

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 15 August 2022
Title:	Performance Report
Responsible Director:	Kirstin Dickson, Director of Transformation and Sustainability
Report Author(s):	NHS Ayrshire & Arran Performance and Insights Team (Directorate of Transformation and Sustainability)

1. Purpose

This is presented to the 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

NHS Ayrshire & Arran continues to develop and evolve our Performance Reporting to ensure that NHS Board members are sighted on the corresponding impact of COVID-19 across the system as a whole.

The report includes a high level summary of COVID-19 community and hospital data to add additional context in relation to our performance. The remainder of the report has been structured to provide an update to NHS Board members on NHS Ayrshire & Arran's performance against waiting times measures, in addition to wider Unscheduled Care and Delayed Transfers of Care data.

2.2 Background

During 2021/22, NHS Ayrshire & Arran moved to reporting against the aims and trajectories outlined in our Remobilisation Plans (RMP) 3 and 4. At the end of April 2022, correspondence was received from Scottish Government highlighting a revised approach for 2022/23. All NHS Boards have been asked to produce an Annual Delivery Plan (ADP) for 2022/23 in place of an RMP 5 and focus this plan on a limited set of priorities in recognition that our health and social care system needs to recover from the challenges

and pressures experienced during the pandemic. Once the ADP has been finalised and approved by Scottish Government, this Performance Report will aim to report on any appropriate measures against the ADP.

Following the announcement by the Cabinet Secretary for Health on 6th July 2022 in relation to new targets to eliminate long waits for planned care, this Performance Report will evolve to provide NHS Board members with an update on progress against these new targets.

2.3 Assessment

2.3.1 Assessment Summary

- Following a rise in COVID-19 cases in the community towards the end of May 2022, the number of COVID-19 positive patients in our hospitals started to increase rapidly at the start of June 2022, reaching 183 on 17th July 2022. Numbers have since fallen to 169 as at 28th July 2022.
- The impact of the necessary previous reductions in outpatient and elective appointments during the pandemic has had a direct impact on key compliance targets and waiting lists. The total number of patients waiting for a New Outpatient appointment and Inpatient/Daycase elective treatment have doubled between February 2020 and June 2022.
- Diagnostic services have also been impacted by social distancing requirements and reduced patient throughput due to national infection control protocols. This resulted in a rise in the overall number of patients waiting for diagnostics, however waiting lists for Endoscopy have reduced substantially compared to January 2022. Imaging waits have also fallen in recent months.
- Diagnostic capacity has had a significant impact on cancer performance with the 62-day Cancer target falling to a low in June 2022.
- Child and Adolescent Mental Health Services (CAMHS); Drug and Alcohol Treatment services; and treatment for patients with Cancer within 31 days of decision to treat, continue to exceed their respective targets.
- Unscheduled care services remain challenged by higher levels of acuity and the recent increase in COVID-19 positive inpatients. These challenges have been further exacerbated by COVID-19 related staff absence and outbreaks. Overall ED attendances to date in 2022 remain lower than pre-COVID-19 levels, however have increased in comparison to 2021. Compliance against the ED 4-Hour target did improve in May 2022 exceeding the National average but has since decreased in June 2022. The numbers of ED 12 Hour Breaches at Board level reached the highest number of breaches recorded in NHS Ayrshire & Arran in a single month in June 2022.
- Our three Health and Social Care Partnerships (HSCPs) have continued to experience significant and increasingly complex demand for Care at Home. Workforce challenges in this area have been significant, with increased level of vacancies and absence (COVID-19 and non-COVID-19 related). A further complication, has been a large number of hospital ward and care home closures due to COVID-19 outbreaks, alongside an increase in delayed private guardianship cases for adults with incapacity (AWI). This has contributed to an increase in delayed transfers of care, with levels reaching a high at March 2022. Numbers have fallen in recent months but remain at higher levels compared to 2021.

The latest performance data within this report is for the period June 2022. The following sections of the report provide infographics, performance assessment (including benchmarking) and improvement actions covering the following topic areas:

- COVID-19
- Planned Care Waiting Times
 - New Outpatients
 - Inpatient and Daycase
 - 18 week Referral to Treatment
 - MSK
- Diagnostics
 - Imaging
 - Endoscopy
- Cancer
 - 62 day suspicion of cancer
 - 31 day treatment
- Mental Health
 - CAMHS
 - Psychological Therapies
 - Alcohol and Drugs
- Unscheduled Care
 - ED Attendances
 - ED 4 Hour compliance
 - ED 12 hour breaches
 - CAU presentations
 - Emergency Admissions
- Delayed Discharges/Transfers of Care

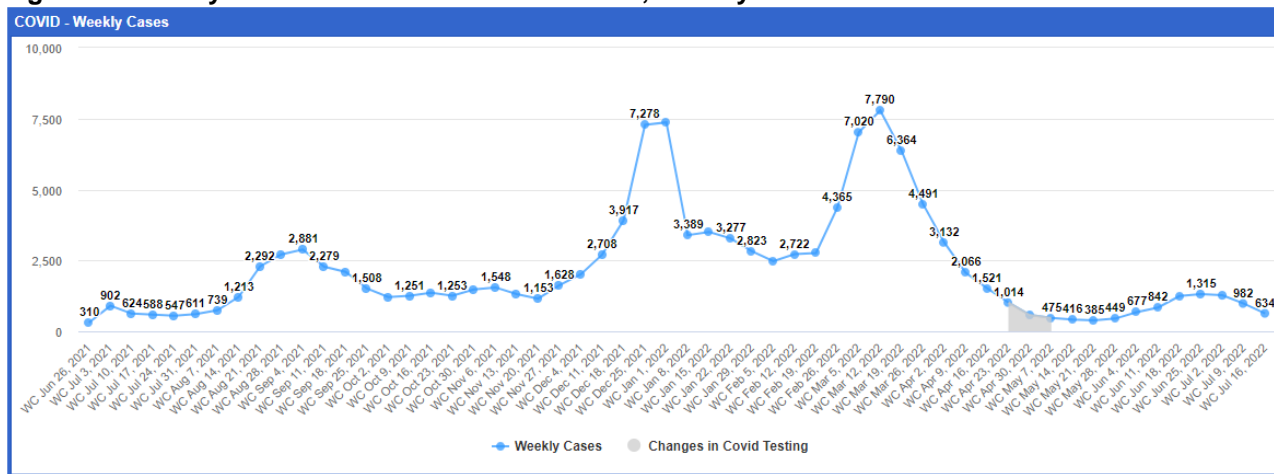
Please note that some data may be un-validated and subject to change in future reports.

2.3.2 COVID-19

Although routine and regular testing is no longer required for most people, Public Health Scotland (PHS) continue to report on the number of positive cases reported.

Based on data from PHS, the number of COVID-19 cases across Ayrshire and Arran started to increase towards the end of May 2022, reaching 1,315 in week commencing 25th June 2022 (Figure 1). This wave appears to be receding, with the latest data for week commencing 16th July 2022 showing 634 new positive cases.

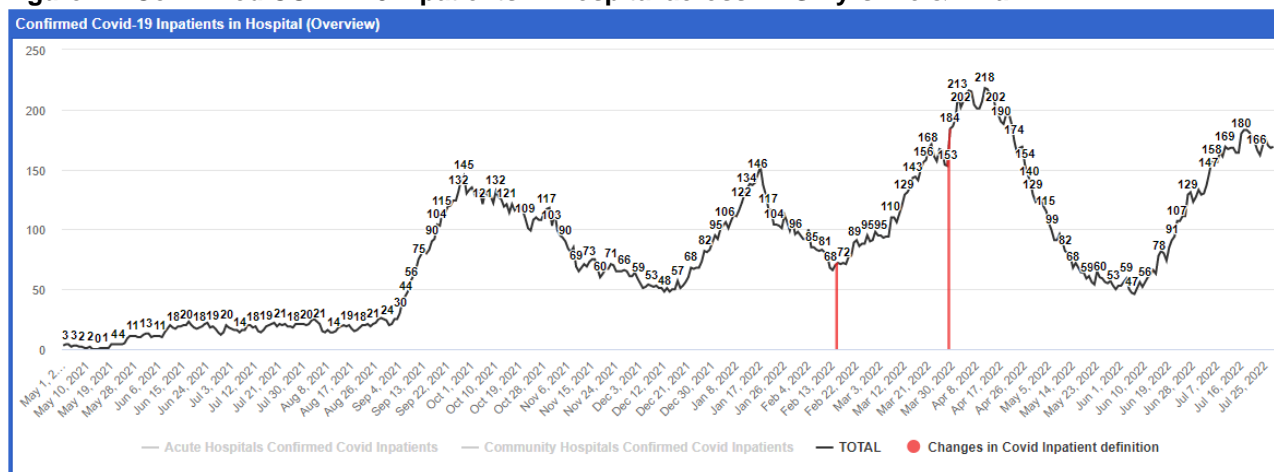
Figure 1 – Weekly number COVID-19 Positive Cases, NHS Ayrshire & Arran



Source: Public Health Scotland

Increased transmission rates in the community resulted in a rise across our hospitals from June 2022, reaching 183 on 17th July 2022. Numbers have since fallen to 169 as at 28th July 2022 (Figure 2).





Figure 2 – Confirmed COVID-19 Inpatients in Hospital across NHS Ayrshire & Arran



Source: COVID-19 Local management information reports

Despite an increase in overall COVID-19 positive inpatients in hospital, the numbers of COVID-19 positive patients in our Intensive Care Units (ICUs) have remained below five since 25th November 2021.

2.3.3 Planned Care Waiting Times

Planned Care Waiting Times			
National Performance Measures			
38.2% Jun 2022	42.1% Jun 2021	of patients were waiting fewer than 12 weeks for a New Outpatient appointment	 95%
56.2% Jun 2022	57.7% Jun 2021	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (completed waits)	 100%
26.2% Jun 2022	35.8% Jun 2021	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (ongoing waits)	
69.9% Jun 2022	65.5% Jun 2021	of patients waited fewer than 18 weeks from Referral to Treatment	 95%
54.2% Jun 2022	68.1% Jun 2021	of adult patients were waiting fewer than 4 weeks from referral for Musculoskeletal Services	 90%
National Benchmarking			
39.9% QE Mar 2022	49.6% Scotland	of patients were waiting fewer than 12 weeks for a New Outpatient appointment	- 9.7
68.8% QE Mar 2022	63.9% Scotland	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (completed waits)	+ 4.9
30.5% QE Mar 2022	34.0% Scotland	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (ongoing waits)	- 3.5
64.4% QE Mar 2022	71.9% Scotland	of patients were waited fewer than 18 weeks Referral to Treatment	- 7.5
55.6% QE Mar 2022	54.7% Scotland	of patients were waiting fewer than 4 weeks for Musculoskeletal Services	+ 0.9

New Outpatients

New Outpatients – Waiting Lists and compliance

The emergence of Omicron, the continued impact of social distancing requirements, the availability of staff and physical resources, and the pausing of planned care non urgent services at various points throughout the pandemic has had a significant impact on the New Outpatient waiting lists (Figure 3); and compliance against the national target (Figure 4).

The total waiting list at June 2022 reached its highest level of 42,450, double the size compared to pre-COVID-19 levels of 21,188 at February 2020 (Figure 3).

Figure 3 – New Outpatients Waiting List at month end



Source: Local monthly management reports, Information Team



Compliance against the New Outpatients target of 95% had been on a downward trend between May 2021 and January 2022, falling to 34.7% in January 2022. Compliance levels have since increased to 38.2% in June 2022 (Figure 4). Prior to the impact of COVID-19, performance at February 2020 was 81.1%.

Figure 4 – Monthly New Outpatients (Ongoing waits) performance



Source: Local monthly management reports, Information Team

New Outpatients – Benchmarking



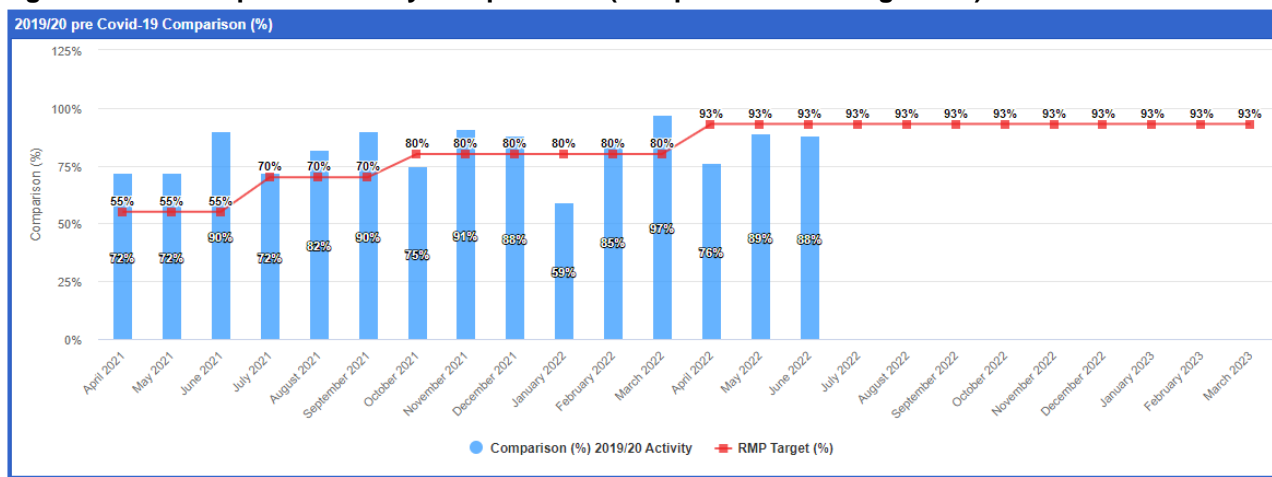
The latest published benchmarking data for the National Waiting Times targets from Public Health Scotland for quarter ending March 2022 shows that compliance for patients waiting for a New Outpatient appointment remains lower across NHS Ayrshire & Arran when compared to Scotland.

New Outpatients – Remobilisation

Although the Annual Delivery Plan (ADP) will replace Remobilisation Plans, provisional trajectories have been set locally around New Outpatients for 2022/23 and are currently reported under the banner of RMP.

At June 2022, NHS Ayrshire & Arran had remobilised 88% of all New Outpatient activity compared to May 2019, which is lower than our local target of 93% (Figure 5).

Figure 5 – New Outpatient Activity Comparison – (All Specialties and urgencies)



Source: Local monthly management reports, Information Team

Despite not reaching the local RMP target, patient referrals continued to be prioritised in line with clinical priorities with activity levels of 152% in June 2022 in Urgent categories compared to June 2019 (Table below).

New Outpatient (12 Week Standard) Activity – All Specialties	30-Apr-22			31-May-22			30-Jun-22		
	Apr 2019 Actual	Apr 2022 Actual	%	May 2019 Actual	May 2022 Actual	%	Jun 2019 Actual	Jun 2022 Actual	%
Urgency									
All	8,950	6,785	76%	9,583	8,494	89%	8,851	7,763	88%
Routine	6,261	3,346	53%	6,667	4,211	63%	6,099	3,580	59%
Urgent	2,689	3,439	128%	2,916	4,283	147%	2,752	4,183	152%

Source: Local monthly management reports, Information Team

New Outpatients – Improvement Actions

- Further to the very recent announcement of new milestones to eliminate long waits for outpatients, work is underway to produce an action plan which will be available for the next report.
- Discussions have commenced with the newly formed National Elective Coordination Unit (NECU) to identify opportunities for patients to be treated out with NHS Ayrshire & Arran. These discussions are still at early stages however we are optimistic that the support offered will be valuable in helping us realise the milestones.

- Work is ongoing/starting within a number of specialties to introduce further new ways of working, which includes Enhanced Triage and Patient Initiated Review (PIR), in an attempt to maximise capacity as far as possible. Administrative review of waiting lists is also taking place to identify any patients who may have been referred twice or have been treated as an inpatient but remain on the outpatient waiting list.

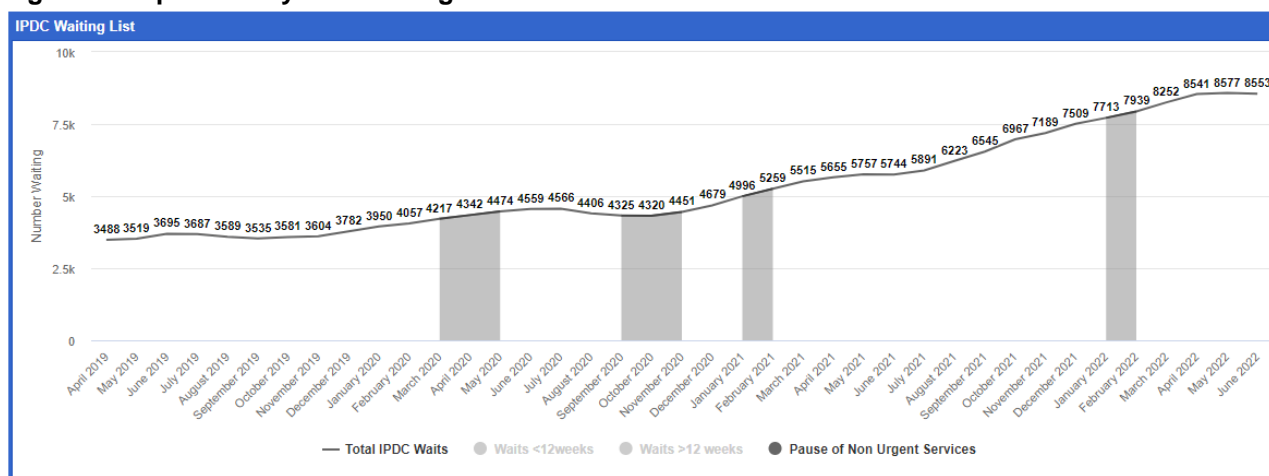
Inpatient/Daycases

Inpatient/Daycases – Waiting Lists and compliance

The significant constraints in operating capacity during the pandemic has resulted in an increase in overall elective surgical waiting lists, with the biggest impact being for the patients awaiting procedures in the less clinically urgent Priority 3 and particularly the Priority 4 categories. All non-cancer elective surgery was also cancelled for a three week period starting on 10th January 2022.

The total waiting list at June 2022 has reached 8,553, approximately double the size compared to pre-COVID-19 levels of 4,057 at February 2020 (Figure 6). The waiting list appears to have levelled off in recent months.

Figure 6 – Inpatient/Daycase Waiting List at month end



Source: Local monthly management reports, Information Team


The allocation of operating theatre capacity based on clinical priority has affected some surgical specialties more than others. The number of Inpatients/Daycases by specialty waiting >12 Weeks is outlined below.

Total Number of Inpatients/Daycases waiting >12 weeks by specialty

Specialty	As at 29 February 2020 (Pre-COVID-19)	As at 31 May 2022	As at 30 June 2022
ENT	54	643	666
General Surgery (inc Vascular)	102	1,657	1,659
Gynaecology	1	269	280
Ophthalmology	294	370	507
OMFS	62	202	226
Plastic Surgery	0	47	53
Trauma & Orthopaedics	561	2,350	2,386
Urology	28	421	412
Other	1	79	81
Total	1,103	6,038	6,270

Source: Local monthly management reports, Information Team

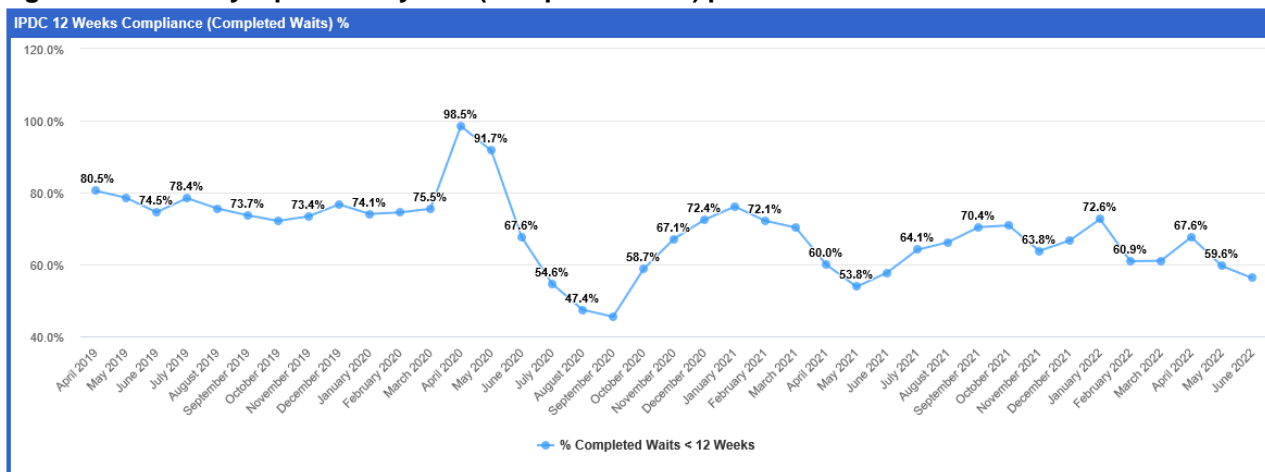
National Performance Measures

56.2% Jun 2022	57.7% Jun 2021	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (completed waits)	 100%
26.2% Jun 2022	35.8% Jun 2021	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (ongoing waits)	

The formal measure of performance against the 12 weeks TTG for Inpatients/Daycases applies to patients seen (completed waits). Compliance levels against the 100% target reached 72.6% in January 2022 but have been generally decreasing since, falling to 56.2% in June 2022 (Figure 7a). The levels in January 2022 should be considered in the context that all non-urgent elective surgery was paused, therefore reducing the number of patients seen in that month.

The number of patients waiting for treatment at a point in time (ongoing waits) is also a key measure in assessing NHS hospitals' performance. Local management information indicates compliance has fallen to 26.2% at June 2022 (Figure 7b). Prior to the impact of COVID-19, performance at February 2020 was 71.8%.

Figure 7a – Monthly Inpatient/Daycase (Completed waits) performance



Source: Local monthly management reports, Information Team

Figure 7b – Monthly Inpatient/Daycase (Ongoing waits) performance



Source: Local monthly management reports, Information Team

Inpatient/Daycases – Benchmarking

National Benchmarking			
68.8% QE Mar 2022	63.9% Scotland	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (completed waits)	+ 4.9
30.5% QE Mar 2022	34.0% Scotland	of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (ongoing waits)	- 3.5

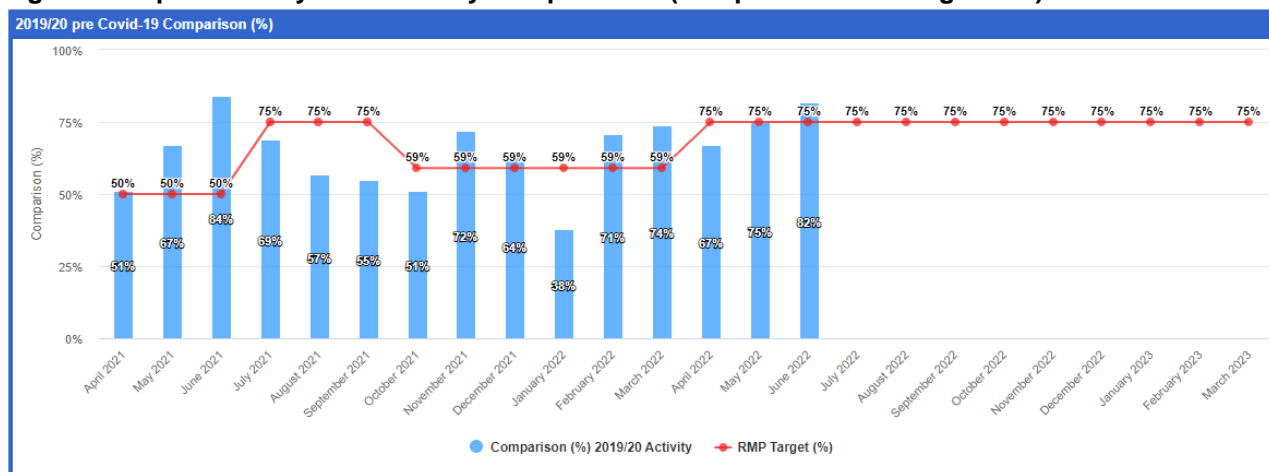
Based on the latest published data from Public Health Scotland that reports on quarter ending March 2022, compliance in relation to completed waits was higher than the Scotland average but lower for ongoing waits.

Inpatient/Daycases – Remobilisation

Although the ADP will replace Remobilisation Plans, provisional trajectories have been set locally around Inpatients/Daycases for 2022/23 and are currently reported under the banner of RMP.

In June 2022, NHS Ayrshire & Arran had remobilised 82% of Inpatient/Daycase activity compared to May 2019, exceeding our local target of 75% (Figure 8).

Figure 8 – Inpatients/Daycases Activity Comparison – (All Specialties and urgencies)



Source: Local monthly management reports, Information Team

Throughout the pandemic, the allocation of the limited operating capacity has been driven by the relative clinical priority of each case. Activity levels reached 306% in Urgent categories in June 2022 compared to June 2019 (Table below).

Inpatient/Day case Activity – All Specialties	30-Apr-22			31-May-22			30-Jun-22		
Urgency	Apr 2019 Actual	Apr 2022 Actual	%	May 2019 Actual	May 2022 Actual	%	Jun 2019 Actual	Jun 2022 Actual	%
All	1,552	1,042	67%	1,634	1,218	75%	1,447	1,192	82%
Routine	1,284	453	35%	1,397	590	42%	1,241	562	45%
Urgent	268	589	220%	237	628	265%	206	630	306%

Source: Local monthly management reports

Inpatients/Daycases – Improvement Actions

- Further to the very recent announcement of new milestones in relation to eliminating long waits for planned care, work is underway to produce an action plan which will be available for the next report.
- Discussions have commenced with the newly formed National Elective Coordination Unit (NECU) to identify opportunities for patients to be treated out with NHS Ayrshire & Arran. These discussions are still at early stages however we are optimistic that the support offered will be valuable in helping us realise the milestones.
- Routine Orthopaedic surgery is now underway within University Hospital Ayr (UHA) and throughput will increase in August 2022, after the Vascular service reconfiguration takes place allowing for a further theatre to be available for Orthopaedic patients.
- Discussions are ongoing in relation to increasing day case recovery space within University Hospital Crosshouse (UHC) although it is recognised there is no easy solution to this.

18 week Referral to Treatment

18 week Referral to Treatment – Compliance

National Performance Measures

69.9%
Jun 2022

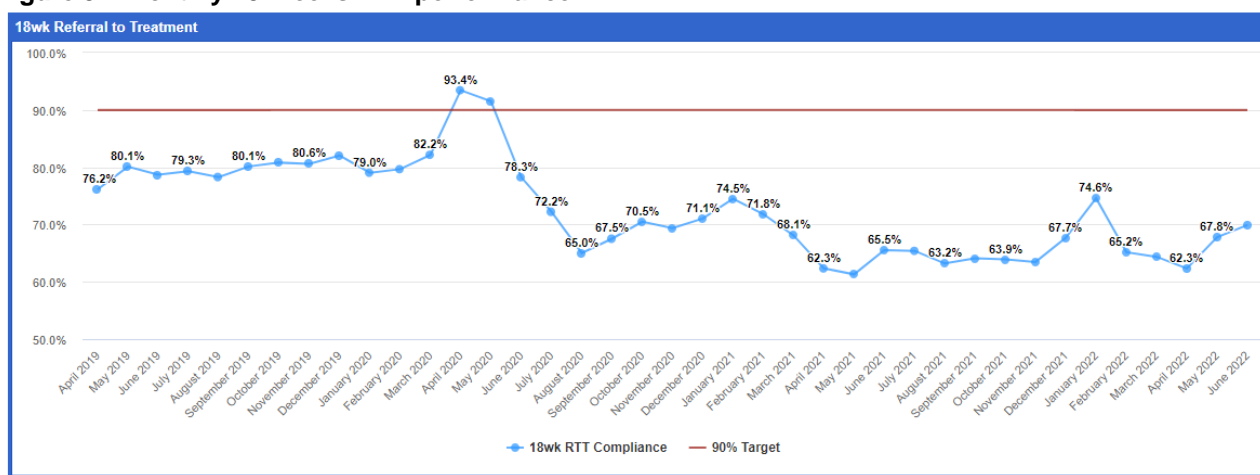
65.5%
Jun 2021

of patients waited fewer than 18 weeks from Referral to Treatment

95%

The target for 18 week Referral to Treatment (RTT) compliance is 90% and Local management information indicates compliance was 69.9% at June 2022 (Figure 9). Prior to the impact of COVID-19, performance at February 2020 was 79.7%. Levels reached 74.6% in January 2022 however this should be considered in the context of non-urgent elective services being paused, resulting in less patients receiving treatment.

Figure 9 – Monthly 18 Weeks RTT performance



Source: Local Information Team Reports

18 week Referral to Treatment - Benchmarking

National Benchmarking

64.4%
QE Mar 2022

71.9%
Scotland

of patients were waited fewer than 18 weeks Referral to Treatment

- 7.5

Based on the latest published benchmarking data from Public Health Scotland that reports on quarter ending March 2022, compliance for the 18 week Referral to Treatment standard remains lower across NHS Ayrshire & Arran when compared to the Scotland average.

18 Weeks Referral to Treatment - Improvement Actions

- Compliance against the 18 Week RTT target of 90% continues to be affected by the measures put in place to effectively and safely manage the pressures of COVID-19, which resulted in higher than expected compliance being recorded in April and May 2020.
- Achieving the standard depends on waiting times for diagnostic tests, new outpatient appointments and inpatient/daycase treatment. Due to the pauses in elective surgery, this will have an impact on being able to make improvements.

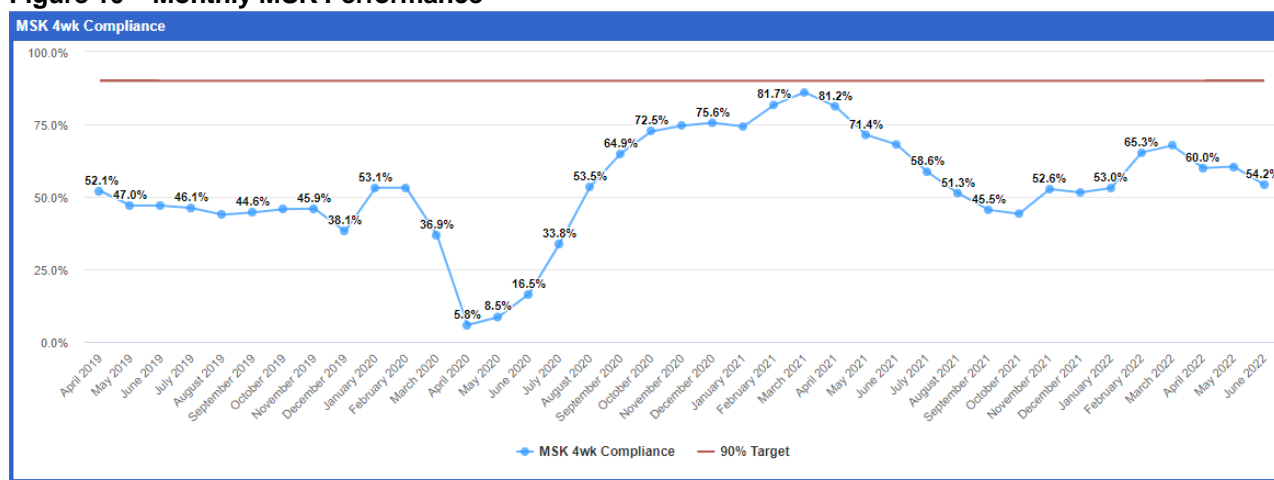
Musculoskeletal Services (MSK)

Musculoskeletal Services (MSK) – Compliance

National Performance Measures			
54.2% Jun 2022	68.1% Jun 2021	of adult patients were waiting fewer than 4 weeks from referral for Musculoskeletal Services	 90%

Local management information highlights compliance in relation to the MSK target of 90% was 54.2% at June 2022. Current performance is slightly higher than pre-COVID-19 levels of 53.1% at February 2020 (Figure 10).

Figure 10 – Monthly MSK Performance



Source: Local Information Team Reports

Musculoskeletal Services (MSK) – Benchmarking

National Benchmarking			
55.6% QE Mar 2022	54.7% Scotland	of patients were waiting fewer than 4 weeks for Musculoskeletal Services	+ 0.9

The latest published benchmarking data for MSK services for quarter ending March 2022 shows that across NHS Ayrshire & Arran, compliance was slightly higher compared to Scotland.



Musculoskeletal – Improvement Actions

- The service continues to experience an increased need for face to face activity with many patients presenting with greater complexity and requiring more resource intensive care. There has been an increase in cancellations and rescheduled appointments which has an impact on available capacity. Focus continues on increasing face to face capacity, Patient Initiated Reviews, opting in for new appointments and Active Clinical Referral Triage to optimise efficiency. Referral Criteria has been discussed and acknowledged by GP Sub Committee and a test of an 'advice only' referral process is planned. These initiatives will ensure delivery of timeous face to face management for those with clearly identified need, and will reduce duplication of activity. Data collection is being conducted to inform opportunity to optimise capacity across specialty by

appointing to available capacity where skill and capability permits. Additional clinics are being carried out wherever these can be supported, whilst maintaining a focus on staff wellbeing.

- Workforce remains the significant challenge. Capacity remains restricted by a number of factors including vacancies, retirements, annual leave, maternity leave, sickness absence and COVID-19 related absences. Recruitment approach and skill mix has been reviewed, however slower HR processes and lack of suitable applicants are impacting on timely recruitment across the service.
- Lack of group sessions and no hydrotherapy availability, due to social distancing, has impacted on onward referral routes, increasing the need for individual appointment consultations. The service is working with colleagues in communities to develop alternative solutions. Digital technology has been enhanced through social media and the MSK NHS Ayrshire & Arran web page, resulting in increased self- management advice and the availability of exercise videos for signposting, to target a reduction in referrals and facilitate timely discharge. Digitally accessible self- management workbooks for clinical conditions have also been uploaded on to the web page, to enhance clinical outcomes and increase capacity. Plans are now in place for resumption of group or class activity which will improve both effectiveness and efficiency.
- An Electronic Patient Records (EPR) test of change was trialled between July 2021 and September 2021, to facilitate clinicians working from home, if self-isolating, to continue with virtual consultations to maximise capacity. This allowed an area wide approach to virtual consultations to equate waiting times Ayrshire wide. We await the organisation server update to enable further progress to be made.

2.3.4 Diagnostics

Diagnostics			
National Performance Measures			
71.4% Jun 2022	81.5% Jun 2021	of patients were waiting fewer than 6 weeks for Imaging	 100%
29.7% Jun 2022	22.8% Jun 2021	of patients were waiting fewer than 6 weeks for Endoscopy	 100%
National Benchmarking			
65.6% Mar 2022	53.5% Scotland	of patients were waiting fewer than 6 weeks for Imaging	+ 12.1
26.6% Mar 2022	36.4% Scotland	of patients were waiting fewer than 6 weeks for Endoscopy	- 9.8

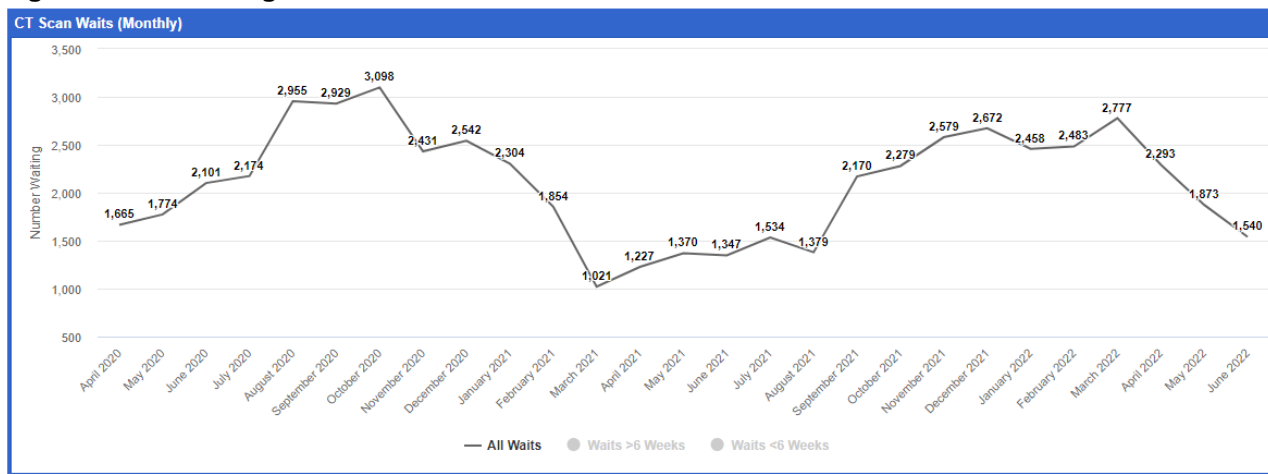
Diagnostic services have also been significantly impacted by social distancing requirements and reduced patient throughput due to national infection control protocols.

Imaging (MRI, CT, Non-obstetric ultrasound, Barium Studies)

Imaging – Waiting lists and compliance

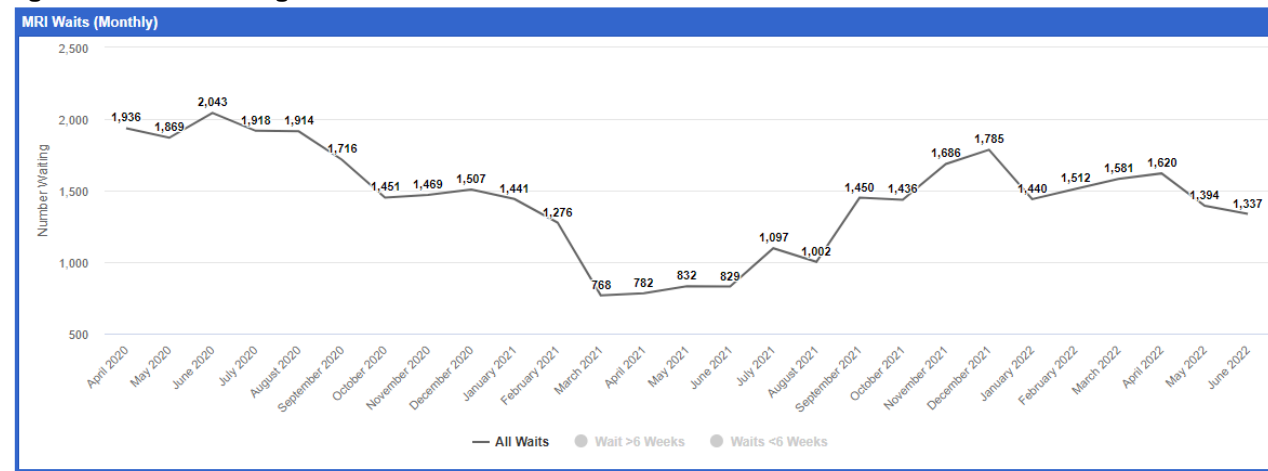
The total number of patients waiting for a CT and MRI scan had generally been increasing since March 2021, however overall waits have since fallen between March 2022 and June 2022 for CT scans (Figure 11); and have reduced between April 2022 and June 2022 for MRI scans (Figure 12).

Figure 11 - CT Waiting List at month end



Source: Local monthly management reports, Information Team

Figure 12 - MRI Waiting List at month end



Source: Local monthly management reports, Information Team

National Performance Measures			
71.4% Jun 2022	81.5% Jun 2021	of patients were waiting fewer than 6 weeks for Imaging	 100%

Local management information highlights compliance against the 6 weeks Access Target of 100% for Imaging has been on an increasing trend since January 2022 (Figure 13). Levels reached 71.4% in June 2022. Prior to the impact of COVID-19, performance at February 2020 was 73.0%.

Figure 13 – Imaging compliance Performance



Source: Local monthly management reports, Information Team

Imaging (MRI, CT, Non-obstetric ultrasound, Barium Studies) – Benchmarking

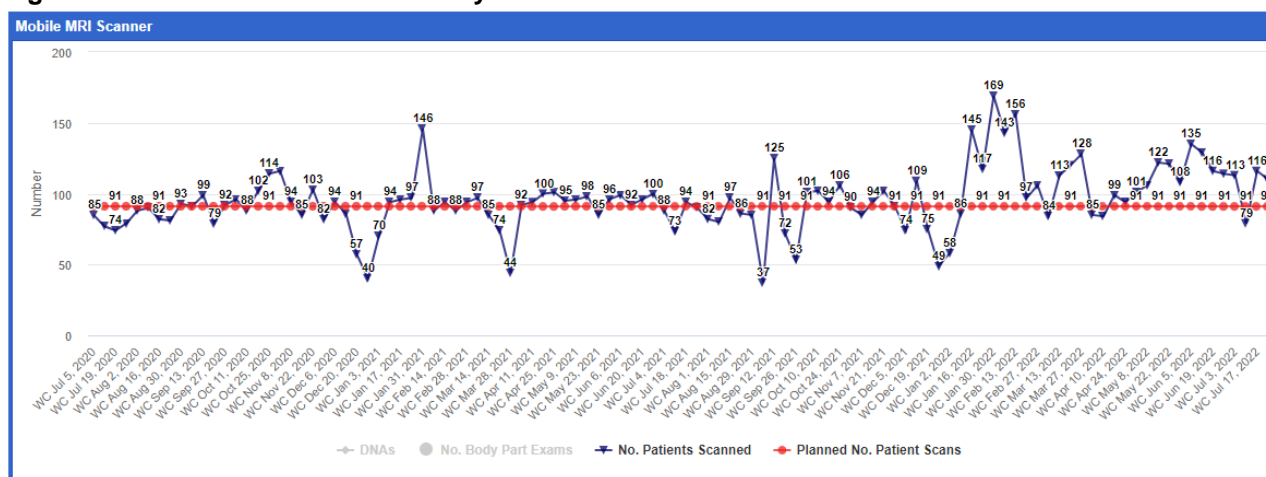


The latest published benchmarking data from Public Health Scotland for March 2022 shows that compliance as a whole for all four modalities for Imaging (CT, MRI, Barium Studies and Non-obstetric Ultrasound) against the 6 weeks Access Target of 100% was higher across NHS Ayrshire & Arran compared to Scotland.

Imaging – Mobile MRI

The number of patient scans delivered through the mobile MRI scanner has generally exceeded the local weekly target of 91, with the exception of public holiday periods (Figure 14).

Figure 14 - MRI Mobile Scanner Activity



Source: Local monthly management reports, Information Team

Imaging – Improvement Actions

- The mobile MRI scanner is now in situ until March 2023, which will mean activity will be able to continue at current levels. A second mobile MRI scanner will be on site in December 2022 for 3 months.
- Ultrasound are suffering from significant staffing pressures which has restricted activity, as obstetric ultrasound has been prioritised over the non-obstetric patients. A part-time locum Sonographer is in post for the foreseeable future.
- CT allocation at GJNUH has been reduced to help other boards with their waiting times pressures. We are awaiting funding confirmation to allow recruitment for additional CT hours and sonographer training posts.

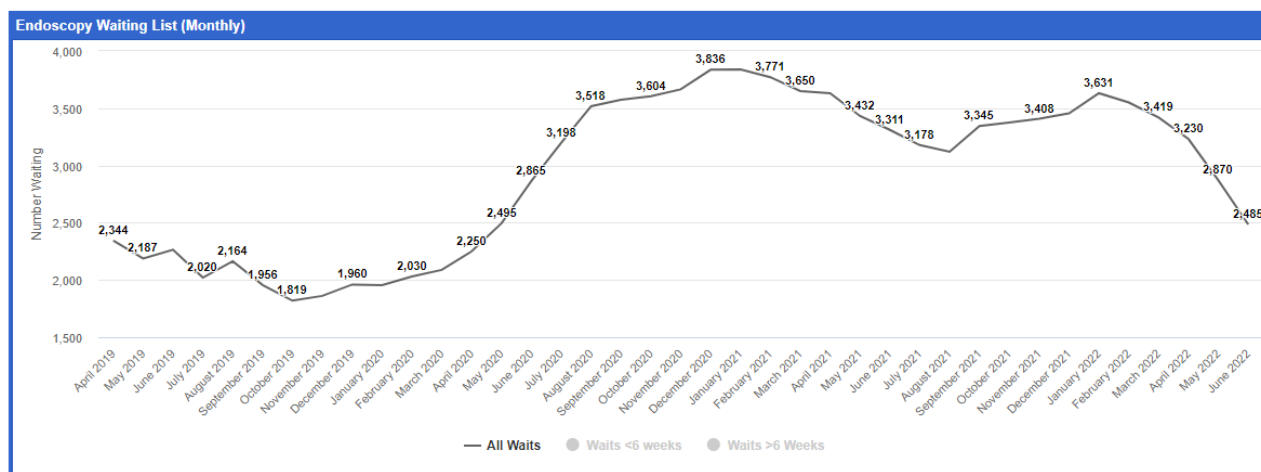
Endoscopy (Upper, Lower Endoscopy, Colonoscopy, Cystoscopy)

Endoscopy services have continued to be impacted by COVID-19 due to the re-designation of space to expand ICU facilities, the emergence of Omicron, continued impact of social distancing requirements, reduced patient throughput due to national infection control protocols, and the risk associated with aerosol generating procedures. Increased unscheduled care pressures led to a two week pause on all elective endoscopy activity during September 2021 in order to redeploy nurse staffing to other areas of pressure within the hospitals.

Endoscopy – Waiting lists and compliance

The total number of patients waiting for an Endoscopy has been on a reducing trend since January 2022, falling from 3,631 at January 2022 to 2,485 at June 2022 (Figure 15).

Figure 15 – Endoscopy Waiting List at month end



Source: Local monthly management reports, Information Team

National Performance Measures

29.7%
Jun 2022

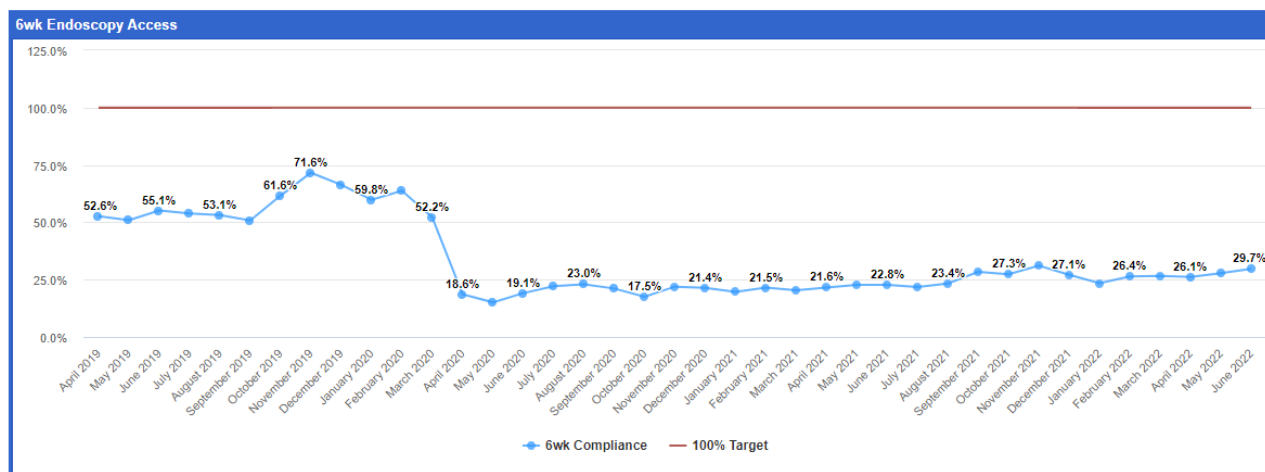
22.8%
Jun 2021

of patients were waiting fewer than 6 weeks for Endoscopy

100%

Local management information highlights that compliance against the 6 weeks Access Target for Endoscopy has increased to 29.7% in June 2022, the highest level since the start of the pandemic (Figure 16). Prior to the impact of COVID-19, performance at February 2020 was 63.8%.

Figure 16 – Monthly Endoscopy performance



Source: Local monthly management reports, Information Team

Endoscopy – Benchmarking



National Benchmarking			
26.6%	36.4%	of patients were waiting fewer than 6 weeks for Endoscopy	- 9.8
Mar 2022	Scotland		

The latest published benchmarking data from Public Health Scotland for March 2021 shows that compliance for Endoscopy remains lower across NHS Ayrshire & Arran compared to the Scotland average.

Endoscopy – Improvement Actions

- The recovery space for Endoscopy at UHC remains restricted due to the placement of the extended ICU.
- Significant work has been undertaken to clinically review the routine waiting list, including sending patients' qFIT tests and telephone reviews to ascertain symptoms. This is an ongoing piece of work to ensure effective patient triage and to try and reduce the size of the waiting list. Thereafter new guidelines will be introduced to ensure patients with appropriate symptoms and clinical need are added to the waiting list.
- The development of a fourth Endoscopy room at UHA is now expected to start in August 2022 after a delay in the completion of the upgrade of the decontamination unit. The work is expected to take around six weeks and therefore additional capacity will be available in October 2022.
- Colon Capsule Endoscopy (CCE) and Cytosponge have been implemented, and work is ongoing to consider how these alternative procedures can be increased. Additional Access funding has been requested to support additional staffing for Cytosponge which will support increased activity, and clinical teams are now considering the appropriateness of CCE for surveillance patients. There do remain some clinical concerns and limitations of these two procedures, which are being worked through at a national level.
- Additional endoscopy capacity at Golden Jubilee National University (GJNUH) continues to be used and through changes to admin processes utilisation of these lists has improved.

2.3.5 Cancer

Cancer			
National Performance Measures			
66.7% Jun 2022	88.4% Jun 2021	of patients with suspicion of cancer started treatment within 62 days of initial referral	 95%
98.1% Jun 2022	97.3% Jun 2021	of patients with a Cancer diagnosis started treatment within 31 days following decision to treat	 95%
National Benchmarking			
77.3% QE Mar 2022	76.9% Scotland	of patients with suspicion of cancer started treatment within 62 days of initial referral	+ 0.4
97.4% QE Mar 2022	96.3% Scotland	of patients with a Cancer diagnosis started treatment within 31 days following decision to treat	+ 1.1

62 Day Urgent Suspicion of Cancer 62 Day Urgent Suspicion of Cancer – Compliance

The target is 95% of those referred urgently with a suspicion of cancer should begin treatment within 62 days of receipt of referral.

As services remobilised from Summer 2020, more cancers were diagnosed and treated, but patients by this point had already experienced a longer wait and so performance progressively decreased (Figure 17). Further service remobilisation did begin to demonstrate improved 62-day target performance. However system and staffing pressures which reduced both diagnostic and operating surgery capacity, have resulted in lower levels of performance. Performance has fallen to a low of 66.7% in June 2022.


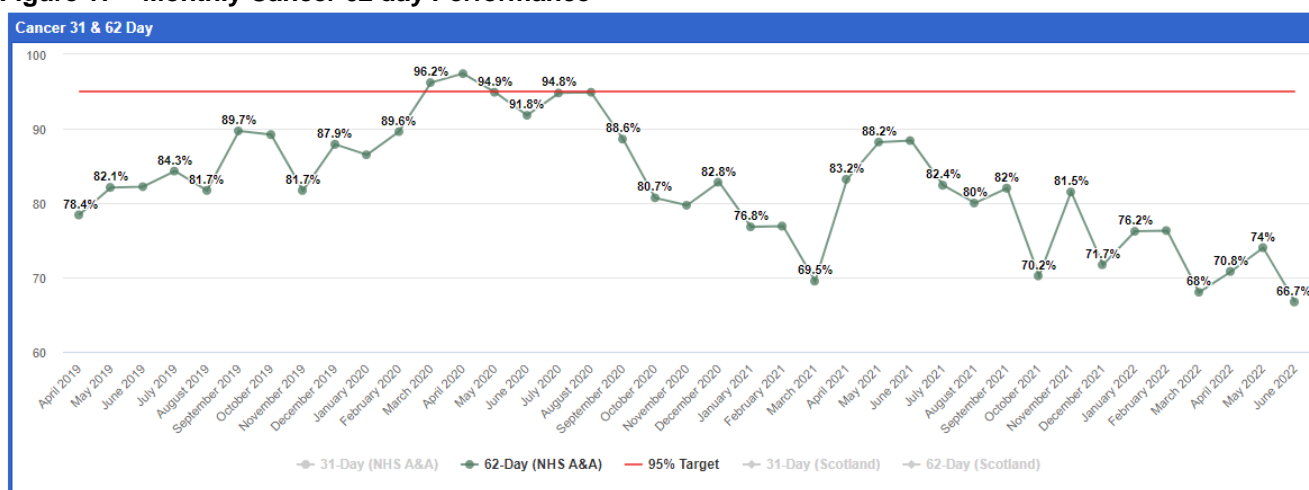
National Performance Measures			
66.7% Jun 2022	88.4% Jun 2021	of patients with suspicion of cancer started treatment within 62 days of initial referral	 95%

Figure 17 – Monthly Cancer 62 day Performance



Source: Public Health Scotland and Local Information Team Reports

62 Day Urgent Suspicion of Cancer - Benchmarking

The latest published benchmarking data for quarter ending March 2022 indicates that compliance against the 62 day Cancer target of 95% remains marginally higher across NHS Ayrshire & Arran compared to the Scotland average.

National Benchmarking			
77.3% QE Mar 2022	76.9% Scotland	of patients with suspicion of cancer started treatment within 62 days of initial referral	+ 0.4

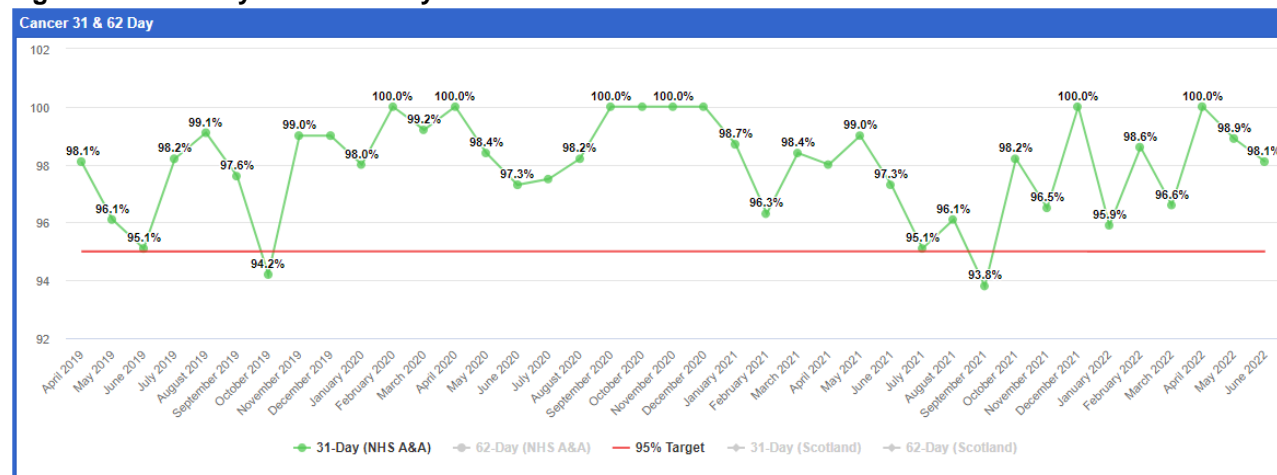
31 Day Cancer Treatment

31 Day Cancer Treatment – Compliance

National Performance Measures			
98.1% Jun 2022	97.3% Jun 2021	of patients with a Cancer diagnosis started treatment within 31 days following decision to treat	 95%

The target is that 95% of all patients diagnosed with cancer should begin treatment within 31 days of decision to treat. Performance against the 31 day Cancer target has generally been consistently met and maintained prior to and throughout the COVID-19 outbreak. Local management information indicates that compliance at June 2022 was 98.1% (Figure 18).

Figure 18 – Monthly Cancer 31 day Performance



Source: Public Health Scotland and Local Information Team Reports

31 Day Cancer Treatment – Benchmarking




National Benchmarking			
97.4% QE Mar 2022	96.3% Scotland	of patients with a Cancer diagnosis started treatment within 31 days following decision to treat	+ 1.1

The latest published benchmarking data for quarter ending March 2022 indicates that compliance against the 31 day Cancer target remains higher across NHS Ayrshire & Arran, compared to Scotland.

Cancer – Improvement Actions

- A marked increase in the number of referrals received causes some concern around optimal and effective referral processes. This is due to the fact no increase in diagnosis of cancer is being recorded at this time despite this increase in referrals.
- The Effective Cancer Management framework is currently under review and is being prioritised nationally. Referral processes will form part of this review and allow for more robust re-grading policies to be implemented.
- The most significant impact on the cancer performance is diagnostic capacity. The actions mentioned earlier relating to increased Imaging capacity and Endoscopy capacity form part of the cancer plan.
- The Early Cancer Diagnosis Centre has received 212 referrals up to the end of June 2022 with ten cancers detected.

2.3.6 Mental Health

Mental Health			
National Performance Measures			
98.1% Jun 2022	98.4% Jun 2021	of children and young people started treatment within 18 weeks of initial referral to CAMH services	 90%
87.8% Jun 2022	89.1% Jun 2021	of patients started treatment within 18 weeks of their initial referral for psychological therapy	 90%
98.0% Jun 2022	99.0% Jun 2021	of clients waited less than 3 weeks from referral to appropriate drug or alcohol treatment that supported their recovery	 90%
National Benchmarking			
97.6% QE Mar 2022	73.2% Scotland	of children and young people started treatment within 18 weeks of initial referral to CAMH services	+ 24.4
90.2% QE Mar 2022	83.1% Scotland	of patients started treatment within 18 weeks of their initial referral for psychological therapy	+ 7.1
98.7% QE Dec 2021	91.8% Scotland	of clients waited less than 3 weeks from referral to appropriate drug or alcohol treatment that supported their recovery	+ 6.9

Child and Adolescent Mental Health Services (CAMHS) CAMHS – Compliance

Local management information shows that, with the exception of July 2020, performance against the CAMHS 18 week compliance target of 90% has been consistently met and maintained throughout the COVID-19 outbreak (Figure 19).


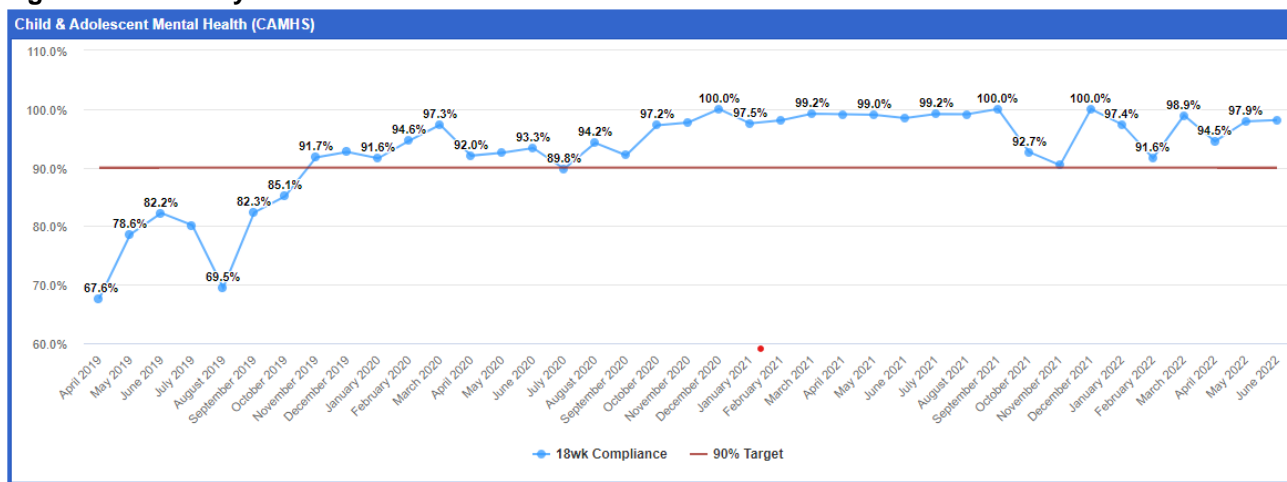
National Performance Measures			
98.1% Jun 2022	98.4% Jun 2021	of children and young people started treatment within 18 weeks of initial referral to CAMH services	 90%

Figure 19 – Monthly CAMHS Performance



Source: Local Information Team Reports, Mental Health

CAMHS – Benchmarking

The latest published data for quarter ending March 2022 indicates that compliance levels continue to remain substantially higher than the Scotland average.

National Benchmarking			
97.6%	73.2%	of children and young people started treatment within 18 weeks of initial referral to CAMH services	+ 24.4
QE Mar 2022	Scotland		

CAMHS – Improvement Actions

- Accommodation being sought for development of Pan-Ayrshire Neurodevelopmental Service
- Growing rates of referral in line with end of Academic Year which is projected to outstrip capacity
- Despite challenges in recruitment and increased referrals the Scottish Govt recently commended the work of CAMHS services in Ayrshire noting our innovation, commitment to quality service provision and mentioning our strategies to challenge the Neuro waiting lists
- CAMHS Ayrshire and Arran is not being supported by the Scottish Government directly in the Recovery phase post Covid-19 which places us in the minority of services like ourselves
- Increased engagement on-going with children, young people and carers resulting in innovative project
- Winner of integrated care service provision for children and young people at NHS Scotland Conference, in total 3 posters presented
- Recruitment very challenging across discipline groups, highest risk area Psychiatry then Nursing

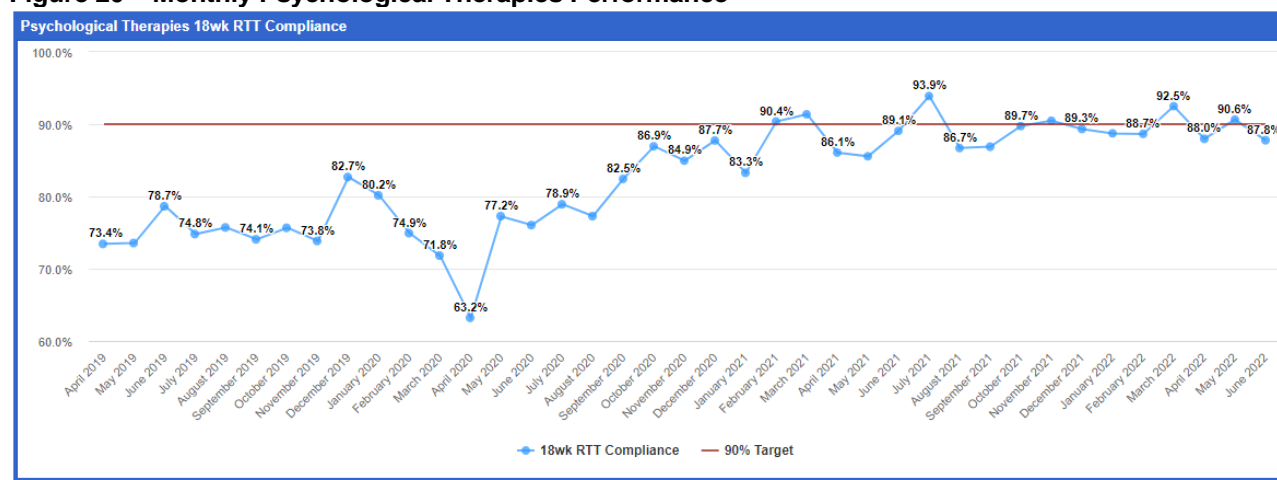
Psychological Therapies

Psychological Therapies – Compliance

Local management information shows that waiting times compliance for Psychological Therapies has fallen back below the 90% standard, down from 90.6% in May 2022 to 87.8% in June 2022 (Figure 20). Prior to the impact of COVID-19, performance in February 2020 was 74.9%.



Figure 20 – Monthly Psychological Therapies Performance



Source: Local Information Team Reports, North Ayrshire HSCP

Psychological Therapies - Benchmarking

The latest published data for quarter ending March 2022 indicates that compliance for Psychological Therapies remains higher than the Scotland average.



Psychological Therapies – Improvement Actions

- Recruitment** - Psychological Services (PS) continues to engage in a strong recruitment drive to fill all vacancies. Skill mix and reconfiguration of existing posts are being considered, our Lead Partnership is supporting recruitment to permanent contracts and underspend from the core budget is being utilised to develop fixed term Assistant Psychology posts to support qualified staff in service delivery and developments. PS have been successful, in a very competitive workforce context, in utilising our full SG funding allocation for PT, increasing capacity for longest waits and unmet need. The greatest challenges in our workforce remain in the Adult Mental Health, CAMHS and Community Paediatric Psychological Specialties. Difficulties in recruitment and retention and high

maternity leave in these clinical areas are leading to longer waiting times. However, this reduction in capacity, and therefore compliance, has been offset by improvements in RTT for other Specialties, resulting in our overall compliance remaining high.

- **Service Delivery** – Continue remote delivery of assessment and treatment where appropriate. Reintroduction of face to face therapeutic groups following the appointment of a Group Coordinator within the Adult Specialty, alongside continued expansion of remote group delivery across the Specialties due to increases in attendance capacity within Attend Anywhere. Continue to increase face-to-face clinical contact in outpatient and inpatient settings, prioritising longest waits and neurodevelopmental and neuropsychological assessment. Expand access to an increased range of SG supported digital options as part of a tiered model of service delivery. Continued engagement with SG priorities, including the PT and Secondary Care Mental Health Standards Taskforce. SG, in a recent communication, positively assessed our Board as not requiring enhanced support for PT.
- **Training/Wider Workforce Upskilling** - Implement the recently developed strategic plan for psychological training and supervision, initially focused on Adult Mental Health, based on clinical care pathways, and with more explicit knowledge of what resource is available and required for delivery of the different levels of psychological work.
- **Data Systems** - Development of data systems (TrakCare and CarePartner) for Psychological and wider Mental Health Services to improve accuracy in reporting and access to service data to inform on demand capacity analyses and clinical outcomes.

Drug and Alcohol Treatment

Drug and Alcohol Treatment – Compliance

Local management information shows that compliance levels continue to exceed the target of 90% with performance of 98.0% at June 2022 (Figure 21).

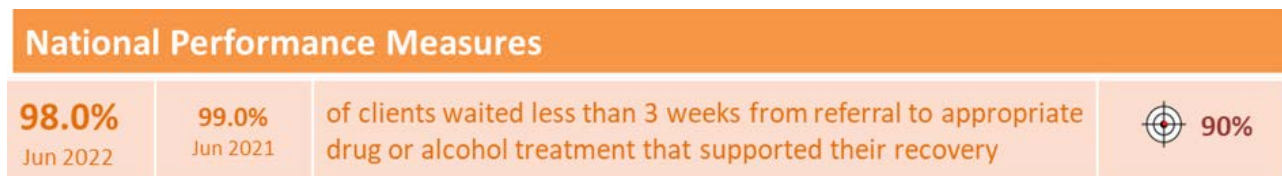
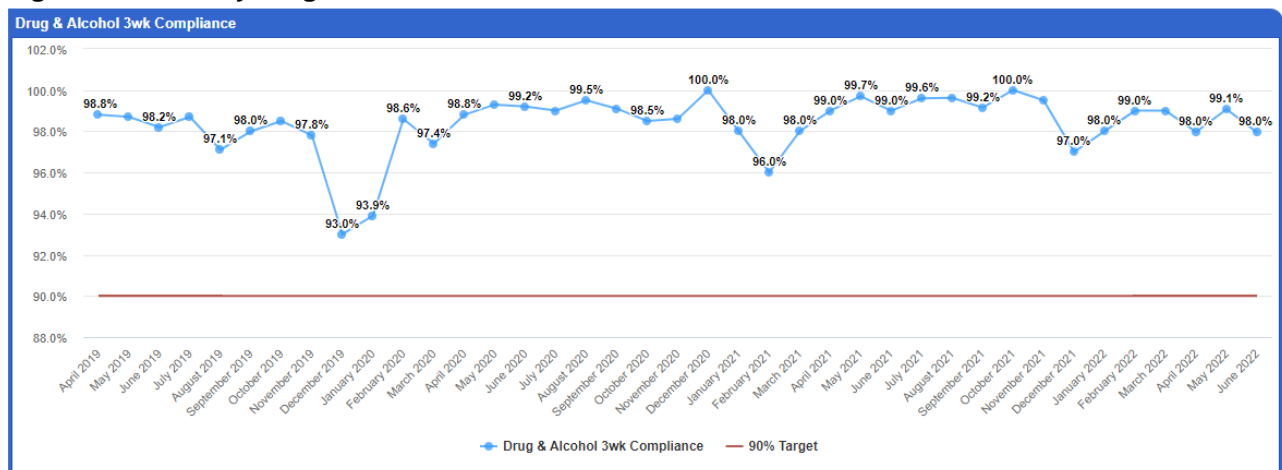


Figure 21 – Monthly Drug and Alcohol Performance



Source: Local Information Team Reports, Mental Health

Drug and Alcohol Treatment – Benchmarking

The latest published data for quarter ending December 2021 indicates that compliance for Drug and Alcohol Treatment remains higher across NHS Ayrshire & Arran compared to the overall rate for Scotland.

National Benchmarking			
98.7% QE Dec 2021	91.8% Scotland	of clients waited less than 3 weeks from referral to appropriate drug or alcohol treatment that supported their recovery	+ 6.9

Alcohol and Drugs Waiting Times – Improvement Actions

North Ayrshire

- The roll out of the new Medication Assisted Treatment Standards (MAT) continues alongside the recruitment of additional staff now that the Scottish Government have confirmed the funding for MAT delivery. MAT Standard 1 is partially implemented (RAG Status – Amber), whilst Standards 2 to 5 are fully implemented (RAG status – Green). Whilst continuing to implement Standards 1 to 5, there will now be a focus on Standards 6 to 10. This will be supported by an updated MAT Improvement Plan which is to be personally signed off by Chief Officers and Chief Executives by the end of September 2022.
- We continue to work with key partner services (Scottish Ambulance Service and Hospital Liaison Services) to implement and improve our pathways of support for individuals following a Non-Fatal Overdose.
- We continue to support individuals to access local hospital based detoxification and rehabilitation support. However, we are working closely with our local Alcohol and Drug Partnership to finalise the pathways of support for individuals who could benefit from access to external residential rehabilitation treatment and support.

East Ayrshire

- **East Ayrshire** Alcohol and Drugs Partnership have received support in three development areas via Drug Death Task Force monies. Firstly an additional two posts, a band 6 nurse and a community peer worker, have been funded to support liaison services and community interface work around non-fatal overdose follow-up and support. There have been some challenges with recruitment to these posts and this is being trialled as a joint approach between East and North Ayrshire. This will be reviewed and evaluated to inform the future approach.
- In addition the redesign of treatment services is progressing, with one single access point for **Rapid Access to Drug and Alcohol Recovery services (RADAR)** having reached its one year mark on 6th April 2022. This combines NHS and commissioned treatment services under one same day assessment and access to treatment support point. This is in line with MAT Standards. In line with additional investment, a further two band 5 staff nurse posts and a qualified Social Worker post have been recruited to support the further access to treatment and support services, The Social Worker, who is also a qualified mental health officer, began with the team on 27th September 2021. The RADAR service is based within North West Kilmarnock Area Centre, Kilmarnock, however has additional outreach clinics on Tuesdays and Thursdays in East Ayrshire

Community Hospital in Cumnock which commenced on 11th January 2022. This provides easier access for clients who live in the south of the authority. Following the latest ADP governance meeting in December 2021, it has been agreed that the Social worker post and Co-Ordinator post within the RADAR team will be made permanent positions and will be advertised accordingly in the very near future.

- Addictions Services are also implementing a 12 week engagement process to keep patients in service when unable to promote engagement. Weekly/Fortnightly calls are made and a letter to the patient inviting them to contact the service. If no contact is received from the patient within 12 weeks, the patient is discharged at that point. This is currently under review. It would be worth highlighting that this is likely to be reduced in the near future in line with the ongoing review processes to meet other areas of service demand.
- The last area being developed is in relation to a recovery hub for East Ayrshire. This will include access to linked satellite bases in some of our more remote rural communities. Central to the development of this hub are the voices of those with lived and living experience who will help to shape and design our approach to make a real difference in the lives of those people, families and communities affected by a range of inequalities linked to alcohol and drug related issues. A project oversight group has been established which has 50% of its membership as those with lived experience. A recovery Hub manager is now in place and is working to identify suitable premises.


South Ayrshire

- South Ayrshire Community Addictions Service, now known as START (**S**outh **A**yrshire **T**reatment **A**nd **R**ecovery **T**eam), has continued providing medication access clinics, extending this to four days per week, for individuals wishing to commence opiate replacement therapy (ORT) on that day. A choice of treatment options are discussed with the specialist prescriber and staff, with access to harm reduction, BBV/Sexual health/IEP support, and recovery support, at a time and location that suits the individual. The plan is to extend this to 5 days from later on in the year (September), once all staff are in post and have undertaken induction and training. Intensive support will be offered to support the individual to remain in treatment as long as they require it and to achieve optimum recovery goals. The funding for additional staff has been agreed with MIST, enabling recruitment, and has increased staff capacity to respond to individuals needs and provide mental health support to individuals through the provision of one Band 7 ANP; two Band 6 Charge Nurses; one band 5 Assistant Community Addiction worker, one Support Worker, and a Peer Recovery worker. A review of the medication access clinics will be undertaken to assess any changes that can be applied once the Scottish Government COVID restrictions are reviewed/changed to enable a more flexible/drop in approach to the clinics and remove perceived barriers to treatment/access to Service.
- The national MAT Implementation Support Team (MIST) have engaged with the three Health and Social Care Partnerships (HSCPs) and Alcohol and Drug Partnerships (ADPs) to agree a new Improvement Plan in order for the MAT standards to be delivered in full and with consistency and standardisation across

Ayrshire and Arran. An overarching steering group co-ordinated by our Public Health Department colleagues has been set up to support this.

- The pathway of support between the Scottish Ambulance Service (SAS) and South Ayrshire Community Mental Health Services, whereby essential support will be available to individuals following a non-fatal overdose, continues to be in place with pan-Ayrshire meetings with SAS staff every six to eight weeks to review the pathway and processes. This has been beneficial for Service population and has improved working relationships and communication with SAS, ensuring that individuals are offered support within 24-72 hours of any presentation of NFOD.
- South Ayrshire Community Mental Health Services have continued with their service developments with a specific focus on Primary Care. They have brought together MHPs, Self Help Workers and Community Link Practitioners (CLPs) into a single service which offers dedicated MHPs and CLPs to each GP practice. Recruitment is ongoing with further investment and development planned for 2022/23. A pan-Ayrshire business case has been developed and submitted to Scottish Government to access Primary Care mental health and wellbeing funding. Successful award will enable further roll out of this service.

2.3.7 Unscheduled Care

Unscheduled Care			
National Performance Measures			
8,052 Jun 2022	8,578 Jun 2021	unscheduled attendances at Emergency Departments	
67.7% Jun 2022	81.2% Jun 2021	of unscheduled ED attendees were treated, admitted or discharged within 4 hours of arrival	 95%
803 Jun 2022	236 Jun 2021	ED attendees waited over 12 hours to be treated, admitted, or discharged	
Local Performance Measures			
2,904 Jun 2022	3,306 Jun 2021	presentations to Combined Assessment Units	
1,596 Jun 2022	2,106 Jun 2021	Emergency admissions to medical or surgical wards following attendance at ED or CAU	
National Benchmarking			
71.7% May 2022	69.9% Scotland	of unscheduled ED attendees were treated, admitted or discharged within 4 hours of arrival	+ 1.8

Emergency Department (ED)

ED Attendances

Local management information shows that in June 2022, there were less Unscheduled ED attendances across NHS Ayrshire & Arran compared to June 2021. However in general, Unscheduled ED attendances have increased to a monthly average of 7,395 between January 2022 and June 2022, compared to 6,714 in the same period in 2021 (Figure 20 and Table below).

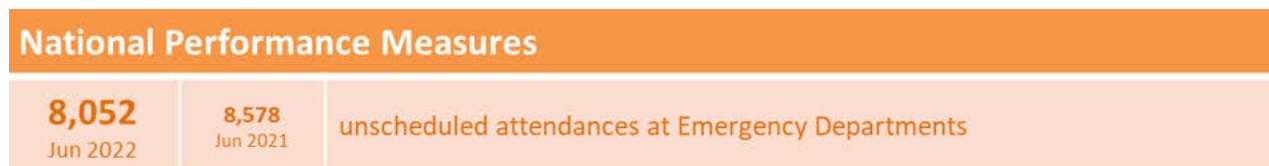
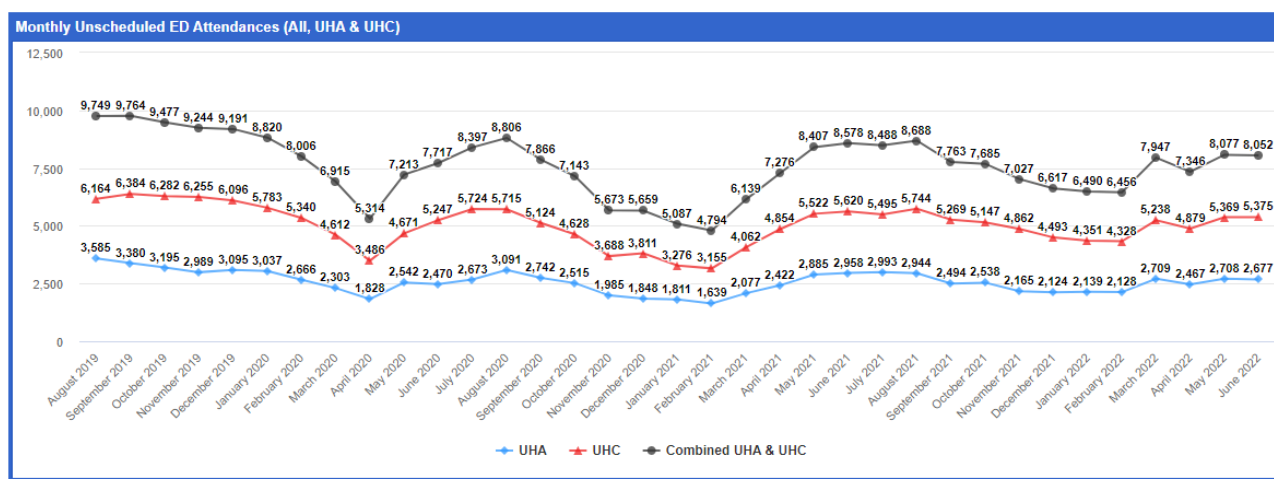


Figure 20 – Monthly unscheduled ED attendances – NHS Ayrshire & Arran, UHA and UHC



Source: Local Information Team Reports

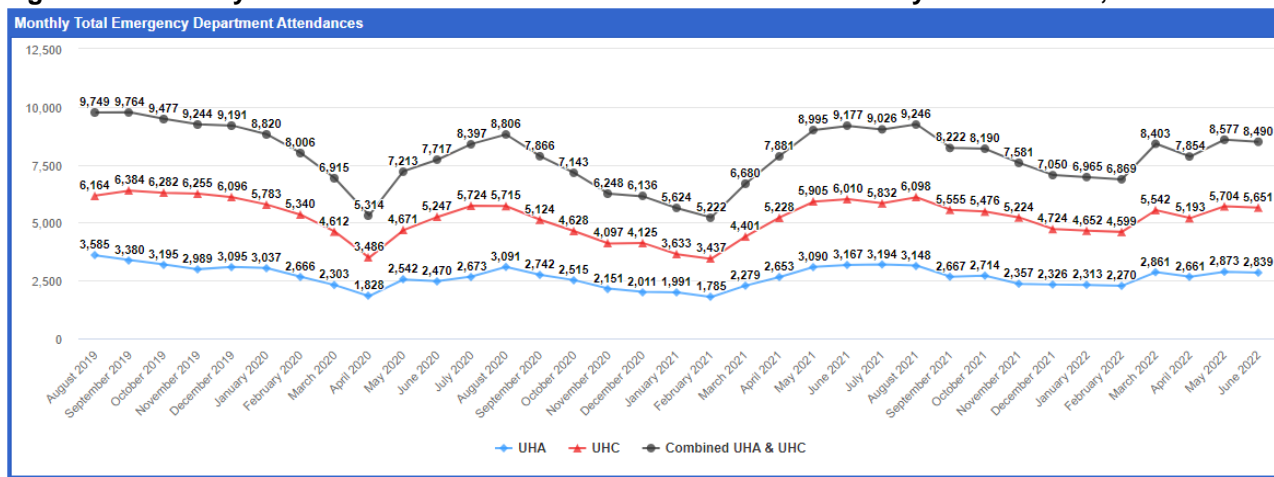
Monthly average number of Unscheduled ED Attendances (January to June)

Monthly average of Unscheduled ED Attendances	Jan – Jun, 2019 (pre-COVID-19)	Jan – Jun, 2021	Jan – Jun, 2022
NHS Ayrshire & Arran	9,587	6,714	7,395

Source: Local Information Team Reports

When considering the total volume of activity within the EDs, including all scheduled and unscheduled attendances (Figure 21), there were a total of 8,490 attendances at the EDs in June 2022, compared to 9,177 in June 2021. However, all ED attendances on average have increased to a monthly average of 7,860 between January 2022 and June 2022, compared to 7,263 in the same period in 2021 (Figure 21 and Table below). ED attendances do remain lower than pre-COVID-19 levels where there was an average of 9,587 attendances per month between January 2019 and June 2019.

Figure 21 – Monthly scheduled and unscheduled ED Attendances - NHS Ayrshire & Arran, UHA & UHC



Source: Local Information Team Reports

Monthly average number of scheduled and unscheduled ED Attendances (January to June)

Monthly average of ED Attendances	Jan – Jun, 2019 (pre-COVID-19)	Jan – Jun, 2021	Jan – Jun, 2022
NHS Ayrshire & Arran	9,587	7,263	7,860

Source: Local Information Team Reports

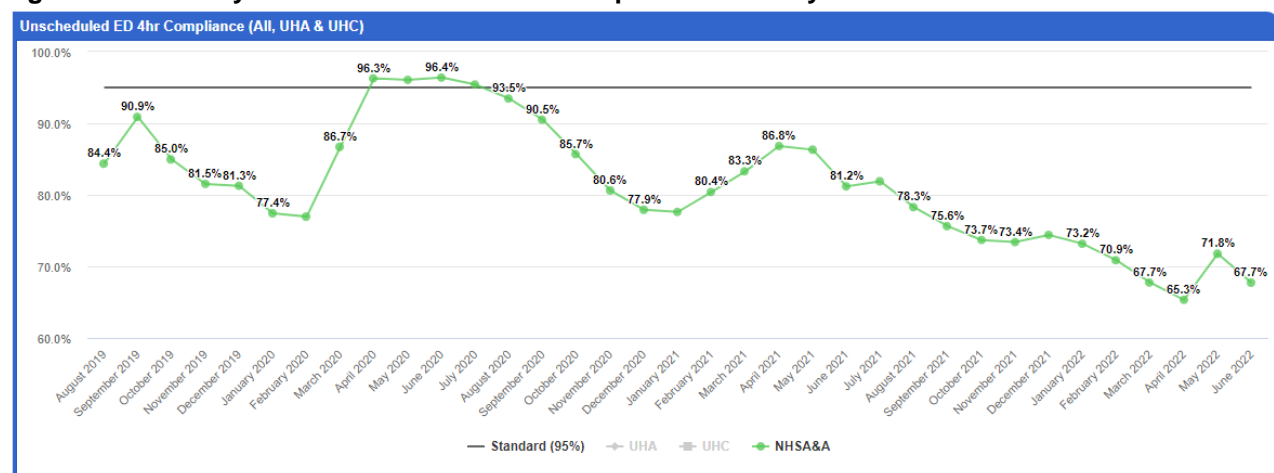
ED 4-Hour Wait

ED 4-Hour Wait – NHS Ayrshire & Arran Compliance

Local management information reports indicate that compliance against the ED 4-Hour standard did improve and reach 71.8% in May 2022 but has since decreased to 67.7% in June 2022 (Figure 22).



Figure 22 – Monthly Unscheduled ED 4 Hour Compliance - NHS Ayrshire & Arran

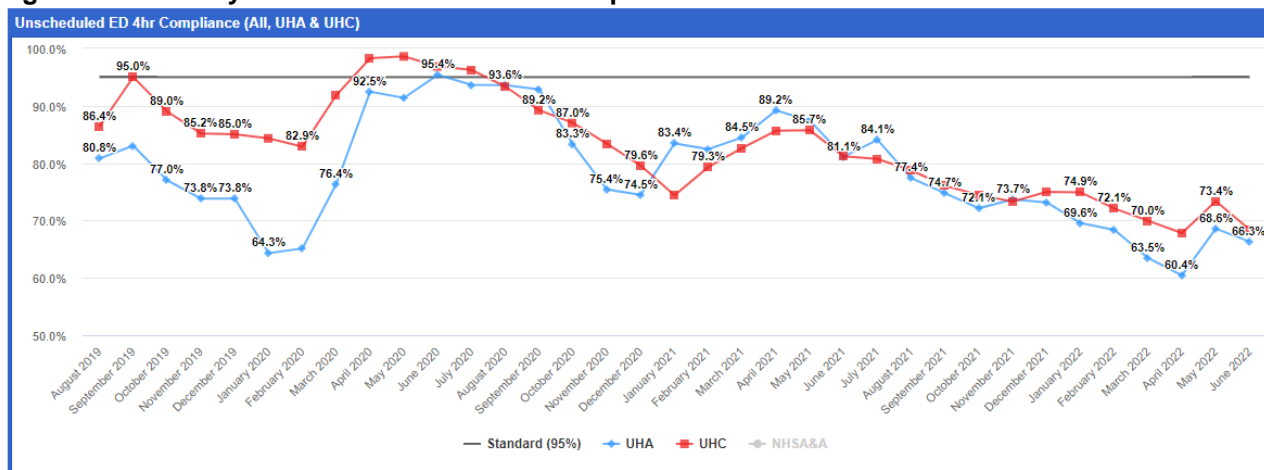


Source: Local Information Team Reports

ED 4-Hour Wait – UHA and UHC Compliance

Following a decreasing trend at both acute sites, compliance against the 4 hour target improved at both UHA and UHC in May 2022, before falling to lower levels of 66.3% at UHA in June 2022; and 68.4% at UHC (Figure 23).

Figure 23 – Monthly Unscheduled ED 4 Hour Compliance – UHA and UHC



Source: Local Information Team Reports

ED 4-Hour Wait – NHS Ayrshire & Arran Benchmarking

The latest national published data for May 2022 indicates that compliance against the 4-Hour Wait for unscheduled ED attendances for NHS Ayrshire & Arran was higher than the Scotland average.

National Benchmarking

71.7% May 2022	69.9% Scotland	of unscheduled ED attendees were treated, admitted or discharged within 4 hours of arrival	+ 1.8
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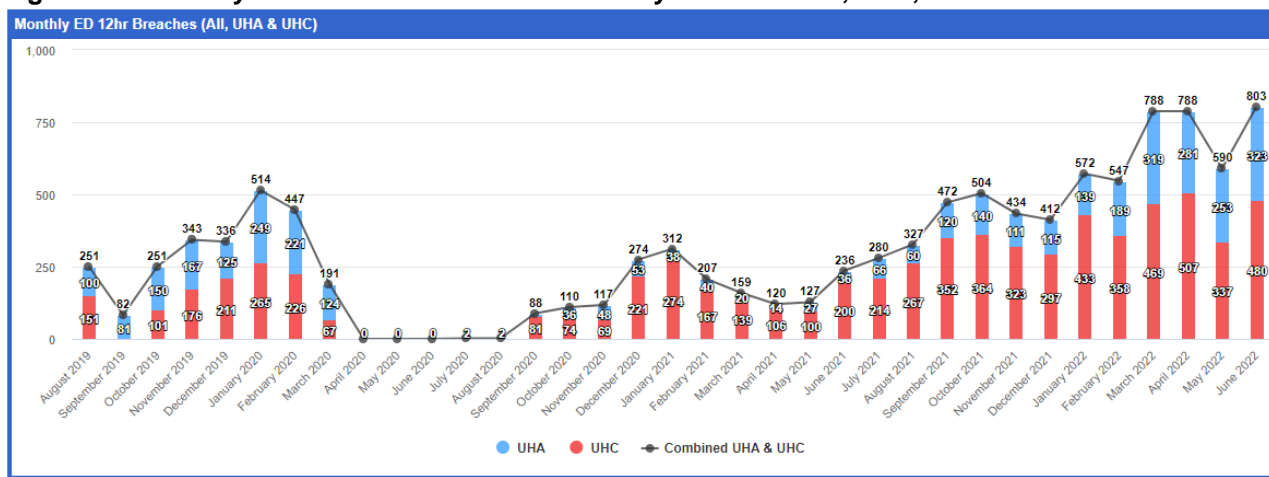
ED 12 Hour Breaches

The numbers of ED 12 Hour Breaches at Board level have reached 803 in June 2022, the highest number of breaches recorded in NHS Ayrshire & Arran in a single month (Figure 24). Since September 2020, the majority of breaches have been at UHC.

National Performance Measures

803 Jun 2022	236 Jun 2021	ED attendees waited over 12 hours to be treated, admitted, or discharged
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Figure 24 – Monthly ED Waits Over 12 Hours - NHS Ayrshire & Arran, UHA, and UHC



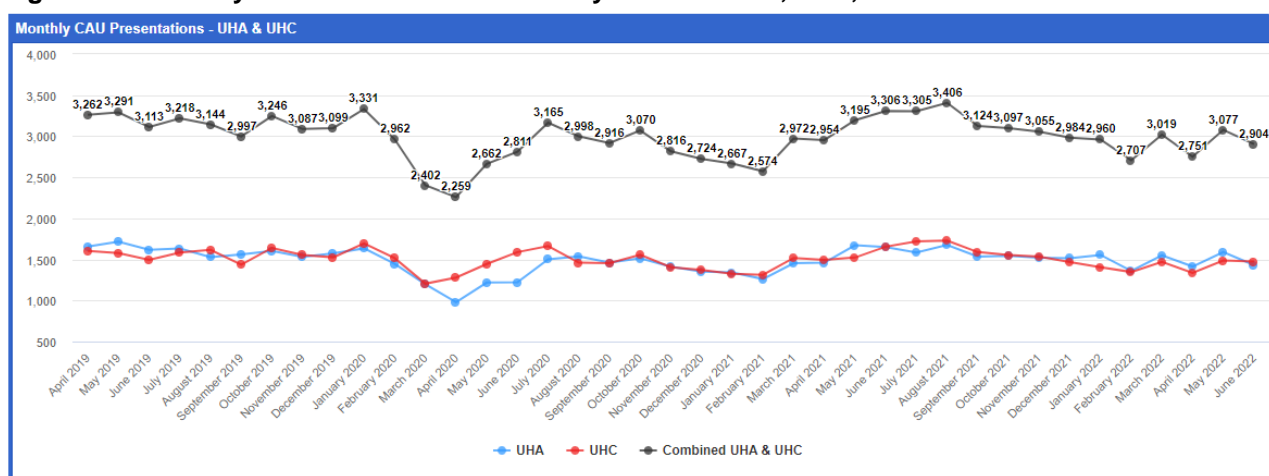
Source: Local Information Team Reports

Combined Assessment Unit (CAU) Presentations

Local management information shows that in June 2022, there were less CAU presentations across NHS Ayrshire & Arran compared to June 2021. However in general, CAU presentations during January 2022 and June 2022 are at similar levels to the same period for 2021 with a monthly average of 2,903 between January 2022 and June 2022, compared to 2,945 in the same period in 2021 (Figure 25 and Table below). CAU presentations do remain lower than pre-COVID-19 levels where there was an average of 3,267 presentations per month between January 2019 and June 2019. Since August 2020, levels remain similar at UHA and UHC.



Figure 25 – Monthly CAU Presentations - NHS Ayrshire & Arran, UHA, and UHC



Source: Local Information Team Reports

Monthly average number of CAU Presentations (January to June)

CAU Presentations	Jan – Jun, 2019	Jan – Jun, 2021	Jan – Jun, 2022
NHS A&A	3,267	2,945	2,903

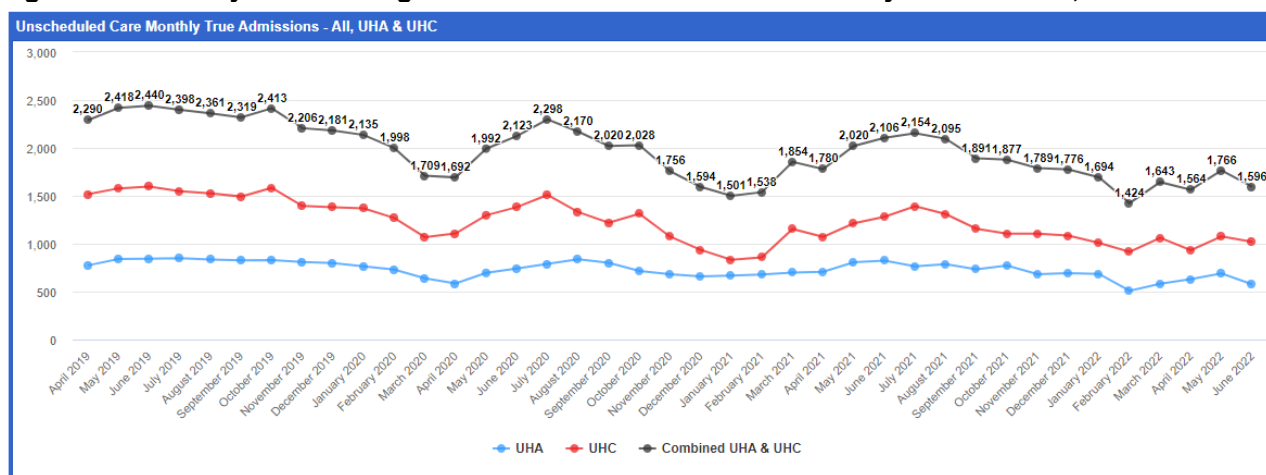
Source: Local Information Team Reports

Emergency Admissions

The numbers of Medical and Surgical Inpatient Admissions from ED and CAU have decreased at both UHA and UHC in June 2022 when compared to the same month of the previous year (Figure 26 and Table below). During the period January 2022 and June 2022, there have been 1,615 admissions per month on average, this compares to 1,800 for the same period the previous year. The pre-COVID-19 average for the same period in 2019 was 2,375 admissions per month.

National Performance Measures		
1,596 Jun 2022	2,106 Jun 2021	Emergency admissions to medical or surgical wards following attendance at ED or CAU

Figure 26 – Monthly Medical/Surgical Admissions from ED/CAU - NHS Ayrshire & Arran, UHA and UHC



Source: Local Information Team Reports

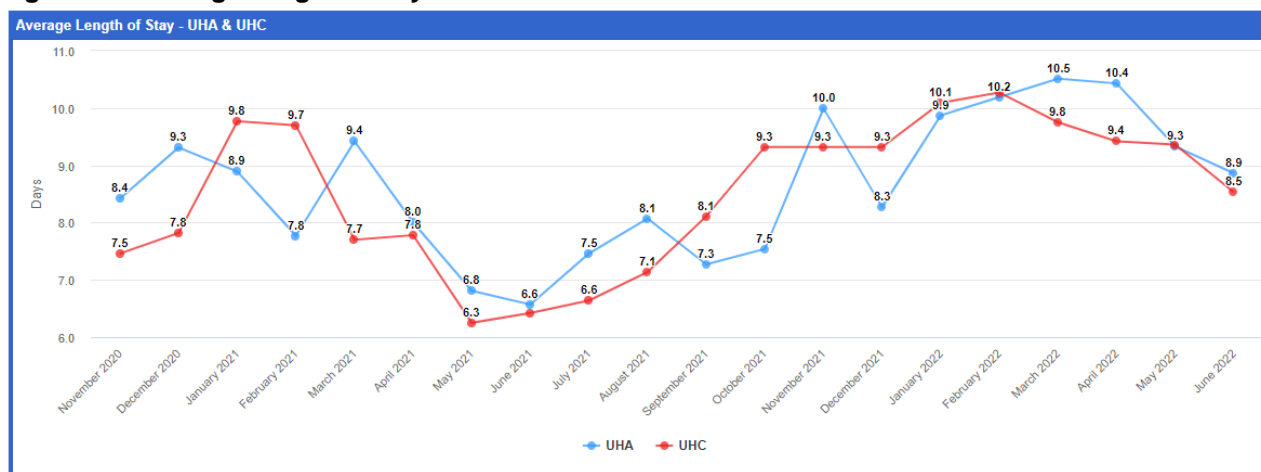
Total number of Emergency Admissions	Jan – Jun, 2019 (Pre-COVID-19)	Jan – Jun, 2021	Jan – Jun, 2022
NHS A&A	2,375	1,800	1,615

Source: Local Information Team Reports

Average Length of Stay

Local management information highlights that the average length of stay (in days) across our Core wards at UHA and UHC has been gradually decreasing over the past few months (Figure 27).

Figure 27 - Average Length of stay in core wards at UHC and UHA



Source: Local Information Team Reports

Definition: Total average length of stay for all patients discharged in month from core wards only.

Unscheduled Care – Improvement Actions

- Data analysis is ongoing in order to understand the next clinical conditions which will be added to the Outpatient parenteral anti-microbial therapy (OPAT) service. This analysis will be included in a business case for an expanded service and will look to increase the number of patients who can be treated with IV anti-microbial agents without the need for hospital admission.
- A bi-weekly Discharge without Delay (DwD) delivery group meeting has been implemented and is in the process of defining improvement initiatives. In addition to the self-assessment based action plan, at UHA the 'Home First' board rounds continue on a weekly basis under the DwD banner, this delivery is set to change as the work transfers to a 'business as usual' model. At UHC, five wards are now participating in the DwD daily board rounds and a roll-out in the CAU started in mid-March.
- Hospital at Home (H@H) has been initiated across South Ayrshire Health and Social Care Partnership (HSCP), with a limited resource to date. Funding has been secured and will roll out the service to 28 virtual beds across the South and East Ayrshire HSCPs. Recruitment has been positive and is progressing well. This evidence based H@H acute intervention is where acute care (normally delivered in hospital) is delivered within our patient's home or homely setting. The impact to date mirrors the evidence from elsewhere with 80% of patients being maintained at home.
- The Operations Resource Centre (ORC) has a clinical team based at UHA, with representation from both acute sites which co-ordinates referrals from primary care to acute services. The ORC is currently funded by non-recurring RMP monies and next steps include securing funding to enable the continuation of the ORC and forming sub groups to drive alternatives to admissions - exploring key themes with focused working groups alongside HSCPs.
- Our newly commissioned Urgent/ Unscheduled Care Programme (UUCP) has reported to the UUCP Oversight Group. Current work-streams include community respiratory services for COPD, Same Day Emergency Care at UHC and the DwD work, which runs across both the intra and post hospital delivery groups and has initiatives focussing on expediting safe patient discharge from hospital and rehab and enablement in the community. The Unscheduled Care Programme team participated in the Scottish Government's recent 'Healthier Scotland' conference

in Edinburgh and are aligning ongoing work with the new Urgent & Unscheduled Care collaborative model.

- A '7 days of solutions' patient discharge initiative is ongoing on both acute sites, this work brings site management teams together to understand and resolve the issues which lead to delays to patient discharge.

2.3.8 Delayed Discharges/Transfers of Care

Note - From May 2022, Public Health Scotland have amended the definition of a delayed discharge. Effective from April 2021, the numbers of patients delayed at the monthly census point now includes those patients delayed due to infection control measures in hospital, or in the care home that they are moving to. Historic figures since April 2021 have now been retrospectively updated to include these delays.

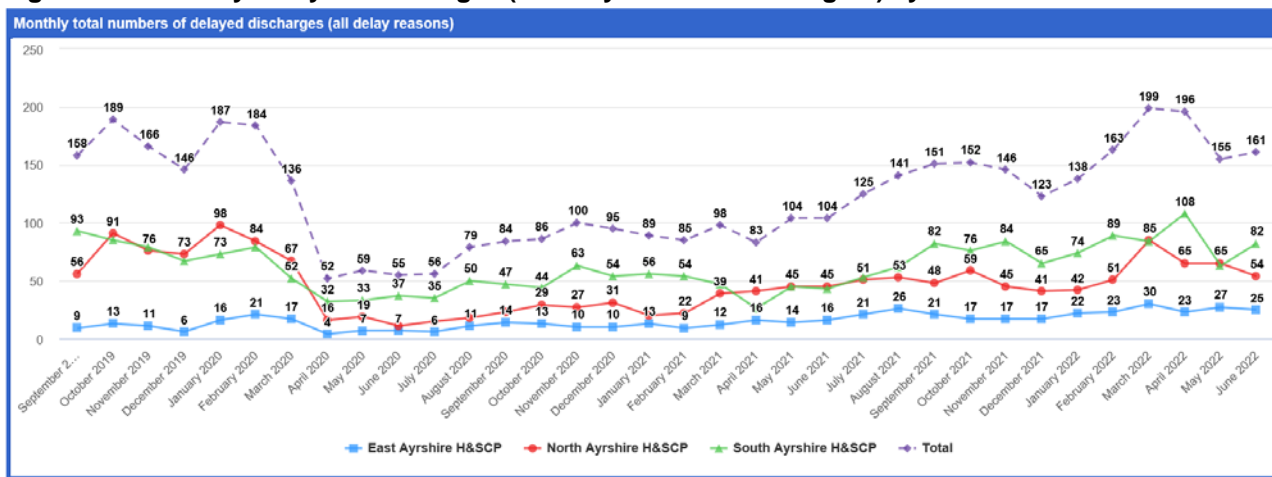
Delayed Discharges						
National Performance Measures						
Total Number of Delayed Discharges (all delay reasons and lengths) by HSCP	North Ayrshire HSCP		East Ayrshire HSCP		South Ayrshire HSCP	
	54 June 2022	45 June 2021	25 June 2022	16 June 2021	82 June 2022	43 June 2021
Numbers of patients whose discharge from hospital was delayed by 2 weeks or more for non-clinical reasons (excluding code 9 reasons)	11 June 2022	11 June 2021	0 June 2022	0 June 2021	39 June 2022	4 June 2021
Total number of hospital bed days occupied during the month by patients whose discharge from hospital was delayed for non-clinical reasons	1,714 June 2022	1,390 June 2021	750 June 2022	444 June 2021	2,244 June 2022	1,292 June 2021

Delayed Discharges/Transfers of Care – All Delays

At the outset of the COVID-19 pandemic, in preparation for the anticipated demand of people being treated for COVID-19, additional community bed capacity and adaptation of other services enabled patients defined as medically fit for discharge to be transferred to more suitable settings. This reduced the total number of delays to a low in April 2020 (Figure 28).

Following a high of 199 at March 2022, the number of delayed discharges has fallen to 161 across Ayrshire & Arran HSCPs at the end of June 2022 census point. Despite this decrease, the number of delays remain at higher levels.

Figure 28 – Monthly Delayed Discharges (all delay reasons and lengths) by HSCP



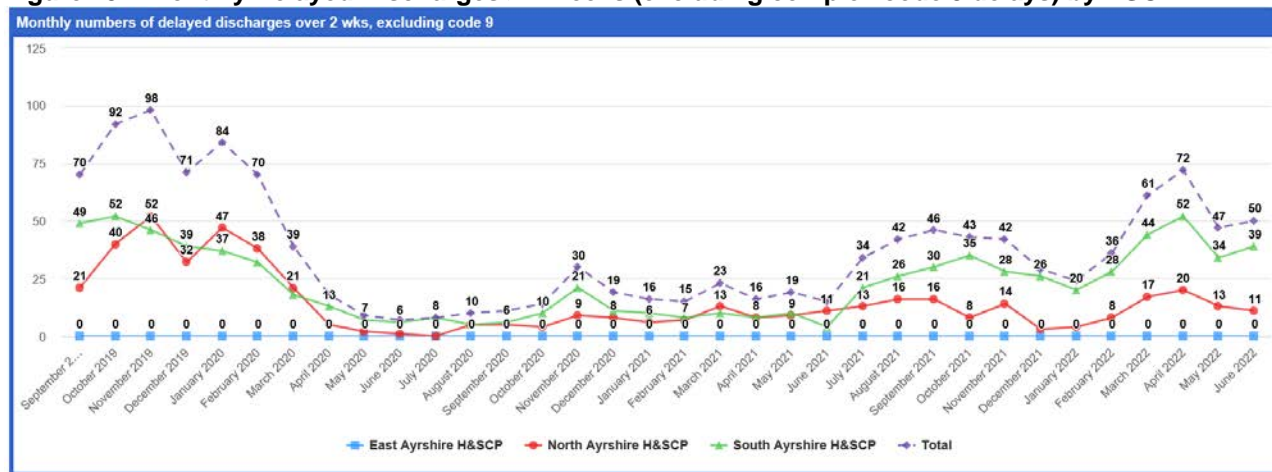
Source: Public Health Scotland

Delayed Discharges/Transfers of Care – Delays over 2 weeks (excluding complex code 9 delays)

Performance in relation to Delayed Discharges is measured against the national target of zero delays over 2 weeks (excluding complex code 9 delays). The numbers of such delays have risen significantly since January 2022 reaching 72 in April 2022, before falling to 50 at June 2022 (Figure 29). There remain zero delays over 2 weeks in East Ayrshire HSCP.

	North Ayrshire HSCP		East Ayrshire HSCP		South Ayrshire HSCP	
Numbers of patients whose discharge from hospital was delayed by 2 weeks or more for non-clinical reasons (excluding code 9 reasons)	11	11	0	0	39	4
	June 2022	June 2021	June 2022	June 2021	June 2022	June 2021

Figure 29 – Monthly Delayed Discharges >2 Weeks (excluding complex code 9 delays) by HSCP



Source: Public Health Scotland

Delayed Discharges/Transfers of Care – Occupied bed days

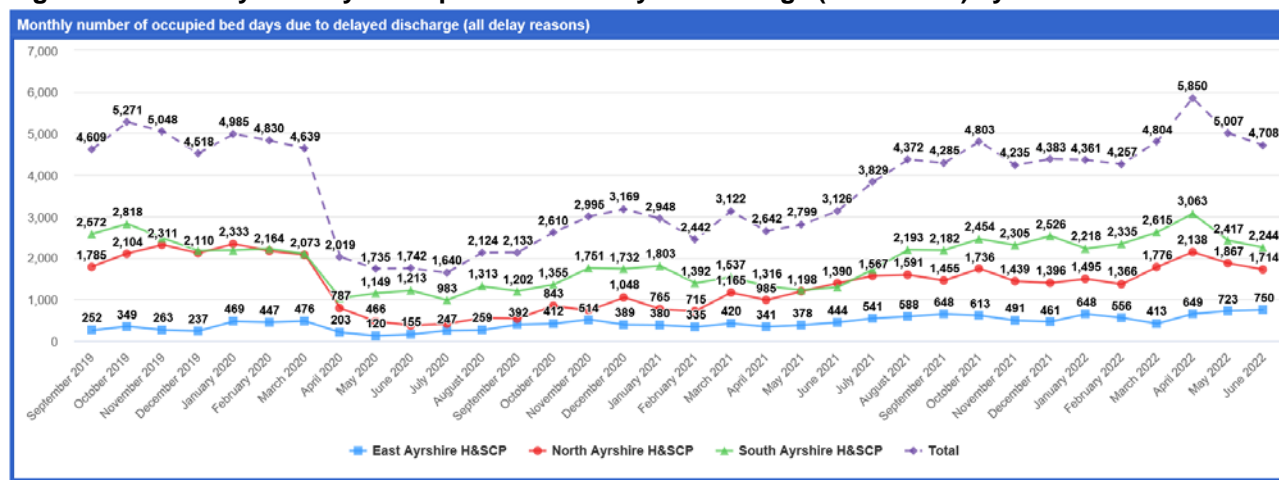
Although the formal measure of performance for Delayed Discharges applies to the number of delays over 2 weeks (end of month census), the total number of bed days occupied in

each month by patients whose discharge from hospital has been delayed for non-clinical reasons is also a key measure in assessing performance.

	North Ayrshire HSCP		East Ayrshire HSCP		South Ayrshire HSCP	
Total number of hospital bed days occupied during the month by patients whose discharge from hospital was delayed for non-clinical reasons	1,714	1,390	750	444	2,244	1,292
	June 2022	June 2021	June 2022	June 2021	June 2022	June 2021

Delayed Discharge Occupied Bed Days (OBDs) for all delay reasons increased to the highest numbers recorded in April 2022 (Figure 30) but have since reduced in June 2022.

Figure 30 – Monthly bed days occupied due to delayed discharge (all reasons) by HSCP



Source: Public Health Scotland

Delayed Discharges – Improvement Actions

NHS Ayrshire & Arran and the three Ayrshire HSCPs are part of a national pathfinder programme in relation to Discharge without Delay (DwD). This is supported by the Scottish Government DwD steering group and improvement teams. One of the aims of the programme is to deliver Discharge without Delay within both community and acute settings, working in close partnership with hospital and community teams to agree the most effective and efficient process to ensure positive outcomes for patients. A system wide self-assessment has been completed, wards identified to be 'pilot' sites for the work and a team identified to be involved in the programme.

East Ayrshire HSCP

- All Community teams are working together to continue to prioritise supporting people and their families at home, with a key focus on enablement, well-being and carers support to increase prevention of admission,
- Increase ratio and volume of in-house to commissioned care at home services to support more people at home and ensure discharge without delay.
- The HSCP is investing in developing the model of care at East Ayrshire Community hospital to provide Advanced Nurse Practitioner (ANP) and Allied Health Professional (AHP) capacity together with supporting rehabilitation and enablement resource to support discharge at earlier point without delay.

- Many Adults with Incapacity progressing through legal process cannot legally be discharged from hospital and are therefore delayed in hospital. A Quality Improvement (QI) based focus on each stage of the guardianship process for both private and authority led guardianships is underway.
- Planned Date of Discharge (PDD) best practice will be supported by our hospital teams & community services and implemented within East Ayrshire Community Hospital.

North Ayrshire HSCP

- North Ayrshire HSCP continues to prioritise supporting transfers of care from hospital to community settings, with a focus on minimising delayed discharges. Regular scrutiny and review of performance remains in place with daily assurance around the position and actions required. The HSCP have continued to prioritise social care capacity in both care at home and care homes for individuals ready for discharge from hospital. This however has had a significant impact on community waits for care at home services.
- The hospital-based assessment teams continue to develop and embed systems and processes to improve service user experience around discharge. One key area of focus for improvement is participation in PDD meetings to contribute to and implement PDD with a view to improving performance with continued promotion of home first ethos.
- There is now a Mental Health Officer fully integrated into North's hospital social work assessment team. There has been a steady increase in the complexity of referrals and support required by people, particularly in relation to Adults with Incapacity processes. However, it is anticipated that there will be improvement in performance of delays linked to these with the addition of an MHO to the social work team.
- The North Partnership will continue to utilise interim beds for those people who can be discharged for assessment to consider their longer-term care needs out with a hospital setting. This process has been successful in the last 6 months in discharging a number of people who would have required an extended stay in hospital and positively has not resulted in an increased number of moves with most choosing to remain in the same care setting on a longer-term basis.
- Anam Cara is being utilised as a step-down facility with up to 9 beds for use to support Care at Home delays to be discharged from hospital while awaiting the commencement of a care package. Whilst in these step-down beds a programme of rehabilitation is supported by our Enhanced Intermediate Care team who have an established link with Anam Cara to ensure people can be supported to remain as independent as possible as they await discharge home.
- The Partnership has developed a targeted plan for the recent winter investment which was agreed through our IJB. Recruitment for this investment is advanced with a number of posts having commenced and this activity will remain ongoing. These plans included significant investment in the Care at Home workforce and a comprehensive ongoing programme of recruitment to the Care at Home service has been ongoing for several months. It has, however, proven to be challenging recruiting to all vacancies and this has been further compounded by challenges in retaining social care staff, however the Partnership is confident that the impact of this investment will be seen in the coming months.

South Ayrshire HSCP

In South Ayrshire HSCP, there has been a continued focus on delayed transfers of care. The senior team within South Ayrshire meet weekly to focus on those patients delayed for over 10 days as the operational teams work to identify actions to ascertain capacity across the system. The system remains challenged due to a number of factors and the HSCP remains in a position where demand continues to outstrip capacity. The following are some of the issues impacting on delayed discharges:

- 80% of current Home care capacity in South Ayrshire is provided by Private providers who are struggling with staff shortages, sickness, annual leave and recruitment; The lack of external Care at Home (CAH) capacity impacts on the Reablement service who are unable to transfer those people who require an ongoing mainstream care service, thus reducing the numbers who can be discharged from hospital and supported to return to previous levels of independence. The potential for private providers to hand back care remains high and one provider has had to do so. This provider is now in Moratorium which further impacts on our CAH capacity.
- Due to the focus of services on reducing delayed discharges from the hospitals, the number of people waiting for home care in the community continues to rise.

A Re-ablement Unmet Needs Assessment Team (RUN-AT) is being established to address the community waiting list for Homecare:

- As Covid outbreaks continue to impact on Care Home capacity, South Ayrshire Social Work teams continue to identify appropriate patients awaiting Care Home placement or a Package of Care (POC) for interim placements in Care Homes.
- South Ayrshire HSCP have seen excellent progress in terms of Guardianship delays which has reduced from 14 to 4 through focussing on process and increasing our MHO capacity.
- Operationally, South Ayrshire HSCP strive to pursue a “Home First” approach for everyone. The Enhanced Intermediate Care (EIC) team are working closely with Acute colleagues at UHA to progress and promote this approach and there have been some positive results in a short period. Although progress is at an early stage, it is expected that the DwD programme will expedite the implementation of this approach.

2.4 Quality/patient care

We seek to balance remobilising our services with a continued response to COVID-19. 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.

2.5 Workforce

A sustainable workforce and appropriate recruitment levels are imperative across all services as we provide services within the current circumstances and to support how we safely prioritise the resumption of our services. 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.

2.6 Financial

Through our Remobilisation Plans, the health and care system ensured appropriate levels of capacity are maintained to remobilise services whilst also maintaining COVID-19 capacity and resilience. This will continue within our ADP. The impact of COVID-19 on the delivery of key performance targets and trajectories are routinely being assessed and monitored.

2.7 Risk assessment/management

Through our Remobilisation Plans and winter plans we planned how we would safely prioritise the resumption of some services, whilst also maintaining COVID-19 capacity and resilience. This will continue within our ADP.

This report will provide NHS Board members with intelligence on the key aspects of Performance to provide assurance on improvements, or where mitigating and improvement actions are required.

2.8 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 Remobilisation Plans.

2.9 Other impacts

Best value:

Successful management of waiting times 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 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.

2.10 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.

2.11 Route to the meeting

The content discussed in this paper has been considered by the Senior Responsible Officer for each area and the Strategic Planning and Operational Group (SPOG). They have either

supported the content, and/or their feedback has informed the development of the content presented in this report.

3. Recommendation

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 impact of COVID-19, and the remobilisation of services on the provision of unscheduled and planned care for our citizens.