

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 7 October 2024
Title:	Performance Report
Responsible Director:	Kirstin Dickson, Director of Transformation and Sustainability
Report Author(s):	Performance, Information and Insights Team; and Planning and Commissioning Team, Directorate of Transformation and Sustainability

1. Purpose

This is presented to NHS Board members for:

- Discussion

This paper relates to:

- Government policy/Directive

This aligns to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

This report has been aimed at providing NHS Board members with insight and intelligence on the key performance aspects and updates on improvement actions relating to the Delivery Plan; in addition to performance against National Waiting Times Targets

Appendix 1 provides a focus on the following service areas:

- New Outpatients, Inpatients/Day cases, and Musculoskeletal Waiting Times;
- Imaging, Endoscopy and Cancer Waiting Times;
- Mental Health Waiting Times including CAMHS, Psychological Therapies and Drug and Alcohol Treatment;
- Ayrshire Urgent Care Service (AUCS)
- Unscheduled Care Performance including:
 - Reconfiguring Front Door Services and
 - Reducing Acute Hospital Length of Stay;
- Delayed Discharges; and
- Workforce Sickness Absence.

2.2 Background

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

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

2.3 Assessment

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

Executive Data Summary

New Outpatients

- Performance against the 12 week 95% National target/standard for New Outpatients has increased from 33.5% at July 2024 to 34.4% at August 2024. This follows a gradual decreasing trend from 35.5% at March 2024 to 33.5% at July 2024. The Delivery Plan trajectory of 35% has therefore not been met.
- The Delivery Plan trajectory for the number of patients waiting for a New Outpatient appointment is predicted to increase throughout 2024/25. While there has been some fluctuation, the overall total number of patients waiting continues to increase, reaching a high of 56,651 at August 2024. This is however below the expected increase and is less than the Delivery Plan trajectory of 57,194.

Inpatients/Day cases

- Compliance against the 12 week 100% National target/standard for Inpatients/Day Cases (completed waits) has decreased from 52.3% at July 2024 to 50.4% at August 2024. The Delivery Plan trajectory of 53% has therefore not been met.
- The Delivery Plan trajectory for the number of patients waiting for Inpatient/Day case treatment is predicted to increase throughout 2024/25. However, due to increased activity the overall total waiting list for Inpatient/Day Case treatment has decreased to 7,899 in August 2024; meeting the Delivery Plan trajectory of 8,667.
- The next waiting times target to eliminate long waits, is for no Inpatient /Day Case patients to be waiting longer than 12 months in the majority of specialties by September 2024. Following a reducing trend from mid-December 2022 to 1,399 at end of May 2024, the number waiting has been increasing to 1,476 at the end of August 2024. In NHS Ayrshire & Arran, 12 month waits have been eliminated in seven specialties, with a further three specialties showing fewer than five patients waiting. Trauma and Orthopaedics and ENT continue to report the highest recorded waits.

Musculoskeletal

- Compliance in relation to the national 4 week target for Musculoskeletal (MSK) waiting times for ongoing waits continues to show an improving trend from a low of 19.6% at December 2023 to 32.6% at August 2024. Across each of the four

professions, an increase in compliance was seen in Physiotherapy and Orthotics, compared to a decrease in compliance across Occupational Therapy and Podiatry.

- In August 2024, Urgent referrals to Occupational Therapy (OT) and Physiotherapy and Podiatry have an average wait of 3 weeks; however Urgent Orthotic referrals have increased from a wait of 7 weeks at July 2024 to a wait of 9 weeks at August 2024.

Imaging

- Performance against the 6 week National target/standard of 100% for Imaging continues to show an improving trend, from 54.1% at April 2024 to 57.2% at July 2024. NHS Ayrshire & Arran continues to report higher levels of compliance compared to the Scottish average.
- Following a predicted increase in the first financial quarter of 2024/25 of the Delivery Plan, the overall waiting list for imaging has decreased from 6,707 at June 2024 to 6,082 at July 2024. This is however higher than predicted and does not meet the Delivery Plan trajectory of 5,752.

Endoscopy

- Compliance against the 6 week National target/standard for Endoscopy has increased from 43.9% at June 2024 to 50.0% at July 2024. This is the first increase since the four year high of 64.7% in February 2024. The latest benchmarking data to June 2024 highlights that we continue to report higher levels of compliance compared to the Scottish average.
- The expectation within the Delivery plan is for the waiting list for Endoscopy to increase throughout 2024/25. The overall waiting list for Endoscopy has been on an increasing trend from 1,313 waits at October 2023 to 1,798 at August 2024. This is lower than predicted and meets the Delivery Plan trajectory of 1,960.

Cancer

- Performance against the 62-day 95% Cancer target/standard has increased from 77.5% at May 2024 to seven month high of 85.6% at July 2024. This is lower than, and fails to meet, the Delivery Plan trajectory of 86%. Despite this reduction, the latest national benchmarking data indicates that compliance was higher than the national average.
- At July 2024, NHS Ayrshire & Arran has continued to meet and exceed the Scotland average and the 95% 31-day Cancer target/standard with performance of 98.2%. This exceeds the Delivery Plan trajectory of 98%.

Mental Health

- At July 2024, compliance in relation to Child and Adolescent Mental Health Services (CAMHS) was 98.7%, which continues to exceed the National target/standard of 90% however is lower than, and does not meet the Delivery Plan trajectory of 100%. The overall waiting list remains on a decreasing trend from 251 at September 2023 to a two year low of 78 at July 2024; meeting the Delivery Plan trajectory of 120. The latest national benchmarking data indicates that compliance remains higher than the national average.
- Although there has been some fluctuation, performance for Psychological Therapy (PT) waiting times shows a general increasing trend in compliance from 83.1% at January 2024 to 91.0% in July 2024, exceeding the 90% national target for the first time since December 2023. The Delivery Plan trajectory of 84.0% has also been exceeded. The overall waiting list continues to fluctuate, decreasing from 396 at

June 2024 to 356 at June 2024; failing to meet the Delivery Plan trajectory of 350. The latest national benchmarking data indicates that compliance remains higher than the national average.

- Drug and Alcohol Treatment services continue to exceed the National target/standard and Delivery Plan trajectory of 90% in July 2024, with compliance at 99.3%.

Urgent Care

- In August 2024, Ayrshire Urgent Care Service (AUCS) / Flow Navigation Centre (FNC) received 8,263 contacts including patients navigating through the various pathways. 89% of these patients were not referred onwards to hospital, with alternative pathways of care being provided within a community setting.
- During August 2024, 283 Call before Convey calls were received by AUCS with only 21 (7%) of these calls resulting in onward conveyance to hospital. This pathway ensured that 262 ambulances avoided attendance at the EDs during the month, with these patients receiving alternative pathways of care within a community setting.
- In August 2024, there were 642 calls from Care Homes into the AUCS service with only 11% (73) of these patients requiring to attend an acute hospital. Therefore, 569 frail and elderly residents of Care Homes received alternative care through the various pathways available within AUCS.
- A total of 191 patients were navigated through the Emergency Services Mental Health pathway in August 2024. This pathway provides Police Scotland and SAS with an alternative pathway to access community mental health services for those patients in need of urgent Mental Health intervention. These patients would have otherwise been conveyed to the EDs and may have experienced lengthy waits to access care of a mental health professional. This pathway provides direct access to the mental health team for these patients.
- Rapid Respiratory Response (RRR) within the Virtual Capacity Programme is a community-based service which supports individuals with exacerbations of COPD to remain at home whenever possible avoiding the need for front door attendance. So far over 903 patients have accessed the RRR service, some of who have engaged with the service on a number of occasions. The service has also introduced alerts via Trakcare to facilitate early supported discharge for this patient cohort; so far this has benefited 138 patients. The service has now expanded to include 31 GP practices and covers 76% of all COPD patients residing in Ayrshire & Arran.

Unscheduled Care: National ED 4 Hour Standard and Reconfiguring Front Door Services

- Numbers of attendances at the Emergency Departments (EDs) in the current rolling 12-month period (September 2023 to August 2024) have increased by 3.0% when compared to the previous 12-month period (September 2022 to August 2023).
- Compliance against the 95% ED 4-Hour National standard/target (unscheduled attendances only) increased to 66.6% in July 2024, the highest level of performance since November 2023. Compliance reduced slightly to 66.4% in August 2024. The latest national benchmarking data indicates that ED 4-Hour compliance in July 2024 was higher than the national average for the first time since February 2024.

- ED 4-Hour performance of 66.9% for all attendances (unscheduled and scheduled) only marginally failed to meet the Delivery Plan trajectory of 67.3% for August 2024.
- The daily average number of patients waiting over 12 hours to be seen, treated or discharged within our EDs has improved slightly with numbers reducing to an average of 26 per day in August 2024, compared to 28 per day in July 2024. This was against a Delivery Plan trajectory of 17 per day.
- The proportion of Scottish Ambulance Service (SAS) conveyances with a turnaround time within 60 minutes increased substantially from 55.9% in July 2024 to 63.6% in August 2024, but was short of the Delivery Plan trajectory of 67.5%.
- The proportion of patients aged over 65 who were discharged from the Combined Assessment Unit (CAU) within 72 hours of arrival in August 2024 was 48.4%, against a Delivery Plan Trajectory of 53.1%.

Unscheduled Care: Reducing Acute Hospital Length of Stay

- Occupancy levels in the acute hospital sites have decreased from 127.6% at the end of July 2024 census point to 125.5% at the end of August 2024, failing to meet the Delivery Plan reduction trajectory of 118.4%.
- Average length of stay for Emergency inpatients has reduced from 9.1 days in July 2024 to 8.6 days in August 2024, this compares to a Delivery Plan trajectory of 7.4 days or less.
- The numbers of patients with a length of stay (LOS) of > 14 days who are not in delay has increased from 209 at the end of July 2024 census point to 217 at end of August 2024, however continues to meet the Delivery Plan trajectory of 221 or less.

Delayed Discharges

- Total numbers of delayed discharges have increased to 198 delays at the July 2024 census point, the highest numbers recorded since December 2023. Whilst the majority of delays continue to be from South Ayrshire Health and Social Care Partnership (HSCP) residents at July 2024 (95 delays; 48.0%), performance is at lower levels compared to July 2023 (136 delays; 54.2%). There has also been a reduction in North Ayrshire HSCP compared to July 2023 (81 delays to 75) and in East Ayrshire HSCP (34 delays to 28).
- Compared to July 2023, the numbers of bed days occupied due to a delayed discharge have increased slightly in East Ayrshire HSCP, rising from 932 in July 2023 to 942 in July 2024 (+1.1%). Meanwhile there has been a reduction in the number of bed days occupied due to a delay in both South and North Ayrshire HSCPs, albeit these remain at higher levels than East Ayrshire HSCP. The greatest proportion of beds days due to a delay continue to be from South Ayrshire HSCP.
- The national target is for zero non-complex delays over 2 weeks, however in July 2024 there were 61 such delays across NHS Ayrshire & Arran, with 45 of these (73.8%) from South Ayrshire HSCP and 16 (26.2%) from North Ayrshire HSCP. East Ayrshire HSCP continue to report zero non-complex delays over 2 weeks.
- Through the Delivery Plan, each HSCP has set an improvement trajectory around the daily average numbers of occupied beds due to a delayed discharge. In East Ayrshire HSCP, there were 31 beds occupied per day on average in July 2024, a significant improvement on their trajectory of 41 for the month. In North Ayrshire HSCP, there were 66 beds occupied per day in July 2024, failing to meet their trajectory of maintaining at no more than 56. In South Ayrshire HSCP, however,

there were 91 beds occupied on average per day in July 2024, which failed to meet their set trajectory of 60.

Workforce Sickness Absence

- The Delivery Plan trajectory is to reduce overall sickness absence rates (short term and long term sick) to 4.7% or lower by July 2024. In July 2024, sickness absence rates were recorded at 5.83% (short term: 2.22%, long term: 3.61%).

2.3.1 Quality/patient care

We seek to balance reforming and stabilising our services. Systems and procedures continue to be in place to monitor and manage the impact on performance in our provision of unscheduled and planned care for our citizens to ensure high quality of care for patients.

2.3.2 Workforce

A sustainable workforce and appropriate recruitment levels are imperative across all services as we provide services within the current circumstances. We will continue to monitor performance against key measures to understand how this will impact on workforce and recruitment levels; and to ensure appropriate levels of capacity are maintained to manage demand.

2.3.3 Financial

Through the Delivery Plan, the health and care system is ensuring appropriate levels of capacity are maintained to remobilise and stabilise services whilst also maintaining COVID-19 capacity and resilience. The impact on the delivery of key performance targets and trajectories are routinely being assessed and monitored.

2.3.4 Risk assessment/management

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

2.3.5 Equality and diversity, including health inequalities

An Impact Assessment has not been completed as this paper provides an update on performance of the health and care system and incorporates progress in relation to the Delivery Plan.

2.3.6 Other impacts

- Best value

Successful management of waiting times and other targets requires leadership, and engagement with clinical staff. Local performance management information is used to provide as up to date a position as possible in this report. Some information may change when the data is quality assured by Public Health Scotland in readiness for publication.

- Compliance with Corporate Objectives

The achievement of the waiting times and other targets set out within this paper comply with a number of the corporate objectives: improving health; safety/outcomes; quality of experience; equality; transforming and patient flow; supply and demand.

- Local outcomes improvement plans (LOIPs)

The achievement of the targets provides better access to healthcare services and should therefore have a positive effect on the health inequalities priority within local LOIPs. The achievement of the patients awaiting discharge targets will have a positive contribution towards the Outcomes for Older People priority.

2.3.7 Communication, involvement, engagement and consultation

There is no legal duty for public involvement in relation to this paper. Any public engagement required for specific service improvement plans will be undertaken as required.

2.3.8 Route to the meeting

The content discussed in this paper has been considered by the Senior Responsible Officer for each area and the Strategic Planning and Operational Group (SPOG). They have either supported the content, and/or their feedback has informed the development of the content presented in this report.

3. Recommendation

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

4. List of appendices

Appendix 1 – Performance Report

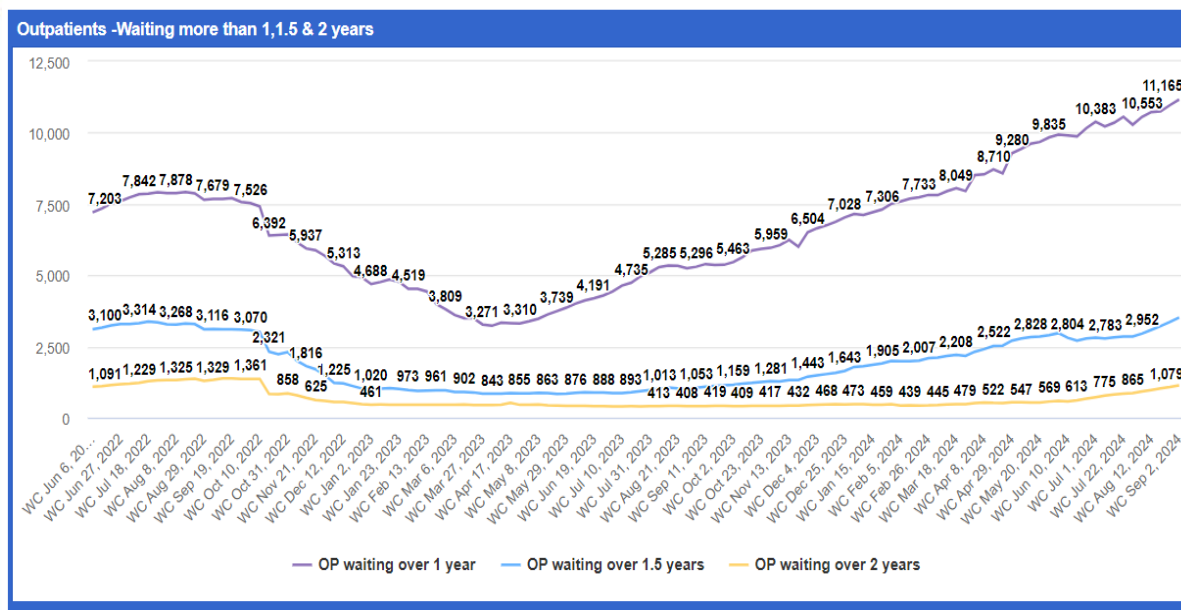
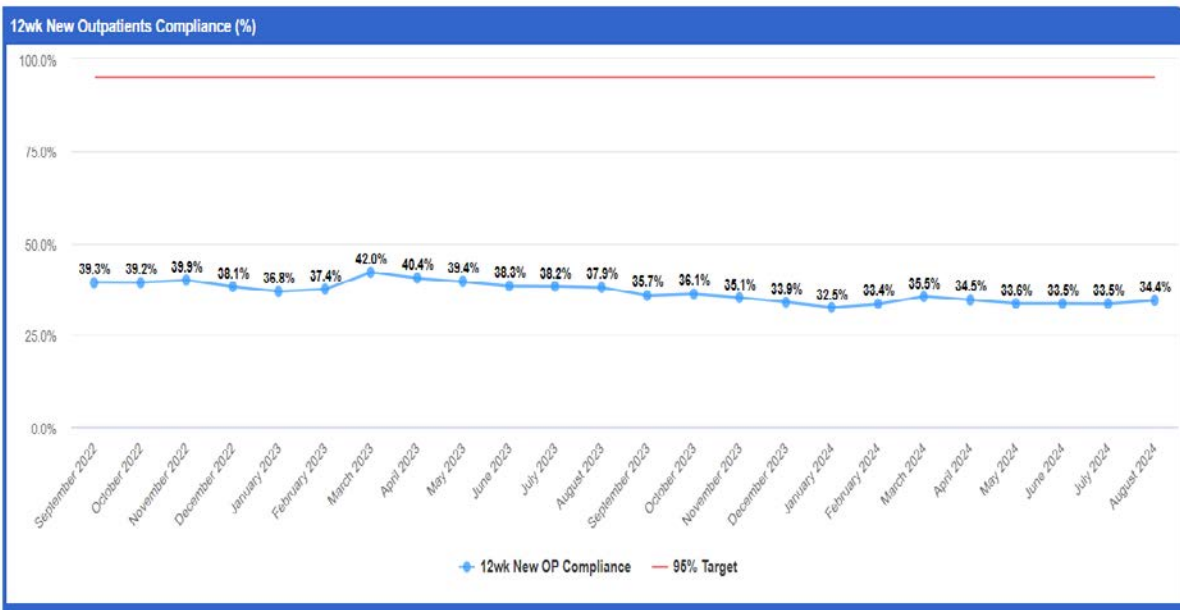
New Outpatients – National 12 Week Standard/Target

12wk New Outpatients % Compliance

August 2024 result

● 34.4%

- **National Standard/Target** – 95% of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end census)
- **Reducing Long Waits** - No further targets have been set by Scottish Government to eliminate long waits for New Outpatients, however performance against the long waits will continue to be monitored and reported by the Board.



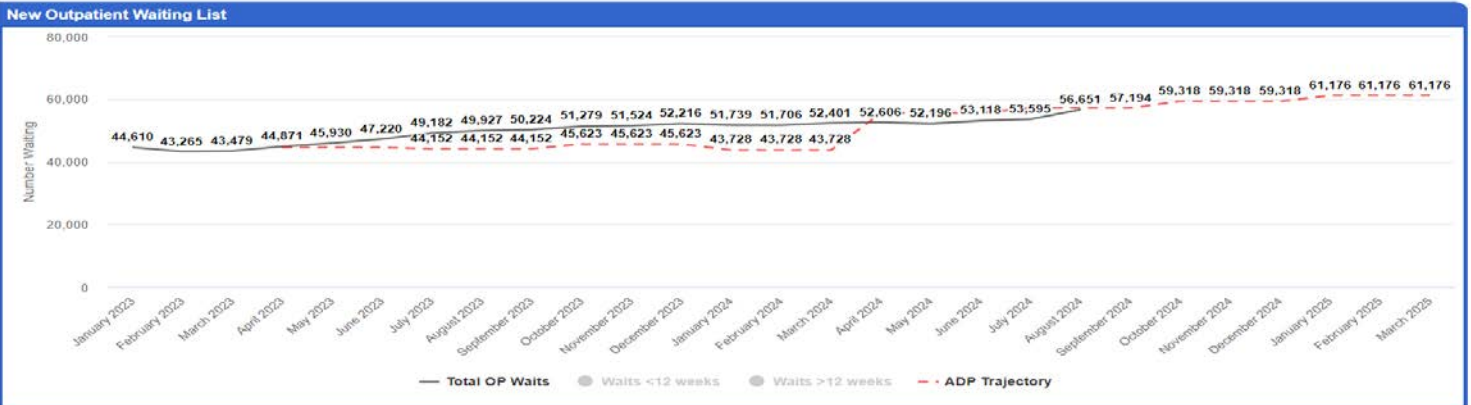
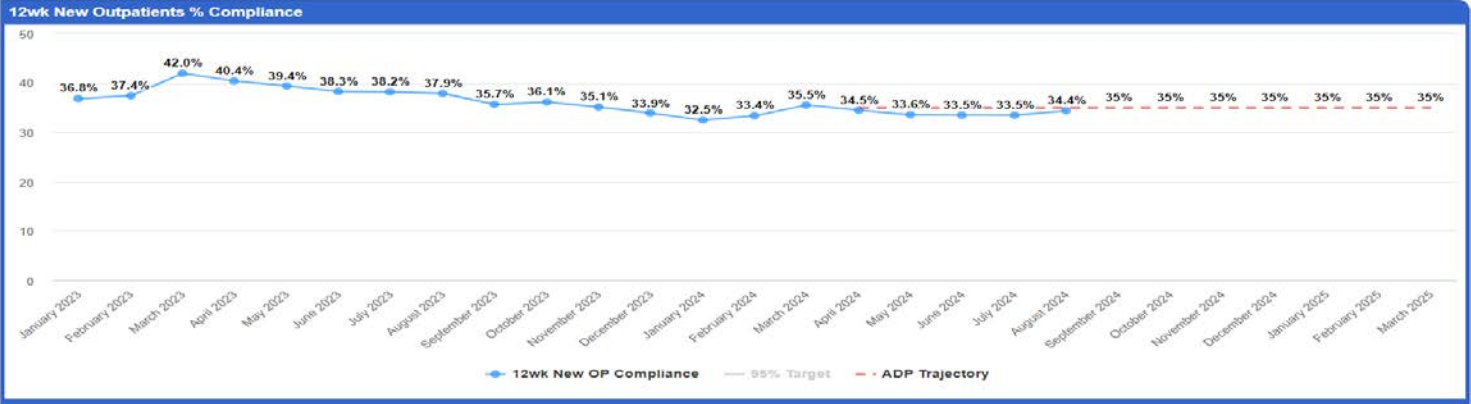
National Benchmarking – 12 Week New OP Target (95%)

	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
NHS A&A	38.3%	38.2%	37.9%	35.7%	36.1%	35.1%	33.9%	32.5%	33.4%	35.5%	34.5%	33.6%	33.5%
Scotland	45.5%	42.5%	42.5%	42.5%	40.1%	40.1%	40.1%	42.8%	42.8%	42.8%	40.9%	40.9%	40.9%

New Outpatients – Delivery Plan Trajectories 2024/25

By August 2024:

- 35% of patients to wait no longer than 12 weeks from referral to a first (new) outpatient appointment
- The total number of patients waiting for a New Outpatient appointment is below 57,194



Source: Local Management Reports

IMPROVEMENT ACTIONS

New Outpatients

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

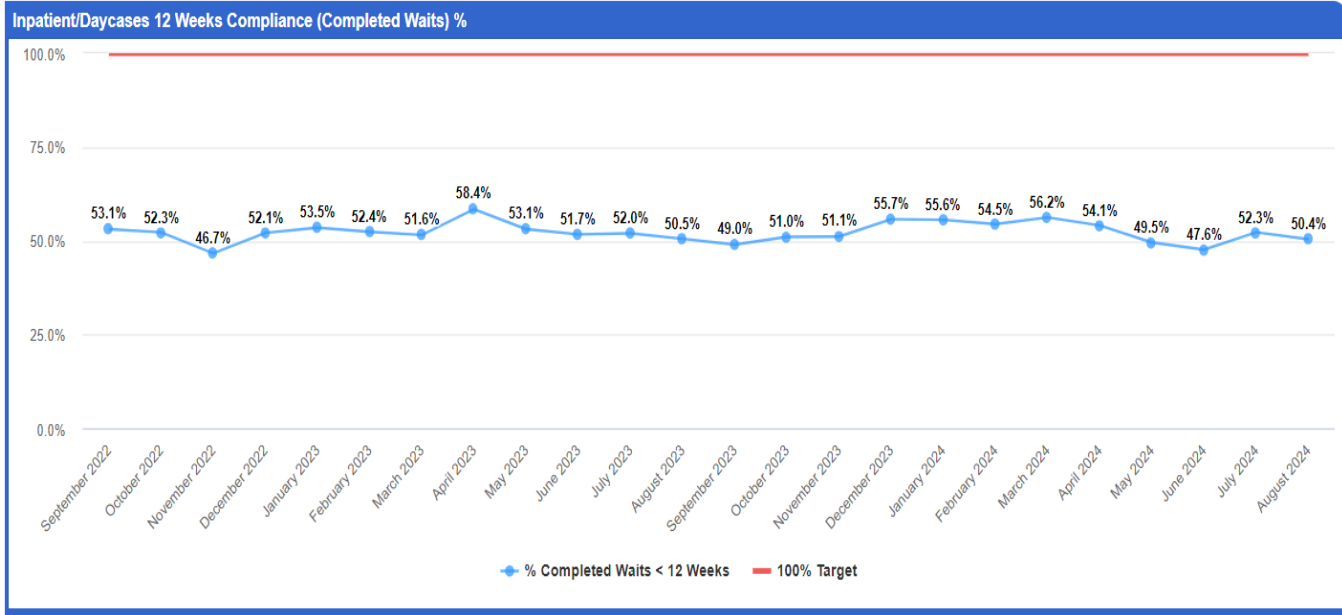
Inpatients/Day Cases - National 12 Week Standard/Target

IPDC 12wks % Compliance (Completed Waits)

August 2024 result

50.4%

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



Title	Value	Last Update	History
Gastroenterology-Number of Inpatient/Daycase waiting over 1 years (52 weeks)	0	WC 30-Aug-2024	
Neurology-Number of Inpatient/Daycase waiting over 1 years (52 weeks)	0	WC 30-Aug-2024	
Oral Surgery-Number of Inpatient/Daycase waiting over 1 years (52 weeks)	0	WC 30-Aug-2024	
Orthodontics-Number of Inpatient/Daycase waiting over 1 years (52 weeks)	0	WC 30-Aug-2024	
Paediatric Surgery-Number of Inpatient/Daycase waiting over 1 years (52 weeks)	0	WC 30-Aug-2024	
Paediatrics-Number of Inpatient/Daycase waiting over 1 years (52 weeks)	0	WC 30-Aug-2024	
Rheumatology-Number of Inpatient/Daycase waiting over 1 years (52 weeks)	0	WC 30-Aug-2024	
Plastic Surgery-Number of Inpatient/Daycase waiting over 1 years (52 weeks)	1	WC 30-Aug-2024	
Urology-Number of Inpatient/Daycase waiting over 1 years (52 weeks)	2	WC 30-Aug-2024	
Other Number of Inpatient/Daycase waiting over 1 years (52 weeks)	2	WC 30 Aug 2024	
Ophthalmology Number of Inpatient/Daycase waiting over 1 years (52 weeks)	56	WC 30 Aug 2024	
Gynaecology Number of Inpatient/Daycase waiting over 1 years (52 weeks)	104	WC 30 Aug 2024	
General Surgery (inc Vascular) Number of Inpatient/Daycase waiting over 1 years (52 weeks)	161	WC 30 Aug 2024	
Oral and Maxillofacial Surgery Number of Inpatient/Daycase waiting over 1 years (52 weeks)	188	WC 30 Aug 2024	
ENT-Number of Inpatient/Daycase waiting over 1 years (52 weeks)	358	WC 30-Aug-2024	
Trauma & Orthopaedics-Number of Inpatient/Daycase waiting over 1 years (52 weeks)	604	WC 30-Aug-2024	

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

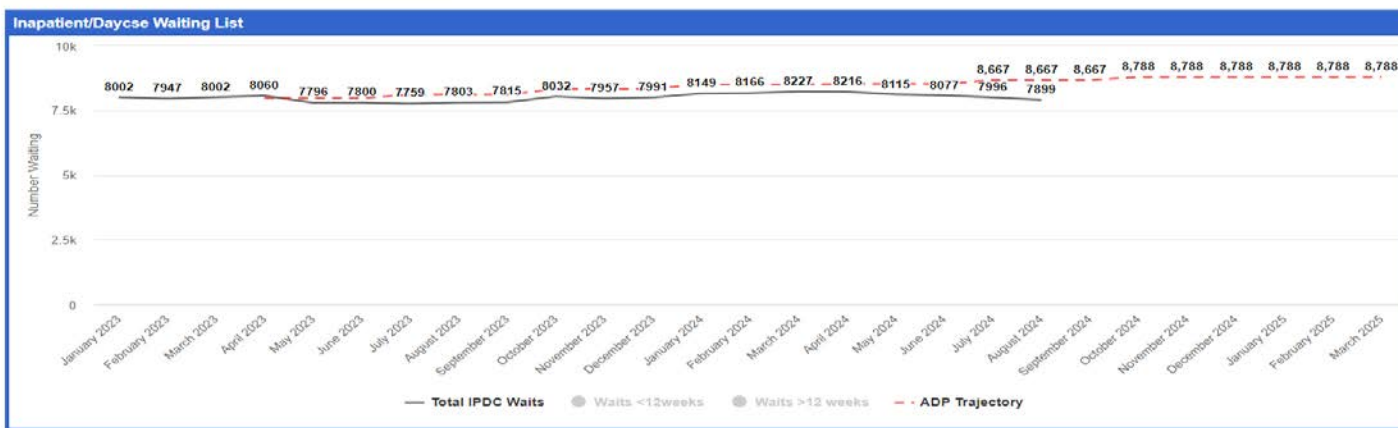
	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
NHS A&A	51.8%	52.0%	50.5%	49.0%	51.0%	51.1%	55.7%	55.6%	54.5%	56.2%	54.1%	49.5%	47.8%
Scotland	56.8%	56.1%	56.1%	56.1%	57.7%	57.7%	57.7%	57.0%	57.0%	57.0%	58.4%	58.4%	58.4%

Source: Public Health Scotland and Local Management Reports
 Next National Benchmarking Update: 26th November 2024

Inpatients/Day Cases – Delivery Plan Trajectories 2024/25

By July 2024:

- 53% of patients to wait no longer than 12 weeks from referral to being treated
- The total number of patients waiting for Inpatient/Day Case treatment is below 8,667



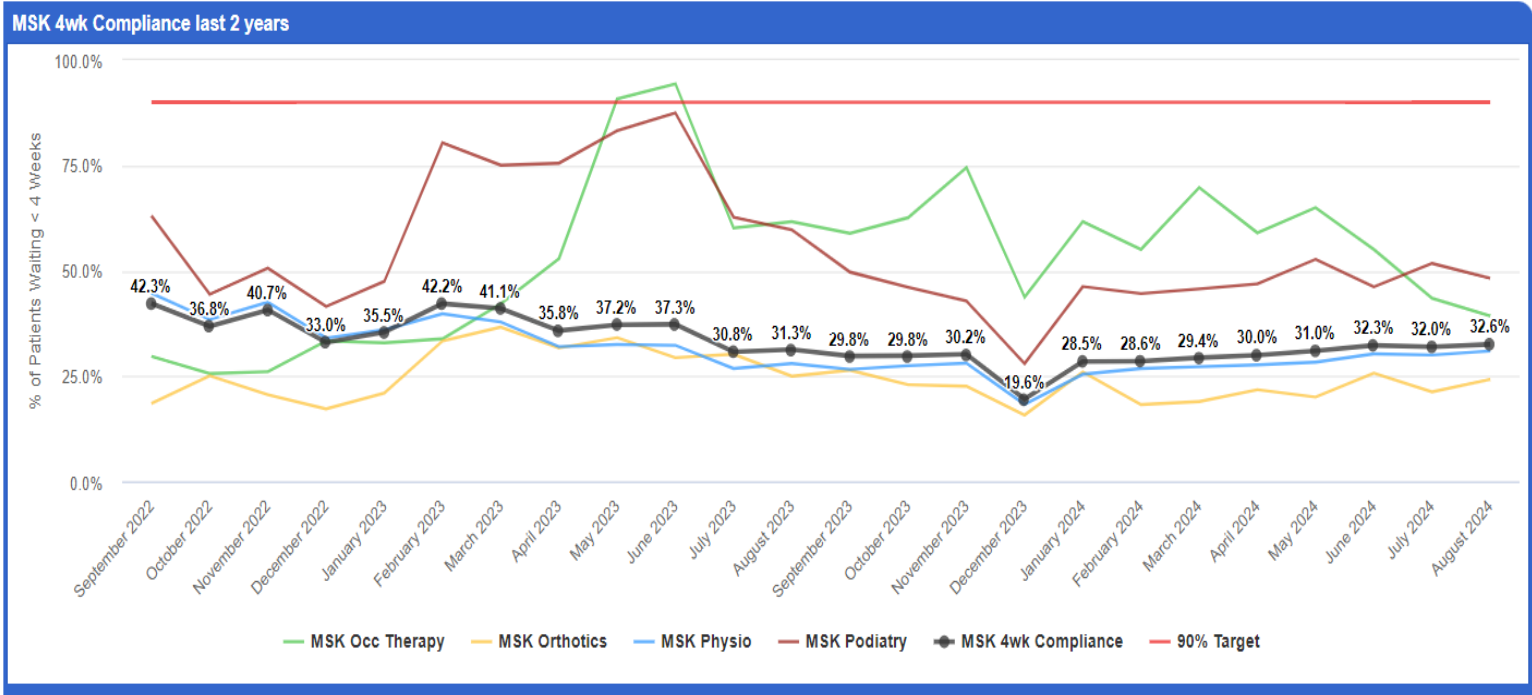
Source: Local Management Reports

IMPROVEMENT ACTIONS

Inpatients / Day Cases

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

Musculoskeletal (MSK) – Ongoing Waits



August 2024 – Ongoing Waits by Profession

	All Waits			Urgent Waits Only
	Number Waiting	Max Weeks Waiting	Average Wait (Weeks)	Average Wait (Weeks)
MSK Occupational Therapy	112	26	10	3
MSK Podiatry	620	17	9	3
MSK Physiotherapy	3,916	31	12	4
Orthotics	512	57	20	9

Source: Local Management Reports

IMPROVEMENT ACTIONS

MSK (Musculoskeletal) Ongoing Waits

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

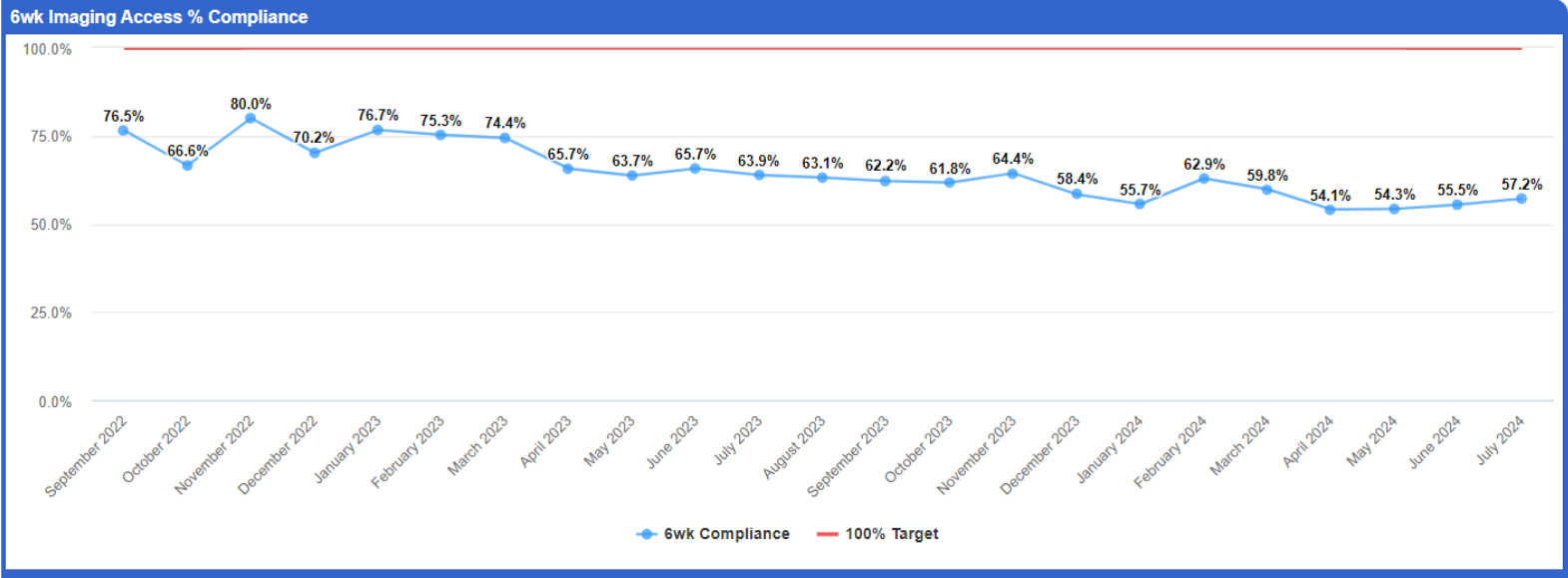
Imaging - National 6 Week Standard/Target

6wk Imaging Access % Compliance

July 2024 result

57.2%

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



PIs by Query

Title	Value	Numerator	Denominator	Target	Last Update	History
Imaging - % Barium Studies patients waiting <6 weeks	87.0%	20	23	100.0%	July 2024	
Imaging - % (CT) patients waiting <6wks	84.8%	908	1,071	100.0%	July 2024	
Imaging - % Non-obstetric US patients waiting <6 weeks	55.2%	1,693	3,067	100.0%	July 2024	
Imaging - % (MRI) patients waiting <6wks	44.7%	858	1,921	100.0%	July 2024	

National Benchmarking - 6 Week Imaging Target (100%)

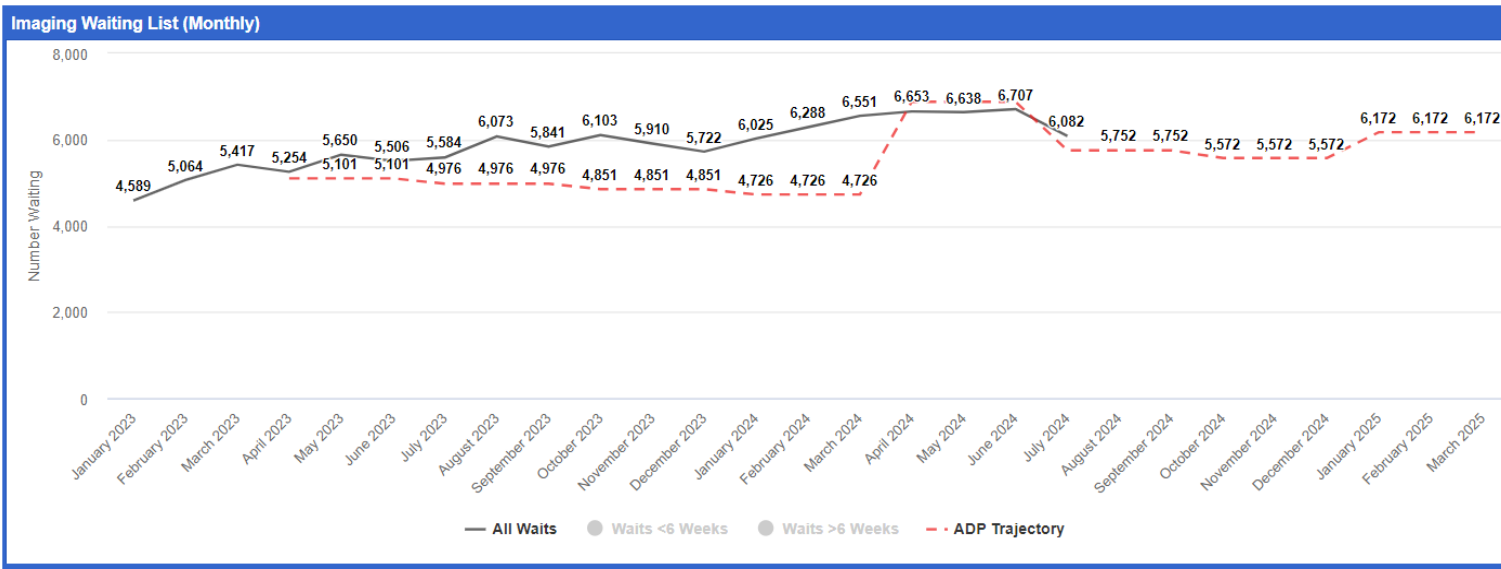
	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
NHS A&A	65.7%	63.9%	63.1%	62.2%	61.8%	64.4%	58.4%	55.7%	62.9%	59.8%	54.1%	54.3%	55.5%
Scotland	53.0%	50.1%	51.3%	52.6%	52.7%	55.0%	51.5%	50.4%	57.6%	56.1%	51.8%	52.9%	52.9%

Source: Public Health Scotland and Local Management Reports
 Next National Benchmarking Update: 26th November 2024

Radiology/Imaging – Delivery Plan Trajectories 2024/25

By August 2024:

- Achieve an overall waiting list for Radiology/Imaging of below 5,752



IMPROVEMENT ACTIONS

Radiology / Imaging

- Progress training of 2 X trainee Ultrasonographers
- Utilisation of Locums for Ultrasound - funding due to end October 2024
- Continuation of a mobile MRI scanner delivering approx. 450 scans per month
- A second mobile MRI scanner to deliver prostate and breast scans is now on site and delivering more activity than original projections

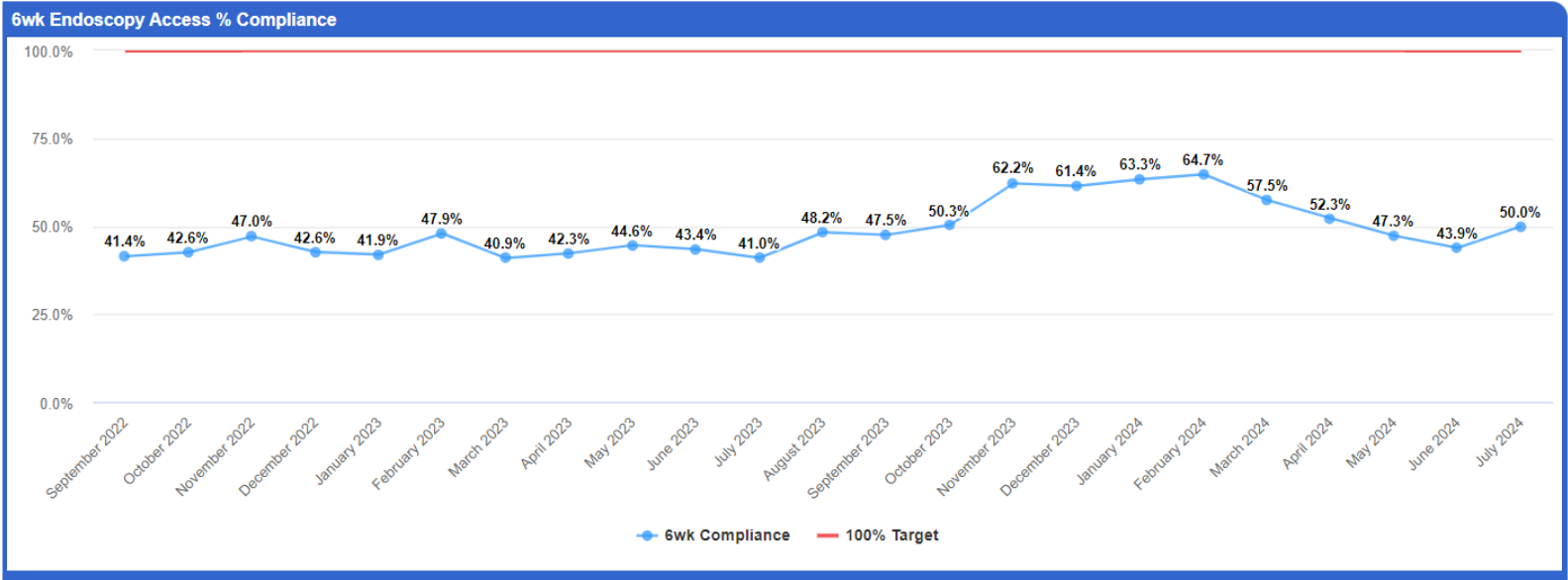
Endoscopy - National 6 Week Standard/Target

6wk Endoscopy Access % Compliance

July 2024 result

50.0%

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



Title	Value	Numerator	Denominator	Target	Last Update	History
Endoscopy - % Upper Endoscopy patients waiting <6 weeks	54.1%	533	986	100.0%	July 2024	
Endoscopy - % Colonoscopy patients waiting <6 weeks	51.1%	278	544	100.0%	July 2024	
Endoscopy - % Cystoscopy patients waiting <6 weeks	37.9%	25	66	100.0%	July 2024	
Endoscopy - % Lower Endoscopy patients waiting <6 weeks	28.7%	52	181	100.0%	July 2024	
Endoscopy - % Cytosponge patients waiting <6 weeks	0.0%	0	0	100.0%	July 2024	

National Benchmarking – 6 Week Endoscopy Target (100%)

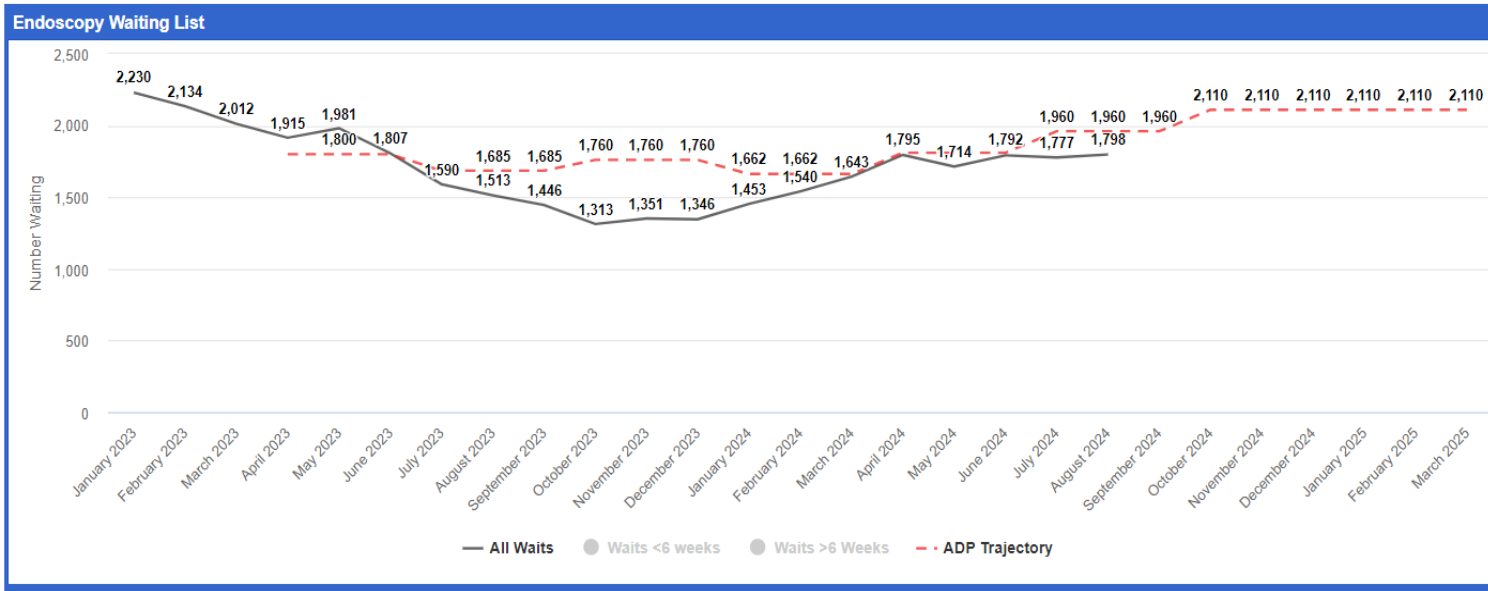
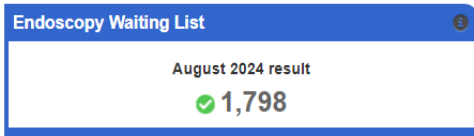
	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
NHS A&A	43.4%	41.0%	48.2%	47.5%	50.3%	62.2%	61.4%	63.3%	64.7%	57.5%	52.3%	47.3%	43.9%
Scotland	40.0%	37.7%	38.9%	40.3%	41.2%	42.7%	39.4%	38.2%	43.0%	41.6%	39.6%	40.8%	40.0%

Source: Public Health Scotland and Local Management Reports
 Next National Benchmarking Update: 26th November 2024

Endoscopy – Delivery Plan Trajectories 2024/25

By August 2024:

- Achieve an overall Diagnostic Endoscopy Waiting List of below 1,960



Source: Local Management Reports

IMPROVEMENT ACTIONS

Endoscopy

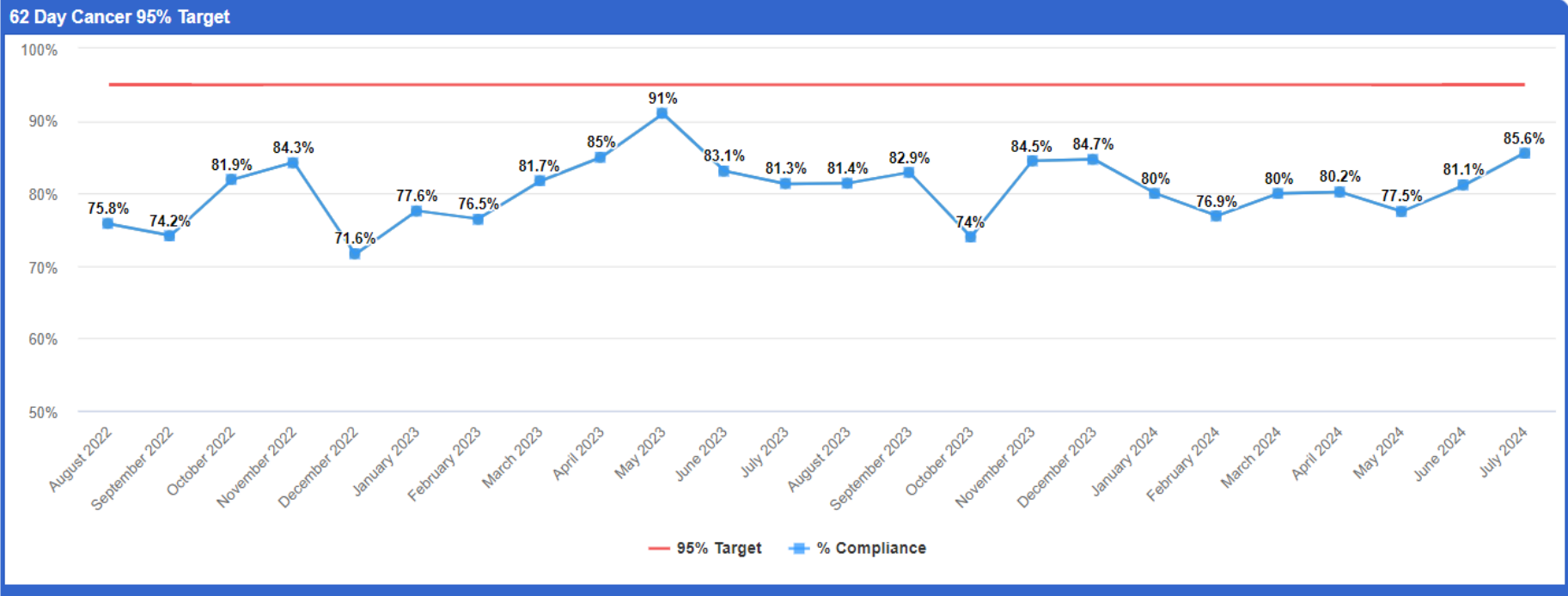
- Transnasal Endoscopy (TNE) service now running weekly lists at UHA
- qFiT analysis at NHSAA lab has commenced and running well
- Develop plan for next phase of roll out plan to include GPs accessing qFiT result before making referral
- Develop plan for introduction of double qFiT to change the pathway to an opt-in pathway for low risk patients allowing focus of resource on the higher risk patients
- Schedule additional qFiT review clinics to try to reduce the backlog
- GJNH will provide capacity for 30 patients per month until March 2025
- Develop plan to increase the utilisation of Endoscopy lists in line with national guidance by increasing activity incrementally taking into account ongoing staff training and capacity issues
- Implement new national Endoscopy Management System

Cancer – 62 day National Standard/Target

62 Day Cancer 95% Target

July 2024 result
▲ **85.6%**

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



National Benchmarking - 62 Day Cancer Target (95%)

	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
NHS A&A	81.7%	85.0%	91.0%	83.1%	81.3%	81.4%	82.9%	74.0%	84.5%	84.7%	80.0%	76.9%	80.0%
Scotland	72.6%	74.8%	73.2%	70.9%	72.3%	69.4%	71.2%	70.5%	69.0%	70.2%	67.2%	68.8%	71.3%

Cancer – 62 day – Delivery Plan Trajectories 2024/25

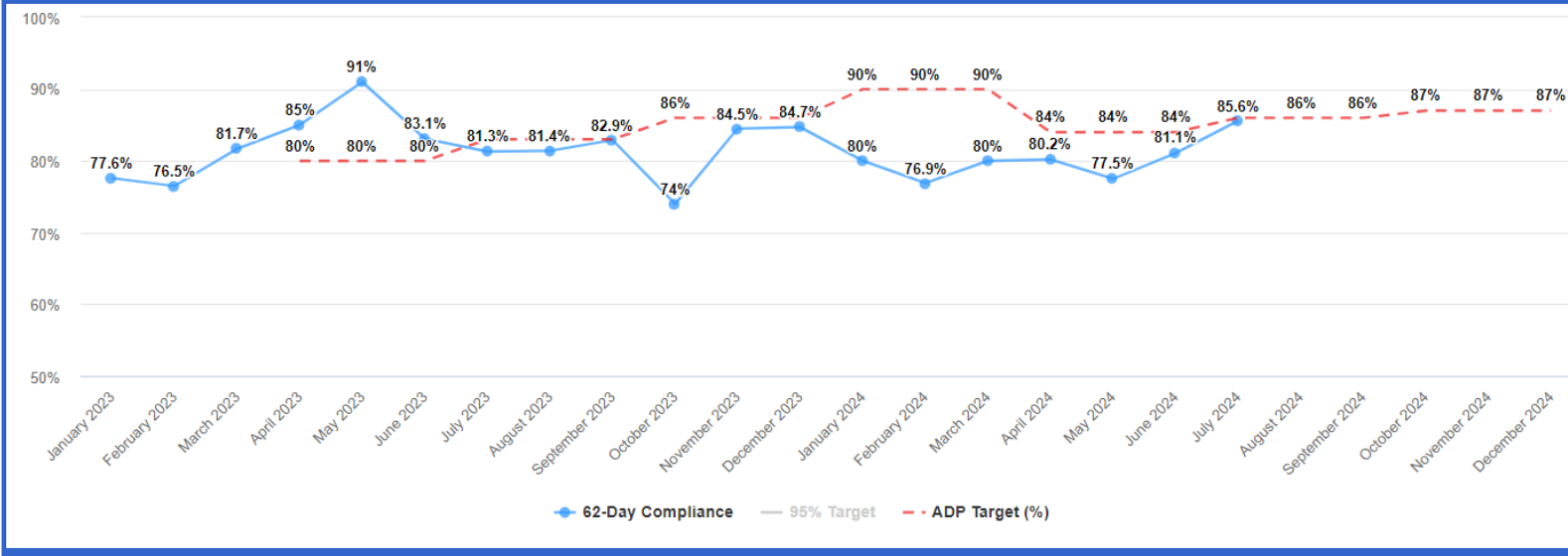
By August 2024:

- 86% of those referred urgently with a suspicion of cancer are to begin treatment within 62 days of receipt of referral

62 Day Cancer ADP Trajectory

July 2024 result
▲ 85.6%

62 Day Cancer ADP Trajectory



Source: Public Health Scotland and Local Management Reports

IMPROVEMENT ACTIONS

Cancer – 62 day

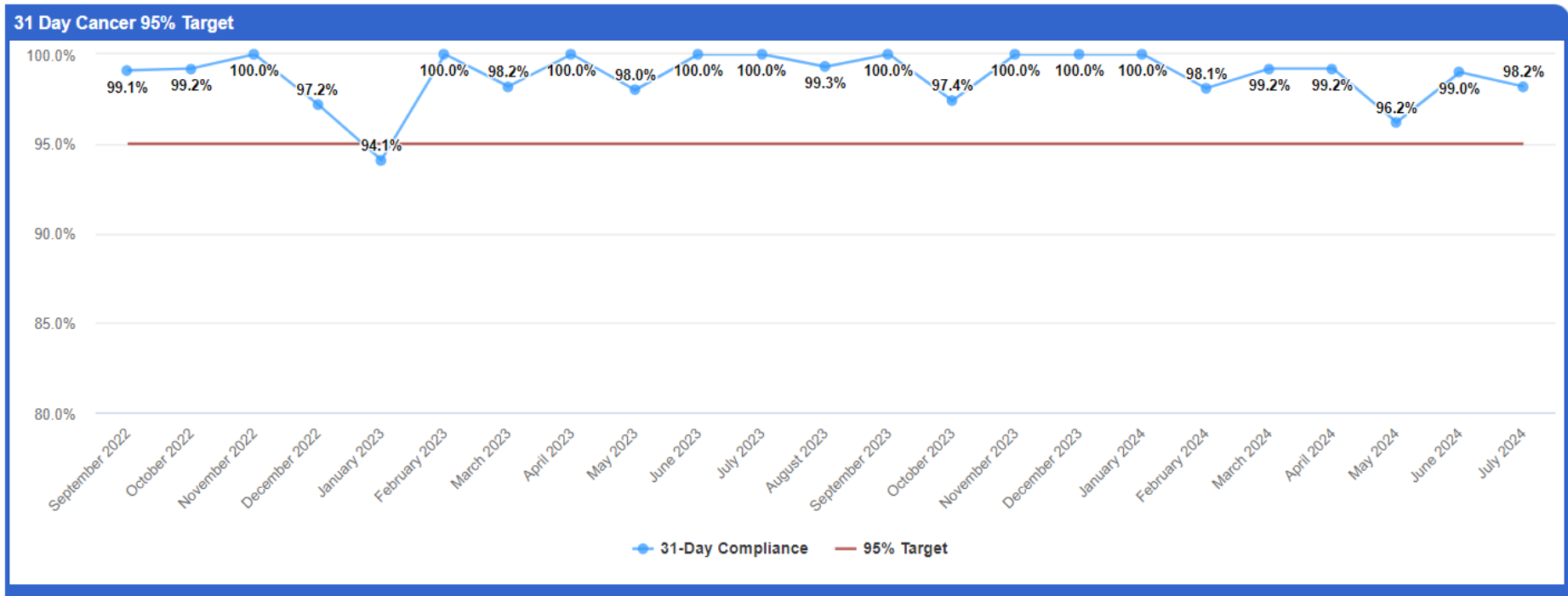
- Reduce pathology backlog and turnaround times by outsourcing contract to create additional reporting capacity
- Implement National Optimal Pathways
 - Lung – Progress project to improve pathway for GP requesting chest x-ray
 - Head & Neck – Additionality for ENT cons clinics and specialist radiology
- Additional Artemis biopsy sessions to reduce Urology prostate backlog
- DCAQ complete on key elements of Urology cancer pathway

Cancer – 31 day National Standard/Target

31 Day Cancer 95% Target

July 2024 result
✔ **98.2%**

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



National Benchmarking – 31 Day Cancer Target (95%)

	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
NHS A&A	98.2%	100.0%	98.0%	100.0%	100.0%	99.3%	100.0%	97.4%	100.0%	100.0%	100.0%	98.1%	99.2%
Scotland	94.8%	95.2%	94.5%	95.5%	95.1%	94.4%	94.7%	93.4%	93.8%	93.5%	91.7%	94.5%	94.7%

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

Cancer – 31 day - Delivery Plan Trajectories 2024/25

By August 2024:

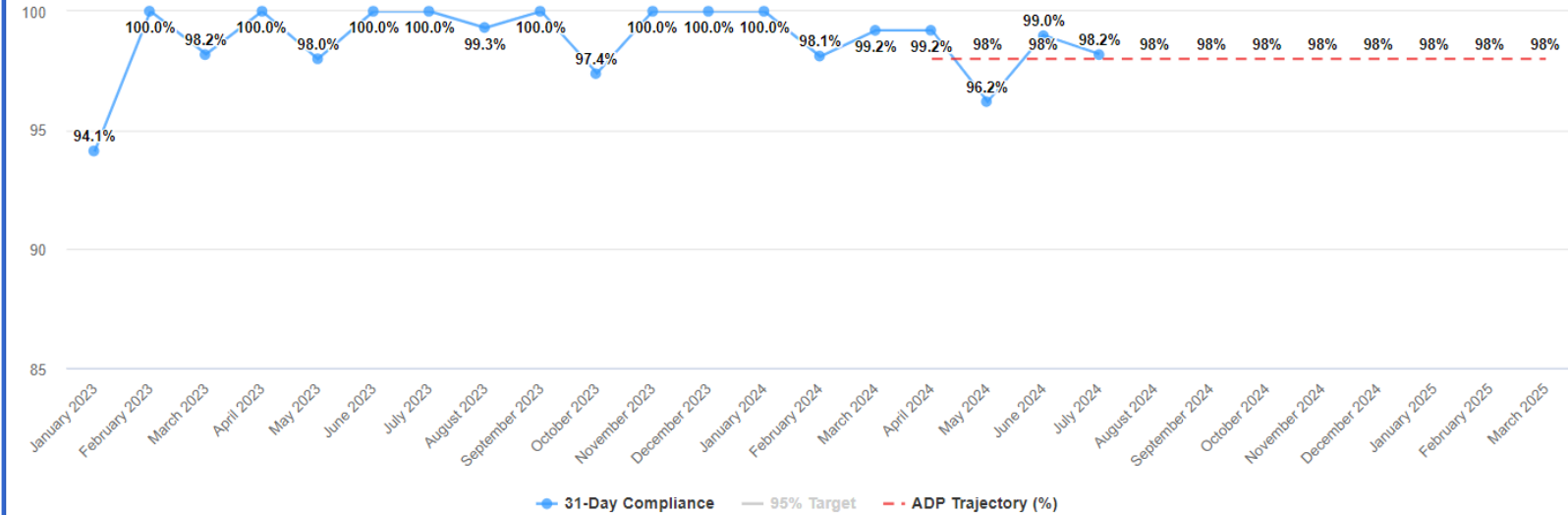
- 98% of all patients diagnosed with cancer are to begin treatment within 31 days of decision to treat

31 Day Cancer ADP Trajectory

July 2024 result

✓ 98.2%

31 Day Cancer ADP Trajectory



Source: Public Health Scotland and Local Management Reports

IMPROVEMENT ACTIONS

Cancer – 31 day

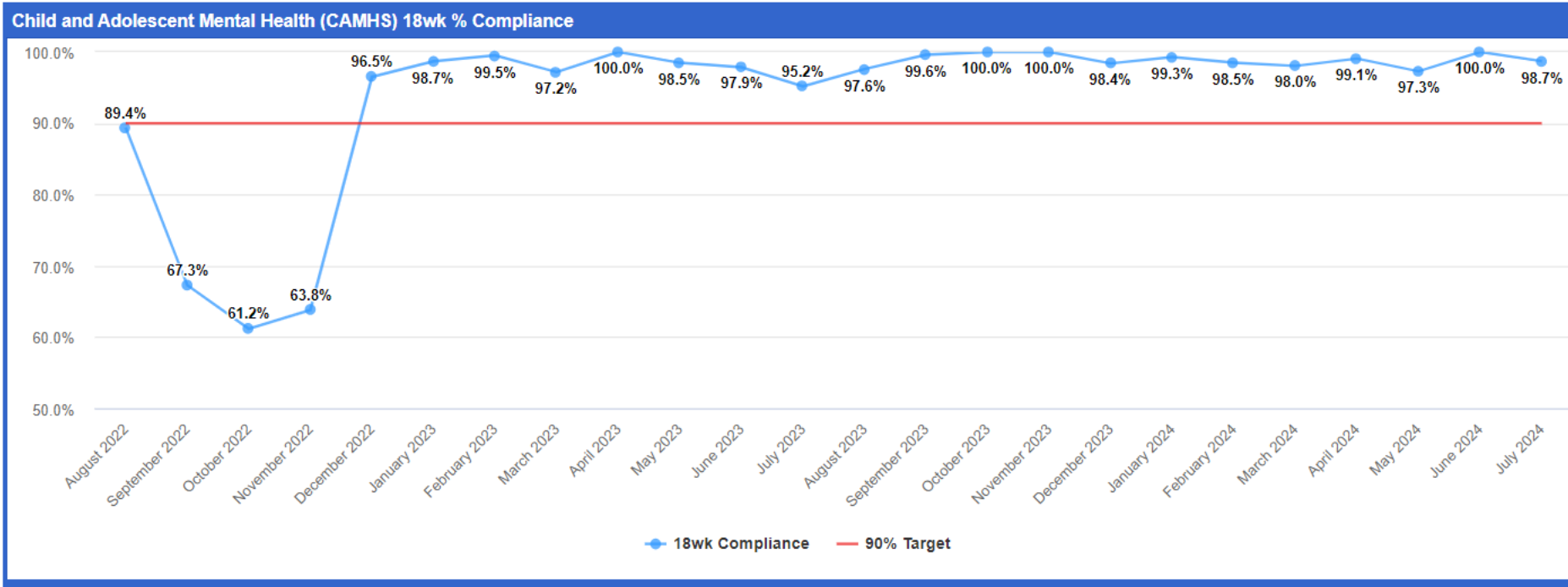
- Expand Robot Assisted Surgery (RAS) to 4 days per week.
- Establish RAS Prostatectomies.
- Implement new straight to MRI pathway for Prostate referrals.
- Establish joint upper GI MDT with NHS Lanarkshire – WoSCAN are developing service proposal.

CAMHS – 18 Week National Standard/Target

CAMHS 18wk 90% Target

July 2024 result
✔ **98.7%**

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



National Benchmarking - 18 weeks CAMHS Target (90%)

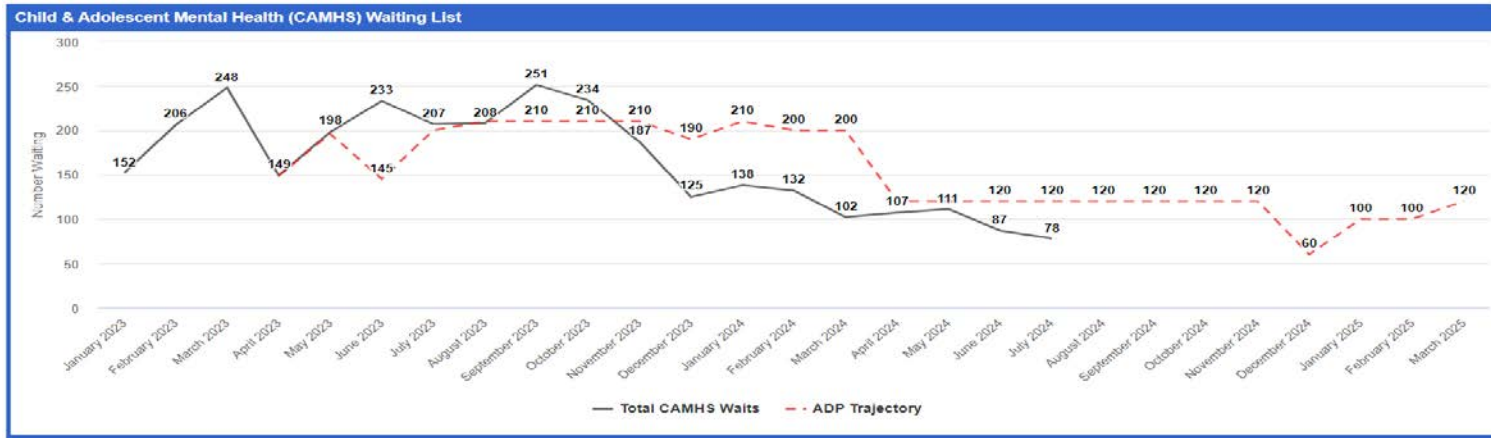
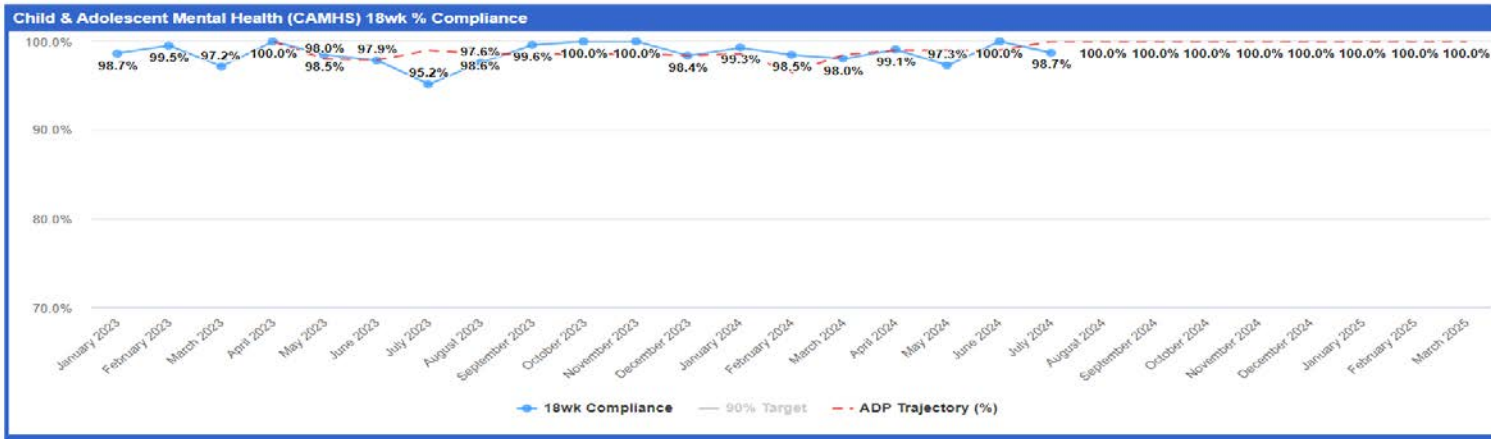
	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
NHS A&A	97.9%	95.2%	97.6%	99.6%	100.0%	100.0%	98.4%	99.3%	98.5%	98.0%	99.1%	97.3%	100.0%
Scotland	77.0%	71.9%	75.7%	79.0%	82.7%	83.4%	86.0%	86.4%	84.8%	86.9%	81.4%	86.0%	85.1%

Source: Public Health Scotland and Local Management Reports, North Ayrshire HSCP
 Next National Benchmarking Update: 26th November 2024

CAMHS - Delivery Plan Trajectories 2024/25

By August 2024:

- 100% of young people to commence treatment for specialist Child and Adolescent Mental Health Service (CAMHS) within 18 weeks of referral
- Achieve a waiting list of 120 or less



Source: Local Management Reports, North Ayrshire HSCP

IMPROVEMENT ACTIONS

CAMHS

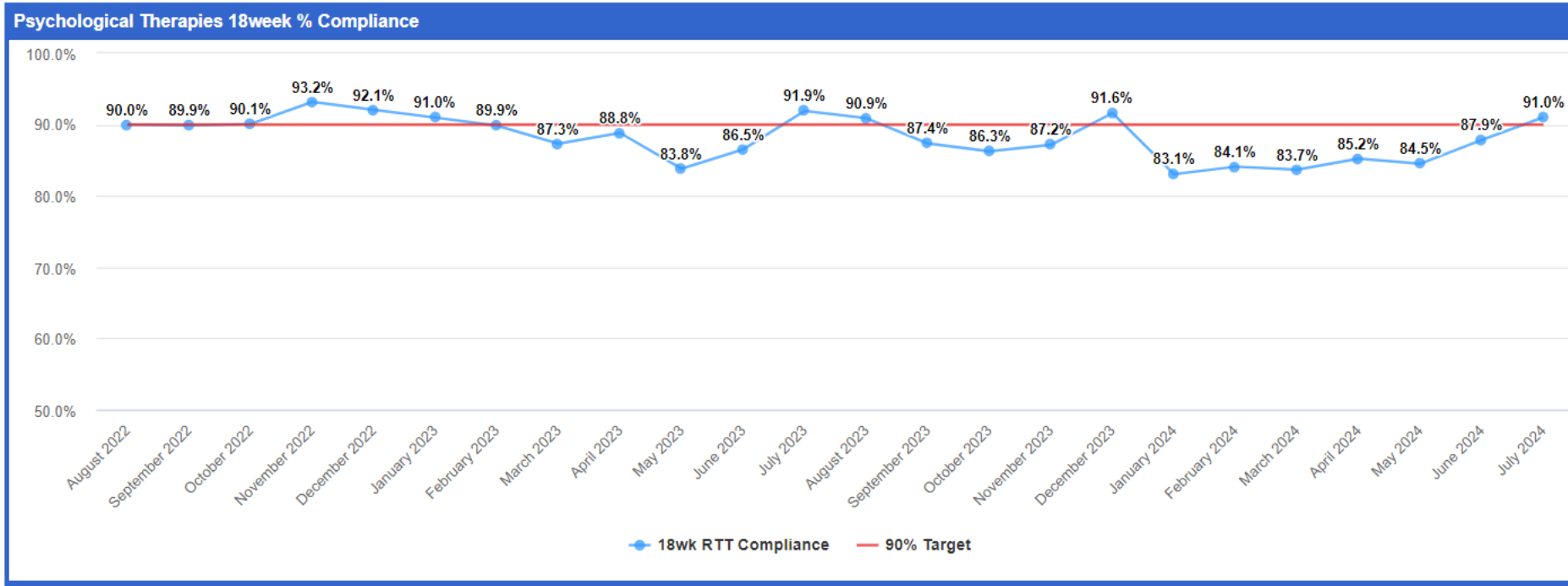
- Using Trakcare and CAMHS Benson Wintere DCAQ Model to carry out regular demand, capacity, activity and queue (DCAQ) activities to ensure capacity meets demand.
- Recording all data whether a referral meets the National Specification or not and how and what the service needs to do to meet the demand.
- Further develop and expand on skill mix of workforce in particular encouraging Psychiatry and Psychology posts to CAMHS.
- Development of new facility at West Road for N-CAMHS and CEDS.
- Business case for CAMHS Inpatient beds on the Woodland View site.
- Access qualitative feedback through Kidscreen as well as quantitative data.
- N-CAMHS will continue to see young people who are currently on the N-CAMHS waiting list
- Commission external providers to assess children and young people.

Psychological Therapies - 18 Week National Standard/Target

Psychological Therapies 18wk 90% Target

July 2024 result
✔ **91.0%**

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



National Benchmarking – 18 Weeks PT Target (90%)

	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
NHS A&A	86.5%	91.9%	90.9%	87.4%	86.3%	87.2%	91.6%	83.1%	84.1%	83.7%	85.2%	84.5%	87.9%
Scotland	78.5%	79.7%	78.8%	79.7%	80.4%	79.3%	82.9%	79.4%	77.9%	80.7%	80.2%	80.2%	80.4%

Source: Public Health Scotland and Local Management Reports, North Ayrshire HSCP
 Next National Benchmarking Update: 26th November 2024

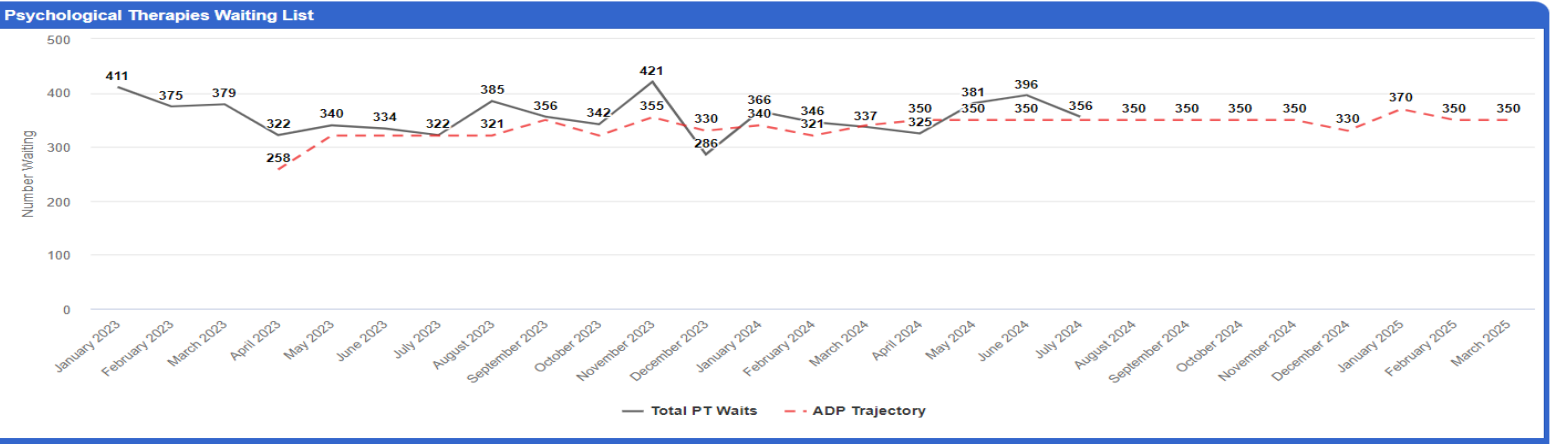
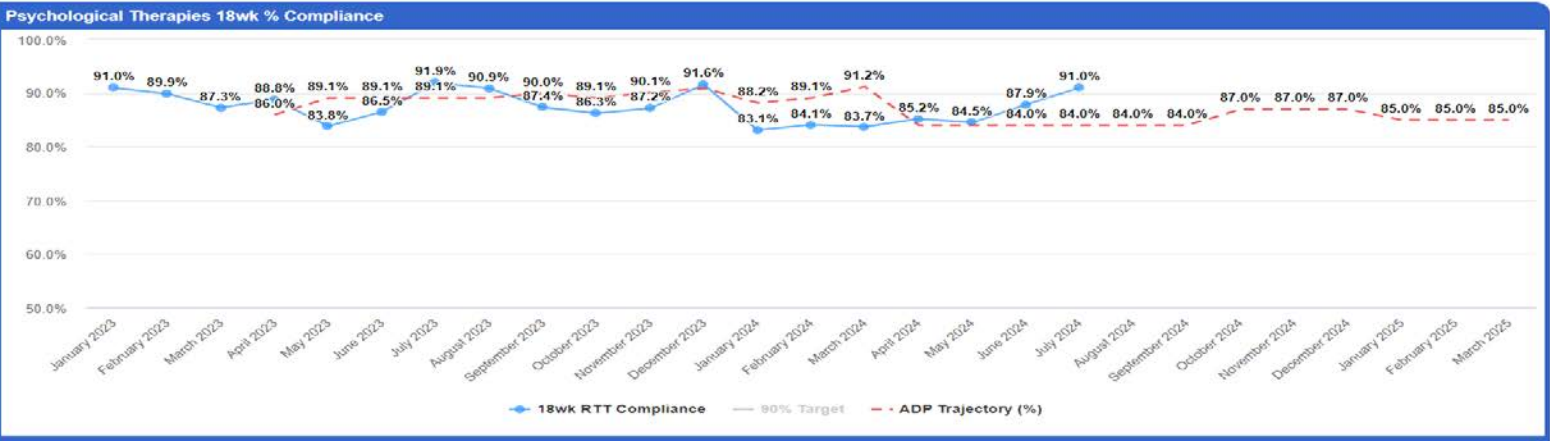
Psychological Therapies - Delivery Plan Trajectories 2024/25

By August 2024:

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

Psychological Therapies 18wk ADP Trajectory

July 2024 result
✔ **91.0%**



Source: Local Management Reports, North Ayrshire HSCP

IMPROVEMENT ACTIONS

Psychological Therapies

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

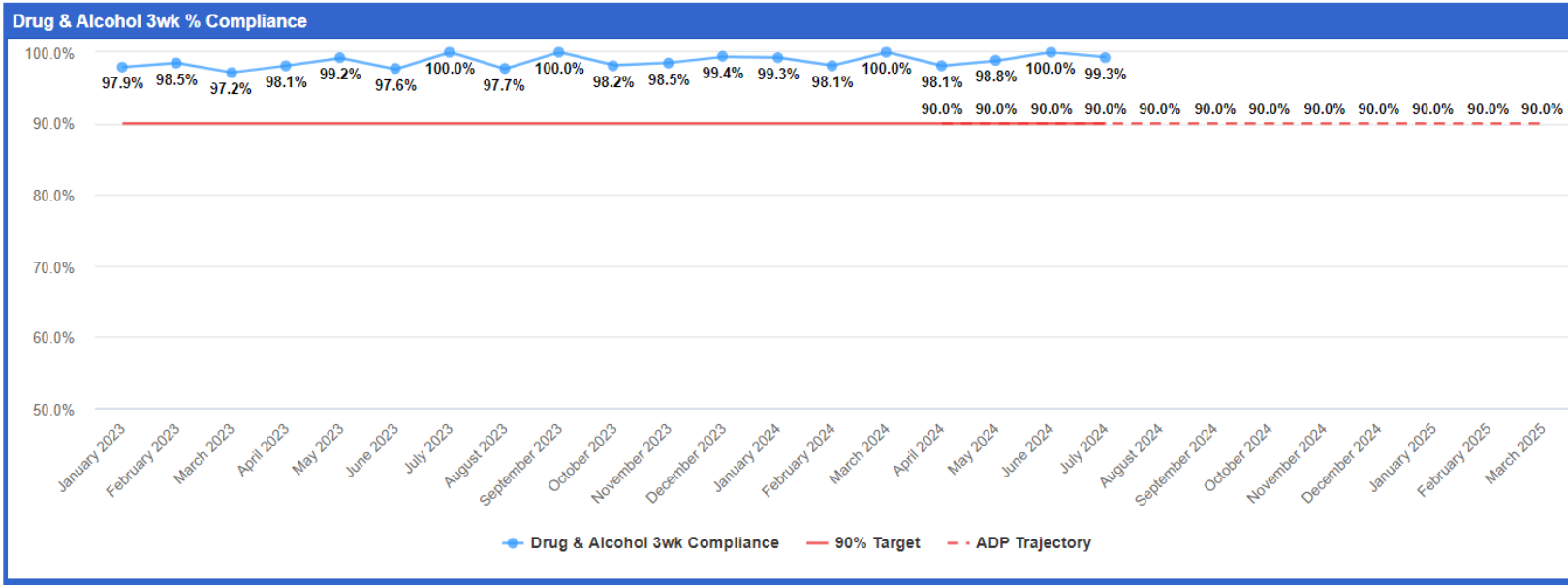
Drug and Alcohol Treatment: 3 Week National Standard/Target

Drug & Alcohol 3wk 90% Target & Trajectory

July 2024 result

99.3%

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



IMPROVEMENT ACTIONS

Drug and Alcohol Treatment

Implement agreed actions in relation to MAT 7:

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

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

	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
NHS A&A	97.2%	98.1%	99.2%	97.6%	100.0%	97.7%	100.0%	98.2%	98.5%	99.4%	99.3%	98.1%	100.0%
Scotland	92.9%	93.0%	93.0%	93.0%	92.3%	92.3%	92.3%	90.6%	90.6%	90.6%	92.0%	92.0%	92.0%

AUCS Compliance

August 2024 result

95%

Ayrshire Urgent Care Service (AUCS)

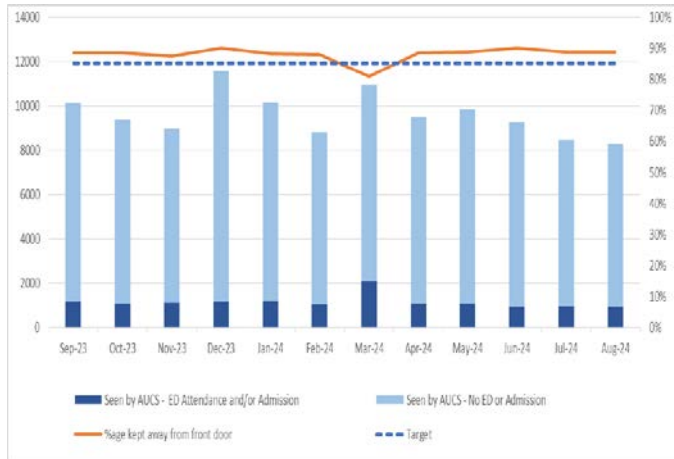
Local Target: At least 85% of patients who contact AUCS will not require attendance at the Front Door and will receive alternative pathways of care in the right place, at the right time.

IMPROVEMENT ACTIONS

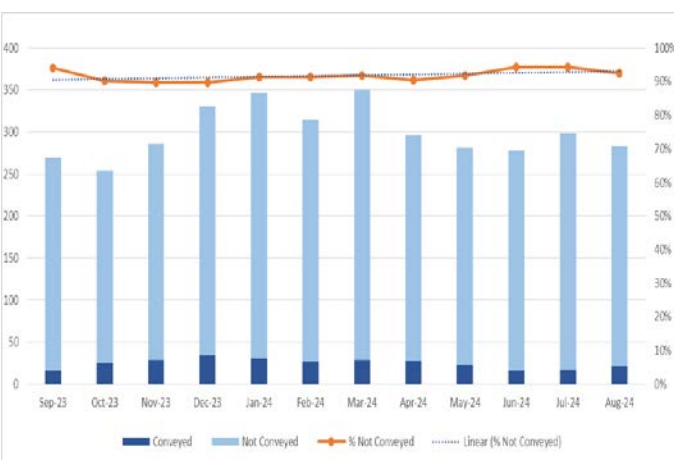
Urgent Care

- Maintain and grow AUCS/FNC pathways with Senior Clinical Decision Maker Oversight including appointing to MIU.
- Maintain current levels of avoided conveyance of patients through ESMHP as part of Call Before Convey (100% treated within community).
- Increasing engagement with SAS and Police Scotland to ensure appropriate pathway of care for patients experiencing Urgent Mental Health need.
- Work with colleagues in Mental Health team to ensure pathway into the 72 hour Mental Health Assessment is modelled within AUCS to ensure capacity matches demand.
- Scoping potential for a Musculoskeletal (MSK) - Urgent Care Pathway to reduce MSK related GP appointments.
- Continue to expand the evidence based Community Rapid Respiratory Response (RRR) pathway across all three HSCP areas.

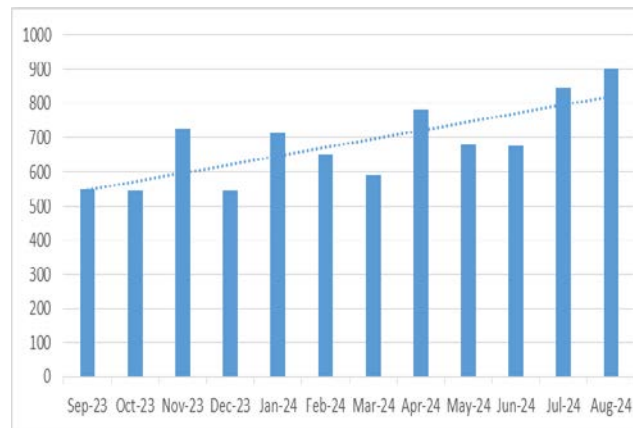
AUCS Contacts



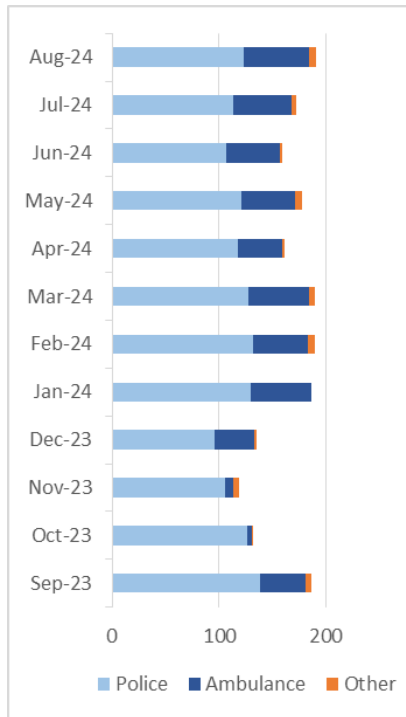
Call Before Convey



Rapid Respiratory Response – number of Patient Consults



No. of RRR Collaborating Practices	31
% of COPD Registered Patients within the Collaborating Practices	76%



Care Home Contacts to AUCS

	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Non NHS24 Contacts	570	578	568	839	834	589	682	619	682	663	617	595
Contacts to NHS24	95	51	50	49	45	39	54	29	51	62	47	47
% Contacts to Hospital	7%	10%	8%	8%	9%	10%	10%	9%	9%	8%	10%	10%

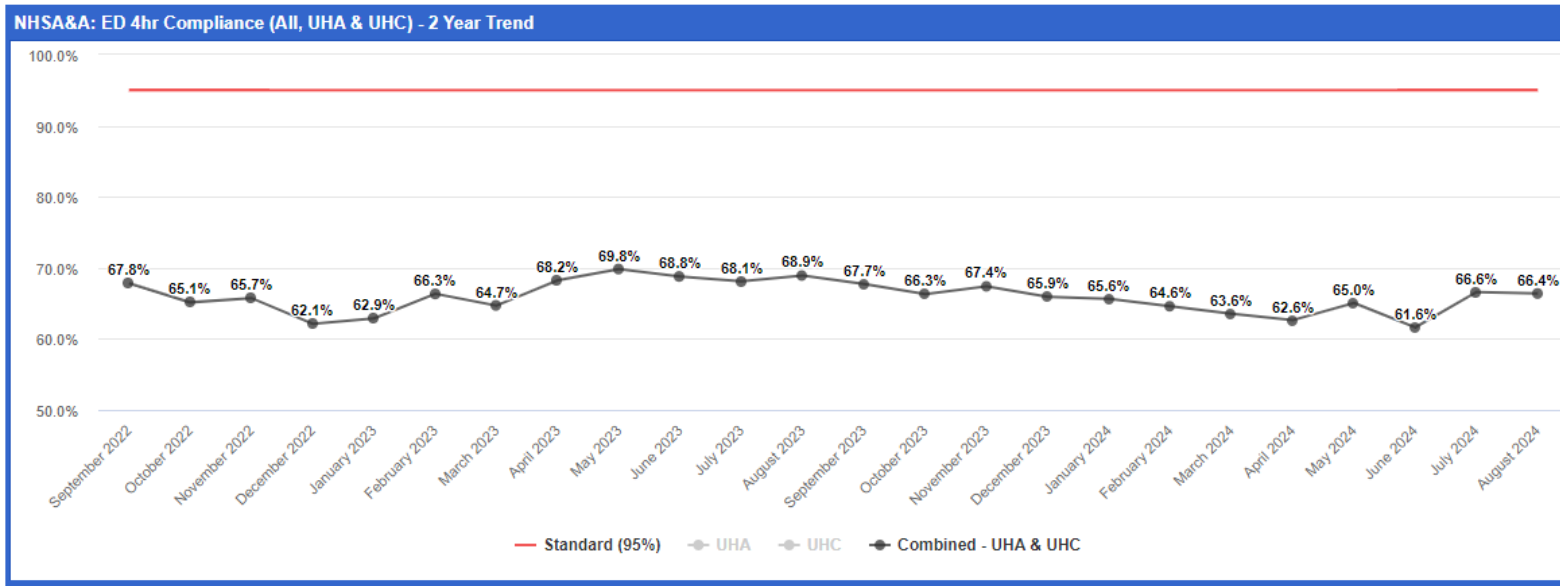
Unscheduled Care – National ED 4 Hour Standard/Target

ED 4 hour % Compliance

August 2024 result

66.4%

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



Numbers of Unscheduled ED Attendances	
Sep 22 – Aug 2023	90,406
Sep 23 – Aug 2024	93,134
<i>Change</i>	+ 2,728 (+ 3.0%)

National Benchmarking – 4 Hour ED Target (95%)

	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24
NHS A&A	68.9%	67.7%	66.3%	67.5%	65.8%	65.7%	64.5%	63.6%	62.6%	65.0%	61.9%	67.7%
Scotland	67.9%	66.5%	64.8%	63.6%	62.5%	62.0%	63.8%	64.0%	63.9%	67.4%	65.2%	66.1%

Unscheduled Care – Delivery Plan Trajectories 2024/25 – Reconfiguring Front Door Services

IMPROVEMENT ACTIONS

By August 2024:

- Improve overall ED 4hr compliance (**both unscheduled and scheduled attendances**) to at least 67.3%
- Decrease the number of patients waiting over 12 hours to 17 or less per day
- Improve the proportion of Scottish Ambulance Service (SAS) acute hospital turnaround times within 60 minutes to at least 67.5%
- Increase the proportion of patients aged 65 or over being admitted to CAU and discharged within 72 hours to at least 53.1%

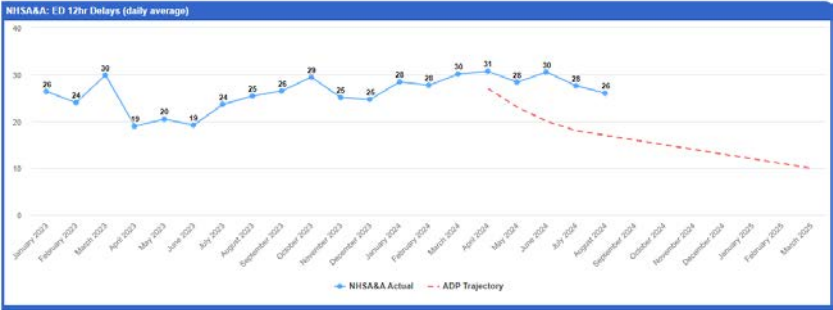
Unscheduled Care: Reconfiguring Front Door Services

- Develop and introduce ED 4hr escalation plan.
- Implement ED stress triggers and response action cards.
- Review environmental structures within ED and Identify areas to support short term escalations.
- AGM embedded within UHC ED to support communication and escalation.
- Establish joint NHSA&A and SAS governance meetings.
- Identification of further triage space within ED.
- Bring forward admission times to medical wards from ED and CAU.
- Front loading of consultants in initial assessment to determine blockages and resolutions.
- Additional ANP support to target CAU discharges over weekends from inpatient zones.
- AHP input within CAU.
- Community discharge pathway.
- Develop and deliver front door frailty zones at both sites.

ED 4hr Compliance ADP Trajectory
August 2024 result
● 66.9%



ED 12hr Waits (daily average) ADP Trajectory
August 2024 result
● 26



SAS Turnaround (%<60mins) ADP Trajectory
August 2024 result
● 63.6%



CAU >65s Discharged <72hrs ADP Trajectory
August 2024 result
● 48.4%



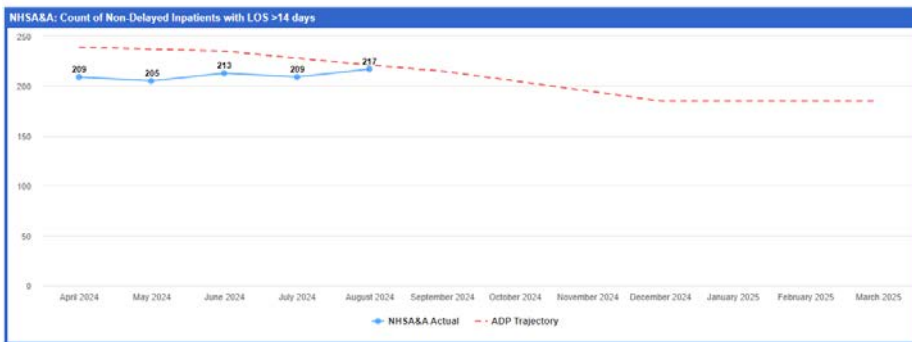
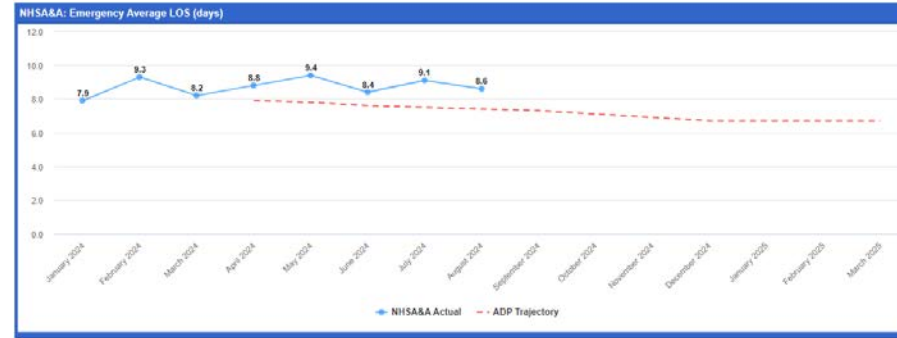
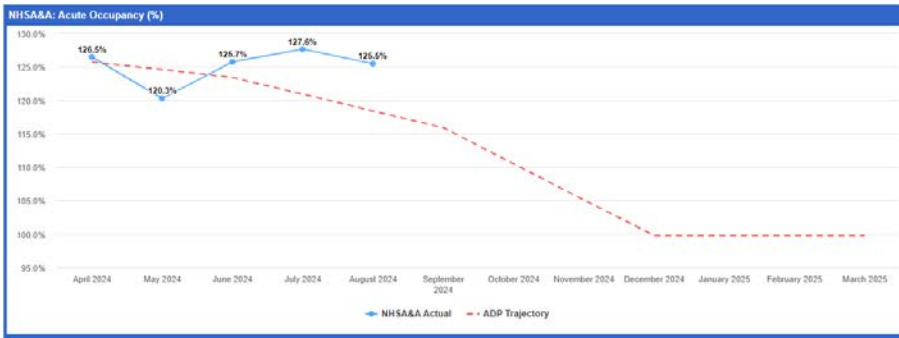
Source: Local Management Reports

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

IMPROVEMENT ACTIONS

By August 2024:

- Reduce occupancy in our Acute sites to 118.4% or below
- Reduce the Average Length of stay for emergency admissions to 7.4 days or less
- Lower the numbers of patients with a length of stay over 14 days who are not in delay to 221 or below



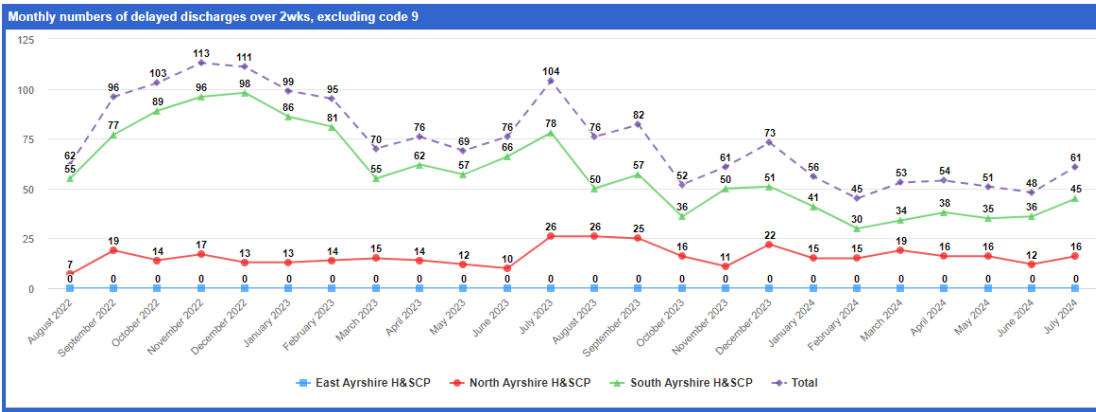
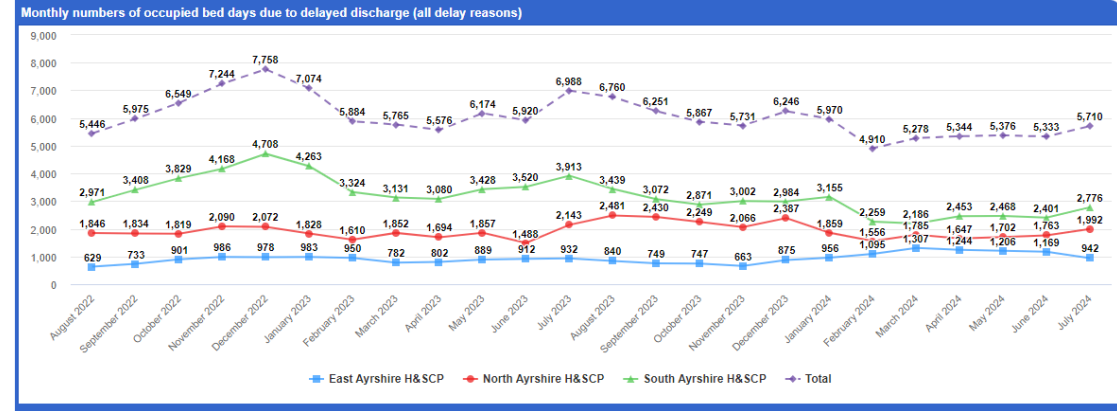
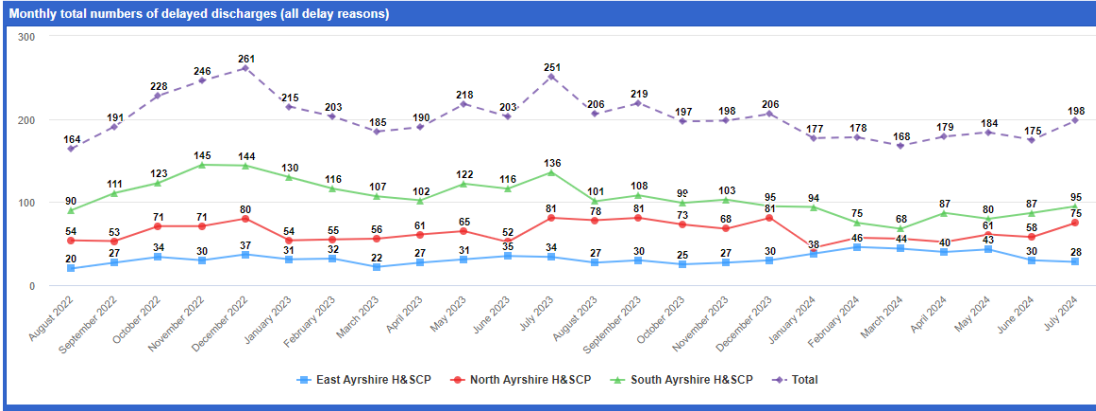
Unscheduled Care: Reducing Acute Length of Stay

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

Delayed Discharges – NHS Ayrshire & Arran

Three main measures are monitored in terms of performance:

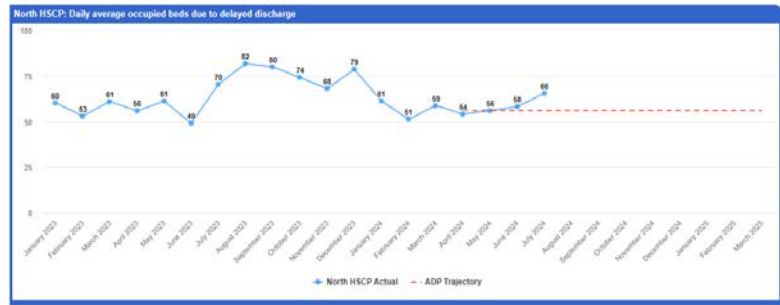
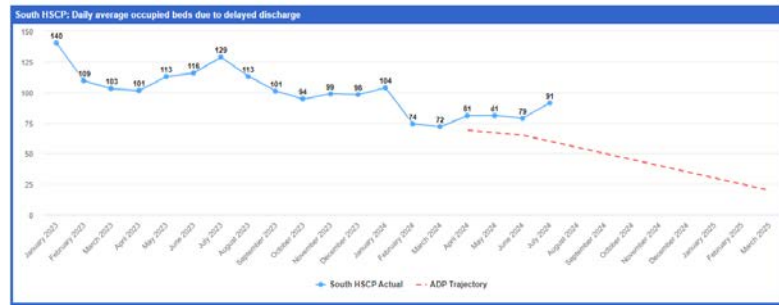
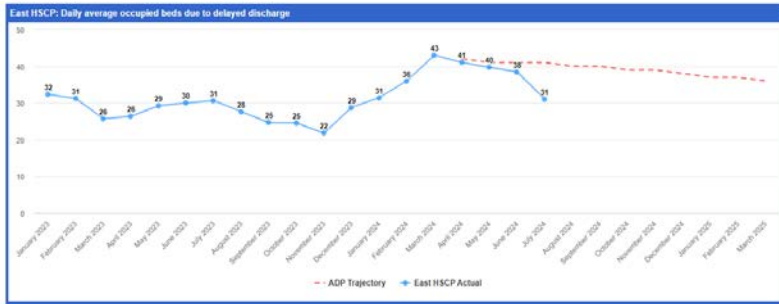
- numbers of people experiencing a delay of any length or reason in discharge from hospital at the monthly census point
- numbers of hospital bed days associated with delayed discharges (any length or reason) in the calendar month
- numbers of people experiencing a standard delay over 2 weeks (excluding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



Delayed Discharges - Delivery Plan Trajectories 2024/25

- Reduce the average number of beds occupied per day for patients delayed in all hospitals

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



IMPROVEMENT ACTIONS

East Ayrshire

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

North Ayrshire

- Development of a CAH Recruitment Strategy.
- Development of a Wellbeing at Work Strategy.
- Targeted review strategy and reablement approach to care provision.
- Introduction of Unmet need Oversight Group.
- Introduction of a daily tracker for all hospital-based Partnership activity. Review other Local Authority models for guardianship processes and implement exemplar systems for tracking and implementing timescales.
- Undertake a Self-Assessment against SG AWI Good Practice guidance and implement any recommendations for improvement as required.
- Daily Senior Management review of all Delayed Discharges including oversight of guardianship timescales.
- Development of an Operational Procedure to utilise Mental Health Officer (MHO) lead to support in discharge planning (AWI Pathways demonstration of monitoring).
- Review how teams (assessment and CAH) are contributing in Crosshouse Hospital to multi-disciplinary team PDD setting.
- Embed daily review meetings across operational Care at Home and Locality SW (Hospital) Teams.
- Review of the process around access to interim beds including the monitoring and oversight of this.
- Refresh use of DWD and PDD Bundle in Community Wards.
- Pan Ayrshire Discharge Planning Policy.
- Development of North Ayrshire specific Home First Strategy.

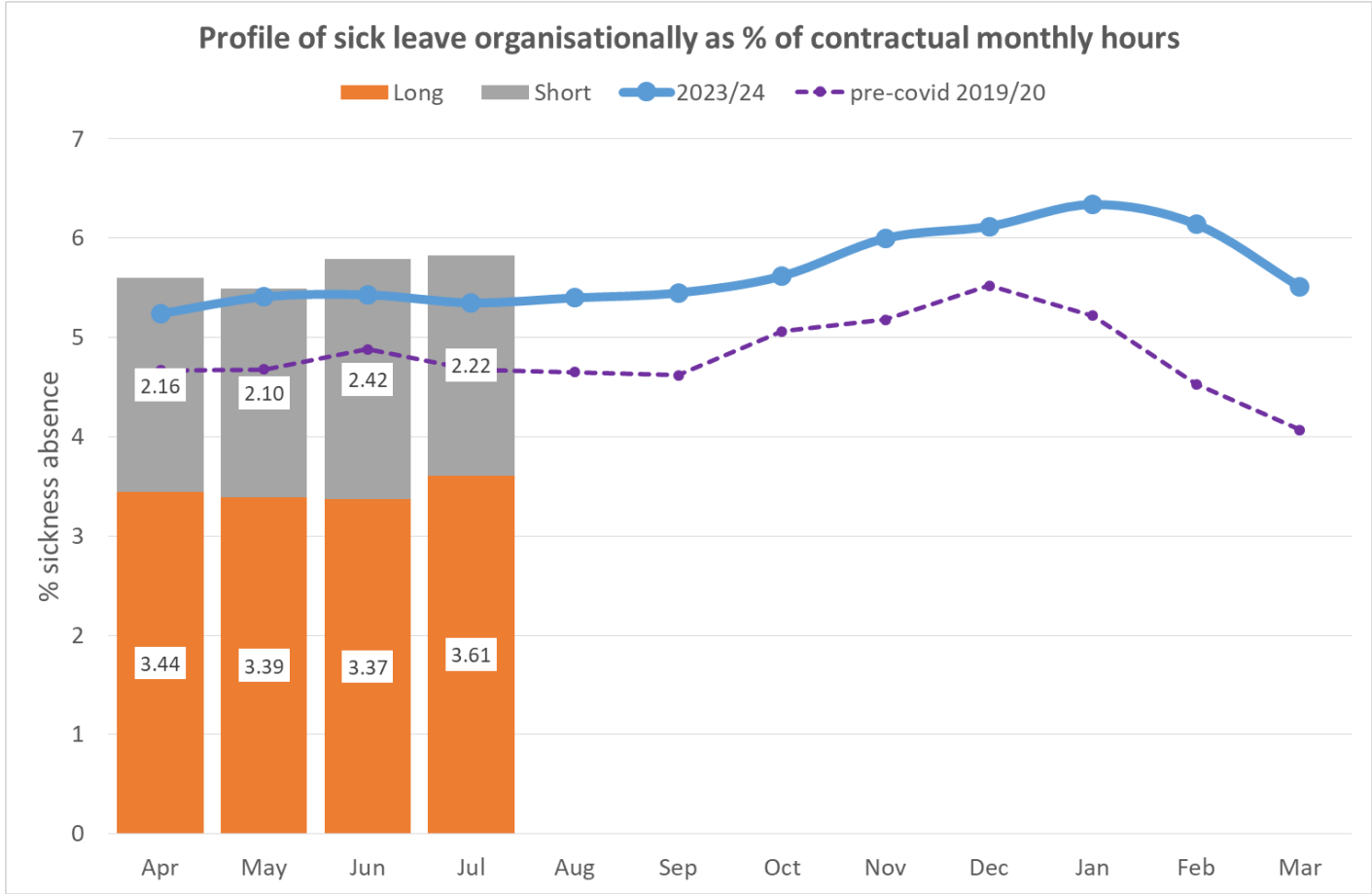
South Ayrshire

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

Human Resources - Delivery Plan Trajectories 24/25 – Sickness Absence

By July 2024:

- Reduce sickness absence rates to 4.7% or less



Source: Local Management Reports, HR

IMPROVEMENT ACTIONS

Workforce

- Continued focus on sickness absence
 - Ensuring sickness appropriately managed
 - Supporting staff health and wellbeing