiting time compliance

- DCAQ analysis
- Patient Focussed Booking
- Patient Initiated Reviews
- Active Clinical Referral Triage
- Referral Guidance
- Utilisation of Community Assets – Versus Arthritis Project
- Digital self- management
- Advice Only Referral
- Community Drop In Sessions
- Test of Change funded by Unscheduled Care: Self-referral to MSK in 3 GP Practices (eConsult). Requires business case for self-referral to be rolled out across Ayrshire and permanent
- Locum recruitment

Feasibility study to re-open the UHC Hydrotherapy pool in process with Estates .

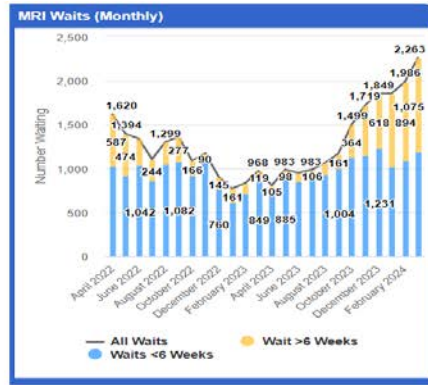
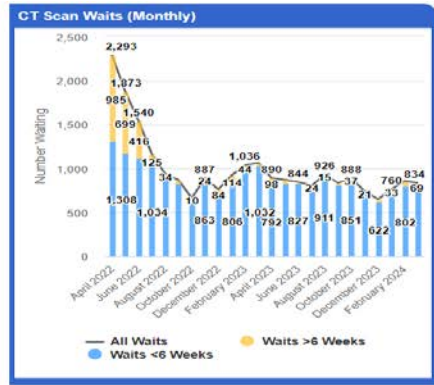
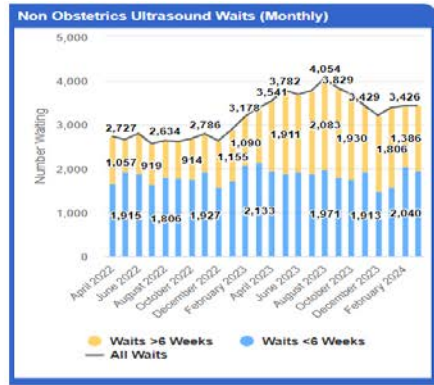
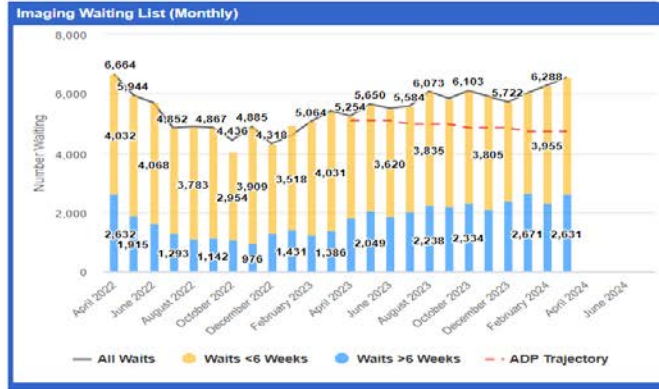
Weekly Reports to evaluate data and inform service delivery to improve confidence of data and improve analytical support

Source: Public Health Scotland and Local Management Reports. PHS Publication note 19<sup>th</sup> December 2023 – Benchmarking data for Scotland is constrained by the availability of quality assured data from several NHS Boards (NHS Borders, NHS Fife, NHS Greater Glasgow and Clyde, NHS Lothian, NHS Tayside, and NHS Western Isles). PHS is working collaboratively with each NHS Board to resolve the remaining data quality issues and revised data will be published in future releases.

# Radiology/Imaging - Compliance



- National Target – 100% of patients waiting for key diagnostic tests and investigations should wait no longer than six weeks (42 days).
- Reduction in overall Diagnostic Imaging Waiting List to 4,726 at March 2024.



## National Benchmarking - 6 Week Imaging Target (100%)

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
NHS A&A	70.2%	76.7%	75.3%	74.4%	65.7%	63.7%	65.7%	63.9%	63.1%	62.2%	61.8%	64.4%	58.4%
Scotland	48.5%	48.2%	56.3%	55.0%	51.5%	52.7%	53.0%	50.6%	51.3%	52.6%	52.7%	55.0%	51.5%

## IMPROVEMENT ACTIONS

### Capacity shortfall in MRI scanning

- Funding & Contract confirmed for mobile MRI scanner until Mar 2025
- Proposal put to SG for additional temporary mobile MRI scanner re. additional SG funding stream

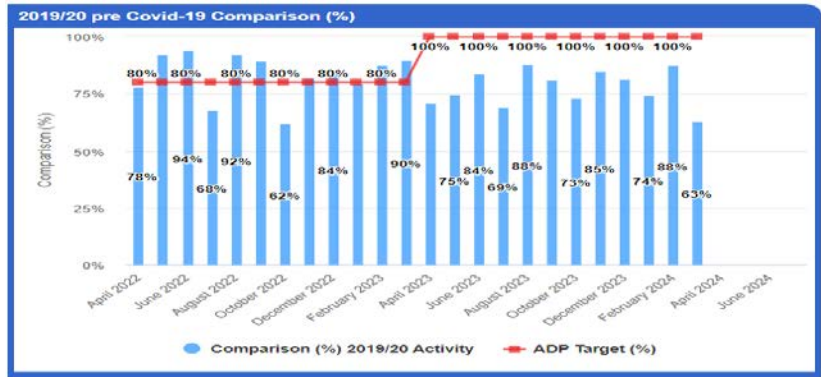
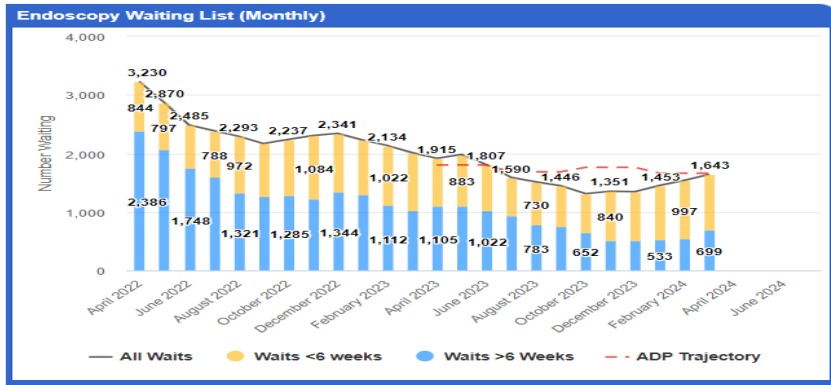
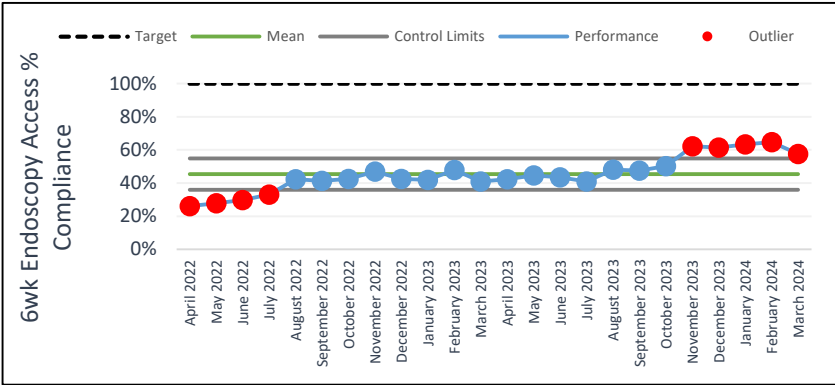
### Capacity shortfall in Non-obstetric Ultrasound

- Two trainee sonographers undergoing training
- Proposal put to SG for extension of locum (weekend)sonographers re additional SG funding stream

# Endoscopy - Compliance



- National Target – 100% of patients waiting for key diagnostic tests and investigations should wait no longer than six weeks (42 days).
- Reduction in overall Diagnostic Endoscopy Waiting List to 1,662 at March 2024.
- Annual Delivery Plan – Achieve 100% of pre-COVID-19 activity in March 2024.



## National Benchmarking – 6 Week Endoscopy Target (100%)

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
NHS A&A	42.6%	41.9%	47.9%	40.9%	42.3%	44.6%	43.4%	41.0%	48.2%	47.5%	50.3%	62.2%	61.4%
Scotland	37.2%	36.1%	41.5%	42.3%	40.7%	40.8%	40.0%	37.9%	38.9%	40.3%	41.2%	42.7%	39.4%

Source: Public Health Scotland and Local Management Reports  
Next National Benchmarking Update: 28<sup>th</sup> May 2024

## IMPROVEMENT ACTIONS

There is a temporary reduction in endoscopy capacity which will continue to impact endoscopy performance until June 2024. This is related to the estates work underway in the adjacent critical care area.

### Develop Transnasal Endoscopy Service (TNE)

- Training and planning on track for go-live at UHA in May 2024

### Increase the utilisation of Endoscopy lists in line with national guidance

- activity being increased incrementally as trainee endoscopists complete training.

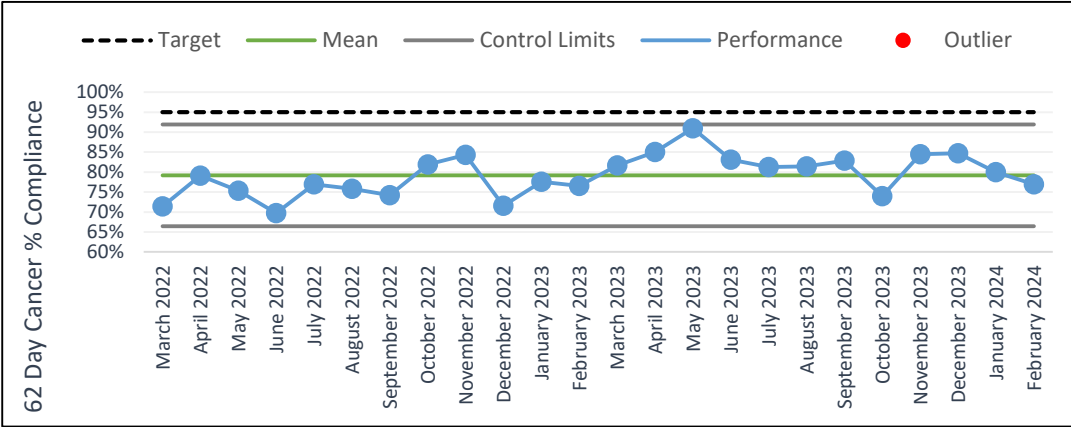
### Suboptimal qFiT Pathway

- Develop plan for next phase of roll out plan to include GPs accessing qFiT result before making referral

### Implement new national Endoscopy Management System

## Cancer – 62 day Compliance

- National Target - 95% of those referred urgently with a suspicion of cancer are to begin treatment within 62 days of receipt of referral.
- ADP Trajectory – 90% of those referred urgently with a suspicion of cancer are to begin treatment within 62 days of receipt of referral by February 2024.



Performance by Tumour Type  
62 Day Cancer Target – February 2024

Title	Value	Numerator	Denomi...	Last Up...
Colorectal Cancer - Waiting Times - 62 ...	100.0%	13	13	Februar...
Head and Neck Cancer - Waiting Times...	100.0%	1	1	Februar...
Lung Cancer - Waiting Times - 62 Day ...	100.0%	2	2	Februar...
Ovarian Cancer - Waiting Times - 62 D...	100.0%	3	3	Februar...
Breast Cancer - Waiting Times - 62 Day...	88.9%	32	36	Februar...
Upper Gastro-Intestinal Cancer - Waitin...	66.7%	2	3	Februar...
Lymphoma Cancer - Waiting Times - 62...	50.0%	2	4	Februar...
Urological Cancer - Waiting Times - 62 ...	41.7%	5	12	Februar...
Cervical Cancer - Waiting Times - 62 D...	0.0%	0	0	Februar...
Melanoma Cancer - Waiting Times - 62 ...	0.0%	0	4	Februar...



### National Benchmarking - 62 Day Cancer Target (95%)

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
NHS A&A	71.6%	77.6%	76.5%	81.7%	85.0%	91.0%	83.1%	81.3%	81.4%	82.9%	74.0%	84.5%	84.7%
Scotland	72.5%	67.6%	67.4%	72.6%	74.8%	73.2%	70.9%	72.3%	69.4%	71.2%	70.5%	69.0%	70.2%

Source: Public Health Scotland and Local Management Reports  
Next National Benchmarking Update: 25<sup>th</sup> June 2024

## IMPROVEMENT ACTIONS

### Diagnostic Delays - Pathology capacity shortfall

- Pathology outsourcing in place to provide reports for backlog of patients

### Diagnostic Delays – Medical Imaging

- Proposal submitted to SG for additional temporary mobile MRI to focus on breast and prostate MRIs

### Time to first appointment

- In various pathways, schedule additional WLI clinics to reduce the time to first clinic

### Urology Pathways

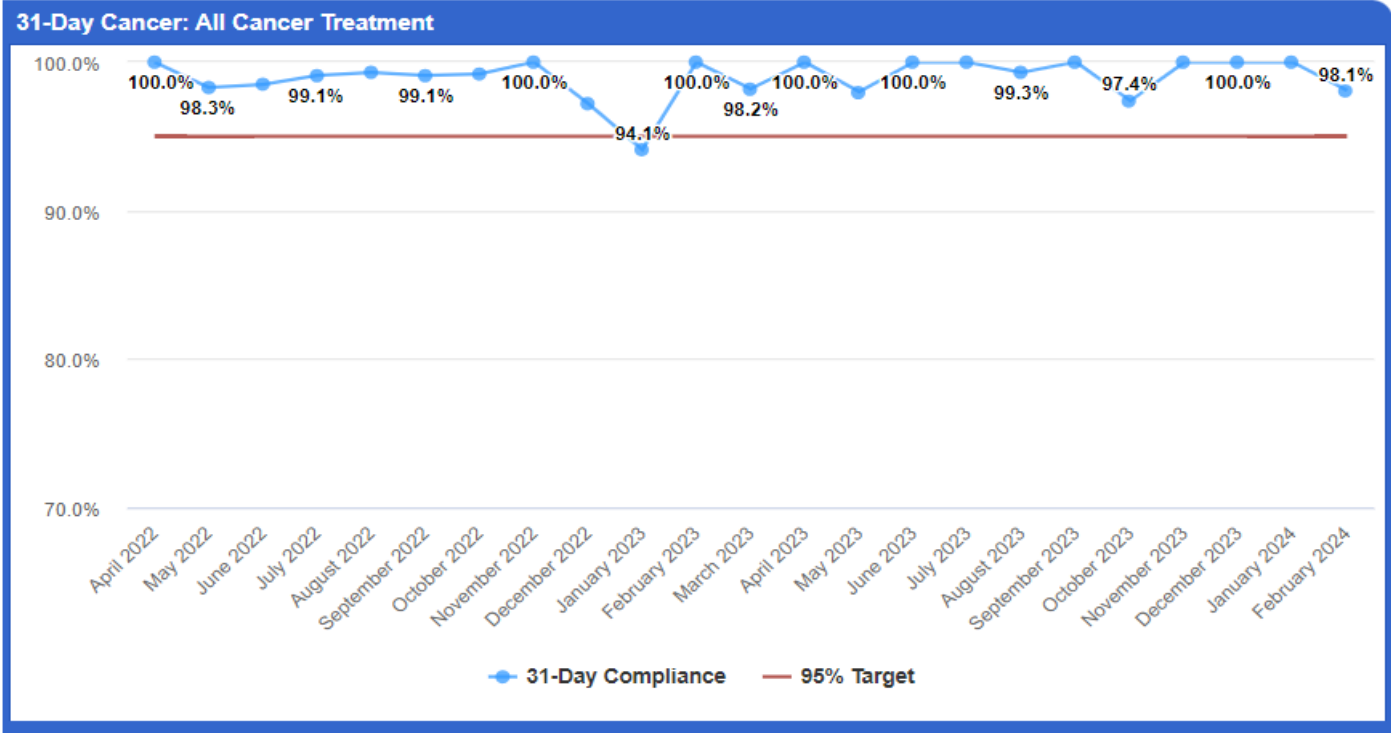
- Undertake further analysis to understand delays and opportunities to smooth pathways.
- Review impact of establishing local robotic prostatectomy surgery on reducing time to treatment
- Participate in regional discussions regarding regional robotic prostatectomy backlog

## Cancer – 31 day Compliance

**31-Day Cancer: All Cancer Treatment**

February 2024 result  
✔ **98.1%**

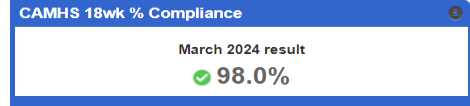
- National Target - 95% of all patients diagnosed with cancer are to begin treatment within 31 days of decision to treat



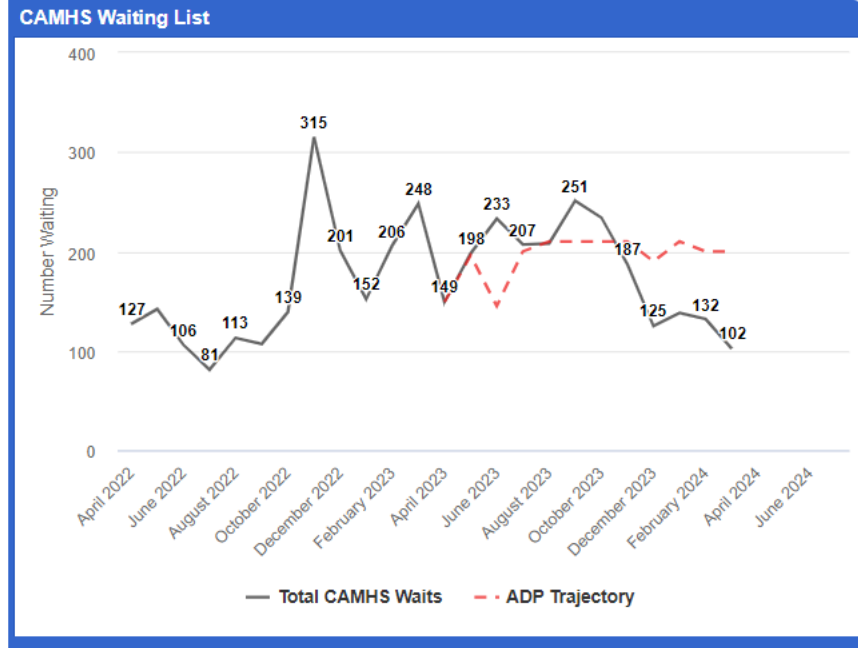
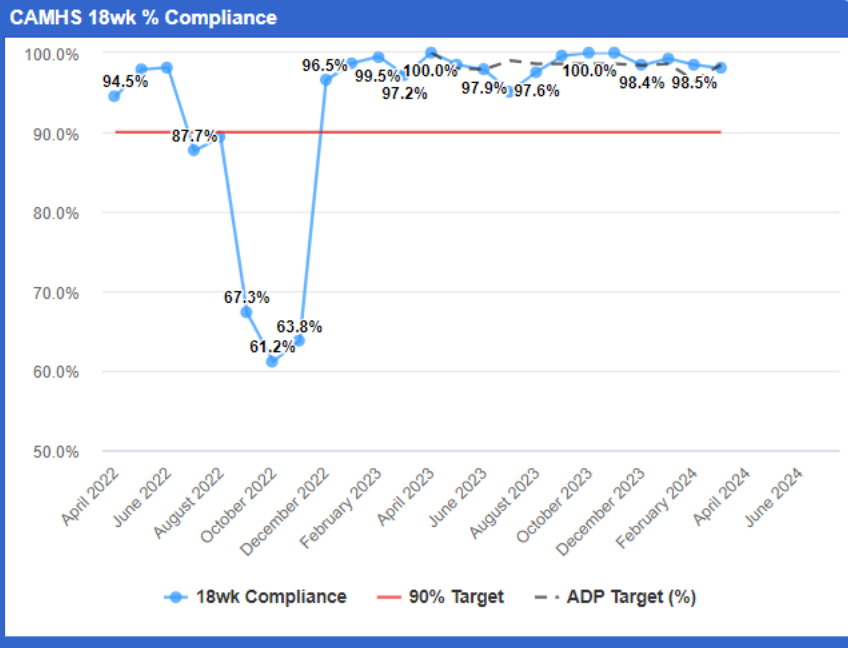
### National Benchmarking – 31 Day Cancer Target (95%)

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
<b>NHS A&amp;A</b>	97.2%	94.1%	100.0%	98.2%	100.0%	98.0%	100.0%	100.0%	99.3%	100.0%	97.4%	100.0%	100.0%
<b>Scotland</b>	94.5%	91.8%	95.4%	94.8%	95.2%	94.5%	95.5%	95.1%	94.4%	94.7%	93.4%	93.8%	93.5%

# Child and Adolescent Mental Health Service (CAMHS)



- National Target – 90% of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral.
- Annual Delivery Plan 2023/24 Trajectory – Achieve compliance levels of 98.5% in March 2024.



## National Benchmarking - 18 weeks CAMHS Target (90%)

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
<b>NHS A&amp;A</b>	96.5%	98.7%	99.5%	97.2%	100.0%	98.5%	97.9%	95.2%	97.6%	99.6%	100.0%	100.0%	98.4%
<b>Scotland</b>	75.9%	74.3%	73.8%	74.5%	71.7%	72.4%	77.0%	71.9%	75.7%	79.0%	82.7%	83.4%	86.0%

Source: Public Health Scotland and Local Management Reports  
Next National Benchmarking Update: 4<sup>th</sup> June 2024

## IMPROVEMENT ACTIONS

**Improve access to mental health service and build capacity and sustainable delivery to maintain the CAMHS 18 week RTT and work towards the 4 week target within National Specification.**

- Using Trakcare and CAMHS Benson Wintere DCAQ Model to match capacity to demand to meet National CAMHS specification by carrying out regular demand, capacity, activity and queue (DCAQ) activities.
- CAMHS already has a very robust referral criteria and have developed various communications which have gone out to referrers like GP's, Schools and other health and social care teams.
- A suite of letters have been developed to ensure that parents/carers and referrers are very clear on whether a referrals meets the National CAMHS Specification and if it doesn't a letter with signposting information is sent to referrer and parent/carer.

**Improve service delivery and resilience with the recruitment and retention of CAMHS workforce.**

- Further develop and expand on the skill mix of the workforce in particular encouraging Psychiatry and Psychology posts to CAMHS.

**Improving mental health environment and patient safety**

- Development of new facility at West Road for N-CAMHS and CEDS by Sept 2024. Involve service users in the design.
- CAMHS will continue to learn from children, young people, families and Carers with 'Lived Experience' of the service.**
- Access qualitative feedback through Kidscreen as well as quantitative data. Kidscreen is a tool that measures how a child or young person is feeling during different parts of their CAMHS journey; at the beginning, middle and end. This can be completed electronically or a paper copy.

**N-CAMHS will continue to see young people who are currently on the N-CAMHS waiting list.**

- Commission external providers to assess children and young people

# Psychological Therapies

## Psychological Therapies 18wk % Compliance

March 2024 result

● 83.7%

## IMPROVEMENT ACTIONS

### Proposal for new Psychological Services Clinical Governance (CG) structure

- Being presented to different senior management and CG groups which will include a CG for Psychological services and a CG for Psychological therapies and interventions

### Implementation of Safe Staffing Act (April 24)

- Training for team leaders currently being rolled out and measures available for piloting

### Implementation of Psychological therapies and interventions standards (SG, Nov23)

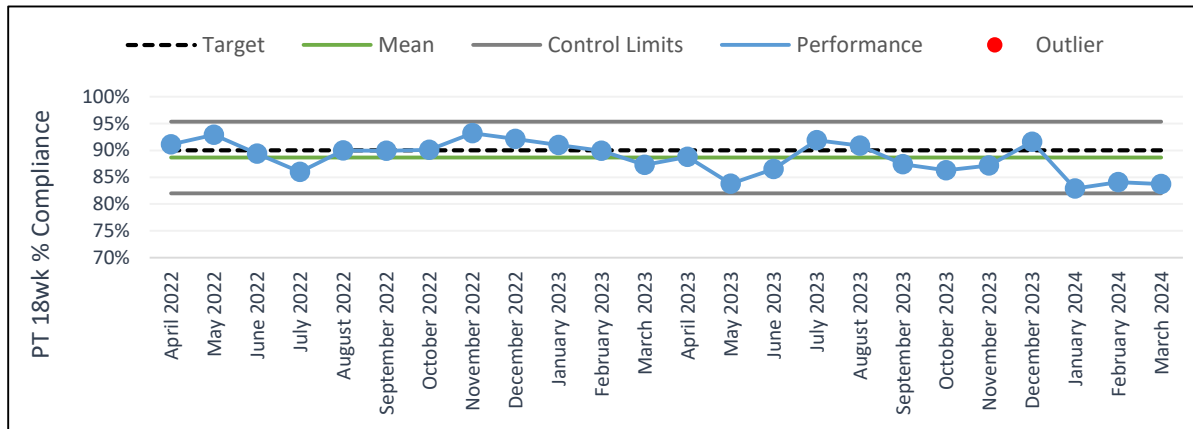
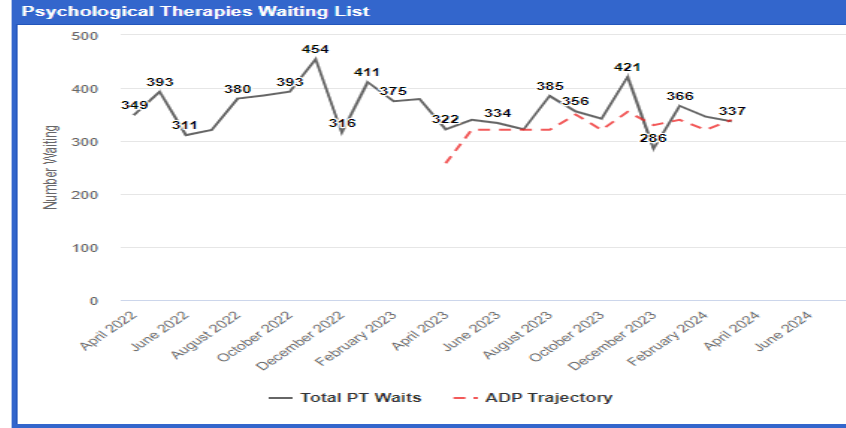
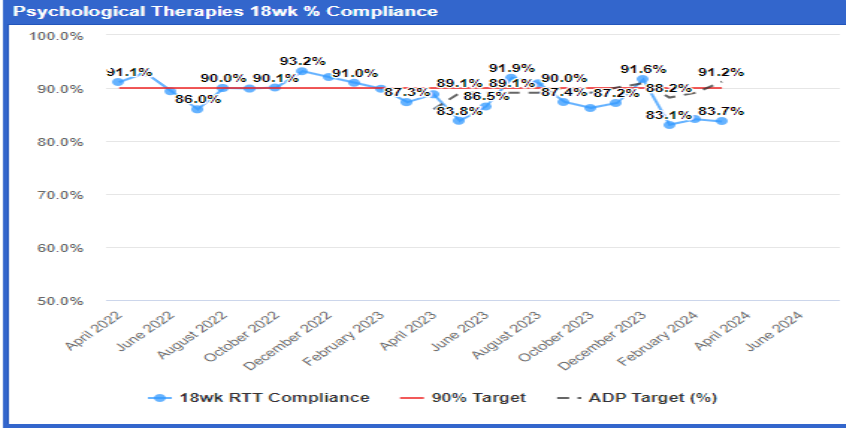
- Assessment tool for the service currently being piloted nationally – likely ready by May 2024.

- New pan-services Psychological Therapies and Interventions CG group will be able to start with preparing a workplan for implementation.

### Lack of capacity in different parts of the service – gap analysis required

- Safe staffing tools and use of DCAQ/ trajectory calculations to bring clarity to gaps in the service
- Improvement of available data – teams being set up with TRAKcare to improve data quality

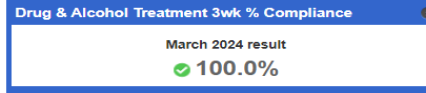
- National Target – 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral.
- Annual Delivery Plan 2023/24 Trajectory – Achieve compliance levels of 91.2% in March 2024



## National Benchmarking – 18 Weeks PT Target (90%)

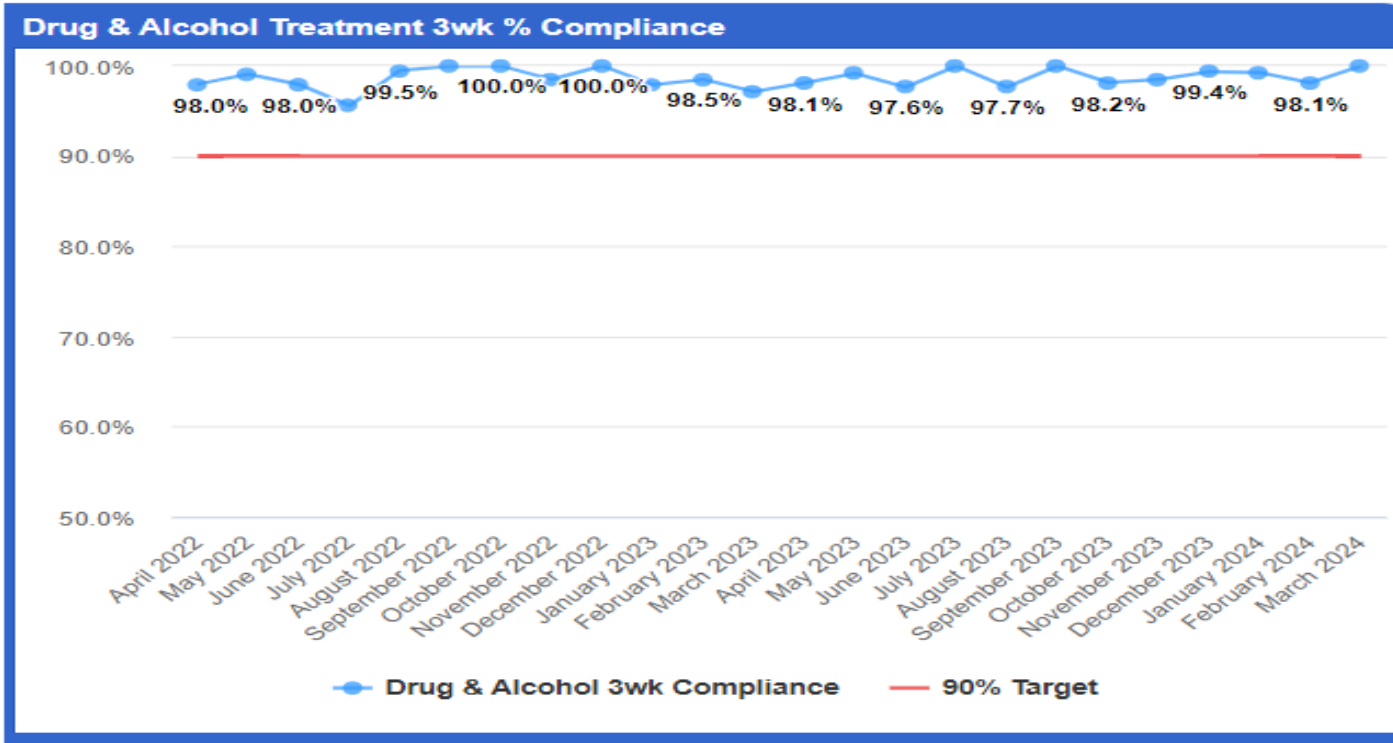
	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
NHS A&A	90.3%	88.9%	87.0%	83.1%	88.8%	83.8%	86.5%	91.9%	90.9%	87.4%	86.3%	87.2%	91.6%
Scotland	82.4%	80.6%	79.4%	79.3%	79.4%	78.5%	78.5%	79.7%	78.8%	79.7%	80.4%	79.3%	82.9%

## Drug and Alcohol Treatment



## IMPROVEMENT ACTIONS

- National Target – 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.



### National Benchmarking – 3 Weeks Drug and Alcohol Target (90%)

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
NHS A&A	100.0%	97.9%	98.5%	97.2%	98.1%	99.2%	97.6%	100.0%	97.7%	100.0%	98.2%	98.5%	99.4%
Scotland	91.6%	92.9%	92.9%	92.9%	93.0%	93.0%	93.0%	92.3%	92.3%	92.3%	90.5%	90.5%	90.5%

- North Ayrshire** – All local and national targets and standards continue to be met. Service Level Agreements now signed off to enable commencement of community pharmacy support in the administration of Buprenorphine (one of our key actions in relation to MAT Standard 7). All MAT related process, numerical and experiential information has been submitted to the national MAT support team (MIST). The Quarter 4 MAT Progress Report has also been submitted to the Scottish Government. The key risk regarding full implementation of the MAT Standards continues to be the absence of recurring funding for MAT Standard 7 implementation (although the North Ayrshire ADP has allocated temporary funding to implement initial MAT 7 actions, discussions continue to try and identify permanent funding especially in relation to the PCA(M)(2023)04 circular as to whether NHS Ayrshire and Arran may be able to allocate a portion of ring-fenced primary care funding to support the delivery of the ‘National Mission’, to prevent Drug Related Deaths and to support the implementation of MAT Standard 7.
- East Ayrshire** - Addiction & Recovery Service have now completed a East NHS Addiction & Recovery Service continue to expand geographical location of the Rapid Access to Drug & Alcohol Recovery (RADAR) in the rural area having a focus on multi agency approach in the rural areas similar to the centralised area. RADAR have recruited a near fatal overdose support worker who is proactive in multi-agency working targeting our most vulnerable individuals in the communities to engage and re-engage in treatment and supports. In addition we have Community Recovery & Engagement Workers( CREW) alongside services to support long term engagement. The Addiction & Recovery Service redesign is now underway with 4 areas of focus set out in an implementation plan. The areas of focus are; Service Operations; Workforce Planning; Premises and Staff Wellbeing, which align to the ADP Strategic Improvement Plan2020 -2024 and the Scottish Government, Medication Assisted Treatment (MAT) Standards: access, choice and support by ensuring we are strengthening and securing service sustainability that provides efficient, effective and person centred care.
- South Ayrshire** - Community alcohol and drugs service, known as START, 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 substitute therapy (OST) on that day. Treatment targets have consistently been achieved, with a red /amber/ green (RAG) rating of provisional green agreed with Scottish Government MAT Implementation support team (MIST). The Service will continue to embed and work on plan for MAT standards 1-5, as well as with partners to implement 6-10.



**AUCS Compliance**

March 2024 result

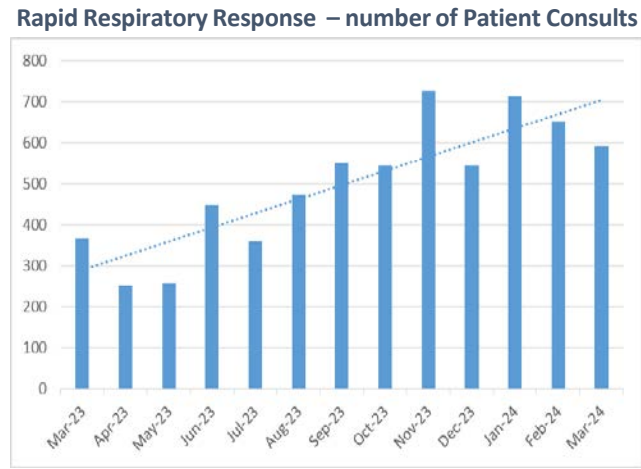
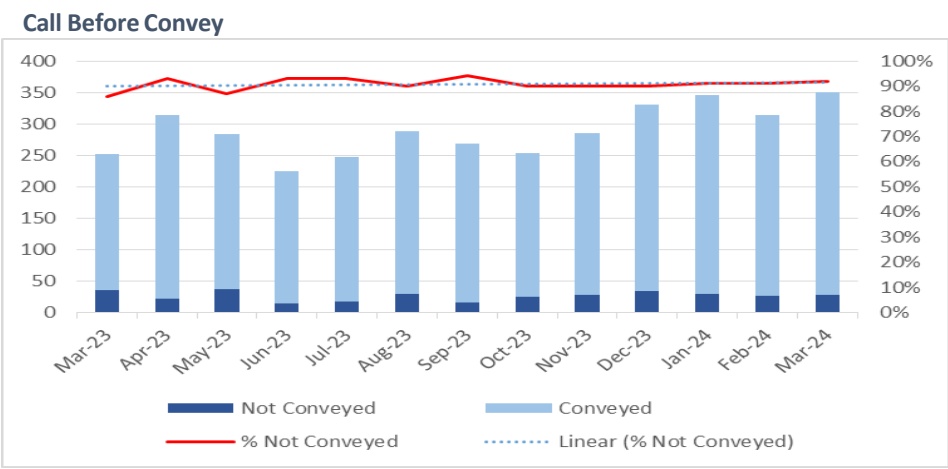
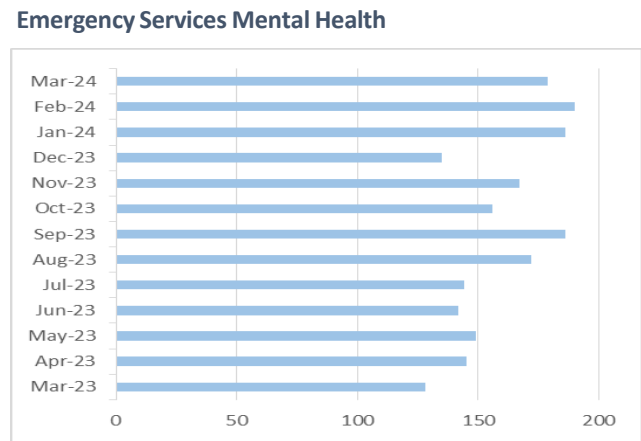
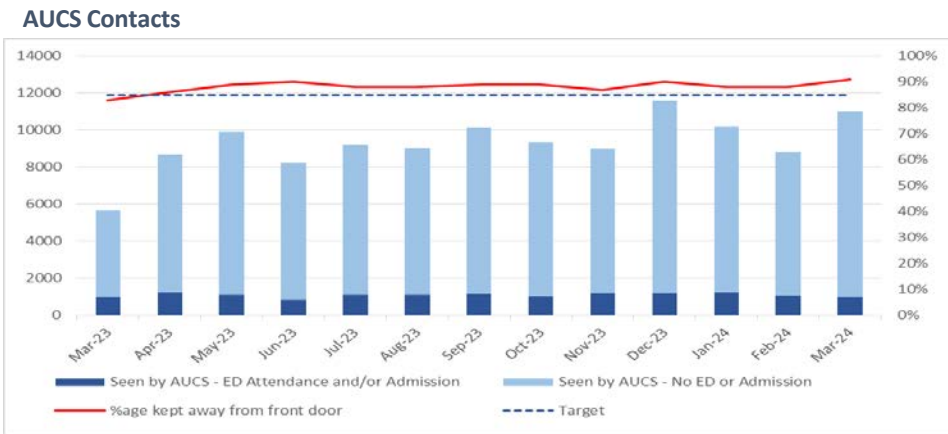
91%

## IMPROVEMENT ACTIONS

- Pathways into AUCS/FNC continue to be maintained with performance meeting the 85% standard of front door avoidance with performance at the end of March 2024 at 91%. The service continue to encourage use of the responsive AUCS/FNC pathways with Senior Clinical Decision Maker Oversight.
- The successful SAS Call Before Convey pathway will continue to ensure increasing utilisation to support SAS teams to avoid unnecessary conveyance of patients to hospitals through the provision of community based alternatives. During March 2024 there were 350 CBC calls to AUCS/FNC with 8% onward conveyance.
- Care Homes in Ayrshire have direct access to Urgent Care during the out of hours period for their residents. This includes redirection to other appropriate pathways during the out-of-hours period. Demand remains high for this pathway with 736 calls during March 2024 with 10% of these patients requiring to attend an acute hospital.
- The Emergency Services Mental Health Pathway is available to both SAS and Police Scotland seeking urgent mental health care interventions for patients as an alternative to conveying them to hospital. The current target is 30 calls per week. This has been increased to 35 for the next 30 day period. Typically each month there are now around 180 calls received into this pathway.
- Demand for the RRR service remains high. The RRR service has supported over 650 patients during periods of exacerbation, with each patient in contact with the service a number of times throughout their exacerbation, rather than presenting or being referred directly to the ED or CAU. The service has also introduced alerts via Trakcare to facilitate early supported discharge for this patient cohort. The service is expanding to include 24 GP practices within the service.

## Ayrshire Urgent Care Service (AUCS)

Local Target: At least 85% of patients who contact AUCS will not require attendance at the Front Door and will receive alternative pathways of care in the right place, at the right time.



### Care Home Contacts to AUCS

	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
CH Contacts to AUCS	357	483	552	513	553	564	665	629	618	796	834	628	736
% to Hospital	15%	8%	13%	10%	10%	11%	7%	10%	8%	10%	9%	10%	10%

No. of RRR Collaborating Practices	18
% of COPD Registered Patients within the Collaborating Practices	51%

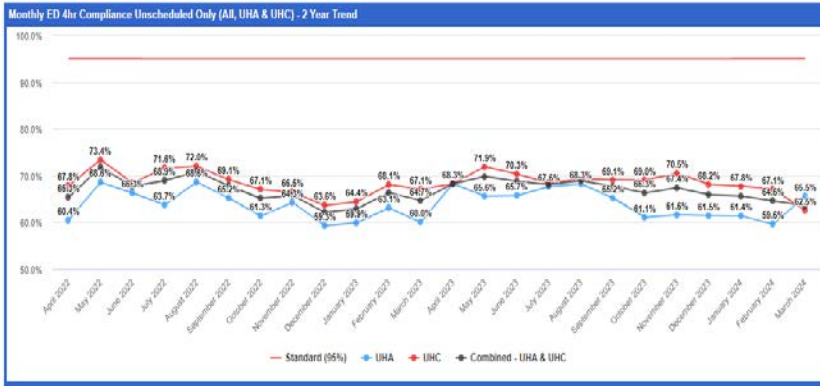
# Unscheduled Care

ED 4 hour % compliance (UHA & UHC) 3

March 2024 result

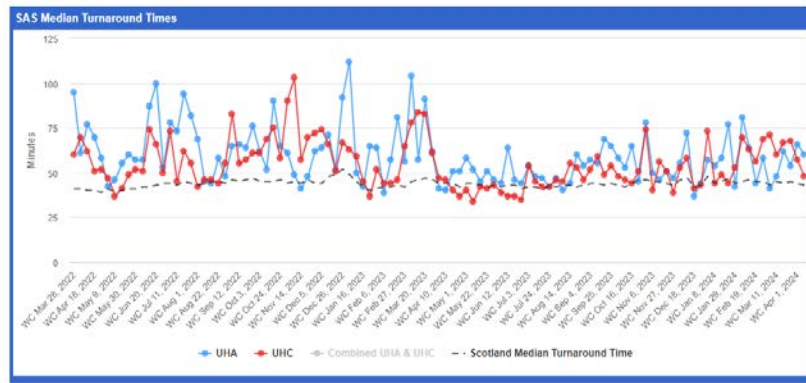
● 63.6%

- National Target - At least 95% of patients will wait less than 4 hours from arrival at Emergency Department to treatment, admission, or discharge (unscheduled attendances only).
- Annual Delivery Plan Targets - No patient should wait longer than 12 hours in our ED; Median turnaround time for Scottish Ambulance Service (SAS) vehicles at both acute hospitals will be in line with the national median time



### Number of Unscheduled ED Attendances

Apr 22-Mar 23	Apr 23-Mar 24	% change
90,022	92,405	2.6
Jan 22-Mar 23	Jan 23-Mar 24	% change
20,167	22,754	12.8



## National Benchmarking – 4 Hour ED Target (95%)

	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
NHS A&A	66.4%	64.7%	68.1%	69.5%	68.8%	68.1%	68.9%	67.7%	66.3%	67.5%	65.8%	65.7%	64.5%
Scotland	66.3%	64.5%	65.7%	67.2%	69.0%	69.5%	67.9%	66.5%	64.8%	63.6%	62.5%	62.0%	63.8%

Source: Public Health Scotland, Scottish Ambulance Service Publications and Local Management Reports

# IMPROVEMENT ACTIONS

## Maximise CAU (Combined Assessment Unit) flow to alleviate congestion on front door services

- Weekly CAU QI huddle led by medical staff reviewing activity and agreeing areas of focus
- Promotion of Hospital at Home to support early discharge and prevent admission
- RAC criteria and referral pathways shared and discussed with GPs
- Scheduling of RAC following day appointments explored as alternative to inpatient admission

## Reduction in SAS handover and turnaround times

- Review of Fit to Sit criteria for both ED and CAU
- Data sharing of Call before Convey initiative and continual sharing with SAS crews
- Use of CAU triage areas to enable clinical prioritisation.
- Implementation of joint SAS and Emergency Care Governance meeting to review delays and share learning for improvement
- Real time prioritisation of bed allocation based on need to offload SAS vehicles
- Recovery plan to support improved handover times and reduce 12 hour delays

## Reduce unfunded bed footprint at front door

- Introduction of Criteria to Reside as part of CAU board rounds
- Prioritisation of bed allocation in order of length of stay in CAU
- Early escalation of delays for patients to maximise discharges from unit.

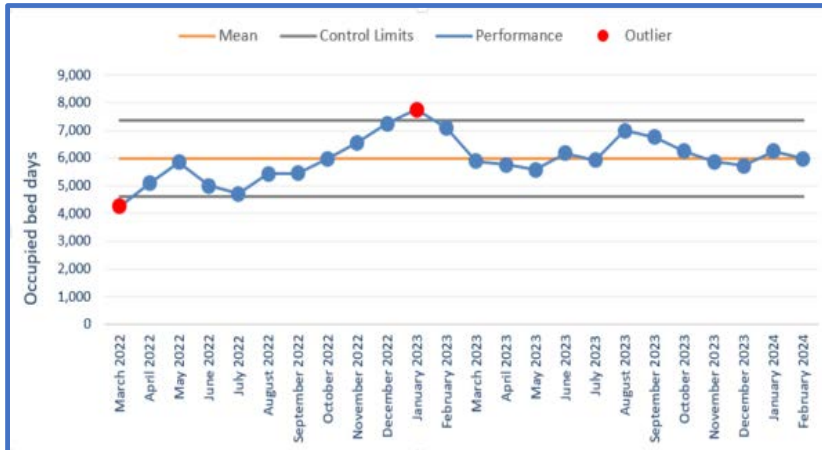
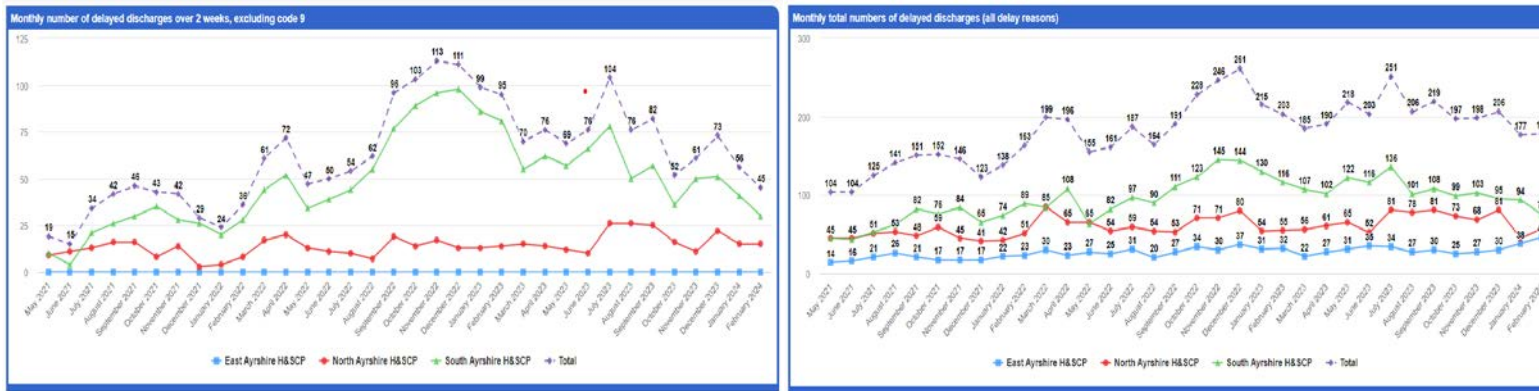
## High occupancy levels and unfunded beds open

- Introduction of Criteria to Reside in all medical wards on both acute sites and T&O at UHC
- Reduction of unfunded beds in Ward 3F at UHC. Focused work commenced to reduce and close full capacity beds
- Additional AHP resource over holiday weekends to facilitate discharges

## Delayed Transfers of Care

Three main measures are monitored in terms of delayed transfers of care performance:

- number of people experiencing a delay over 2 weeks (excluding complex code 9 delays), [Target = 0];
- number of people experiencing a delay of any length or reason in discharge from hospital at the monthly census point;
- number of hospital bed days associated with delayed discharges (any length or reason) in the calendar month.



## IMPROVEMENT ACTIONS

### North Ayrshire

- Review of Care at Home services
- Development of a Care at Home Recruitment Strategy
- Development of a Wellbeing at Work Strategy
- Targeted review strategy and reablement approach to care provision
- Introduction of Unmet need Oversight Group
- Introduction of daily tracker for all hospital-based Partnership activity
- Review other Local Authority models for guardianship processes and implement exemplar system for tracking and implementing timescales
- Undertake a Self-Assessment against SG Adults with Incapacity (AWI) Good Practice guidance and implement any recommendations for improvement
- Daily Senior Management review of all Delayed Discharges including oversight of guardianship timescales
- Development of an Operational Procedure to utilise Mental Health Officer (MHO) lead to support in discharge planning (AWI Pathways demonstration of monitoring).

### East Ayrshire

- Investment in home care and hospital based teams for earlier identification & intervention - HomeFirst.
- Strengthening links between ICT and acute wards and UHC front door
- Implementation of Reablement across Hospital discharge and all community referrals
- Planned delayed discharge deep dive with benchmarking with other LAs in relation to AWI processes
- Established unpaid carer hospital discharge workers employed – one in each acute site to identify and support carers in the discharge process
- Establishing EACH nurse-led model of care

### South Ayrshire

- Over 100 additional posts in-house care at home services now recruited improving capacity and reducing the number of delays.
- Integrated Discharge Team within University Hospital Ayr now established and focused on early discharge discussions targeting x4 wards.
- Senior management and Head of Service meet weekly to review all individuals delayed in hospital over 4 weeks.
- Focus on delays related to guardianship has improved process and reduced number of delays from 20 to 5.
- Beds commissioned within a care home with a clear focus for rehab and step-down beds created within a local authority residential unit to support discharge and avoid admission to hospital has reduced demand for care at home