

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 12 August 2024
Title:	Performance Report
Responsible Director:	Kirstin Dickson
Report Author(s):	Performance, Information and Insights Team, and Planning Team, Directorate of Transformation and Sustainability

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:

- New Outpatients, Inpatients/Daycases, and Musculoskeletal Waiting Times;
- Imaging, Endoscopy and Cancer Waiting Times;
- Mental Health Waiting Times;
- Urgent Care Performance;
- Unscheduled Care Performance;
- Reducing Acute Hospital Length of Stay;
- Delayed Discharges; and
- Workforce Sickness Absence.

To enhance intelligence and understanding of these key areas of Performance, trend charts, in addition to updates on improvement actions relating to the Delivery Plan, have been included for the above areas in **Appendix 1**.

2.2 Background

The Delivery Plan for 2024/25 was submitted to Scottish Government (SG) in April 2024 and approval was received from SG on 9 July 2024. The Delivery Plan includes our key priority improvement actions linked to a suite of Delivery Framework Indicators with associated performance trajectories.

This report has been aimed at providing Board members with insight and intelligence on performance relating to the Delivery Plan for the service areas highlighted in section 2.1. In addition performance against the National Waiting Times Standards is also included.

2.3 Assessment

The latest monthly performance data within this report is mainly for the period up to June 2024; some measures are currently only available to May 2024.

Executive Data Summary

New Outpatients

- Performance against the 12 week 95% National target/standard for New Outpatients continues on a gradual decreasing trend from 35.5% at March 2024 to 33.5% at June 2024. The Delivery Plan trajectory of 35% has therefore not been met.
- The Delivery Plan trajectory for the number of patients waiting for a New Outpatient appointment is predicted to increase throughout 2024/25. While there has been some fluctuation, the overall total number of patients waiting continues to increase, and reached a new high of 53,118 at June 2024. This is however below the expected increase and is less than the Delivery Plan trajectory of 55,589.
- The number of New Outpatients waiting longer than 12 months, 18 months and 24 months continues to increase as the waiting list increases.

Inpatients/Daycases

- Compliance against the 12 week 100% National target/standard for Inpatients/Day Cases (completed waits) continues to reduce from 56.2% at March 2024 to 47.8% as at June 2024. This fails to meet the Delivery Plan trajectory of 56% and reflects the lowest level of compliance against this standard in 19 months.
- The Delivery Plan trajectory for the number of patients waiting for Inpatient/Daycase treatment is predicted to increase throughout 2024/25. The overall total waiting list for Inpatient/Day Case treatment decreased from an 18 month high of 8,227 at March 2024 to 8,077 in June 2024; meeting the Delivery Plan trajectory of 8,526.
- 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. Following a reducing trend from mid-December 2022 to 1,399 at end of May 2024, there has been a slight increase in the number waiting to 1,426 at the start of July 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 and ENT continue to report the highest recorded waits, alongside Oral and Maxillofacial Surgery which exceeds General Surgery for the first time.

Musculoskeletal

- Compliance in relation to the national 4 week target for Musculoskeletal (MSK) waiting times for ongoing waits continues to show an improving trend from a low of 19.6% at December 2023 to a 10 month high of 32.3% at June 2024. An increase in compliance was seen in Physiotherapy and Orthotics, however a decrease in compliance was reported across Occupational Therapy and Podiatry professions.
- In June 2024, Urgent referrals to Occupational Therapy (OT) and Physiotherapy and Podiatry have an average wait of 4 weeks; however Urgent Orthotic referrals have a wait of 10 weeks.

Imaging

- Performance against the 6 week National target/standard of 100% for Imaging has shown a further improvement, from 54.3% at May 2024 to 55.5% at June 2024. We continue to report higher levels of compliance compared to Scotland.
- As part of the Delivery Plan, the waiting list for Imaging was predicted to increase in the first financial quarter of 2024/25 however, despite the overall waiting list generally continuing to increase to 6,707 at June 2024, this is lower than predicted and meets the Delivery Plan trajectory of 6,880.
- Agreed planned levels of activity for Imaging had been meeting Delivery Plan trajectories in April and May 2024, however are lower at June 2024.

Endoscopy

- Compliance against the 6 week National target/standard for Endoscopy continues to show a decreasing trend from a 4 year high of 64.7% at February 2024 to 43.9% at June 2024. The latest benchmarking data to March 2024 highlights that we continue to report higher levels of compliance compared to Scotland.
- The expectation within the Delivery plan is for the waiting list to increase throughout 2024/25. Although the overall waiting list for Endoscopy has been on an increasing trend from 1,313 waits at October 2023 to 1,792 at June 2024, this is lower than predicted and meets the ADP trajectory of 1,810.
- Levels of activity continue to be lower than predicted, and fail to meet the planned activity levels as set out within the Delivery Plan trajectories.

Cancer

- Performance against the 62-day 95% Cancer target/standard has decreased from 80.2% at April 2024 to 77.5% at May 2024. This is lower than and fails to meet the Delivery Plan trajectory of 84%.
- At May 2024, NHS Ayrshire & Arran has continued to meet and exceed the 95% Cancer target/standard with performance of 96.2%. However, this is lower than and fails to meet the Delivery Plan trajectory of 98%.

Mental Health

- At June 2024, compliance in relation to Child and Adolescent Mental Health Services (CAMHS) was 100.0%, which continues to exceed the National target/standard of 90% and the Delivery Plan trajectory of 99.0%. The overall waiting list remains on a decreasing trend from 251 at September 2023 to 87 at June 2024; also meeting the Delivery Plan trajectory of 120.

- Although there has been some fluctuation, performance for Psychological Therapy (PT) waiting times shows a general increasing trend in compliance from 83.1% at January 2024 to 87.9% in June 2024, below the 90% national target, however exceeding the Delivery Plan trajectory of 84.0%. The overall waiting list continues to fluctuate, increasing from 325 at April 2024 to 396 at June 2024; failing to meet the Delivery Plan trajectory of 350. The latest national benchmarking data indicates that compliance remains higher than the national average.
- Drug and Alcohol Treatment services continue to exceed the National target/standard and Delivery Plan trajectory of 90% in June 2024, with compliance at 100%.

Urgent Care

- In June 2024, Ayrshire Urgent Care Service (AUCS) / Flow Navigation Centre (FNC) received 9,248 contacts including patients navigating through the various pathways. 90% of these patients were not referred onwards to hospital, with alternative pathways of care being provided within a community setting.
- During June 2024, 278 Call before Convey calls were received by AUCS with only 16 (9%) of these calls resulting in onward conveyance to hospital. This pathway ensured that 262 ambulances avoided attendance at the EDs during the month, with these patients receiving alternative pathways of care within a community setting.
- In June 2024, there were 725 calls from Care Homes into the AUCS service with only 8% (58) of these patients requiring to attend an acute hospital. Therefore, 667 frail and elderly residents of Care Homes received alternative care through the various pathways available within AUCS.
- A total of 159 patients were navigated through the Emergency Services Mental Health pathway in June 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 770 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 27 GP practices as at May 2024.

Unscheduled Care

- Numbers of attendances at the Emergency Departments (EDs) in the current rolling 12-month period (July 2023 to June 2024) have increased by 3.2% when compared to the previous 12-month period (July 2022 to June 2023).
- Compliance against the 95% ED 4-Hour National standard/target (unscheduled attendances only) has decreased in June 2024 to 61.6%, the lowest monthly performance on record over the past 8 years. The latest national benchmarking data indicates that ED 4-Hour compliance was lower than the national average for the third consecutive month.

- ED 4-Hour performance of 62.1% for all attendances (unscheduled and scheduled) has also failed to meet the Delivery Plan trajectory of 65.9% for June 2024.
- The daily average number of patients waiting over 12 hours to be seen, treated or discharged within our EDs has deteriorated with numbers rising to an average of 30 per day in June 2024, against a Delivery Plan trajectory of 20.
- The proportion of Scottish Ambulance Service (SAS) conveyances with a turnaround time within 60 minutes decreased significantly in June 2024 to 52.9%, against a Delivery Plan trajectory 63.5%.
- The proportion of patients aged over 65 who were discharged from the Combined Assessment Unit (CAU) within 72 hours of arrival decreased in June 2024 to 44.9%, failing to meet the Delivery Plan Trajectory of 50.1%. Similarly for patients aged under 65 discharged within 48 hours of arrival at CAU, performance reduced to 61.9% against a target of 64.7%.

Reducing Acute Hospital Length of Stay

- Occupancy levels in the acute hospital sites have increased from 120.3% at the end of May 2024 census point to 125.7% at the end of June 2024, failing to meet the Delivery Plan reduction trajectory of 123.4%.
- Average length of stay for Emergency inpatients has reduced from 9.4 days in May 2024 to 8.4 days in June 2024, however this has not met the Delivery Plan trajectory of 7.6 days.
- The numbers of patients with a LOS of > 14 days who are not in delay has increased from 205 at the end of May 2024 census point to 213 at end of June 2024, although this meets the Delivery Plan trajectory of 235.

Delayed Discharges

- Following an 18 month low of 168 in March 2024, the total numbers of delayed discharges have increased for the second consecutive month to 184 delays at the May 2024 census point. Whilst the majority of delays continue to be from South Ayrshire Health and Social Care Partnership (HSCP) residents at May 2024 (80 delays; 43.5%), performance is at lower levels compared to May 2023 (122 delays; 56.0%). There has also been a reduction in North Ayrshire HSCP compared to May 2023 (65 delays to 61) but an increase in East Ayrshire HSCP (31 delays to 43).
- Compared to May 2023, the numbers of bed days occupied due to a delayed discharge have increased in East Ayrshire HSCP, rising from 889 in May 2023 to 1,206 in May 2024 (35.7%). Correspondingly there has been a reduction in the number of bed days occupied due to a delay in both South and North Ayrshire HSCPs however they are at higher levels than East Ayrshire HSCP. The greatest proportion of beds days due to a delay remain in South Ayrshire HSCP.
- The national target is for zero non-complex delays over 2 weeks, however in May 2024 there were 51 such delays across NHS Ayrshire & Arran, with 35 of these (68.6%) from South Ayrshire HSCP and 16 (31.4%) from North Ayrshire HSCP. East Ayrshire HSCP continued to report zero non-complex delays over 2 weeks.
- Through the Delivery Plan, each HSCP has set an improvement trajectory around the daily average numbers of occupied beds due to a delayed discharge. In East Ayrshire HSCP, there were 40 beds occupied per day on average in May 2024, an improvement on their trajectory of 41 for the month. In North Ayrshire HSCP, there were 56 beds occupied per day in May 2024, in line with their trajectory of maintaining at no more than 56. In South Ayrshire HSCP, however, there were 81 beds occupied on average per day in May 2024, which failed to meet their set

trajectory of 67. Note – further Delivery Plan trajectories on Delayed Discharges will be incorporated into future versions of this report.

Workforce Sickness Absence

- The Delivery Plan trajectory is to reduce overall sickness absence rates (short term and long term sick) to 4.8% or lower by June 2024. In June 2024, sickness absence rates were recorded at 5.79% (short term: 2.42%, long term: 3.37%).

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 the 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 the 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 and other targets 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 and other targets set out within this paper comply 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.

2.3.7 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.

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 care for our citizens

4. List of appendices

Appendix 1 – Performance Report

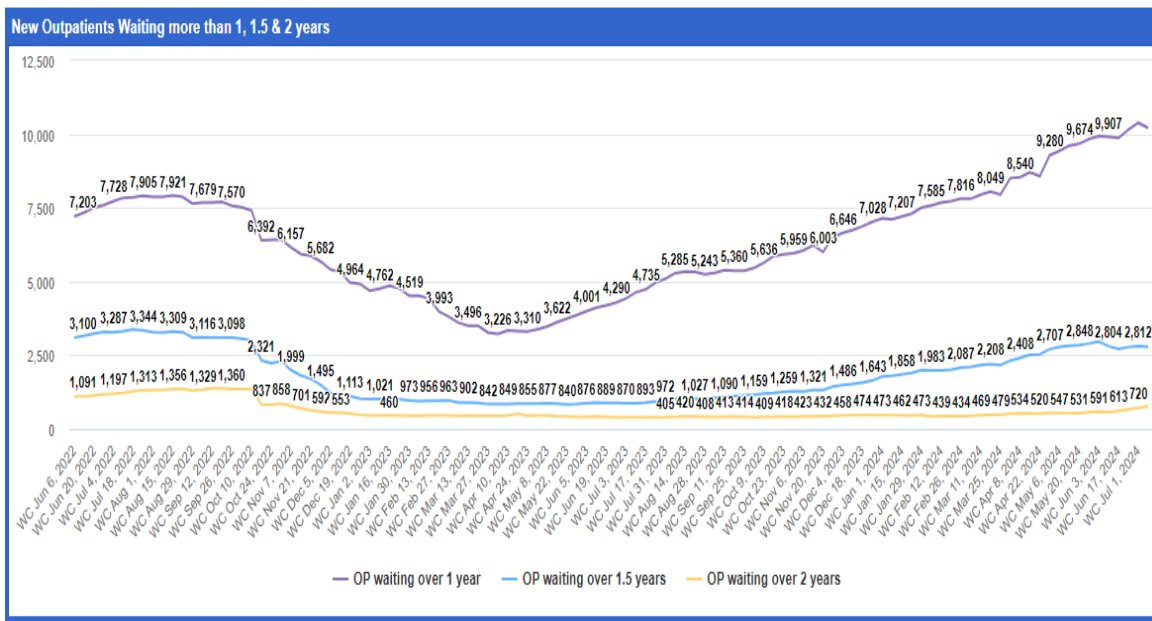
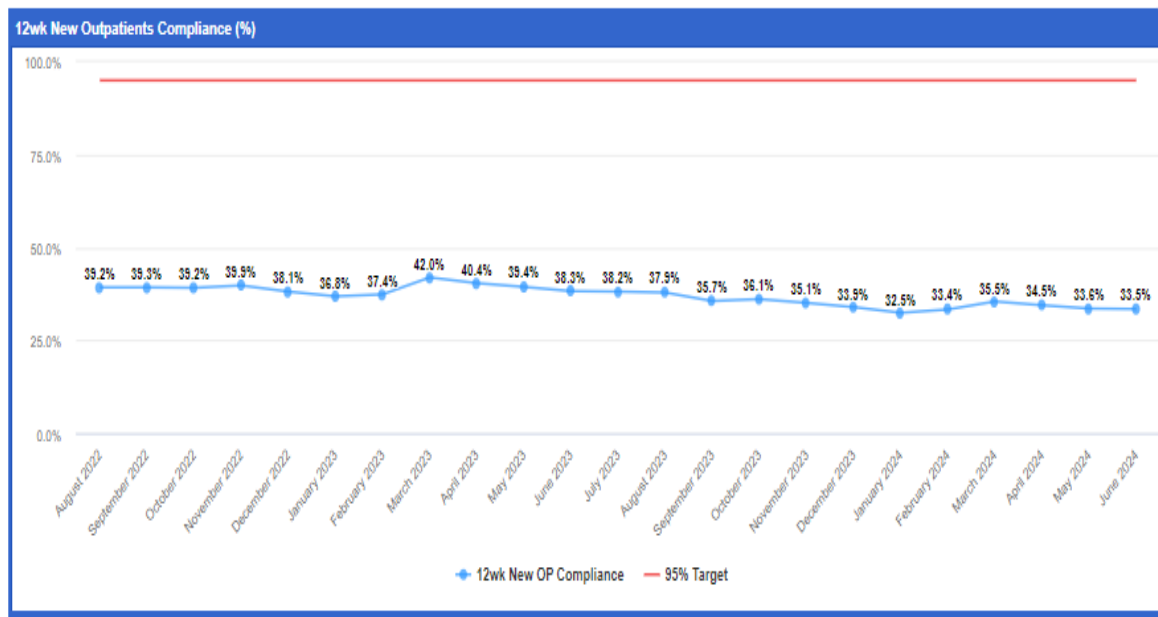
New Outpatients – National 12 Week Standard/Target

12wk New Outpatients 95% Target

June 2024 result

● 33.5%

- **National Standard/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)
- **Reducing Long Waits** - No further targets have been set by Scottish Government to eliminate long waits for New Outpatients, however performance against the long waits will continue to be monitored and reported by the Board.



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

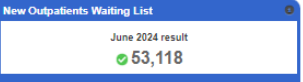
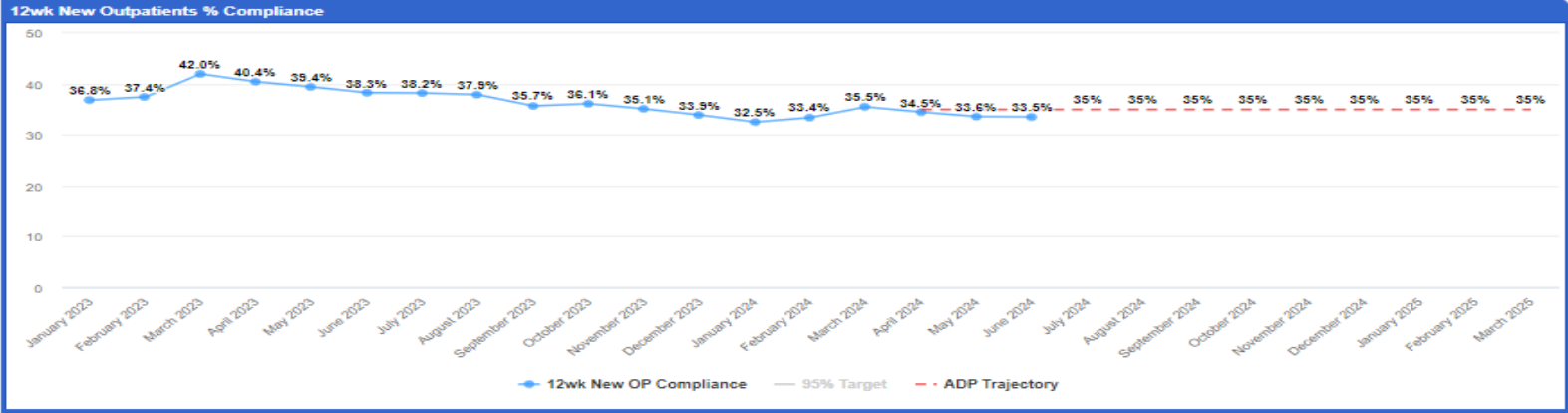
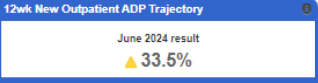
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
NHS A&A	42.0%	40.4%	39.4%	38.3%	38.2%	37.9%	35.7%	36.1%	35.1%	33.9%	32.5%	33.4%	35.5%
Scotland	47.1%	45.5%	45.5%	45.5%	42.4%	42.4%	42.4%	40.1%	40.1%	40.1%	42.8%	42.8%	42.8%

Source: Public Health Scotland and Local Management Reports

New Outpatients – ADP Trajectories 2024/25

By June 2024:

- 35% of patients to wait no longer than 12 weeks from referral to a first (new) outpatient appointment
- The total number of patients waiting for a New Outpatient appointment is below 55,589



Source: Local Management Reports

IMPROVEMENT ACTIONS

New Outpatients

- Introduce new vetting and clinic delivery model in Diabetes and Endocrinology and re-evaluate DCAQ
- Service redesign initiatives
 - Group consultations
 - Recruitment
 - Injectable therapies
 - MDT triage
- Establish medium term mutual aid SLA with NHSFV for Diabetes
- Sleep pathway – Establish new SLA with NHSGGC for longer term sustainability
- Implement Digital Dermatology
- Understand reason for growth by doing Deep dive analysis of first priority specialty
- Insourcing contracts in place for Ophthalmology, Gastroenterology, Respiratory, Rheumatology, Dermatology and Diabetes
- Further expand the use of Active Clinical Referral Triage (ACRT) by establishing and implementing action plan across all specialties
- Further expand the use of Patient Initiated review (PIR) by establishing and implementing action plan across all specialties
- Create supplemental Outpatient capacity by carrying out Insourcing and Waiting List Initiatives

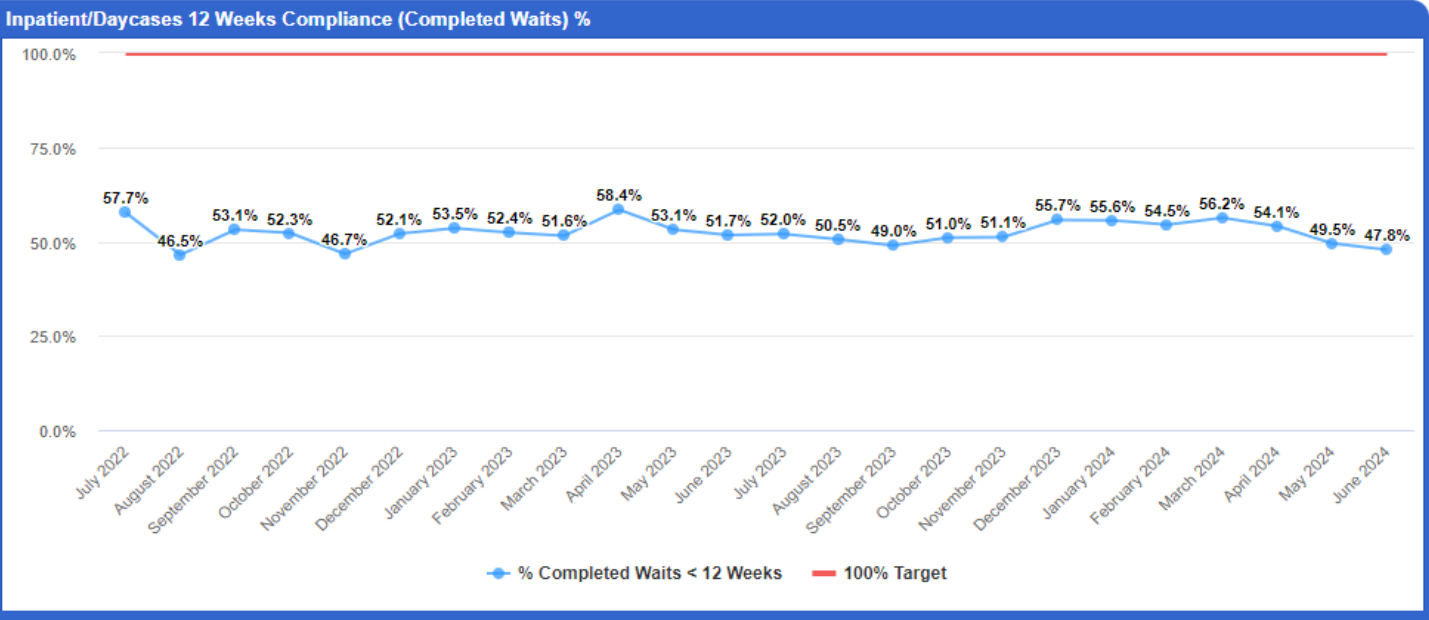
Inpatients/Day Cases - National 12 Week Standard/Target

IPDC 12wks % Compliance (Completed Waits)

June 2024 result

● 47.8%

- **National Standard/Target** - 100% of eligible patients receive inpatient or daycase treatment within 12 weeks of such treatment being agreed (completed waits)
- **Reducing Long Waits** - Eliminate one year waits for Inpatient/Day Cases in most specialities by the end of September 2024



Title	Value ▲	History
Gastroenterology-Num...	0	
Neurology-Number of In...	0	
Oral Surgery-Number of...	0	
Orthodontics-Number of...	0	
Paediatric Surgery-Num...	0	
Paediatrics-Number of I...	0	
Rheumatology-Number ...	0	
Plastic Surgery-Number ...	1	
Urology-Number of Inpa...	1	
Other-Number of Inpatie...	2	
Ophthalmology-Number ...	46	
Gynaecology-Number of...	96	
General Surgery (inc Va...	180	
Oral and Maxillofacial S...	188	
ENT-Number of Inpatien...	358	
Trauma & Orthopaedics-...	554	

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

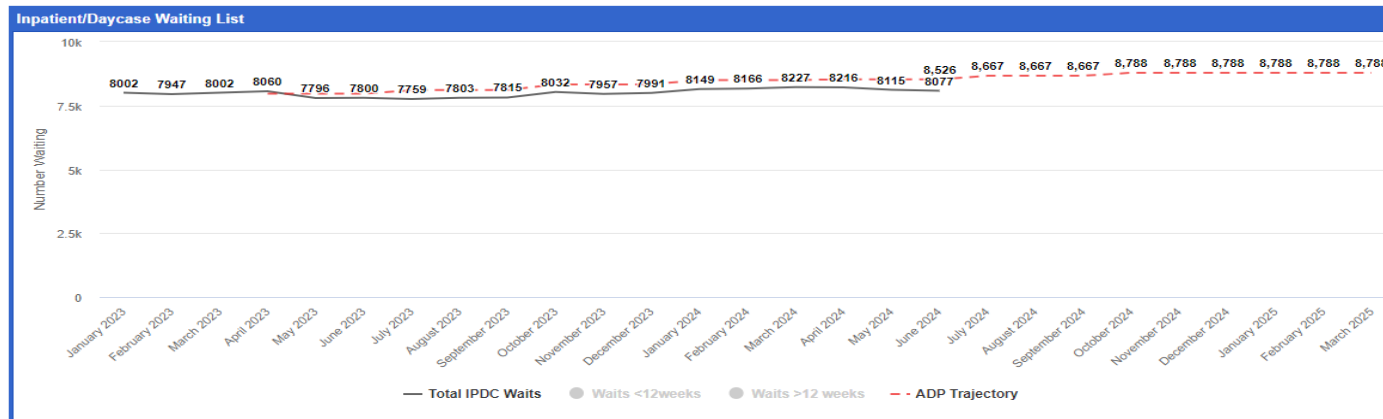
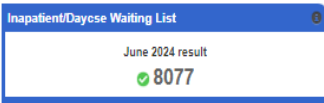
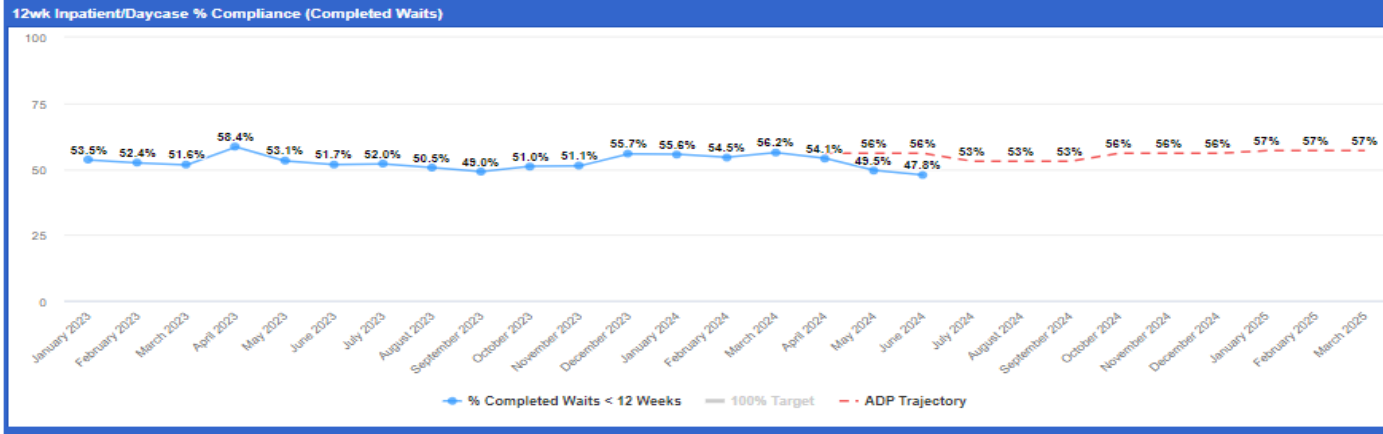
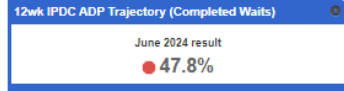
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
NHS A&A	51.7%	58.3%	53.1%	51.8%	52.0%	50.5%	49.0%	51.0%	51.1%	55.7%	55.6%	54.5%	56.2%
Scotland	56.3%	56.7%	56.7%	56.7%	56.1%	56.1%	56.1%	57.7%	57.7%	57.7%	57.0%	57.0%	57.0%

Source: Public Health Scotland and Local Management Reports
 Next National Benchmarking Update: 27th August 2024

Inpatients/Day Cases – ADP Trajectories 2024/25

By June 2024:

- 56% of patients to wait no longer than 12 weeks from referral to being treated
- The total number of patients waiting for Inpatient/Daycase treatment is below 8,526



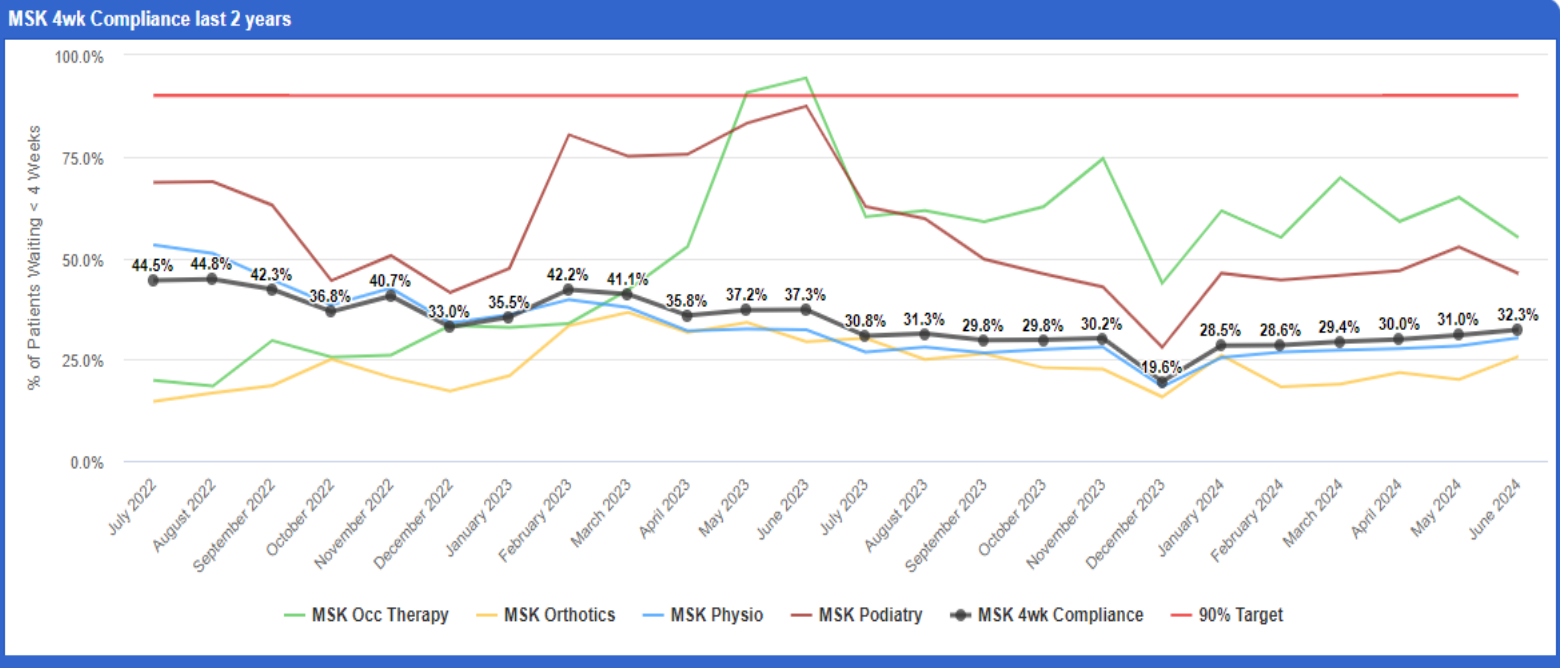
Source: Local Management Reports

IMPROVEMENT ACTIONS

In Patients / Day Cases

- Remobilise all Inpatient and Day case operating theatres Mon-Fri daytimes
- Work to reduce operating theatre fallow time by:
 - Developing measurement tool to accurately track fallow time
 - Recruitment of additional anaesthetist
 - Address shortfalls in theatre nursing to enable all theatres to function
- Increase theatre productivity through improved theatre list scheduling – implementation of theatre scheduling tool
- Work to increase cataract productivity by embedding recommendations from CfSD SDG for Ophthalmology
- Reduction of number of patients over 2 years by reviewing and action planning longest waiting patients by speciality

Musculoskeletal (MSK) – Ongoing Waits



June 2024 – Ongoing Waits by Profession

	All Waits			Urgent Waits Only
	Number Waiting	Max Weeks Waiting	Average Wait (Weeks)	Average Wait (Weeks)
MSK Occupational Therapy	118	19	8	4
MSK Podiatry	658	33	9	4
MSK Physiotherapy	4,197	33	13	4
Orthotics	513	51	25	10

Source: Local Management Reports

IMPROVEMENT ACTIONS

MSK

- Increase MSK compliance with National 4 week waiting Time target
 - DCAQ analysis
 - Patient Focussed Booking
 - Patient Initiated Reviews
 - Active Clinical Referral Triage
 - Referral Guidance
- Reduce demand in to MSK Services
 - Digital self- management
 - Advice Only Referral
 - Community Drop In Sessions (CAD)
- Reduce Primary Care attendance and Unscheduled Care demand
 - 3 month Test of Change: Self-referral to MSK in 3 GP Practices (eConsult) completed and output to be shared
 - Utilisation of Community Assets
- Facilitate recruitment and retention
 - Increased targeted education group clinics
 - Clinical Supervision
 - Review of skill mix
 - Review of clinical education, development roles and blended student placements
 - Recruitment fair

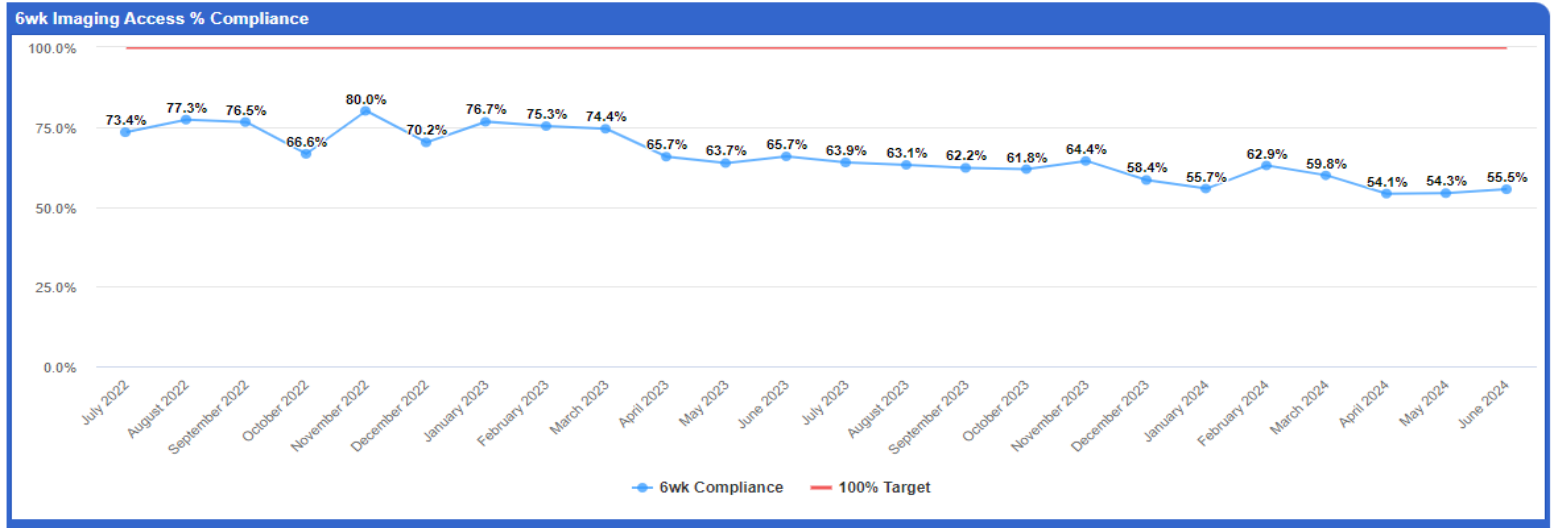
Imaging - National 6 Week Standard/Target

6wk Imaging Access 100% Target

June 2024 result

● 55.5%

- **National Standard/Target** – 100% of patients waiting for key diagnostic tests and investigations should wait no longer than six weeks (42 days)



Title	Value	Numerator	Denominator	Target	Last Update	History
Imaging - % (CT) patients waiting <6wks	96.8%	1,061	1,096	100.0%	June 2024	
Imaging - % Barium Studies patients waiting <6 weeks	78.3%	18	23	100.0%	June 2024	
Imaging - % Non-obstetric US patients waiting <6 weeks	52.4%	1,709	3,263	100.0%	June 2024	
Imaging - % (MRI) patients waiting <6wks	40.1%	933	2,325	100.0%	June 2024	

National Benchmarking - 6 Week Imaging Target (100%)

	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
NHS A&A	74.4%	65.7%	63.7%	65.7%	63.9%	63.1%	62.2%	61.8%	64.4%	58.4%	55.7%	62.9%	59.8%
Scotland	55.0%	51.5%	52.7%	53.0%	50.6%	51.3%	52.6%	52.7%	55.0%	51.5%	50.4%	57.6%	56.1%

Source: Public Health Scotland and Local Management Reports
 Next National Benchmarking Update: 27th August 2024

Radiology/Imaging – ADP Trajectories 2024/25

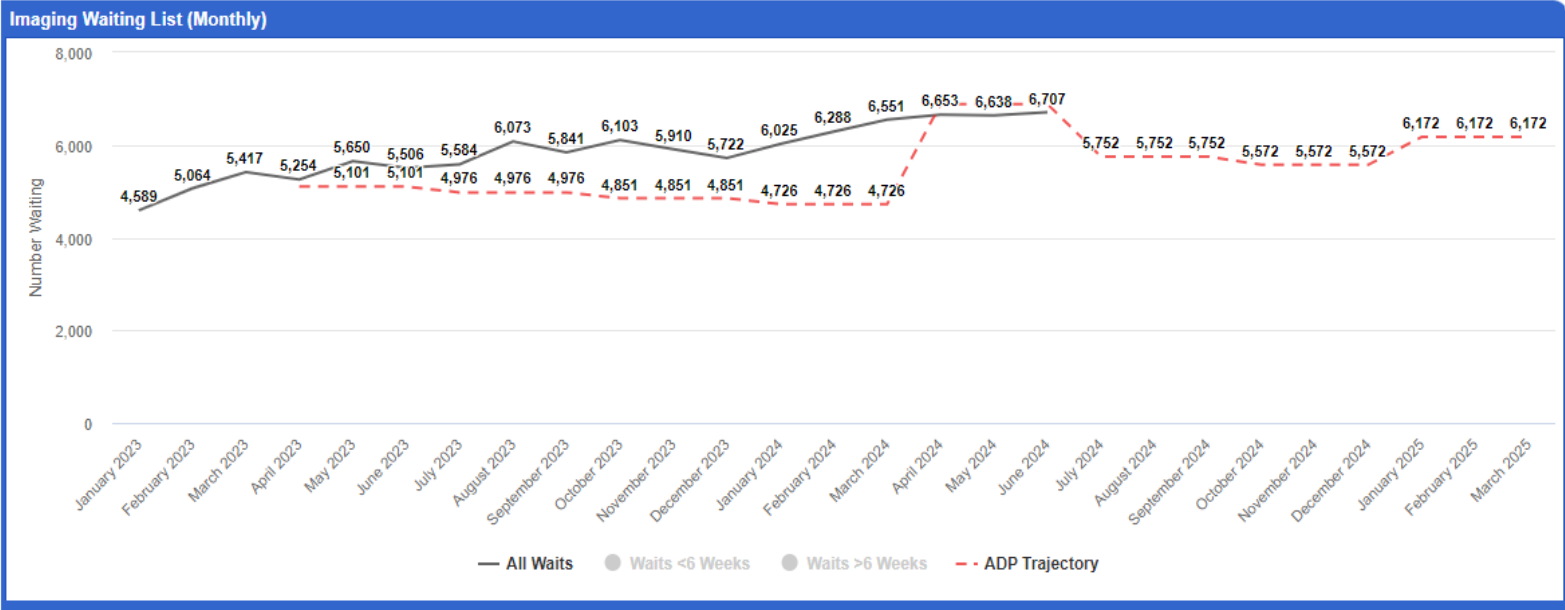
By June 2024:

- Achieve an overall waiting list for Radiology/Imaging of below 6,880

Imaging Waiting List

June 2024 result

✔ 6,707



IMPROVEMENT ACTIONS

Radiology / Imaging

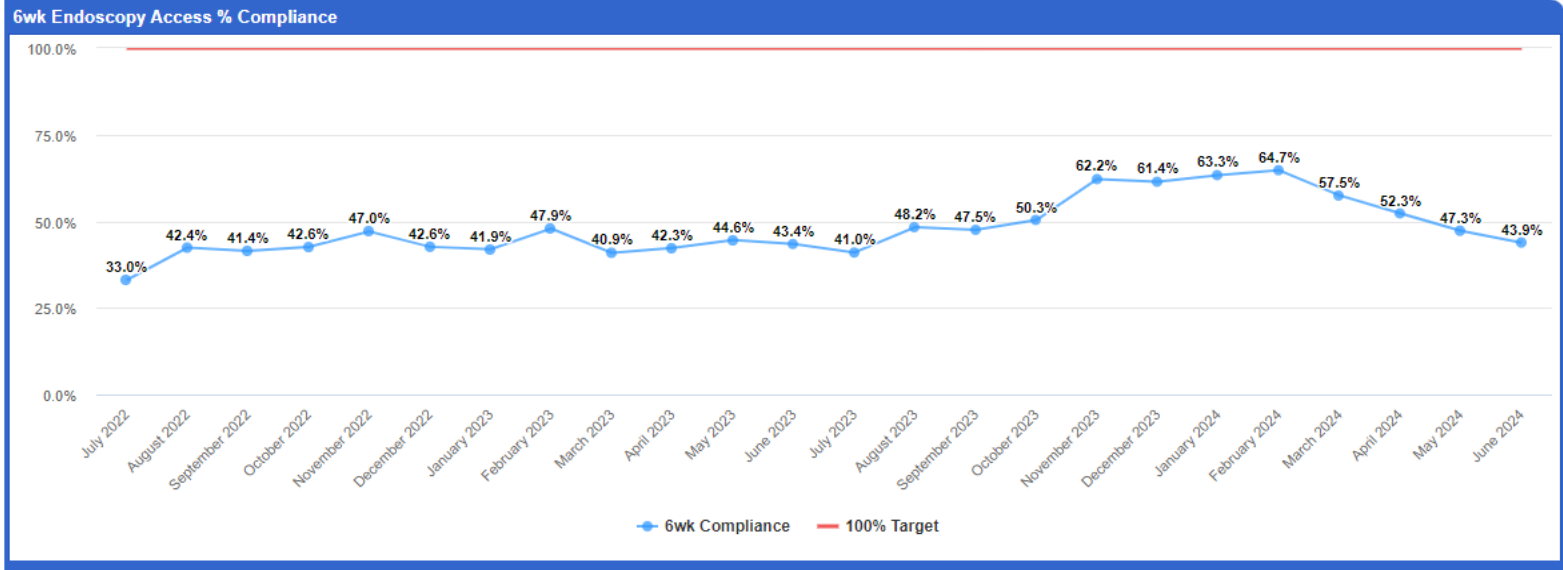
- Progress training of 2 X trainee Ultrasonographers
- Utilisation of Locums for Ultrasound
- Continuation of a mobile MRI scanner delivering approx. 450 scans per month
- A second mobile MRI scanner to deliver prostate and breast scans

Endoscopy - National 6 Week Standard/Target

6wk Endoscopy Access 100% Target

June 2024 result
● **43.9%**

- **National Standard/Target** – 100% of patients waiting for key diagnostic tests and investigations should wait no longer than six weeks (42 days)



Endoscopy Performance by Procedure - 100% Target

Title	Value	Numerator	Denominator	Target	Last Update	History
Endoscopy - % Upper Endoscopy patients waiting <6 weeks	48.4%	507	1,048	100.0%	June 2024	
Endoscopy - % Colonoscopy patients waiting <6 weeks	45.4%	225	496	100.0%	June 2024	
Endoscopy - % Cystoscopy patients waiting <6 weeks	24.1%	13	54	100.0%	June 2024	
Endoscopy - % Lower Endoscopy patients waiting <6 weeks	21.2%	41	193	100.0%	June 2024	
Endoscopy - % Cytosponge patients waiting <6 weeks	0.0%	0	1	100.0%	June 2024	

← 1 of 2 →

National Benchmarking – 6 Week Endoscopy Target (100%)

	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
NHS A&A	40.9%	42.3%	44.6%	43.4%	41.0%	48.2%	47.5%	50.3%	62.2%	61.4%	63.3%	64.7%	57.5%
Scotland	42.3%	40.7%	40.8%	40.0%	37.9%	38.9%	40.3%	41.2%	42.7%	39.4%	38.2%	43.0%	41.6%

Endoscopy – ADP Trajectories 2024/25

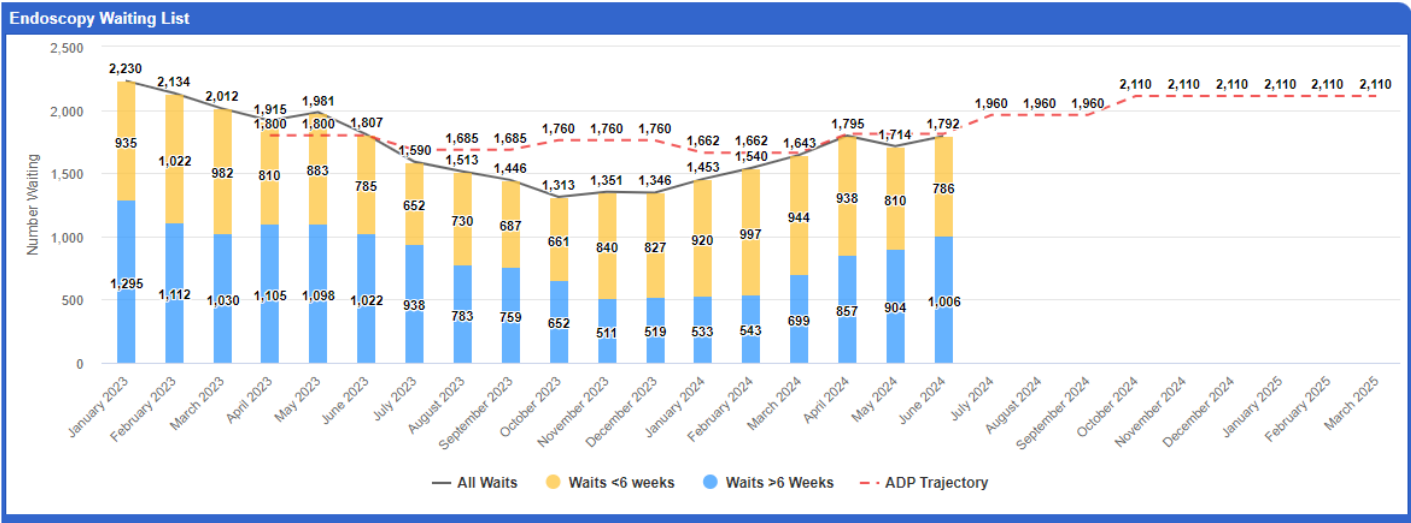
By June 2024:

- Achieve an overall Diagnostic Endoscopy Waiting List of below 1,810

Endoscopy Waiting List

June 2024 result

✔ **1,792**



IMPROVEMENT ACTIONS

Endoscopy

- Introduce Transnasal Endoscopy (TNE) service at UHA
- Introduce qFIT analysis at NHSAA lab
- Develop plan for next phase of roll out plan to include GPs accessing qFIT result before making referral
- Develop plan for introduction of double qFIT to change the pathway to an opt-in pathway for low risk patients allows focussing of resource on the higher risk patients
- Schedule additional qFit review clinics to try to reduce the backlog
- Agreement with GJNH for additional capacity
- Develop plan to increase the utilisation of Endoscopy lists in line with national guidance by increasing activity incrementally taking into account ongoing staff training and capacity issues
- Implement new national Endoscopy Management System

Source: Local Management Reports

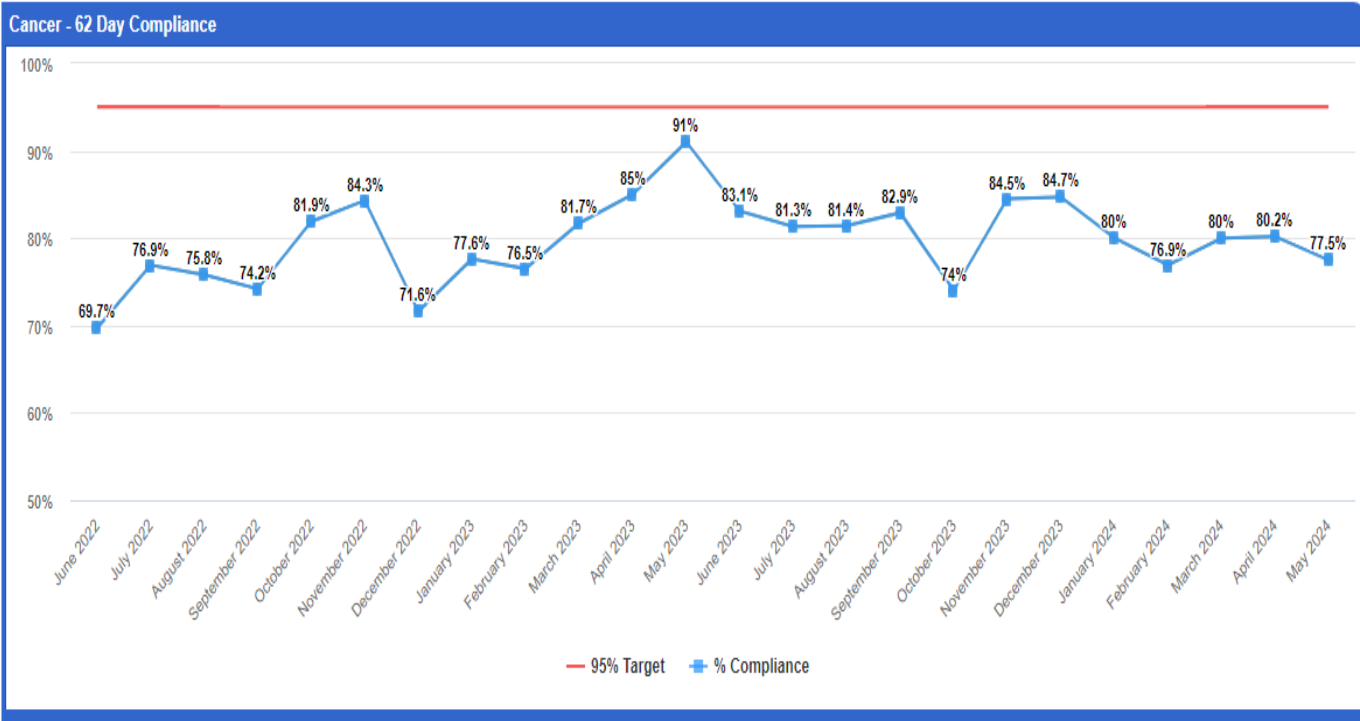
Cancer – 62 day National Standard/Target

62 Day Cancer 95% Target

May 2024 result

● **77.5%**

- **National Standard/Target** - 95% of those referred urgently with a suspicion of cancer are to begin treatment within 62 days of receipt of referral



National Benchmarking - 62 Day Cancer Target (95%)

	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
NHS A&A	81.7%	85.0%	91.0%	83.1%	81.3%	81.4%	82.9%	74.0%	84.5%	84.7%	80.0%	76.9%	80.0%
Scotland	72.6%	74.8%	73.2%	70.9%	72.3%	69.4%	71.2%	70.5%	69.0%	70.2%	67.2%	68.8%	71.3%

Source: Public Health Scotland and Local Management Reports
 Next National Benchmarking Update: 24th September 2024

Cancer 62 day - ADP Trajectories 2024/25

By June 2024:

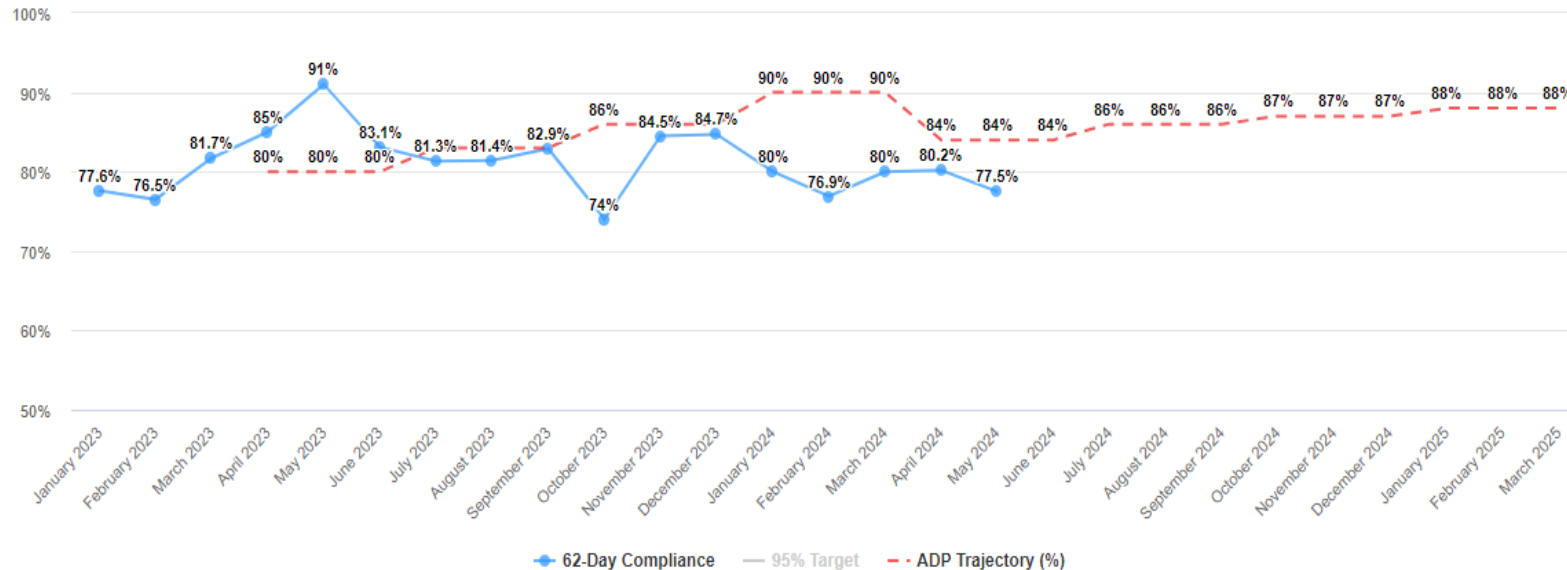
- 84% of those referred urgently with a suspicion of cancer are to begin treatment within 62 days of receipt of referral

62-Day Cancer ADP Trajectory

May 2024 result

● 77.5%

62 Day Cancer % Compliance



Source: Public Health Scotland and Local Management Reports

IMPROVEMENT ACTIONS

Cancer 62 day

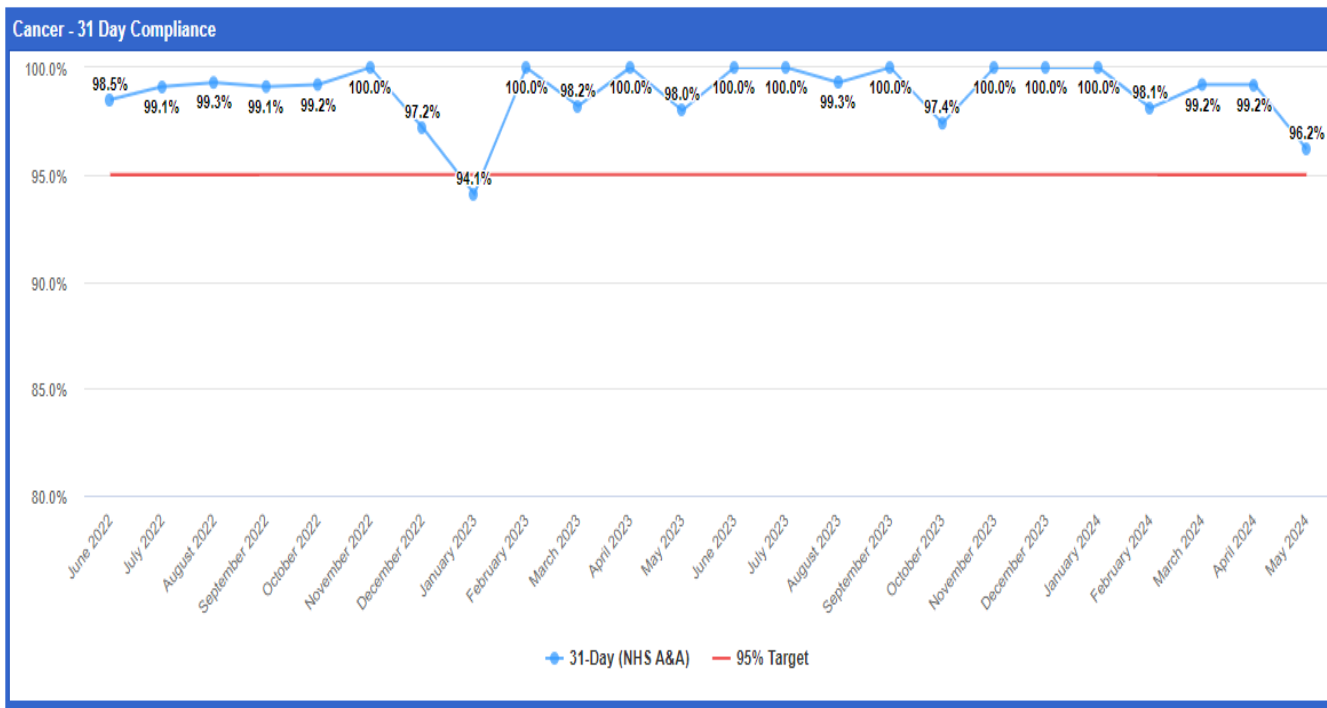
- Reduce pathology backlog and turnaround times by outsourcing contract to create additional reporting capacity
- Implement National Optimal Pathways
- Lung - Initiate project to improve pathway for GP requesting chest x-ray
- Head & Neck – Additionality for ENT cons clinics and specialist radiology
- Commence Breast ANP clinics
- Reduce time from referral to colonoscopy by reviewing bowel screening pre-assessment process

Cancer – 31 day National Standard/Target

31 Day Cancer 95% Target

May 2024 result
✔ **96.2%**

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



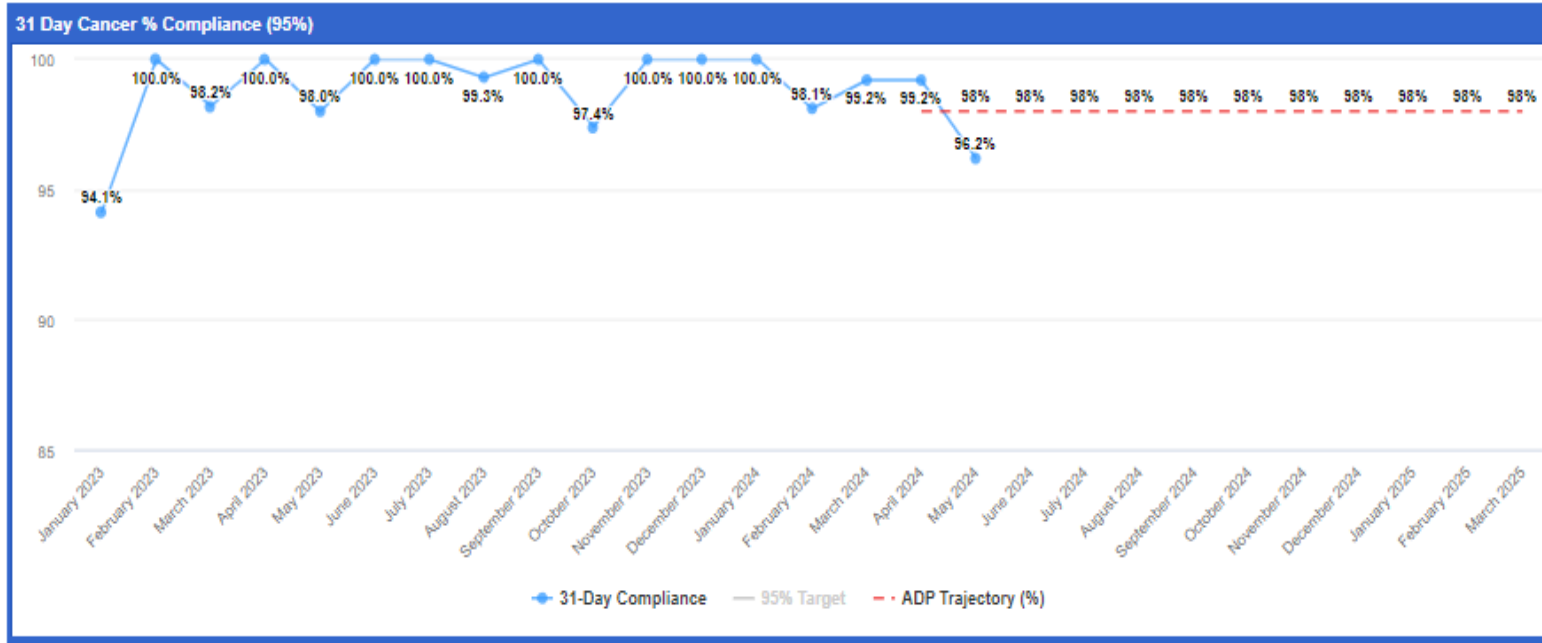
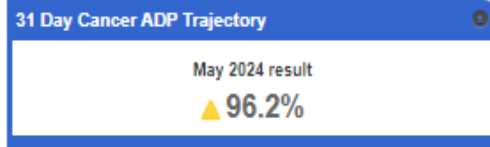
National Benchmarking – 31 Day Cancer Target (95%)

	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
NHS A&A	98.2%	100.0%	98.0%	100.0%	100.0%	99.3%	100.0%	97.4%	100.0%	100.0%	100.0%	98.1%	99.2%
Scotland	94.8%	95.2%	94.5%	95.5%	95.1%	94.4%	94.7%	93.4%	93.8%	93.5%	91.7%	94.5%	94.7%

Cancer 31 day - ADP Trajectories 2024/25

By June 2024:

- 98% of all patients diagnosed with cancer are to begin treatment within 31 days of decision to treat



Source: Public Health Scotland and Local Management Reports

IMPROVEMENT ACTIONS

Cancer 31 day

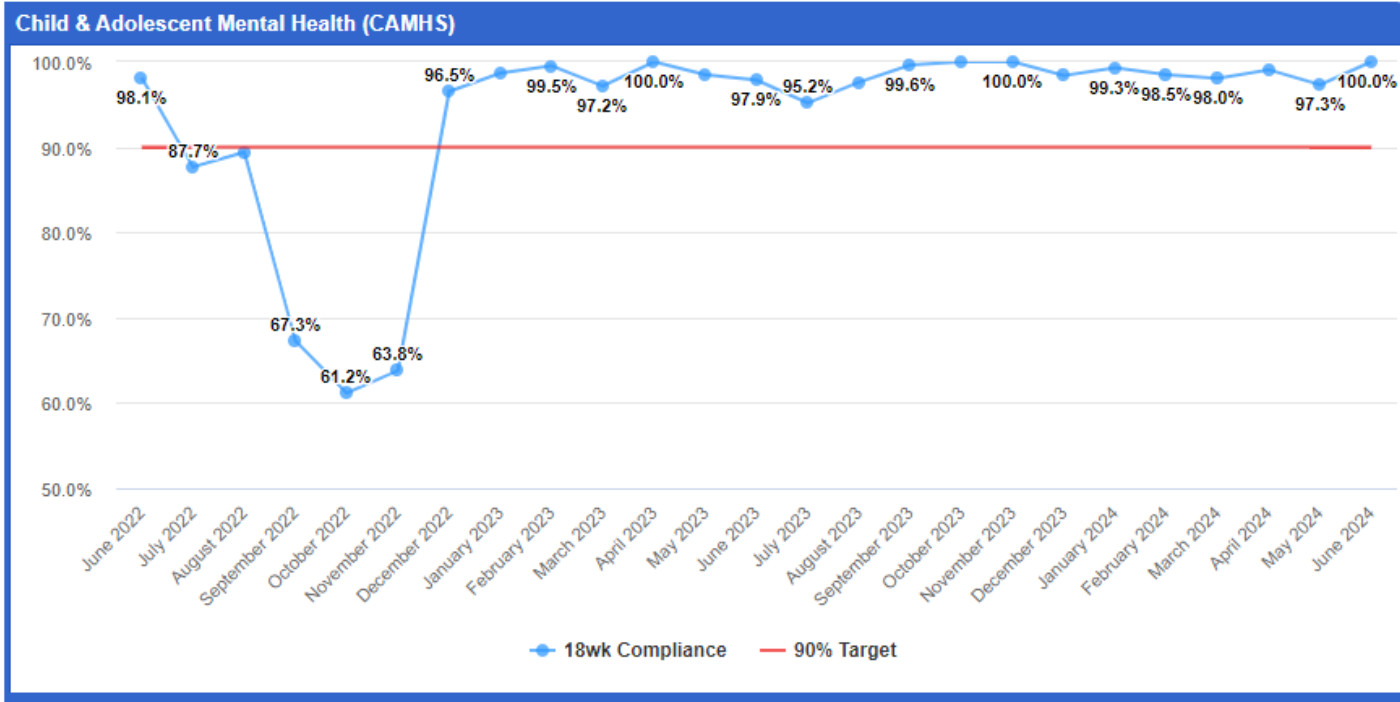
- Expand Robot Assisted Surgery (RAS) to 4 days per week.
- Establish RAS Prostatectomies.
- Implement new straight to MRI pathway for Prostate referrals
- Establish joint upper GI MDT with NHS Lanarkshire – WoSCAN are developing service proposal

CAMHS – 18 Week National Standard/Target

CAMHS 18wk 95% Target

June 2024 result
✔ 100.0%

- **National Standard/Target** – 90% of young people to commence treatment for specialist Child and Adolescent Mental Health Service (CAMHS) within 18 weeks of referral.



National Benchmarking - 18 weeks CAMHS Target (90%)

	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
NHS A&A	97.2%	100.0%	98.5%	97.9%	95.2%	97.6%	99.6%	100.0%	100.0%	98.4%	99.3%	98.5%	98.0%
Scotland	74.5%	71.7%	72.4%	77.0%	71.9%	75.7%	79.0%	82.7%	83.4%	86.0%	86.4%	84.8%	86.9%

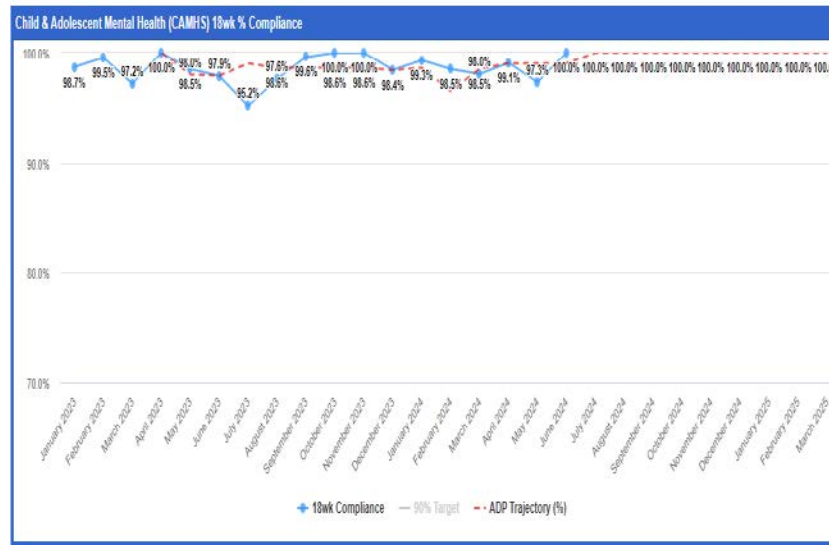
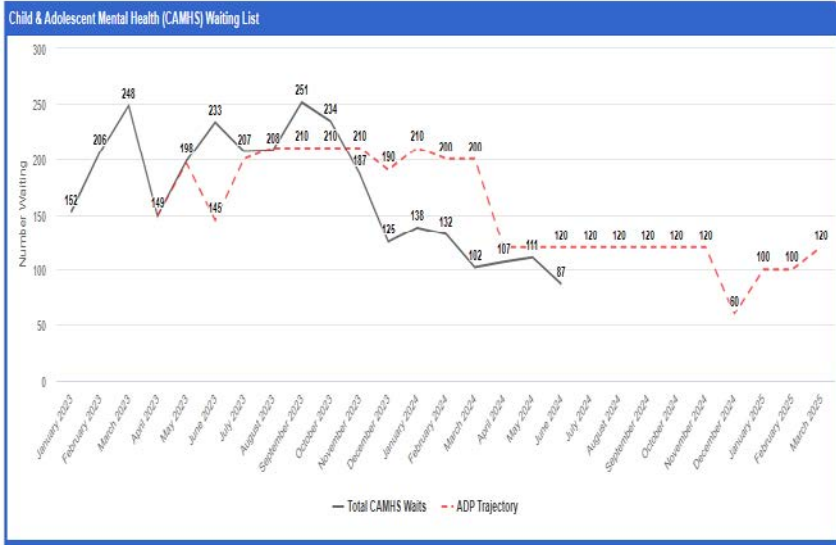
CAMHS - ADP Trajectories 2024/25

By June 2024:

- 99% of young people to commence treatment for specialist Child and Adolescent Mental Health Service (CAMHS) within 18 weeks of referral
- Achieve a waiting list of 120 or less

CAMHS 18wk ADP Trajectory

June 2024 result
✔ **100.0%**



IMPROVEMENT ACTIONS

CAMHS

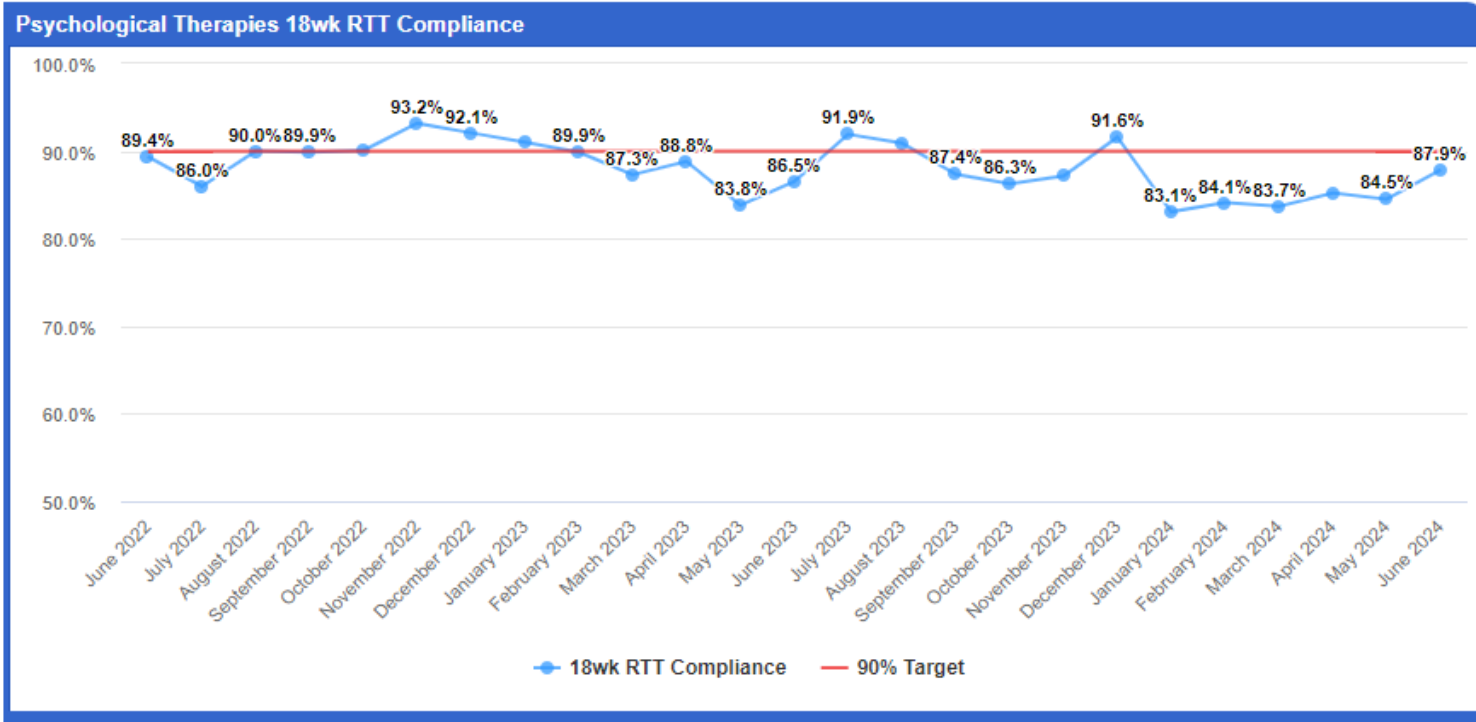
- Using Trakcare and CAMHS Benson Wintere DCAQ Model to carry out regular demand, capacity, activity and queue (DCAQ) activities to ensure capacity meets demand.
- Recording all data whether a referrals meets the National Specification or not and how and what the service needs to do to meet the demand.
- Further develop and expand on skill mix of workforce in particular encouraging Psychiatry and Psychology posts to CAMHS.
- Development of new facility at West Road for N-CAMHS and CEDS
- Business case for CAMHS Inpatient beds on the Woodland View Site.
- Access qualitative feedback through Kidscreen as well as quantitative data.
- 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 - 18 Week National Standard/Target

Psychological Therapies 18wk 90% Target

June 2024 result
▲ 87.9%

- **National Standard/Target** – 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral.



National Benchmarking – 18 Weeks PT Target (90%)

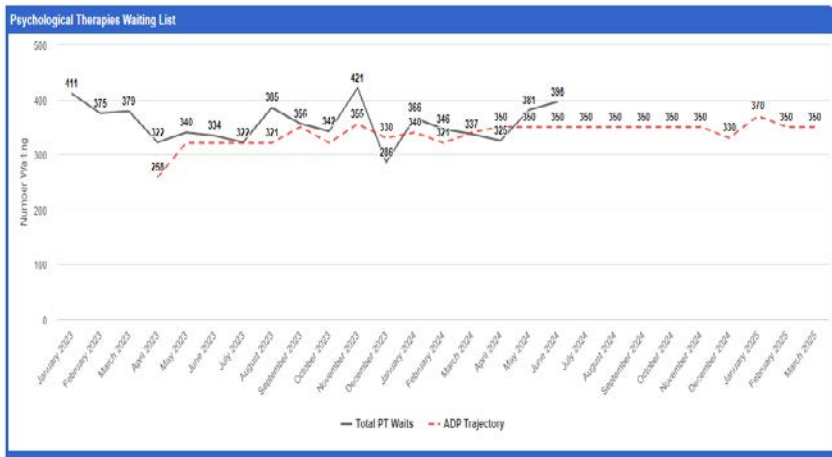
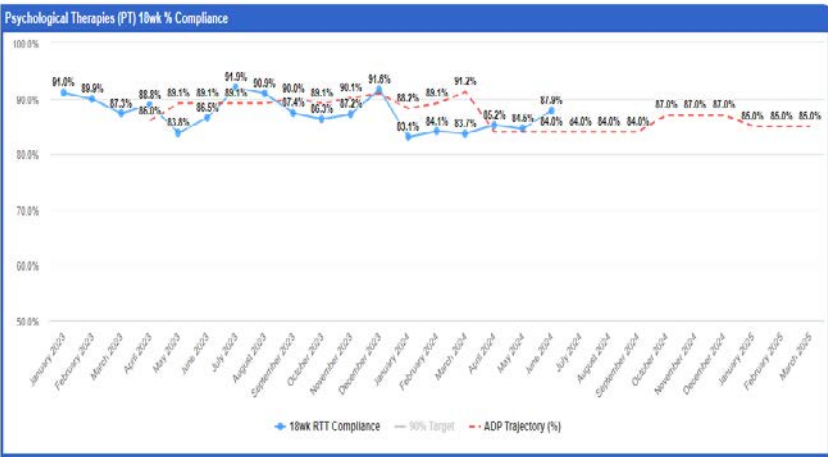
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
NHS A&A	83.1%	88.8%	83.8%	86.5%	91.9%	90.9%	87.4%	86.3%	87.2%	91.6%	83.1%	84.1%	83.7%
Scotland	79.3%	79.4%	78.5%	78.5%	79.7%	78.8%	79.7%	80.4%	79.3%	82.9%	79.4%	77.9%	80.7%

Source: Public Health Scotland and Local Management Reports, North Ayrshire HSCP

Psychological Therapies - ADP Trajectories 2024/25

By June 2024:

- 84% of patients to commence Psychological Therapy based treatment within 18 weeks of referral
- Achieve a waiting list of 350 or less



IMPROVEMENT ACTIONS

Psychological Therapies

- Create a clinical governance structure for Psychological Services and delivery of Psychological therapies and interventions.
- Implementation of Psychological therapies and interventions (PT&I) standards (SG, Nov23) by April 2025
 - Assessment tool being piloted nationally
 - New pan-services Psychological Therapies and Interventions CGG group preparing a work plan for implementation
- Improve service delivery and resilience with the recruitment and retention of Psychological workforce.
 - Ensuring safe staffing levels
 - Up to date and sustainable job plans for all staff – recognising the breadth and scope of the work
 - Appropriate leadership capacity in all parts of the service
 - Ensuring timely recruitment when vacancies arise

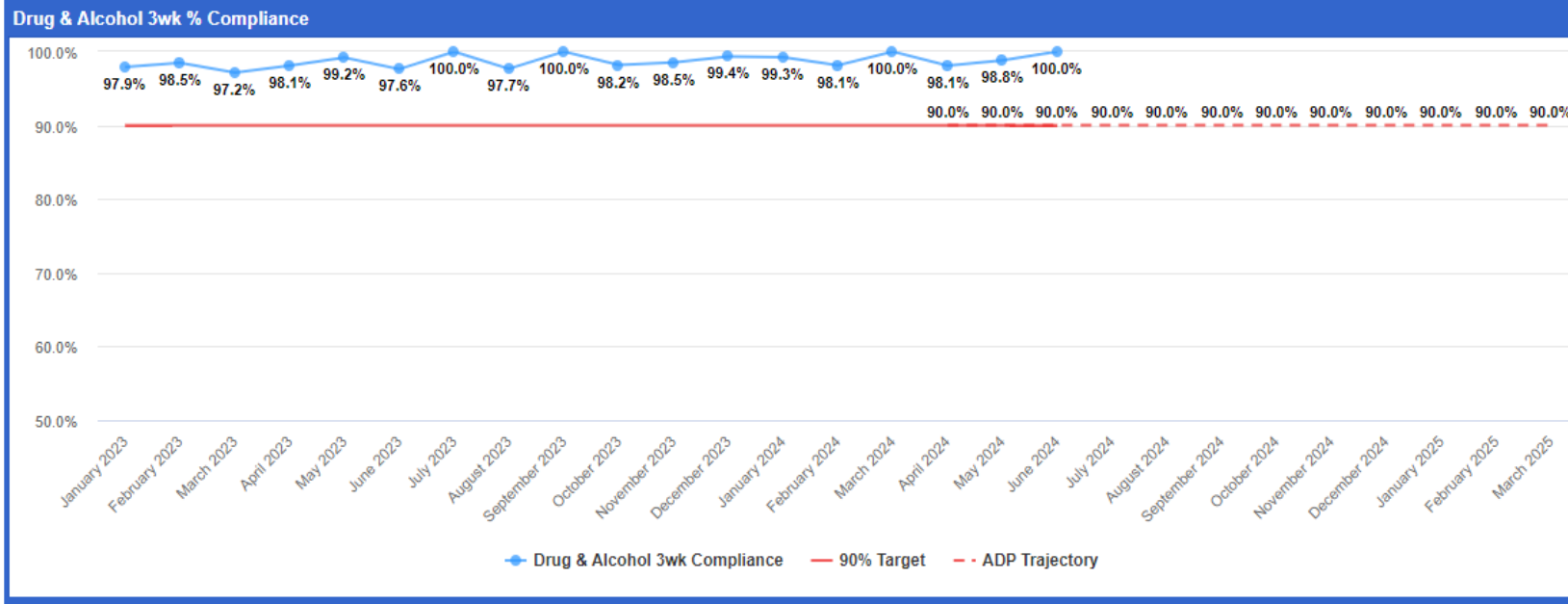
Drug and Alcohol Treatment – 3 Week National Standard/Target

Drug & Alcohol 3wk 90% Target

June 2024 result

✓ 100.0%

- **National Standard/Target** – 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery. *Note – the ADP for 2024/25 is the same as the National Standard/Target of 90%*



IMPROVEMENT ACTIONS

Drug & Alcohol Services

- Implement agreed actions in relation to MAT 7:
 - For **North Ayrshire** this involves an increase to the specialist GP and pharmacist resource and to pilot a new pharmacy based Bupropion supply options.
 - For **South Ayrshire** to begin a test of change (TOC) to demonstrate proof of concept for a model to deliver on MAT 7. TOC will be evaluated in 2026, for any further developments or improvements
 - For **East Ayrshire** this includes an increase in ANP/ Clinical Nurse Specialist and Specialist GP in our rural cluster areas to improve access at a primary care level
 - Continue to deliver and meet the access to treatment waiting times standard whilst supporting individuals to remain in treatment for as long as they require by offering additional supportive contacts
 - Deliver and meet the 'Substance Use Treatment Target' by continuing to offer an 'open' referral process with quick and safe access to treatment
 - Deliver and meet the ABI target in line with 'Priority' and 'Wider' setting targets.

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

	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
NHS A&A	97.2%	98.1%	99.2%	97.6%	100.0%	97.7%	100.0%	98.2%	98.5%	99.4%	99.3%	98.1%	100.0%
Scotland	92.9%	93.0%	93.0%	93.0%	92.3%	92.3%	92.3%	90.6%	90.6%	90.6%	92.0%	92.0%	92.0%

Urgent Care – AUCS (Ayrshire Urgent Care Service)

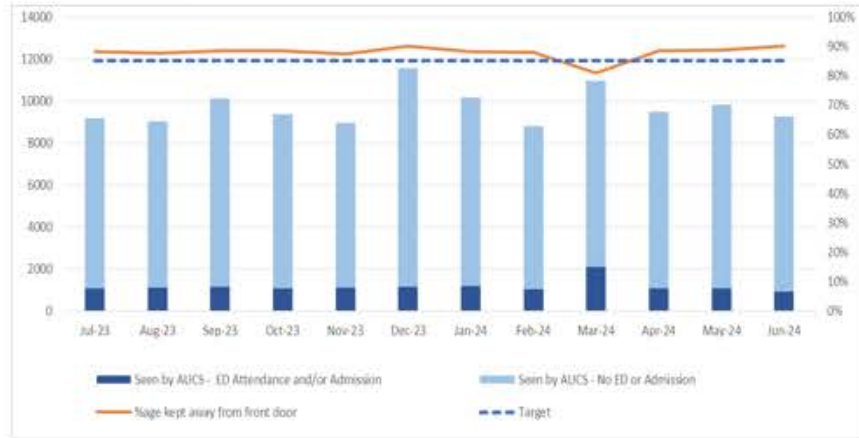
AUCS Compliance

June 2024 result

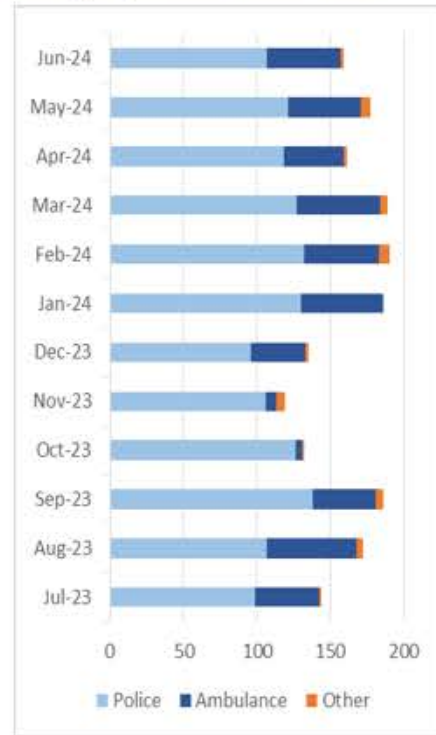
✔ **90%**

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.

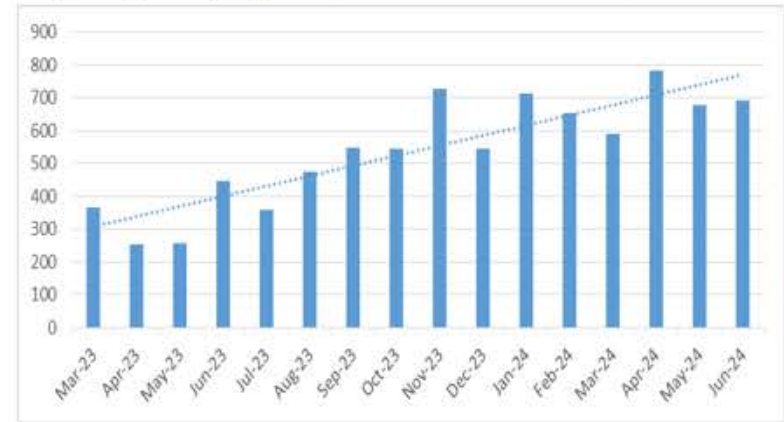
AUCS Contacts



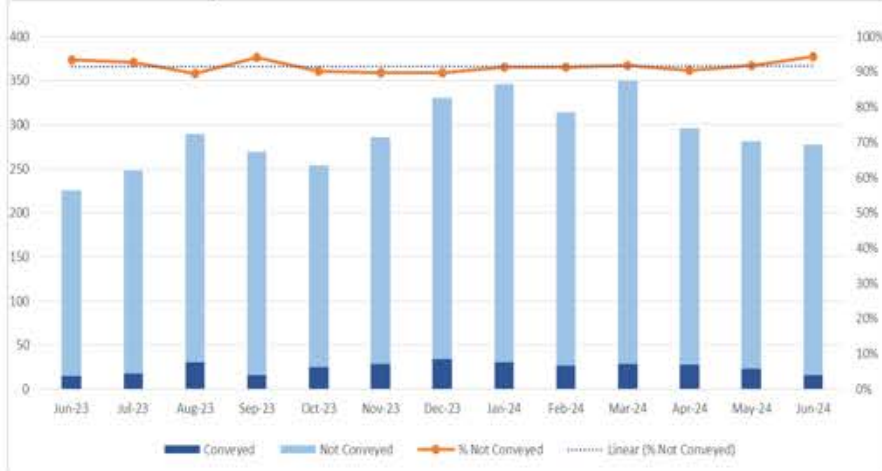
Emergency Services Mental Health



Rapid Respiratory Response – number of Patient Consults



Call Before Convey



No. of RRR Collaborating Practices	27
% of COPD Registered Patients within the Collaborating Practices	68%

Care Home Contacts to AUCS

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Non NHS24 Contacts	493	501	570	578	568	839	834	589	682	619	682	663
Contacts to NHS24	60	63	95	51	50	49	45	39	54	29	51	62
% Contacts to Hospital	10%	11%	7%	10%	8%	8%	9%	10%	10%	9%	9%	8%

Unscheduled Care – National ED 4 Hour Standard/Target

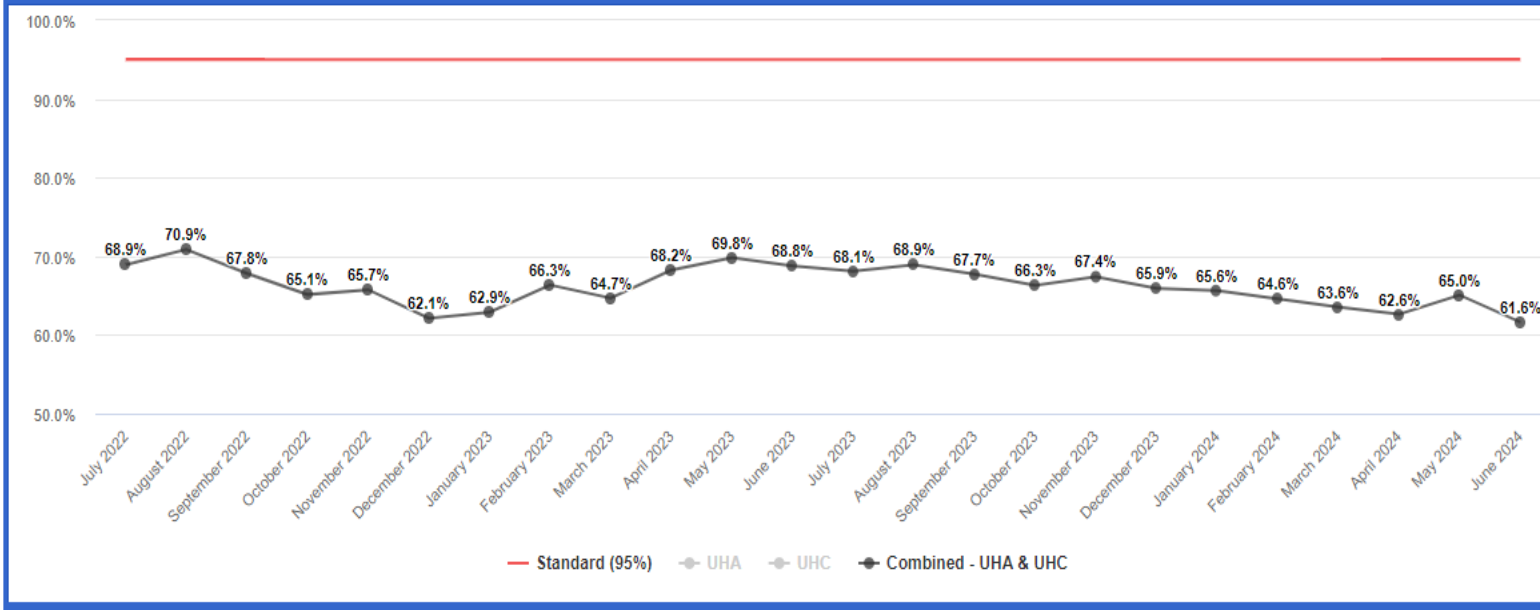
ED 4 hour % compliance (UHA & UHC)

June 2024 result

● 61.6%

- **National Standard/Target** - At least 95% of patients will wait less than 4 hours from arrival at Emergency Department (ED) to treatment, admission, or discharge (unscheduled attendances only)

Monthly ED 4hr Compliance Unscheduled Only (All, UHA & UHC) - 2 Year Trend



Numbers of Unscheduled ED Attendances

Jul 22 – Jun 2023	90,331
Jul 23 – Jun 2024	93,225
<i>Change</i>	+ 2,894 (+ 3.2%)

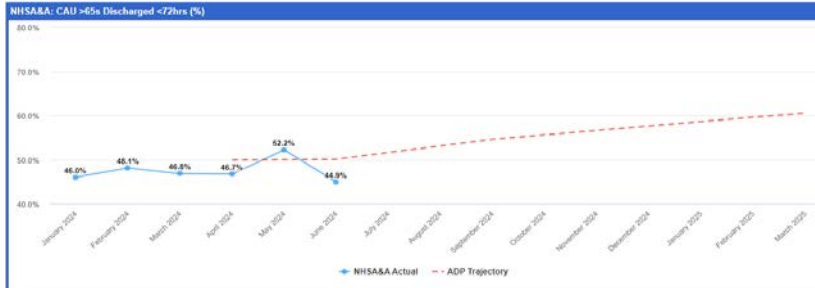
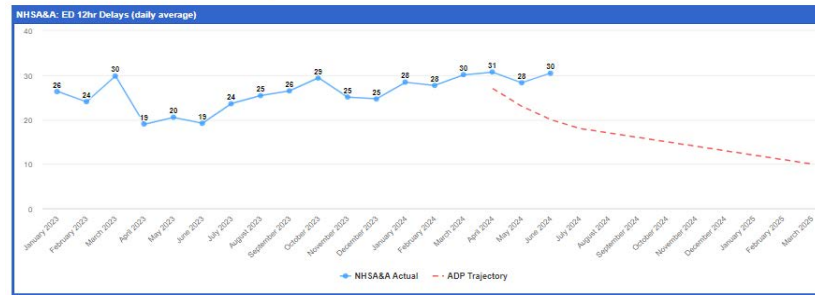
National Benchmarking – 4 Hour ED Target (95%)

	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24
NHS A&A	68.8%	68.1%	68.9%	67.7%	66.3%	67.5%	65.8%	65.7%	64.5%	63.6%	62.6%	65.0%
Scotland	69.0%	69.5%	67.9%	66.5%	64.8%	63.6%	62.5%	62.0%	63.8%	64.0%	63.9%	67.4%

Unscheduled Care – ADP Trajectories 2024/25 – Reconfiguring Front Door Services

By June 2024:

- Improve overall ED 4hr compliance (both unscheduled and scheduled attendances) to at least 65.9%
- Decrease the number of patients waiting over 12 hours to 20 or less per day
- Improve the proportion of Scottish Ambulance Service (SAS) acute hospital turnaround times within 60 minutes to at least 63.5%
- Increase the proportion of patients aged 65 or over being admitted to CAU and discharged within 72 hours to at least 50.1%



IMPROVEMENT ACTIONS

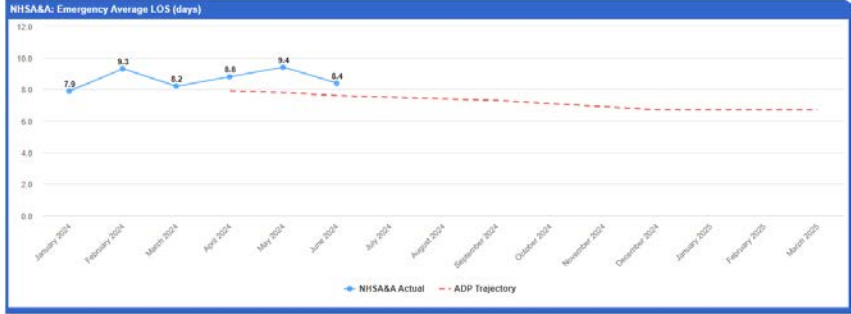
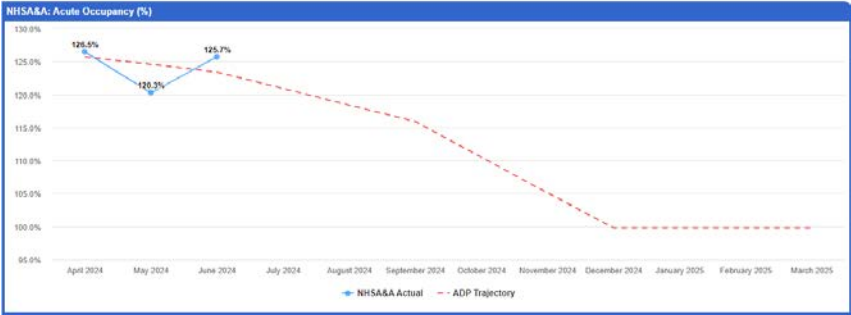
Unscheduled Care – Reconfiguring Front Door Services

- Develop and introduce ED 4hr escalation plan
- Implement ED stress triggers and response action cards
- Review environmental structures within ED and Identify areas to support short term escalations
- AGM embedded within UHC ED to support Communication and escalation
- Introduce dedicated and additional clinical support to medical and nursing team
- Establish joint NHA&A and SAS governance meetings
- Identification of further triage space within ED
- Bring forward admission times to medical wards from ED and CAU
- Front loading of consultants in initial assessment to determine blockages and resolutions
- Additional ANP support to target CAU discharges over weekends from inpatient zones
- AHP input within CAU
- Community discharge pathway

Unscheduled Care – ADP Trajectories 2024/25 – Reducing Acute Length of Stay

By June 2024:

- Reduce occupancy in our Acute sites to 123.4% or below
- Reduce the Average Length of stay for emergency admissions to 7.6 days or less
- Lower the numbers of patients with a length of stay over 14 days who are not in delay to 235 or below



IMPROVEMENT ACTIONS

Unscheduled Care – Reducing Acute Length of Stay

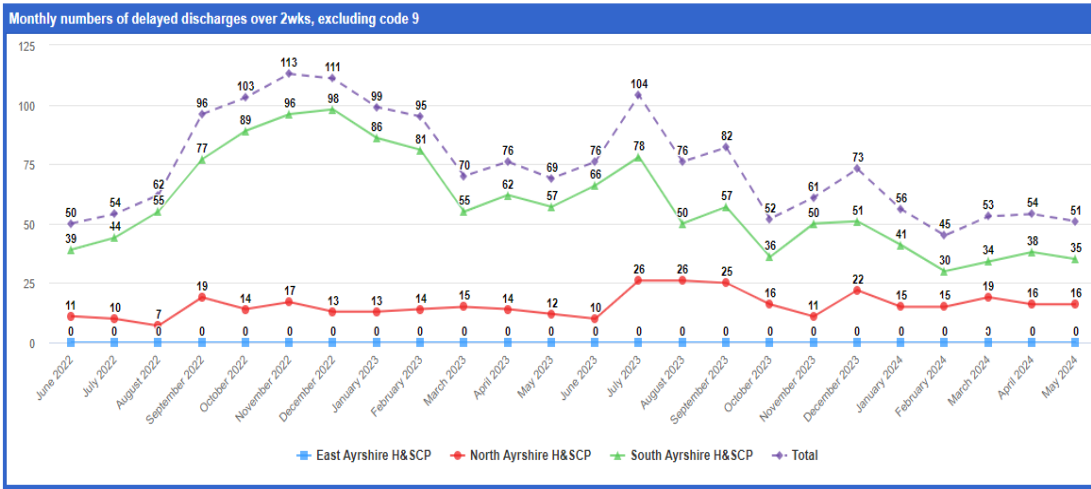
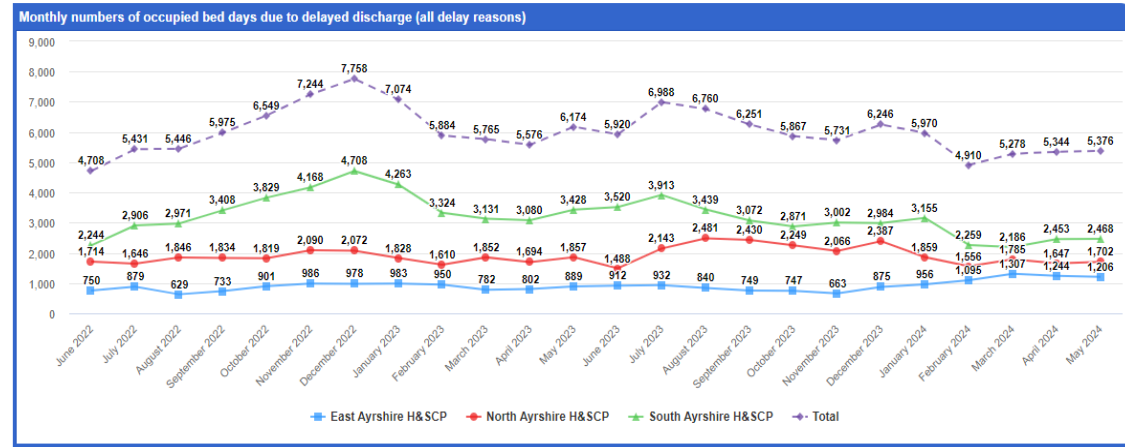
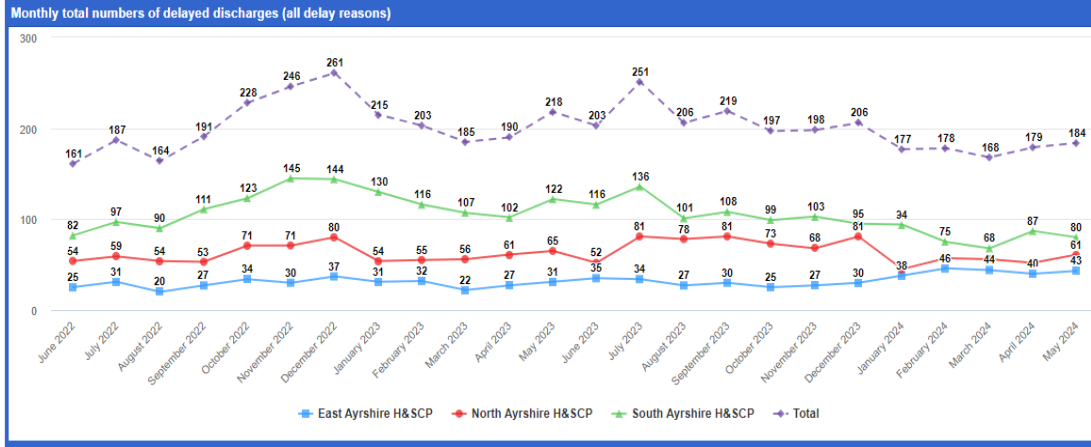
- Develop OPEL scoring framework to determine operational pressures
- Develop and deliver escalation action cards to support OPEL and capacity management plans
- Introduce advanced weekend planning meeting
- Criteria to reside process to be embedded at UHC and UHA
- Introduction of daily escalation pathway for imaging that will facilitate same day discharge
- QI focussed work lead by Chief AHP and site AMD in Ward 4E UHC to reduce LoS

Source: Local Management Reports

Delayed Discharges – NHS Ayrshire & Arran

Three main measures are monitored in terms of performance:

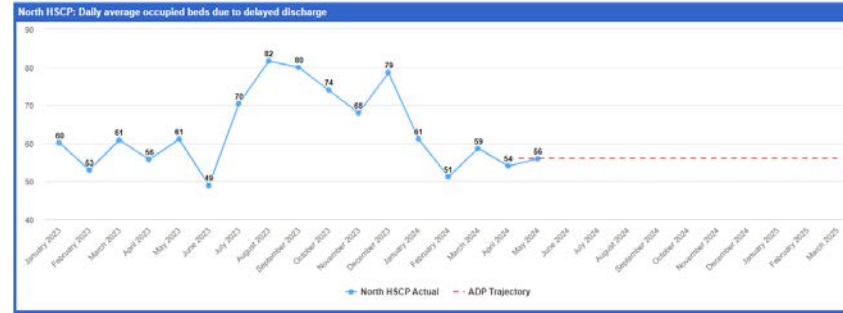
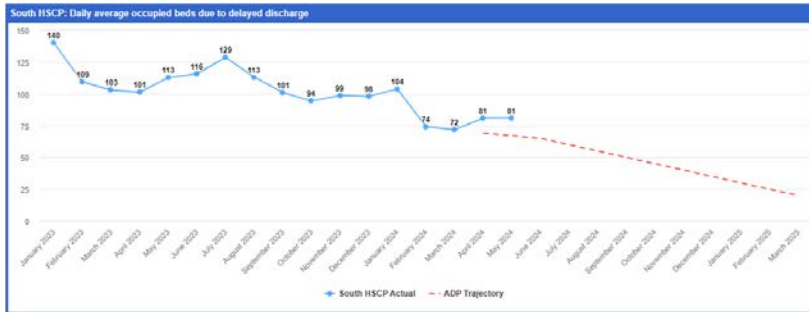
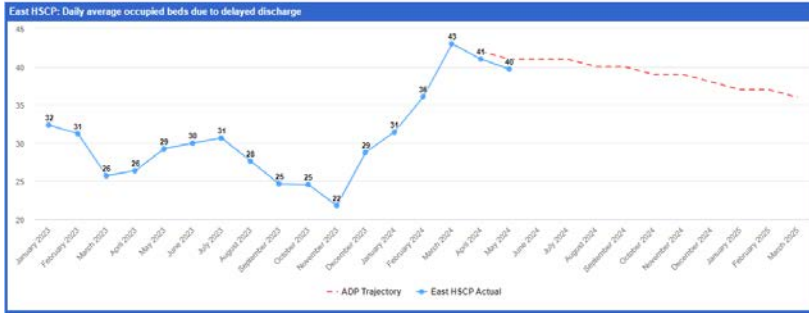
- numbers of people experiencing a delay of any length or reason in discharge from hospital at the monthly census point
- numbers of hospital bed days associated with delayed discharges (any length or reason) in the calendar month
- numbers of people experiencing a standard delay over 2 weeks (excluding complex code 9 delays)



Delayed Discharges - ADP Trajectories 2024/25

Reduce average number of beds occupied per day for patients delayed in all hospitals
(Occupied bed days due to a delay – all reasons)

Trajectories	Baseline March 2024	Q1	Q2	Q3	Q4
East	42	41	40	38	36
North	58	56	56	56	56
South	71	65	50	35	20



IMPROVEMENT ACTIONS

East Ayrshire

- Ensure a Home first approach
- Service-wide implementation of reablement
- Unpaid carers hospital discharge resource in acute services
- Additional Community Hospital capacity

North Ayrshire

- Development of a CAH Recruitment Strategy
- Development of a Wellbeing at Work Strategy
- Targeted review strategy and re-ablement approach to care provision
- Introduction of Unmet need Oversight Group
- Introduction of a 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 AWI Good Practice guidance and implement any recommendations for improvement as required
- 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).
- Review how teams (assessment and CAH) are contributing in Crosshouse Hospital to multi-disciplinary team PDD setting
- Embed daily review meetings across operational Care at Home and Locality SW (Hospital) Teams
- Review the process around access to interim beds including the monitoring and oversight of this
- Refresh use of DWD and PDD Bundle in Community Wards
- Pan Ayrshire Discharge Planning Policy
- Development of North Ayrshire specific Home First Strategy

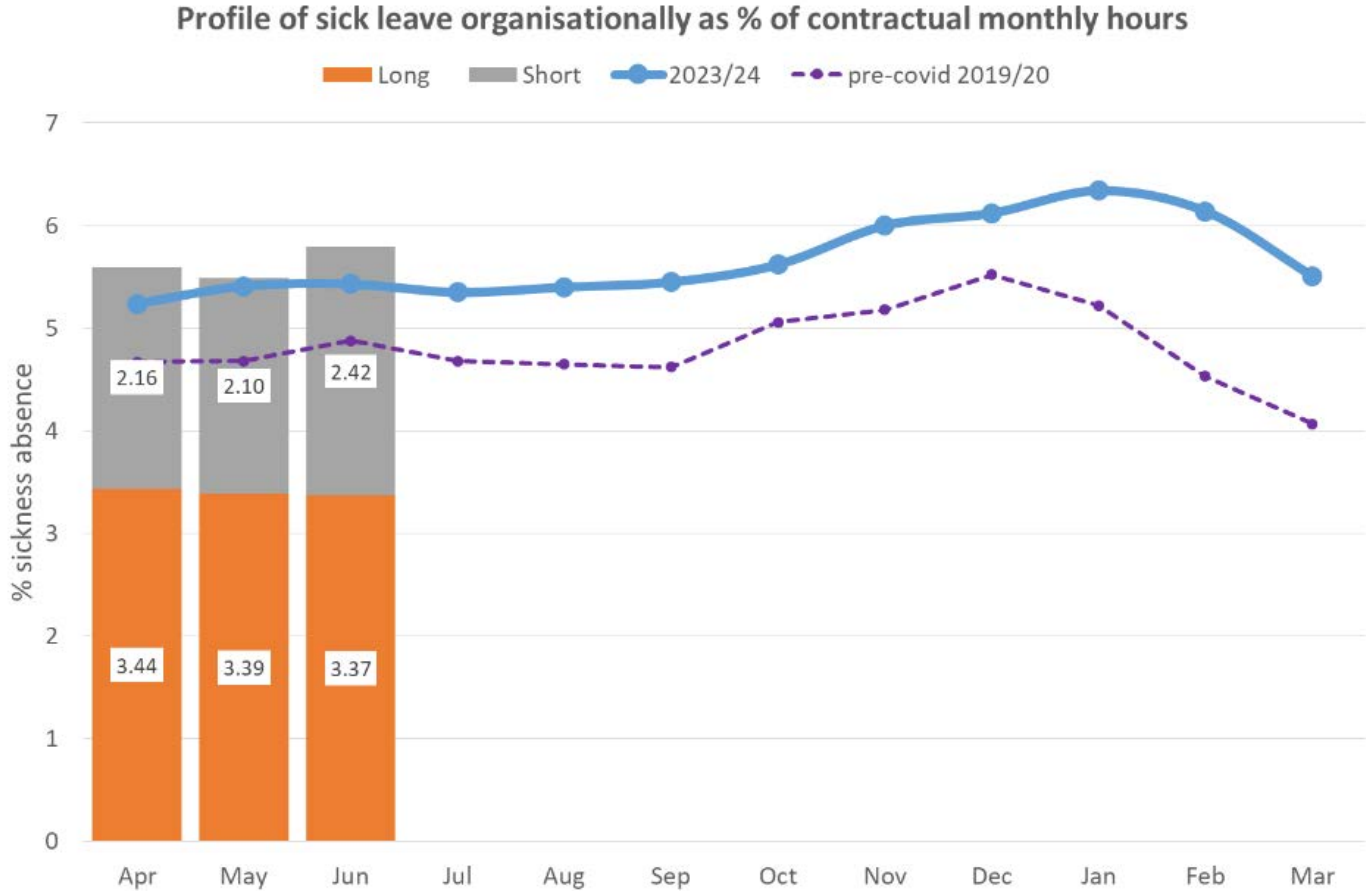
South Ayrshire

- Recruit 50 additional in-house staff.
- Establish an MDT approach with a Discharge Hub within Acute
- Overall lead from community senior management team for discharge improvement
- Clear review process for anyone waiting over 30 days for a care package to support discharge
- Provision of step-down facilities and Intermediate beds
- Rehabilitation Service Strategic Learning Review

Human Resources - ADP Trajectories 24/25 – Sickness Absence

By June 2024:

- Reduce sickness absence rates to 4.8% or less



Source: Local Management Reports, HR