NHS Ayrshire & Arran

Meeting:	**Ayrshire and Arran NHS Board**
Meeting date:	**Monday 30 March 2020**
Title:	**Performance Report**
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1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- Annual Operational Plan, and
- Government policy/Directive

This aligns to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

In 2018/19, the Scottish Government replaced the Local Delivery Plan (LDP) Standards with the Annual Operational Plan (AOP). The NHS Ayrshire & Arran AOP submitted to the Scottish Government for 2019/20 included detailed planning assumptions and expected levels of operational performance to support the delivery of key priorities on improving Elective, Cancer and Mental Health Waiting Times; and Unscheduled Care performance.

This report provides an overview of performance in these key areas under the headings Unscheduled Care (2.3.1) and Planned Care (2.3.2).

A set of two infographics are provided to NHS Board members with an overview of Performance ‘At a Glance’ in relation to Unscheduled Care and Planned Care in each section respectively; and to ensure that NHS Board members are sighted on the corresponding impact of underperformance across the system as a whole.

National targets in relation to unscheduled care and waiting times are set by the Scottish Government. However trajectories have been developed at a local level through service planning and in conjunction with Scottish Government.

The Board is asked to discuss the current Performance and be assured that systems and procedures are in place to monitor, manage and improve overall performance progress.

2.2 Background

In October 2018, the Scottish Government (SG) published the Waiting Times Improvement Plan (WTIP) for NHS Scotland https://www.gov.scot/publications/waiting-times-improvement-plan/. The Improvement Plan is phased and outlined that:

By October 2019
- 75% of inpatients/day cases will wait less than 12 weeks to be treated
- 80% of outpatients will wait less than 12 weeks to be seen
- 95% of patients for cancer treatment will be continue to be seen within the 31-day standard

By October 2020
- 85% of inpatients/day cases will wait less than 12 weeks to be treated
- 85% of outpatients will wait less than 12 weeks to be seen

For 2019/20, a local Elective Waiting Times Improvement Plan was submitted as part of the wider AOP for NHS Ayrshire & Arran and included quarterly trajectories on the number of patients waiting over 12 weeks for an Inpatient/Day Case or New Outpatient appointment for most specialties.

A local improvement plan was also put in place to maintain the 31 day Cancer waiting times standard and improve the 62 day Cancer waiting times standard.

Three key measures and associated monthly trajectories were submitted to the Scottish Government as part of the Unscheduled Care component of the AOP. These included improving trajectories in relation to the ED 4 hour standard, reducing the number of 12 hour breaches and reducing occupancy levels.

Mental Health Waiting Times Improvement trajectories for CAMHS (Child and Adolescent Mental Health Services) and Psychological Therapies were also submitted as part of the wider AOP and detailed an improving trajectory for compliance, measured on a quarterly basis to March 2020.

2.3 Assessment

The Performance information provided below includes:
- Performance in relation to Unscheduled Care across Health and Social Care
- Performance against the National Waiting Times and Access targets
- Details of improvement plans to provide assurance that systems and procedures are in place to monitor, manage and improve overall performance
- A summary of performance in relation to the Annual Operational Plan commitments and trajectories for both Unscheduled Care and Planned Care
- An overview of the Winter Plan

2.3.1 Unscheduled Care

NHS Ayrshire & Arran – At a Glance

Unscheduled Care

Latest performance, with comparison to previous year where: Improving ⇧ No change ▬ Worsening ⇩
Includes Scottish Government target (⌖), where applicable.

Emergency Departments

UHA (H A&E)	3,037 Jan 2020	⇧	attendances at UHA Emergency Department	
	64.3% Jan 2020	⇩	ED attendees were treated, admitted or discharged within 4 hours of arrival	⌖ 95%
	249 Jan 2020	⇩	ED attendees waited over 12 hours to be treated, admitted, or discharged	
UHC (H A&E)	5,783 Jan 2020	⇧	attendances at UHC Emergency Department	
	84.3% Jan 2020	⇩	ED attendees were treated, admitted or discharged within 4 hours of arrival	⌖ 95%
	265 Jan 2020	⇩	ED attendees waited over 12 hours to be treated, admitted, or discharged	

Medical and Surgical Bed Occupancy

95.5% Jan 2020	⇩	occupancy of acute medical and surgical beds at University Hospital Ayr
94.2% Jan 2020	⇧	occupancy of acute medical and surgical beds at University Hospital Crosshouse

Combined Assessment Units

1,635 Jan 2020 ⇧	1,696 Jan 2020 ⇧	
presentations to UHA CAU	presentations to UHC CAU	

Emergency Admissions*

765 Jan 2020 ⇧	1,370 Jan 2020 ⇧
admissions to UHA via ED/CAU	admissions to UHC via ED/CAU

Delayed Discharge

Numbers of patients whose discharge from hospital was delayed by 2 weeks or more for non-clinical reasons	North Ayrshire HSCP	East Ayrshire HSCP	South Ayrshire HSCP
	32 ⇩	0 ▬	39 ▬
	Dec 2019 ⌖ 0		

* Inpatient Admissions from the ED admitted directly into Medical or Surgical ward (excluding CAU) and Inpatient admissions from the CAU admitted to CAU (regardless of source) who are transferred to a medical or surgical ward (excluding discharges directly from the CAU)

Summary of Performance and Improvement Plans - Unscheduled Care

Emergency Department

ED Attendances at UHC have continued to increase year on year, with activity levels currently in excess of pre-CAU levels. Comparing the period from April 2019 to January 2020 with the same period of the previous year, the total number of ED attendances have increased by 2.7%. During April to January 2019/20, on average, 46% of all ED attendances at UHC were Minor Injury attendees (Flow 1). Comparing April to January 2019/20 with the same period the previous year, the number of Minor Injury attendees has increased by 1,362 (+4.9%), which is equivalent to an additional 5 attendances per day. Meanwhile Flow 2 (Acute Assessments including Major Injury) increased by 0.9%, Flow 3 (Medical Admissions) reduced by 3.6%, and Flow 4 (Surgical Admissions) increased by 2.4%.

At UHA, overall ED attendances have similarly continued to increase following the opening of the CAU. Comparing April to January 2019/20 with the same period the previous year, the number of ED attendances have increased by 1.8%. In comparison to 46% at UHC, on average, 39% of all ED attendances at UHA have been Minor Injury attendees. Flow 1 attendances over the period April to January 2019/20 have remained at the same level compared to the same period of the previous year. However, there has been an additional 118 Flow 3 attendances (Medical Admissions), increasing from 372 to 490 (+31.7%). There has also been an increase in Flow 2 attendances from 18,344 to 18,758 (+2.3%); and an additional 62 Flow 4 attendances (+7.0%).

For the most recent month however, overall ED attendances at UHA were 4.3% lower when comparing January 2020 (3,037) with January 2019 (3,173), whilst similarly at UHC there was a 5.2% decrease between January 2019 (6,103) and January 2020 (5,783). The decrease in attendances was mainly across Flow 2 (Acute Assessments including Major Injury) at both UHA and UHC.

The **ED 4-Hour Wait** 95% target has not been achieved at NHS Board level since July 2018. Compliance at UHA ED has decreased by 20.6 percentage points from 84.9% in January 2019 to 64.3% in January 2020. At UHC ED there has been a 4.6 percentage point decrease between January 2019 and January 2020, from 88.9% to 84.3%.

Analysing ED performance by patient flow pathways shows that for the first time, compliance at UHA for Minor Injury patients fell below the 95% target, with 93.7% of Flow 1 patients treated, admitted, or discharged within 4 hours of attendance in January 2020. At UHC, compliance for Minor Injury patients remained above target at 98.3%.

12 hour breaches at UHA peaked at 249 in January 2020 compared to 67 in January 2019. At UHC, the number of 12 hour breaches increased from 211 in December 2019 to 265 in January 2020, compared with 82 in January 2019.

The worsening performance in relation to the ED 4 hour wait and the increase in the number of patients waiting over 12 hours is linked to increased occupancy levels and high numbers of delayed discharges for health and social care reasons currently occupying acute care beds at UHA and UHC. With fewer medical and surgical beds available, admission flow from the ED and CAU is restricted, leading to longer delays in ED for patients awaiting a hospital bed for direct admission or acute assessment.

Improvement Actions

The programme of improving unscheduled care in Ayrshire & Arran is a unique approach which has been supported by an Organisational Development Consultant and involved the establishment of Extreme Teams for UHC/North/North-East Ayrshire in June 2019 and for UHA/South/South-East Ayrshire in September 2019.

The Extreme Teams, composed of senior managers from both acute services and the health and social care partnerships, are directing and overseeing all unscheduled care priorities and commissioning specific pieces of work dependent upon evidence and data trends. These Extreme Teams are tasked with identifying key priorities and delivering change at pace in response to the "what is the reform needed question".

As demand levels continue to increase, combined with higher numbers of patients who are delayed in their discharge from hospital, compliance against the 4 hour standard from arrival to admission, transfer or discharge from the Emergency Department (ED) has been compromised. The number of patients who are delayed in their discharge from hospital has continued to rise, reaching unprecedented levels in November 2019.

Although the standard is measured in ED, the standard requires the whole health and social care system to collaborate if the standard is to be delivered effectively. The reform agenda for unscheduled care includes this as a key deliverable for success.

The Unscheduled Care operational plan spans these areas of improvement:

- reducing emergency admissions by providing accessible community alternatives;
- understanding and improving the Emergency Department processes;
- reducing occupancy and length of stay by improving systems and processes within the acute hospital;
- identifying barriers to flow - and improving discharge rates across all sites - acute and community;
- reviewing and improving pathways to reduce delays and duplication; and
- reducing delays in discharge by providing appropriate community capacity.

Re-direction in ED continues to be a priority. Social media messages have been delivered to Ayrshire citizens to raise awareness of the most appropriate healthcare provider by condition/urgency.

The implementation of 2 hourly Board Rounds in ED at UHA offers structure and support for junior medical staff, ensuring that they have the opportunity to discuss the suitability of an admission.

Changes to the morning safety huddle at UHC include highlighting all safety issues and making plans for each of these before leaving the huddle. A major safety issue is the long waits of some patients in ED. Plans are made to address long waits before leaving the huddle, with responsible clinicians identified to progress this.

Escalation plans on each acute site have been reviewed, and continue to be reviewed, to ensure the actions taken by staff at times of pressure have the impact intended. Work is underway to programme these thresholds and triggers into the Single Health Resilience Early Warning Database (SHREWD) which supports early actions to decompress the system.

Creating early movement in the morning on both sites has proved to be more challenging. The Breakfast Club at UHC showed positive results with regard to early movements, so we will look to re-establish this and test other initiatives to improve throughput.

The embedding of processes to make sure that medical specialty patients are placed in the correct specialty continues within the IHO workstream. The evidence base is clear that specialty patients receive optimal care if they are cared for by their specialty team which in turn, reduces length of hospital stay.

In addition to the development of the Extreme Teams, in January 2020, the Chief Executive formed, and is chair of, an Emergency Management Team (EMT) consisting of the Medical, Nurse, Acute Directors and the Directors of Health and Social Care Partnerships in North, East and South) along with the Board's resilience lead to consider a recovery programme in response to ongoing urgent challenge in our system in relation to unscheduled care demand and delayed discharges whilst the extreme teams continue with the reform agenda.

The predictability of unscheduled care is something that NHS Ayrshire & Arran has recently reviewed to determine key operational changes in how flow is delivered. A number of actions from the EMT have been agreed to support this including a specific understanding of the number of patients that should be in the discharge lounge at the start of the day and that planning bed capacity is undertaken throughout the 24 hour period. This is key to protect the elements of our acute services that support effective care and treatment such as Rapid Assessment, Discharge Lounge and does not compromise elective care through the use of surgical beds/day surgery.

Combined Assessment Units

CAU Presentations at both sites have increased when compared to the combined period April to January 2019/20 with the previous year (+2.1% at UHA and +1.1% at UHC) but have shown a decrease in recent months, with presentation numbers in January 2020 down by 7.4% at UHA and by 4.0% at UHC when compared with January 2019. Referral numbers from all sources (ED/GP/Other) have generally shown a decrease in January 2020.

Note: 'Other' referral sources include referrals from Outpatient clinics, Radiology patients requiring immediate assessment, and Cancer patients referred via the national cancer helpline, however do not include elective return patients, who are instead recorded separately as outpatient attendances at the Acute Clinic.

The Combined Assessment Unit at UHC opened in April 2016 and at UHA in May 2017. Patients are referred by their GP or the Emergency Department. When comparing activity levels between the two sites, it should be noted that the CAU at UHA is configured to receive both Medical and Surgical admissions, whilst only Medical admissions are routed via CAU at UHC. Therefore, whilst UHA services a smaller catchment area and would be expected to have lower numbers of CAU presentations than UHC, the additional Surgical admissions bring overall activity levels on a par with that at UHC.

Admissions and Occupancy

Comparing the combined period of April to January 2019/20 with the same period the previous year, the number of **Medical and Surgical Inpatient Admissions from the EDs and CAUs** has increased by 2.2% at UHA, but decreased by 1.3% at UHC.

In contrast, when comparing the numbers of medical and surgical admissions for January 2020 with January 2019, there has been an 18.6% decrease at UHA (from 940 to 765); and a 15.3% decrease at UHC (from 1,617 to 1,370). Compared to each month in the previous year, the numbers of admissions were higher at UHA with the exception of April 2019, December 2019 and January 2020; whilst at UHC the numbers were higher in each month until October 2019.

Unscheduled care demand has led to additional acute beds opening over the past few years**. Bed occupancy for acute medical and surgical wards*** has remained very high at both sites, rising from 94.3% in January 2019 to 95.5% in January 2020 at UHA, and decreasing slightly from 95.1% to 94.2% at UHC over the same time period. Analysis of average length of stay data for medical specialties focussing solely on the period since the CAU opened demonstrates that length of stay has continued to increase at UHA. This analysis helps provide context to increasing occupancy levels against a backdrop of reduced admission numbers compared to this time last year, as it shows that medical patients are increasingly occupying acute beds for longer. This may be further explained by the rise in direct admissions from ED at UHA, which would typically be for more complex care patients.

***Note**: Occupancy rates are calculated based on all available capacity (funded and unfunded)

Improvement Actions

Evidence shows that hospital is not the best place to be once a person's medical needs are addressed and they are ready for discharge. Long stays in hospital negatively impact on a person's ability to return to normal activity, particularly for older people. This can sometimes leave them more dependent on care following a lengthy hospital admission. Different ways to deliver care need to be explored so that long stays in hospital are the exception and not the norm.

Available capacity is reduced in our hospitals due to a proportion of patients delayed in their health and social care journey. Senior multi-disciplinary review of patients with a hospital length of stay of 14 days and over has been implemented. These reviews are action-focused and now established as routine practice to alleviate delays for patients. Probing questions are asked regarding the presence of a clear clinical plan, and what specifically, is preventing the person from being at home. The reviews focus on actions which can be escalated and executed quickly to move patients on in their journey.

Establishment of a pathway for those patients identified as frail is a crucial improvement activity on both acute sites (UHA has joined phase 2 of Frailty at the Front Door Collaborative). Acute Care of Elder (ACE) practitioners are central to this work. Within both EDs and CAUs patients (over 65 years in CAU and over 75 years in ED) are now routinely screened for frailty. ACE practitioners complete a Comprehensive Geriatric Assessment (CGA) where appropriate. This work has been proven to support improved outcomes for our frail and elderly patients.

Increasing the number of people treated and discharged from Ambulatory Emergency Care at UHA continues to be a priority. The ANP-led service sees and treats patients on the same day and schedules additional treatment on a planned basis thus reducing the need for occupying beds.

Additional priorities at UHC include reducing the time to be seen by a Senior Decision Maker and making available key staff at peak times of pressure, i.e. Consultants to ensure a plan is in place within 24 hours and portering staff for transfer of patients.

Improving ward and discharge processes is a key priority on both acute sites. Planning ahead for a smooth discharge by co-ordinating all services involved in more complex discharges is vital. A clear understanding of what the challenges are in respect of this are crucial to systematically tackle each.

Driving forward with the current portfolio of improvement and reform, it is recognised that this will need to be aligned with the longer term system approach and the strategic vision of moving towards a sustainable system model.

Over and above the key priorities listed, it is recognised that demand and patient acuity can increase over the winter period. Planning accordingly, in terms of staff additionality and extension of service opening hours, i.e. Discharge Lounges, Radiology, Pharmacy, is vital to meet the increased demand.

Other initiatives such as increased availability of Red Cross vehicles support safe and timely discharge of patients across 7 days. Currently SAS cancellations and hand backs can result in an additional overnight stay for patients.

A Medical Day Case Unit has been developed at UHA and the opening hours of Medical Day Case Unit at UHC has been extended. The purpose of these units is to prevent hospital admissions for certain procedures and treatments. A proposal was recently discussed at the UHC/North/North-East Extreme Team to further extend the opening of the unit meaning that it will operate on Mondays and Tuesdays in addition to the present hours.

Some examples of providing accessible community alternatives currently are listed below. These workstreams will continue and further develop in 2020/21:-

- Increasing use of the enhanced Intermediate Care Team across Ayrshire to prevent avoidable admissions;
- Improving provision of palliative care and care for the dying person in East Ayrshire
- Increasing access to pulmonary rehabilitation in East and South Ayrshire;
- Improving support and education for care home staff (South Ayrshire) to prevent avoidable admissions;
- Reducing the number of people converted to admission from attendance.

The Primary Care Improvement Programme is supporting the development of wider primary care multi-disciplinary teams which will offer a range of services to our local population closer to their homes. These services include clinical, psychological and social services as the reason for GP and emergency hospital attendances can, at times, be rooted in psychological or social reasons.

The availability and access to social care and community services will affect flow through the system. If patients are required to wait for services this will have an adverse effect on discharge rates. Partnership services being aware of their daily demand and capacity is

key to provision of a service fit for purpose. All partnerships in Ayrshire are aware of this and actively seeking to capture these data to ensure capacity is aligned with demand.

A key aspect of this work is the intention to develop an enhanced re-ablement provision that will ultimately reduce patients' length of stay in acute hospitals but more importantly support patients in the right place for their care needs. The redesign of our local Community Hospitals to better meet the emerging needs of the population will build added resilience and flow to our system.

East Ayrshire HSCP works in a different way from both North and South HSCPs. East Ayrshire HSCP routinely use Discharge to Assess and adopts Home First principles. Subsequently, East Ayrshire typically has a very low number of delayed discharges. Learning from exemplary practice in East Ayrshire HSCP will be adopted in North and South Ayrshire HSCPs. The principles of Home First and Discharge to Assess will be incorporated into their working practices, moving towards the position whereby patients will not be assessed for their longer term care needs in an acute setting. These working practices will take time to develop and embed.

Delayed Discharges

Delayed Discharges >2 Weeks (excluding complex code 9 delays) reached a recorded position of 98 in November 2019, reducing to 71 by December 2019. Across the HSCPs, there had been a substantial increase in the numbers of North Ayrshire HSCP residents whose discharge was delayed over 2 weeks, with numbers in November 2019 surpassing those of South Ayrshire HSCP for the first time since February 2019. Performance in East Ayrshire HSCP continues to meet the target of zero delays over 2 weeks.

Delayed Discharge Occupied Bed Days (OBDs) for all delay reasons have similarly continued to increase, to 5,530 in August 2019, decreasing to 4,518 bed days by December 2019. Delays from North Ayrshire HSCP residents have contributed to the increase over the past year, with North OBDs reaching a position in November 2019 of 2,311 OBDs, reducing to 2,110 in December 2019 (December 2018: 1,700). South Ayrshire HSCP numbers remain the highest of the three partnerships, having increased by 3.6% from 2,095 in December 2018 to 2,171 in December 2019. OBDs due to delayed discharge for East HSCP residents have remained consistently at or below 300 per month, and are mostly as a result of more complex (Code 9) delays.

Improvement Actions

East Ayrshire HSCP continues to pursue local stretch targets and to improve the experience of people who are potentially delayed through the Adults with Incapacity process. In the most recent period there has been increased pressure in relation to people with very complex care needs (Code 9).

Agreed investment plans from the winter planning process relate to capacity in Enhanced Intermediate Care and Care at Home Services as part of the overall approach to developing alternatives to admission and facilitating discharge. Additional capacity in the Red Cross Home from Hospital Service will also be prioritised between October 2019 and March 2020.

North Ayrshire HSCP has continued to provide a staff presence within University Hospital Crosshouse over seven days throughout winter. The Enhanced Intermediate Care and Rehabilitation team also continues to operate over seven days. Alongside Acute colleagues, work continues on maximising this additional seven day resource to ensure greater numbers of weekend discharges can be facilitated.

The agreed investment from the winter planning process to facilitate an average of 50 Care at Home packages per week from UHC has been utilised with the service currently confirming an average of 48 Care at Home packages per week. There are still three out of five providers of purchased Care at Home services with moratoriums in place which has placed additional strain on the in-house service. Despite this, the service is facilitating an average of three more packages of care per week this winter compared to last winter.

In **South Ayrshire HSCP**, demand for care services continues to rise, set against a background of reducing service availability as a result of financial constraints. During 2018/19 delays rose quickly over a 3 month period from a low of 28 (w/c 13th August 2018) to a high of 82 (w/c 26th November 2018) following the implementation of financial recovery measures. Delays have risen gradually ever since reaching a peak of 97 (w/c 12th August 2019) with occasional improvements due to short term measures such as purchasing additional care home beds or care at home rotas. However, since the initiation of the Unscheduled Care Leadership Group, associated improvement activity related to discharge planning processes and additional capacity through winter planning, delays have begun to reduce.

A range of other improvement and reform activities are planned throughout 2020 with the aim of reducing delays to fewer than 40 in the first instance. These include:

- Frailty Pathway – 95% of those over the age of 75 will have a comprehensive geriatric assessment on admission;
- Discharge planning – the comprehensive geriatric assessment will be used to initiate and guide multiprofessional discharge planning at the point of admission;
- Long Stay Review – those who have been in hospital longer than 14days will be reviewed on a weekly basis and a multiprofessional response initiated to support discharge;
- Golden Patient – x2 people will be identified per ward to be discharged before 11am;
- Community Pathways – a business case is being developed to shift resources from Maintenance Home Care to the Reablement Service. The aim is that 95% will receive up to 6 weeks of reablement before decisions are made about their long term care needs. It is anticipated that this will improve independence, quality of life and outcomes for the individuals and reduce demand on Maintenance Care at Home and Care Homes.

Budget monitoring information is being regularly reviewed on an ongoing monthly basis to ensure budget remains balanced and maximum service can be offered within resources available.

Annual Operational Plan - Unscheduled Care

To support the delivery of the 2019/20 Annual Operational Plan for Unscheduled Care, each acute site has a number of priorities supported by detailed project plans. Delivery of the AOP is being driven by a unique approach involving the development of Unscheduled Care Exemplar Leadership teams across NHS Ayrshire & Arran. These groups, in addition to aligning to the 6 Essential Actions plans, will continue to develop key priorities across the whole system to deliver exemplar unscheduled care. There may be additions to both action plans as further projects are identified and prioritised by the Leadership teams.

Three key measures and associated monthly trajectories were submitted to the Scottish Government as part of the Unscheduled Care component of the AOP. Current performance is summarised in Table 1.

Table 1: AOP 2019/20 Performance and Trajectories for Unscheduled Care (January 2020)

	UHA	Target	UHC	Target
ED 4-Hour compliance	64.3%	92%	84.3%	92%
Occupancy	95.5%	92%	94.2%	92%
Number of 12 hour breaches	249	0	265	0

Winter Plan – Unscheduled Care

The Winter Plan is the Health and Social Care response to unscheduled care over the winter to supplement existing year round plans. It is a whole system business continuity plan and was developed in collaboration between NHS Ayrshire & Arran, East Ayrshire Health & Social Care Partnership (HSCP), North Ayrshire HSCP, South Ayrshire HSCP and key partners from Scottish Ambulance Service and the Third Sector.

A number of programmes which were implemented during 2018/19, are now fully operational in 2019/20. The programmes include:

- Intermediate Care and Rehab
- Pulmonary Rehab
- Discharge to Assess
- Supported End of Life Care

The programmes help support reducing attendances and avoiding unnecessary admissions by managing care closer to home. They also help improve flow through the hospital to reduce length of stay and facilitating smoother transfer or discharge of patients on the health and care pathway.

In addition to these projects, resources will be purchased using the winter allocation. The full Winter Plan was presented to NHS Board members in October 2019. https://www.nhsaaa.net/media/8102/20191007bmp15.pdf.

A summary of Performance across the Winter Period will be reported within the next Performance Report to NHS Board members on 25th May 2020.

2.3.2 Planned Care

NHS Ayrshire & Arran – At a Glance

Planned Care

Latest performance, with comparison to previous year where: Improving ⇧ No change ▬ Worsening ⇩
against the Scottish Government target (◎) ,where applicable

Service Access

80.8% Jan 2020	⇧	waited fewer than 12 weeks for a New Outpatient appointment	◎ 95%
82.0% Dec 2019	⇧	waited fewer than 18 weeks from Referral to Treatment	◎ 90%
74.8% Jan 2020	⇩	waited fewer than 12 weeks for inpatient or day case treatment	◎ 100%

Child and Adolescent Mental Health

91.5% Jan 2020	⇧	◎ 90%

of children and young people started treatment within 18 weeks of initial referral to CAMH services

Psychological Therapies

80.2% Jan 2020	⇧	◎ 90%

of patients started treatment within 18 weeks of their initial referral for psychological therapy

MSK

53.1% Jan 2020	⇧	◎ 90%

of adult patients waiting fewer than 4 weeks for MSK services

Drug and Alcohol Treatment

93.9% Jan 2020	⇩	◎ 90%

of clients waited no longer than 3 weeks from referral to appropriate drug or alcohol treatment that supported their recovery

Cancer

99.0% Dec 2019	⇩	◎ 95%	87.9% Dec 2019	⇧	◎ 95%
started treatment within **31 days** following decision to treat			of patients with suspicion of cancer started treatment within **62 days**		

Diagnostics

59.8% Jan 2020	⇧	of patients waiting fewer than 6 weeks for Endoscopy	◎ 100%
66.4% Jan 2020	⇩	of patients waiting fewer than 6 weeks for Imaging	◎ 100%

Summary of Performance and Improvement Plans - Planned Care

Inpatient and Day Cases

Inpatient and Day Case compliance against the National 12 week Treatment Time Guarantee continues to remain below the 100% target, and has decreased by 0.8 percentage points from a position of 75.6% at December 2019 to 74.8% at January 2020. This is also lower than the 77.6% recorded in January 2019. The number of available patients waiting over 12 weeks has increased by 10.4% from 834 at December 2019 to a peak of 921 at January 2020.

In December 2019, 277 (16.9%) of planned operations were cancelled across Ayrshire & Arran; this compares to 10.2% in December 2018. The average across Scotland in December 2019 was 10.1%. The number of cancellations based on capacity or for non-clinical reason by our hospitals increased from 24 in December 2018 to 117 in December 2019. Bed pressures, as described in the unscheduled care section of this report, has impacted on the number of planned operations cancelled. In particular during this period the occupancy level of UHA was 94% and at UHC was 93%, delayed discharges on average were 141 delays across all hospital sites, and therefore day surgery and endoscopy areas were utilised for inpatients to the extent that elective work was cancelled. A high volume of trauma at UHC contributed to the cancellation of elective procedures.

At January 2020, Trauma and Orthopaedics (61.0%) and Ophthalmology (70.2%) continue to be the two specialties with the lowest levels of compliance against the 12 weeks access target. Compared to the previous recorded position at December 2019, Trauma and Orthopaedics (61.2%) and Ophthalmology (70.3%) has shown a slight reduction in compliance of 0.2 and 0.1 percentage points respectively.

Both Trauma and Orthopaedics (496) and Ophthalmology (205) are experiencing peaks in the number of available patients waiting over 12 weeks at January 2020.

Improvement Actions

The Orthopaedics service is continuing to maximise the opportunity to run additional theatre lists within UHA and UHC, where consultant availability allows, but this has been relatively limited. The additional Golden Jubilee National Hospital and independent sector capacity reported in the last report, has been starting to have some beneficial impact in reducing the number of patients waiting over 12 weeks. There has been some notable efficiency gains at UHA, where 4 joint replacements on each all-day operating list are now being delivered. However these improvements are being masked by cancellations due to bed pressures – there were 44 elective orthopaedics cancellations between December 2019 and January 2020.

There is significant pressure in relation to complex hip surgery at UHC owing to one consultant being on long term leave and one consultant vacancy. The vacancy is in process of being recruited to substantively and arrangements have been put in place for associate specialists to ‘act up’ into these consultant gaps. UHA consultants are assisting by performing complex and revision procedures but whilst there are gaps in service there will likely be deterioration in TTG performance in what was already a challenging area.

More generally, there is significant work underway in developing plans for Ayrshire wide trauma and elective orthopaedic service that should result in efficiencies for both aspects of orthopaedic service.

Staffing pressures in ophthalmology continue. The cataract referral criteria has now been relaxed back in line with all other NHS areas thus waiting time is increasing again due to higher referral numbers. The independent sector insourcing has commenced with some cataract lists taking place in December. Some private sector activity at Kings Park Hospital in Stirling has been sourced for February 2020.

New Outpatients 12 Weeks Access

New Outpatient compliance continues to remain below the 95% National target, with a decrease of 1.4 percentage points from a position of 82.2% at December 2019 to 80.8% at January 2020. This is however higher when compared to the January 2019 position of 78.5%. This reduction in compliance correlates with a 7.9% increase in the number of available patients waiting over 12 weeks from 3,805 at December 2019 to 4,105 at January 2020.

The five specialties with the lowest compliance against the 95% target are summarised in Table 2.

Table 2: Top 5 New OP 12 Weeks Access Target (excludes unavailable patients) by lowest performing specialties December 2019 – January 2020

	Dec-19		Jan-20		*+/- Previous Month*	
	% Compliance	**No. >12Wks**	**% Compliance**	**No. >12Wks**	***% Points***	***No. >12Wks***
Anaesthetics	43.5%	325	38.9%	353	*-4.6%*	*28*
General Surgery (Including Vascular)	68.6%	1064	66.9%	1077	*-1.7%*	*13*
Ophthamology	73.3%	705	70.6%	766	*-2.7%*	*61*
Dermatology	77.3%	445	74.3%	484	*-3.0%*	*39*
Gastroenterology	78.7%	162	74.6%	196	*-4.1%*	*34*

Source: NHS Ayrshire & Arran Pentana System, local validated data from Business Intelligence report - extracted February 2020

With compliance levels of 38.9%, Anaesthetics continues to have the lowest level of compliance against the new outpatient 12 week access target with 353 available patients waiting over 12 weeks, an increase of 8.6% from 325 patients at December 2019.

Plastic Surgery experienced the largest decrease in compliance of 8.6 percentage points from 100.0% in December 2019 to 91.4% in December 2019, however it should be noted that this relates to a small number of patients.

Improvement Actions

As noted in previous reports, the Anaesthetics (Pain Clinics) service continues to be one of the more challenged areas, following some staffing changes earlier in 2019. A proposal for service reform is being developed on a multidisciplinary basis, and led by Pharmacy.

The main area of challenge within outpatients waiting times continues to be General Surgery, with significantly higher numbers of patients than in any other specialty. UHC is recruiting to a substantive consultant vacancy in February 2020. There has been positive interest in this post but this will have limited impact in overall capacity as this position is currently covered by a long term locum. Work continues with the clinical teams to identify further solutions, and some improvement audit work has been commissioned through one of the Clinical Development Fellows.

Within ophthalmology, the numbers of patients waiting over 12 weeks continues to rise month on month. A business case has been presented to the Corporate Management Team which seeks to address the lack of clinical accommodation and workforce to meet the increasing demand in this service. Meantime, locum support is being secured where possible to enable as many clinics as possible to be put in place.

The main factor influencing dermatology is securing additional independent sector capacity, along with additional nursing staff to support these clinics. A new substantive consultant is now in post so further improvement in performance is expected.

The Modernising Outpatients programme is continuing to work with directorate teams to support the identification and implementation of service redesign. Some notable improvement work has been undertaken recently in ENT, which has resulted in the numbers of patients waiting over 12 weeks reducing from 600 to nearly 100 patients.

The Director of Acute Services will also be commissioning an 'Extreme Team' of clinicians with a view to delivering some marked service reform and performance improvement in outpatients. This work is expected to get underway in March 2020.

18 Weeks Referral to Treatment

18 week RTT performance remains below target, with compliance recorded at 82.0% in December 2019, an increase of 1.4 percentage points from the 80.6% recorded in November 2019. This is higher than the 77.7% recorded in December 2018. 18 weeks RTT performance is on an increasing trajectory from the 75.7% recorded in March 2019.

Improvement Actions

Performance is linked to the issues with stage of treatment performance and recruitment difficulties. Improvement in performance against Stage of Treatment and Diagnostics, in line with the actions being taken as part of the WTIP will result in improved RTT performance.

Diagnostics

Within **Diagnostics**, compliance against the 6 week Access Target of 100% for **Endoscopy** decreased by 6.5 percentage points from 66.3% in December 2019 to 59.8% in January 2020. **Imaging** compliance has also decreased, by 6.9 percentage points, from 73.3% in December 2019 to 66.4% in January 2020. Despite a reduction between December 2019 and January 2020, compliance levels for Endoscopy are higher than the 44.9% reported in January 2019, while Imaging has shown some reduction from the 66.8% reported in January 2019.

Improvement Actions

There was some deterioration in Endoscopy in January 2019, mostly attributable to the reduction in activity at the start of the month over the festive period. There is a real focus on re-dressing this with continuation of additional sessions, patient focussed booking and telephone pre-assessment in order to maximise utilisation. At the same time, work continues on the reduction of demand through the roll out of the new guidelines for polyp surveillance. Local weekly data for February 2020 is demonstrating an improving performance for Endoscopy. It is notable in particular that within the overall numbers, there has been an improved performance and reduction in waiting times for the sub-set of patients awaiting a colonoscopy as part of the bowel screening process. This has been a priority approach, in order to help improve the cancer waiting times performance.

Imaging services continues to be under significant pressure, and during January 2020 this was further compounded by the loss of some capacity as a result of short term CT and MRI equipment failure. There has been a corresponding increase in the waiting time for both CT and MRI, and MRI in particular, continues to be a significant pressure point. Remedial actions continue, including use of a mobile MRI scanner, capacity at GJNH (Golden Jubilee National Hospital) and additional sessions where it is possible to secure additional staff hours.

Cancer

The **31 day Cancer target** of 95% has been met in December 2019, with performance of 99.0%. This is lower than the 100% recorded in December 2018 but is higher than the Scotland average of 96.6% in December 2019.

Compliance against the **62 day Cancer target** has generally been on an improving trajectory since January 2019. Following a reduction in performance from 89.2% at October 2019 to 81.7% at November 2019, the December 2019 position has increased by 6.2 percentage points to 87.9%. This is higher than the 79.8% recorded in December 2018 and is also above the NHS Scotland average compliance of 84.6% in December 2019.

Improvement Actions

The revision of the weekly patient tracking meetings, with increased management involvement alongside representation from Diagnostic and Referral Management, continues to have a positive impact on performance by helping to escalate and deal with delays in patient treatment pathways. As mentioned within the Endoscopy section of this report, there has been an improved performance and reduction in waiting times for the sub-set of patients awaiting a colonoscopy as part of the bowel screening process. This has been a priority approach, in order to help improve the cancer waiting times performance.

Mental Health – Psychological Therapies

Psychological Therapies waiting times continues to remain below the 90% target, with a 2.5 percentage points decrease in compliance from 82.7% at December 2019 to 80.2% in January 2020. This is higher than the 73.6% recorded at January 2019.

Improvement Actions

Although overall current waiting times are falling below the 90% compliance, there is a gradual improvement in compliance despite a high level of vacancies at present. Improvements continue to be made in reducing the longest waits and number of people waiting over 18 weeks.

There remains considerable variation in waiting times across our local services. Improvements in capacity and compliance in some specialties and geographical areas are mitigated by reductions elsewhere due to maternity leave and vacant posts. The major breaches remain within CAMHS Psychology, Community Paediatrics and some specialties of Clinical Health. The appointment of a 0.8 WTE (Whole Time Equivalent) Clinical Psychologist to Community Paediatrics in May/June 2020 to replace a vacant 0.6wte Clinical Psychologist will enable a reduction in longest waits through the second half of the year. Similarly, an additional fixed term post has been appointed to (May 2020) to ease the pressure on Clinical Health. However, substantial reductions in CAMHS Clinical Psychology resource are expected from June 2020 due to maternity leave and vacant posts. This loss of resource from CAMHS equates to an approximate 40% reduction in capacity of full complement of CAMHS Psychology workforce. This loss of CAMHS resource will have a negative impact on both the ability to reduce longest waits for psychological therapy in CAMHS as well as on the overall level of compliance for access to psychological therapies across all services. This has required an adjustment to our trajectories from 90% to 80% by December 2020 and has been reflected in the AOP for Psychological Therapies for 2020/21.

Current ISD workforce data indicates that NHS Ayrshire & Arran has approximately 70 WTE Psychologists/Psychological Therapists. There are approximately 12 WTE current vacancies. This vacancy rate has risen from 5.6 WTE in June 2019 and reflects an unexpected and higher than usual vacancy rate across the service. Recruitment to these vacancies would increase staffing to the highest levels since 2014 and, together with the improvement work outlined in the AOP, would have a strong positive impact on achieving the 90% standard by April/May 2021. This increase in potential resource reflects the additional Scottish Government funding since 2016. We are unable to demonstrate the impact of this additional funding due to our existing high level of staff vacancies. In order to mitigate these risks, fixed term posts have been developed and targeted to cover priority areas, including re-configuration of the skill-mix and bandings of posts to maximise recruitment probability. Additional sessions have been offered to all staff.

One area of ongoing notable success is the impact of the local computerised Cognitive Behavioural Therapy service which has been utilised well above projections and is positively contributing to the number of adults accessing an evidence based psychological approach within the 18 week waiting time standard. There has been further marketing and training of GPs across NHS Ayrshire & Arran to enable all GPs to access this therapeutic option for adults presenting with mild to moderate anxiety and depression.

Mental Health – CAMHS

The Mental Health waiting time target of 90% for CAMHS continues to be met, but has experienced a 1.2 percentage point decrease from 92.7% at December 2019 to 91.5% at January 2020. This is higher than the 87.3% recorded at January 2019.

Improvement Actions

Referral rates to CAMHS have significantly increased across all Health and Social Care Partnerships with additional demand in responding to urgent referrals and an increase in urgent referral places placing considerable strain across the system. There has been a continuous demand in relation to urgent response primarily driven by local suicide activity and expectations of partner agencies.

CAMHS are testing new ways of working across the system to build partnership responses to children and young people in need with the aim of influencing demand, in particular early intervention and low level interventions.

Mental Health – Drug and Alcohol Treatment

Drug and Alcohol Treatment continues to meet and exceed the target of 90% with performance of 93.9% in January 2020, an increase of 0.9 percentage points from its lowest recorded position of 93% at December 2019.

Improvement Actions

Compliance against the 90% target has been affected as a result of lack of available clinical sites from which to deliver NHS Addictions treatment services within East Ayrshire.

Addiction Services in East Ayrshire are working closely with NHS Estates colleagues and EAHSCP services to identify suitable safe alternative premises from which to deliver these essential services. This is a matter of priority, however any associated improvement plan is contingent upon accessing this clinical space which will require investment and building / adaption work to create. The estates solution, investment and timescale is still to be finalised.

Musculoskeletal

Performance against the MSK target of 90% of patients being seen within 4 weeks from referral to first clinical outpatient appointment at the end of January 2020 was 53.1%. This is an increase of 15 percentage points from a position of 38.1% at the end of December 2019. This is lower than the January 2020 trajectory of 64.0% but is higher than the compliance of 51.9% recorded in January 2019.

Against the published data for the quarter ending September 2019, NHS Ayrshire & Arran was the 4th equal highest performing mainland NHS Board with 42.5% of patients waiting less than 4 weeks, which is higher than the Scottish average performance of 37.7%.

Improvement Actions

Within MSK Services, both MSK Occupational Therapy and MSK Physiotherapy are below their trajectory. Recruitment remains a challenge within MSK Occupational Therapy, which has been further affected following two retirements. While candidate availability is not an issue, there has been a significant loss of capacity within the service due to internal candidates being successful and creating consequential vacancies.

Within MSK Physiotherapy, the recruitment challenge is related to the national shortage of physiotherapists.

The roll-out of opt-in arrangements across MSK Physiotherapy, MSK Podiatry and MSK Occupational Therapy remains the key improvement focus, with MSK Podiatry uptake at very encouraging levels in the first week of introduction.

Driving performance improvements in MSK Physiotherapy is key to reaching the trajectory in NHS Ayrshire & Arran, with other Boards also finding this challenging. All four MSK services in NHS Ayrshire & Arran performed higher than the average NHS Scotland Levels:

- MSK OT 33.1%, compared to 29.6% across Scotland
- MSK Physiotherapy 39.5%, compared to 35.2% across Scotland
- MSK Podiatry 53.7%, compared to 44.6% across Scotland
- MSK Orthotics 67.0%, compared to 52.9% across Scotland

Operational Plan - Planned Care

In October 2018, the Scottish Government published the Waiting Times Improvement Plan (WTIP) for NHS Scotland https://www.gov.scot/publications/waiting-times-improvement-plan/

The Improvement Plan is phased and outlined that:

By October 2019

- 75% of inpatients/day cases will wait less than 12 weeks to be treated
- 80% of outpatients will wait less than 12 weeks to be seen
- 95% of patients for cancer treatment will be continue to be seen within the 31-day standard

By October 2020

- 85% of inpatients/day cases will wait less than 12 weeks to be treated
- 85% of outpatients will wait less than 12 weeks to be seen

At October 2019, NHS Ayrshire & Arran had met and exceeded the Scottish Government Waiting Times Improvement Plan targets set out for October 2019 for Inpatient/Day Cases and Outpatients. Across NHS Ayrshire & Arran, 78.0% of Inpatient/Day Case patients waited less than 12 weeks to be treated, with 81.2% of Outpatients waiting less than 12 weeks to be seen. Both are now working towards achieving the Scottish Government Improvement Plan of 85% set out for October 2020.

Since April 2016, NHS Ayrshire & Arran has consistently met the 31 day National Cancer target of 95%. Having dropped below 95% or only the second time in October 2019, compliance at November and December 2019 was 99.0%.

A local Waiting Times Improvement Plan for Acute services was submitted as part of the AOP for NHS Ayrshire & Arran and included trajectories for the number of patients waiting over 12 weeks for an Inpatient/Day Case or Outpatient appointment at the end of each quarter in 2019/20. A Mental Health Waiting Times Improvement Plan was also submitted as part of the AOP and detailed an improving trajectory for compliance, measured on a quarterly basis to March 2020.

The total number of patients waiting over 12 weeks for an Inpatient/Day case appointment at January 2020 was 984, which exceeds the target of 277 set for March 2020. The total number of patients waiting over 12 weeks for an Outpatient appointment was 4,136 at January 2020 against a trajectory of 2,878. This is shown in Table 3 below.

Table 3: NHS Ayrshire and Arran WTIP AOP 2019/20 Performance and Trajectories for Inpatient/Day Cases and Outpatients

	Current Compliance (January 2019)	National Compliance Target	National WTIP Compliance Target (October 2020)	**Number of patients waiting over 12 weeks in WTIP (January 2020)**	Trajectory Number of patients waiting over 12 weeks by March 2020 (WTIP)
12 week TTG IP/DC	**74.8%**	100%	85%	**984**	277
12 week Outpatients	**80.8%**	95%	85%	**4,136**	2,878

Within Mental Health, having exceeded their December 2019 targets, CAMHS reported performance of 91.5% in January 2020 against a March 2020 target of 90%. The Psychological Therapies service recorded performance of 80.2% in January 2020 against an AOP target of 84% by March 2020.

These are shown in Table 4 below.

Table 4: NHS Ayrshire and Arran WTIP AOP 2019/20 Performance and Trajectories for CAMHS and Psychological Therapies

	Current Compliance (January 2020)	National Target	Target by March 2020 (AOP)
CAMHS	**91.5%**	90%	90%
Psychological Therapies	**80.2%**	90%	84%

2.3.3 Quality/patient care
Improved performance levels will impact positively on the quality of care for patients.

2.3.4 Workforce
Sustainable workforce and recruitment levels are imperative to ensure appropriate levels of capacity are maintained to manage demand across all services. Workforce implications identified relate to recruitment of staff to ensure appropriate levels of capacity are maintained to manage demand.

2.3.5 Financial
Performance improvement will have a positive impact on the financial position through efficient and effective service delivery.

2.3.6 Risk assessment/management
Risks to delivery of key performance targets and trajectories are routinely assessed and managed.

2.3.7 Equality and diversity, including health inequalities
An Impact Assessment has not been completed because the service improvement plans referred to within the paper will be assessed as appropriate against the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes.

2.3.8 Other impacts
Best value:
Successful management of waiting times requires leadership, and engagement with clinical staff. The Health and Social Care Partnerships have increasing influence on Delayed Discharge performance through patient flow. 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 ISD in readiness for publication.

Compliance with Corporate Objectives:
The achievement of the waiting times targets set out within this paper complies 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.

2.3.9 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.

2.3.10 Route to the meeting
The content discussed in this paper has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Strategic Planning and Operational Group (SPOG)
- Performance Governance Committee – 3 March 2020

2.12 Recommendation

This paper is presented for discussion. The Board is asked to discuss the current Performance across NHS Ayrshire & Arran and be assured from the improvement action plans that systems and procedures are in place to monitor, manage and improve overall performance progress.