

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 31 March 2025
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
- Urgent Care Performance
- Unscheduled Care Performance:
 - National ED 4 Hour Standard and 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 January 2025; some measures are only available to December 2024.

Executive Data Summary

New Outpatients

- Performance against the 12 week 95% National target/standard for New Outpatients continues on a reducing trend from 35.8% at October 2024 to 32.1% at January 2025, the lowest since January 2024. The agreed Delivery Plan trajectory of 35% has not been met.
- The Delivery Plan trajectory for the number of patients waiting for a New Outpatient appointment has been predicted to increase throughout 2024/25. Following a decreasing trend from a high of 56,683 at September 2024 to 55,279 at December 2024, the overall total number of patients waiting increased to 55,457 at January 2025. There are however fewer patients waiting than the agreed Delivery Plan trajectory of 61,176.

Inpatients/Day cases

- Compliance against the 12 week 100% National target/standard for Inpatients/Day Cases (completed waits) has decreased for the first time since October 2024, from 55.1% at December 2024 to 52.9% at January 2025. The Delivery Plan trajectory of 57% has 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 7,748 in January 2025; meeting the Delivery Plan trajectory of 8,788.
- The waiting times target to eliminate long waits, was that no Inpatient/Day Case patients would be waiting longer than 12 months across the majority of specialties by September 2024. At the end of September 2024, 1,462 patients were waiting more than 12 months, which has since increased to 1,664 at the end of January 2025. 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.

Radiology/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 a high of 89.7% at December 2024. NHS Ayrshire & Arran continues to report higher levels of compliance compared to the Scottish average.
- The overall waiting list for imaging continues to decrease from a high of 6,707 at June 2024, to 3,716 at December 2024. This is lower than the predicted decrease in the third financial quarter of 2024/25 and meets the Delivery Plan trajectory of 5,572.

Endoscopy

- Compliance against the 6 week National target/standard for Endoscopy has shown a decrease from 49.8% at November 2024 to 43.2% at December 2024. The latest national benchmarking data indicates that NHS Ayrshire & Arran continues to report higher levels of compliance compared to the Scottish average.
- The overall waiting list for Endoscopy continues on an increasing trend from 1,313 waits at October 2023 to 2,129 at December 2024. The expectation within the Delivery plan is for the waiting list for Endoscopy to increase throughout 2024/25. This is however higher than predicted and exceeds the Delivery Plan trajectory of 2,110.

Cancer

- Performance against the 62-day 95% Cancer target/standard continues to show a decreasing trend from 72.4% at October 2024 to a low of 62.1% at December 2024. This is lower than, and fails to meet, the Delivery Plan trajectory of 87%. The latest national benchmarking data indicates that compliance is lower than the national average.
- Performance against the 31-day 95% Cancer target/standard continues to show a decreasing trend from 99.1% at August 2024 to 94.3% at December 2024. This is third successive month NHS Ayrshire & Arran has been below 95%. The Delivery Plan trajectory of 98% has also not been met. The latest national benchmarking data indicates that compliance remains higher than the national average.

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 38.9% at January 2025. An increase in compliance was seen in each of the four professions of Occupational Therapy, Physiotherapy, Podiatry and Orthotics.
- In January 2025, Urgent referrals to Podiatry have an average wait of 3 weeks, while Physiotherapy and Occupational Therapy Podiatry have an average wait of 4 weeks; however Urgent Orthotic referrals have an increased wait of 22 weeks at January 2025 compared with a wait of 17 weeks at December 2024.

Mental Health

- At December 2024, compliance in relation to Child and Adolescent Mental Health Services (CAMHS) continues to achieve 100.0%, exceeding the National target/standard of 90% and meets the Delivery Plan trajectory of 100%. The overall waiting list shows a continued decrease from 101 at October 2024 to 68 at December 2024. This however fails to meet and exceeds the Delivery Plan trajectory of 60. 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 an increase in compliance from 90.3% at October 2024 to 93.2% at December 2024; meeting the 90% national target for the fourth successive month. The Delivery Plan trajectory of 87.0% has also been met. The overall waiting continues to show a decrease from 476 at October 2024 to 292 at December 2024; this is lower than and meets the Delivery Plan trajectory of 330. 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 December 2024, with compliance at 97.4%.

Urgent Care

- In January 2025, Ayrshire Urgent Care Service (AUCS) / Flow Navigation Centre (FNC) received 9,855 contacts including patients navigating through the various pathways. 92% of these patients were not referred onwards to hospital, with alternative pathways of care being provided within a community setting.
- During January 2025, 376 Call before Convey calls were received by AUCS with only 23 (10%) of these calls resulting in onward conveyance to hospital. This pathway ensured that 253 ambulances avoided attendance at the EDs during the month, with these patients receiving alternative pathways of care within a community setting.
- In January 2025, there were 851 calls from Care Homes into the AUCS service with only 8% (66) of these patients requiring to attend an acute hospital. Therefore, 785 frail and elderly residents of Care Homes received alternative care through the various pathways available within AUCS.
- A total of 156 patients were navigated through the Emergency Services Mental Health pathway in January 2025. 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.

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 (February 2024 to January 2025) have increased by 3.5% when compared to the previous 12-month period (February 2023 to January 2024). This equates to an additional 3,178 attendances overall across both ED sites; around 9 additional ED attendances per day.
- Compliance against the 95% ED 4-Hour National standard/target (unscheduled attendances only) was 63.6% in January 2025, an improvement from the 57.8% recorded in December 2024, though lower than the 65.6% recorded at the same time the previous year (January 2024). The latest national benchmarking data indicates that ED 4-Hour compliance in December 2024 was lower than the national average for the first time since September 2024.
- ED 4-Hour performance for all attendances (unscheduled and scheduled) has reduced to 64.2% in January 2025, failing to meet the Delivery Plan trajectory of 70.2%.

- The daily average number of patients waiting over 12 hours to be discharged, admitted, or transferred, within our EDs has reduced slightly in January 2025, down to 30 per day compared to 32 per day in December 2024. This was against a Delivery Plan trajectory of 12 or fewer per day.
- The proportion of Scottish Ambulance Service (SAS) conveyances with a turnaround time within 60 minutes increased from 48.0% in December 2024 to 54.9% in January 2025, failing to meet the Delivery Plan trajectory of 74.5%.
- The proportion of patients aged over 65 who were discharged from the Combined Assessment Unit (CAU) within 72 hours of arrival in January 2025 was 48.7%, against a Delivery Plan Trajectory of 58.6%.

Unscheduled Care: Reducing Bed Footprint

- Occupancy levels in the acute hospital sites improving slightly from 124.9% at the end of December 2024 census point to 123.9% at the end of January 2025, remaining above the Delivery Plan reduction trajectory of less than 99.8%.
- Average length of stay for Emergency inpatients has increased to 9.5 days in January 2025, the highest level recorded over the past year, failing to meet the Delivery Plan trajectory of 6.7 days or less.
- The numbers of patients with a length of stay (LOS) of > 14 days who are not in delay has increased from 198 at the end of December 2024 census point to 237 at end of January 2025, the highest numbers recorded over the past year, and now failing to meet the Delivery Plan trajectory of 185 or less.

Delayed Discharges

- Total numbers of delayed discharges have increased slightly to 197 delays at the December 2024 census point, up from 194 the previous month. There are now an equal number of delays from both North and South Ayrshire HSCPs (86), with numbers in South having decreased over the past year (Dec 2023: 95) whilst numbers in North have increased (Dec 2023: 81). Meanwhile, delay numbers in East HSCP have decreased from 30 in December 2023 to 25 in December 2024.
- Compared to the same period last year, the numbers of bed days occupied due to a delayed discharge have decreased in South Ayrshire HSCP, down from 2,984 in December 2023 to 2,563 in December 2024 (-14.1%), whilst increasing in North Ayrshire HSCP from 2,387 to 2,739 (+14.7%) and increasing in East Ayrshire HSCP from 875 to 982 (+12.2%). The greatest proportion of beds days due to a delay are now from North Ayrshire HSCP for the first time since June 2021.
- The national target is for zero non-complex delays over 2 weeks, however in December 2024 there were 89 such delays across NHS Ayrshire & Arran, the highest figure since July 2023, with 53 of these (59.6%) from South Ayrshire HSCP and 36 (40.4%) from North Ayrshire HSCP. There were no delays over 2 weeks recorded from East Ayrshire HSCP.
- 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 32 beds occupied per day on average in December 2024, an improvement on their trajectory of 38 or less for the month. In North Ayrshire HSCP, there were 90 beds occupied per day in December 2024, failing to meet their trajectory of maintaining at no more than 56. In South Ayrshire HSCP, there were 84 beds occupied on average per day in December 2024, failing to meet their set trajectory of 35 or less.

Workforce Sickness Absence

- The Delivery Plan trajectory is to reduce overall sickness absence rates (short term and long term sick) to 5.2% or lower by December 2024. In December 2024, sickness absence rates were recorded at 6.95% (short term: 2.88%, long term: 4.07%).

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 on 6th March 2025.

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

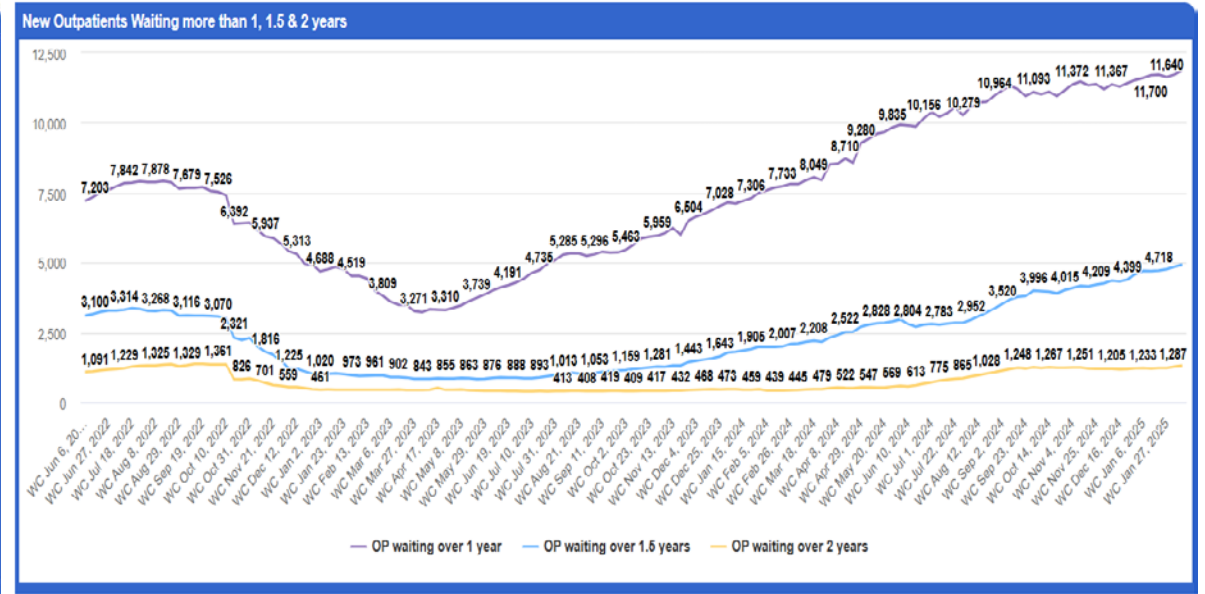
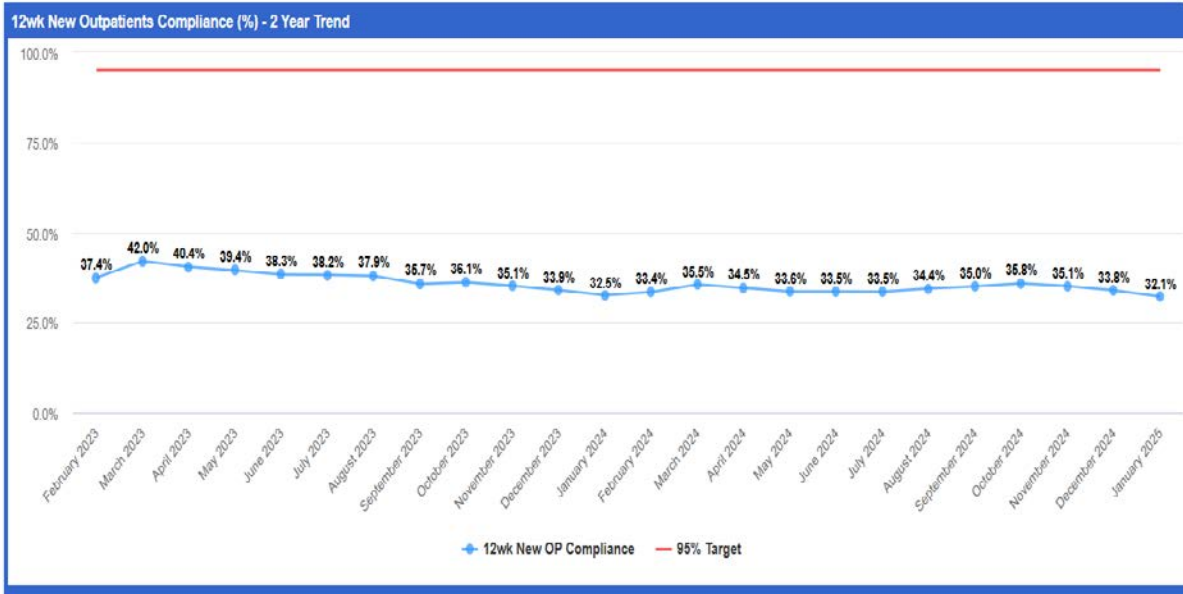
12wk New Outpatients 95% Target

January 2025 result

● 32.1%

Appendix 1 Performance Report

- **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%)

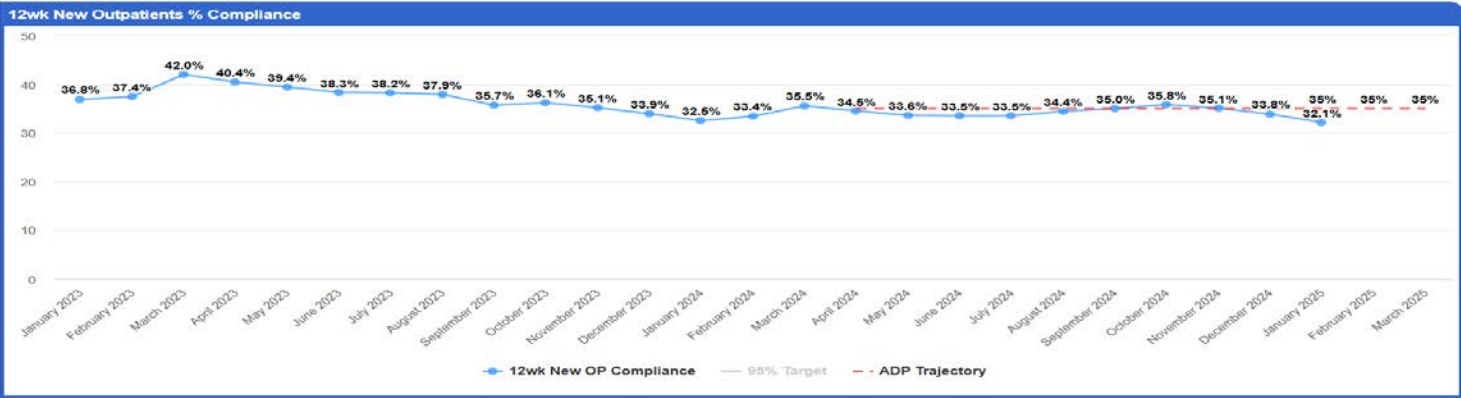
	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
NHS A&A	35.7%	36.1%	35.1%	33.9%	32.5%	33.4%	35.5%	34.5%	33.6%	33.5%	34.5%	33.7%	33.5%
Scotland	42.5%	40.1%	40.1%	40.1%	42.8%	42.8%	42.8%	40.9%	40.9%	40.9%	40.3%	39.1%	39.0%

Source: Public Health Scotland and Local Management Reports
 Next National Benchmarking Update: 25th February 2025

New Outpatients – Delivery Plan Trajectories 2024/25

By January 2025:

- 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 61,176



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

Source: Local Management Reports

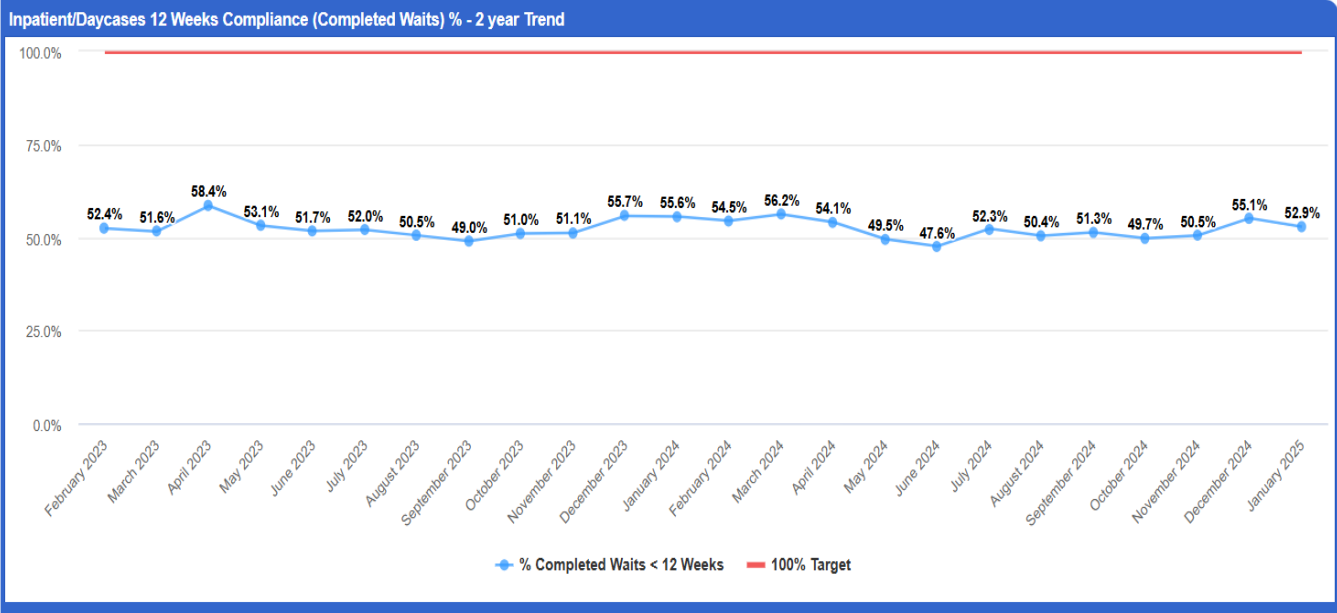
Inpatients/Day Cases - National 12 Week Standard/Target

12wk IPDC 100% Target (Completed Waits)

January 2025 result

52.9%

- 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



IPDC waiting more than 1 year

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...	1	
Other-Number of Inpatie...	3	
Plastic Surgery-Number ...	4	
Ophthalmology-Number ...	97	
Gynaecology-Number of...	109	
General Surgery (inc Va...	162	
Oral and Maxillofacial S...	196	
ENT-Number of Inpatien...	346	
Trauma & Orthopaedics-...	746	

IPDC waiting more than 1.5 years

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 Inpatie...	2	
Ophthalmology-Number ...	4	
Gynaecology-Number of...	41	
General Surgery (inc Va...	62	
Oral & Maxillofacial Sur...	95	
Trauma & Orthopaedics-...	179	
ENT-Number of Inpatien...	241	

IPDC waiting more than 2 years

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 Inpatie...	1	
Gynaecology-Number of...	10	
Oral & Maxillofacial Sur...	15	
Trauma & Orthopaedics-...	16	
General Surgery (inc Va...	21	
ENT-Number of Inpatien...	124	

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

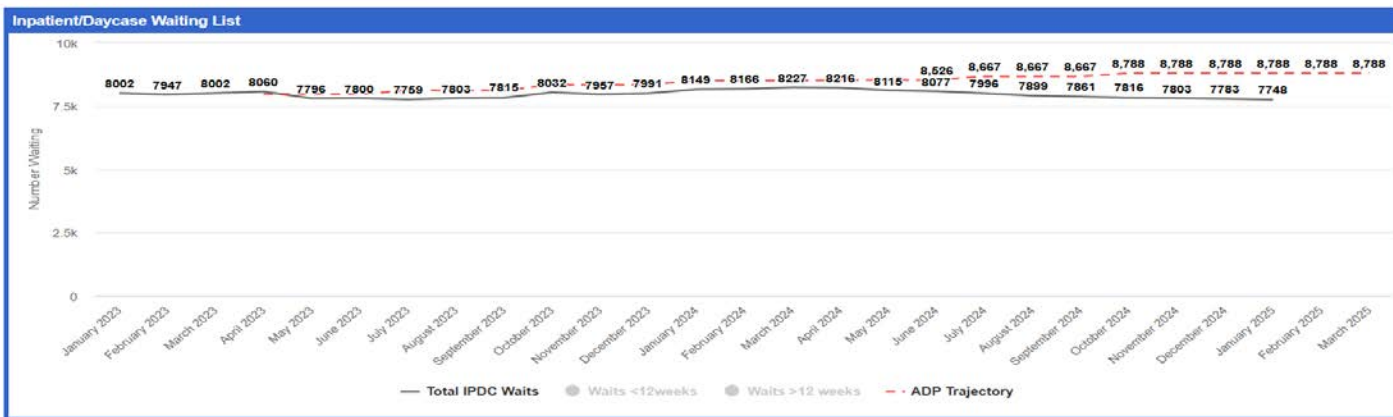
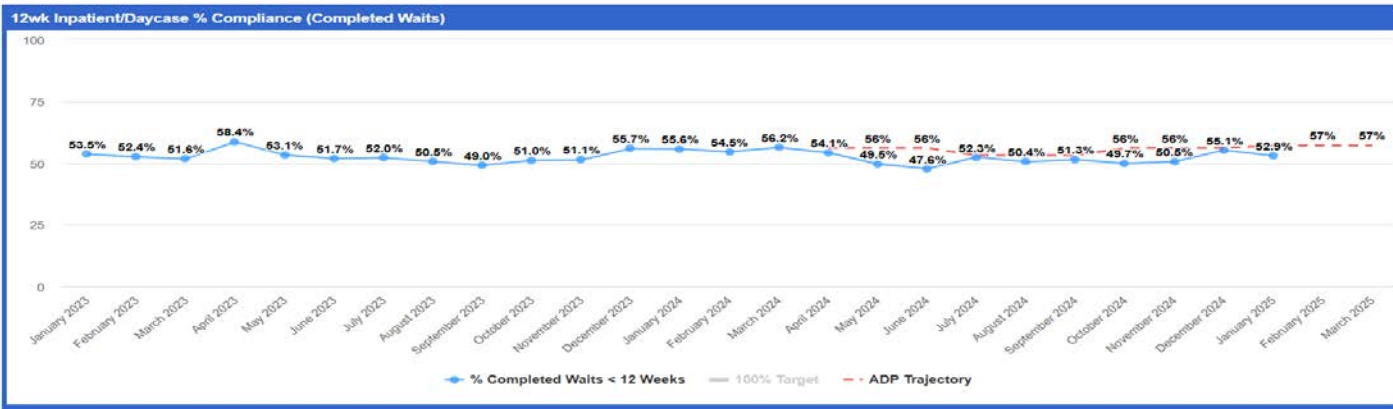
	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
NHS A&A	49.0%	51.0%	51.1%	55.7%	55.6%	54.5%	56.2%	54.1%	49.5%	47.6%	52.3%	50.4%	51.3%
Scotland	56.1%	57.7%	57.7%	57.7%	57.0%	57.0%	57.0%	58.4%	58.4%	58.4%	57.7%	57.7%	57.7%

Source: Public Health Scotland and Local Management Reports
 Next National Benchmarking Update: 25th February 2025

Inpatients/Day Cases – Delivery Plan Trajectories 2024/25

By January 2025:

- 57% 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 8,788



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

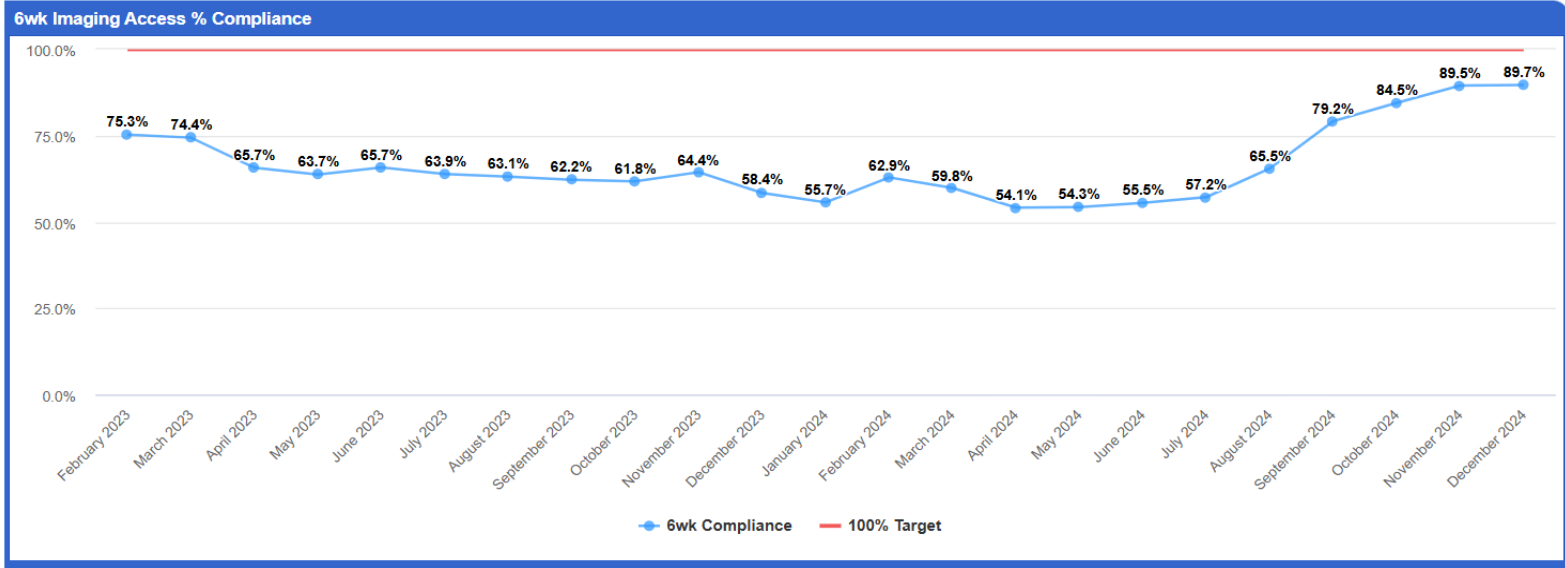
Imaging - National 6 Week Standard/Target

6wk Imaging Access 100% Target

December 2024 result

● **89.7%**

- **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 - % Non-obstetric US patients waiting <6 weeks	96.4%	1,616	1,677	100.0%	December 2024	
Imaging - % (MRI) patients waiting <6wks	90.1%	613	680	100.0%	December 2024	
Imaging - % Barium Studies patients waiting <6 weeks	88.9%	24	27	100.0%	December 2024	
Imaging - % (CT) patients waiting <6wks	81.1%	1,080	1,332	100.0%	December 2024	

National Benchmarking - 6 Week Imaging Target (100%)

	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
NHS A&A	62.2%	61.8%	64.4%	58.4%	55.7%	62.9%	59.8%	54.1%	54.3%	55.5%	57.2%	65.5%	79.2%
Scotland	52.6%	52.7%	55.0%	51.5%	50.4%	57.6%	56.1%	51.8%	52.9%	52.9%	51.0%	53.8%	57.4%

Source: Public Health Scotland and Local Management Reports
 Next National Benchmarking Update: 25th February 2025

Radiology/Imaging – Delivery Plan Trajectories 2024/25

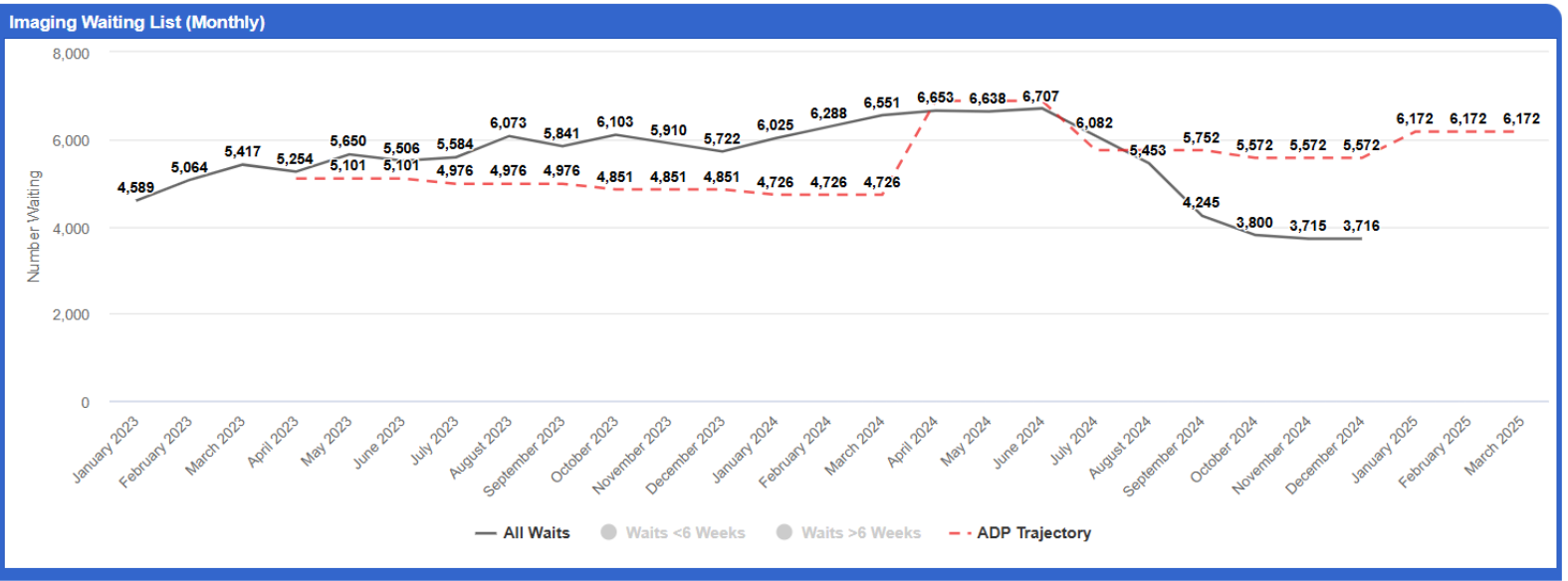
By December 2024:

- Achieve an overall waiting list for Radiology/Imaging of below 5,572

Imaging Waiting List

December 2024 result

✔ 3,716



IMPROVEMENT ACTIONS

Radiology / Imaging

- Progress training of 2 X trainee Ultrasonographers
- Utilisation of Locums for Ultrasound - funding extended to Jan 2025
- 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

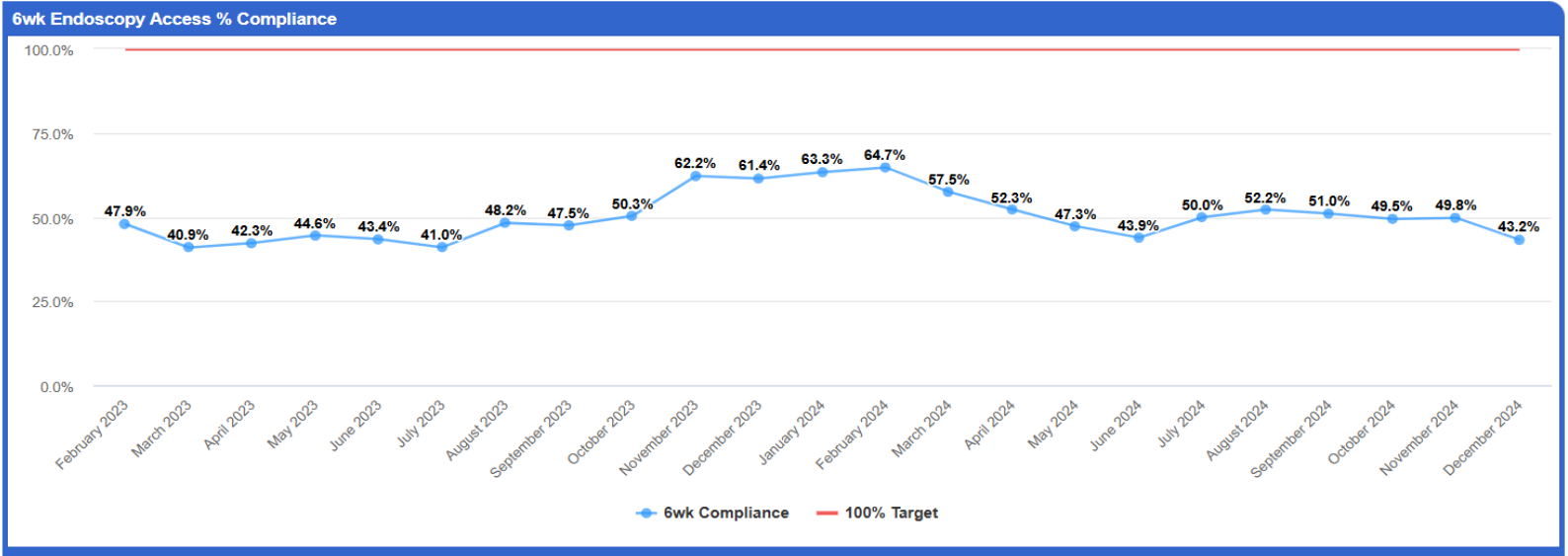
Endoscopy - National 6 Week Standard/Target

6wk Endoscopy Access 100% Target

December 2024 result

43.2%

- 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 - % Colonoscopy patients waiting <6 weeks	59.3%	358	604	100.0%	December 2024	
Endoscopy - % Upper Endoscopy patients waiting <6 weeks	38.8%	490	1,263	100.0%	December 2024	
Endoscopy - % Lower Endoscopy patients waiting <6 weeks	28.1%	65	231	100.0%	December 2024	
Endoscopy - % Cystoscopy patients waiting <6 weeks	23.3%	7	30	100.0%	December 2024	
Endoscopy - % Cytosponge patients waiting <6 weeks	0.0%	0	0	100.0%	December 2024	

National Benchmarking – 6 Week Endoscopy Target (100%)

	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
NHS A&A	47.5%	50.3%	62.2%	61.4%	63.3%	64.7%	57.5%	52.3%	47.3%	43.9%	50.0%	52.2%	51.0%
Scotland	40.3%	41.2%	42.7%	39.4%	38.2%	43.0%	41.6%	39.6%	40.8%	40.0%	39.0%	39.9%	41.3%

Source: Public Health Scotland and Local Management Reports
 Next National Benchmarking Update: 25th February 2025

Endoscopy – Delivery Plan Trajectories 2024/25

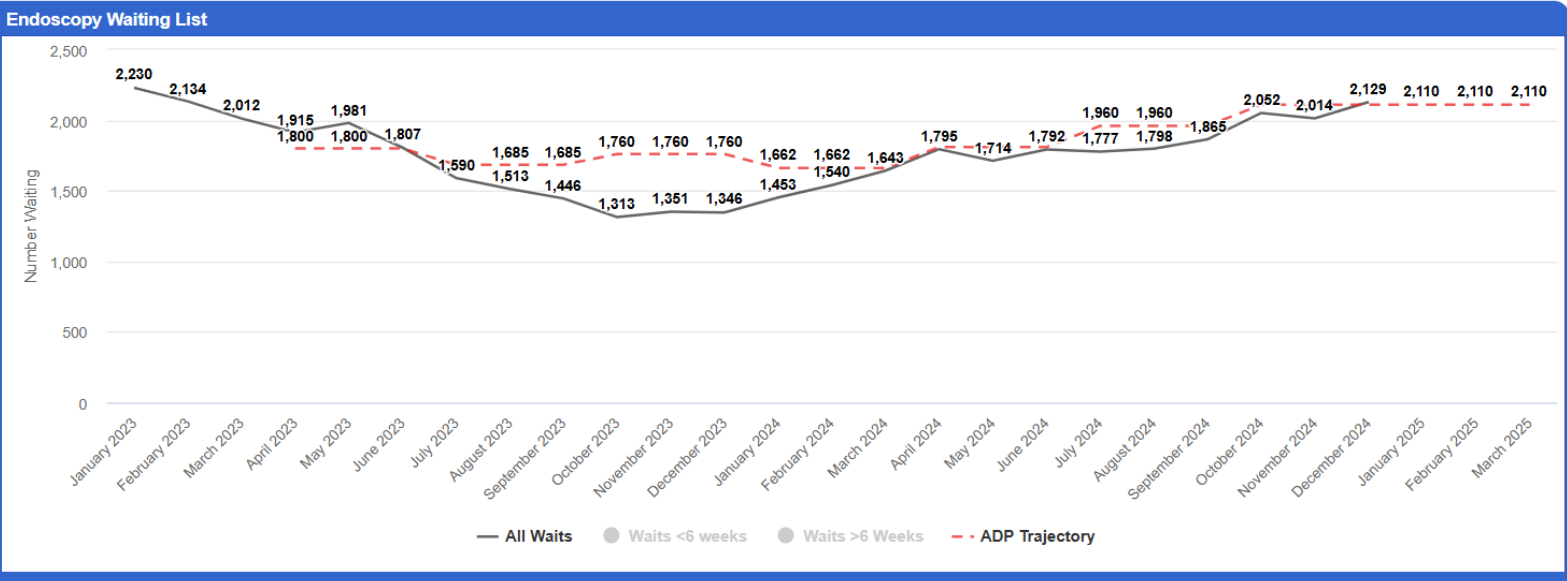
By December 2025:

- Achieve an overall Diagnostic Endoscopy Waiting List of below 2,110

Endoscopy Waiting List

December 2024 result

▲ 2,129



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

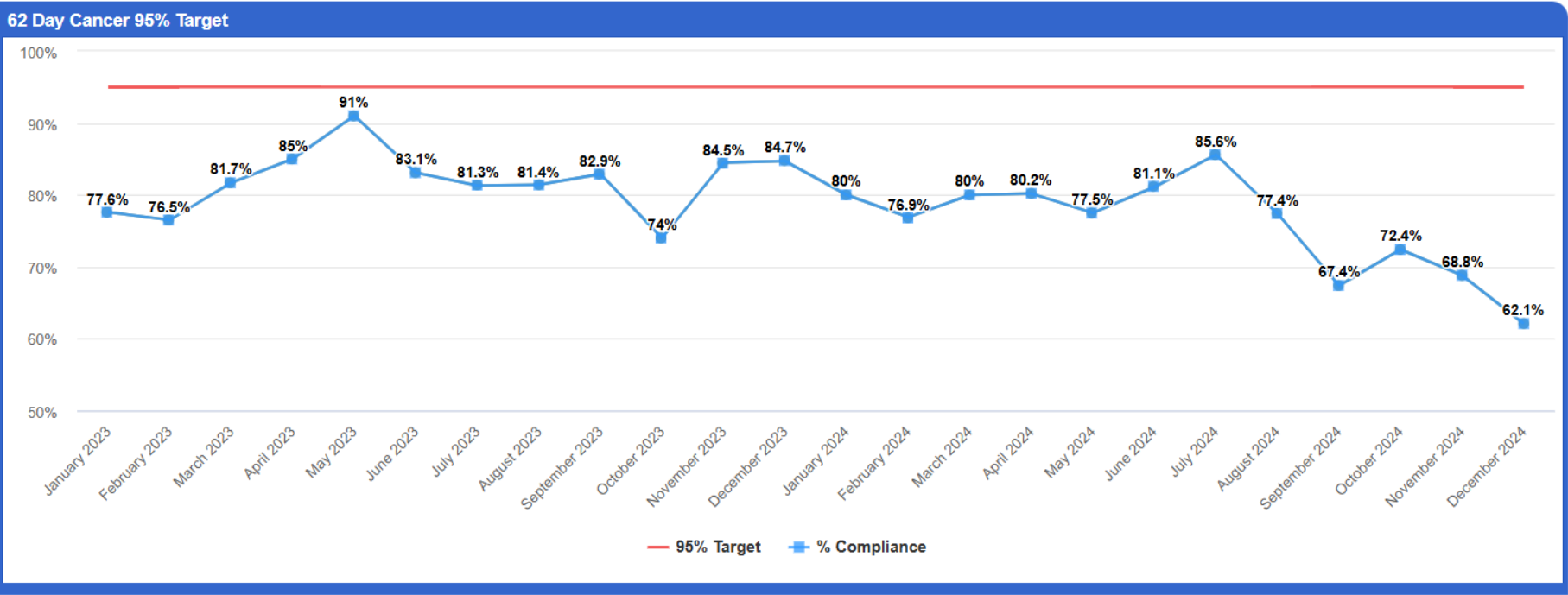
Source: Local Management Reports

Cancer – 62 day National Standard/Target

62 Day Cancer 95% Target

December 2024 result
● **62.1%**

- **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%)

	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
NHS A&A	82.9%	74.0%	84.5%	84.7%	80.0%	76.9%	80.0%	80.2%	77.5%	81.1%	85.6%	77.4%	67.4%
Scotland	71.2%	70.5%	69.0%	70.2%	67.2%	68.8%	71.3%	72.9%	71.4%	70.9%	72.1%	69.5%	70.3%

Source: Public Health Scotland and Local Management Reports
Next National Benchmarking Update: 25th March 2025

Cancer – 62 day – Delivery Plan Trajectories 2024/25

By December 2024:

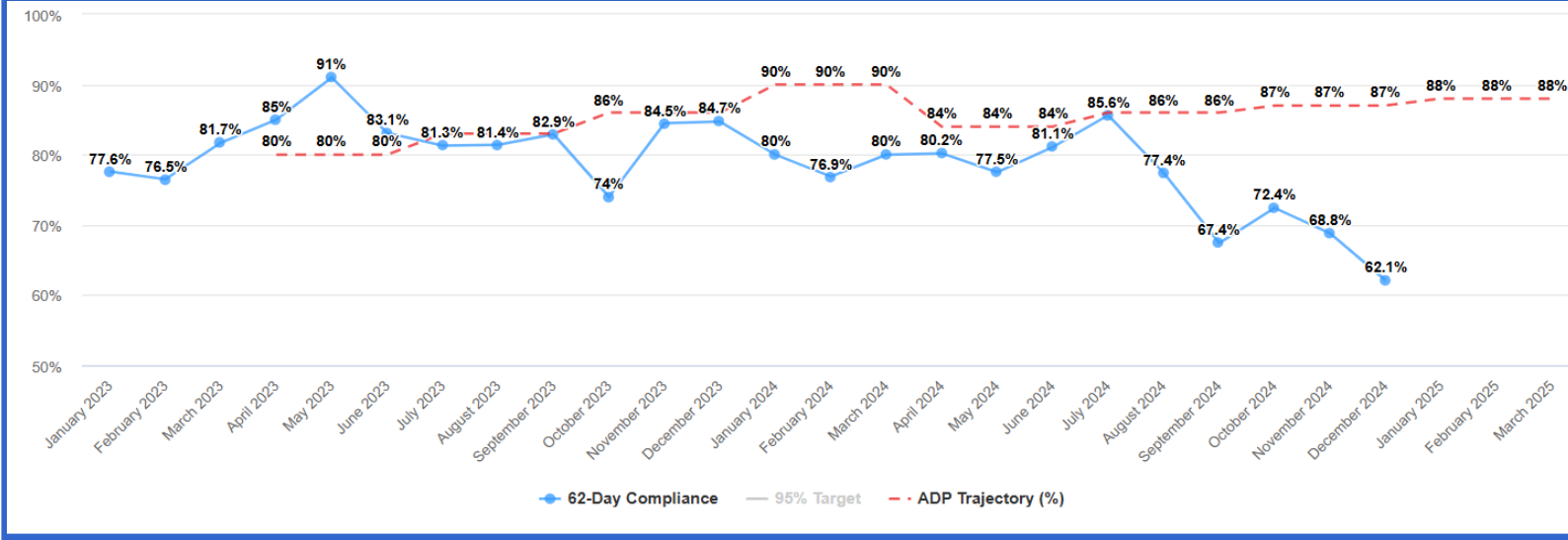
- 87% of those referred urgently with a suspicion of cancer are to begin treatment within 62 days of receipt of referral

62 Day Cancer ADP Trajectory

December 2024 result

● 62.1%

62 Day Cancer ADP Trajectory



Source: Public Health Scotland and Local Management Reports

IMPROVEMENT ACTIONS

Cancer – 62 day

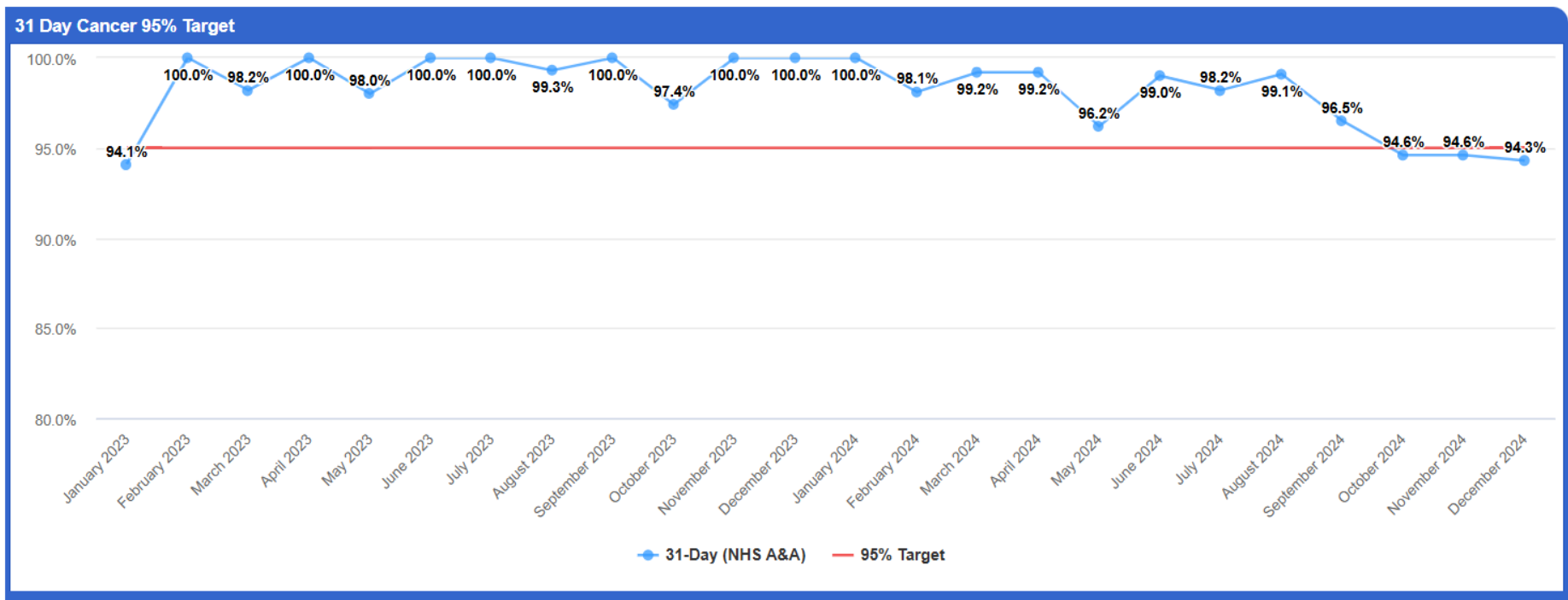
- Additional Artemis biopsy sessions in place to reduce Urology prostate backlog
- DCAQ complete on key elements of Urology cancer pathway
- Reduce pathology backlog and turnaround times by outsourcing contract to create additional reporting capacity
- Implement National Optimal Pathways
 - Lung – Progress 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
- Bowel screening pre-assessment process reviewed and reducing time from referral to colonoscopy

Cancer – 31 day National Standard/Target

31 Day Cancer 95% Target

December 2024 result
▲ **94.3%**

- **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%)

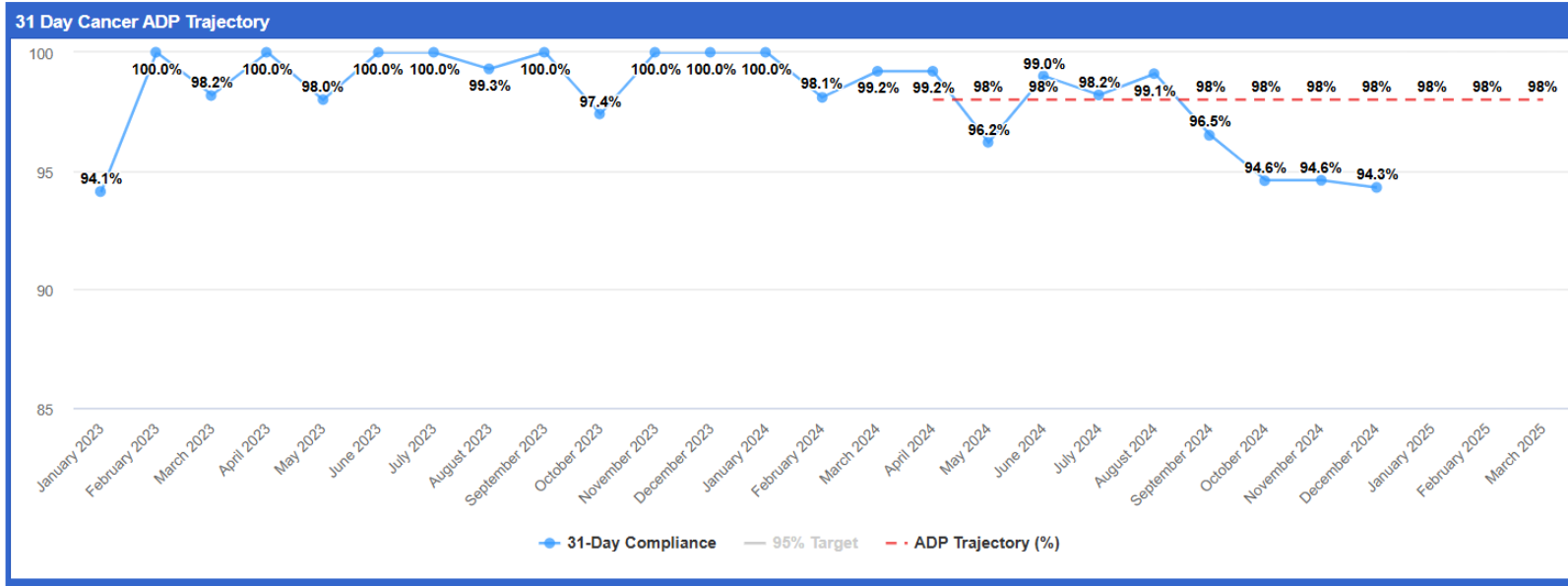
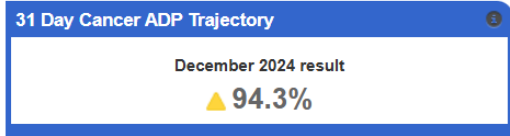
	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
NHS A&A	100.0%	97.4%	100.0%	100.0%	100.0%	98.1%	99.2%	99.2%	96.2%	99.0%	98.2%	99.1%	96.5%
Scotland	94.7%	93.4%	93.8%	93.5%	91.7%	94.5%	94.7%	94.6%	94.4%	95.4%	94.4%	93.7%	93.7%

Source: Public Health Scotland and Local Management Reports
 Next National Benchmarking Update: 25th March 2025

Cancer – 31 day - Delivery Plan Trajectories 2024/25

By December 2024:

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



Source: Public Health Scotland and Local Management Reports

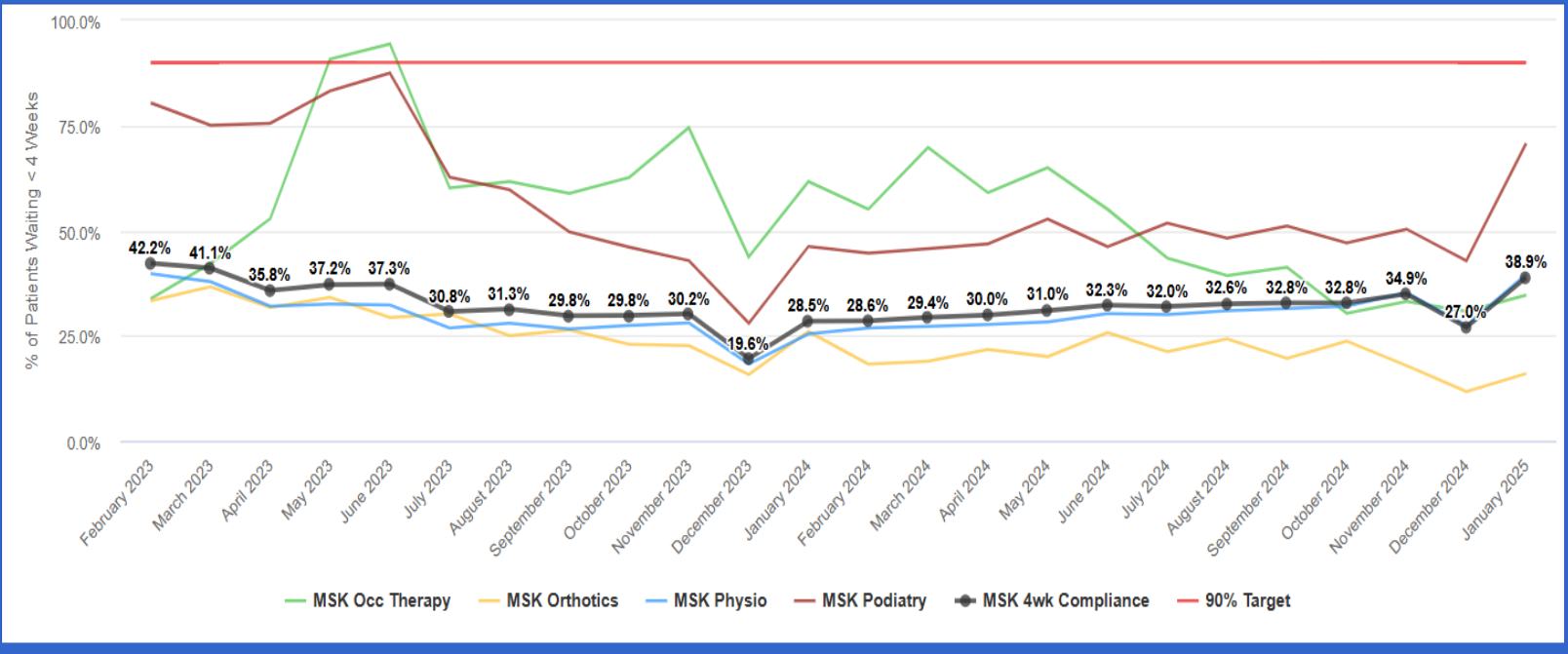
IMPROVEMENT ACTIONS

Cancer – 31 day

- 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
- Expansion of Robot Assisted Surgery (RAS) to 4 days per week established

Musculoskeletal (MSK) – Ongoing Waits

MSK 4wk Compliance last 2 years



January 2025 – Ongoing Waits by Profession

	All Waits			Urgent Waits Only
	Number Waiting	Max Weeks Waiting	Average Wait (Weeks)	Average Wait (Weeks)
MSK Occupational Therapy	150	31	16	4
MSK Podiatry	366	24	9	3
MSK Physiotherapy	3,123	30	12	4
Orthotics	587	61	31	22

Source: Local Management Reports

IMPROVEMENT ACTIONS

MSK (Musculoskeletal) Ongoing Waits

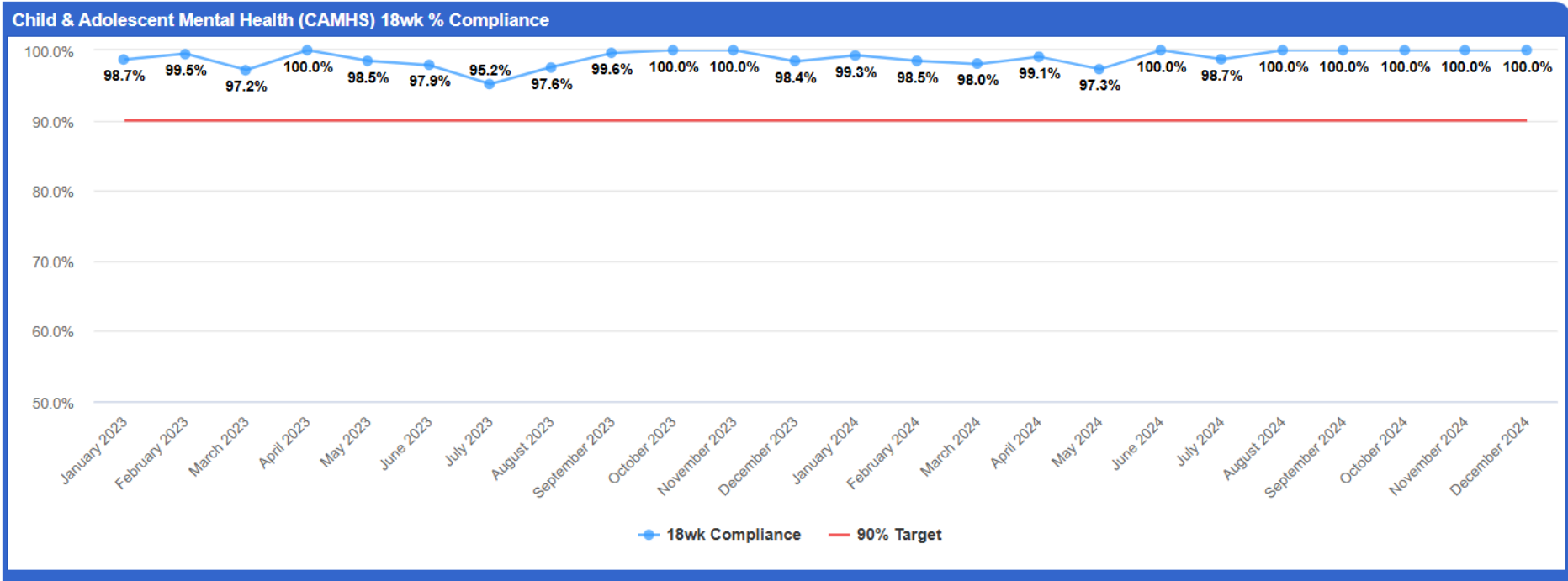
- Increase MSK compliance with National 4 week Waiting Time target
 - DCAQ analysis
 - Patient Focused Booking
 - Patient Initiated Reviews
 - Active Clinical Referral Triage
 - Referral Guidance
- Reduce demand into MSK Services
 - Digital self-management
 - Advice only Referral
 - Community Drop in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

December 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%)

	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
NHS A&A	99.6%	100.0%	100.0%	98.4%	99.3%	98.5%	98.0%	99.1%	97.3%	100.0%	98.7%	100.0%	100.0%
Scotland	79.0%	82.7%	83.4%	86.0%	86.4%	84.8%	86.9%	81.4%	86.1%	85.0%	86.2%	89.8%	91.3%

Source: Public Health Scotland and Local Management Reports, North Ayrshire HSCP
 Next National Benchmarking Update: 4th March 2025

CAMHS - Delivery Plan Trajectories 2024/25

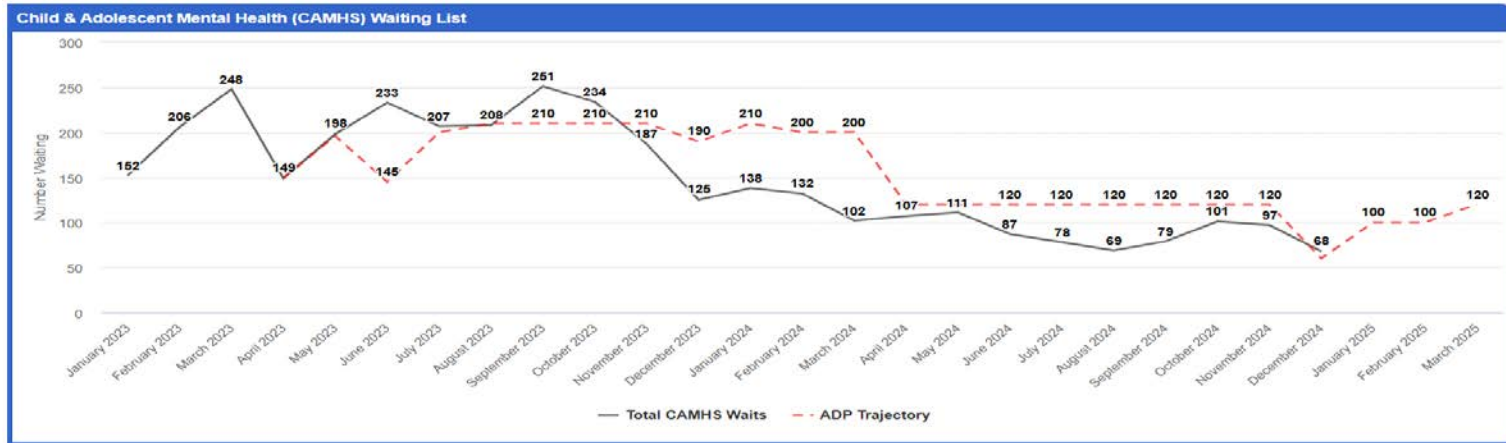
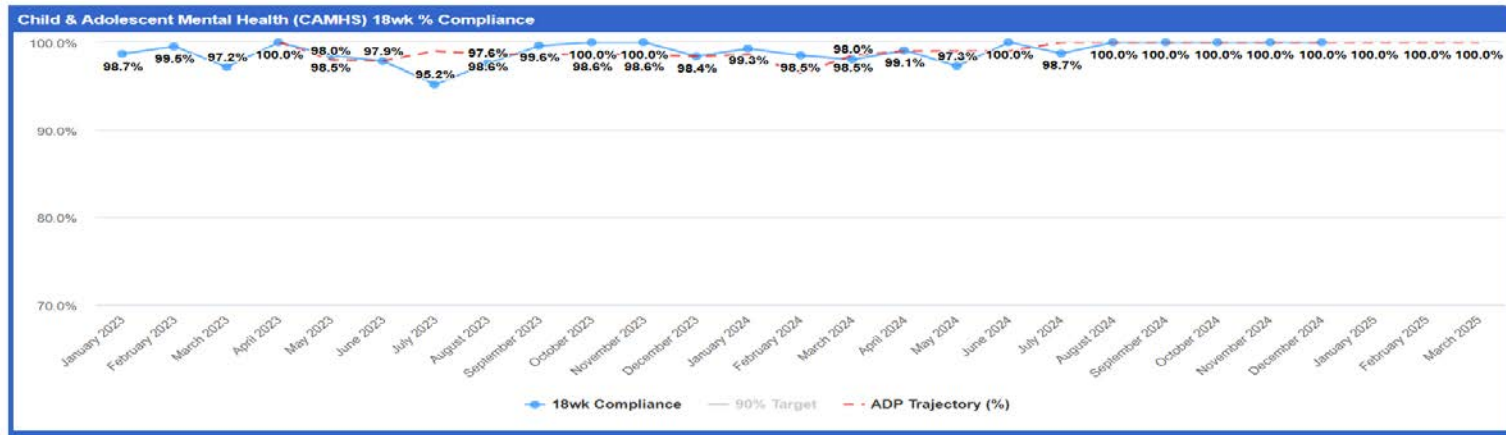
By December 2024:

- 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 60 or less

CAMHS 18wk ADP Trajectory

December 2024 result

✔ 100.0%



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) – handed over Nov 2024
- 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
- External providers to assess children and young people contract ended October 2024. There is no funding to continue this contract.

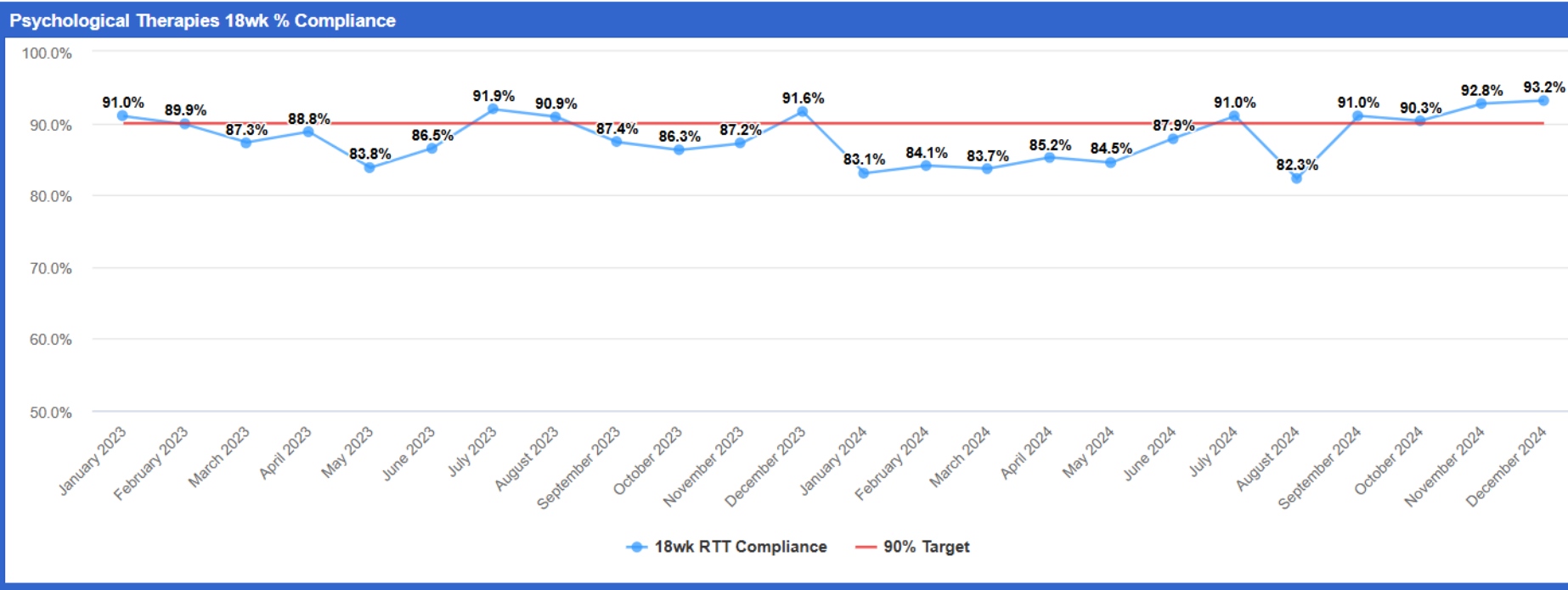
Psychological Therapies - 18 Week National Standard/Target

Psychological Therapies 18wk 90% Target

December 2024 result

🟢 93.2%

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



National Benchmarking – 18 Weeks PT Target (90%)

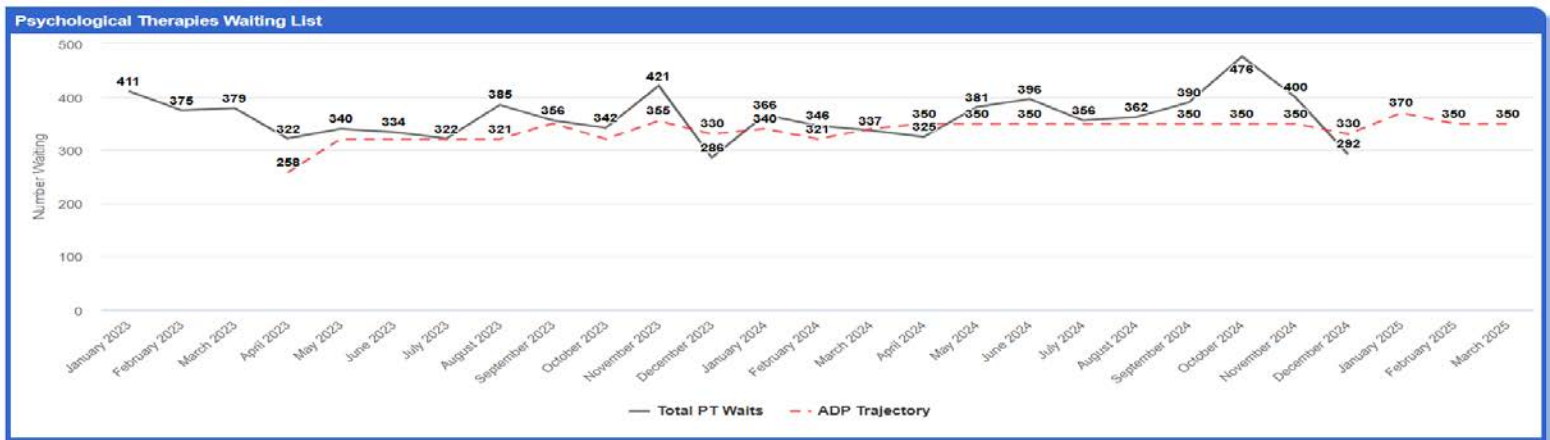
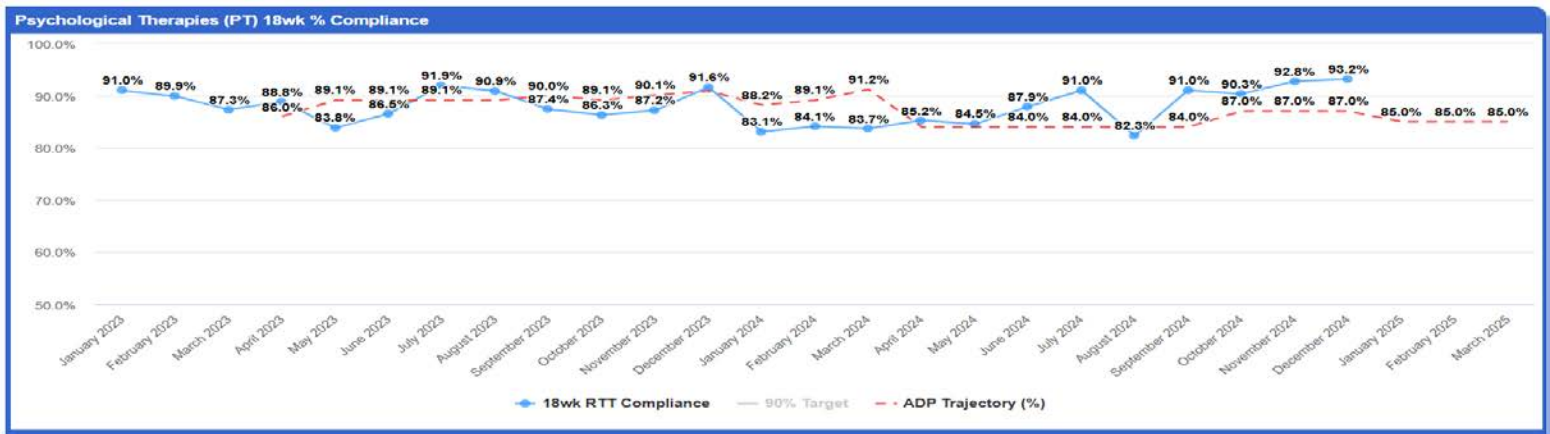
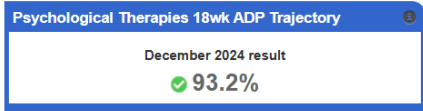
	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
NHS A&A	87.4%	86.3%	87.2%	91.6%	83.1%	84.1%	83.7%	85.2%	84.5%	87.9%	91.0%	82.3%	91.0%
Scotland	79.7%	80.4%	79.3%	82.9%	79.4%	77.9%	80.7%	80.2%	80.2%	80.4%	78.7%	79.8%	81.5%

Source: Public Health Scotland and Local Management Reports, North Ayrshire HSCP
 Next National Benchmarking Update 4th March 2025

Psychological Therapies - Delivery Plan Trajectories 2024/25

By December 2024:

- 87% of patients to commence Psychological Therapy based treatment within 18 weeks of referral
- Achieve a waiting list of 330 or less



Source: Local Management Reports, North Ayrshire HSCP

IMPROVEMENT ACTIONS

Psychological Therapies

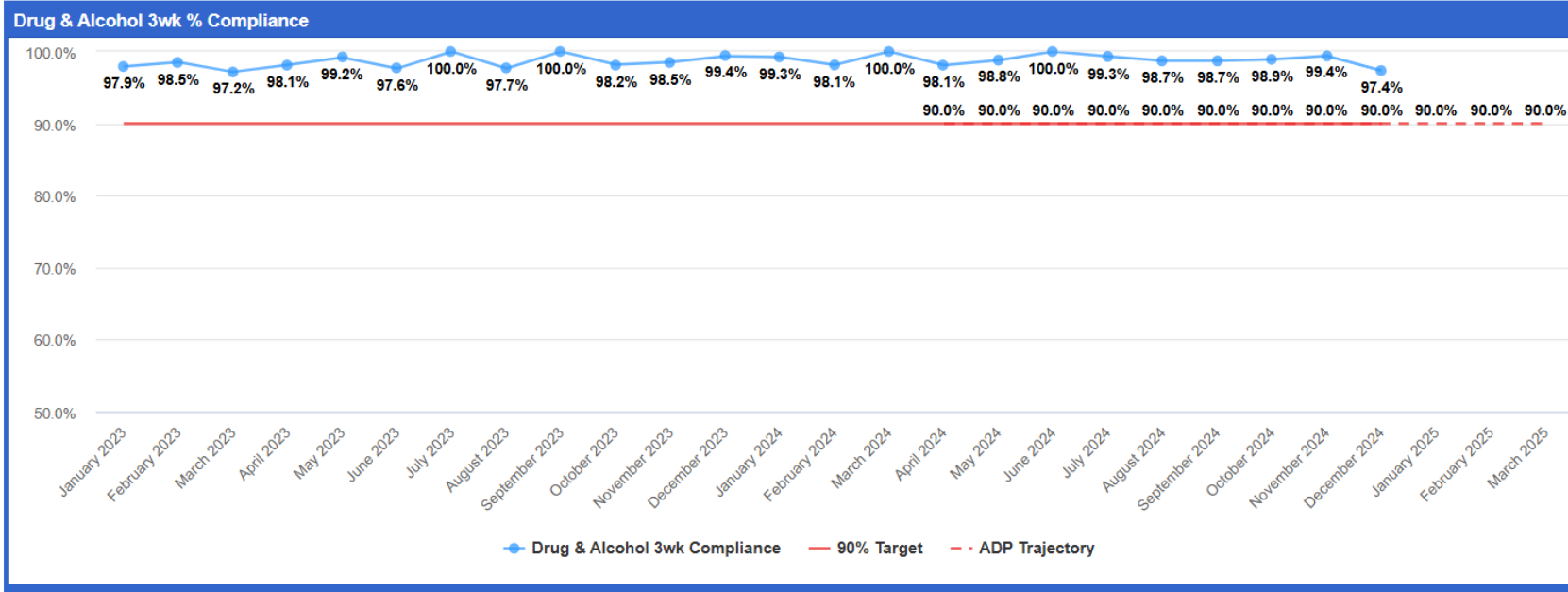
- Create a clinical governance structure for Psychological Services and delivery of Psychological therapies and interventions
- Implementation of Psychological therapies and interventions (P&TI) standards (SG, Nov23) by April 2025
 - Assessment tool being piloted nationally
 - New pan-services Psychological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

December 2024 result
✔ 97.4%

- **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 Bupival 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.

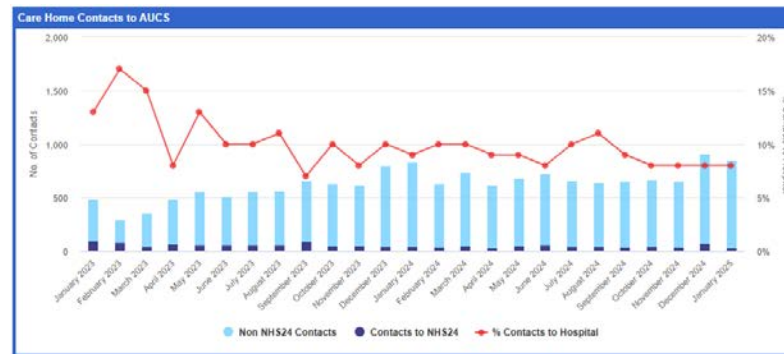
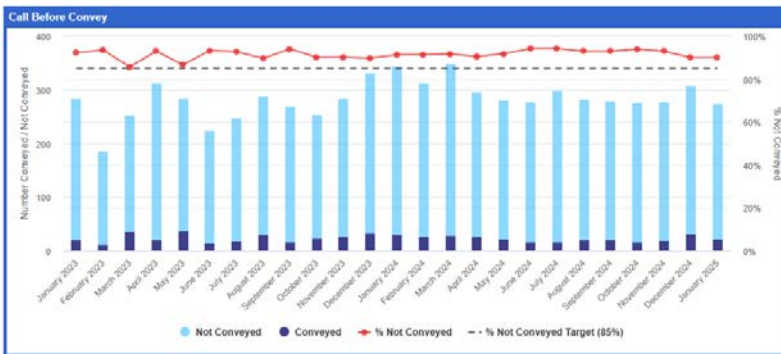
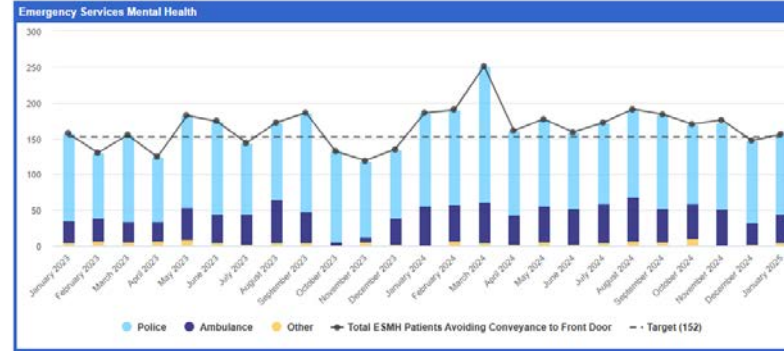
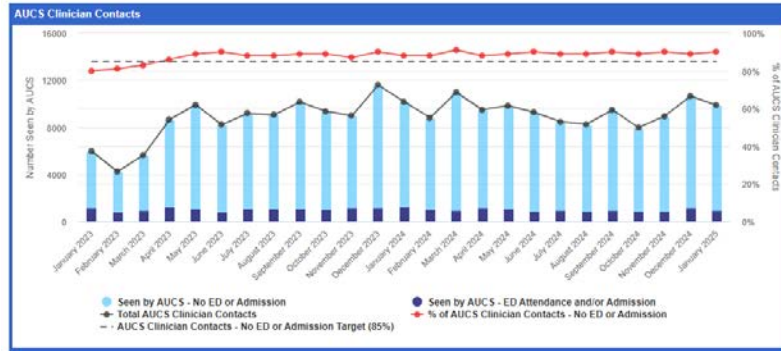
National Benchmarking – 3 Weeks Drug and Alcohol Target (90%)

	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
NHS A&A	100.0%	98.2%	98.5%	99.4%	99.3%	98.1%	100.0%	98.1%	98.8%	100.0%	99.3%	98.7%	98.9%
Scotland	92.3%	90.6%	90.6%	90.6%	92.2%	92.2%	92.2%	93.2%	93.2%	93.2%	98.8%	98.8%	98.8%

Source: Public Health Scotland and Local Management Reports
 Next National Benchmarking Update: 25th March 2025

Urgent Care – AUCS (Ayrshire Urgent Care Service)

- **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.

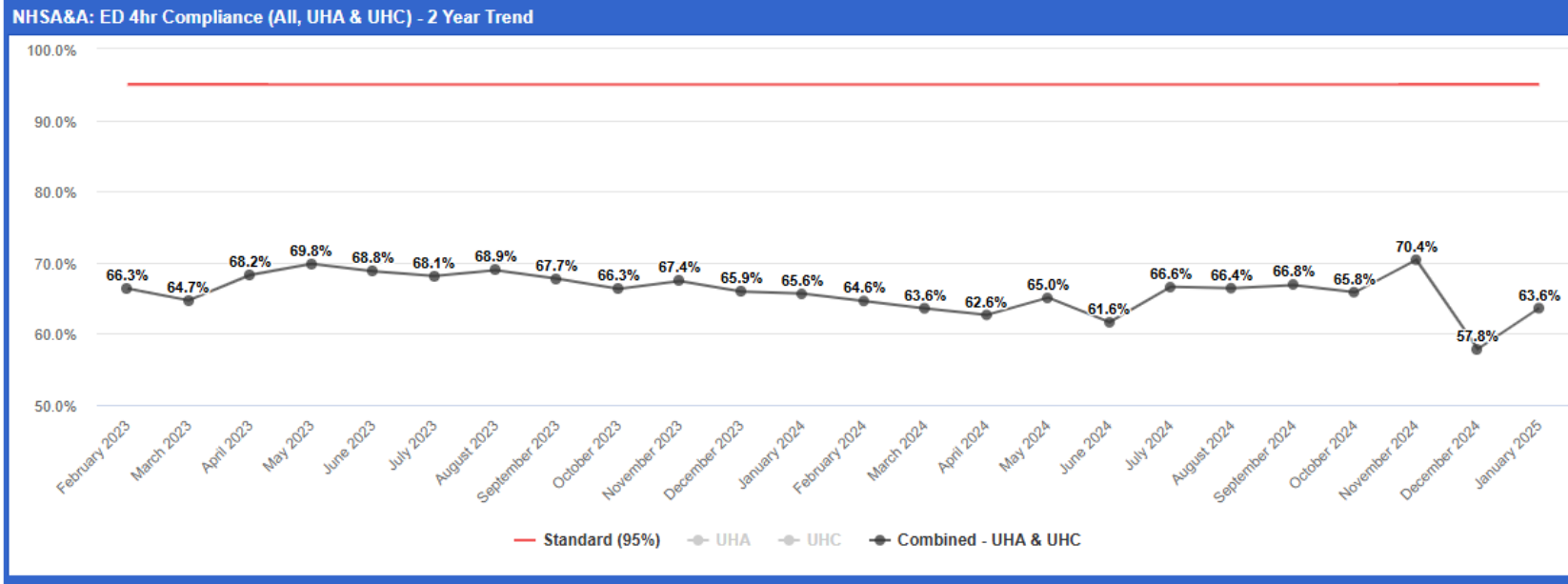
Unscheduled Care – National ED 4 Hour Standard/Target

ED 4 hour % Compliance

January 2025 result

63.6%

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



Numbers of Unscheduled ED Attendances

Feb 23 – Jan 2024	90,712
Feb 24 – Jan 2025	93,890
<i>Change</i>	+ 3,178 (+ 3.5%)

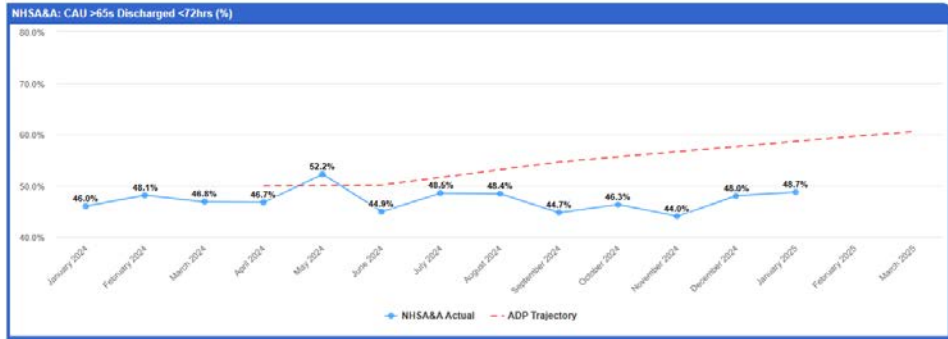
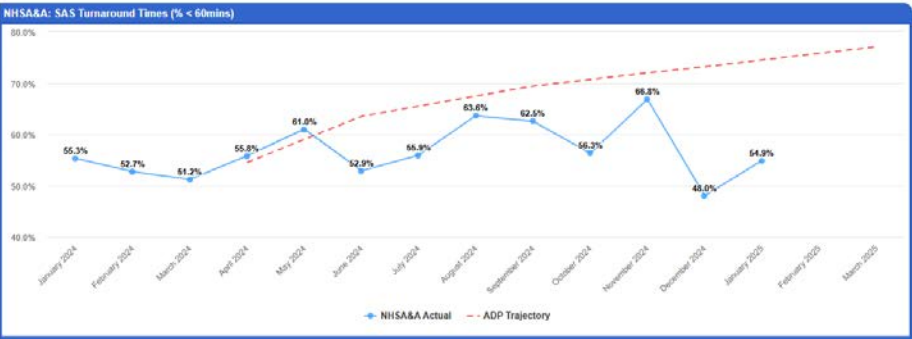
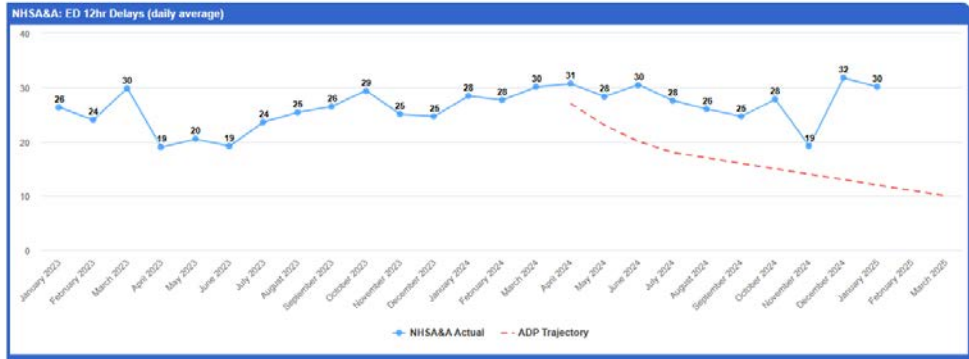
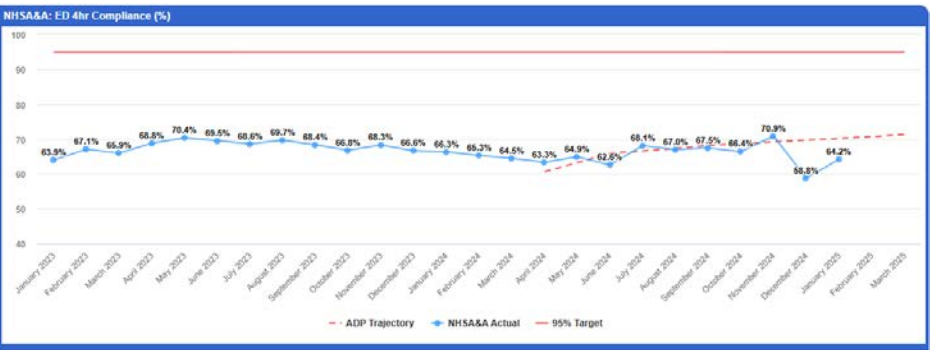
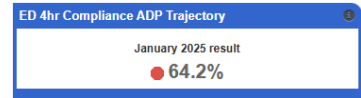
National Benchmarking – Unplanned 4 Hour ED Target (95%)

	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24
NHS A&A	66.9%	65.8%	65.1%	64.4%	66.6%	64.4%	69.5%	67.9%	69.0%	67.2%	71.5%	59.8%
Scotland	65.4%	67.0%	67.3%	67.4%	70.8%	69.0%	69.6%	69.4%	69.3%	66.5%	65.6%	62.3%

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

By January 2025:

- Improve overall ED 4hr compliance (**both unscheduled and scheduled attendances**) to at least 70.2%
- Decrease the number of patients waiting over 12 hours to 12 or fewer per day
- Improve the proportion of Scottish Ambulance Service (SAS) acute hospital turnaround times within 60 minutes to at least 74.5%
- Increase the proportion of patients aged 65 or over being admitted to CAU and discharged within 72 hours to at least 58.6%



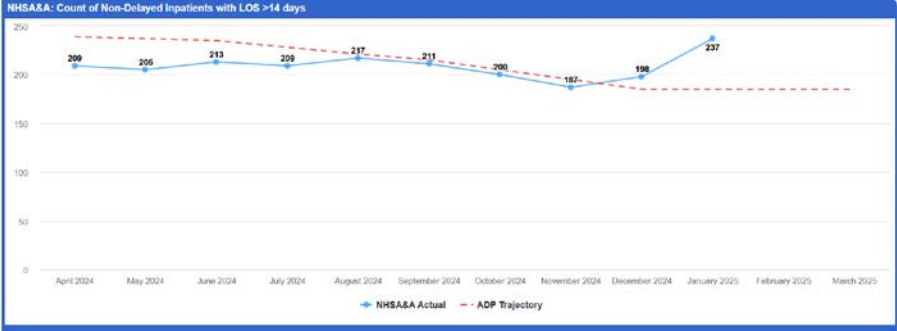
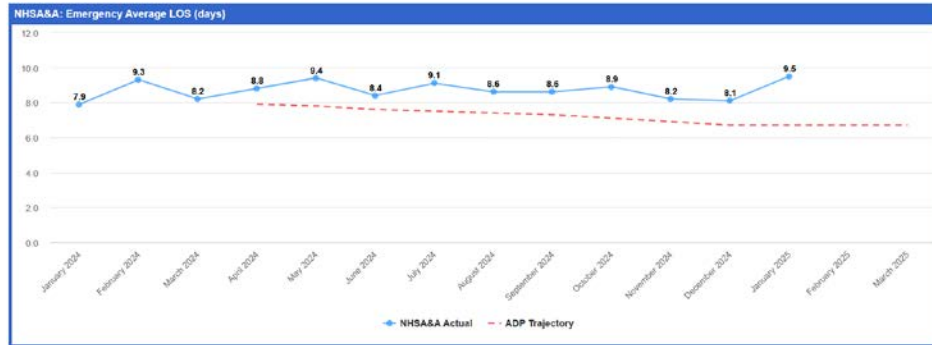
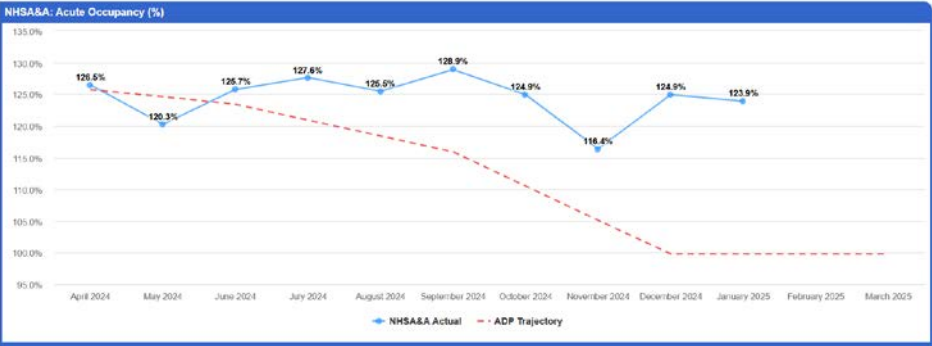
IMPROVEMENT ACTIONS

- 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 January 2025:

- Reduce occupancy in our Acute sites to 99.8% or below
- Reduce the Average Length of stay for emergency admissions to 6.7 days or less
- Lower the numbers of patients with a length of stay over 14 days who are not in delay to 185 or below



IMPROVEMENT ACTIONS

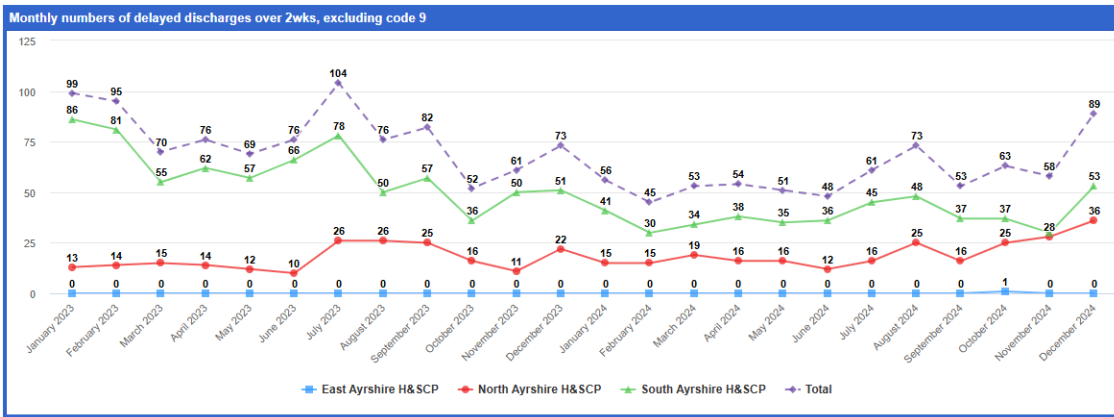
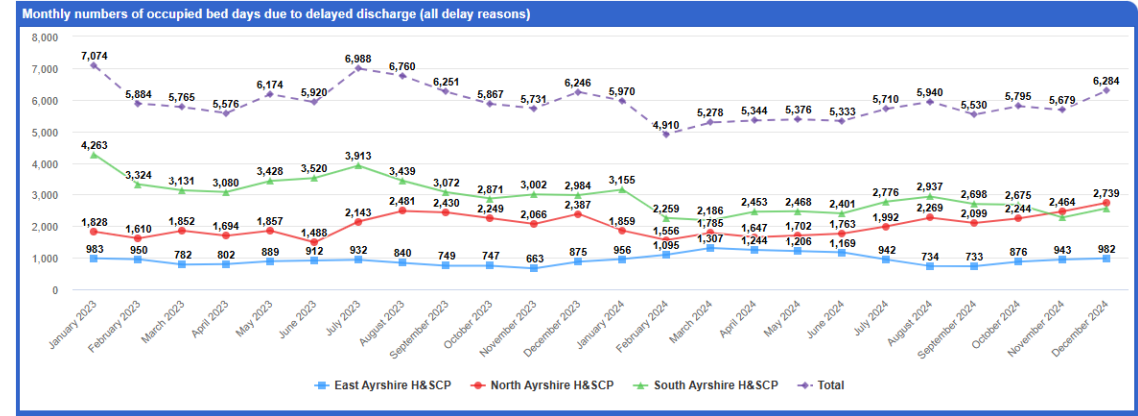
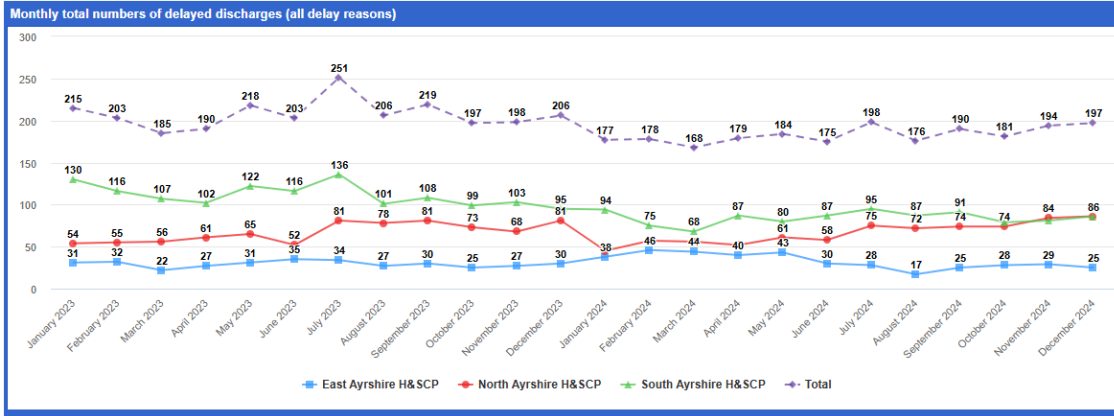
- Develop Operational Pressures Escalation Levels (OPEL) scoring framework to determine operational pressures
- Develop and deliver escalation action cards to support OPEL and capacity management plans
- Introduce advanced weekend planning meeting
- Criteria to reside process to be embedded at UHC and 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:

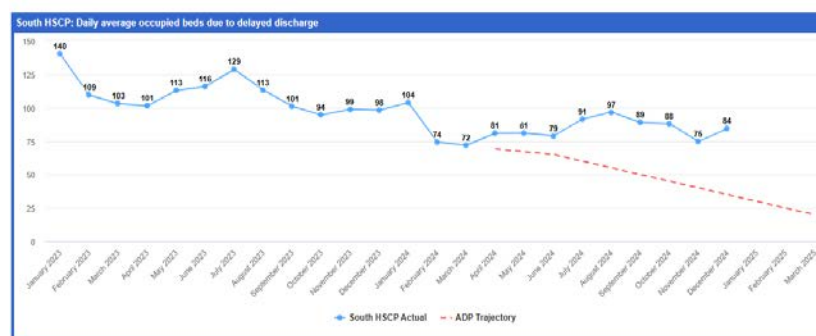
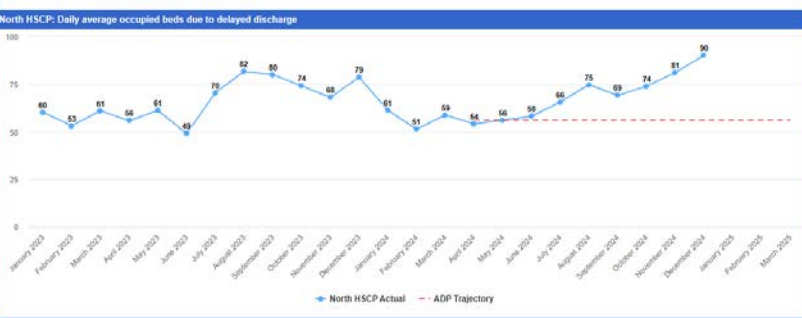
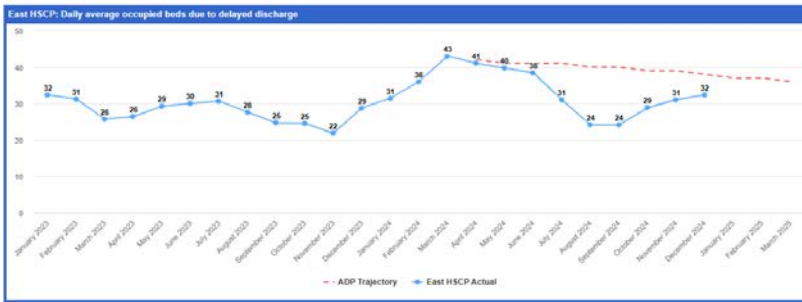
- numbers of people experiencing a delay of any length or reason in discharge from hospital at the monthly census point;
- numbers of hospital bed days associated with delayed discharges (any length or reason) in the calendar month;
- numbers of people experiencing a standard delay over 2 weeks (excluding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

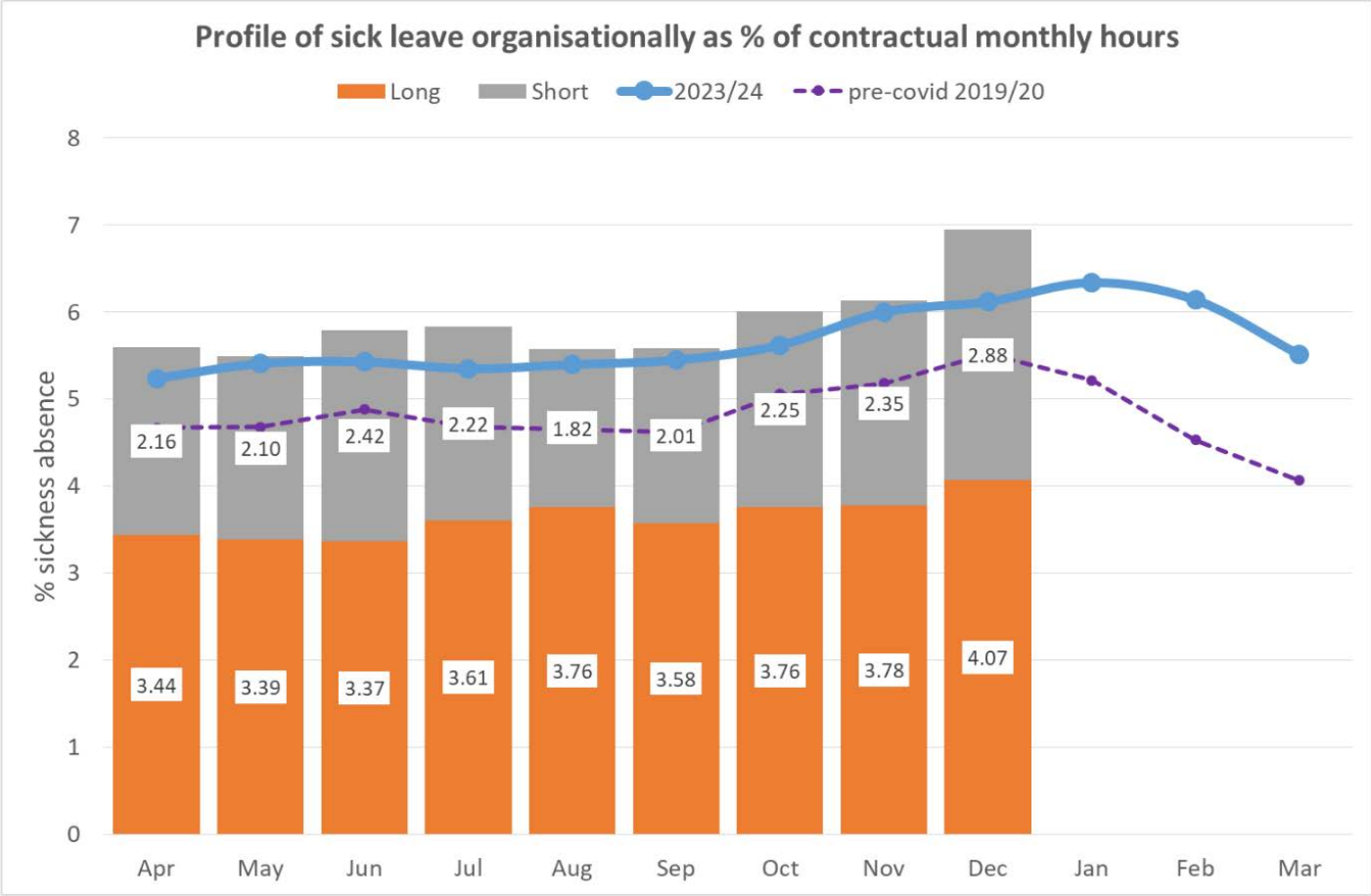
South Ayrshire

- 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

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

By December 2024:

- Reduce sickness absence rates to 5.2% or less



Source: Local Management Reports, HR

IMPROVEMENT ACTIONS

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