

NHS Ayrshire & Arran



| | |
|------------------------------|---|
| Meeting: | Ayrshire and Arran NHS Board |
| Meeting date: | Monday 12 August 2024 |
| Title: | Delivery Plan 2024-25 |
| Responsible Director: | Kirstin Dickson, Director for Transformation and Sustainability |
| Report Author: | Gillian Arnold, Assistant Director of Planning and Commissioning Valerie Richmond, Senior Planning Officer |

1. Purpose

This is presented to the Board for:

- Decision

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

The final draft Delivery Plan (Appendix 1), was submitted for consideration to Scottish Government on the 22 March 2024. On 9 July 2024, a letter was received from Scottish Government (Appendix 2) recommending the plan now be presented to the Board for approval. Scottish Government's approval of the plan as a whole is contingent upon the understanding that our Board continue to work closely with the Scottish Government around our delivery and implementation over the coming year.

Within 2024/25 a new NHS Board Delivery Framework has been developed. The Delivery Framework aim is to set out a clear set of agreed indicators for which delivery against plans are reported, monitored and discussed with Boards. This includes both quarterly progress reporting against the NHS Board Delivery Plans, as well as support for ministerial and executive level discussions with Boards. A key principle for the metrics included for 2024/25 reporting is that they should already be data which Boards and the Scottish Government regularly monitor performance against. The Delivery Framework Indicators for 2024-25 are attached at Appendix 3.

The plan now requires to be approved by the Board and progressed through our internal governance process for formal sign off and then publication.

2.2 Background

All NHS Boards are required to submit, to Scottish Government, a Delivery Plan 2024-25. This plan will be referred to as Delivery Plan 2024-25 (DP) and includes actions which are expected to be taken forward over the current financial year.

The Delivery Plan has been prepared collaboratively with our partners, to provide Scottish Government with confirmation that we have realistic plans in place which reflect the extremely challenging financial position we face going into 2024 and demonstrate ongoing improvement and resilience of our health and care system. The DP sets out recovery drivers for 2024-25 which focus on how we will deliver at a local level on the ministerial commitments, how we will meet the needs of our local populations and how we will provide services within the scope of the resources available to us. Concurrently, we continue planning work for longer term redesign/renewal and transformation of services, which will seek to deliver sustainable healthcare that also improves population health and reduces health inequalities.

This plan sits alongside our strategic ambition, Caring for Ayrshire, which is our whole system health and care redesign and reform ambition and aligns to our three year Financial Plans 2024-25 to 2026-27 and to the ministerial priorities as set out in the First Minister's vision for Scotland and the outcomes the government aims to achieve by 2026, [Equality, opportunity, community: New leadership - A fresh start - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/equality-opportunity-community-new-leadership-a-fresh-start/pages/2-1-introduction.aspx).

2.3 Assessment

There is now a requirement for the NHS Board to approve the final draft of the DP 2024-25.

The governance route of the final draft ADP will be as follows:

- 12 August 2024 - NHS Ayrshire & Arran Board Meeting
- 11 September 2024 - Integration Joint Board South
- 28 August 2024 - Integration Joint Board East
- 19 September 2024 - Integration Joint Board North

Following the internal governance processes, the DP will become our contract with the Scottish Government for 2024-25.

2.3.1 Quality/patient care

The quality of care for patients is a particular focus within the Delivery Plan and is described through the links with this document and the Delivery Plan.

2.3.2 Workforce

Workforce is a component part of the Delivery Plan and further detail is clearly set out in the 3 Year Workforce Plans completed by NHS Ayrshire & Arran and South, North and East Ayrshire Health and Social Care Partnerships (HSCPs). These plans cover the period 2022 – 2025.

2.3.3 **Financial**

NHS Boards are required to provide financial plans in line with the NHS Scotland Financial Plans Guidance covering the three financial years: 2024-25 to 2026-27, to ensure consistency and to facilitate meaningful comparisons across NHS Scotland Boards. The Delivery Plan is aligned to the Financial Plans.

2.3.4 **Risk assessment/management**

Risks to delivery of the various aspects of the Delivery Plan have been assessed and will be managed throughout the lifespan of the plan.

2.3.5 **Equality and diversity, including health inequalities**

The Delivery Plan will be drafted within the context of the Programme for Government and take cognisance of the delivery of services within the Public Sector Equality Duty, Fairer Scotland Duty and the Board's Equalities Outcomes. Impact assessments will be completed as required for the component parts of the Delivery Plan.

2.3.6 **Other impacts**

The Delivery Plan has been set within the context of all the work undertaken across the Health and Care system within Ayrshire and Arran. It provides details of how we will deliver at a local level on the ministerial commitments, how we will meet the needs of our local populations and how we will provide services within the scope of the resources available to us.

2.3.7 **Communication, involvement, engagement and consultation**

The Delivery Plan has been developed in collaboration with NHS Ayrshire and Arran, East Ayrshire Health and Social Care Partnership (HSCP), South Ayrshire HSCP, North Ayrshire HSCP and key partners. It is a culmination of a number of plans which will have been communicated to staff and/or patients and public.

2.3.8 **Route to the meeting**

- 30 January 2024 – CMT Meeting – NHS Scotland Delivery Plan Guidance
- 5 February 2024 – Board Meeting – NHS Scotland Delivery Plan Guidance
- 20 March 2024 – CMT (Virtual) - Final Draft Delivery Plan 2024-25

2.4 **Recommendation**

For decision. Members are asked to approve the DP 2024-25; and be assured that necessary systems and procedures are in place to scrutinise, monitor and manage delivery against the plan.

3. **List of appendices**

The following appendices are included with this report:

- Appendix 1, Delivery Plan 2024/25
- Appendix 2, Scottish Government Delivery Plan Approval Letter - 9 July 2024
- Appendix 3, Delivery Framework Indicators for 2024-25



NHS Ayrshire and Arran

Delivery Plan 2024 – 2025

Contents

| | |
|--|----|
| 1. Introduction | 3 |
| 2. Primary and Community Care | 4 |
| 3. Urgent and Unscheduled Care..... | 6 |
| 4. Mental Health..... | 8 |
| 5. Planned Care | 11 |
| 6. Cancer Care..... | 13 |
| 7. Health Inequalities and Population Health | 15 |
| 8. Women and Children’s Health | 20 |
| 9. Workforce..... | 22 |
| 10. Digital Services Innovation Adoption..... | 25 |
| 11. Climate..... | 27 |

1. Introduction

The Caring for Ayrshire Vision provides a set of principles and associated care settings that describe how health and care services could, in the future, be provided to our communities. This high level vision is driven by the need to rebalance health and care so that it is less acute focussed and there is a stronger emphasis on delivering care in a variety of alternative and more locally based settings. As Caring for Ayrshire is a longer term vision, it will take a number of years to fully deliver and will require significant service change aligned to investment in infrastructure.

In moving towards realising that longer term vision, there are a range of shorter term challenges that the Board faces, particularly around service and financial sustainability, in relation to a range of services. There is a need to consider alternative delivery models that address these challenges whilst aligning service delivery to the wider Caring for Ayrshire vision – effectively building a set of shorter term actions. Our Triumvirates, led by a clinical lead, a managerial lead and a nursing lead, have commenced work to develop proposals to address these shorter term challenges. The work of the Triumvirates has been initially focussed around 5 key service areas:

- Emergency Care including Accident and Emergency
- Medical Specialties
- Emergency General Surgery
- Critical Care
- Woman and Children Services

These proposals consider the site impact, particularly in relation to University Hospital Crosshouse (UHC) and University Hospital Ayr (UHA) whilst also considering opportunities to shift services out of acute settings. As such, there has been involvement from site managers, digital colleagues and estates and facilities personnel.

In addition, and in support of the Triumvirate work, 5 patient pathways are being analysed to show in practice how the Caring for Ayrshire vision will translate into future whole system service provision, shaped in a way that delivers the required rebalancing and identifies key changes required to achieve this. The 5 patient pathways that are being explored are Respiratory, Frailty, Rehabilitation, Diabetes and Palliative Care.

Whilst working towards our vision, we continue to work collaboratively with our health and social care partners and our wider community planning partners to improve planning and investment in our communities, to optimise population health not only through better provision of health and care services but through wider economic benefit, regeneration and growth in our communities. As we move towards an increasingly integrated approach to service delivery, there will be more emphasis on workforce collaboration and skills transfer. By concentrating our resources in multi-disciplinary teams operating across the health and care system, we can ensure that safe, effective, person-centred and sustainable services are delivered through a workforce that has the right skills and competencies and is able to achieve the best possible outcomes for our communities.

There is a requirement to deliver a sustainable health and care service within the envelope of funding available. The financial context for NHS Ayrshire and Arran is extremely challenging with a significant budgetary gap of £56M forecast for 2024/25. The Board will continue to scope

out cash releasing savings through service efficiencies, however the route to achieving financial balance will require significant service reform and realignment over the next 2 – 5 years. This reform work has already commenced through our Triumvirate work and is inline with our Caring for Ayrshire vision.

Establishing a sustainable financial recovery plan, as we work through this post Covid era, asks that NHS Ayrshire and Arran meets a scale of financial efficiency that far exceeds customary CRES expectations. However, it is acknowledged that the sustainable and longer term recovery of the deficit is crucial. NHS Ayrshire and Arran recognise that Realistic Medicine is essential to delivering a sustainable health and care system for the future and as such this will be at the heart of all the recovery and service improvements which are being progressed. NHS Ayrshire and Arran will ensure our actions align to the national action plan which was published in September to deliver Value Based Health and Care. Delivery of these actions will ensure better outcomes and experiences for the people we care for, through the equitable, sustainable, appropriate and transparent use of available resources. Throughout 2024/25 and beyond we will continue work to increase awareness of Realistic Medicine across the organisation. A Realistic Medicine Steering Group has been established with key stakeholders from across acute services, pharmacy, mental health, palliative care, nursing, estates, primary and urgent care, recognising that everyone regardless of their role, can help build a more equitable and sustainable health and care system.

These areas of focus translate into 3 key priority areas of work over the next 5 years:

- Financial Sustainability delivered through improvements in system response and delivery to urgent and emergency care;
- Development of a Commissioning Plan for unscheduled care and accompanying transformation plan; and
- Through the CfA priorities, work with public, system partners and clinical leads throughout the system, about how streamlining service provision is realised through partnership working and enabling change and service improvement through the resources, localities, systems and services we have.

2. Primary and Community Care

A programme for annual review of General Medical Services (GMS) Contracts will be developed by the primary care team to review practice operating models, quality indicators (including chronic disease management) and identify any improvement work. This programme of work will enhance oversight of core service delivery by the Board and help to identify early, any issues or additional support that practices may require to sustain service delivery.

A deep dive review into understanding all our GP Practices across Ayrshire and Arran is being undertaken, which will help inform the current status, challenges and opportunities within General Practice. This also includes the impact of various programmes of work that have been in development and rolled out over 2023/24. The outcome of the review will provide a clearer understanding of how GP Practices are currently operating at an HSCP level. The review will highlight potential barriers for progress or other areas requiring more targeted actions to allow the Primary Care Management Team to work closely with General Practice teams. The actions identified from this extensive review will be taken forward over the next 12-24 months supported by HSCP Clinical Directors, GP Stakeholders and Cluster Leads.

An ongoing review programme for General Practice Enhanced Services which commenced summer 2023 will ensure the enhanced services in place remain current and fit for purpose in line with NHS Quality Ambitions and national and local drivers for change. The Programme will provide governance and assurance these are being delivered in accordance with the agreed specification, ensuring they meet the needs of the population and are sustainable. This review also provides opportunity to further enhance what is in place within primary and community care in its widest sense to support patients closer to home with specialist input where required for areas such as diabetes and respiratory services.

Infrastructure planning for Primary Care Services commenced in October 2023 along with the three Ayrshire HSCPs, aligned to Caring for Ayrshire, to look at greater cluster level models of care. This included engaging with each GP Practice, with 100% return rate, to understand their premises and service delivery models, along with community facilities to identify our areas of greatest challenge as well as opportunity for future models of care. It is anticipated this will progress over the next three years aligned to the organisation's short/medium/long term plans.

NHS Ayrshire and Arran were successful in a recent bid to be a Primary Care Improvement Phased Investment Programme Demonstrator site to work with NHS Health Improvement Scotland (HIS) to demonstrate what a model of full implementation of the MDT (focussing on CTAC and Pharmacotherapy teams) can look like in General Practice. This is a 12-18 month programme which will be nationally funded and delivered by a local programme team with local governance arrangements. Data will be collected which will be used to model full national implementation of priority areas of the GMS 2018 Contract. Development work will also continue alongside this to further embed MDT teams into practice through the GMS Contract which would continue in tandem with the focussed work on Pharmacotherapy and CTAC.

A recent audit indicated that 72% of CTAC activity was undertaken by CTAC staff and 28% undertaken by GP practice staff. In order to provide full task transfer, to include additional resilience, there is a requirement to increase the workforce as well as further review the skill mix of total workforce. Progressing as a demonstrator site will allow a robust service across every GP Practice including resilience models. A key component of the CTAC role includes chronic disease monitoring and early detection of key cardiovascular risk factor conditions. This will further support each GP Practice to manage these conditions.

The Diabetes in Dalmellington Pilot has documented an increase in uptake of eye screening, foot screening, and overall engagement with health services. It has highlighted the potential that can be released through collaborative and respectful relationships across the wider system, by successfully delivering a care and self-management support model within a community hall setting. Over the next three years the learning from this pilot will be used to inform the programme design and implementation of a community-based model for the prevention and self-management support for other long-term diseases, within Dalmellington and if feasible other priority areas across NHS Ayrshire and Arran, demonstrating the ability and value of NHS, local authority, and third sector agency collaboration in this way.

Delivered by Ayrshire Urgent Care Service (AUCS), delivery of primary urgent care during the out of hours (OOH) period is a robust well embedded service within NHS Ayrshire and Arran. The team continue to utilise and maximise any opportunity to further review and enhance the service linked to activity and patient outcome data. AUCS continues to test new models of delivery using Advanced Nurse Practitioner models and wider MDT services (e.g. District Nursing, Social Work Services, Emergency Mental Health Crisis Team, and Advanced Paramedics).

Non-emergency patient transport is available to General Practice and patients who call NHS 24 and for patients meeting a specific criteria to allow transport to an identified healthcare setting for continuing care and treatment. This was fully embedded early 2023 and continues through business as usual arrangements.

Dental service reform is underway which will allow understanding of the future delivery model for dental services in Ayrshire and Arran to provide sustainable access to person centred NHS oral health services closer to home. It will also allow the opportunity to understand patient need to ensure our services are in the right place to deliver care wrapped around individuals. This aligns to the NHS Ayrshire and Arran Caring for Ayrshire vision aimed to design a fully integrated system wide approach to ensure our services are in the right place at the right time in the right place. Reform will also allow the service to set out a framework for governance and oversight by the NHS Board and the three Ayrshire Integration Joint Boards. The outputs of the review will help inform the specific actions and priorities we take forward over the coming years aligned to the work ongoing at national level to understand the future strategic direction of dental services.

The Uveitis/Juvenile Idiopathic Arthritis Service (JIA) development has recently been signed off by the Ophthalmology Service and work is now progressing to implementation and roll-out. This service will be provided in local Community Optometry practices instead of being referred to Ophthalmology. Further discussions are required between primary care and Ophthalmology on the planned roll out of a Community Glaucoma service (NESGAT) due to a low number of accredited practitioners in Ayrshire and Arran. This may impact on viability and resilience of the service to enable roll out in the next year. A number of stable glaucoma patients continue to have their reviews carried out at locally accredited Optometry practices through shared care arrangements.

3. Urgent and Unscheduled Care

There has been an ongoing programme of work in place across Ayrshire and Arran to support patient outcomes and improve performance, however, it is recognised that this has not been at the pace and scale required.

The priorities for 2024/25 will be informed by our understanding of our system data and we will continue to utilise and develop our whole system model tool, to predict, with a reasonable level of accuracy, the number of occupied beds required in our hospital sites. This approach has also been used to develop further 6-month projections, which have allowed us to test various scenarios and inform our short-to-medium-term action planning. The utilisation of the whole system model and its accompanying projections is an important step towards effective resource allocation and management within the acute hospital sites. By providing an informed forecast of future demand, site teams are supported to optimise resource allocation more effectively and to proactively respond to potential challenges arising from increased levels of demand, thereby helping to ensure continued quality of care.

In addition to local data and modelling, CfSD data outputs have further reinforced our understanding that the key area of focus for Ayrshire and Arran should be around reducing the number of patients with a length of stay of over 14 days and increasing the number of patients in a short stay pathway.

Utilising the local and national data, the key areas of focus for Unscheduled Care for 2024/25:

- Development of Commissioning Plan and subsequent plan to redistribute unscheduled care provision:
- Reduction in number of patients with a length of stay over 14 days; and
- Increase in number of patients on a short stay pathway.

To support the Unscheduled Care pathways we will continue work on providing alternatives to front door attendance and admissions and increasing virtual capacity.

The introduction of new pathways through Redesign of Urgent Care (RUC) programme delivered by the Ayrshire Urgent Care Service (AUCS) has helped to attract and retain the current workforce to sustain clinical rotas for the 24/7 urgent care service in NHS Ayrshire and Arran. The Flow Navigation Centre (FNC) provides rapid early triage and clinical assessment of patients to identify the most appropriate pathway for their care aiming to keep people closer to home wherever possible and avoid an acute attendance. In December 2023 an Urgent Care test of change (ToC) within AUCS was developed, working alongside General Practice to support local practices with home visits between the hours of 3:30pm and 5:30pm. This was developed recognising the impact on General Practice when patients present to the practice late in the afternoon with an urgent care need requiring a house visit, and the requirement to ensure there is sufficient workforce in place to respond to this on a daily basis. To ensure safe delivery of the ToC, it is being rolled out on a phased basis at cluster level to ensure activity is monitored and evaluated. So far, feedback has been positive from general practice and early reports highlight this has allowed clinicians within practice to focus on planned appointments or patient engagement without concerns that they will be required to attend a last minute house call. The ToC will continue to be monitored and evaluated with a plan to extend wider across Ayrshire early 2024/25 with a view to developing the model further to include face to face appointments. This will be aligned to the vision of creating a 24/7 seamless urgent care pathway with general practice and AUCS working together.

Scoping is underway for a pathway from AUCS to the Musculoskeletal (MSK) service which would encourage timely care, better patient flow, and reduced demand in Primary Care, Emergency Department and Minor Injury Unit (MIU). Currently AUCS are required to refer the patient back to their own GP Practice if the clinician believes they need follow up at the MSK service. Early intervention would help to promote better patient outcomes, reduced number of appointments and more efficient use of resources, preventing duplication and delay for patients. A test of change will be implemented as part of the scoping exercise and evaluated to inform future service models.

NHS Ayrshire and Arran continue to create additional H@H capacity to enable the provision of care closer to home and structured around the person's needs provided by multi-disciplinary teams. We recognise that there are many occasions where a hospital admission is not necessary and in these instances, delivering care at home or in a community setting, is to the benefit of patients. There is significant evidence that initiatives that reduce hospital activity, such as admission avoidance pathways and supporting people to manage their own care, have the potential to improve patient experience and overall health outcomes. Qualitative evidence demonstrates that patient's value being in the comfort and familiarity of their own home, whilst reducing disruption to daily routines.

NHS Ayrshire and Arran have introduced a new H@H Paediatric service, the first in Scotland. Phase 1 of this service provides Antibiotic Therapy (IVAB) to infants, children and young people in the community. This service avoids the need for patients to be admitted to hospital and also expedites early discharge home. The trajectory is that 2 acute beds will be

saved per month due to avoided admissions. Within 2024/25 we will expand our service delivery model to include care at home for children with other care needs.

NHS Ayrshire and Arran, compared to other parts of Scotland, has the third highest admission rate due to COPD of all Scottish NHS Boards. The establishment, and subsequent expansion of Rapid Respiratory Response (RRR) Services will support the safe management of patients with COPD in the community. The service is designed to safely and effectively provide rapid access to treatment for patients with an acute exacerbation in their COPD, which may result in presenting to healthcare services on an urgent or unscheduled basis. A data informed approach has been taken to explore how the service can make best use of collaborative pathways across primary and secondary care services and expand into all three HSCPs. Further review of skill mix and evaluation of the RRR service is being undertaken to inform future staffing model.

4. Mental Health

Scottish Government published the new Mental Health and Wellbeing Strategy in 2023 which sets out the longer-term commitment to improve the mental health and wellbeing of everyone in Scotland. The Strategy describes what a highly effective and well-functioning mental health system should look like, covering all levels of need, including the needs of people with severe and enduring mental health conditions, along with maintaining good mental wellbeing, and community support. Locally we will take a life-course approach to understanding mental health and will endeavour to develop a programme of work, with partners, over the coming year to identify and align actions in Ayrshire and Arran to the national delivery plans.

During 2024/25 Public Health teams will collaborate with Mental Health teams to develop a matrix model of working for a life course approach to mental health and develop an understanding of the demographics of the local population to allow for better decision making and allocation of resources.

However, challenges with the mental health environment continue to create challenges around clinical space, new facilities have been identified but progress has been delayed due to availability of funding streams.

As in other service areas, there are significant workforce challenges facing Mental Health services. The Community Mental Health Team (CMHT) have not seen the same levels of investment as other Mental Health services in recent years. This has led to a significant gap in service demand and capacity. Recognising recruitment challenges for qualified Mental Health workers (with many posts expected to take up to a year to fill), the service will consider new advanced/enhanced roles and different ways of working. In CAMHS, recruitment challenges are particularly around Psychiatry, Nursing and Psychology. The service will continue to look at the skill mix required for the service, based on these challenges recruit more Allied Health Professionals (AHP's) and look at innovative ways to encourage Psychiatrists to work in Ayrshire. Psychological Services are also experiencing challenges in recruiting to specific priority posts, including Child and Adult Mental Health in the Community. Although training places are increasing year on year, there is currently an insufficient specialist workforce to fill all vacant posts across Scotland so there is currently a competitive workforce context.

Inpatient and Forensic Services

Within the Mental Health Inpatient Service key priorities for 2024/25 will be to improve patient flow, reduce the average length of stay and number/duration of delayed discharges.

To support these improvements and deliver a more coherent system of forensic mental health services, we will work to:

- Improve referral pathways and increase expectation of 'pace'/throughput;
- Implement more robust bed projection processes;
- Continue to develop relationships with the West of Scotland Forensic Network, being part of wider bed capacity solutions;
- Review persons subject to UNPACs placement and repatriate locally as clinically appropriate;
- Develop a centralised Data Dashboard to provide robust data on service performance against key measures to inform service delivery and improvement; and
- Work on developing Band 4 Assistant Practitioner role to address ongoing workforce deficit for Band 5 staff and enhance service delivery, reducing supplementary staffing spend.

Child and Adolescent Mental Health Service (CAMHS)

Within Ayrshire and Arran, CAMHS services are provided by multi-disciplinary teams that provide assessment and treatment/interventions in the context of emotional, developmental, environmental and social factors for children and young people experiencing mental health problems. This is provided through three distinct teams to ensure that children and young people are on the correct pathway at a much earlier stage: Specialist Community CAMHS (SCAMHS), CAMHS Urgent Assessment and Intensive Treatment (CUAIT) and Neurodiverse CAMHS (N-CAMHS).

Whilst transforming and developing our services we will continue to learn from children, young people, families and Carers with 'Lived Experience' of the service and are currently working to gain feedback through KIDSCREEN which is a health related quality of life questionnaire for children, young people and their parents.

Within 2024/25 CAMHS will continue to work towards the waiting time targets set out in the CAMHS NHS Scotland National Service Specification. Already CAMHS has met the 4-week first appointment response time in alignment with the national specification through a redesign of the service and implementation of the three pathways and by fully implementing the revised service access criteria of accepting only those referrals where there are underlying mental health needs in alignment with the national specification. This has enabled meaningful redirection of referrals to wider whole system supports and services to more appropriately meet the needs of children and young people who do not have an underlying mental health condition. Focus is now on providing interventions and treatments, where required and agreed with children, young people and families/carers, as soon as possible, and no later than 18 weeks from first referral, with the median experienced wait for treatment being no longer than 12 weeks. Commissioning of external providers will continue through 2024/25, to enable children and young people, to continue to be seen timeously.

In addition, we will work with our IT systems and through a programme of wider transformation linked to the Mental Health Digital Transformation Board, will endeavour to develop effective data collection systems that provide robust data and reports to inform service improvement, redesign and monitoring of performance. This will also prepare the service for reporting on delivery of the forthcoming Mental Health Standards.

Psychological Therapies

The latest published data for quarter ending December 2023 indicates that compliance for Psychological Therapies (91.1%) remains higher than the Scotland average. Developments over the next 12 months will address the requirements and standards dictated by the Psychological Therapies Service Specification with a specific program of work, linked to Scottish Government timescales, for implementation. This will be led by the Senior Psychology Leadership team and will involve cross discipline and specialty engagement to ensure adequate outcomes. Within this framework, governance and availability of psychological interventions will be enhanced via establishment of dedicated clinical governance routes to augment the established Psychological Interventions Training Group and to augment or replace local clinical governance pathways.

Patient centred areas of focus will continue to address issues of longest waits, matched-stepped care within services for children and young people, neurodevelopmental service provision (both Children and Adults) and whole board alignment to the updated Matrix Treatment Recommendation for Psychological Therapies (2023) and the implementation of the National Specification for the delivery of Psychological Therapies and Interventions (Scottish Government, September 2023). This will sit alongside continued work in ensuring a Trauma informed approach is embedded within all directorates of the organisation. Working with partners in acute/ neuro services to increase workforce capacity of the psychological therapy provision is a key objective.

We will consider further investment in the Enhanced Psychological Practitioner training programme, with Partnership support, dependent upon outcomes from current cohort of trainees. We will await any national funding provision for the establishment of Early Intervention in Psychosis services.

Risks over the same period are linked to temporary funding streams. Cessation and/or delay of these streams of funding risks a significant impact on core mental health services. The lack of allocation to Primary Care funding also adversely impacts on demands upon secondary care and our ability to meet waiting times targets. Implementation of the National Specifications relating to children and young people with neurodevelopmental conditions, and the Community Wellbeing Framework for Children and Young people, are considered important to specialist secondary mental health services being able to meet waiting times targets. These specifications sit outside specialist mental health, but any failure will directly affect the pressures upon our service. Recent work within the area of Adult Neurodevelopmental has concluded, with outcomes presented to Chief Officers in February 2024. It is expected that this will necessitate specific, additional funding requests to meet the increasing demand for neurodevelopmental condition assessment and treatment.

Community Mental Health

Community Mental Health Teams (CMHTs) across Ayrshire and Arran continue to experience a steady increase in referrals, not just associated with, but significantly impacted by an unprecedented increase in neurodiversity referrals. The CMHTs have not yet had any additional investment to support with this increase and consideration as to how we continue to meet this demand continues to be explored, with the service looking at innovative ways to maximise the current workforce. The Pan-Ayrshire Duty Service is one such change that has proved effective in providing some staffing resource release back to the CMHTs. However, more work requires to be undertaken on the support/ training and development needs of our workforce. Having identified a significant shortfall in required establishments, work still needs to be done to ensure that the right people are being cared for at the right time and wider considerations are

undertaken for those that don't require the support and treatment of a community mental health team at that time.

Primary Mental Health

Pathways to support the impact on community mental health teams have been explored and implemented where possible within primary care, such as the introduction of Mental Health Practitioners within GP practices. However, these posts have been funded non-recurringly and we await confirmation of Mental Health and Wellbeing in Primary Care service monies to support this pathway on a recurring basis. We have developed plans for years 2, 3, and beyond for mental health and wellbeing in primary care, and are currently working towards sign off via the three Integrated Joint Boards (North, South and East).

Should funding become available these plans will be ready to enact to support us to:

- Deliver a coherent system of forensic mental health services, addressing issues raised by the independent review into such services;
- Improve support and develop the Mental Health workforce; and
- Improve the mental health built environment and patient safety.

Part of the challenge for mental health services has been appropriate accommodation and space to deliver care. Whilst we have launched our specialist perinatal mental health service and maternity neonatal psychology team within the past 2 years, we have faced challenge to formally launch our infant mental health team. Despite staff now being in post, the ability to provide assessment, care and treatment has been difficult due to a lack of access to child and family friendly clinical space.

The Mental Health Unscheduled Care Service has seen significant redesign and rebranding over the past few years, with the unscheduled care mental health service provision available directly within our communities and hospital sites, with agreed pathways from NHS 24, Scottish Ambulance and Police Scotland. The final deliverable is to provide a mental health unscheduled care assessment hub, akin to our combined assessment units at University Hospital's Ayr and Crosshouse; that provides (for those that need it) a safe, appropriate and timely compassionate response. Supporting individuals for up to 72 hours, to identify and facilitate the appropriate care, assessment treatment and/ or follow up appropriate for them. Following some time delay works are now progressing with a formal launch date expected in early 2024/25.

5. Planned Care

Through 2024/25 we will endeavour to improve delivery of planned care services through reduction in waiting list backlogs and waiting times, as well as modernising and improving quality of services for patients.

Recognising that patients are waiting longer for surgery, we have had Active Clinical Surveillance clinics in place since March 2023 to Support Patients to Wait Well. This is currently in place for patients who have been waiting longer than three months for general, orthopaedic and gynaecology surgery. Patients are invited to attend an initial in-person appointment with a Perioperative Care Coordinator who triages them to prioritise who is most in need and provide information and signposting to allow the patient to better prepare for their surgery, or to 'wait well'.

To ensure we are able to continue to schedule planned care appointments during times of peak system pressure, we have embedded a 'hospital within a hospital' approach. An area of 14

beds within University Hospital Ayr (UHA) has been formally protected in order that elective orthopaedic surgery can continue, albeit at a reduced capacity, during times of peak pressure. Similarly 4 beds are protected for planned care gynaecology at University Hospital Crosshouse (UHC), and at times of pressure these beds can also support continuation of breast surgery.

Following on from work undertaken over the previous two years, the work in 2024/25 will have focus on the following areas:

- **Analysing and understanding the changing service demand.**

Robust DCAQ analysis of TTG in 2023/24 has provided a better understanding of the service demand and gaps within the surgical areas. A similar level of detailed analysis of outpatient demands and capacity will be completed.

- **Productivity and efficiency opportunities.**

We will continue to deliver close monitoring and management of operating theatre capacity using both published theatre utilisation data and locally developed measures of operating theatre fallow time. Where possible and affordable within the funding envelope, we will seek opportunities to address those capacity constraints such as through innovative recruitment and international recruitment approaches, as well as through capacity opportunities in the upcoming National Treatment Centres and mutual aid opportunities. We will establish a renewed focus on daycase rates through the theatre governance group and other directorate discussions. We will fully roll out the Allocate system for medical staff job planning and in parallel will endeavour to develop an ongoing measure of the delivered clinical capacity in order to ensure optimum productivity. We will ensure that our waiting lists are up to date with an ongoing in-house programme of outpatient waiting list validation, and through bi-annual validation of the IP/DC waiting list through the established National Elective Coordination Unit (NECU) process.

- **Modernisation**

Our clinical teams will be supported to further roll out modern practice opportunities such as Activity Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR). We will work with colleagues in CfSD and PHS to develop more robust data measures in order to demonstrate further progress in roll out of these practices. We will continue to engage with the work of the CfSD Speciality Delivery Groups, and ensure that best practice opportunities are promoted within the services. We will develop an action plan in order to support implementation of the new NHS Scotland Waiting Times Guidance, and will roll this out with a supporting suite of updated policies, standard operating procedures and training.

- **Investment**

Significant recurring investment of Access funding has already been targeted at orthopaedics, endoscopy and CT scanning services, and the impact of this is very clear. Through 2024/25 a further £0.5m will be invested in areas where analysis during 2023/24 has identified the greatest gaps and waiting times risks; this being part of a progressive approach to investing in sustainable solutions to delivering planned care capacity for the future. Analysis has also demonstrated that current capacity, even with the available access funding, is insufficient to clear the pandemic backlogs in addition to managing the ongoing demands. A 3-year investment proposal generating significant further capacity will be finalised, ready for implementation should additional access funding become available through the year.

The key priorities for 2024/25 below are dependent on availability of workforce, clinical space and funding:

Diagnostics - Endoscopy

- Introduce Transnasal Endoscopy (TNE) service at UHA
- Introduce qFiT analysis at NHSAA lab
- Develop plan for introduction of double qFiT
- Update Endoscopy DCAQ following recent service changes

Diagnostics - Imaging

- Progress training of 2 X trainee Ultrasonographers
- Utilisation of Locums
- Continuation of a second MRI mobile scanner

Treatment Time Guarantee (TTG)

- Remobilise all Inpatient and Day case operating theatres Mon-Fri daytimes
- Scope further 2 UHA operating theatres functioning routinely as extended days
- Work to reduce operating theatre fallow time
- Work to increase cataract productivity
- Increase theatre productivity through improved theatre list scheduling

Outpatients

- Introduce new vetting and clinic delivery model in Diabetes and Endocrinology and re-evaluate DCAQ
- Establish medium term mutual aid for Diabetes
- Establish SLA for sleep pathway
- Implement Digital Dermatology
- Focus on Neurology, Gastroenterology and Diabetes and Endocrinology
- Scope further specialties to adopt PIR
- Carryout Insourcing and Waiting List Initiatives

Audiology

Within the Audiology Service much of the next 5 years will be directed by the findings from the Independent National Audiology Review. The Review has delivered 55 recommendations that Audiology Service is required to work towards meeting to ensure that the Service is safe, effective and meeting the needs of the local population. This will be done through the development of both local and national conversations and work. Of the 26 Board recommendations, within NHS Ayrshire and Arran 19 are either complete or being progressed, the remaining 7 have at present not been started. There are sustained challenges around recruitment which creates a dependency on the use of high cost locums which is at risk due to budget constraints.

6. Cancer Care

A new Cancer Strategy for Scotland 2023-33 was launched with the strategic intent to improve cancer survival and provide excellent, equitably accessible care. The 10-year vision for our health service is that more cancers are prevented, and our compassionate and consistent cancer service provides excellent treatment and support throughout the cancer journey, and

improves outcomes and survival for people with cancer. We are focusing on improving cancer outcomes through better prevention and diagnosis. We continue to strive for earlier diagnosis as we know this is critical to improving outcomes and survival. As well as being able to provide more curative treatment, we also recognise the importance of treatments to extend life and the provision of holistic palliative care. All of these aims must be underpinned by the principles of person-centred care and an understanding of what matters to every individual with cancer.

Cancer has remained a priority for NHS Ayrshire and Arran and a wealth of work has been progressed and/or underway to redesign cancer services, embed new ways of managing cancer pathways and increase service resilience in line with the National Cancer Plan and Framework for Effective Cancer Management. While the 31 day cancer waiting times standard (CWT) has been consistently met (from decision to treat to first treatment), the 62 day standard remains challenged (from urgent suspicion of cancer (USC) referral to first treatment).

Through 2023/24 we continued to implement the Framework for Effective Cancer Management and demonstrated some notable improvement in performance against the 62-day UCS referral to treatment standard. We will continue to be guided by the Framework through 2024/25 with an ambition to deliver yet further improvement.

The main priority pathways for further improvement continue to be the colorectal, breast and urology pathways. Our analysis clearly demonstrates that reducing diagnostic delays will have the single biggest impact. As such the main areas for action are reducing pathology and endoscopy delays, and also reducing times to imaging investigations. Since there is significant overlap between this aspect of the cancer plan and the planned care plan, the specific actions for both are included together in the Planned Care section.

Over the last 3 years NHS Ayrshire and Arran has been one of three NHS Boards which participated in a trial of Rapid Cancer Diagnostic Services (RCDS). We will continue our established GP Direct Access to CT pathway which also picks up cancer at an early stage with a cancer yield of around 19%. We will await the outcome of the University of Strathclyde project evaluation before finalising any further plans in this regard. We will embed both the national optimal lung and optimal head and neck pathways, subject to adequate resource being secured, to meet the timescales in these new pathways, and aim to detect, diagnose and treat cancers at a much earlier stage. Public messaging around screening and seeking early GP contact about concerning symptoms is key, but also leads to increased referrals. We will embed ACRT and robust re-grading of UCS referrals as per guidance to enable us to manage sustained increase in UCS referrals as we know that cancer conversion rate from UCS referrals is between 2-8% across the tumour types.

The introduction of robot assisted surgery (RAS) in NHS Ayrshire and Arran will ensure that residents of Ayrshire have access to the most modern cancer surgery available. We will fully embed RAS in 2024/25 with training of 4 more surgeons, taking the total RAS team to 8. This will also enable the commencement of RAS prostatectomy in NHS Ayrshire and Arran which will reduce waiting times for treatment and is also expected to benefit the wider West of Scotland population by reducing the demand on the NHS Greater Glasgow and Clyde prostatectomy service. This will also help with early capacity planning for any future prostate cancer screening programme which may be developed.

We will continue to build on the robustness of our cancer performance governance structure, ensuring clinical and managerial leadership at senior level. This enables a focus on improving both cancer waiting times as well as QPI performance. This will be supported by monthly meetings with the tumour specific clinical leads, where discussion is focussed on QPI

performance, challenges, successes and completion of any action plan. We will continue to contribute to the governance of QPI performance by WoSCAN through the Regional Cancer Oversight Group.

There is significant concern around oncology capacity and workforce which is being looked at nationally through the Scottish Cancer Network and more recently, a WoSCAN working group to look at challenges in the four West of Scotland Boards. In Ayrshire we have increased non-medical prescribing to well above target levels (70% for some tumour types against a target of 40%) and we continue to be able to recruit from experienced nurse and pharmacy cohorts to ensure we have adequate resource to manage increasing demand.

Demand is increasing by at least 10% per year with the approval of new drugs and the success of current SACT regimes and immunotherapy, which means our on-treatment population is increasing, in particular breast and haematological cancers, with new drugs being approved regularly for most other tumour types. In 2024/25 we will complete a review of the physical estate for Tier 2 and Tier 3 SACT in order to plan for anticipated increases in demand in coming years, and will develop a plan for future development, subject to funding.

The single point of contact for cancer patients is their Advanced Cancer Nurse Specialist (ACNS) and there are ACNS for all main tumour types. All patients are holistically assessed by their ACNS. Holistic needs assessment using the cancer concerns checklist/care plans is utilised within multiple services. Patients are provided with information specific to their needs and preferences. Patients are given an information and support directory at diagnosis which includes information on counselling services, Macmillan Move More, Healthy and Active Rehab Programme, Macmillan Money Matters, Support Groups. Services are sign-posted, or the patient is referred to the service as required, including those mentioned above including AHP services and buddy support services. A 'Macmillan Improving the Cancer Journey' project is underway, where patients will be referred for holistic assessment in the future and they will refer on appropriately for social/psychological support with ACNS focusing on other clinical care/support requirements and referrals.

7. Health Inequalities and Population Health

NHS Ayrshire and Arran are committed to providing an environment in which diversity is valued and encouraged, and to ensuring patients, carers, families and staff are treated with dignity and respect, no matter their protected characteristics. We strive to provide the best care and treatment we can, within the resources available to us, while ensuring everyone working in the NHS has the right training and skills for their job within a safe and clean environment. As an Equal Opportunities employer we strive to have staff with the right skills to deliver equitable and quality services.

NHS Ayrshire and Arran's Mainstreaming Report sets out our commitment to ensuring the ever-changing demography and multiple identities of our population are person-centred and that our core function of providing health care and prevention of ill-health for all meets the needs of those who access it. It aims to inform our service users, their carer's, visitors, staff and partner organisations how we as an organisation work towards ensuring that equalities is being mainstreamed into the functions and activities of our organisation. NHS Ayrshire and Arran's approach to continuous improvement and embedding of equalities into our functions continues through visible leadership, organisational commitment and staff training amongst other initiatives.

As a Board, we are fully committed to continually improving the ways in which we engage with people. Our engagement strategy to support and develop engagement with stakeholders across all protected characteristics underpins the progression of strategies and service reform. Equality and inclusivity underpin our engagement approaches. We have an important role to play in supporting and encouraging people to get involved as active partners in their own care or through engagement in wider discussions about health and care services. By ensuring that all engagement activity is appropriately impact assessed from the outset, we can identify any potential barriers for people to participate and take appropriate steps to mitigate or minimise those impacts.

Like all public sector organisations, NHS Ayrshire and Arran is required to assess the impact of all its policies, services and functions on equality. This means that we must try to predict what will happen to different groups of people affected by our work, and then make changes to our plans so that any possibility of a negative impact is reduced or eliminated. To do this NHS Ayrshire and Arran uses a procedure called Equality Impact Assessment (EQIA). A good EQIA has to focus on key questions and actions is much more likely to achieve a worthwhile assessment and lead to identifying realistic actions. The Equality Impact Assessment process helps us to develop policies that focus on positive outcomes and solutions, identify what is working well, in addition to what needs improving, encourage greater openness and involvement in policy making and service delivery, develop good practice, demonstrate leadership on equality of service delivery and help to avoid claims of unlawful discrimination.

The impact of poverty is well documented and experiencing poverty can have multiple and lasting ill effects on outcomes and opportunities across the life course. In line with the national practice model, Getting It Right for Every Child (GIRFEC), and the United Nations Convention on the Rights of the Child (UNCRC), poverty should be viewed as a threat to children's health and wellbeing which has the potential to impact their adult outcomes and which health services and Local Authorities have a duty to protect children from. Causes are likely to be multifactorial, and tackling inequalities will require action across many fronts, including reducing structural inequalities and addressing barriers to equitable care.

In 2019/20 across Scotland, North and East Ayrshire had the 2nd and 4th highest and South Ayrshire had the 11th highest percentage of children living in relative poverty, with 27.9%, 27.3% and 24.8% respectively, which are all in excess of the Scottish average. Wide and transformational action is required to meet the 2030 statutory income targets 'less than 10% children in relative poverty by 2030'. The work NHS Ayrshire and Arran is doing around child poverty is closely linked with the new Employability Steering Group and the new Community Wealth Building/Anchor Organisation Programme Board. The child poverty work brings together colleagues from a range of disciplines and departments. For example colleagues in both paediatrics and midwifery have recognised the key role they play and are considering how they can best support families who are struggling financially, for example looking at how to increase the uptake of the Young Patient Family Fund and participating in a workshop that informs staff how to refer families into financial inclusion services. By helping address the key drivers of poverty through our services, the NHS are not only helping our patients, but have the potential to improve the quality of patient care more broadly, and help staff feel empowered that they can provide support to patients at this challenging time of the cost of living crisis.

Public Health are the lead for child poverty within NHS Ayrshire and Arran, working with local authority partners, to reduce and prevent child poverty whilst also mitigating its impacts through Local Child Poverty Action Reports (LCPARs). Each year Public Health produce an annual Tackling Child Poverty paper for the NHS Board along with an NHS action plan to

tackle child poverty, reporting on key actions and deliverables. The NHS Plan includes actions to collaborate with local authorities to deliver joint LCPARs, ensuring statutory duties are met.

NHS Ayrshire and Arran is supporting the development of healthy places which improve population health and reduce inequalities whilst tackling the climate emergency, through our role as an active partner in key place and planning related activities undertaken by the NHS, local authorities, and community planning partnerships. This work is informed by the 5 Place and Wellbeing Outcomes and focuses on public health input, using local data, published evidence, and tools such as Health Impact Assessment, to key planning processes by partners (such as the drafting of Local Development Plans, major industrial developments, and new travel/transport infrastructure) and to the utilisation of NHS estates for green health activities.

NHS Ayrshire and Arran has produced a three-year screening inequalities strategy which focuses on cross-cutting actions to reduce inequalities in access and uptake of screening programmes. Three areas of focus are Breast Screening, Bowel Screening and Cervical Screening. Ayrshire and Arran encompasses an expansive geographical area and we recognise travel to be a barrier to breast screening uptake, and work continues to analyse uptake data and allocate assistance and funding for travel to breast screening locations. In addition, it is known that prisoners are more likely, than their age-matched peers in the general population, to develop chronic diseases like bowel cancer. Inequalities in bowel screening uptake are especially evident in this population. A number of targeted screening education initiatives continue to be implemented within this setting. Also a monthly clinic has been developed to provide increased access for individuals who experience significant barriers to cervical screening, e.g. experienced previous trauma and those with physical disabilities.

NHS Ayrshire and Arran work across a number of priorities, two of which have the greatest impact on the burden of disease, smoking cessation and weight management. Within both of these programmes the focus is on inequalities sensitive practice. The Tobacco Strategy with actions relates to cessation, prevention and protection. The cessation service (Quit your Way) operates within a variety of settings aiming to target geographically deprived areas alongside population groups such as college students, pregnant women, prisoners etc. This specialist service works alongside the Community Pharmacy Service to deliver the best support to smokers. More recently this has also involved working with those who vape, to stop. The Weight Management Strategy has been endorsed by all three Community Planning Partnerships. Delivery of both child healthy weight interventions (by our Jumpstart team) and adult weight management is available across a variety of settings e.g. primary care, leisure services, local football clubs etc.

NHS Ayrshire and Arran are the planning partner for health, with NHS Ayrshire and Arran Chief Executive and Public Health as members of all three Community Planning Board's within Ayrshire. This ensures we work together with our partners, and with the local community, to plan for, resource and provide or secure the provision of services which improve local outcomes across Ayrshire and Arran with a view to reducing inequalities. We deliver effective community planning by understanding local communities, needs, circumstances and opportunities which are then used to identify local priorities. This understanding is built on the information, knowledge and evidence from community planning partners, as well as from the views of local people and drives public service reform. As community planning partners we work together to improve local services and to ensure that they meet the needs of local people, especially those who need the services most.

Alcohol and Drug Services

NHS Ayrshire and Arran work with partners to support the National Mission on Drugs to reduce drug related deaths and improve lives. Priority areas include the implementation of MAT Standards, delivery of the treatment target and increasing access to residential rehabilitation.

Services will prioritise the delivery of the Medication Assisted Treatment (MAT) standards by implementing their local improvement plans with the support of the national MAT support team (MIST). Whilst reviewing and improving MAT access through established community alcohol and drug services, the additional focus over the next 3 years will be on implementing actions to support MAT access through wider settings e.g. primary care, prison and police custody.

A specific challenge in implementing and embedding MAT within primary care is the absence of recurring funding. Discussions continue with colleagues across primary care, finance, the Health Board, Health and Social Care Partnerships (HSCP's) and Alcohol and Drug Partnerships (ADP's) to highlight the funding challenges and explore ways to continue to resource this work.

Services will continue to offer an 'open' referral process and be flexible in their approach to meet the ongoing national 'Access to treatment' waiting time's standards. The promotion of Alcohol Brief Interventions (ABI's) will continue across core and wider settings to ensure this national standard continues to be met. We will work with our partners to implement additional measures to reduce both drug and alcohol related deaths. Increased support will be available to individuals following a Non-Fatal Overdose (NFO), local ADP drug related death prevention strategies will be implemented, improved pathways of support will be available to better support individuals with co-occurring mental health and drug and/or alcohol use (with updated guidance being available for staff) and Naloxone related training and supply will be prioritised.

In March 2022, the Minister for Drug Policy set a new 'substance use' treatment target to increase the numbers of individuals accessing treatment support by April 2024. Pathways and processes are in place to offer quick access to treatment including having an 'open' referral system and supporting more individuals into treatment via MAT interventions. In terms of a future target, post April 2024, services are awaiting new information whilst advice has been sought from the Minister.

Individuals from across Ayrshire and Arran will continue to be supported, as required, to access local hospital based detoxification and rehabilitation support via Ward 5, Irvine. Families will be prioritised for support via access to the national family support facility (Harper House) based in North Ayrshire, who provide safe, structured support for the whole family to address their problematic drug and/or alcohol use, improve their mental health and quality of life. Individuals will also be supported to access external residential rehabilitation, however, due to expected demand the challenge will be securing sufficient funding from local ADP's who have been provided with a set amount of funding for this purpose. Services will continue to work with ADP partners to highlight challenges and opportunities for further development and funding.

Custody Healthcare

In 2020/21, the Scottish Government commissioned research to provide a comprehensive, national assessment of needs in the prison population in relation to four domains of health: physical health, mental health, social care and substance use. Locally the recommendations in the Health Needs Assessment have been developed into a SMART action plan that involves all relevant stakeholders so that the information and learning from the assessment leads to tangible and measurable actions that result in improved health and wellbeing outcomes for those in the care of the prison.

The Independent Review of the Response to Deaths in Prison Custody was published by Scottish Government in 2021. The purpose of the review was to make recommendations for improvement to ensure appropriate and transparent arrangements for the immediate response to deaths in prison custody. One recommendation was for Leaders of national oversight bodies to work together with families to support the development of a single framework on preventing deaths in custody. A standard national process (Toolkit) for both NHS and SPS staff to use on best practice responses following a death in prison has been developed. Executive Lead for prisons healthcare and those in custody is the Head of Service Children's Health Care and Justice Services/Chief Social Work Officer, East Ayrshire Health and Social Care Partnership and is a member of the Executive Leads Network.

Those in the care of the prison or police custody are more likely to be affected by a mental health issue and have higher rates of substance misuse. Medium term plans include the development of models that deliver enhanced early identification and intervention to reduce harm and achieve improved outcomes with increased treatment choice also, evidence based assessment of progress on delivery of MAT standards 1-10 by April 2025.

Priority actions for 2024/25:

- Implementation of Medication Assisted Treatment (MAT) standards working with the national MIST (MAT implementation Support Team) team on how these can be delivered in a prison setting. Work is taking place across the prison estate with MIST on the MAT implementation plan. Evidence of progress with MAT 3 -5 with learning from test for change;
- Contribute to the work of the National Prison Care Network and SPS and implement locally the recommendations of the Independent Review of the Responses to Deaths in Prison Custody. Complete plan for Confirmation of Death training. All staff to complete online modules with follow up practical support sessions to be arranged;
- Work with National Prison Care Network to support national work on the change ideas developed for the Target Operating Model (TOM) and development of priorities for local actions. Engagement session with National Prison Care network and completion of TOM baseline document; and
- Complete test of change and share learning on prison admission process which aligns with TOM and implement and share learning on changes in the skill mix in the mental health team which aligns with TOM.

Anchor Organisation

NHS Ayrshire and Arran's Anchor / Community Wealth Building (CWB) Strategy 2023-26 sets out plans to deliver on the anchor organisation ambitions alongside our anchor partners in the Ayrshire Community Wealth Building Commission and in support of the Ayrshire Regional Economic Strategy and the Ayrshire Growth Deal. The strategy sets out the Board's ambition to support creation of a fair local wellbeing economy which enhances local wealth, reduces poverty and inequality through investing and spending locally, creating fair and meaningful employment, designing and managing our buildings, land and assets to maximise local and community benefits and reduce our environmental impact.

Tackling Ayrshire's social and economic inequalities will not be easy. Poverty rates in Ayrshire and Arran are higher than the Scottish average, Ayrshire's workforce has fewer qualifications, and it is forecast to experience less economic growth and greater reductions in workforce in the short and medium-term. Given these stark economic inequalities, if Ayrshire's health inequalities are to be reduced strategies must tackle the 'fundamental causes' driving inequality.

This requires a joined-up approach, bringing together local partners to tackle inequality and to maintain a long-term vision of developing a local Ayrshire wellbeing economy.

Our Anchor/CWB programme is governed by the Community Wealth Building/NHS as an Anchor Organisation Programme Board which meets quarterly. Our Anchor/CWB Programme focuses on the 5 standard pillars of Community Wealth Building and a sixth pillar Climate Change with Community Wealth Building leads appointed for each pillar.

The Community Wealth Building/NHS as an Anchor Organisation Programme Board will continue to progress workstreams set out in our Anchor/CWB Strategy 2023-2026 and to deliver actions set out in the accompanying plans with a central focus on the three key pillars of Workforce, Procurement and Land and Assets.

Priority actions for 2024/25:

- Develop a bespoke package of interventions for NHS Ayrshire and Arran to progress those currently far from employment and economically inactive closer to the labour market;
- Progress towards NHS Ayrshire and Arran Accreditation for Living Wage, Equally Safe at work, Menopause Friendly Workplace and Young Persons Guarantee;
- Progress Employability programme of students into employment with NHS Ayrshire and Arran by developing guidance for line managers;
- Further develop NHS Ayrshire and Arran community engagement process for Land and Property community asset transfer including notification to public of any land and property surplus to NHS requirement;
- Draft, approve and publish NHS Ayrshire and Arran land access guidance;
- Develop NHS Ayrshire and Arran greenspace strategy; and
- Promotion of NHSScotland Community Benefit Gateway) to Ayrshire third sector to encourage community benefit request registration.

8. Women and Children's Health

NHS Ayrshire and Arran continue to deliver on recommendations from the Best Start Policy to ensure women have a positive experience of maternity and neonatal care which takes account of their individual needs and preferences. It is important that all women, their babies, their partners and their families are aware of the support and choices that are available to them in order that they can be partners in care and achieve the best outcomes for them and their family. Of the 76 Best Start recommendations, 35 are progressed at a national level, 24 have been embedded into practice with a further 11 on track for delivery by 2026. We require support to progress a further 6 recommendations, with key challenges around lack of recurring funding for midwifery care, lack of community estate to deliver care in community settings, a rise in morbidity for the care model and continuity of carer in the high risk intrapartum period. One final year of non-recurring funding for Best start is being made available within 2024/25 and will impact on delivering the continuity of care model within current budgets, this issue exists for all Health Boards.

There is a national review of the continuity of carer model and sustainability of service delivery. Locally we will look to carry out a review of accommodation for community midwives to deliver care. In addition, we will look to develop a Gynaecology Outpatient Procedure Unit for patients requiring clinical interventions, which may have previously required a theatre session and

subsequent in-patient stay. This will be developed within current estate in Ayrshire Maternity Unit.

We will look at expansion of direct access to Paediatric Assessment Unit (PAU) for GP referrals, negating any unnecessary time spent in Emergency Department for triage, unless clinically required. Developing measurable outcomes will evidence compliance on ED attendances after GP referral and 4-hour compliance from attendance at PAU to discharge or admission.

The universal child health reviews are core to the Universal Health Visiting Pathway. The reviews provide an opportunity to work with parents to assess children's wellbeing, provide age appropriate health promotion advice, build parenting capacity, identify needs for support, and facilitate early access to effective interventions. This includes the requirement for all eligible families to be offered child health reviews at 13-15 months, 27-30 months and 4-5 years. In Ayrshire and Arran, all core assessment visits are being completed by a Health Visitor for all children. There have been significant staffing challenges due to vacancies, long term absence and maternity leave but this is beginning to resolve. However, vacancies continue to be part of the national picture due to the Higher Education establishments reviewing and changing their Health Visiting course programmes.

Women's Health Plan

NHS Ayrshire and Arran is committed to contributing to the outcomes outlined in the National Women's Health Plan for Scotland which underpins actions to improve women's health inequalities by raising awareness around women's health, improving access to health care and reducing inequalities in health outcomes for girls and women, both for sex-specific conditions and in women's general health. Action to achieve this across Ayrshire and Arran requires cross departmental and multi-agency support and action. The two leading directorates for the strategic vision and delivery of this are Women and Children's Services and Public Health.

In 2023, work to explore the health needs of vulnerable women and girls commenced with a multi-professional workshop session. A recommendation from that session was to establish a single women's health steering group, with multiagency representation to drive forward work under the guise of the Women's Health Plan and will be progressed as a priority within 2024/25.

The ultimate aim of the women's health plan is to improve the general health and wellbeing of all women and girls, whilst reducing health related inequalities. The underpinning tenants of Realistic Medicine and Value Based Health and Care will be integral to delivering meaningful change and improvement for the population of Ayrshire and Arran.

Throughout 2024/25 priorities will be to scope and deliver against the NHS Ayrshire and Arran Women's Health Action Plan with currently identified priorities including Pre-conception care, cardiac care and general population awareness of women's health issues. We will continue to monitor and implement the national Menopause and Menstrual Health Policy within NHS Ayrshire and Arran and improve the support provided to our staff. It is recognised that there are nationally significant challenges for patients accessing gynaecological appointments and laparoscopic surgery for the diagnosis and treatment of endometriosis. NHS Ayrshire and Arran recognise the challenges in providing access to endometriosis care and surgery and the associated risks and recognise that endometriosis is a progressive disease and the current wait times increase the risk of the disease becoming more complex, requiring more costly and specialist care. Currently women with Endometriosis are seen in general Gynaecology outpatient clinics by any Gynaecology Consultant as we do not have dedicated clinics. Any patients who require care by consultants with specialist skills in treating endometriosis are

referred to the Endometriosis Centre in Glasgow. A review of endometriosis care delivered in NHS Ayrshire and Arran, aligned to the Women's Health Plan, will be carried out in 2024/25.

9. Workforce

We will continue to deliver upon the actions set out in our Workforce Plan 2022-2025 (Appendix 1) during 2024 which are linked to the national Workforce Strategy. Fundamental to this will be ensuring stability in our workforce supply and capacity, particularly for registrant staff groups. As set out in our Workforce Plan we have a corporate risk in relation to clinical registrant supply, and, having taken cognition of work and parallels with the implementation of the Health and Care Staffing Act and seeking to provide more granular risk detail, by job families encompassed by the Act, below this overarching 'parent' risk.

Supporting our extant Workforce Plan are our Employability Strategy and recently approved Recruitment Plan (covering a 3 year period), the latter in particular being a material lever in seeking to mitigate our risk in terms of registrant supply. Following on from our successful newly qualified nurses and Clinical Development Fellows recruitment programmes that have been in place for several years we are expanding this approach to AHPs. The underpinning principle of our Recruitment Plan is ensuring the efficiency and effectiveness of our recruitment processes, as improvements in this will positively impact on our rates of supplemental staffing usage and overall staffing capacity. Whilst we are acutely aware of the requirement to ensure efficiency of administrative and support roles in their widest sense across the organisation this needs to be finely balanced to ensure there is no detriment to clinical workforce capacity i.e. reducing administrative capacity and effectively 'shifting' this activity to clinical colleagues to absorb - we must ensure that our clinical colleagues have optimal clinical capacity. Scoping, assessing and utilising technology to best effect will be instrumental in considering efficiencies for administrative and support services and this will take time to achieve. Employability and our Anchor ambitions provide us with the potential to utilise wider local labour market routes for mutual benefit. We will continue to utilise international recruitment as a supply lever for registrant staff and will also seek to make better use of supply routes arising from employability and armed forces to ensure we are maximising and exhausting all potential supply routes for staff to join, and develop their career, with NHS Ayrshire and Arran.

The Nursing and Midwifery Workforce Group, led by the Deputy Director of Nursing and Midwifery, actively consider age profiles of their respective workforces and make plans for addressing this in collaboration with HR. Acute Services have implemented the introduction of International Nurses to Acute Clinical Areas, Working with Yeovil as pipeline to increase International Nursing recruitment. All Newly Qualified Nurse Graduates within NHS Ayrshire are offered a post with good links between HEIs and the organisation with both internal and external recruitment events.

Routine application of Nursing and Midwifery Workforce and Workload tools to assess the nursing position and wider use of workforce / workload tools, across wider clinical cohorts and settings (Acute and Community), in compliance with the Health and Care (Staffing) (Scotland) Act are in place. However, there are multiple nursing workforce gaps across NHS Scotland. NHS Ayrshire and Arran is not alone in looking to address these issues and learning from and collaboration with colleagues across NHS Scotland will be necessary. There are multiple key challenges faced including; supply vs demand mismatch, skills gaps post pandemic, maintaining learning and development opportunities and retention of senior nurses. In order to solve these complex problems it will be necessary to reframe the problem. A nursing workforce

strategy will be developed in conjunction with culture work within the nursing workforce to ensure values are aligned.

Having an international recruitment programme allows us to access a much larger pool of potential nursing candidates than UK domestic recruitment alone. There is an ongoing need for these posts to support a robust transition into NHS Ayrshire and Arran. Since February 2023, a total of 21 Internationally Educated Nurses (IENs) have been recruited and started work in NHS Ayrshire and Arran, filling vacancies in Medical, Surgical, Trauma and Orthopaedics, ED/CAU, Theatres and ICU.

We seek to reduce AHP vacancies and turnover, and ensure best use of resource available. We are doing this through a number of approaches – international recruitment, agreement to test a block recruitment approach with newly qualified AHPs, and planned review to maximise experience and support retention including review of learning and development resources and approach, establishment of workforce transformation groups and continued improvements in access to professional supervision. Finally, we are also exploring expanding existing nurse bank to include AHPs, with early success of inclusion of pre-registered AHP students as AHP support workers, and seeking to expand to include AHP registrants

NHS Ayrshire and Arran introduced their first cohort of Trainee Assistant Practitioners in Acute Services in April 2023. The programme has supported HCSWs to attend Ayrshire College one day per week to undertake a Professional Development Award (PDA) at SCQF Level 8. This programme will conclude April 2024 where it is anticipated 19 Assistant Practitioners will graduate and become Band 4 Assistant Practitioners. Cohort 2 is planned to commence in September 2024 to the wider organisation.

In December 2022, Scottish Government published '*The Infection Prevention Workforce: Strategic Plan 2022-2024*'. This workforce plan focussed on building the capacity and capability for Antimicrobial Stewardship (AMS), Health Protection (with relevance to IPC) and the Infection Prevention and Control (IPC) workforce in all health and care settings, and set out a range of actions for Boards. In early 2023 a review of the NHS Ayrshire and Arran Infection Prevention and Control (IPC) Service was commissioned by the Executive Nurse Director. This review set out a range of recommendations and options for workforce transformation of the IPC Team, incorporating changes to team structure, roles and ways of working. Key deliverables for this year focusing on stabilising the workforce, building senior expert clinical leadership within the team and strengthening epidemiology and data support. Specifically, the recruitment of a specialist director, recruitment to vacancies, and establishment of a data analyst post. Staff churn within the service provides opportunities for change in 2024/25, though the financial position provides a challenge to progressing these at the scale and pace which could be considered. An additional challenge is a number of post-holders are in interim positions due to the nature of the funding previously identified to support implementation of their roles. There is also uncertainty regarding future funding for several aspects of the service provision, for example to care homes, which makes the situation even more challenging. As the Infection Control Doctor role is presently vacant, this puts added pressure on senior nursing decision-makers within the IPCT.

The implementation of the AfC pay negotiation workstreams – Band 5 nurse review, reduction in the working week and protected learning time - will have a material organisational impact on available workforce capacity (in terms of required resource for application of the Band 5 review process, and for the other streams the overall AfC staffing cohort capacity level) and associated expenditure the extent of which is not fully known at this stage.

We continue to closely monitor our sickness absence rates and seek to positively address this with our Promoting Attendance Team working in collaboration with managers across service to ensure absence is managed in accordance with the NHS Scotland Attendance Management Policy. Long term absence constitutes the highest component of our organisational sickness absence and we continue to have a distinct focus upon management of long term absence in response to this. NHS Ayrshire and Arran consistently performs at a rate below the NHSScotland average and is within the top 4 territorial Boards with the lowest sickness absence rates across NHSScotland – we will continue to deliver our promoting attendance actions and associated staff health and wellbeing activity to support a maintained reduction in our level of sickness absence. During 2023/24 our sickness absence levels have tracked above our pre-pandemic 2019/20 profile, however we are acutely aware our staff, as per the general population, will be impacted by the referral and treatment backlogs across the range of NHS services which were and continue to be a needful result of the NHSScotland response to the pandemic. This will have a clear correlation to staff sickness absence levels and will do so for the foreseeable future, as will the demographic and wider socio-economic drivers that impact on our general population. There is, of course, a direct correlation with sickness absence and the demand / usage of supplemental staffing and we will seek to minimise supplemental staffing usage as far as practicably possible and where there is a requirement for use ensure this is the most cost effective option. We will also continue to manage and review other factors which impact on overall workforce spend, including continued annual review of pay protection, redeployment and non-compliant medical rotas, in addition to our ongoing scrutiny of supplemental staffing usage which has seen a significant reduction in non-framework nurse agency usage during 2023/24.

In relation to the rescinding of non-framework Agency use, NHS Ayrshire and Arran are currently compliant with the DL issued by Scottish Government (SG) and are set to implement the requirements of the new updated DL around the use of all agency HCA by 1st April 2024. To support reductions in medical locum spend, the Best Medical Workforce Strategy will be fully implemented through the development of a strategic medical workforce plan. This will be accomplished by undertaking an analysis of workforce trends and historical additional medical spend to right size the medical workforce in NHS Ayrshire and Arran. This will be governed via the Monthly Medical Spend group reporting to the Financial Improvement and Scrutiny Group.

During 2024/25 we will aim to:

- Develop and implement a strategic medical workforce plan for each sub-specialty within NHS Ayrshire and Arran (2024-2030) draft plan developed by November 2024;
- Reduce additional medical spend by £1m in 2024/25 academic year (August 2024/25);
- Develop and implement governance processes for medical workforce planning within NHS Ayrshire and Arran by February 2024;
- Develop and implement governance processes for authorisation of medical workforce spend (including agency, locum, resident on call, additional duty hours and Glasgow bank) within NHS Ayrshire and Arran by February 2024; and
- Minimise additional banding supplements paid to junior doctors (supplement paid for working more than 40 hrs/wk or core hrs Mon – Fri are before 7am or after 7 pm).

NHS Ayrshire and Arran are preparing for the implementation of the Health and Care (Staffing) (Scotland) Act 2019 which seeks to facilitate high quality care, and improved outcomes for people using services in both health and care by helping to ensure appropriate staffing. The overarching ambition of the legislation is to ensure that at all times, suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in such numbers as are appropriate for the health, wellbeing and safety of patients, and the provision of high-quality health care. NHS Ayrshire and Arran's Health and Care Staffing Bill

Programme Board has now been established and commenced a regular schedule of meetings. Chaired by the Nurse Director, and with multi professional representation, the Programme Board seeks to direct and coordinate the activity required to enable local readiness for enactment of the legislation.

10. Digital Services Innovation Adoption

NHS Ayrshire and Arran Digital and Data Strategy 2023 - 2025 “Digital Excellent in Healthcare, a platform for change” sets out how we are going to develop and deliver on ambitions for a unified digital infrastructure that will ensure we are digitally fit to network with health and social care partners, as well as with national networks. This technical platform for integration will help us maximise opportunities for seamless health and care support, when and where it is needed.

Our digital strategy is system wide and includes an Ayrshire and Arran wide commitment to deliver a single electronic patient record. Capital investment has been weighted to progressing the delivery of our digital strategy as we believe it to be a core enabler in reforming the way the Health Board can deliver best care as close to the patient as possible. Digital reform will enable new ways of working within our clinical and non-clinical settings by reducing both duplication and clinical risks, in addition to supporting our workforce to deliver health and care services closer to home.

Optimising the use of digital and data technologies in the design and delivery of health and care services for enhanced patient access is key for improved safety as patients are mapped throughout their entire journey and provide single patient records for all disciplines which means continuity of care is delivered. This in turn will transform our live patient care with insightful, accurate and up to date data; provide live bed management tools and improve collaboration and data sharing across the entire system, making the Board future ready for the National Care Service. The outcomes will support delivery of our current reform programmes, including integrated care record and distributed working.

Ayrshire and Arran are realising and maximising the benefits of the M365 platform. We are also part of the current stage of the federation project which sees us and 2 of our local authorities being able to collaborate and communicate on Teams without guest access. The third Local Authority have still to introduce M365 platforms. Our Developers are at an early stage looking at the Power Platform and how this can be utilised as opposed to paying for new digital solutions. The first of these developments is a Desk Booking app to support the local Distributed Working Programme. As applications become end of life, or their contracts are due to expire, alternative options are being considered which utilise the M365 platform, providing return on investment and cost savings against the current suppliers. Ayrshire and Arran are providing Developers and Project Managers as part of a new development matrix to assist in the further development of MDTs per speciality via the Teams environment for all cancer types. These MDTs aim to enable more efficient working and facilitate, through a uniform approach, cross speciality and cross region working.

NHS Ayrshire and Arran overall compliance status against the Refreshed Public Sector Cyber Resilience Framework - NIS audited areas has risen by 19% in the last 12 months compared to a 2% increase in the previous 12 months. Key points highlighted by the auditor include most notable improvements in supplier management, risk management; improvements in all areas except one area which was already complete; and Digital Champions Network and digital training for non-executive Directors selected as examples of good practice. Focus continues in areas identified by 2022 audit to ensure continued improvement. The new evidence template

has been adopted and the self-assessment tool is being utilised to ensure compliance progresses in 2024. The Health Board has been engaged with the Cyber Centre of Excellence since its inception and has close working relationships with members of the centre which help support incident response, monitoring and reporting.

Digital Skills are high on our agenda and are featured throughout our local Digital Strategy. The organisation has also created a role in the form of a 'Digital Skills Champion' to support the work of the strategy and execute some of the associated actions which form part of this, particularly around the Digital Skills of our staff. We have built an excellent Digital Champions Network which continues to grow monthly and our approach to this has seen keen interest from other boards. We have completed a Digital Skills survey and resources are being researched and planning is underway on how this can be executed to ensure that all staff have access to enhance their digital skills and that they are also aware that they have a duty to ensure they are equipped for the digital world not only as our staff members but also as citizens and therefore patients of Ayrshire and Arran.

NHS Ayrshire and Arran have in place a governance process for Accelerated National Innovation Adoption (ANIA) projects involving digital solutions. The purpose of this governance process is to improve our approach to digital innovation. This process outlines our approach around decision making and oversight as we go forward, ensuring that all ANIA digital initiatives are fully aligned with our priorities both local and national. A representative from Digital Services attends all meetings of the local Centre for Sustainable Delivery (CfSD) team. All projects being discussed by the CfSD team which contain new Digital systems or have potential for a Digital solution will be subject to the completion of a Pre Scoping Checklist (PSCL) by the appropriate clinician, supported where necessary by Digital Services resource. The PSCL will then be submitted to the Digital Services Programme Board for initial assessment. Requests will be reviewed to ensure they are aligned to the local digital strategy and the national health and social care digital strategy, meet the infrastructure standards (ensuring that any additional infrastructure requirements are captured and costed) can be resourced from both Digital Services and the affected service(s) and appropriate timescales set. ANIA projects will also be subject to the production of a Business Case by the appropriate service and supported by Digital Services. The Business Case will outline the benefits of the proposal and details of costs and any available funding if identified. Full option appraisal of alternative or existing solutions shall also form part of the Business Case. Upon approval by the appropriate Programme Board, the Business Case will be aligned with an accompanying SBAR and submitted to the Strategic Digital Delivery Group for final approval. Significant projects and those requiring funding will be submitted to Corporate Management Team for further discussion and decision at the appropriate level.

By following the above process the following benefits will be delivered:

- Ensure effective use of available resources to deliver best value;
- Co-ordinate initiatives to identify overlap and synergies;
- Ensure informed decision-making; and
- Avoid duplication and silo-based thinking.

A Strategic Digital Delivery Group (SDDG), has been formed to oversee the strategic decision making and implementation of the Ayrshire and Arran Digital Strategy. This includes the delivery of key actions, transformation of organisational processes, benefits realisation, and approval of new digital projects. Chaired by the Chief Executive, the group comprises senior stakeholders from within the organisation. The responsibilities of the SDDG are to provide strategic direction to the delivery of Digital Services throughout the NHS Board including close workings with the three Health and Social Care Partnerships.

Key Priorities for 2024/25:

- Implementation of digital systems which support Hospital at Home, virtual capacity and Telecare and progress initiatives to increase uptake in the use of Near ME in specific acute outpatient clinics;
- Roll out of the new Child Health System;
- Support primary care practices to implement GP IT by providing both Project Manager and Digital Facilitator support to drive forward the implementation of Vision 3 to a single cohort of GP Practices, whilst planning for the first EMIS migrations in 2025;
- Align with the national cloud first strategies to provide resilient access to systems, flexible approaches to our data and storage requirements and increased security of systems by sourcing alternative shared data centre, server and storage facilities; and
- Implementation of the National e-Rostering Solution across NHS Ayrshire and Arran for all substantive clinical staff and Ayrshire and Arran rotation of Junior Doctors by taking on board learning from pilot site and approaching the next approved sites for implementation.

11. Climate

NHS Ayrshire and Arran's "Climate Change and Sustainability Strategy 2021-2032" sets out the framework for the board's pathway to climate change mitigation and adaptation. The strategy outlines our sustainable development to be undertaken across all areas in the organisation and will prompt action plans for each work-stream to improve our environmental sustainability. A series of key deliverable commitments have been identified against priority areas. NHS Ayrshire and Arran will aim to:

- Reduce Greenhouse Gas emissions (eg Nitrous Oxide, Inhaler Propellant etc) in line with local, regional and national requirements by focussing on the completion of key initiatives. This will be overseen by the green theatre programme team, electric vehicle transition project group, transport, pharmacy leads and primary care prescribing groups;
- Adapt to the impact of climate change, enhancing the resilience of healthcare assets through the initial development of Climate Change Risk Assessment and Adaptation Plan (CCRAs). The priority of future actions/ work streams will be determined based on overall risk;
- Achieve waste targets set out within current policy and progress deliverables and benefits related to the Circular Economy through the extension of existing sustainable development practices driven by the procurement scrutiny group;
- Decarbonise our fleet emissions (2025 for cars / light commercial vehicles and 2032 for heavy vehicles at latest) in line with local, regional and national requirements by focussing on the key initiatives. This programme of investment will be led by the Electric Vehicle Transition Project Team;
- Meet the requirements contained within the current policy "A Policy for NHS Scotland on the Climate Emergency and Sustainable Development: and
- Reduce its overall environmental impact through the adoption of sustainable actions in line with local, regional and national requirements by focussing on the completion of key initiatives. This will be overseen by the Green Theatre Programme team. This aim will be supported by learning from the National Green Theatre Programme.

Progress achieved within the above priority areas will be monitored through existing internal governance within the organisation and reported as appropriate.

NHS Ayrshire & Arran Workforce Plan 2022-2025 – Action Plan Monitoring (6 monthly)

| Action ref | Nat. strategy theme | Action | (Lead Director) & Lead Officer(s) | RAG status | Progress |
|--|---------------------|--|---|------------|---|
| People Strategy Theme – Attract: Our ambition is to improve the supply of registrant clinical staff thus reducing our reliance on supplemental staffing solutions and ensuring we provide safe, effective, high quality services. | | | | | |
| A1 | Attract | Deliver upon our international recruitment plan for registrant staff in 2022/23 and refine this for subsequent years so there is an established supply | (HRD) Assistant HRD – CES International Recruitment Lead | Green | Rolling programme of ongoing AHP and nursing recruitment on three monthly phases. |
| A2 | Attract | Make improvements to our marketing for recruitment to ensure we stand out as an employer of choice in a crowded market | (HRD) Assistant HRD - CES Recruitment Services Manager | Green | Recruitment plan agreed by CMT on 31/10 and branding is a key aspect of this. Work has commenced in collaboration with Digital Engagement Team. |
| A3 | Plan | Seek to reduce our use of high cost nursing agency in line with our stabilising our system targets | (Director of Nursing) Chief Nurses CNMs | Green | A significant amount of work has been progressed in line with DL(2023) to reduce the use of non-framework premium agencies. This was implemented in June 2023 and we have been able to demonstrate a greater than 90% reduction in NFA use. This has been achieved by promoting block bookings for bank and framework agency staff and this approach continues. |
| A4 | Plan | Use the most cost effective supplemental staffing solutions such as bank, excess part time hours and overtime | (Director of Nursing) Chief Nurses CNMs | Green | See progress for A3 above. |
| A5 | Employ | Continue to encourage staff to join our banks including building on practice during the pandemic of encouraging students to join | (Director of Nursing) Chief Nurse – EIC & PD Staff Bank Manager | Green | Students offered Band 3 on Nurse Bank when 1st year completed to encourage recruitment to bank. Moved to continuous recruitment for all internal appointments including student nurses. 10/04/23 All 2 nd and 3 rd year Student Nurses have been offered a Band 3 Healthcare Assistant post on the Nurse Bank Planning for 2023 intake is underway. |
| A6 | Attract | Where supply allows we will seek to recruit to our latent vacancies for consultant medical staff however given the length of time some of these posts have been vacant, and ongoing national | (Director of Acute Services) Site Directors GMs CDs AMDs | Red | Pressure areas: Acute medicine (Ayr), General Medicine (both sites), Pathology (pan-Ayrshire service), Anaesthetics, ICM and General Surgery (Ayr) Challenged position at UHA site within medical specialties with only 5 substantive consultant posts currently filled |

| | | | | | |
|----|------|---|---|-------|---|
| | | supply issues, we may need to redesign services accordingly | | | <p>Adverts out for locum consultants in acute medicine at UHA site utilising recruitment agency</p> <p>Pathology recruitment ongoing and hope to be able to recruit from this year's CCT cohort</p> <p>Recruitment drive planned for medical specialties from April – August utilising the 16.8 WTE salaries. The aim would be for a pan-Ayrshire approach to recruitment.</p> <p>ICM review under way to explore options as unable to recruit despite multiple recruitment rounds.</p> <p>Specialist role advertised for ICM to attract senior tier</p> <p>Specialist role being explored for multiple specialties including dermatology and haematology</p> |
| A7 | Plan | Deliver on our vision for Best Medical Workforce | (Medical Director) Clinical Lead for Service Development | Green | <p>CDF/CTF Recruitment</p> <p>The reputation of our CTF and CDF programmes continue to be positive with 100% of respondents (exit interviews Aug 2023) stating they would recommend the programme to a friend. Fill rate for funded CDF posts in August 2023 was 100% and the Board was able to backfill all NES gaps except for three (x 1 Biggart and x 2 Emergency medicine). Recruitment was limited by the number of IMGs that can be safely supported at a time in departments.</p> <p>There have been two resignations from the programme for February 2024; one doctor has gained ST4 training number at national recruitment and another has resigned as they 'time out' for surgical applications. Neither is a concern and we will re-advertise these posts in November. There is one maternity leave gap in the CTF programme and the post is in the process of being re-advertised.</p> <p>MTI programme</p> <p>The MTI programme was relaunched within the Board in August 2023. It had been suspended for 2022/23 academic year due to the need for the Board to fund IMY3 programme via NES. The Board has successfully recruited x 2 MTIs for Ayr Hospital (Respiratory and Rheumatology) who have joined. A further MTI has been employed within gastroenterology at UHC for January 2024 start and the Board continues to engage with RCPE. A further two are required within GIM at Ayr Hospital to backfill trainees rotating out in February.</p> |

| | | | | | |
|-----|--------|---|--|-------|--|
| | | | | | <p>Specialists The AMD group fully supports implementation of the Specialist grade within the Board. It is a way to help with both recruitment and retention of senior medical staff. ICM have recruited one specialist and Emergency Medicine has recruited x 2 so far. There are funding barriers to creating these posts which will have to be worked through over the coming months.</p> <p>Leadership Programme The new Clinical Leadership Development programme has launched with two sessions delivered so far. The next session is planned for 7 December. The programme covers clinical governance, job planning, difficult conversations and other topics that medical leaders require training on.</p> <p>New Consultant programme ongoing and evaluates well.</p> <p>The Board will be welcoming back a senior CDF as a rural GP fellow in February 2024.</p> |
| A8 | Employ | Continue our annual process of block recruiting all newly qualified nurses from the Ayrshire campus of the University of West of Scotland to funded nurse vacancies (across all branches) | (Nurse Director) Chief Nurse – EIC & PD Recruitment Services Manager | Green | The Annual Newly Qualified Nurse recruitment for 2023 intake has now concluded. NQPs were offered Band 4 posts whilst waiting on NMC Pins. An after Action Review took place in October 2023 and planning for 2024 annual recruitment will commence in December 2023. Initial planning with UWS began in November 2023 |
| A9 | Train | Deliver the NMAHP workforce strategy which facilitates education and leadership and career pathways at all levels, enable clinically led reform of new models of care, contributes to Magnet status and supports new role development | (Nurse Director) | Green | The NMAHP strategy launched on 17th April. 4 working groups led by ANDs have been developed and each has a working Driver Diagram. Each group now has dedicated Project support to support timelines and outcomes. Two NMAHP Learning Events are planned for November 2023 based on Transformational Leadership, Exemplary Professional Practice, Structural Empowerment and New Knowledge and Innovation. An update was presented to the Workforce Planning Implementation Group on 28/08/2023 and Board Meeting on 14/08/2023. |
| A10 | Plan | Complete the Healthcare Improvement Scotland self-assessment template of preparedness for the Health & Care staffing which will become effective on | (Nurse Director) Interim Deputy Nurse Director N&M Workforce Staffing Lead | Green | This is in progress and has been tested with a few nursing families. Feedback has been shared with HSP team at HIS. Our role was to test this rather than to complete it. This action will be ongoing. Requirement is to make sure every service is |

| | | | | | |
|-----|------|---|---|-------|--|
| | | 1 st April 2024 and work with all job families ensure readiness | | | aware of Bill and the components of this. Board self-assessment template now complete and first return submitted. |
| A11 | Plan | Deliver our planned programme of running the suite of nursing & midwifery workforce and workload planning tools which will inform workforce demand and financial planning | (Nurse Director) N&M Workforce Staffing Lead | Green | <p>These were run in June 2022 for Acute Services and an established programme is in place for rollout. 10/04/23 Robust programme is being finalised for the 2023 running of the nursing and midwifery workforce and workload tools. The Gantt chart showing our intended delivery plan is attached. Responses are awaited from MH, EACH, ACH & WV wards 1&2. Discussion with Deputy ND planned for 10th April to consider Crosshouse Adult in-patient and EDEM. Suggestion is to avoid the 'red block' dates to allow capacity to train and support.</p> <p>20/11/23 – Speciality Specific Workload Tools have been run throughout the year 2023 as per Gantt Chart (included below) with outcomes transposed into Reporting Templates and disseminated appropriately</p> <p>22/6/23 Biggart & Girvan (Adult in-patient) 5/6/23 District Nurses, HV's and School Nurses (1st National Run) 12/6/23 Maternity & Gynae wards 19/6/23 Crosshouse acute (Adult in-patient) & Adult Mental Health acute (MH tool) 3/7/23 Crosshouse A&E (EDEM Emergency Department Emergency Medicine) plus CCSN (Community Children & Specialist Nurses) (1st National Run) 17/7/23 Rehab/Forensic (MH tool) 24/7/23 ACH & WV rehab (Adult in-patient) 14/8/23 Ayr acute (Adult in-patient) 21/8/23 Burnock (Adult in-patient) & Marchburn (MH tool) 28/8/23 Ayr A&E (EDEM Emergency Department Emergency Medicine) 4/9/23 District Nurses, HV's and School Nurses (2nd National Run) 25/9/23 CCSN (Community Children & Specialist Nurses) (2nd National Run) 16/10/23 CNS (Clinical Nurse Specialists) (1st National Run) Pending- 22/1/24 CNS (Clinical Nurse Specialists) (2nd National Run)</p> |

| | | | | | |
|--|---------|--|---|----------------------------|---|
| | | | | | Moving forward we need to plan our runs for the year 2024, as part of the Health & Care (Staffing) Act is our duty to run each Speciality Specific Workload tool for at least 2 weeks each year. |
| A12 | Plan | Establish a multi-disciplinary Health & Care Staffing Board | (Nurse Director) | Complete | Health & Care Staffing Programme Board now established and first meeting took place on 09/03/23 |
| A13 | Attract | Undertake phased recruitment to fulfil the staffing levels associated with the Ayrshire National Treatment Centre as agreed and monitored monthly by Scottish Government | (Director of Acute Services) General Manager - NTC Recruitment Services Manager | Amber | Awaiting submission of FBC to Board and SG CIG for approval. Workforce template agreed by SG NTC programme. As at 7 th November, awaiting confirmation from SG to submit FBC. |
| A14 | Plan | Appoint a Workforce Planning Advisor to assist in developing workforce plans and assessing workforce demand associated with delivering Caring for Ayrshire ambition | (HR Director) Workforce Modernisation Manager | N/A – action changed | We have refocused our priority onto the availability of workforce intelligence in a service format via Power BI as being more assistive to organisational workforce planning as opposed to a Workforce Planning Advisor role which we were unsuccessful in attracting candidates to previously. |
| A15 | Employ | Support the employment of Armed Forces leavers and veterans | (HR Director) Assistant HRD - CES Recruitment Services Manager | Green | NHS Ayrshire and Arran has been awarded Gold Employer Recognition. We have a standing advert on the Force Families Jobs website. We are engaging in the NES hosted Supporting Armed Forces Employment (SAFE) programme to offer tangible support to ensuring we can gain more people from the AF community in joining our WF on a WoS regional basis. |
| People Strategy Theme – Retain: Our ambition is to introduce both new and complementary roles and support the development and career progression of our staff enabling them to achieve their full potential | | | | | |
| R1 | Plan | Manage our workforce numbers to ensure we operate within our funded financial establishment | (Director of Finance) Director of Acute Services | Red | Funded financial establishment for 22/23 was bolstered by non-recurring money for Covid which will not be there in 23/24. Triumvirates in Acute will have a key role in managing workforce numbers. Each acute hospital has wards open which have no budget and require to be staffed (often using agency) therefore will not be achievable until close the unfunded wards. |
| R2 | Plan | Undertake scoping and mapping of all current specialist, advanced and consultant nursing, midwifery and allied health profession roles and identify where is potential for expansion in line with our recovery and strategic planning intent | (Nurse Director) | Amber | 07/02/2023 – Engagement exercise has been completed with specialist nurses and AHPs, the results of which are to be included in an SBAR. The next phase is a survey to identify areas of advanced practice. Further work is required in terms of a short life working group to identify and take forward the actions. |

| | | | | | |
|----|--------|--|--|-------|---|
| | | | | | <p>21/11/23 As part of the CNS (Clinical Nurse Specialists) National Runs, Paper 8 - Transforming Nursing, Midwifery And Health Profession (NMaHP) roles: review of Clinical Nurse Specialist and Nurse Practitioner roles within Scotland, the descriptors for Band 6 and above held within this paper were used to identify CNS's throughout NHSAA in preparation for running the Speciality Specific Workload Tool National Run which commenced on the 16th of October with a 2nd run due on the 22nd of January 2024. 163 CNS's were identified with 153 invited to run the 1st national run (10 abstained due to LTS or 'New in Post') 142 completed successfully.</p> <p>27/11/2023 We have recently initiated a SLWG looking at transforming roles for AHPs in Ayrshire, with a view to taking a more strategic approach moving forwards.</p> |
| R3 | Train | Introduce new Medical Associate Profession roles in our Acute settings ensuring these are embedded with requisite governance and support mechanisms | (Director of Acute Services) Site Directors GMs AMDs | Green | <p>Registration of MAPs following national timetable with GMC. We have successfully recruited 3 WTE Anaesthetic Associates, aligned with NTC development, who are undertaking training.</p> <p>Recruited to surgical practitioner post within UHA.</p> |
| R4 | Train | Work collaboratively on a West of Scotland regional basis to introduce Physician Associate Roles and plan where these will be deployed within Ayrshire | (HR Director) | Amber | <p>WoS MAPS Steering Group has recently convened to provide direction to the roll out of MAPS roles in a co-ordinated way across the region. Initial steps have been development of generic job descriptions for MAPs roles to ensure grading consistency across the region. There is also close alignment with the national MAPs programme at NES.</p> |
| R5 | Employ | Undertake the review of Band 2 nursing roles as per the national directive | (HR Director) Assistant HRD - CES HR Manager – Policy & JE | Amber | <p>Review of Band 2/3 HCSWs underway. Substantive staff almost complete, with very small proportion remaining as B2. Bank staff exercise still in process.</p> |
| R6 | Plan | Develop plans for introducing Band 4 roles within the nursing workforce | (Nurse Director) Chief Nurse – EIC & PD Recruitment Services Manager | Green | <p>28 were recruited to a Trainee Assistant practitioners commenced in Acute on 24/04/23 however only 23 commenced the programme due to a number of reasons, mostly financial. They begin a day release at Ayrshire College to complete a PDA on Thursday 27th April. This programme will conclude at the end of March 2024. 19 currently remain on the programme. Evaluation has been carried out during this programme and a final evaluation will be presented in May 2024 with Cohort 2 commencing in August 2024.</p> |

NHSScotland Deputy Chief Operating Officer

Paula Speirs

T: 0131-244 2480

E: dcoohealthplanning@gov.scot



Scottish Government
Riaghaltas na h-Alba
gov.scot

9 July 2024

Dear Claire

NHS AYRSHIRE AND ARRAN DELIVERY PLAN 2024/25

Many thanks for submitting your NHS Board Delivery Plan 2024/25. May I take this opportunity to thank you and your team for all the hard work that has gone into the preparation of this plan.

Whilst great progress has been made, our NHS continues to face significant challenges as we recover from the ongoing impacts of the Covid pandemic, coupled with a related period of ongoing financial challenge. We welcome the approach being taken by your Board to develop your service delivery and financial planning in an integrated way and to ensure that patient safety and front line services are appropriately prioritised whilst working within agreed budgets.

We fully recognise the significant challenge of preparing a plan within a landscape of uncertainty and risk as well as the requirement to deliver savings as set out in your Financial Plan. Delivery Plans have therefore been reviewed to take these factors into account and ensure sufficient assurance is provided in alignment with NHS Scotland and the Scottish Government priorities.

In that context, we are satisfied that your Delivery Plan broadly meets our requirements and provides appropriate assurance under the current circumstances, and we are therefore content for you to proceed to seek final approval from your Board. However, even more so than in previous years, whilst these Delivery Plans provide an agreed way forward, they must also remain dynamic and responsive to the fluid situation in which we find ourselves.

Given this, our approval of the plan as a whole is contingent upon the understanding that your Board will continue to work closely with the Scottish Government around its delivery and implementation over the coming year. I welcomed the productive discussion we had recently as part of the Chief Operating Officer engagement sessions we've been having with all Boards. Following the session last month, you provided additional information regarding the Caring for Ayrshire service change work. We will continue to work with you on how change can be progressed.



Once again, many thanks to you and all your colleagues, and we look forward to continuing to work with you as we plan and deliver the highest possible quality of care for patients, improve the experience of our staff and ensure the best possible value for citizens. If you have any questions about this letter, please do not hesitate to get in touch.

Yours sincerely



PAULA SPEIRS
NHS Scotland Deputy Chief Operating Officer

NHS Ayrshire and Arran – Delivery Framework Indicators for 2024-25

| Recovery Driver | Indicator | National Standard | Baseline March 24 | 2024-25 Trajectories | | | |
|---------------------------|--|--|---|---|---|---|---|
| | | | | Q1 | Q2 | Q3 | Q4 |
| Urgent & Unscheduled Care | SAS turnaround times | 100% patients turnaround within 60 minutes | 51.2% | 63.5% | 69.4% | 73.2% | 77.1% |
| | Accident and Emergency Waiting Times | 95% of patients to wait no longer than four hours from arrival to admission, discharge or transfer for A&E treatment. Boards to work towards 98%. | 64.5% | 65.9% | 68.2% | 69.7% | 71.3% |
| | Accident and Emergency Waiting Times | Patients wait less than 12 hours to admission, discharge or transfer from A&E. (12 Hour Breaches Daily Average) | 30 | 20 | 16 | 13 | 10 |
| | Unplanned Care - Occupancy | Ensure that acute receiving occupancy is 95% or less | 126.8% | 123.4% | 115.9% | 99.8% | 99.8% |
| | Unplanned Care – Emergency Length of Stay | Reduce estimated average length of stay for emergency admissions to acute hospitals | 8.2 | 7.6 | 7.3 | 6.7 | 6.7 |
| | Delayed Discharge - Delivering good discharge processes to reduce delayed discharge levels and improve hospital occupancy flow | Reduce average number of beds occupied per day due to people delayed in hospital (Occupied bed days due to a delay) Baseline figures relate to patient's HSCP of residence and therefore include those who are delayed in non-Ayrshire sites. | East 43 North 59 South 72 | East 41 North 56 South 65 | East 40 North 56 South 50 | East 38 North 56 South 35 | East 36 North 56 South 20 |

| Recovery Driver | Indicator | National Standard | Baseline March 24 | 2024-25 Trajectories | | | |
|-----------------|--|--|--|--|---|---|---|
| | | | | Q1 | Q2 | Q3 | Q4 |
| Mental Health | CAMHS Waiting Times | 90 per cent of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral. | RTT 98% | RTT 99% | RTT 100% | RTT 100% | RTT 100% |
| | Psychological Therapies Waiting Times | 90 per cent of patients to commence Psychological Therapy based treatment within 18 weeks of referral. | RTT 83.7% | RTT 84% | RTT 84% | RTT 87% | RTT 85% |
| Planned Care | Treatment Time Guarantee | 100 per cent of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (Treatment Time Guarantee). | TTG Inpatient/ Day Case 56.2% | TTG Inpatient / Day Case 56% | TTG Inpatient / Day Case 53% | TTG Inpatient / Day Case 56% | TTG Inpatient / Day Case 57% |
| | Planned Care - 12 Weeks First Outpatient Appointment | 95 per cent of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end Census). Boards to work towards 100 per cent. | Outpatient 35.5% | Outpatient 35% | Outpatient 35% | Outpatient 35% | Outpatient 35% |
| Cancer | Cancer Waiting Times | 95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat, and 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral. | 31 Day Standard 99.2% 62 Day Standard 80% | 31 Day Standard 98% 62 Day Standard 84% | 31 Day Standard 98% 62 Day Standard 86% | 31 Day Standard 98% 62 Day Standard 87% | 31 Day Standard 98% 62 Day Standard 88% |
| | Cancer Screening | Increase the uptake of cancer screening | | Breast Screening 75% Bowel Screening 70.6% Cervical Screening 71.9 % | Breast Screening 76% Bowel Screening 63.3% Cervical Screening 72.5% | Breast Screening 76% Bowel Screening 67.4% Cervical Screening 73.1% | Breast Screening 78% Bowel Screening 68.3% Cervical Screening 73.7% |

| Recovery Driver | Indicator | National Standard | Baseline March 24 | 2024-25 Trajectories | | | |
|---------------------|-------------------|--|--------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| | | | | Q1 | Q2 | Q3 | Q4 |
| Health Inequalities | Alcohol and Drugs | 90 per cent of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery | 3 Week Standard 100% | 3 Week Standard 90% | 3 Week Standard 90% | 3 Week Standard 90% | 3 Week Standard 90% |
| Workforce | Sickness Absence | NHS Boards to achieve a reduction in sickness absence. | 2023/24 5.16% | 4.80% | 4.73% | 5.15% | 5.33% |