

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 2 December 2024
Title:	Performance Report
Responsible Director:	Kirstin Dickson
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 performance against National Waiting Times Targets is also provided.

Appendix 1 provides a focus on the following service areas:

- New Outpatients and Inpatients/Day cases Waiting Times;
- Imaging, Endoscopy and Cancer Waiting Times;
- Musculoskeletal Waiting Times;
- Mental Health Waiting Times
 - CAMHS;
 - Psychological Therapies; and
 - Drug and Alcohol Treatment
- Ayrshire Urgent Care Service (AUCS)
- Unscheduled Care Performance:
 - 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 September 2024; some measures are only available to August 2024.

Executive Data Summary

New Outpatients

- Performance against the 12 week 95% National target/standard for New Outpatients has increased from 34.4% at August 2024 to 35.0% at September 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 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 56,683 at September 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 increased from 50.4% at August 2024 to 51.3% at September 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 been on a decreasing trend from a high of 8,227 at March 2024, to 7,861 in September 2024; meeting the Delivery Plan trajectory of 8,667.
- The next waiting times target to eliminate long waits, is for no Inpatients/Day Cases to be waiting longer than 12 months in the majority of specialties by September 2024. Compared with a waiting list of 1,399 at end of May 2024, the number waiting has been on an increasing trend to 1,462 at the end of September 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 over this time. Trauma and Orthopaedics and Ear, Nose and Throat (ENT) continue to report the highest recorded waits.

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 65.5% at

August 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 continues to decrease from a high of 6,707 at June 2024, to 5,453 August 2024. This is lower than predicted and meets the Delivery Plan trajectory of 5,752.

Endoscopy

- Compliance against the 6 week National target/standard for Endoscopy has increased from 50.0% at July 2024 to 52.2% at August 2024. This is the second 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 however remains lower than predicted and meets the Delivery Plan trajectory of 1,960.

Cancer

- Performance against the 62-day 95% Cancer target/standard has decreased from a seven month high of 85.6% at July 2024 to 77.4% at August 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 August 2024, NHS Ayrshire & Arran has continued to meet and exceed the Scotland average and the 95% 31-day Cancer target/standard with performance of 99.1%. This exceeds the Delivery Plan trajectory of 98%.

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 32.8% at September 2024. Across each of the four professions, an increase in compliance was seen in Physiotherapy, Podiatry and Occupational Therapy, compared to a decrease in compliance in Orthotics.
- In September 2024, Urgent referrals to Occupational Therapy (OT) have an average wait of 2 weeks whilst Physiotherapy and Podiatry have an average wait of 4 weeks; however Urgent Orthotic referrals have remained the same with a wait of 9 weeks at August 2024 and at September 2024.

Mental Health

- At September 2024, compliance in relation to Child and Adolescent Mental Health Services (CAMHS) was 100.0%, which continues to exceed the National target/standard of 90% and meets the Delivery Plan trajectory of 100%. The overall waiting has increased to 79 at September 2024 following a two year low of 69 at August 2024; meeting the Delivery Plan trajectory of 120. The latest national benchmarking data indicates that compliance remains higher than the national average. **From August 2024 the data now includes patients aged under 18 years of age who have been referred to the Community Eating Disorders Service.**
- Although there has been some fluctuation, performance for Psychological Therapy (PT) waiting times shows a decrease in compliance from 91.0% in July 2024 to

82.3% at August 2024; failing to meet the 90% national target. The Delivery Plan trajectory of 84.0% has also not been met. The overall waiting list continues to fluctuate, increasing from 356 at July 2024 to 362 at August 2024; failing to meet the Delivery Plan trajectory of 350. The latest national benchmarking data indicates that compliance still 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 98.7% at August 2024.

Urgent Care

- In September 2024, Ayrshire Urgent Care Service (AUCS) / Flow Navigation Centre (FNC) received 9,643 contacts including patients navigating through the various pathways. 90% of these patients were not referred onwards to hospital, with alternative pathways of care being provided within a community setting.
- During September 2024, 280 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 259 ambulances avoided attendance at the EDs during the month, with these patients receiving alternative pathways of care within a community setting.
- In September 2024, there were 654 calls from Care Homes into the AUCS service with only 9% (73) of these patients requiring to attend an acute hospital. Therefore, 595 frail and elderly residents of Care Homes received alternative care through the various pathways available within AUCS.
- A total of 184 patients were navigated through the Emergency Services Mental Health pathway in September 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.

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 (October 2023 to September 2024) have increased by 3.2% when compared to the previous 12-month period (October 2022 to September 2023).
- Compliance against the 95% ED 4-Hour National standard/target (unscheduled attendances only) increased to 66.8% in September 2024, the highest level of performance since November 2023. The latest national benchmarking data indicates that ED 4-Hour compliance in August 2024 was higher than the national average for the second consecutive month.
- ED 4-Hour performance for all attendances (unscheduled and scheduled) has continued to increase to 67.4% in September 2024 but failed to meet the Delivery Plan trajectory of 68.2%.
- The daily average number of patients waiting over 12 hours to be discharged, admitted, or transferred, within our EDs has continued to improve with numbers reducing to an average of 25 per day in September 2024, compared to 26 per day in August 2024. This was against a Delivery Plan trajectory of 16 per day.
- The proportion of Scottish Ambulance Service (SAS) conveyances with a turnaround time within 60 minutes reduced from 63.6% in August 2024 to 62.5% in September 2024, failing to meet the Delivery Plan trajectory of 69.4%. Despite this, the turnaround time within 60 minutes remains at its second highest level since March 2024.
- The proportion of patients aged over 65 who were discharged from the Combined Assessment Unit (CAU) within 72 hours of arrival in September 2024 was 44.7%,

against a Delivery Plan Trajectory of 54.6%. This was also lower than the March 2024 baseline.

Unscheduled Care: Reducing Bed Footprint

- Occupancy levels in the acute hospital sites have increased from 125.5% at the end of August 2024 census point to 128.9% at the end of September 2024, failing to meet the Delivery Plan reduction trajectory of 115.9%.
- Average length of stay for Emergency inpatients has increased slightly from 8.6 days in August 2024 to 8.7 days in September 2024; compared to a Delivery Plan trajectory of 7.3 days or less.
- The numbers of patients with a length of stay (LOS) of > 14 days who are not in delay has decreased from 217 at the end of August 2024 census point to 211 at end of September 2024, continuing to meet the Delivery Plan trajectory of 215 or less.

Delayed Discharges

- Total numbers of delayed discharges have decreased to 176 delays at the August 2024 census point, down from 198 the previous month. Whilst the majority of delays continue to be from South Ayrshire Health and Social Care Partnership (HSCP) residents at July 2024 (87 delays; 49.4%), numbers are at lower levels when compared to August 2023 (101 delays; 49.0%). There has also been a reduction in North Ayrshire HSCP compared to August 2023 (78 delays down to 72) and in East Ayrshire HSCP (27 delays down to 17).
- Compared to August 2023, the numbers of bed days occupied due to a delayed discharge have decreased in East Ayrshire HSCP, down from 840 in August 2023 to 734 in August 2024 (-12.6%), have decreased in North Ayrshire HSCP from 2,481 to 2,269 (-8.5%), and also decreased in South Ayrshire HSCP from 3,439 to 2,937 (-14.6%). 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 August 2024 there were 73 such delays across NHS Ayrshire & Arran, with 48 of these (65.8%) from South Ayrshire HSCP and 25 (34.2%) 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 24 beds occupied per day on average in August 2024, a significant improvement on their trajectory of 40 or less for the month. In North Ayrshire HSCP, there were 75 beds occupied per day in August 2024, failing to meet their trajectory of maintaining at no more than 56. In South Ayrshire HSCP, there were 97 beds occupied on average per day in August 2024, which failed to meet their set trajectory of 55 or less.

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 September 2024. In September 2024, sickness absence rates were recorded at 5.59% (short term: 2.01%, long term: 3.58%).

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.

The content of this paper has also been considered by the Performance Governance Committee at their meeting of 06 November 2024.

3. Recommendation

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

4. List of appendices

Appendix 1 – Performance Report

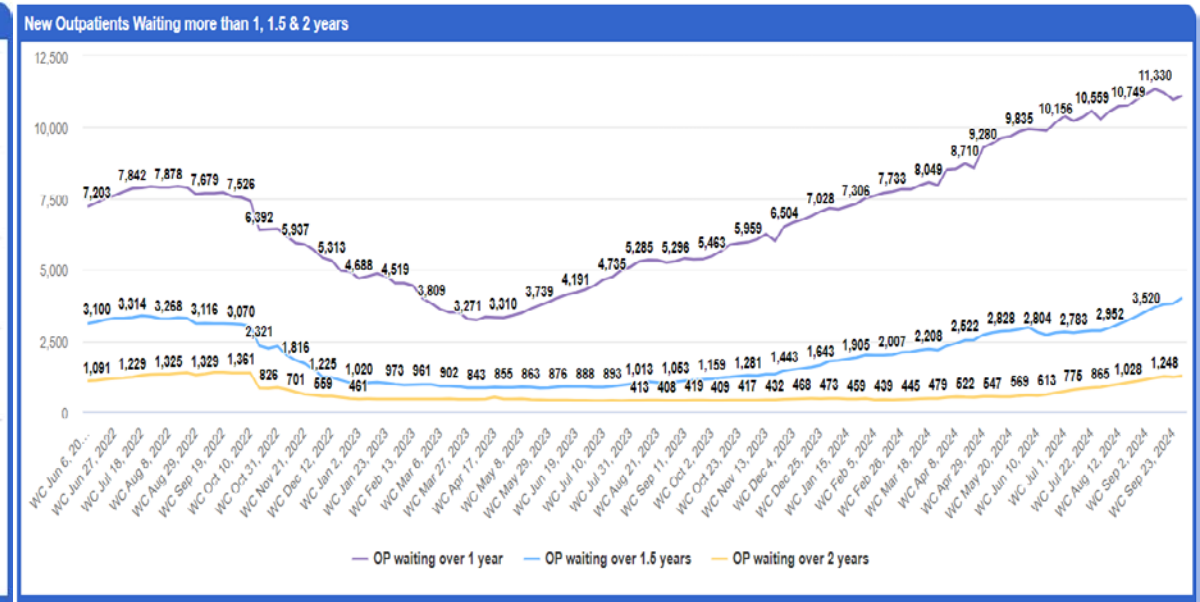
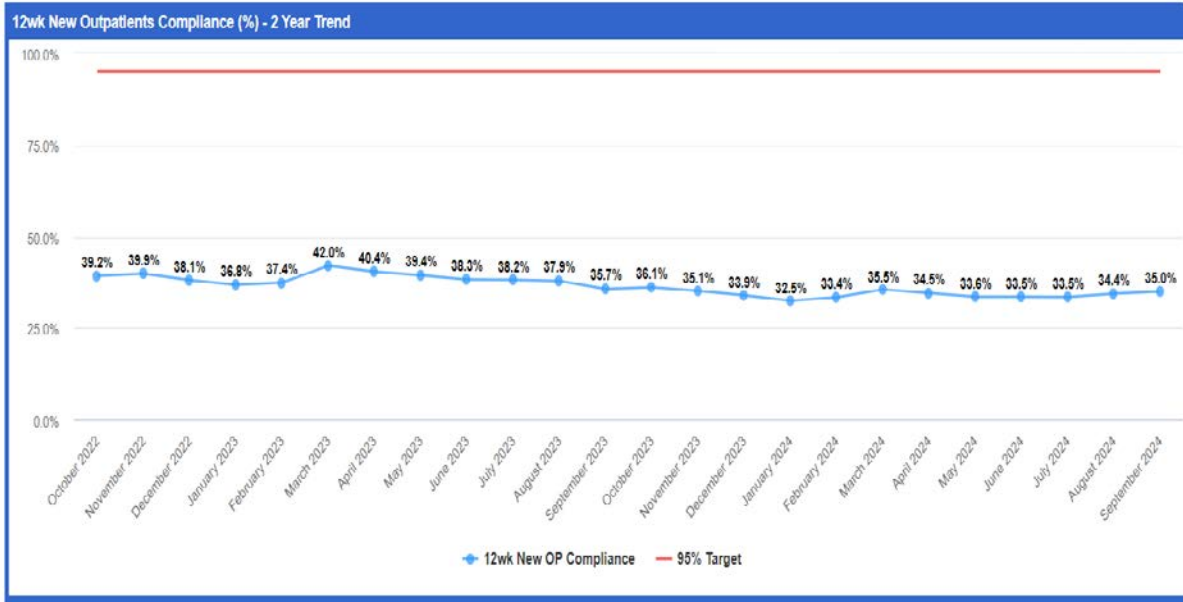
New Outpatients – National 12 Week Standard/Target

12wk New Outpatients 95% Target

September 2024 result

35.0%

- **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 September 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

- Medium term mutual aid Service Level Agreement (SLA) with NHS Forth Valley for Diabetes now established
- Introduce new vetting and clinical delivery model in Diabetes and Endocrinology and re-evaluate DCAQ (Demand Capacity Activity Queue)
- Service redesign initiatives:
 - Group consultations
 - Recruitment
 - Injectable therapies
 - MDT (Multi-Disciplinary Team) triage
- Sleep pathway – Establish new SLA with NHS Greater Glasgow & Clyde 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
- All Consultant and Speciality Doctors have up-to-date job plans inputted on Allocate system

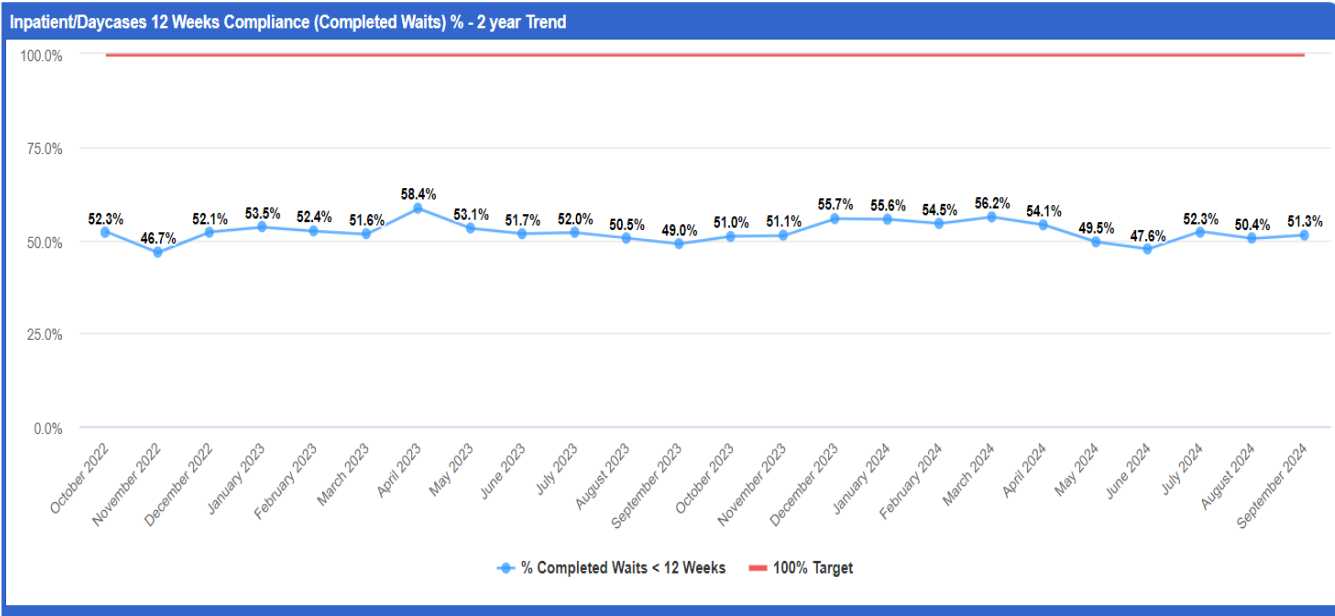
Inpatients/Day Cases - National 12 Week Standard/Target

12wk IPDC 100% Target (Completed Waits)

September 2024 result

51.3%

- 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	History
Gastroenterology-Number of...	0	
Neurology-Number of In...	0	
Oral Surgery-Number of...	0	
Orthodontics-Number of...	0	
Paediatric Surgery-Num...	0	
Paediatrics-Number of I...	0	
Rheumatology-Number ...	0	
Plastic Surgery-Number ...	1	
Urology-Number of Inpa...	1	
Other-Number of Inpate...	2	
Ophthalmology Number ...	62	
Gynaecology-Number of ...	102	
General Surgery (inc Va...	158	
Oral and Maxillofacial S...	175	
ENT-Number of Inpaten...	346	
Trauma & Orthopaedics...	615	

Title	Value	History
Gastroenterology-Number...	0	
Neurology-Number of In...	0	
Oral Surgery-Number of...	0	
Orthodontics-Number of...	0	
Paediatric Surgery-Num...	0	
Paediatrics-Number of I...	0	
Rheumatology-Number ...	0	
Urology-Number of Inpa...	0	
Plastic Surgery-Number ...	1	
Other-Number of Inpate...	1	
Ophthalmology Number ...	5	
Gynaecology-Number of ...	45	
Oral & Maxillofacial Sur...	71	
General Surgery (inc Va...	80	
Trauma & Orthopaedics...	140	
ENT-Number of Inpatien...	235	

Title	Value	History
Gastroenterology-Number...	0	
Neurology-Number of In...	0	
Ophthalmology-Number ...	0	
Oral Surgery-Number of...	0	
Orthodontics-Number of...	0	
Paediatric Surgery-Num...	0	
Paediatrics-Number of I...	0	
Plastic Surgery-Number ...	0	
Rheumatology-Number ...	0	
Urology-Number of Inpa...	0	
Other-Number of Inpate...	0	
Oral & Maxillofacial Sur...	7	
Gynaecology-Number of...	14	
Trauma & Orthopaedics...	19	
General Surgery (inc Va...	32	
ENT-Number of Inpatien...	74	

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

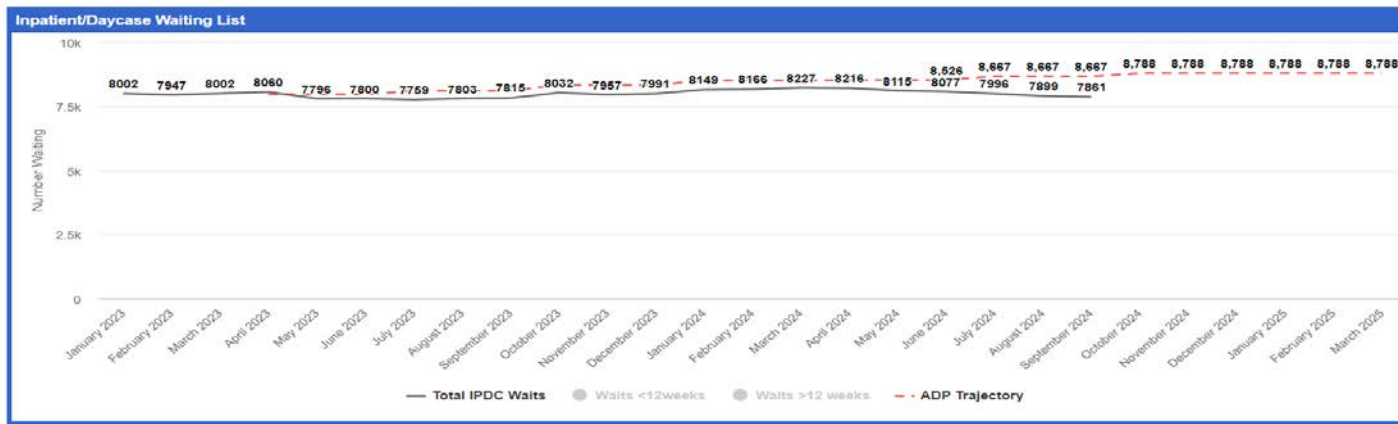
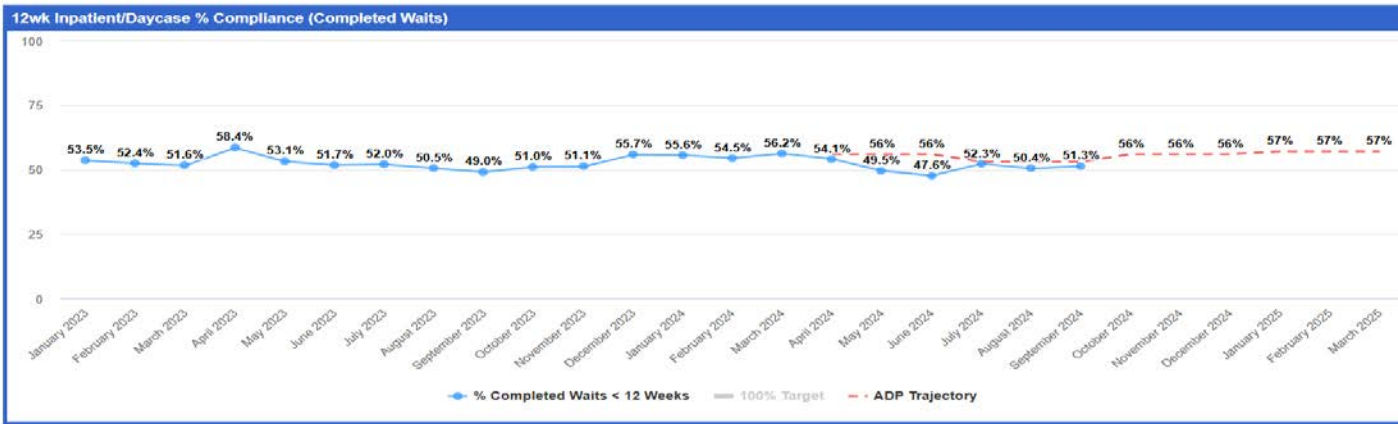
	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
NHS A&A	51.8%	52.0%	50.5%	49.0%	51.0%	51.1%	55.7%	55.6%	54.5%	56.2%	54.1%	49.5%	47.8%
Scotland	56.8%	56.1%	56.1%	56.1%	57.7%	57.7%	57.7%	57.0%	57.0%	57.0%	58.4%	58.4%	58.4%

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

Inpatients/Day Cases – Delivery Plan Trajectories 2024/25

By September 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

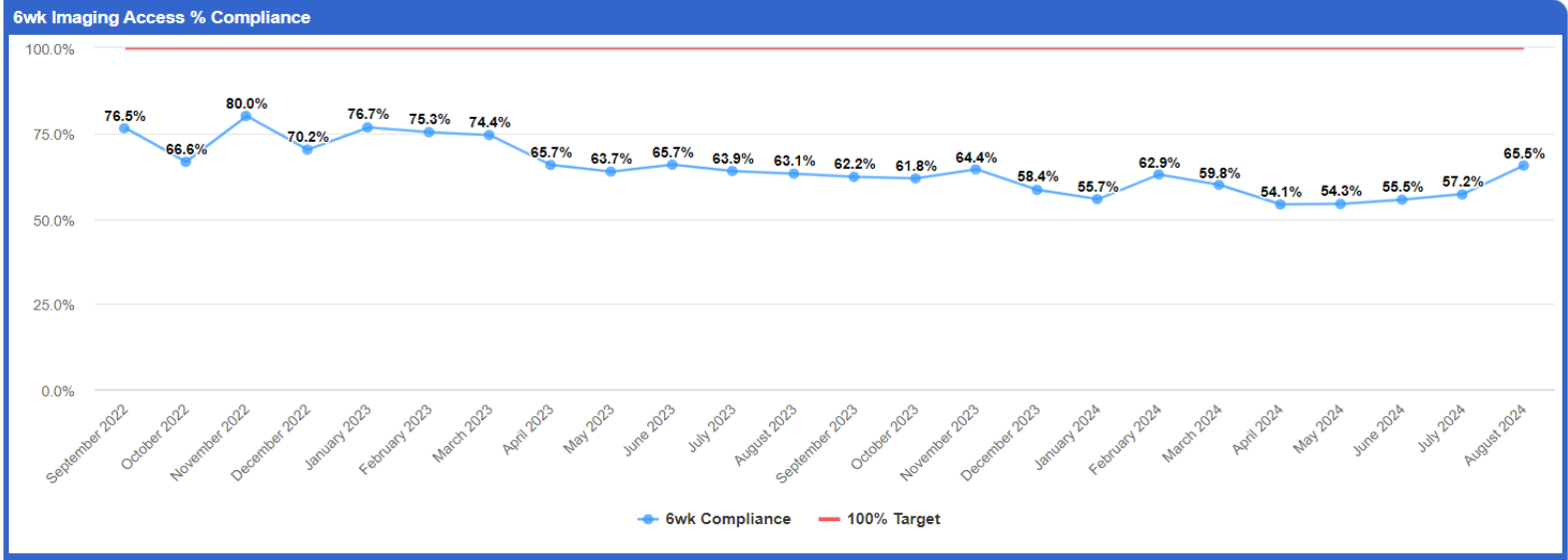
Imaging - National 6 Week Standard/Target

6wk Imaging Access 100% Target

August 2024 result

● 65.5%

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



Title	Value	Numerator	Denominator	Target	Last Update	History
Imaging - % (CT) patients waiting <6wks	87.2%	1,032	1,184	100.0%	August 2024	
Imaging - % Barium Studies patients waiting <6 weeks	79.3%	23	29	100.0%	August 2024	
Imaging - % Non-obstetric US patients waiting <6 weeks	61.2%	1,708	2,792	100.0%	August 2024	
Imaging - % (MRI) patients waiting <6wks	55.9%	809	1,448	100.0%	August 2024	

National Benchmarking - 6 Week Imaging Target (100%)

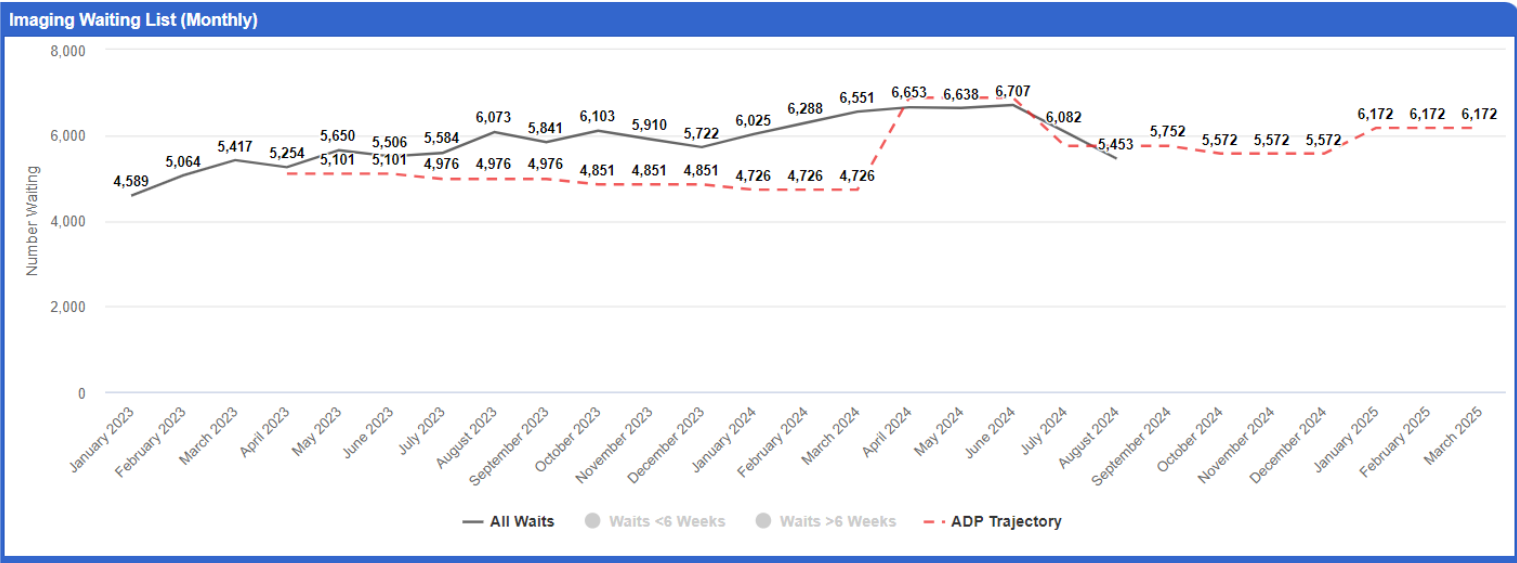
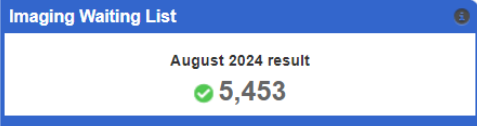
	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
NHS A&A	65.7%	63.9%	63.1%	62.2%	61.8%	64.4%	58.4%	55.7%	62.9%	59.8%	54.1%	54.3%	55.5%
Scotland	53.0%	50.1%	51.3%	52.6%	52.7%	55.0%	51.5%	50.4%	57.6%	56.1%	51.8%	52.9%	52.9%

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 Magnetic Resonance Imaging (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

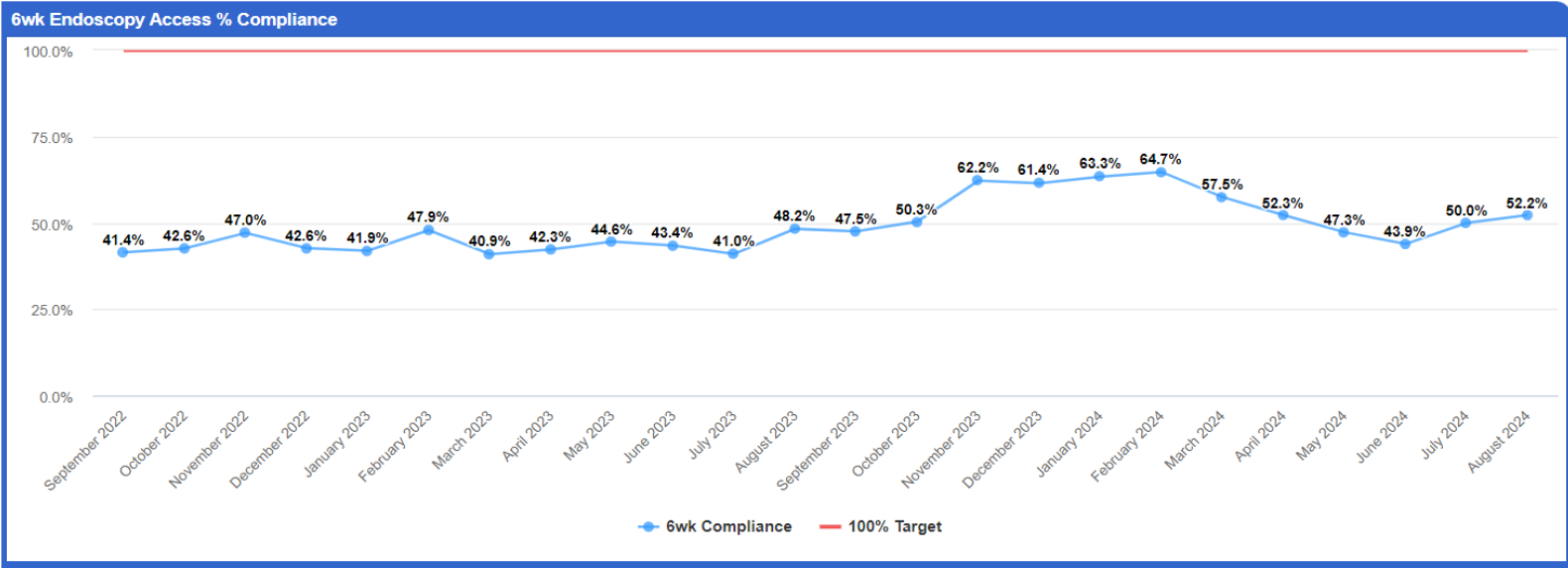
Endoscopy - National 6 Week Standard/Target

6wk Endoscopy Access 100% Target

August 2024 result

52.2%

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



Endoscopy Performance by Procedure - 100% Target

Title	Value	Numerator	Denominator	Target	Last Update	History
Endoscopy - % Colonoscopy patients waiting <6 weeks	55.8%	304	545	100.0%	August 2024	
Endoscopy - % Upper Endoscopy patients waiting <6 weeks	52.8%	534	1,011	100.0%	August 2024	
Endoscopy - % Lower Endoscopy patients waiting <6 weeks	43.9%	79	180	100.0%	August 2024	
Endoscopy - % Cystoscopy patients waiting <6 weeks	35.5%	22	62	100.0%	August 2024	
Endoscopy - % Cytosponge patients waiting <6 weeks	0.0%	0	0	100.0%	August 2024	

← 1 of 2 →

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%

Endoscopy – Delivery Plan Trajectories 2024/25

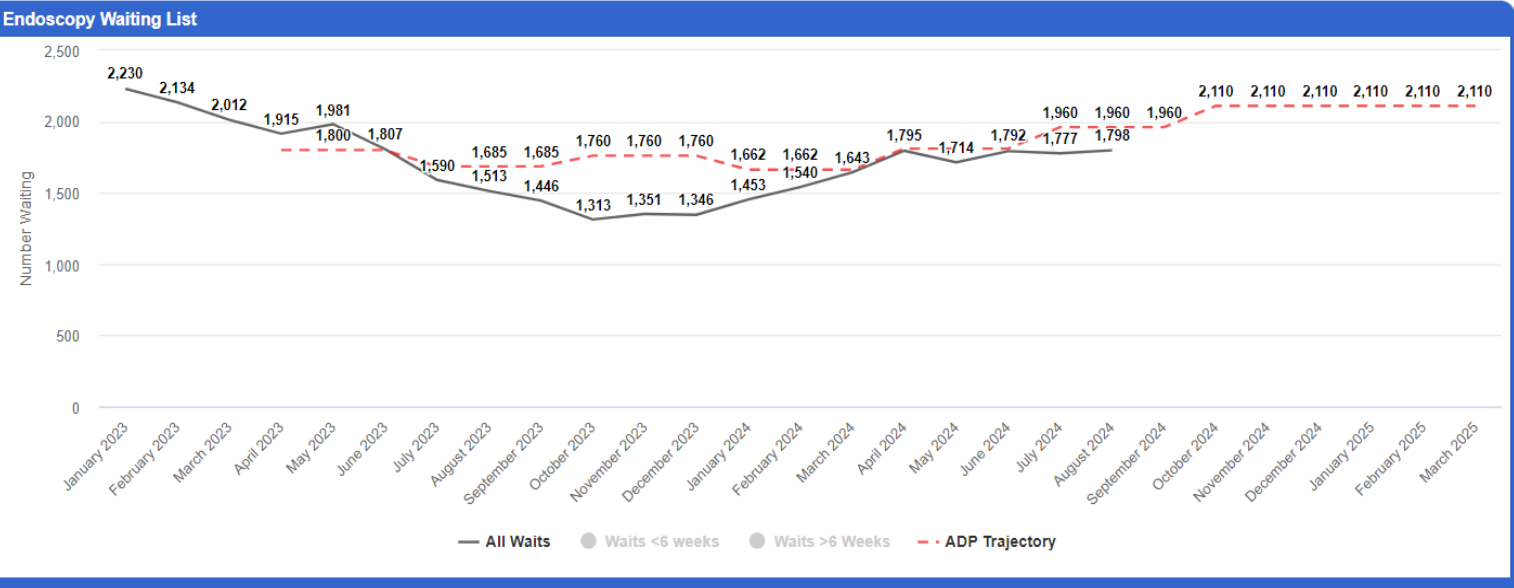
By August 2024:

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

Endoscopy Waiting List

August 2024 result

✓ **1,798**



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 (Quantitative Faecal Immunochemical) 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

Source: Local Management Reports

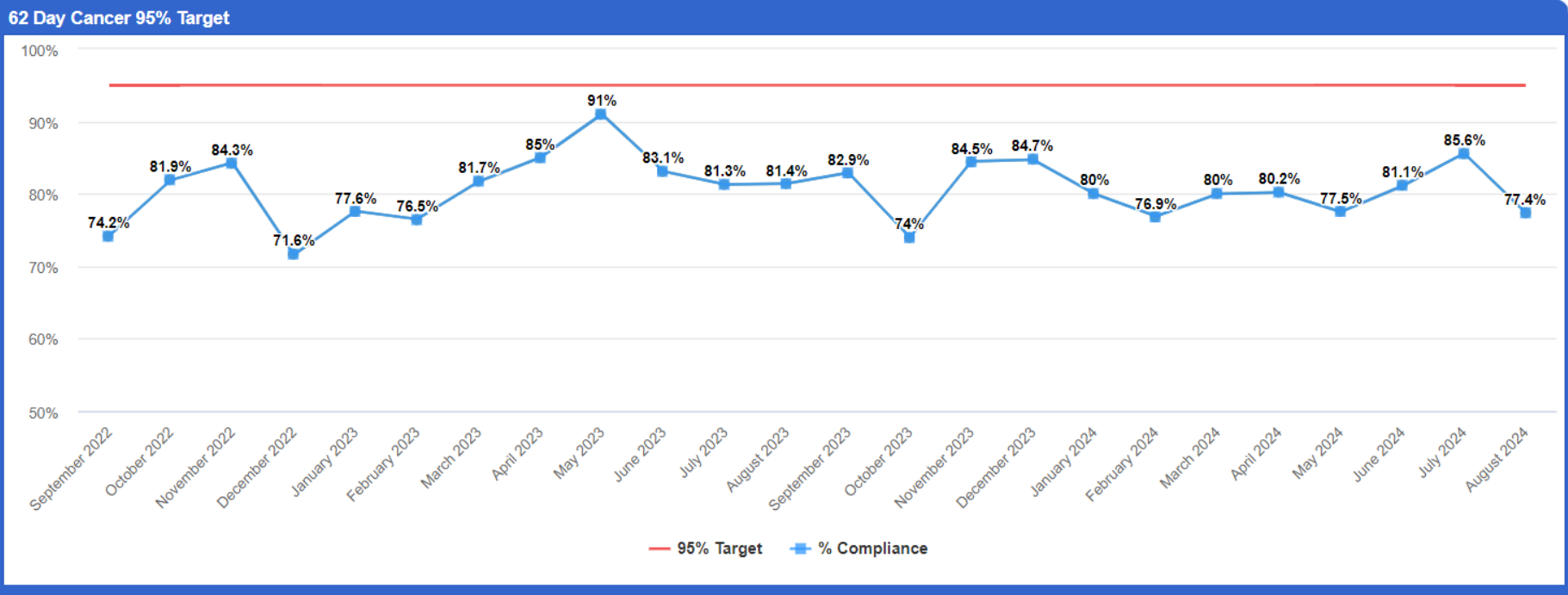
Cancer – 62 day National Standard/Target

62 Day Cancer 95% Target

August 2024 result

● **77.4%**

- **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%)

	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	83.1%	81.3%	81.4%	82.9%	74.0%	84.5%	84.7%	80.0%	76.9%	80.0%	80.2%	77.5%	81.1%
Scotland	70.9%	72.3%	69.4%	71.2%	70.5%	69.0%	70.2%	67.2%	68.8%	71.3%	72.9%	71.4%	70.9%

Cancer – 62 day – Delivery Plan Trajectories 2024/25

By August 2024:

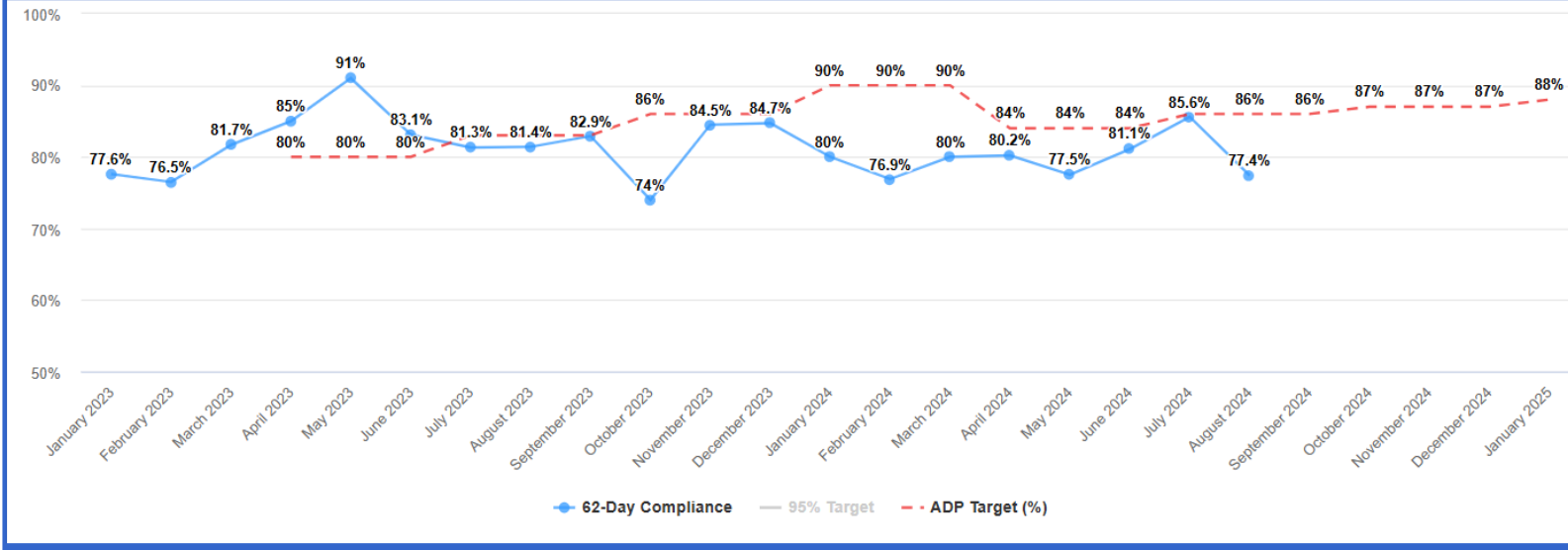
- 86% of those referred urgently with a suspicion of cancer are to begin treatment within 62 days of receipt of referral

62 Day Cancer ADP Trajectory

August 2024 result

● 77.4%

62 Day Cancer ADP Trajectory



Source: Public Health Scotland and Local Management Reports

IMPROVEMENT ACTIONS

Cancer – 62 day

- Additional Artemis biopsy sessions in place to reduce Urology prostate backlog
- DCAQ complete on key elements of Urology cancer pathway
- 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 (Ear Nose and Throat) consultant clinics and specialist radiology
- Commence Breast ANP (Advanced Nurse Practitioner) clinics
- Reduce time from referral to colonoscopy by reviewing bowel screening pre-assessment process

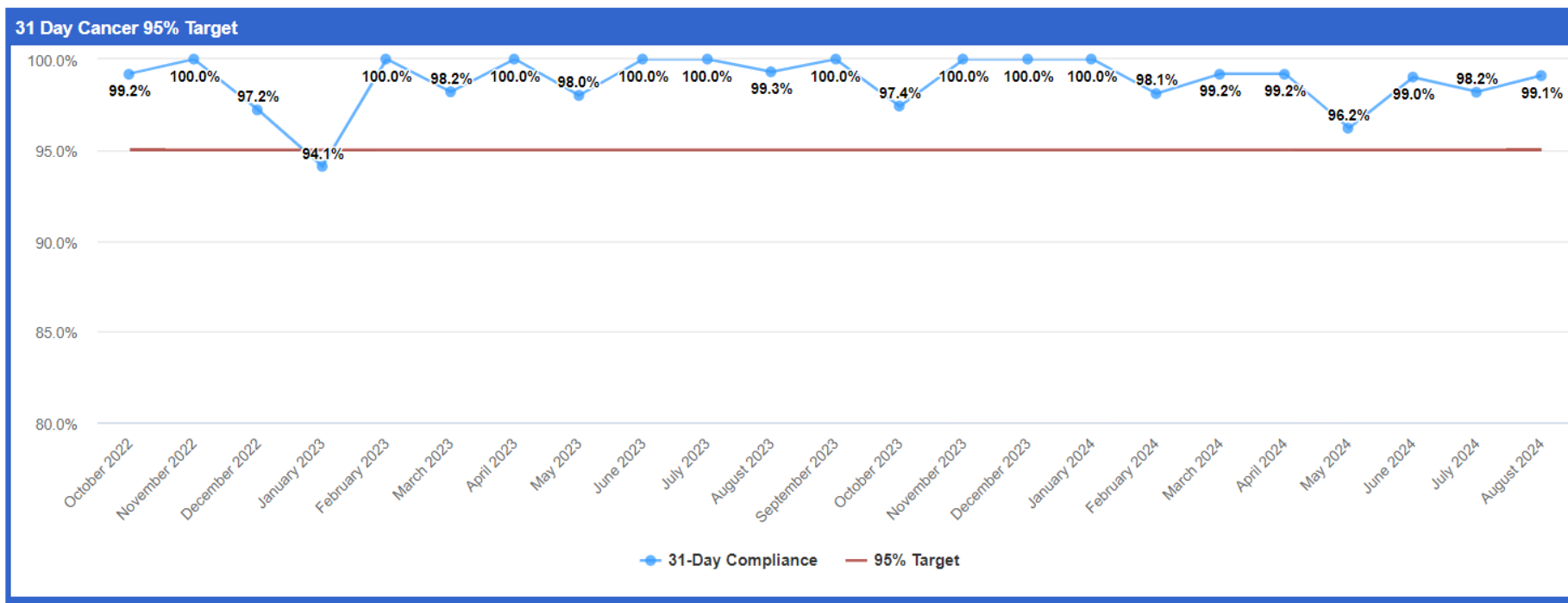
Cancer – 31 day National Standard/Target

31 Day Cancer 95% Target

August 2024 result

✔ **99.1%**

- **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%)

	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	100.0%	100.0%	99.3%	100.0%	97.4%	100.0%	100.0%	100.0%	98.1%	99.2%	99.2%	96.2%	99.0%
Scotland	95.5%	95.1%	94.4%	94.7%	93.4%	93.8%	93.5%	91.7%	94.5%	94.7%	94.6%	94.4%	95.4%

Source: Public Health Scotland and Local Management Reports
 Next National Benchmarking Update: 17th December 2024

Cancer – 31 day - Delivery Plan Trajectories 2024/25

By August 2024:

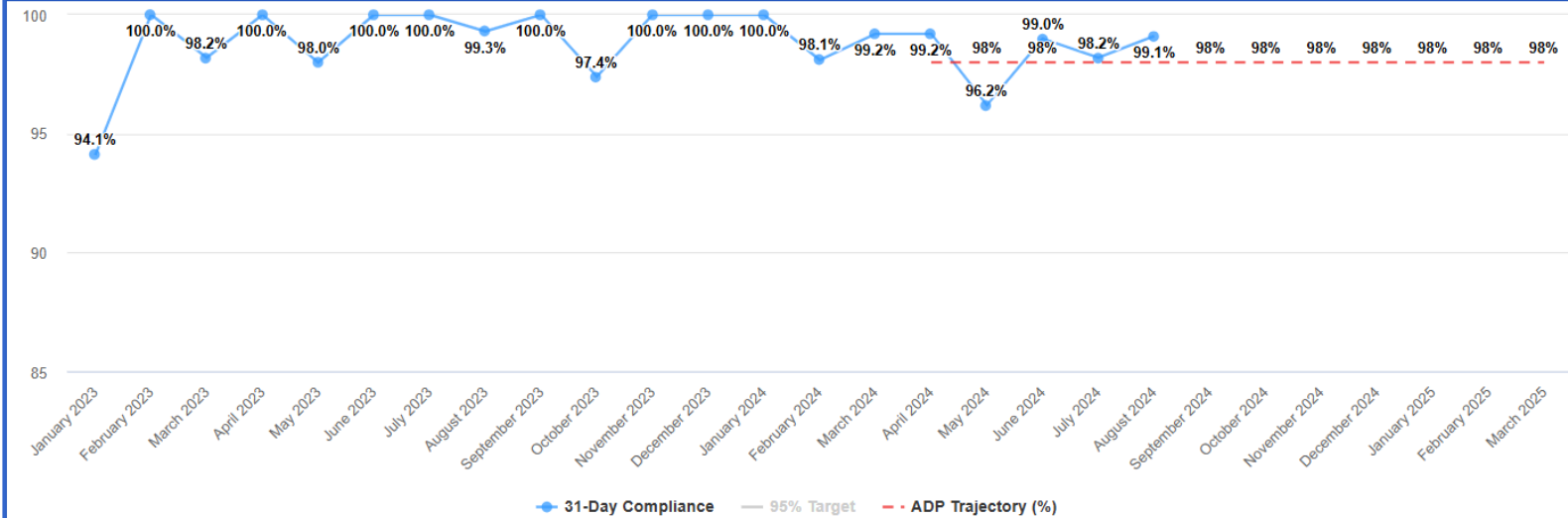
- 98% of all patients diagnosed with cancer are to begin treatment within 31 days of decision to treat

31 Day Cancer ADP Trajectory

August 2024 result

✓ 99.1%

31 Day Cancer ADP Trajectory



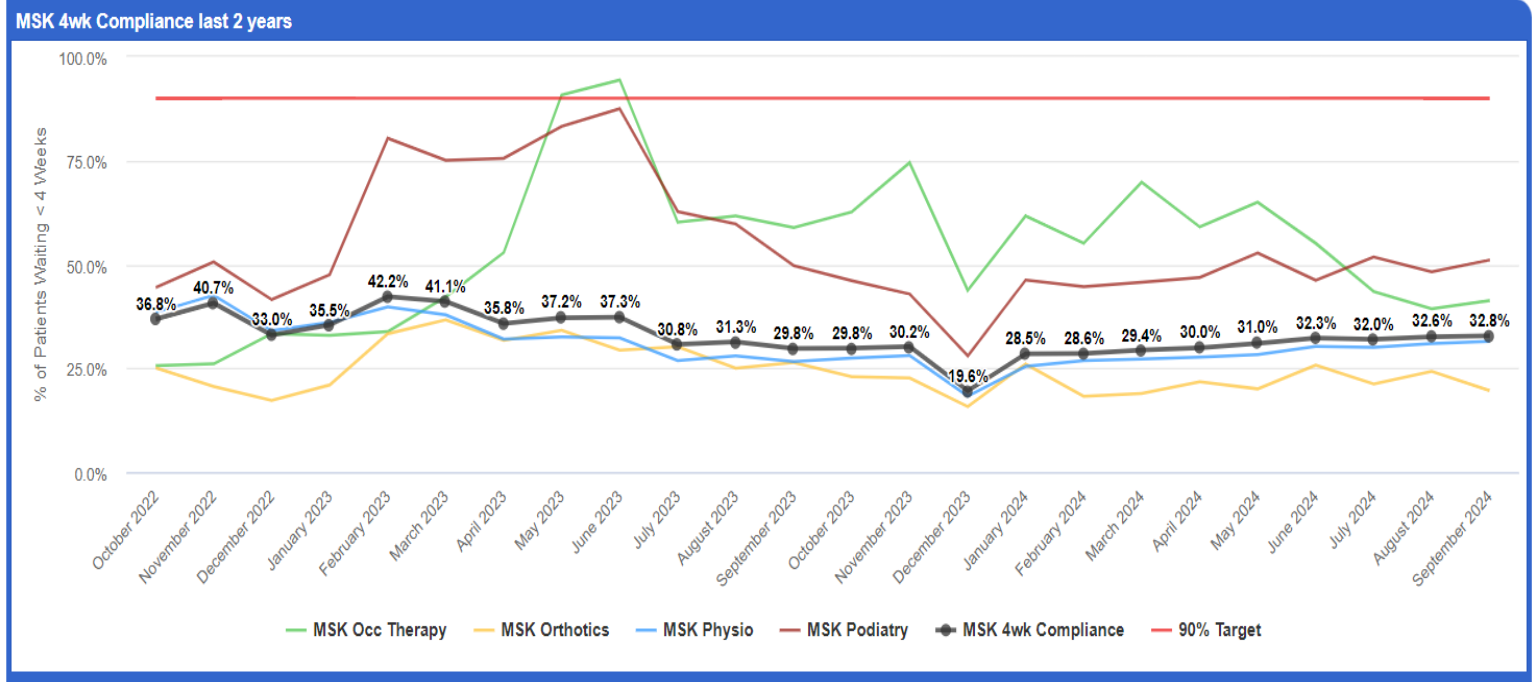
Source: Public Health Scotland and Local Management Reports

IMPROVEMENT ACTIONS

Cancer – 31 day

- Robot Assisted Surgery (RAS) Prostatectomies now established
- New straight to MRI pathway for Prostate referrals implemented
- Joint upper GI (Gastrointestinal) MDT with NHS Lanarkshire is now established
- Expand Robot Assisted Surgery (RAS) to 4 days per week

Musculoskeletal (MSK) – Ongoing Waits



September 2024 – Ongoing Waits by Profession

	All Waits			Urgent Waits Only
	Number Waiting	Max Weeks Waiting	Average Wait (Weeks)	Average Wait (Weeks)
MSK Occupational Therapy	145	22	5	2
MSK Podiatry	613	22	9	4
MSK Physiotherapy	3,951	33	13	4
Orthotics	528	61	20	9

Source: Local Management Reports

IMPROVEMENT ACTIONS

MSK (Musculoskeletal) Ongoing Waits

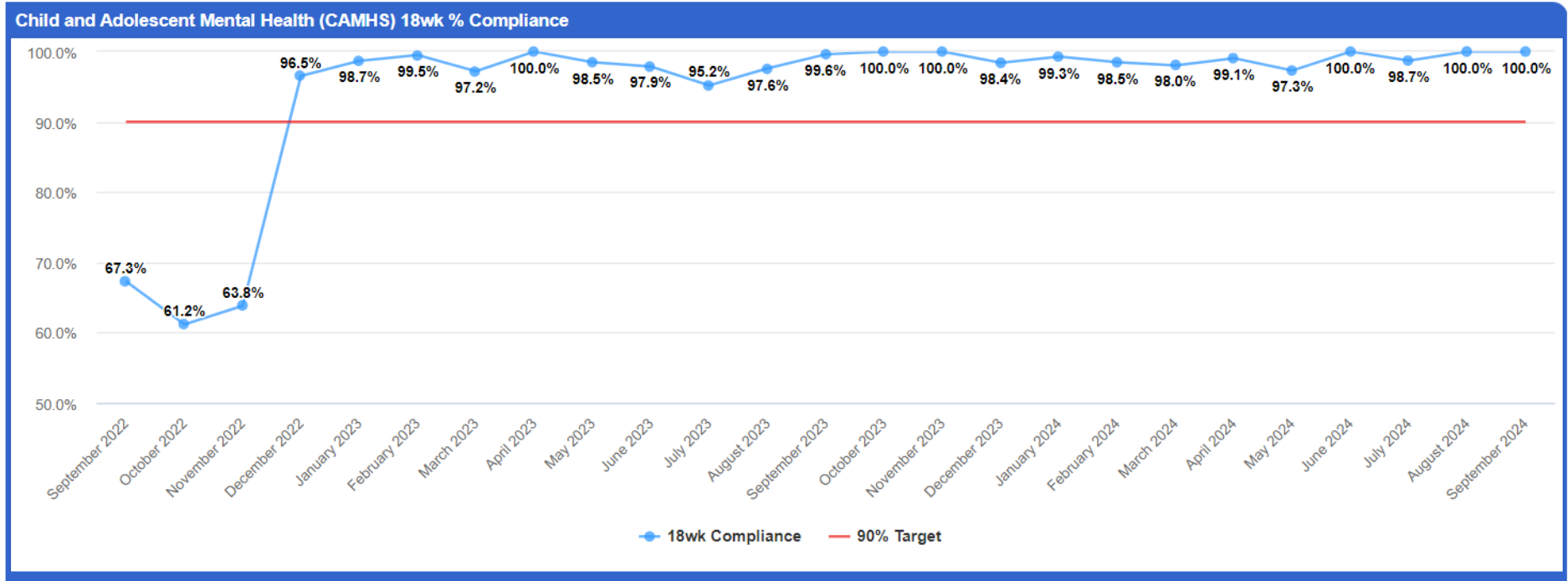
- Increase MSK compliance with National 4 week Waiting Time target
 - DCAQ analysis
 - Patient Focused Booking
 - Patient Initiated Reviews
 - Active Clinical Referral Triage
 - Referral Guidance
- Reduce demand into MSK Services
 - Digital self-management
 - Advice only Referral
 - Community Drop in 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

CAMHS – 18 Week National Standard/Target

CAMHS 18wk 90% Target

September 2024 result
✔ **100.0%**

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



National Benchmarking - 18 weeks CAMHS Target (90%)

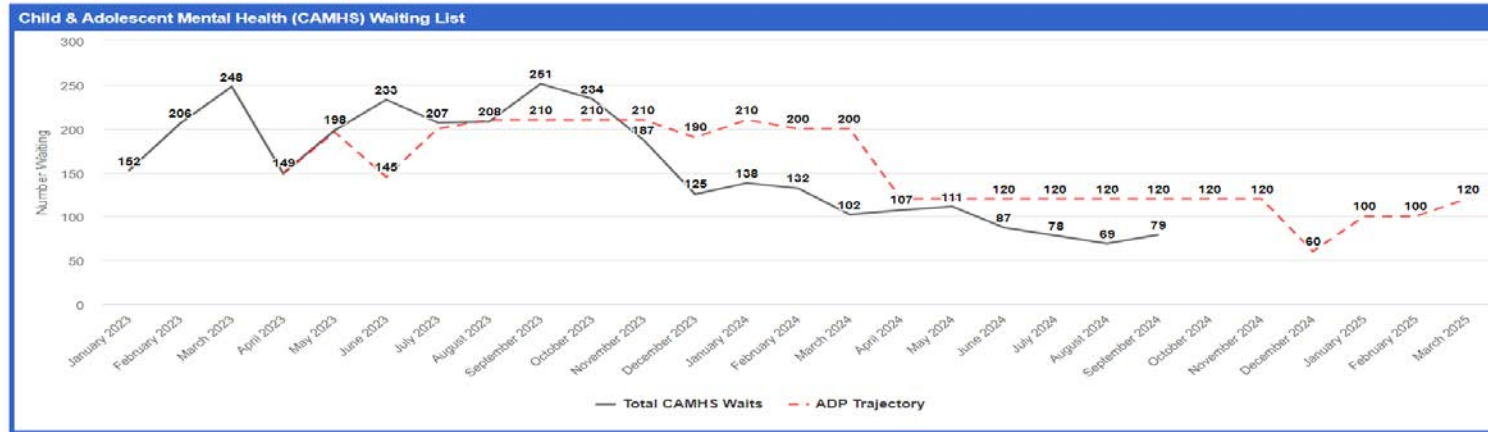
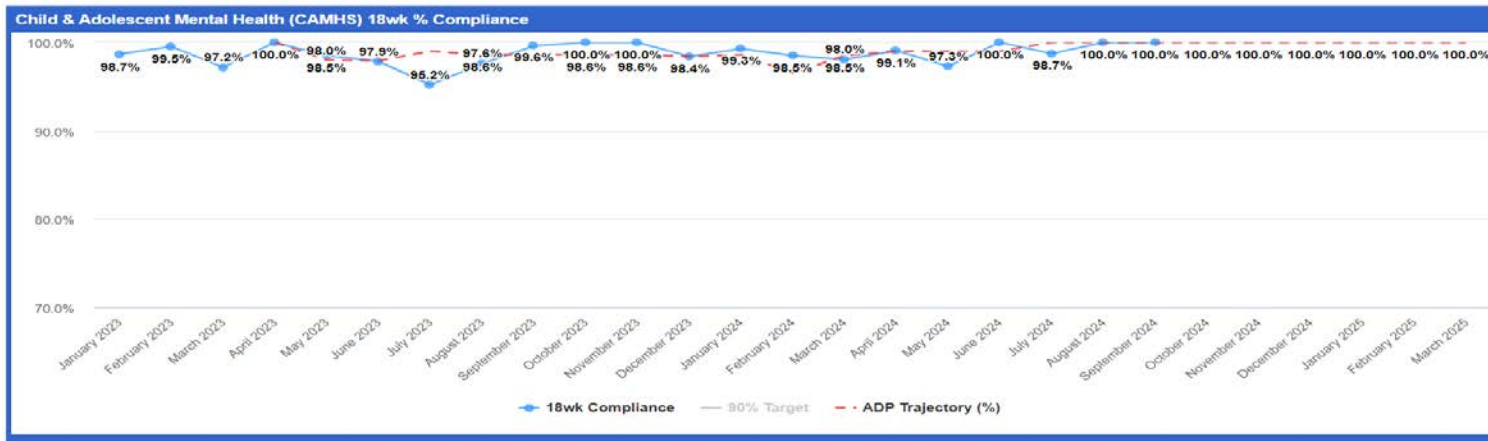
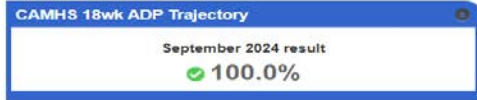
	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
NHS A&A	97.9%	95.2%	97.6%	99.6%	100.0%	100.0%	98.4%	99.3%	98.5%	98.0%	99.1%	97.3%	100.0%
Scotland	77.0%	71.9%	75.7%	79.0%	82.7%	83.4%	86.0%	86.4%	84.8%	86.9%	81.4%	86.0%	85.1%

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 September 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 (Child and Adolescent Mental Health Services) 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 (Community Eating Disorder Service)
- 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

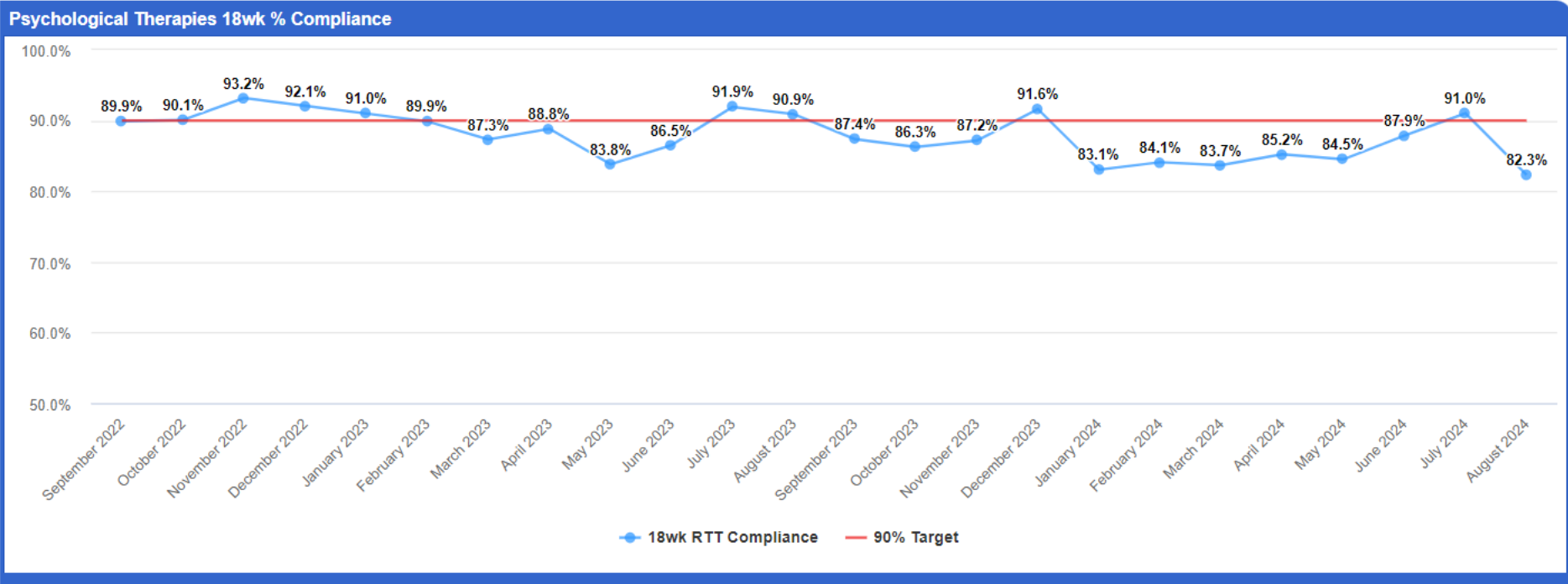
Psychological Therapies - 18 Week National Standard/Target

Psychological Therapies 18wk 90% Target

August 2024 result

● **82.3%**

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



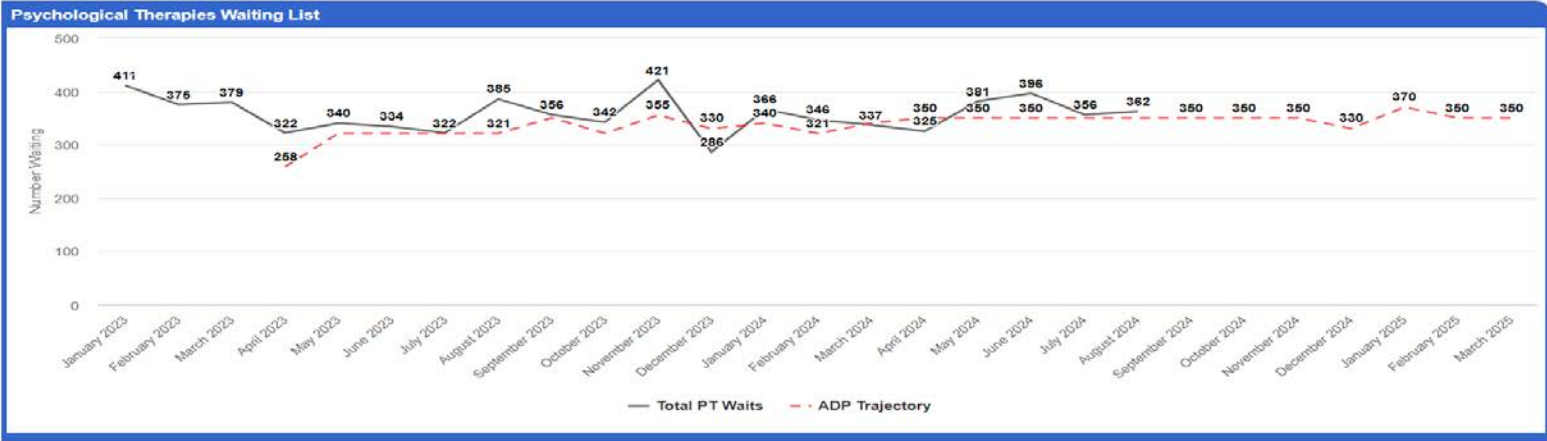
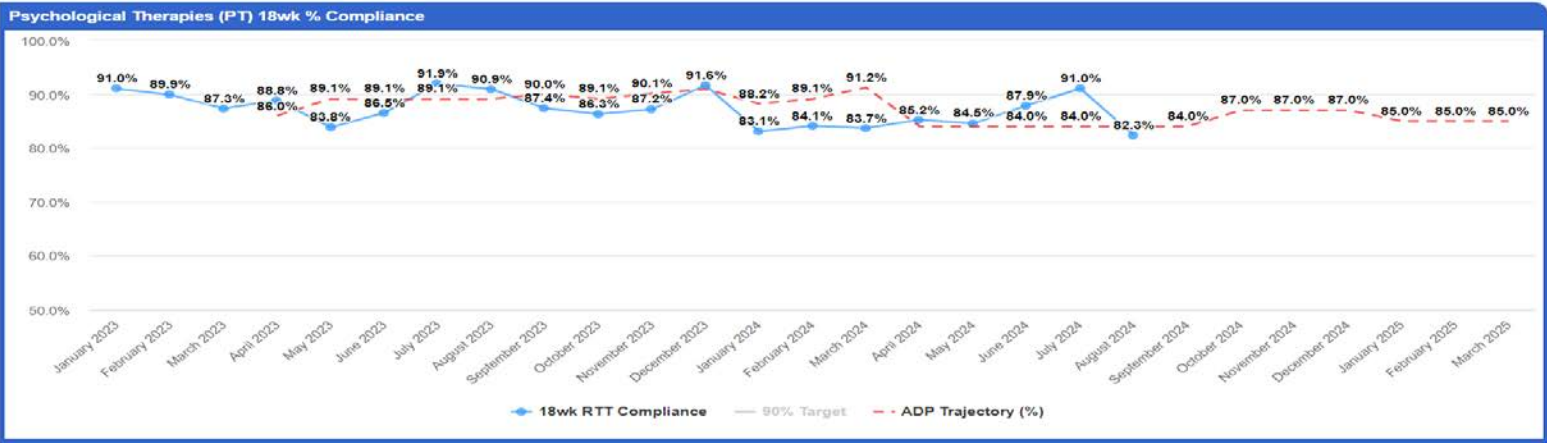
National Benchmarking – 18 Weeks PT Target (90%)

	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%

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



Source: Local Management Reports, North Ayrshire HSCP

IMPROVEMENT ACTIONS

Psychological Therapies

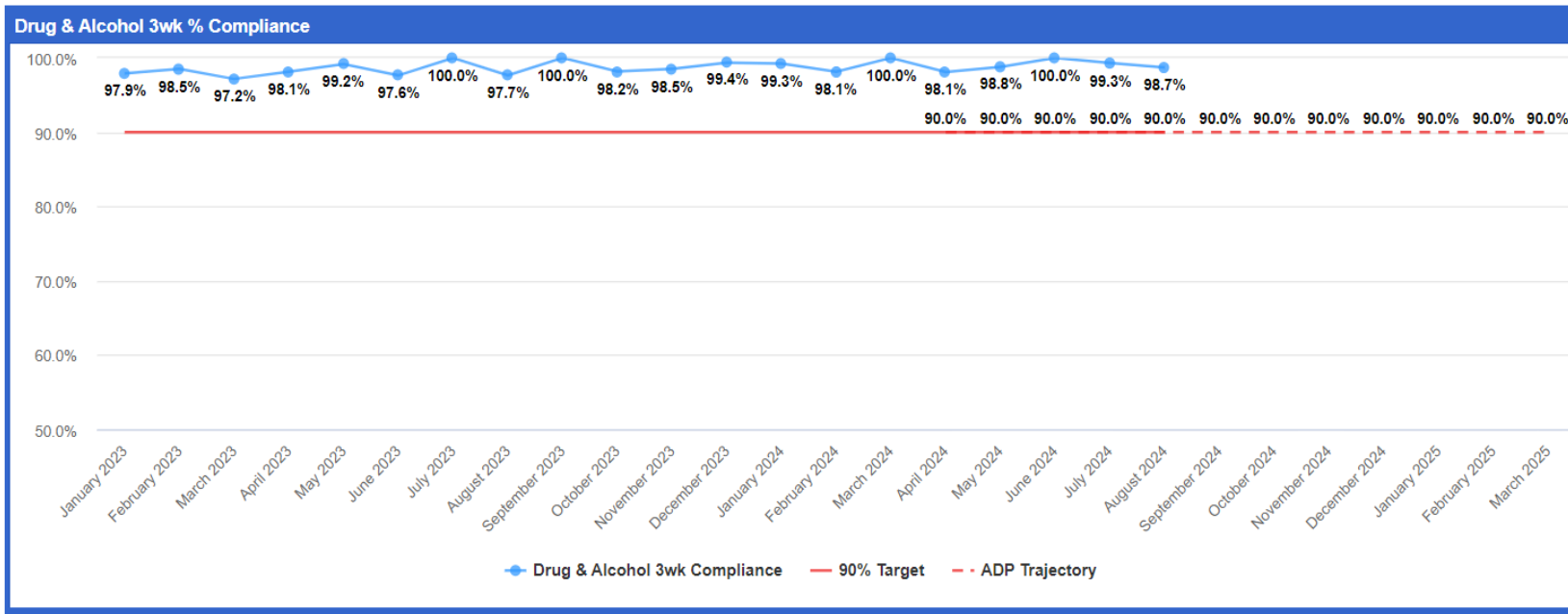
- Create a clinical governance structure for Psychological Services and delivery of Psychological therapies and interventions
- Implementation of Psychological therapies and interventions (P&TI) standards (SG, Nov23) by April 2025
 - Assessment tool being piloted nationally
 - New pan-services Psychological 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

August 2024 result
🟢 98.7%

- **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. Test of Change (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 (Alcohol Brief Interventions) target in line with 'Priority' and 'Wider' setting targets.

National Benchmarking – 3 Weeks Drug and Alcohol 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	97.6%	100.0%	97.7%	100.0%	98.2%	98.5%	99.4%	99.3%	98.1%	100.0%	98.1%	98.8%	100.0%
Scotland	93.0%	92.3%	92.3%	92.3%	90.6%	90.6%	90.6%	92.2%	92.2%	92.2%	93.2%	93.2%	93.2%

Urgent Care – AUCS (Ayrshire Urgent Care Service)

AUCS Compliance

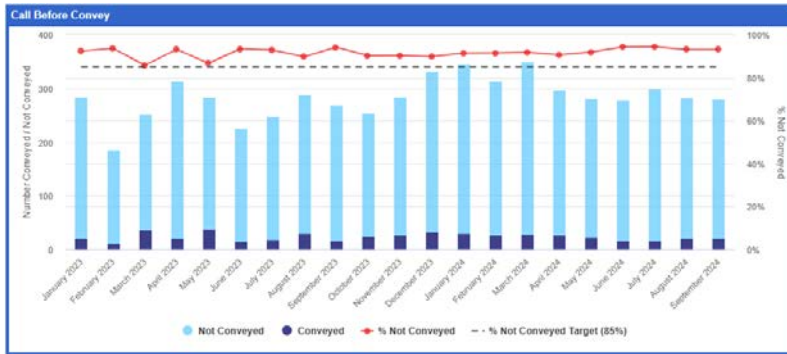
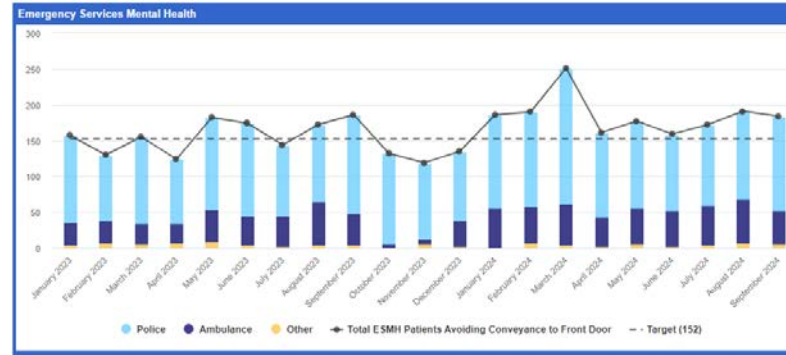
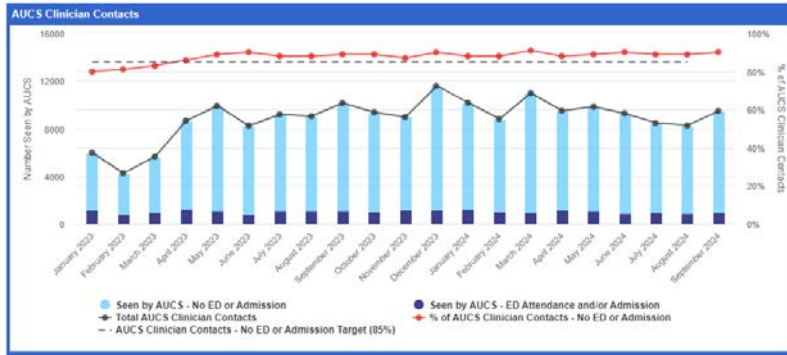
September 2024 result

✔ **90%**

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

IMPROVEMENT ACTIONS

- Maintain and grow AUCS (Ayrshire Urgent Care Service)/FNC (Flow Navigation Centre) pathways with Senior Clinical Decision Maker Oversight including appointing to MIU (Minor Injuries Unit)
- Maintain current levels of avoided conveyance of patients through ESMHP (Emergency Services Mental Health Pathway) as part of Call Before Convey (100% treated within community)
- Increasing engagement with Scottish Ambulance Service (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.



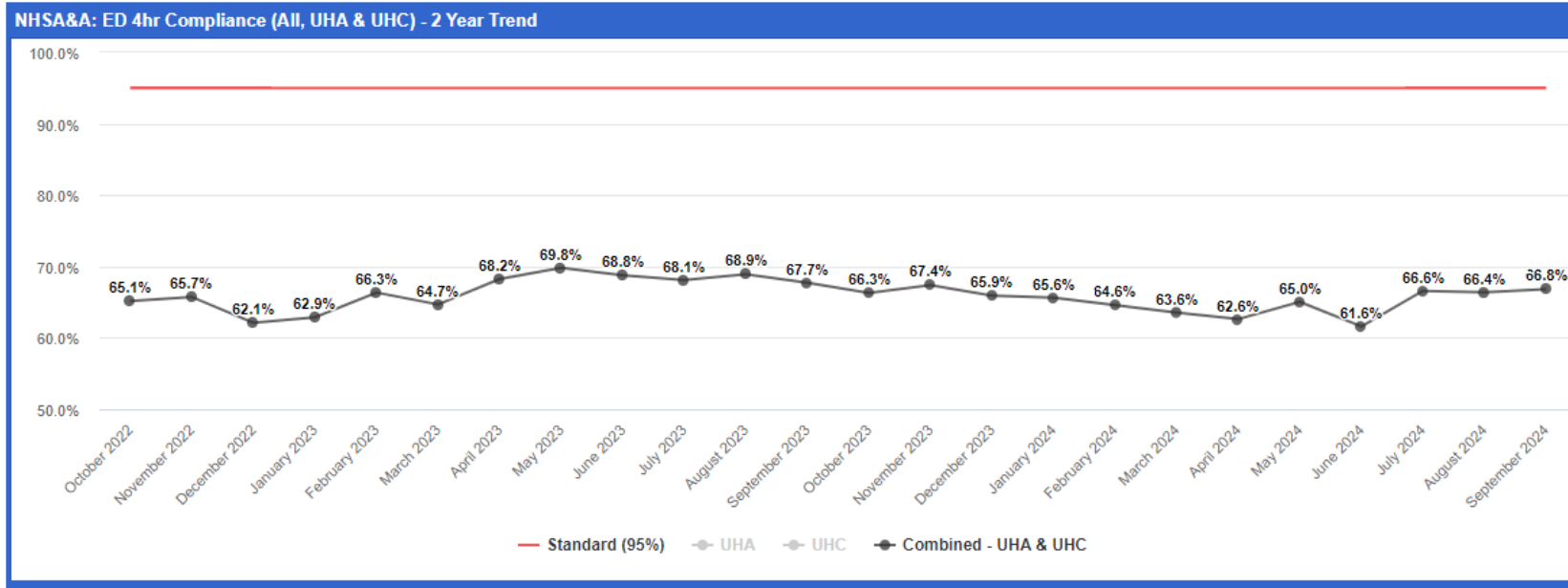
Unscheduled Care – National Emergency Department (ED) 4 Hour Standard/Target

ED 4 hour % Compliance

September 2024 result

66.8%

- **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	
Oct 22 – Sep 2023	90,360
Oct 23 – Sep 2024	93,237
<i>Change</i>	+ 2,877 (+ 3.2%)

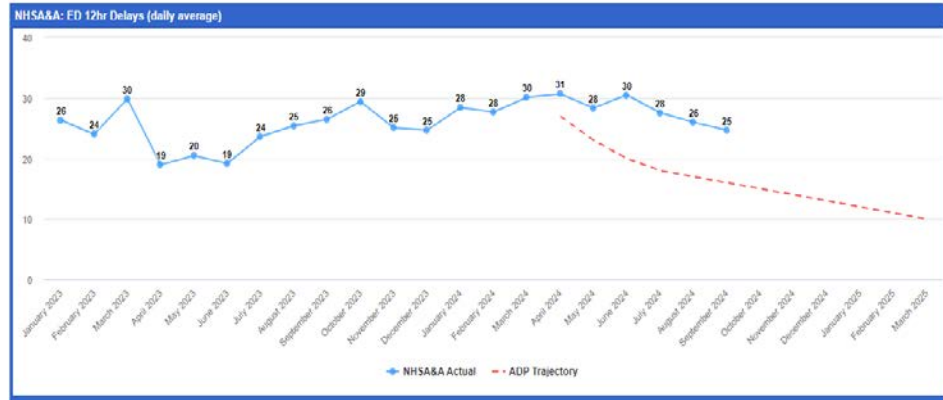
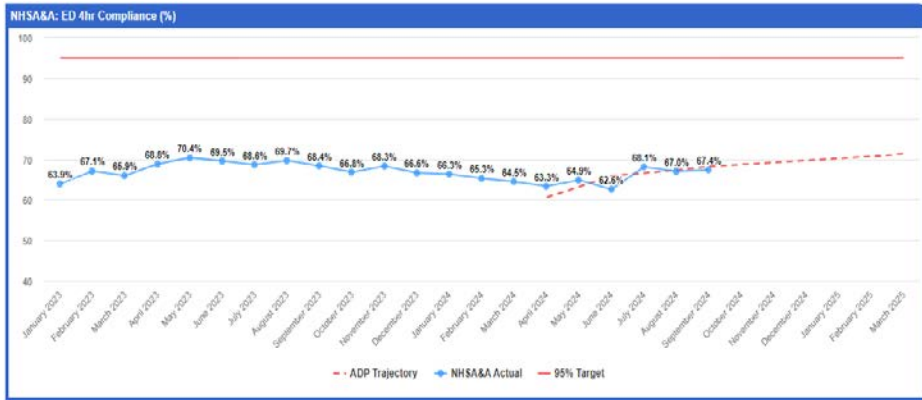
National Benchmarking – 4 Hour ED Target (95%)

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

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

By September 2024:

- Improve overall Emergency Department (ED) 4hr compliance (**both unscheduled and scheduled attendances**) to at least 68.2%
- Decrease the number of patients waiting over 12 hours to 16 or fewer per day
- Improve the proportion of Scottish Ambulance Service (SAS) acute hospital turnaround times within 60 minutes to at least 69.4%
- Increase the proportion of patients aged 65 or over being admitted to Combined Assessment Unit (CAU) and discharged within 72 hours to at least 54.6%



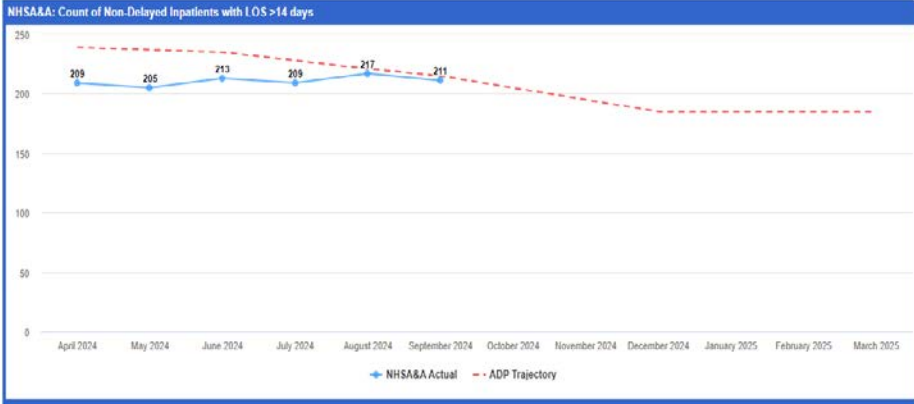
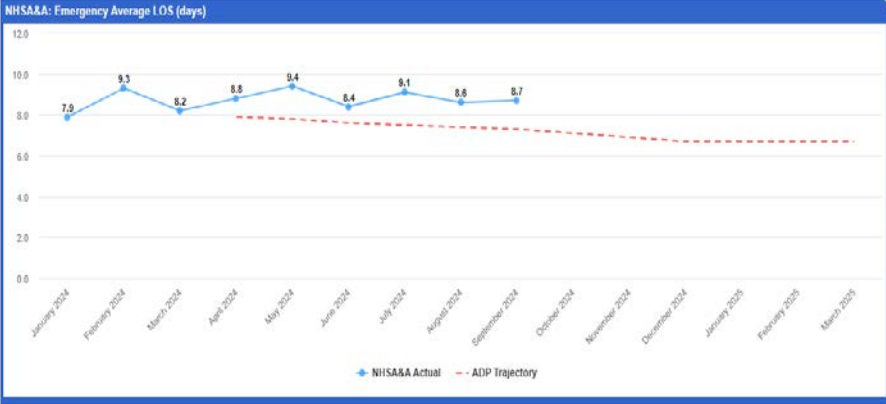
IMPROVEMENT ACTIONS

- 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
- Assistant General Manager (AGM) embedded within UHC ED to support communication and escalation.
- Establish joint NHS&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
- Develop and deliver front door frailty zones at both sites

Unscheduled Care – Delivery Plan Trajectories 2024/25 – Reducing Bed Footprint

By September 2024:

- Reduce occupancy in our Acute sites to 115.9% or below
- Reduce the Average Length of stay for emergency admissions to 7.3 days or less
- Lower the numbers of patients with a length of stay over 14 days who are not in delay to 215 or below



IMPROVEMENT ACTIONS

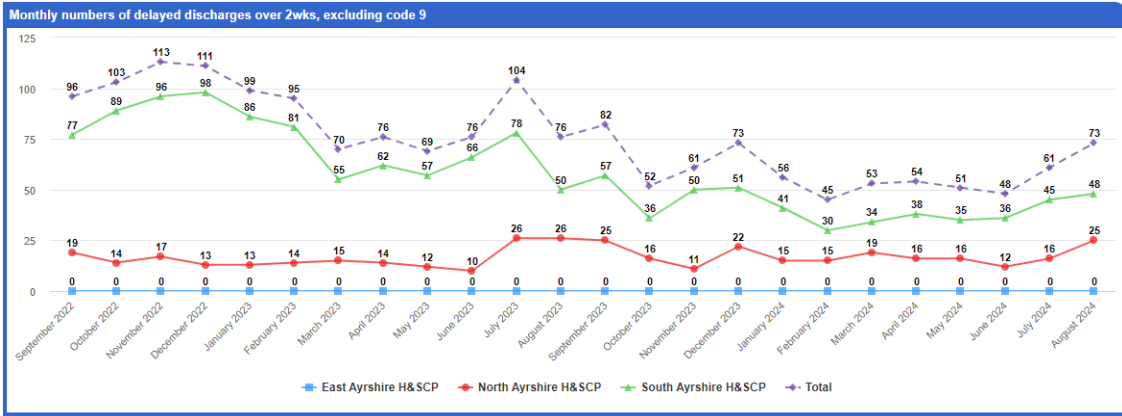
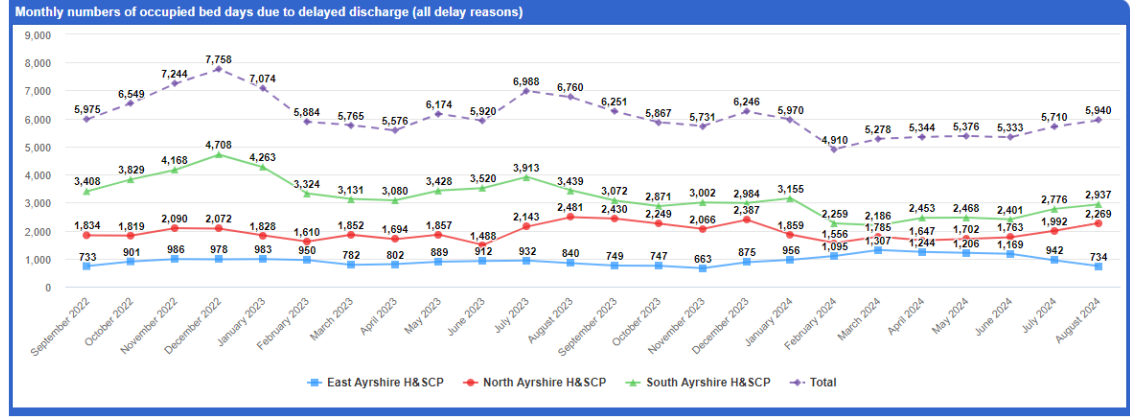
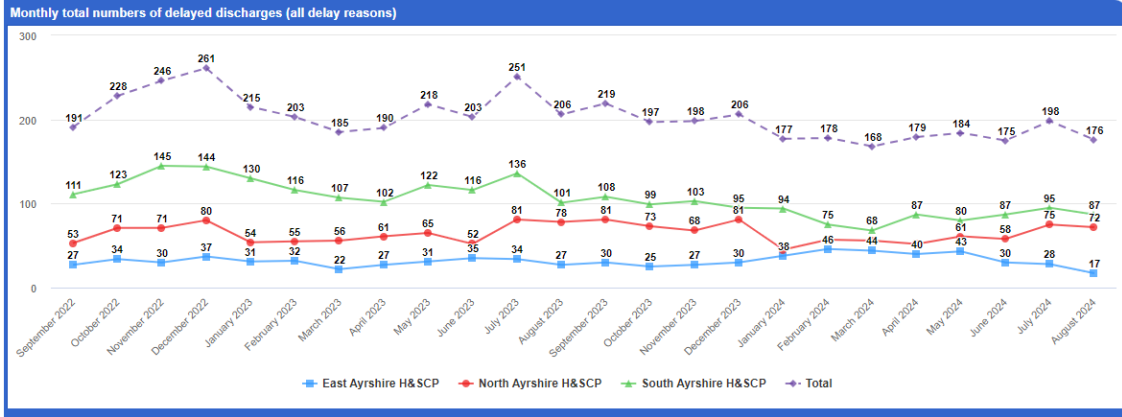
- Develop Operational Pressures Escalation Levels (OPEL) scoring framework to determine operational pressures
- Develop and deliver escalation action cards to support OPEL and capacity management plans
- Introduce advanced weekend planning meeting
- Criteria to reside process to be embedded at UHC and UHA
- Introduction of daily escalation pathway for imaging that will facilitate same day discharge
- Quality Improvement (QI) focussed work supported by Chief Allied Health Professional (AHP) and site Associate Medical Director (AMD)
- Exemplar board round test of change in Ward 4D UHC to reduce Length of Stay (LoS)

Source: Local Management Reports

Delayed Discharges – NHS Ayrshire & Arran

Three main measures are monitored in terms of performance:

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



Delayed Discharges - 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

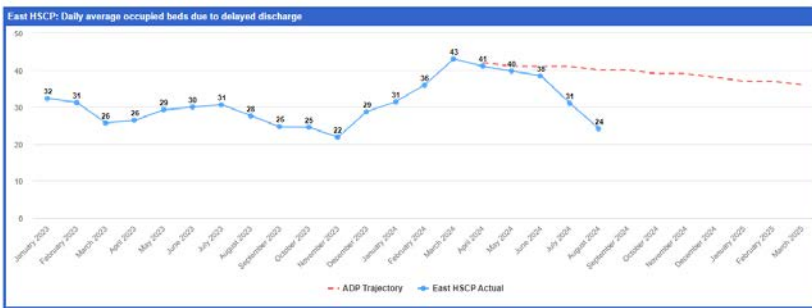
North Ayrshire

- Self-Assessment undertaken against Scottish Government Adults with Incapacity (AWI) Good Practice guidance
- Refresh Care at Home (CAH) Recruitment Strategy
- Refresh 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
- 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 UHC to multi-disciplinary team Planned date of Discharge (PDD) setting
- Embed daily review meetings across operational Care at Home and Locality Social Work (Hospital) Teams
- Review of the process around access to interim beds including the monitoring and oversight of this
- Refresh use of Discharge without Delay (DWD) and PDD Bundle in Community Wards
- Pan Ayrshire Discharge Planning Policy
- Development of North Ayrshire specific Home First Strategy

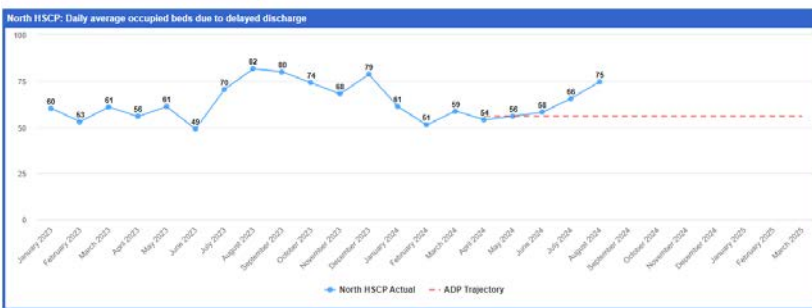
South Ayrshire

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

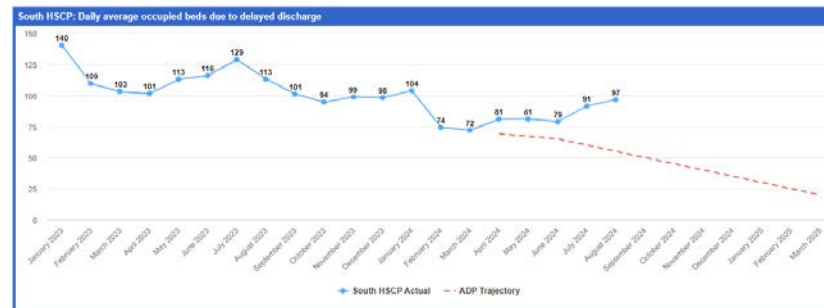
East HSCP Avg Delay Beds ADP Trajectory
August 2024 result: 24



North HSCP Avg Delay Beds ADP Trajectory
August 2024 result: 75



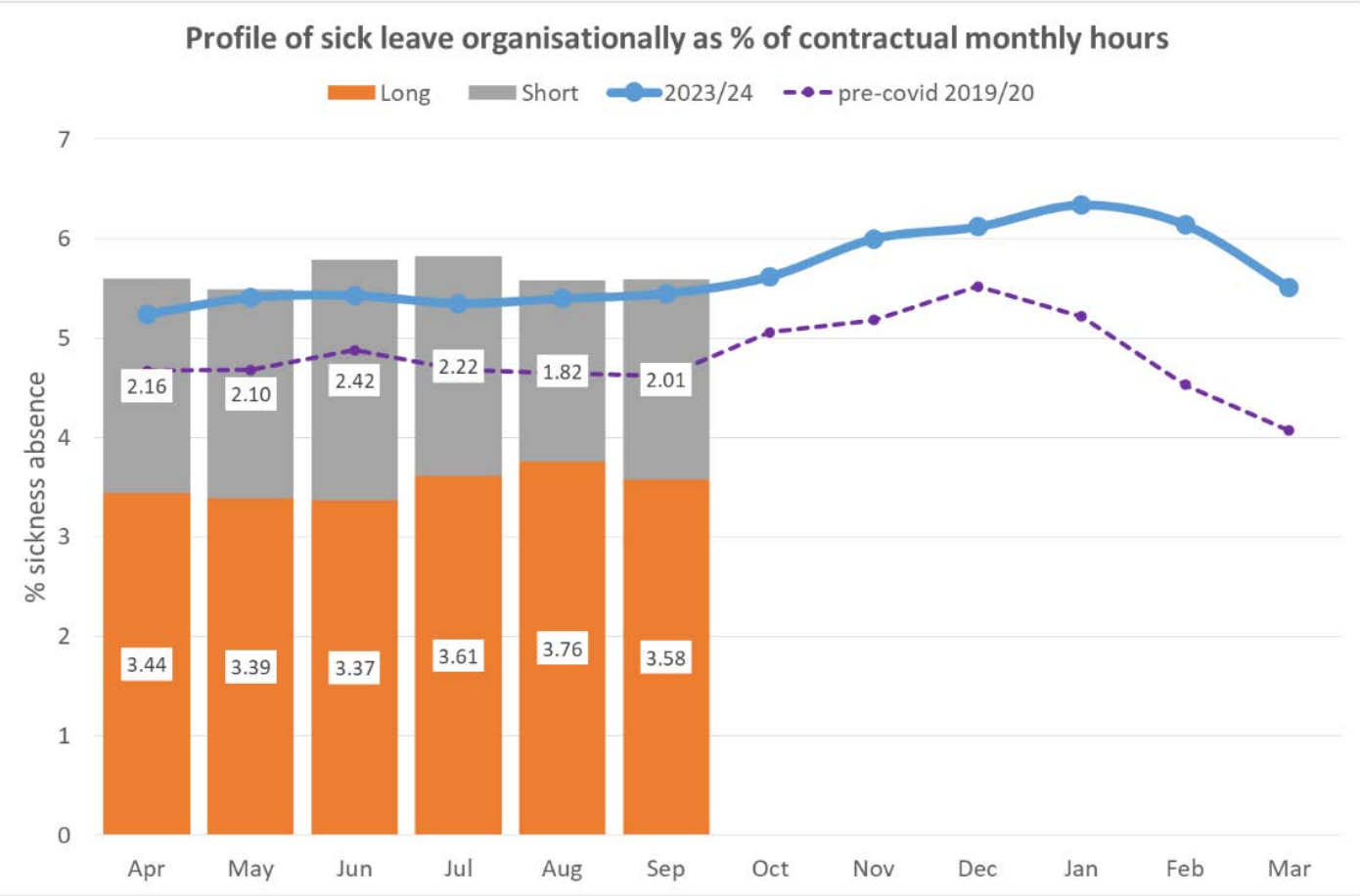
South HSCP Avg Delay Beds ADP Trajectory
August 2024 result: 97



Workforce – Delivery Plan Trajectories 24/25 – Workforce Sickness Absence

By September 2024:

- Reduce sickness absence rates to 4.7% or less



Source: Local Management Reports, HR

IMPROVEMENT ACTIONS

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