

NHS Ayrshire & Arran



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| Meeting: | Ayrshire and Arran NHS Board |
| Meeting date: | Monday 30 January 2023 |
| 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

This Performance report includes the latest information against national Waiting times measures and Standards, including new targets to eliminate long waits for planned care, in addition to wider Unscheduled Care and Delayed Transfers of Care data. Our Performance Reporting also includes a high level summary of COVID-19 community and hospital data to add additional context; and continues to include an update from each of the services on their improvement plans and any mitigating actions.

Like other NHS Boards across Scotland, our whole system remains under significant pressure. During the festive period, we saw a substantial rise in flu and COVID-19 admissions, and also an increase in outbreaks in community care and care home settings, which limited patient movements, discharges from hospital and flow within our acute hospital sites. We also saw an increase in our core occupancy rates at our acute hospitals and a rise in our sickness absence rates.

Moving into early January 2023, we are still experiencing extremely high demand in our acute hospitals but also in urgent and emergency care, primary care, as well as in community and social care services. To help support our staff and patients, we have implemented a whole system response, with representatives from across health and social

care coming together daily to ensure the available capacity is aligned as well as it can be, so that we can meet the needs of our inpatients and service users. We have opened all additional beds where possible, and are seeking alternative pathways for those patients who do not require their care to be delivered in an acute hospital setting.

On 9 January 2023, a decision was made to temporarily pause all routine inpatient elective surgery for a period of three weeks to help alleviate some of the pressure on our unscheduled care services. Cancer surgery, day surgery, emergency surgery, paediatric surgery and outpatient services will continue with some urgent surgery taking place.

Due to the overwhelming demand across general practice, and the need to prioritise same day emergency care to support the wider system, we have asked GP practices to move to only seeing urgent and emergency care patients only.

We continue to develop and refine our Performance Reporting to provide NHS Board members with insight and intelligence on the key data aspects and the impact of these pressures on our Performance.

2.2 Background

Our Annual Delivery Plan (ADP) was submitted to Scottish Government (SG) on Friday 12 August 2022 and included our wider key priorities for 2022/23 and our plan to deliver the new long waiting list targets, reduce delayed transfers of care and improve patient flow. An update on progress for quarter 2 was submitted to Scottish Government at the end of October 2022 highlighting that all services had re-mobilised and that we were working towards the new waiting times targets and a number of high impact change programmes to support flow and delayed discharges.

However, the temporary pause in inpatient elective care will have an impact on the ability to meet future long waiting list targets. Sustained and unprecedented pressure across our whole system with continuing infection control measures, high acuity of patients and extended lengths of stay continue to add to the complexity of managing patient flow and delayed discharges. This will impact on our performance against the Emergency Department (ED) 4 hour standard, the number of 12 hour breaches in our EDs and the number of delayed transfers of care.

2.3 Assessment

Where the information is available, the latest performance data within this report is for the period December 2022. For some measures, the latest data may be for November 2022.

2.3.1 Assessment Summary

- Following a fall towards the end of November 2022, the number of **COVID-19 positive inpatients** across our hospitals has increased rapidly, reaching 106 at 9th January 2023 (Figure 2).
- The total number of patients waiting for a **New Outpatient** appointment appears to have peaked at September 2022 and is now on a gradual reducing trend (Figure 3a). The second waiting times target to **eliminate long waits for New Outpatients** was for no patients to be waiting over 18 months in most specialties by the end of December 2022. At week commencing 2nd January 2023, the total number of patients waiting over 18 months was 1,027 (Figure 3b) with zero waits in 11 specialties (Figure 3c).
- The total waiting list for **Inpatients/Daycases** has increased for the first time since reaching a peak at May 2022 (Figure 6a). The initial new waiting times target to **eliminate long waits for Inpatients and Daycases** was for no patients to be waiting over 104 weeks (2 years) by the end of September 2022. At the end of September 2022, 347 patients were waiting over 104 weeks (Figure 6b). This has since reduced further to 250 at week commencing 30th December 2022.
- Compliance in relation to the **Musculoskeletal (MSK)** waiting times target of 90% has reduced to its lowest position since June 2020, with 33.0% reported at December 2022 (Figure 10).
- The total number of patients waiting for a **CT scan** has increased for the first time since March 2022 (Figure 11) while there has also been an increase in the number of patients waiting for an **MRI scan** (Figure 12). Despite this increase, compliance levels for Imaging reached 80% in November 2022.
- Overall waiting lists for **Endoscopy** have shown a further rise at December 2022 after a period of reduction to pre-pandemic levels from January 2022 to September 2022 (Figure 15). Although there has been an increase in overall waits between October and December 2022, compliance levels against the 6 week target reached their highest level in November 2022 since the start of the pandemic (Figure 16). *Note – December 2022 compliance data was not available at the time of report submission.*
- The **62-day Cancer target** has reduced slightly, with performance of 82.1% in November 2022. This is however the second time levels have been above 80% since November 2021 (Figure 17). Performance against the **31 day Cancer treatment** standard continues to exceed target and in November 2022 achieved 100% compliance (Figure 18).
- **Child and Adolescent Mental Health Services (CAMHS)** performance remains challenging, however has shown a slight improvement, from its lowest level of 61.2% in the last 3.5 years to 63.8% at November 2022 (Figure 19). Early management information suggests CAMHS has exceeded the target in December 2022. The confirmed December 2022 data will not be available until the next report to Board members.
- Waiting-times compliance for **Psychological Therapies** has exceeded the 90% standard for the first time since May 2022, with levels of 91.0% at November 2022 (Figure 20).

- **Drug and Alcohol Treatment** services waiting times continue to exceed the target of 90% with performance of 98.5% in November 2022 (Figure 21).
- Overall **ED attendances** across the calendar year 2022 remained lower than pre-COVID-19 levels, although as a monthly average have increased in comparison to 2021 (Figure 23).
- Compliance against the **ED 4-Hour standard** did improve and reach 70.9% in August 2022 but has decreased to 62.1% in December 2022 (Figure 24). The latest published benchmarking data for November 2022 shows compliance for NHS Ayrshire & Arran was above the national average.
- The numbers of **ED 12 Hour Breaches** at Board level increased to an all-time high of 965 in October 2022, decreasing to 858 in December 2022 (Figure 26a).
- The **Average Length of Stay (ALOS)** (in days) across our Core wards at UHA and UHC has steadily increased since June 2021, with UHC recording its highest level of 11.9 in December 2022 (Figure 29).
- Based on the latest published data from Public Health Scotland (PHS), the number of **delayed discharges/transfers of care** reached 246 at November 2022, the highest number of delays recorded since reporting began (Figure 30), with the majority of delays in South Ayrshire HSCP. **Bed days occupied due to a delayed discharge** have also reached their highest level in November 2022 (Figure 32).

The following sections of the report provide infographics, performance assessment (including benchmarking and trends) and improvement actions covering the following topic areas:

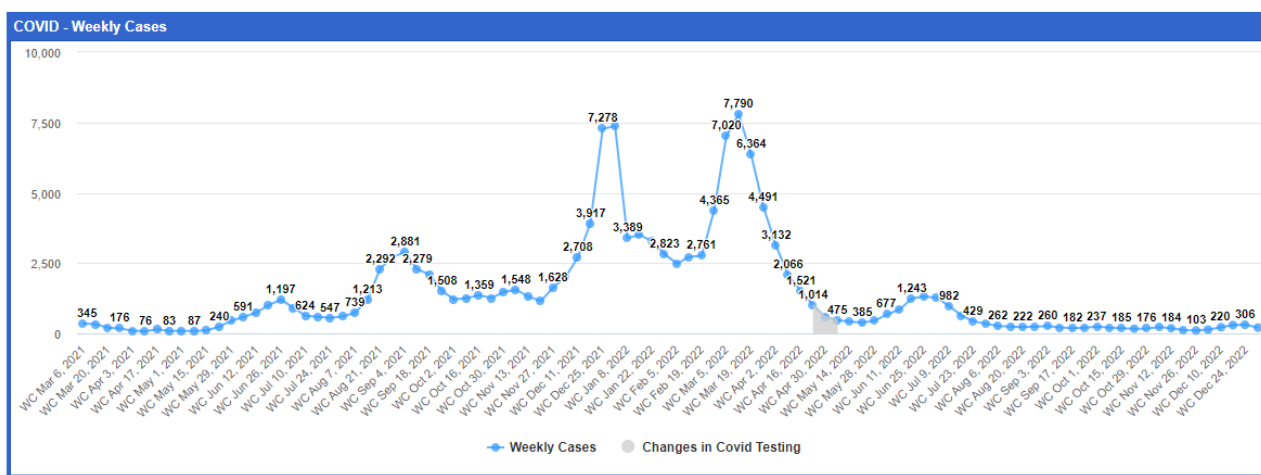
- COVID-19
- Planned Care Waiting Times
 - New Outpatients
 - Inpatient and Daycase
 - 18 week Referral to Treatment
 - MSK
- Diagnostics
 - Imaging
 - Endoscopy
- Cancer
 - 62 day suspicion of cancer
 - 31 day treatment
- Mental Health
 - CAMHS
 - Psychological Therapies
 - Alcohol and Drugs
- Unscheduled 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, PHS continue to report on the number of positive cases. Based on the latest data from PHS, the number of COVID-19 cases across Ayrshire and Arran have increased from 133 for week commencing 3rd December 2022 to 204 for week commencing 31st December 2022 (Figure 1).

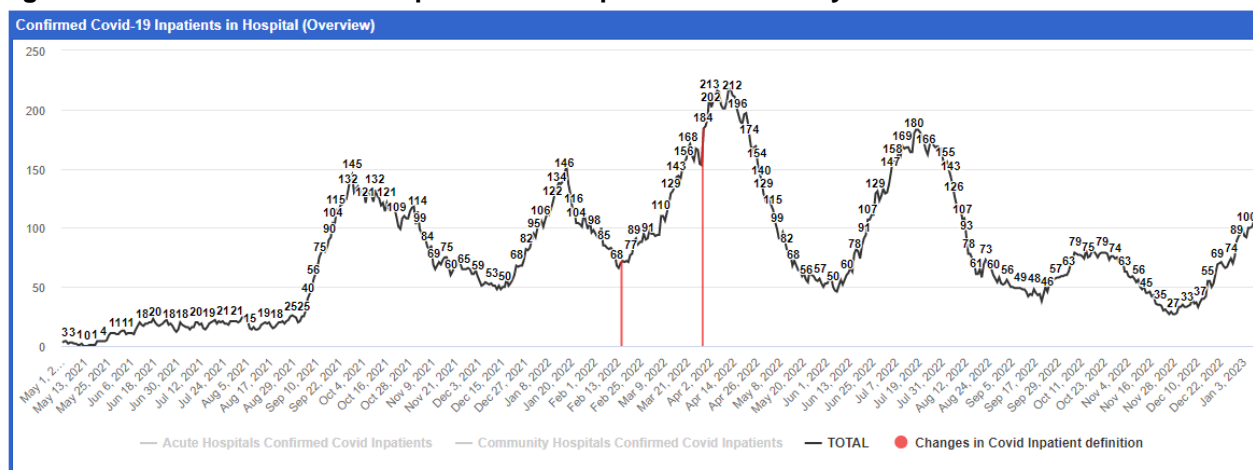
Figure 1 – Weekly number COVID-19 Positive Cases, NHS Ayrshire & Arran



Source: Public Health Scotland

The number of COVID-19 positive patients in our hospitals reached a peak of 79 during the wave in October 2022, reducing to 27 by the end of November 2022. Numbers have since increased rapidly, reaching 106 at 9th January 2023 (Figure 2). The numbers of COVID-19 positive patients in our Intensive Care Units (ICUs) have remained below five for over a year (since 25th November 2021).

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






Source: COVID-19 Local management information reports

2.3.3 Planned Care Waiting Times

The COVID-19 pandemic has resulted not only in significant backlogs of patients awaiting assessment and treatment for planned care, but has been impacted by a number of practical constraints which are restricting our ability to return to pre-pandemic levels. All services had re-mobilised and were working towards the new waiting times targets announced by the Cabinet Secretary for Health in July 2022. The reduction in access funding and the temporary pause in inpatient elective care will however have an impact on the ability to meet the future targets.

Planned Care Waiting Times

National Performance Measures

| | | | |
|--------------------------|--------------------------|--|---|
| 38.1% Dec 2022 | 36.6% Dec 2021 | of patients were waiting fewer than 12 weeks for a New Outpatient appointment |  95% |
| 52.1% Dec 2022 | 66.7% Dec 2021 | of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (completed waits) |  100% |
| 29.5% Dec 2022 | 30.4% Dec 2021 | of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (ongoing waits) | |
| 61.8% Nov 2022 | 63.5% Nov 2021 | of patients waited fewer than 18 weeks from Referral to Treatment |  95% |
| 33.0% Dec 2022 | 51.5% Dec 2021 | of adult patients were waiting fewer than 4 weeks from referral for Musculoskeletal Services |  90% |

National Benchmarking

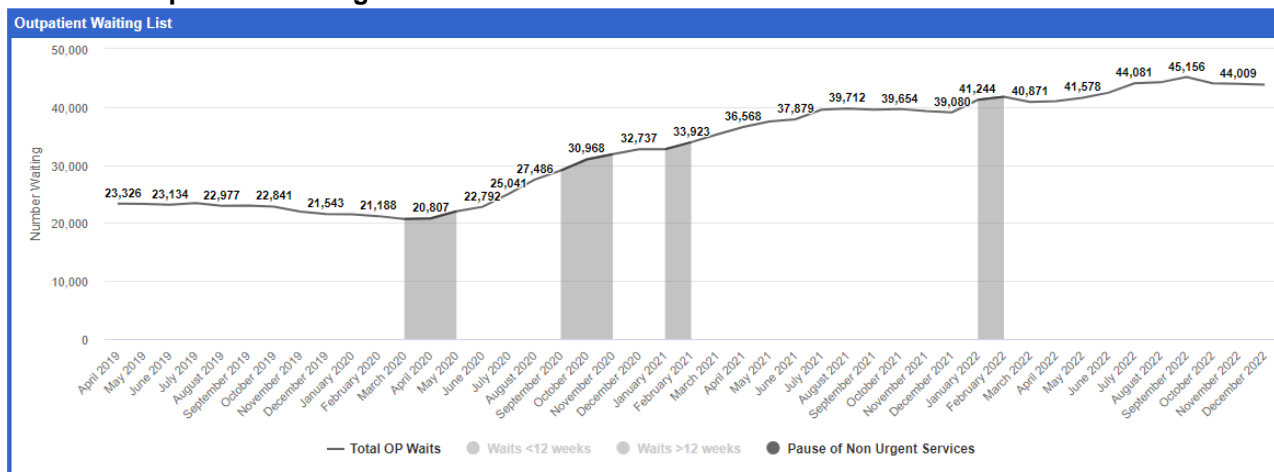
| | | | |
|-----------------------------|--------------------------|--|---------------|
| 38.7% QE Sep 2022 | 46.3% Scotland | of patients were waiting fewer than 12 weeks for a New Outpatient appointment | - 7.6 |
| 57.4% QE Sep 2022 | 56.3% Scotland | of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (completed waits) | + 1.1 |
| 27.7% QE Sep 2022 | 31.2% Scotland | of patients were waiting fewer than 12 weeks for Inpatient or Day Case treatment (ongoing waits) | - 3.5 |
| 64.4% QE Sep 2022 | 71.2% Scotland | of patients were waited fewer than 18 weeks Referral to Treatment | - 6.8 |
| 40.5% QE Sep 2022 | 51.4% Scotland | of patients were waiting fewer than 4 weeks for Musculoskeletal Services | - 10.9 |

New Outpatients

New Outpatients – Waiting Lists and new targets

The total number of patients waiting for a New Outpatient appointment continues to show a gradual decreasing trend, falling from a high of 45,156 at September 2022 to 43,858 at December 2022 (Figure 3a).

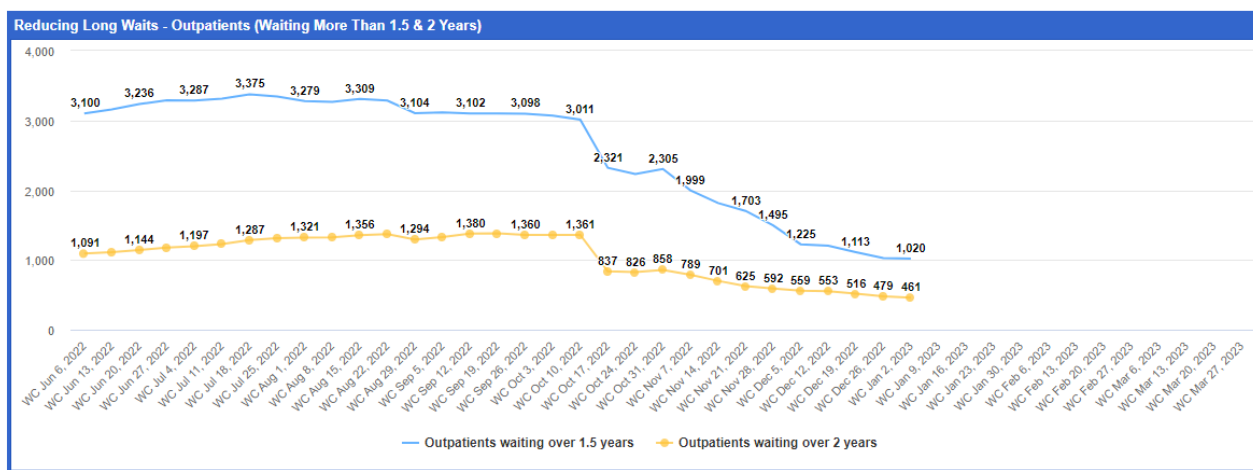
3a – New Outpatients Waiting List at month end



Source: Local monthly management reports, Information Team

The initial new waiting times target to eliminate long waits for New Outpatients was for no patients to be waiting over 104 weeks (2 years) in most specialties by the end of August 2022. At week commencing 29th August 2022, 1,294 patients were waiting over 104 weeks (Figure 3b). The number of patients waiting over 104 weeks has since fallen to 461 at week commencing 2nd January 2023.

Figure 3b –Total number of New Outpatients waiting more than 104 weeks (two years) and 78 weeks (18 months) at weekly Census point



Source: Local weekly management reports, Information Team

The second waiting times target to eliminate long waits for New Outpatients was for no patients to be waiting over 18 months (1.5 years) in most specialties by the end of December 2022. At week commencing 2nd January 2023, the total number of patients waiting over 18 months was 1,027. This varied by specialty (Figure 3c) with 11 specialties reporting zero 18 month waits.

Figure 3c –Total number of New Outpatients waiting more than 78 weeks (18 months) by specialty at weekly Census point

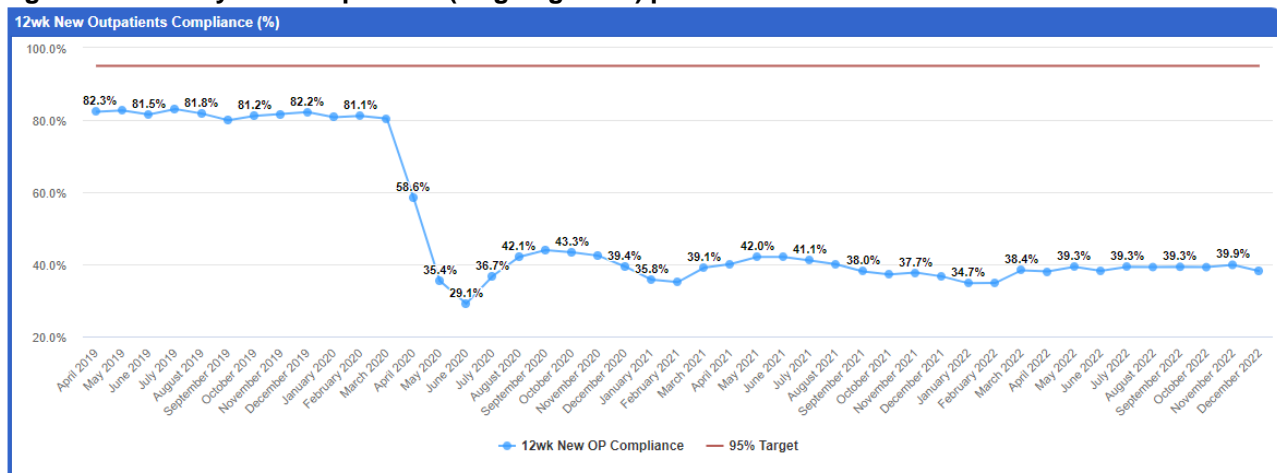
| Title | Value | Last Update |
|---|-------|----------------|
| Anaesthetics-Number of Outpatients waiting over 1.5 years (78 weeks) | 0 | WC 02-Jan-2023 |
| Cardiology-Number of Outpatients waiting over 1.5 years (78 weeks) | 0 | WC 02-Jan-2023 |
| Dermatology-Number of Outpatients waiting over 1.5 years (78 weeks) | 3 | WC 02-Jan-2023 |
| Diabetes/Endocrinology-Number of Outpatients waiting over 1.5 years (78 weeks) | 513 | WC 02-Jan-2023 |
| ENT-Number of Outpatients waiting over 1.5 years (78 weeks) | 3 | WC 02-Jan-2023 |
| Gastroenterology-Number of Outpatients waiting over 1.5 years (78 weeks) | 84 | WC 02-Jan-2023 |
| General Medicine-Number of Outpatients waiting over 1.5 years (78 weeks) | 126 | WC 02-Jan-2023 |
| General Surgery (Inc Vascular) -Number of Outpatients waiting over 1.5 years (78 w... | 3 | WC 02-Jan-2023 |
| Gynaecology-Number of Outpatients waiting over 1.5 years (78 weeks) | 18 | WC 02-Jan-2023 |
| Neurology-Number of Outpatients waiting over 1.5 years (78 weeks) | 205 | WC 02-Jan-2023 |
| Neurosurgery-Number of Outpatients waiting over 1.5 years (78 weeks) | 0 | WC 02-Jan-2023 |
| Ophthalmology-Number of Outpatients waiting over 1.5 years (78 weeks) | 22 | WC 02-Jan-2023 |
| Oral & Maxillofacial Surgery-Number of Outpatients waiting over 1.5 years (78 weeks) | 18 | WC 02-Jan-2023 |
| Oral Surgery-Number of Outpatients waiting over 1.5 years (78 weeks) | 0 | WC 02-Jan-2023 |
| Orthodontics-Number of Outpatients waiting over 1.5 years (78 weeks) | 0 | WC 02-Jan-2023 |
| Pain Management-Number of Outpatients waiting over 1.5 years (78 weeks) | 0 | WC 02-Jan-2023 |
| Paediatrics-Number of Outpatients waiting over 1.5 years (78 weeks) | 0 | WC 02-Jan-2023 |
| Paediatric Surgery-Number of Outpatients waiting over 1.5 years (78 weeks) | 0 | WC 02-Jan-2023 |
| Plastic Surgery-Number of Outpatients waiting over 1.5 years (78 weeks) | 5 | WC 02-Jan-2023 |
| Respiratory-Number of Outpatients waiting over 1.5 years (78 weeks) | 13 | WC 02-Jan-2023 |
| Restorative Dentistry-Number of Outpatients waiting over 1.5 years (78 weeks) | 0 | WC 02-Jan-2023 |
| Rheumatology-Number of Outpatients waiting over 1.5 years (78 weeks) | 4 | WC 02-Jan-2023 |
| Trauma & Orthopaedics-Number of Outpatients waiting over 1.5 years (78 weeks) | 0 | WC 02-Jan-2023 |
| Urology-Number of Outpatients waiting over 1.5 years (78 weeks) | 3 | WC 02-Jan-2023 |
| Other-Number of Outpatients waiting over 1.5 years (78 weeks) | 0 | WC 02-Jan-2023 |

The next waiting times target to eliminate long waits sets a target of no patients waiting over 12 months in most specialties by March 2023. Progress against this target will be reported in future iterations of this paper.

New Outpatients – Compliance and Benchmarking

Compliance against the New Outpatients target of 95% has remained fairly static at around 39% since March 2022, with levels falling slightly to 38.1% at December 2022 (Figure 4).

Figure 4 – Monthly New Outpatients (Ongoing waits) performance



Source: Local monthly management reports, Information Team

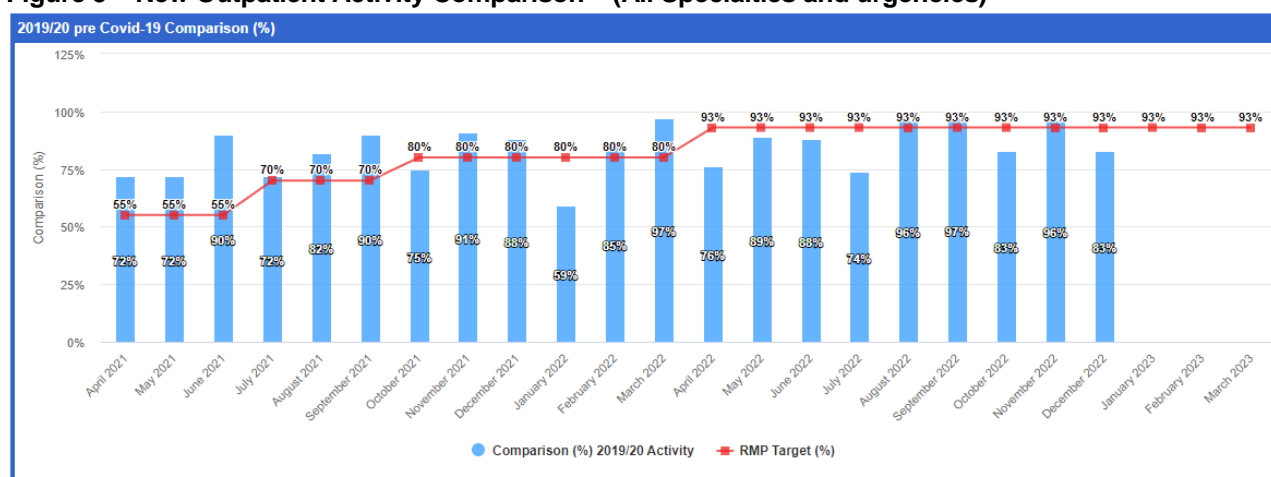
The latest published benchmarking data for the National Waiting Times targets from Public Health Scotland for quarter ending September 2022 shows that compliance for patients

waiting for a New Outpatient appointment remains lower across NHS Ayrshire & Arran when compared to Scotland.

New Outpatients – Remobilisation

Although the ADP has replaced Remobilisation Plans, we continue to monitor trajectories and activity compared to pre-COVID-19 levels under the banner of RMP. At December 2022, NHS Ayrshire & Arran had remobilised 83% of all New Outpatient activity compared to December 2019. This 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

We continue to prioritise patients deemed to have high clinical urgency. The number and proportion of urgent referrals received continues to be greater than pre-pandemic however we are balancing ensuring these patients are appointed timeously whilst also appointing the longest waiting patients.

Activity levels in Urgent categories in December 2022 was 138% compared to December 2019 (Table below).

| New Outpatient (12 Week Standard) Activity – All Specialties | 31-Oct-22 | | | 30-Nov-22 | | | 31-Dec-22 | | |
|--|-----------------|-----------------|------|-----------------|-----------------|------|-----------------|-----------------|------|
| Urgency | Oct 2019 Actual | Oct 2022 Actual | % | Nov 2019 Actual | Nov 2022 Actual | % | Dec 2019 Actual | Dec 2022 Actual | % |
| All | 9,899 | 8,176 | 83% | 9,553 | 9,195 | 96% | 8,182 | 6,816 | 83% |
| Routine | 6,642 | 4,437 | 67% | 6,548 | 4,779 | 73% | 5,639 | 3,302 | 59% |
| Urgent | 3,257 | 3,739 | 115% | 3,005 | 4,416 | 147% | 2,543 | 3,514 | 138% |

Source: Local monthly management reports, Information Team

New Outpatients – Improvement Actions

- Validation of the outpatient waiting list continues and due to changes with some processes, the impact of the validation is being realised sooner than previously expected. We are working actively with the newly formed National Elective Coordination Unit (NECU) to identify opportunities for patients to be treated out

with NHS Ayrshire & Arran. Mutual aid support is in place for Neurology. Discussions are underway regarding support for Diabetes and Endocrinology.

- A specific programme of work is underway in Gastroenterology to identify the required investment in the wider multi-disciplinary team which would enable the implementation of national pathways. A plan to introduce an insourcing contract to assist with reducing the number of long waiting patients is in progress.
- The Bone Metabolism service, which has been paused for several years, has been re-established and is dealing with the longest waiting patients.
- A number of clinical specialties have already introduced new ways of working, including Enhanced Triage/Active Clinical Referral Triage (ACRT) 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.

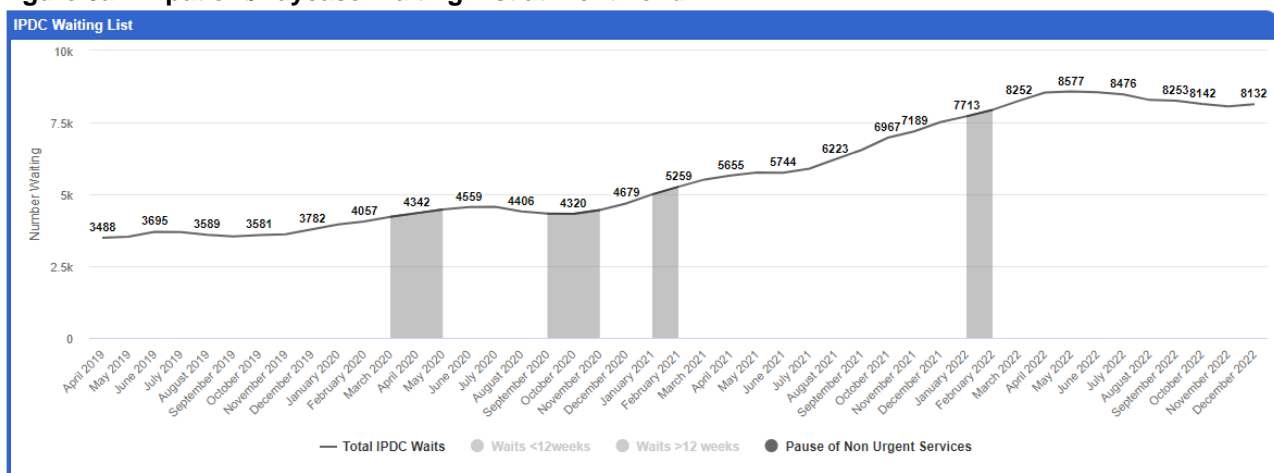
Inpatient/Daycases

Inpatient/Daycases – Waiting Lists and new targets

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. The allocation of operating theatre capacity based on clinical priority has affected some surgical specialties more than others.

Following a reducing trend from a peak at May 2022 to November 2022, the total waiting list for Inpatients/Daycases has increased slightly to 8,132 at December 2022 (Figure 6a). The temporary pause in inpatient elective care from 9th January 2023 will likely have an impact on the future waiting list and the ability to meet the new targets.

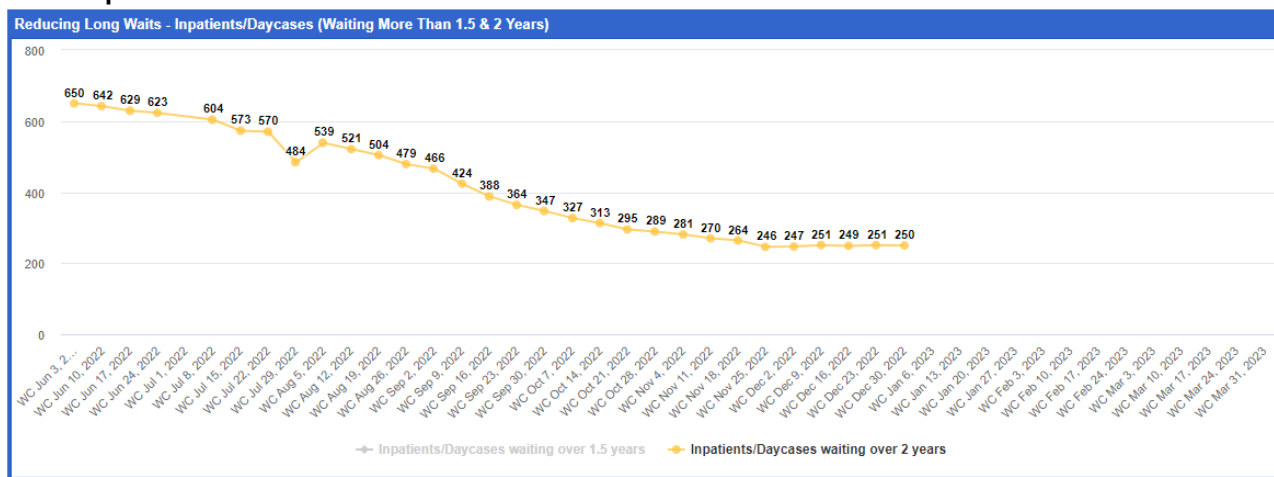
Figure 6a – Inpatient/Daycase Waiting List at month end



Source: Local monthly management reports, Information Team

The initial new waiting times target to eliminate long waits for Inpatients and Daycases was for no patients to be waiting over 104 weeks (2 years) by the end of September 2022. At the end of September 2022, 347 patients were waiting over 104 weeks (Figure 6b). This has since reduced further to 250 at week commencing 30th December 2022.

Figure 6b –Total number of inpatients and daycases waiting more than 104 weeks (two years) at weekly Census point



Source: Local weekly management reports, Information Team

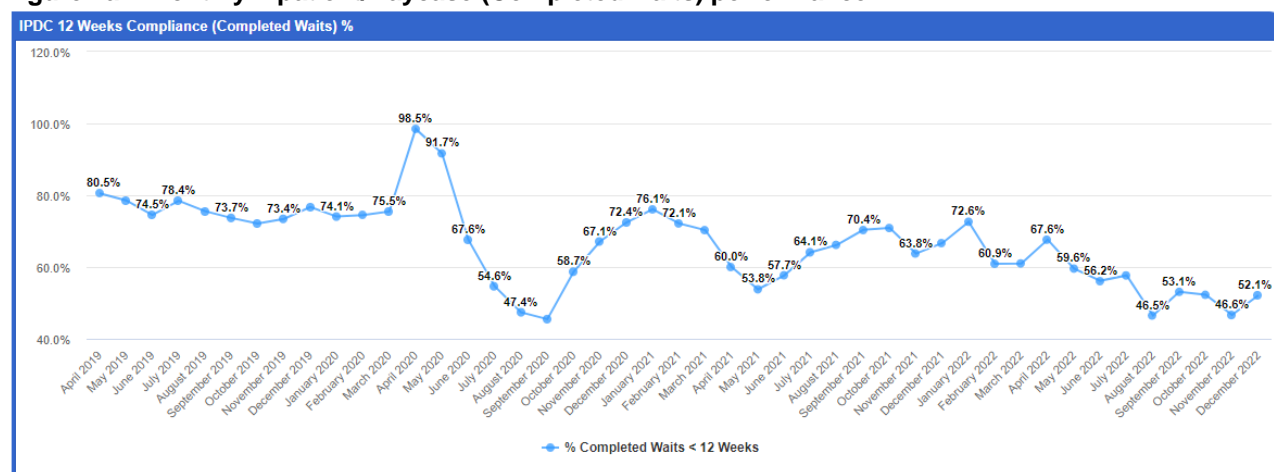
The next waiting times target is to eliminate 18 month long waits for Inpatients and Daycases in most specialities by September 2023. Progress against this target will be reported in future iterations of this paper.

Inpatient/Daycases – Compliance and Benchmarking

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 52.1% at December 2022 (Figure 7a). This is however an increase from 46.6% in November 2022.

The levels in January 2022, and April – June 2020 should be considered in the context that all non-urgent elective surgery was paused, therefore reducing the number of patients seen in that month.

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



Source: Local monthly management reports, Information Team

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 that following a gradual increasing trend from July 2022 to November 2022,

compliance against the 100% target remains relatively static with levels of 29.5% in December 2022 (Figure 7b).

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



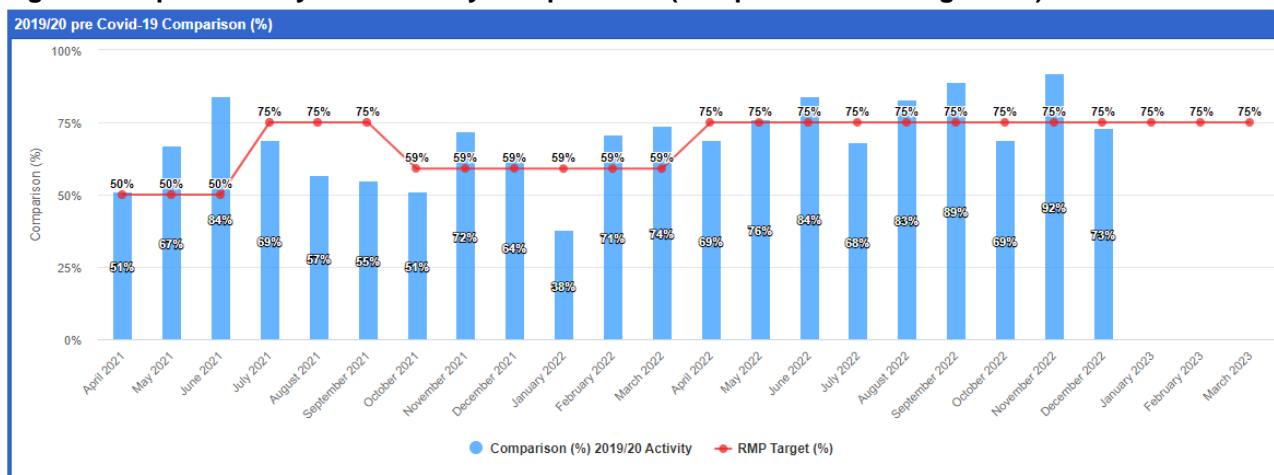
Source: Local monthly management reports, Information Team

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

Inpatient/Daycases – Remobilisation

Although the ADP has replaced Remobilisation Plans, we continue to monitor trajectories and activity compared to pre-COVID-19 levels under the banner of RMP. In December 2022, NHS Ayrshire & Arran had remobilised 73% of Inpatient/Daycase activity compared to December 2019, which is slightly lower than 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 199% in Urgent categories in December 2022 compared to December 2019 (Table below).

| Inpatient/Day case Activity – All Specialties | 31-Oct-22 | | | 30-Nov-22 | | | 31-Dec-22 | | |
|---|-----------------|-----------------|------|-----------------|-----------------|------|-----------------|-----------------|------|
| Urgency | Oct 2019 Actual | Oct 2022 Actual | % | Nov 2019 Actual | Nov 2022 Actual | % | Dec 2019 Actual | Dec 2022 Actual | % |
| All | 1,709 | 1,180 | 69% | 1,583 | 1,462 | 92% | 1,420 | 1,035 | 73% |
| Routine | 1,437 | 741 | 52% | 1,336 | 913 | 68% | 1,182 | 562 | 48% |
| Urgent | 272 | 439 | 161% | 247 | 549 | 222% | 238 | 473 | 199% |

Source: Local monthly management reports

Inpatients/Daycases – Improvement Actions

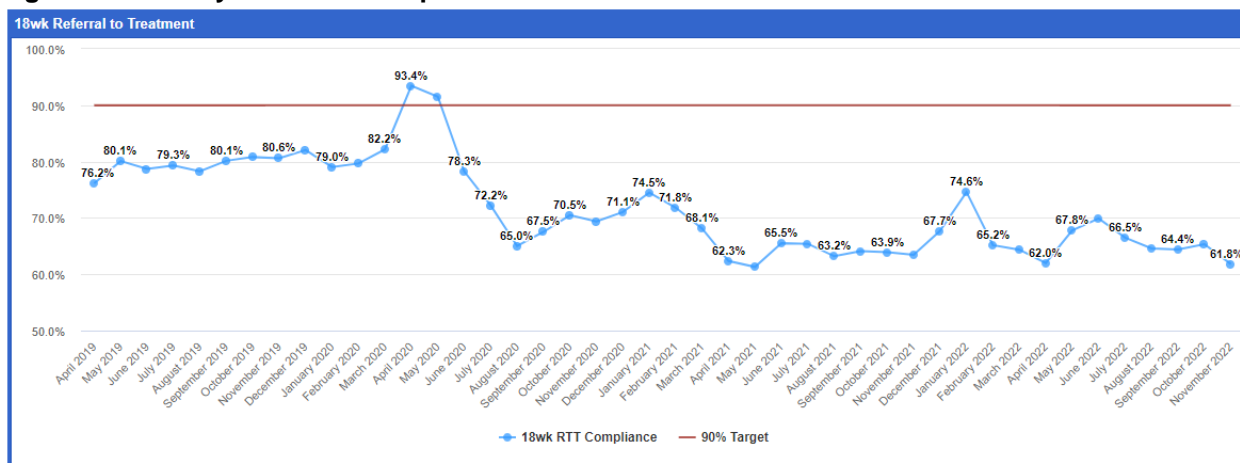
- Work is continuing to maximise capacity and ensure that waiting lists undergo administrative validation, and clinical validation where clinical capacity allows.
- We are working actively with the newly formed National Elective Coordination Unit (NECU) to identify opportunities for patients to be treated out with NHS Ayrshire & Arran. Support is already in place to help with the Urology and Vascular waiting lists.
- Routine Orthopaedic surgery is now underway within UHA and throughput has recently increased, following the regional Vascular service reconfiguration which has resulted in a further theatre to be available for Orthopaedic patients.
- Discussions are ongoing in relation to increasing day case recovery space within UHC. Following a recent walk-round, and after some estates works, there will be capacity to increase recovery beds to 16-20 beds. This will bring it back closer to pre-pandemic levels.

18 week Referral to Treatment

18 week Referral to Treatment – Compliance and Benchmarking

The target for 18 week Referral to Treatment (RTT) compliance is 90% and Local management information indicates that compliance has reduced to 61.8% at November 2022, the lowest level since May 2021 (Figure 9). Levels exceeded the target in April 2020, May 2020 and reached 74.6% in January 2022 however this performance 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

Based on the latest published benchmarking data from Public Health Scotland that reports on quarter ending September 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

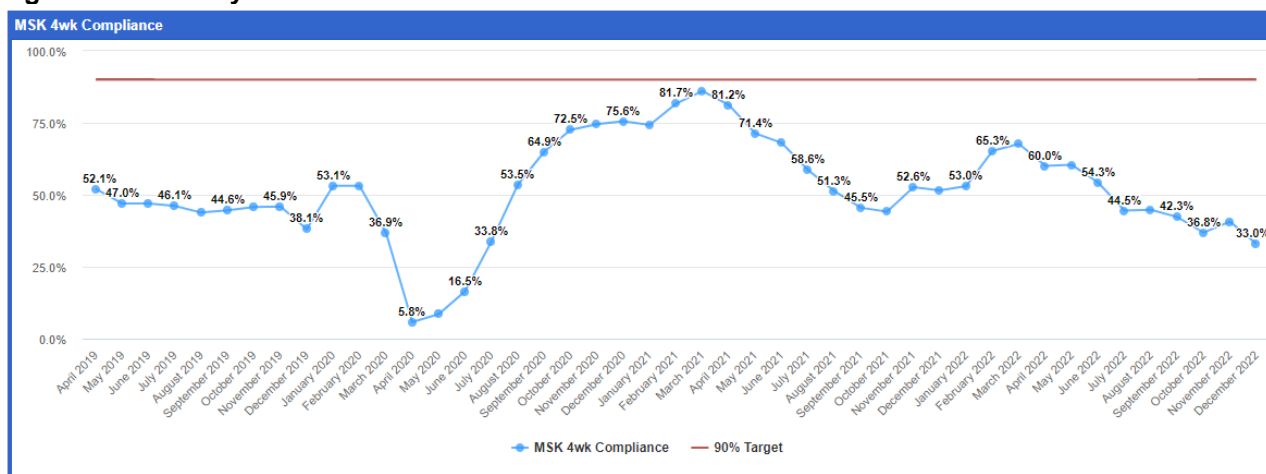
- Compliance against the 18 Week RTT target of 90% continues to be affected by the measures put in place to effectively and safely manage the pressures of COVID-19. Achieving the standard depends on waiting times for diagnostic tests, new outpatient appointments and inpatient/daycase treatment.

Musculoskeletal Services (MSK)

Musculoskeletal Services (MSK) – Compliance

Local management information highlights that following an increase at November 2022, compliance against the MSK target of 90% has decreased to its lowest position since June 2020, with levels of 33.0% reported at December 2022 (Figure 10).

Figure 10 – Monthly MSK Performance



Source: Local Information Team Reports

Musculoskeletal Services (MSK) – Benchmarking



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

Musculoskeletal – Improvement Actions

- There has been an increase in cancellations and rescheduled appointments which has an impact on available capacity. Face to Face consultations capacity increased from 1st September 2022 with the majority of New Outpatient appointments being face to face as New Telephone appointments were being followed by Face to Face appointments to appropriately objectively assess patients which should reduce the amount of consultations needed. Flexible diaries are now being implemented to allow conversion of consultation appointments to virtual, telephone or face to face to facilitate appropriate consultations and maximise capacity.

- Patient Initiated Reviews, opting in for new appointments and Active Clinical Referral Triage are being utilised to optimise efficiency. Referral Criteria has been discussed and acknowledged by the 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 hydrotherapy due to availability and social distancing, has impacted on onward referral routes, increasing the need for individual appointment consultations. Resumption of group or class activity has begun which will improve both effectiveness and efficiency. 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.
- On 1st November 2022 a new and improved pathway for Carpal Tunnel Syndrome across NHS Ayrshire & Arran will be implemented. The key changes will see better utilisation of specialist hand therapist capacity, improved local access in North Ayrshire, and the provision of patient information (and prompt to trial a hand splint) ahead of any appointment which may prevent needing clinical intervention to increase capacity.

2.3.4 Diagnostics

| Diagnostics | | | |
|-------------------------------|--------------------------|---|---|
| National Performance Measures | | | |
| 80.0% Nov 2022 | 68.7% Nov 2021 | of patients were waiting fewer than 6 weeks for Imaging |  100% |
| 47.0% Nov 2022 | 31.1% Nov 2021 | of patients were waiting fewer than 6 weeks for Endoscopy |  100% |
| National Benchmarking | | | |
| 76.5% Sep 2022 | 50.2% Scotland | of patients were waiting fewer than 6 weeks for Imaging | + 26.3 |
| 41.4% Sep 2022 | 39.3% Scotland | of patients were waiting fewer than 6 weeks for Endoscopy | + 2.1 |

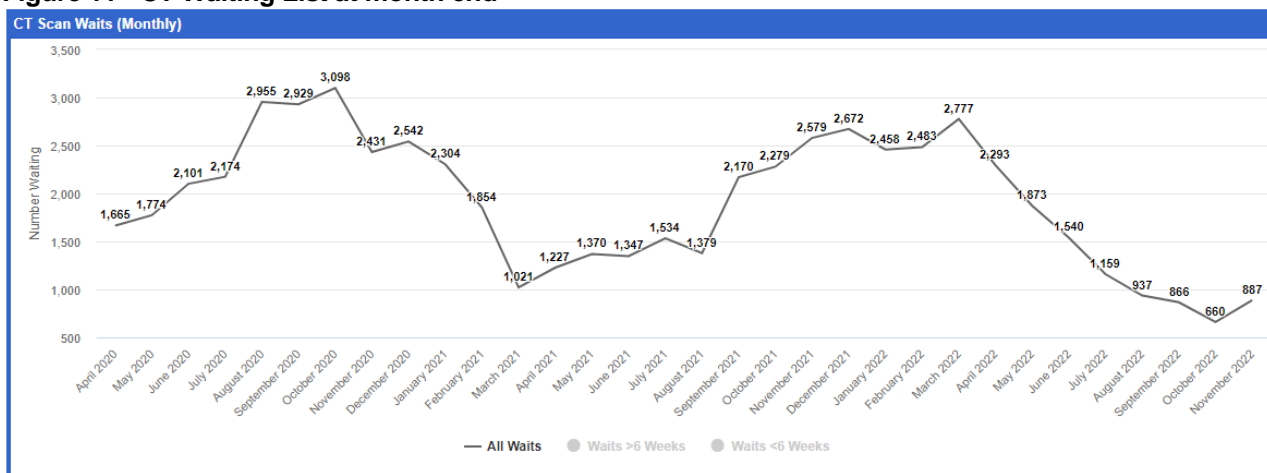
Diagnostic services have also been significantly impacted by social distancing requirements and reduced patient throughput due to national infection control protocols.

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

Imaging – Waiting lists and compliance

The total number of patients waiting for a CT scan has increased for the first time since March 2022 (Figure 11), while there has also been an increase in the number of patients waiting for an MRI scan (Figure 12). This is due to a continued high level of demand from unscheduled care, particularly at UHC, and an increase in complex examinations having an impact on available capacity.

Figure 11 - CT Waiting List at month end



Source: Local monthly management reports, Information Team

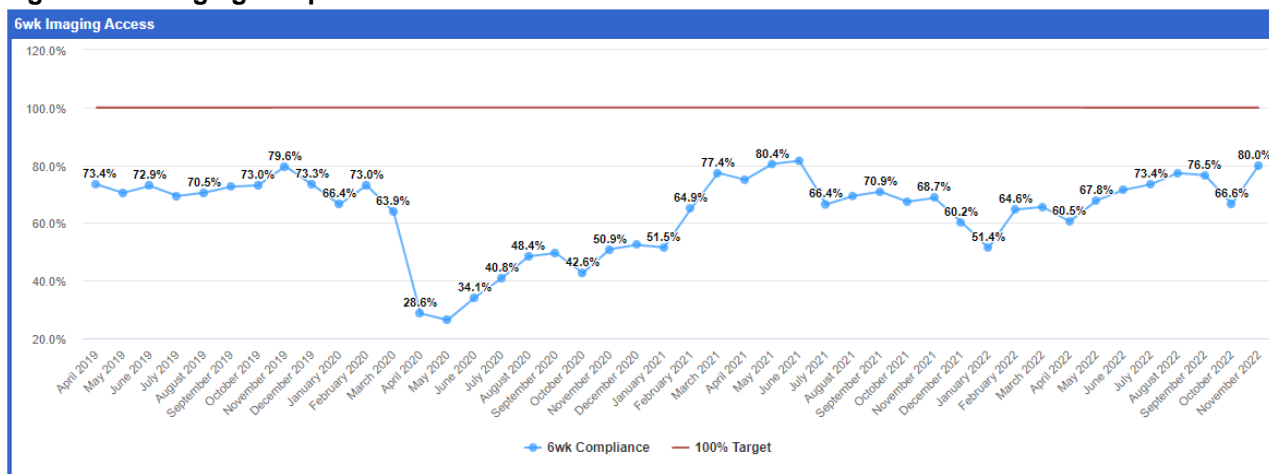
Figure 12 - MRI Waiting List at month end



Source: Local monthly management reports, Information Team

Local management information highlights that with the exception of October 2022, there has been a general increase in compliance levels against the 6 week Access Target for Imaging. Compliance has risen from 51.4% at January 2022 to 80.0% at November 2022. This is the first time since June 2021 that compliance has reached 80% (Figure 13).

Figure 13 – Imaging compliance Performance



Source: Local monthly management reports, Information Team

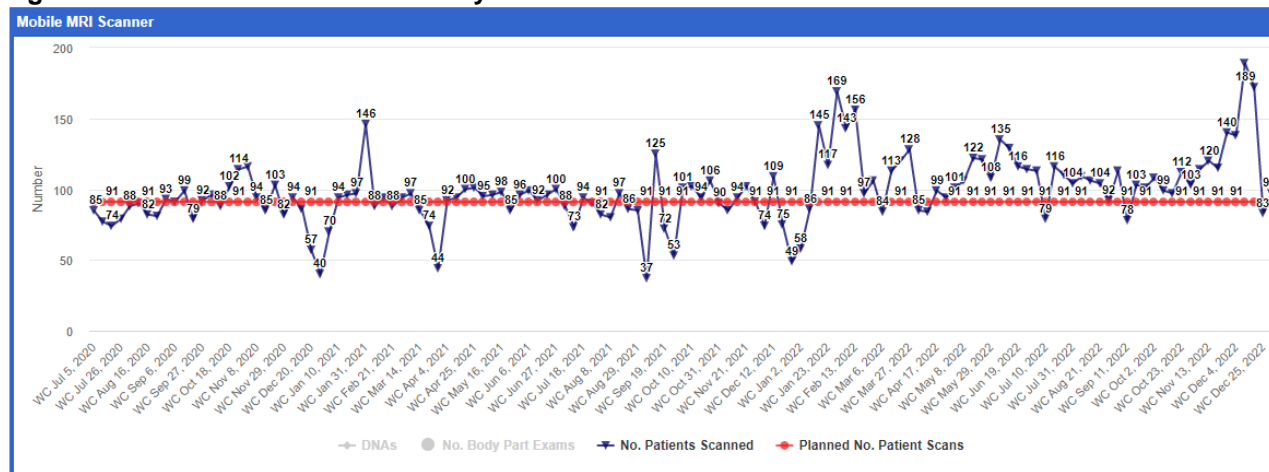
Imaging (MRI, CT, Non-obstetric ultrasound, Barium Studies) – Benchmarking

The latest published benchmarking data from Public Health Scotland for September 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 substantially 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 three months. It should however be noted that the two permanent MRI scanners will also have a period of downtime during this period to allow for upgrading, and so overall this may result in a dip in performance.
- Ultrasound (US) 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 Golden Jubilee National University Hospital (GJNUH) has been reduced to help other boards with their waiting times pressures, however MRI and US capacity continues.
- International recruitment of Radiographers has commenced, with 5 candidates due to start in February 2023.

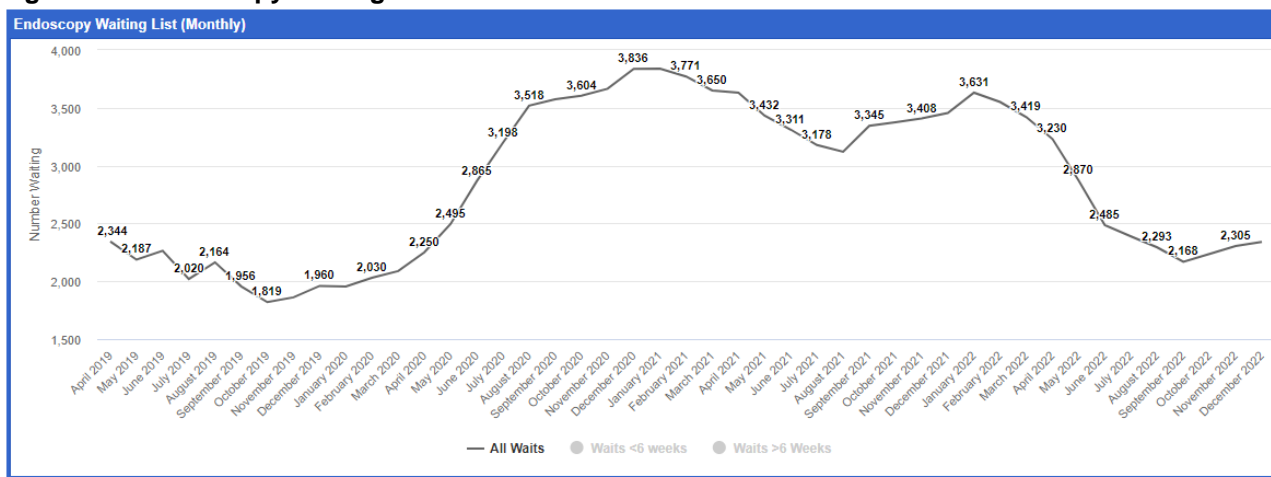
Endoscopy (Upper, Lower Endoscopy, Colonoscopy, Cystoscopy)

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.

Endoscopy – Waiting lists and compliance

The total number of patients waiting for an Endoscopy have shown a further increase, from 2,305 at November 2022 to 2,341 at December 2022 (Figure 15).

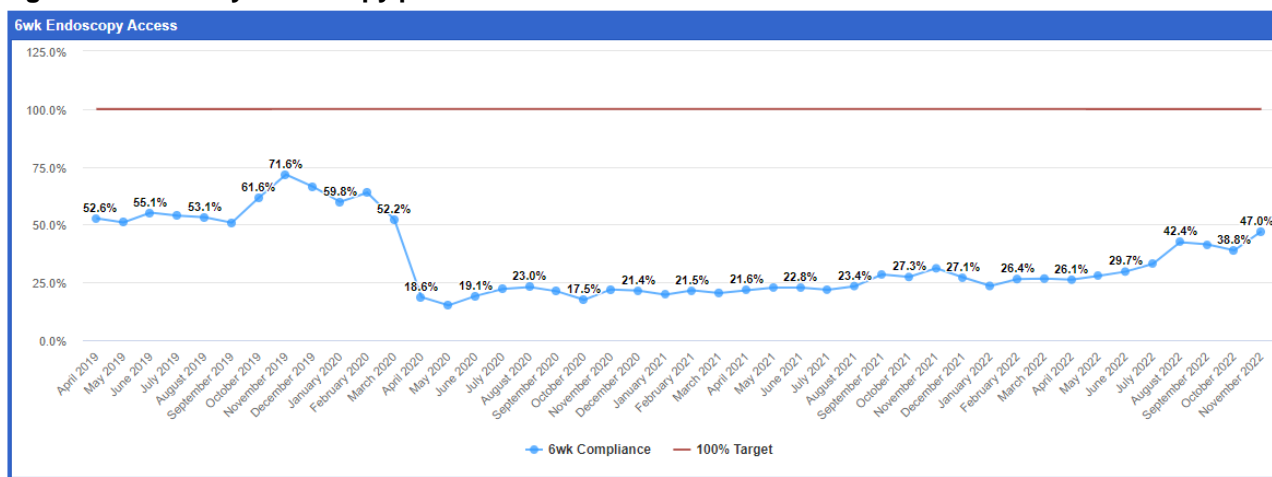
Figure 15 – Endoscopy Waiting List at month end



Source: Local monthly management reports, Information Team

Local management information highlights that compliance against the 6 week Access Target for Endoscopy has reached its highest level since the start of the pandemic with performance of 47.0% in November 2022 (Figure 16). *Note - December 2022 compliance data was not available at the time of report submission.*

Figure 16 – Monthly Endoscopy performance



Source: Local monthly management reports, Information Team



Endoscopy – Benchmarking

The latest published benchmarking data from Public Health Scotland for September 2022 shows that compliance for Endoscopy was higher 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 has encountered significant delays and work has still to be undertaken. Additional capacity will be available once work is completed.
- Colon Capsule Endoscopy (CCE) and Cytosponge have been implemented, and work is ongoing to consider how these alternative procedures can be increased. 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 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 | | | |
| 82.1% Nov 2022 | 81.5% Nov 2021 | of patients with suspicion of cancer started treatment within 62 days of initial referral |  95% |
| 100.0% Nov 2022 | 96.5% Nov 2021 | of patients with a Cancer diagnosis started treatment within 31 days following decision to treat |  95% |
| National Benchmarking | | | |
| 75.7% QE Sep 2022 | 74.7% Scotland | of patients with suspicion of cancer started treatment within 62 days of initial referral | + 1.0 |
| 99.1% QE Sep 2022 | 94.3% Scotland | of patients with a Cancer diagnosis started treatment within 31 days following decision to treat | + 4.8 |

62 Day Urgent Suspicion of Cancer

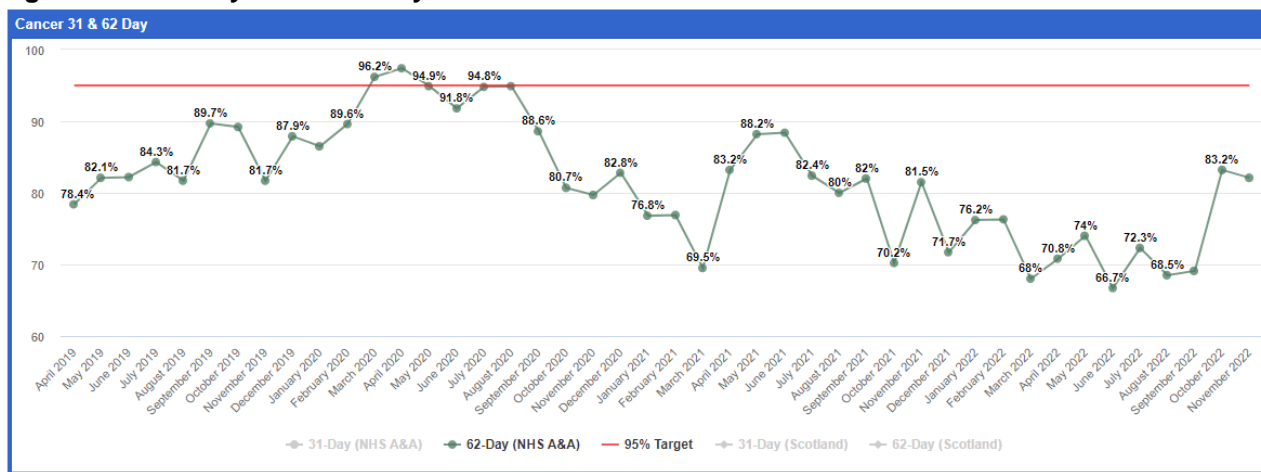
62 Day Urgent Suspicion of Cancer – Compliance

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. Further service remobilisation did begin to demonstrate improved 62-day target performance. However system and staffing pressures which reduced diagnostic capacity and delays in pathology, contributed to lower levels of performance. Performance has however shown improvement from 69.1% at September 2022 to 82.1% at November 2022, the second time performance has been higher than 80% since November 2021 (Figure 17).

Performance continues to be challenged by the continued and notable increase in the number of Urgent Suspicion of Cancer (USC) referrals which have shown a sustained increase of approximately 35% since before the pandemic. Despite this increase in referrals, there has been no increase in the diagnosis of cancer being recorded at this time which causes concern.

Figure 17 – Monthly Cancer 62 day Performance



Source: Public Health Scotland and Local Information Team Reports

62 Day Urgent Suspicion of Cancer - Benchmarking

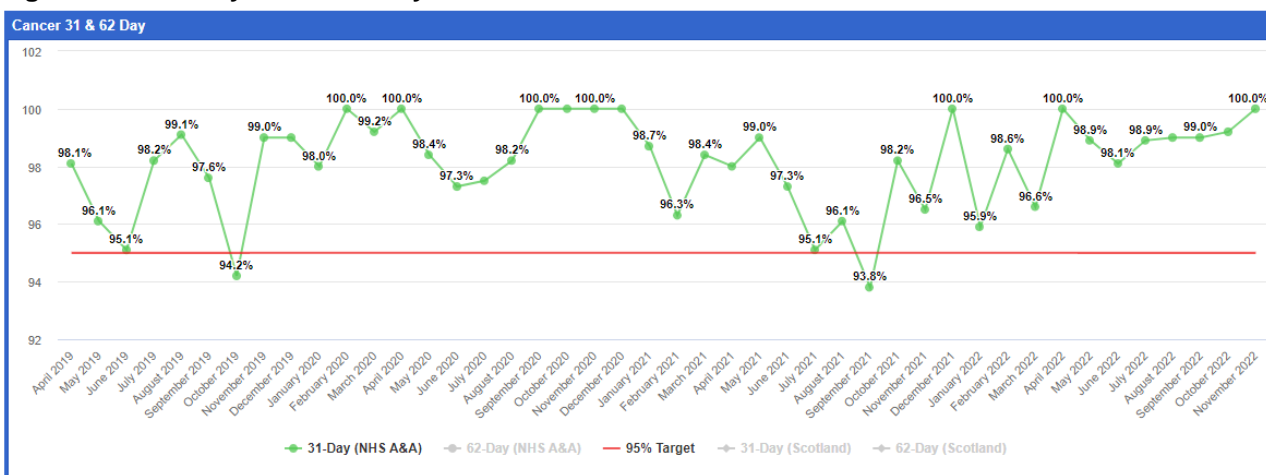
The latest published benchmarking data for quarter ending September 2022 indicates that compliance against the 62 day Cancer target of 95% is higher across NHS Ayrshire & Arran compared to the Scotland average.

31 Day Cancer Treatment

31 Day Cancer Treatment – Compliance

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 November 2022 was 100.0% (Figure 18).

Figure 18 – Monthly Cancer 31 day Performance



Source: Public Health Scotland and Local Information Team Reports




31 Day Cancer Treatment – Benchmarking

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

Cancer – Improvement Actions

- 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.
- Pathology remains one of the key diagnostic delays. Various actions have been taken to try to mitigate this including locum appointments and outsourcing, however the demand is significantly outstripping the capacity and this has become a notable delay in many cancer pathways.
- The Early Cancer Diagnosis Centre has received 370 referrals up to the end of November 2022 with 15 cancers detected.

2.3.6 Mental Health

| Mental Health | | | |
|-------------------------------|--------------------------|--|--|
| National Performance Measures | | | |
| 63.8% Nov 2022 | 90.4% Nov 2021 | of children and young people started treatment within 18 weeks of initial referral to CAMH services |  90% |
| 91.0% Nov 2022 | 90.5% Nov 2021 | of patients started treatment within 18 weeks of their initial referral for psychological therapy |  90% |
| 98.5% Nov 2022 | 99.5% Nov 2021 | of clients waited less than 3 weeks from referral to appropriate drug or alcohol treatment that supported their recovery |  90% |
| National Benchmarking | | | |
| 81.1% QE Sep 2022 | 67.9% Scotland | of children and young people started treatment within 18 weeks of initial referral to CAMH services | + 13.2 |
| 85.2% QE Sep 2022 | 80.7% Scotland | of patients started treatment within 18 weeks of their initial referral for psychological therapy | + 4.5 |
| 99.2% QE Sep 2022 | 92.2% Scotland | of clients waited less than 3 weeks from referral to appropriate drug or alcohol treatment that supported their recovery | + 7.0 |

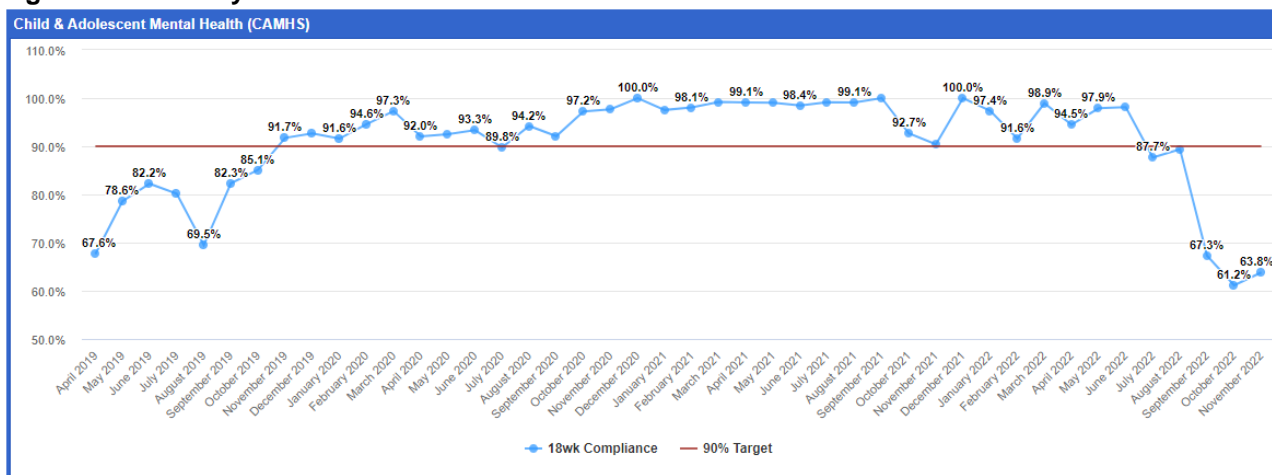
Child and Adolescent Mental Health Services (CAMHS)

CAMHS – Compliance

Local management information shows that following a reduction in compliance to 61.2% at October 2022, the lowest level of compliance recorded in the last 3.5 years, the number of children and young people starting treatment within 18 weeks of initial referral to CAMHS showed a slight improvement at November 2022 at 63.8%. Performance against the target of 90% had previously been consistently met and maintained between November 2019 and June 2022 (Figure 19).

The trend of increased numbers of referrals received into the service since June 2022 has continued on a significant upward trajectory and has shown no sign of abating. There has also been an unprecedented number of Did Not Attends (DNAs) which has resulted in a significant backlog in children and young people awaiting assessment. Referrals are now averaging 266 per month compared with 140 per month over the same period during 2021, with 74% of current referrals for neurodevelopment work. In November 2022, there were 346 referrals in one month which is a 35% increase from October 2022. This is averaging 15-16 referrals per day when this was the monthly referrals previously. With all mitigations actioned, based on early management information, the service achieved 96.5% compliance in the month of December 2022 despite increased referral rates and peak holiday period. The December 2022 data will be available in the next report to Board members.

Figure 19 – Monthly CAMHS Performance



Source: Local Information Team Reports, Mental Health

CAMHS – Benchmarking

The latest published data for quarter ending September 2022 indicates that compliance levels continue to remain higher across NHS Ayrshire & Arran compared to the Scotland average.

CAMHS – Improvement Actions

- The work of the CAMHS implementation group continues at pace and a robust and assertive mitigation plan has been developed to bring the service back into RTT compliance by January 2023 which includes reprioritisation of caseloads across the three new pathways and revised job plans across the whole Multidisciplinary Team (MDT) to maximise clinical time.
- The reduction of beds at Skye house continues to have an impact on team capacity and this has been factored into workplans and caseload prioritisation. The mitigation plan will also enable testing new systems, protocols and pathways particularly for neurodevelopment work which is the greatest area of challenge.
- The N-CAMHS (neurodevelopmental CAMHS) team continues to work on pathways and processes to provide smooth transition between teams and reduce the need for duplication and providing differing levels of assessment as required for young people waiting for a neuro assessment.
- The pathway within N-CAMHS provides greater clarity and transparency of the number of young people waiting for a neurodevelopmental assessment whilst also highlighting the number of young people who would not meet the criteria as

set out by the Scottish Government National Neurodevelopmental Specification 2021.

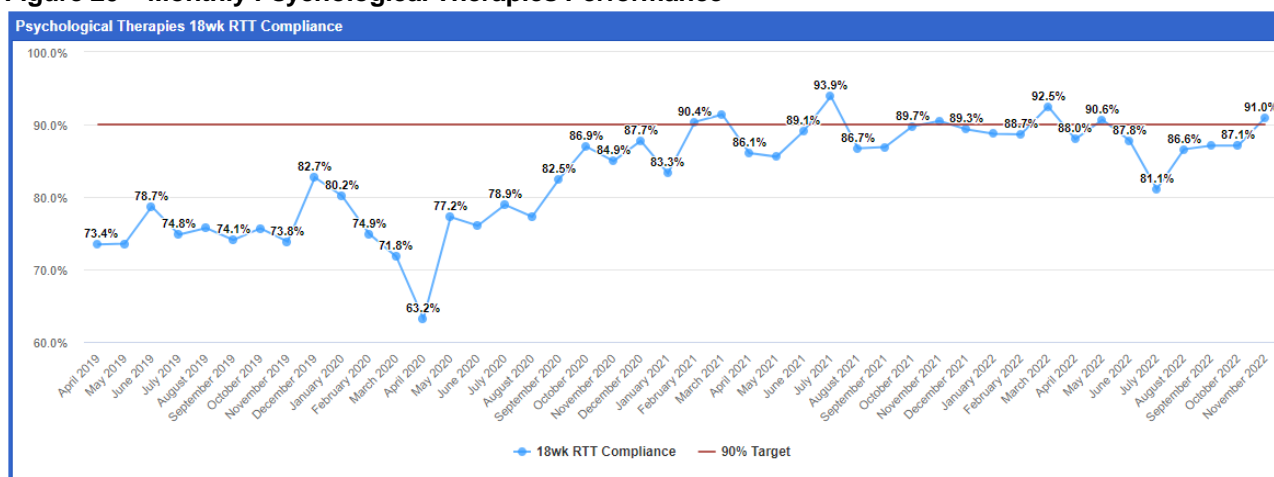
- All of the Band 6 charge nurse posts have been recruited to for the CAMHS Unscheduled and Intensive Treatment (CUAIT) and the team have commenced a 7 day working pattern. CUAIT were unsuccessful in appointing to Band 5 staff nurse posts and these will be advertised in January 2023.
- There has been a 35% increase in demand and our Data analyst is supporting the team to match capacity with demand going forward and anticipating changes within referral trends.

Psychological Therapies

Psychological Therapies – Compliance

Local management information shows that waiting-times compliance for Psychological Therapies has exceeded the target of 90% for the first time since May 2022, with 91.0% at November 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 September 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 CAMHS and parts of our AMH 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 and development of assessment and treatment where appropriate. 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 has 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.

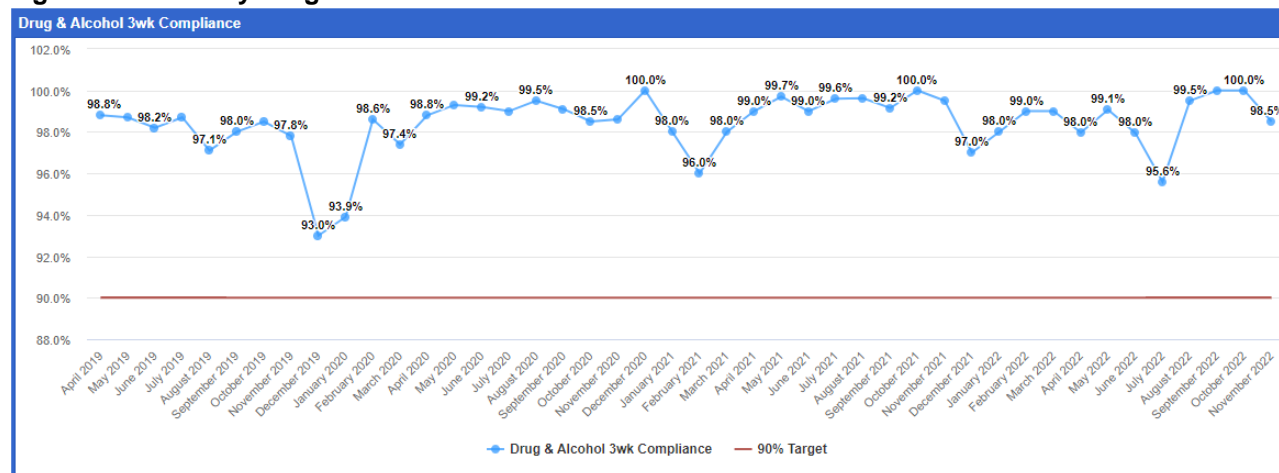
Data Systems - Development of data systems (TrakCare and CarePartner) for Psychological and wider Mental Health Services to improve accuracy in reporting and access to service data to inform on demand capacity analyses and clinical outcomes.

Drug and Alcohol Treatment

Drug and Alcohol Treatment – Compliance

Local management information shows that compliance levels at November 2022 continue to exceed the target of 90% with performance of 98.5% (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 September 2022 indicates that compliance for Drug and Alcohol Treatment remains higher across NHS Ayrshire & Arran compared to the overall rate for Scotland.

Alcohol and Drugs Waiting Times – Improvement Actions

North Ayrshire

- Improvement actions are being implemented with regard to the recently approved North Ayrshire Medication Assisted Treatment (MAT) standards Implementation Improvement Plan. Access to the MAT interventions has now been expanded to cover all North Ayrshire localities and these interventions are now available 5 days a week. Business cases seeking the identification of funding have been approved in relation to essential GP and Pharmacy expansion to support the delivery of the MAT standards. Progress reports continue to be submitted to the national MAT support team (MIST).
- An update report has recently been presented to the North Ayrshire IJB in relation to assertive improvement actions to support the prevention of drug and alcohol related deaths. Some of the improvement actions noted include:
 - Increased support to individuals following a Non-Fatal Overdose.
 - Increased promotion and supply of Naloxone.
 - Steering Group meetings arranged to focus on improvement actions to ensure that there is increased support for individuals with a 'co-existing mental health condition and problem substance use';
 - Compliance with all Alcohol and Drug 'Access to Treatment' waiting times standards.
 - Continued promotion and availability of drug and alcohol related training
 - Promotion and delivery of Alcohol Brief Interventions (ABI) across priority and non-priority settings whilst continuing to meet the ABI national standards
- The H&SCP have been fully involved in supporting Phoenix Futures to open a new residential rehabilitation facility in North Ayrshire (Harper House) to support families affected by drug and alcohol use. The official opening was held on 21st November 2022 and in the last few weeks 6 families have been supported to access Harper House.

East Ayrshire

- **East Ayrshire** Alcohol and Drugs Partnership continue to make progress in developing a Recovery Oriented System of Care. This includes the single access point for **Rapid Access to Drug and Alcohol Recovery** services (RADAR). This combines NHS and commissioned treatment and psychological and social support services under one same / next day assessment and treatment umbrella. Some staffing challenges have been experienced across the Addictions Team, but recruitment is almost complete, which will see the team back up at full complement. The dedicated Residential Rehab Social Worker, continues to work with individuals during the pre and post residential rehab phase.
- Funding received from the CORRA Foundation has been used to create a Recovery Hub in Kilmarnock. The Hub, on John Finnie Street, opened in August 2022, and is supported by a Centre Manager, a Development Manager, and a range of volunteers
- The team of Community Recovery and Engagement Workers (CREW), also known as peers, is continuing to expand, creating networks and recovery support groups across the towns and villages of East Ayrshire. This is supported by

EARN (East Ayrshire Recovery Network), which links together all the organisations, individuals and stakeholders involved in recovery.

- Plans are underway, in partnership with Ayrshire College and third sector organisations, to create a Recovery College for East Ayrshire. This pilot builds on the training and volunteering pathways that already exist, and is based on the model offered in South Ayrshire. The College offers up to 28 individuals per year, the opportunity to access a tailored education programme, to build confidence, skills and readiness for work. Individuals will be supported by course tutors and dedicated peer workers who will offer intense support.
- Work is underway to engage with the recovery community to create Lived and Living Experience Panels. A number of engagement events have already taken place and it is anticipated that these panels will elevate and amplify the voice of lived experience in all aspects of the ADPs work.

South Ayrshire

- **South Ayrshire** Community alcohol and drugs service, known as START (**South Ayrshire Treatment And Recovery Team**), have continued providing medication access clinics, extending this to five days per week, across five different clinics across South locality, 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. 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 was agreed with MIST, which enabled the recruitment and 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. Staffing levels remain subject to change. This is in due to some of our recruitment challenges, in particular in relation to nursing staff which is exacerbated by ongoing maternity leave and staff attrition within the service and the wide range of employment opportunities across mental health. To date the MAT standards funding which was previously confirmed by SG has not been received by the service and as such the Service is still recruiting in an overspend position. The financial risk associated with this recruitment process is mitigated by planned and expected staff turnover. A review of the medication access clinics will continue to be appraised with any potential improvements or developments 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 Steering group is meeting on a pan-Ayrshire basis and has recently considered improvement proposals in relation to Primary Care however it was acknowledged that any additional service provided within the Primary Care setting will require additional investment. The South Ayrshire MAT Improvement plan is due for

submission in January 2023 and reflects both actions within the pan-Ayrshire as well as specific actions relating to South Ayrshire.

- 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 for adults aged 18 to 65 years of age. Recruitment is planned with further investment however allocation for 2022/23 has been paused and therefore plans to extend the service to people over 65 years of age has not taken place. This additional investment was expected from the Primary Care Mental Health and Wellbeing funding however this has not been received to date and as such further developments have not taken place.

2.3.7 Unscheduled Care

Services across the whole health and care system remain under extreme pressure. Patients are presenting at our Emergency Departments and Combined Assessment Units with complex acute needs which have resulted in high occupancy rates and extended lengths of stay. These issues, combined with higher levels of delayed discharges, staff absence and continuing infection control measures have added to the complexity of managing patient flow.

In urgent and emergency care services, we are triaging each patient attending our Emergency Departments and our clinical teams prioritise on clinical need. We are working closely with partners across all emergency services, including our colleagues in the Scottish Ambulance Service and primary care, to anticipate and mitigate against delays wherever possible.

We continue to focus on the decongestion of our acute and community hospitals, which will help us relieve the pressure in our Emergency Departments (ED) and Combined Assessment Units (CAU). To reduce the risk of these waits, we will continue to optimise moving patients to wards at the earliest opportunity to help alleviate pressure at peak time.

Unscheduled Care

National Performance Measures

| | | | |
|--------------------------|--------------------------|--|--|
| 7,459 Dec 2022 | 6,617 Dec 2021 | unscheduled attendances at Emergency Departments | |
| 62.1% Dec 2022 | 74.4% Dec 2021 | of unscheduled ED attendees were treated, admitted or discharged within 4 hours of arrival |  95% |
| 858 Dec 2022 | 412 Dec 2021 | ED attendees waited over 12 hours to be treated, admitted, or discharged | |

Local Performance Measures

| | | | |
|--------------------------|--------------------------|---|--|
| 2,908 Dec 2022 | 2,984 Dec 2021 | presentations to Combined Assessment Units | |
| 1,727 Dec 2022 | 1,776 Dec 2021 | Emergency admissions to medical or surgical wards following attendance at ED or CAU | |

National Benchmarking

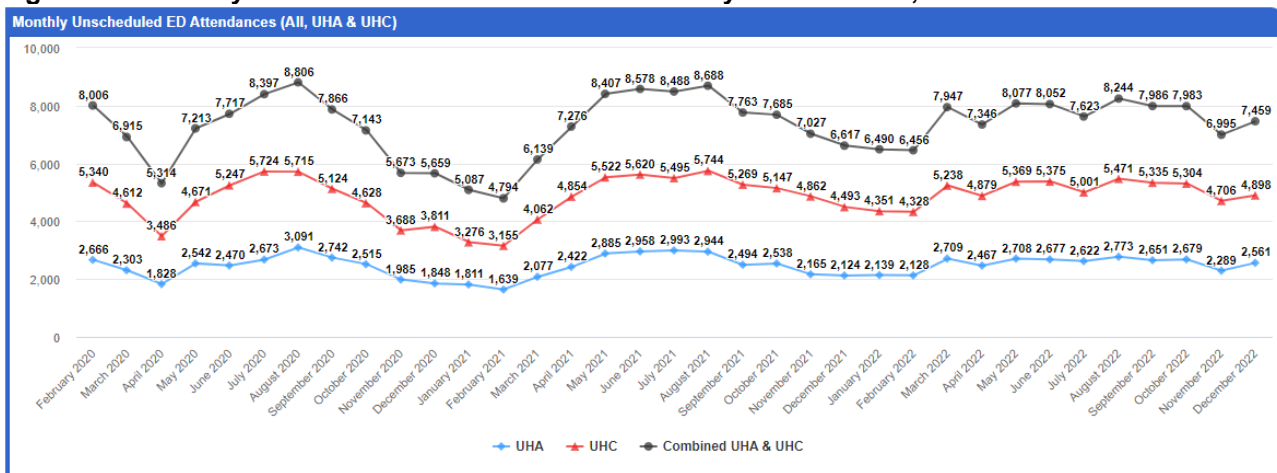
| | | | |
|--------------------------|--------------------------|--|--------------|
| 65.7% Nov 2022 | 64.1% Scotland | of unscheduled ED attendees were treated, admitted or discharged within 4 hours of arrival | + 1.6 |
|--------------------------|--------------------------|--|--------------|

Emergency Department (ED)

ED Attendances

Local management information shows that in December 2022, there were a higher number of Unscheduled ED attendances across NHS Ayrshire & Arran compared to December 2021. In general, Unscheduled ED attendances are at a monthly average of 7,555 for calendar year 2022, compared to 7,212 for the same period in 2021 (Figure 22 and Table below).

Figure 22 – Monthly unscheduled ED attendances – NHS Ayrshire & Arran, UHA and UHC



Source: Local Information Team Reports

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

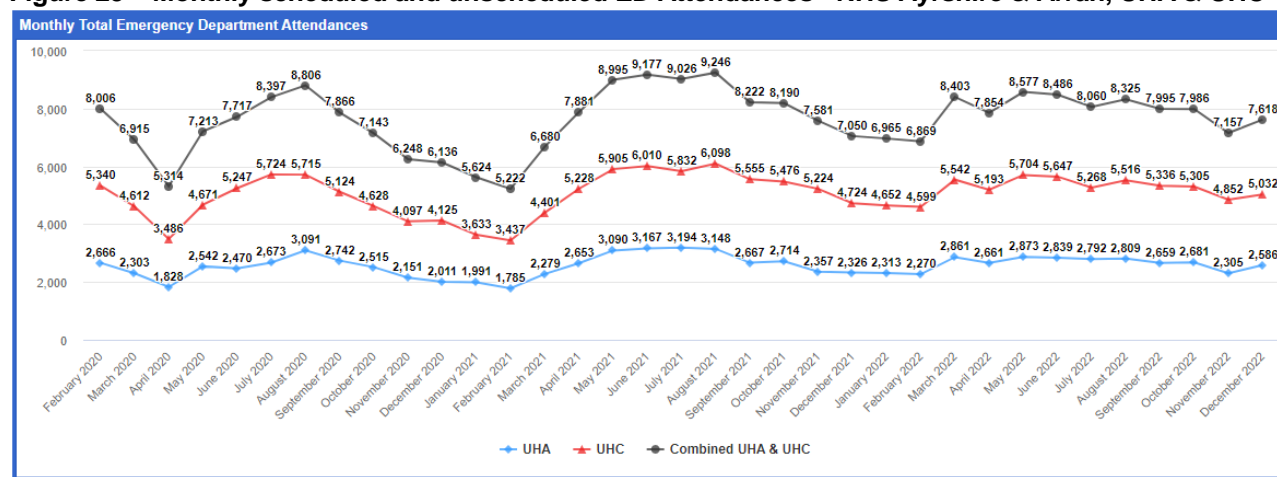
| Monthly average of Unscheduled ED Attendances | Jan – Dec, 2019 (pre-COVID-19) | Jan – Dec, 2021 | Jan – Dec, 2022 |
|---|--------------------------------|-----------------|-----------------|
| NHS Ayrshire & Arran | 9,570 | 7,212 | 7,555 |

Source: Local Information Team Reports

Note – Between early August 2022 and mid-November 2022, a technical issue with the national Adastra system affected the accurate recording of scheduled ED attendances. As such, the majority of attendees who would otherwise have been categorised as ‘scheduled’ were captured as ‘unscheduled’ attendances. For information purposes, between January 2022 and July 2022, there were an average of 461 scheduled attendances across NHS Ayrshire & Arran each month.

When considering the total volume of activity within the EDs, including all scheduled and unscheduled attendances (Figure 23), there were a total of 7,618 attendances at the EDs in December 2022, compared to 7,050 in December 2021. All ED attendances on average have increased to a monthly average of 7,858 between January 2022 and December 2022, compared to 7,741 in the same period in 2021 (Figure 21 and Table below). Despite this increase, ED attendances remain lower than pre-COVID-19 levels.

Figure 23 – 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 December)

| Monthly average of ED Attendances | Jan – Dec, 2019 (pre-COVID-19) | Jan – Dec, 2021 | Jan – Dec, 2022 |
|-----------------------------------|--------------------------------|-----------------|-----------------|
| NHS Ayrshire & Arran | 9,570 | 7,741 | 7,858 |

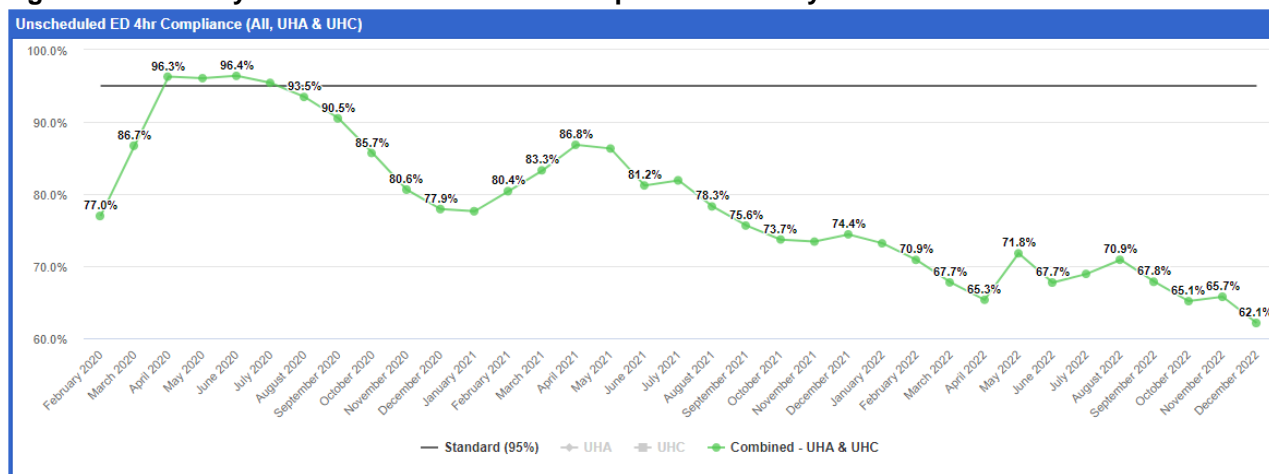
Source: Local Information Team Reports

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 has been steadily decreasing from a recent high of 70.9% in August 2022, down to a low of 62.1% in December 2022 (Figure 24).

Figure 24 – Monthly Unscheduled ED 4 Hour Compliance - NHS Ayrshire & Arran

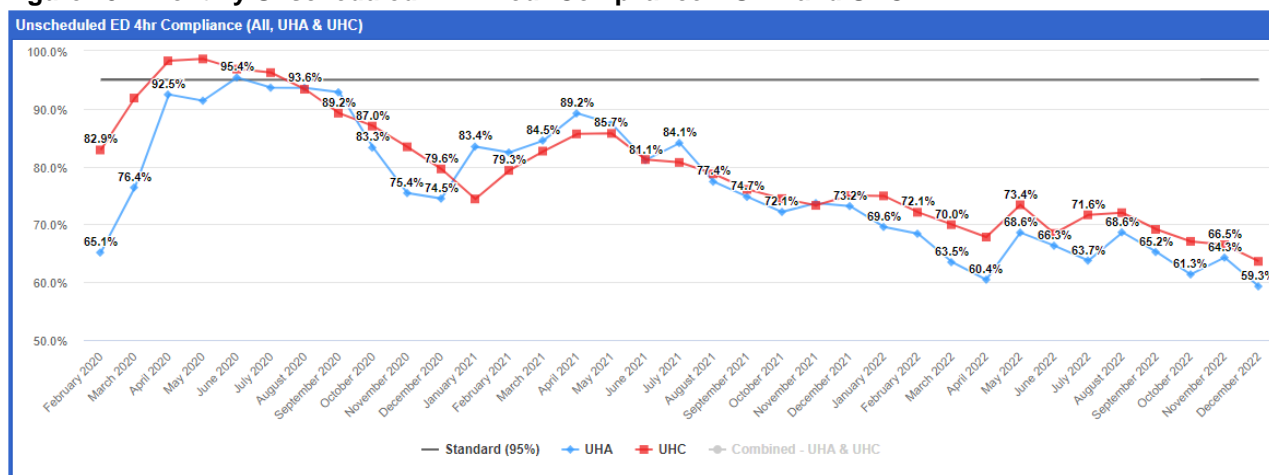


Source: Local Information Team Reports

ED 4-Hour Wait – UHA and UHC Compliance

Following a slight increase at both acute sites in August 2022, compliance against the 4 hour target has steadily decreased at both UHA and UHC, remaining consistently lower at UHA than at UHC over the past 12 months (Figure 25).

Figure 25 – Monthly Unscheduled ED 4 Hour Compliance – UHA and UHC



Source: Local Information Team Reports

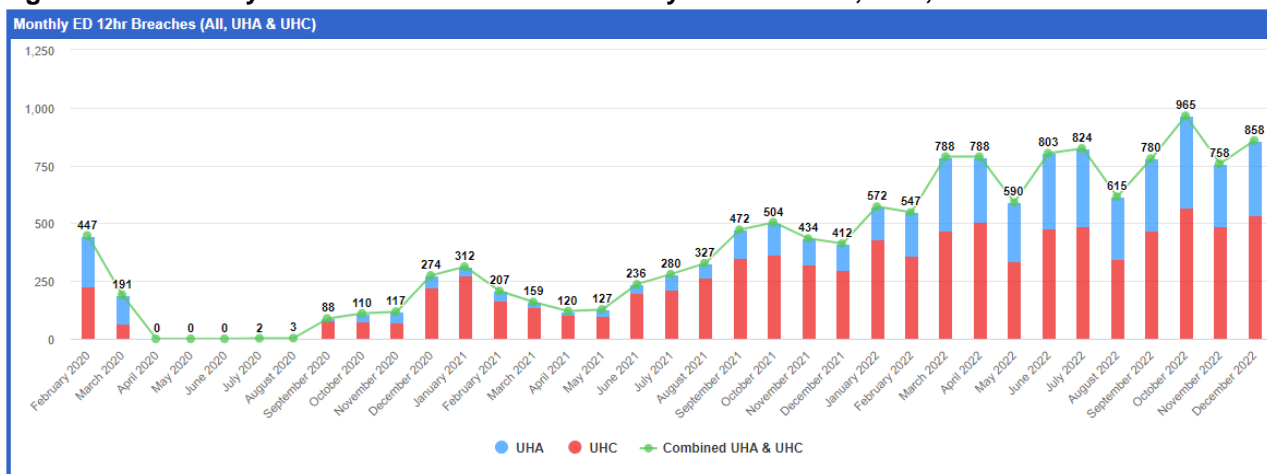
ED 4-Hour Wait – NHS Ayrshire & Arran Benchmarking

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

ED 12 Hour Breaches

The numbers of ED 12 Hour Breaches at Board level increased to an all-time high of 965 in October 2022, decreasing to 858 by December 2022 (Figure 26a).

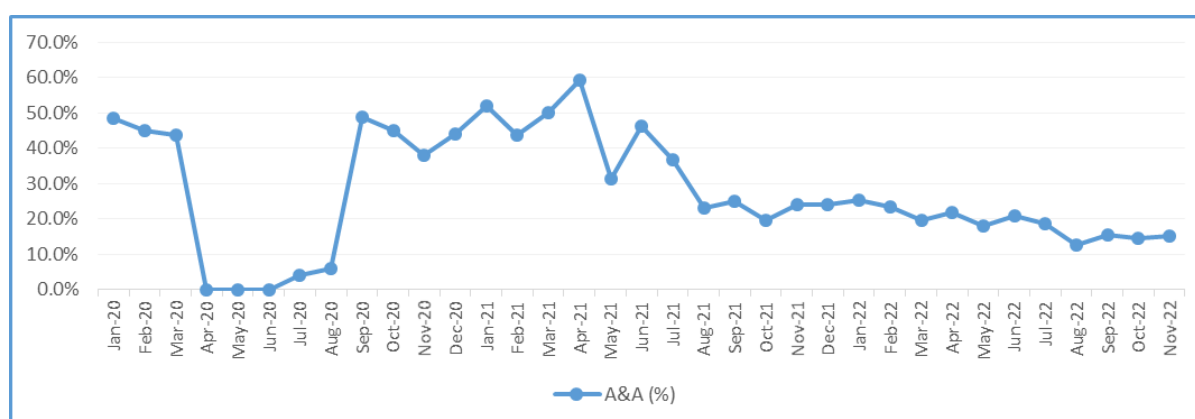
Figure 26a – Monthly ED Waits Over 12 Hours - NHS Ayrshire & Arran, UHA, and UHC



Source: Local Information Team Reports

National published data indicates that ED 12hr breaches for NHS Ayrshire & Arran expressed as a proportion of the total 12hr breaches in Scotland rose to a peak of 59.3% in April 2021 and has steadily decreased since, down to 15.0% as at November 2022 (Figure 26b). This proportion has been on a very gradual downward trend over the past 12 months, indicating that NHS Ayrshire & Arran is less of an outlier in relation to this measure.

Figure 26b – % Monthly ED waits over 12 Hours across NHS Ayrshire & Arran as a proportion of Scotland 12 Hour waits

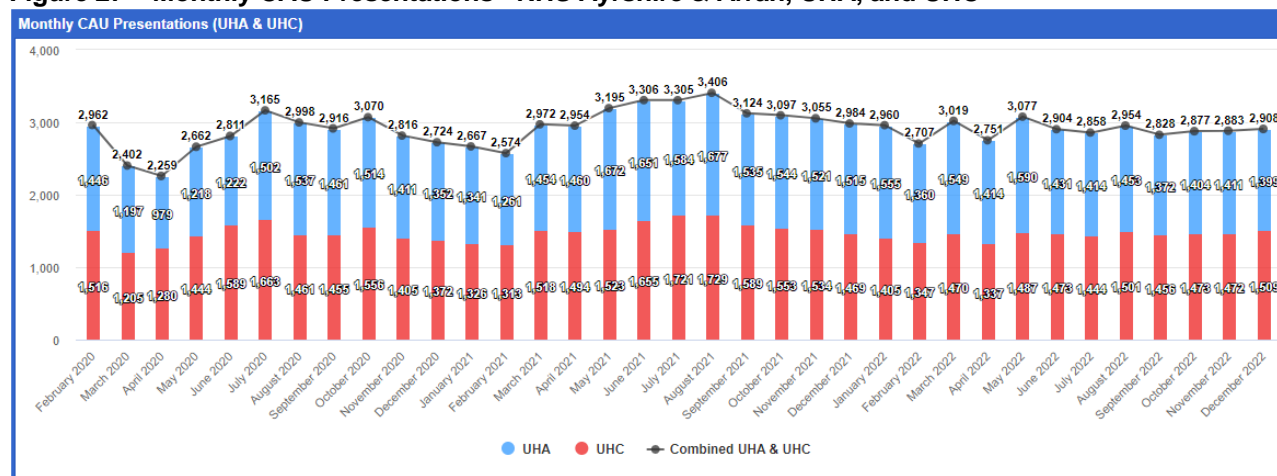


Source: Public Health Scotland

Combined Assessment Unit (CAU) Presentations

Local management information shows that in December 2022, there were fewer CAU presentations across NHS Ayrshire & Arran compared to December 2021. CAU presentations also remain lower than pre-COVID-19 levels.

Figure 27 – Monthly CAU Presentations - NHS Ayrshire & Arran, UHA, and UHC



Source: Local Information Team Reports

Monthly average number of CAU Presentations (January to December)

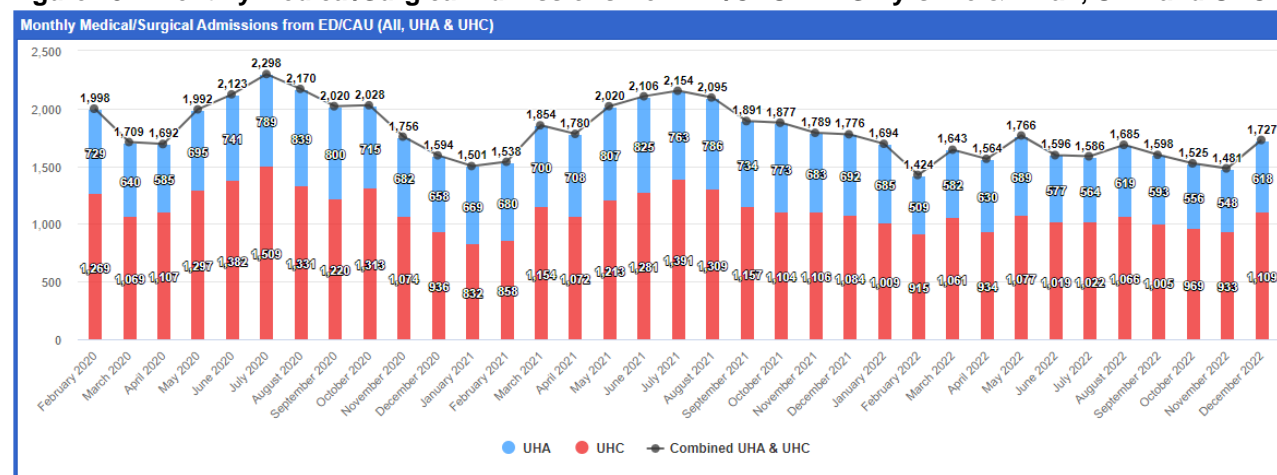
| CAU Presentations | Jan – Dec, 2019 | Jan – Dec, 2021 | Jan – Dec, 2022 |
|-------------------|-----------------|-----------------|-----------------|
| NHS A&A | 3,200 | 3,053 | 2,894 |

Source: Local Information Team Reports

Emergency Admissions

The numbers of Medical and Surgical Inpatient Admissions from ED and CAU are slightly lower at both UHA and UHC in December 2022 when compared to the same month of the previous year (Figure 28). During the period January 2022 to December 2022, there have been 1,607 admissions per month on average, compared to 1,865 per month for the same period the previous year. The pre-COVID-19 average for the same period in 2019 was 2,344 admissions per month.

Figure 28 – Monthly Medical/Surgical Admissions from ED/CAU - NHS Ayrshire & Arran, UHA and UHC



Source: Local Information Team Reports

Monthly average number of Emergency Admissions (January to December)

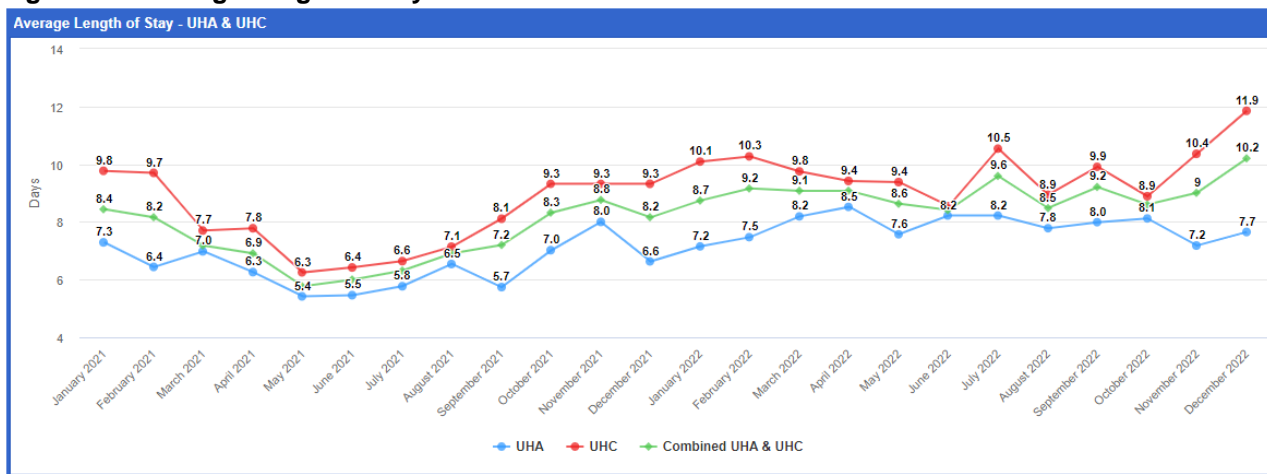
| Total number of Emergency Admissions | Jan – Dec, 2019 (Pre-COVID-19) | Jan – Dec, 2021 | Jan – Dec, 2022 |
|--------------------------------------|--------------------------------|-----------------|-----------------|
| NHS A&A | 2,344 | 1,865 | 1,607 |

Source: Local Information Team Reports

Average Length of Stay

Although there are lower levels of admissions in 2022 compared to 2021, the average length of stay (ALOS) in the summer months of 2022 was notably higher than the summer months of 2021. ALOS (in days) across our Core wards at UHA and UHC has generally been increasing since June 2021, with UHC recording its highest level in December 2022 for almost two years (Figure 29).

Figure 29 - 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

Reducing Emergency Department attendances and Length of Stay

- A recent pilot with Scottish Ambulance Service (SAS)-call before conveying- was successfully completed and will now become business as usual. Ambulance teams will call into the Flow Navigation Centre (FNC) before conveying patients to ED from Care Homes and triaged as yellow. This will provide an additional clinical triage.
- Hospital at Home (H@H) has been initiated across South and East Ayrshire HSCPs. 12 virtual beds were in place by the end of October and will roll out the service to 28 virtual beds. The service is now planning expansion to discuss all 'in hours' nursing home patient referrals with the H@H team.
- Outpatient parenteral anti-microbial therapy (OPAT) service; a small multi-disciplinary team are working to create our business case for a service expansion beyond lower limb cellulitis. The pharmacists on the team have successfully extended the range of agents available for use in this service and the expansion is now being planned.
- Redesign of Urgent Care - Flow Navigation Centre (FNC) will continue to be developed as a single point of access for many services across the whole system. Recent discussions at a national level have highlighted the need for extended service coverage from FNC, with defined pathways into more services to provide alternatives to admission.
- Whole System Intervention- a two week intervention supported by all three of our HSCPs ran during the early part of November 2022. This initiative linked into previous Discharge without Delay (DwD) work, focussing on both expediting safe patient discharge and actioned work on some of the well know systemic issues. This work brought our partners into the heart of hospital operations while giving hospital staff an insight into the services our partners provide in the community. Further

follow-up days are planned at a two-week interval to keep the networks and momentum going.

- Work is planned to trial the North Bristol model for continuous patient flow initially at UHC, then at UHA - updates will be provided in our next report.

Reducing Unscheduled Care admissions

- 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 Remobilisation 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.

2.3.8 Delayed Discharges/Transfers of Care

Note - From May 2022, Public Health Scotland have amended the definition of a delayed discharge. 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 July 2016 have now been retrospectively updated to include these delays.

Delayed Discharges

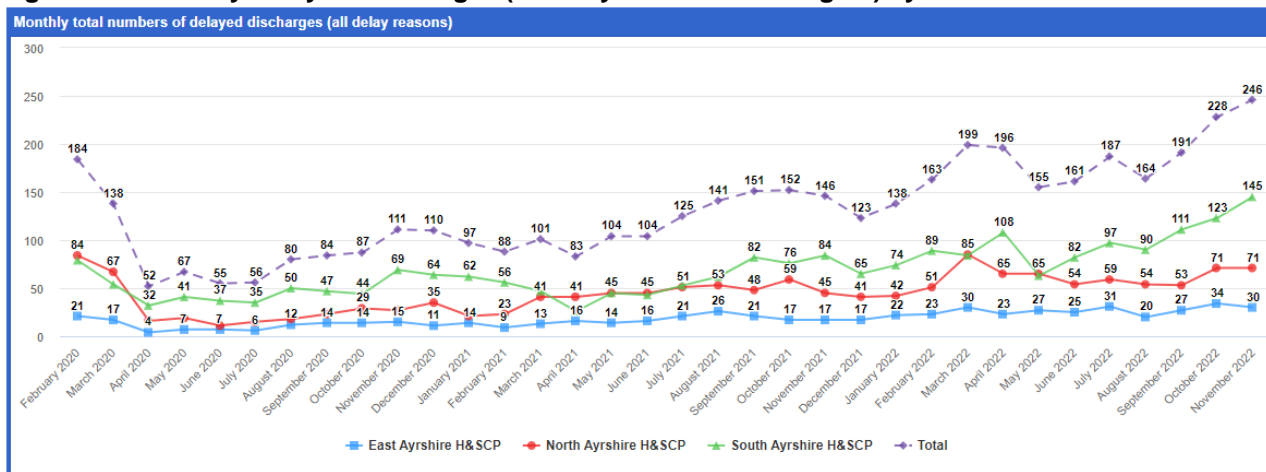
National Performance Measures

| Total Number of Delayed Discharges (all delay reasons and lengths) by HSCP | North Ayrshire HSCP | | East Ayrshire HSCP | | South Ayrshire HSCP | |
|--|---------------------|-------------------|--------------------|-----------------|---------------------|-------------------|
| | 71 Nov 2022 | 45 Nov 2021 | 30 Nov 2022 | 17 Nov 2021 | 145 Nov 2022 | 84 Nov 2021 |
| Numbers of patients whose discharge from hospital was delayed by 2 weeks or more for non-clinical reasons (excluding code 9 reasons) | 17 Nov 2022 | 14 Nov 2021 | 0 Nov 2022 | 0 Nov 2021 | 96 Nov 2022 | 28 Nov 2021 |
| Total number of hospital bed days occupied during the month by patients whose discharge from hospital was delayed for non-clinical reasons | 2,090 Nov 2022 | 1,439 Nov 2021 | 986 Nov 2022 | 491 Nov 2021 | 4,168 Nov 2022 | 2,305 Nov 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 30). Since then, the numbers of delays have been consistently increasing with levels reaching 246 at November 2022, the highest number of delays recorded since reporting began. The majority of delays (145, 59%) were in South Ayrshire HSCP.

Figure 30 – Monthly Delayed Discharges (all delay reasons and lengths) by HSCP

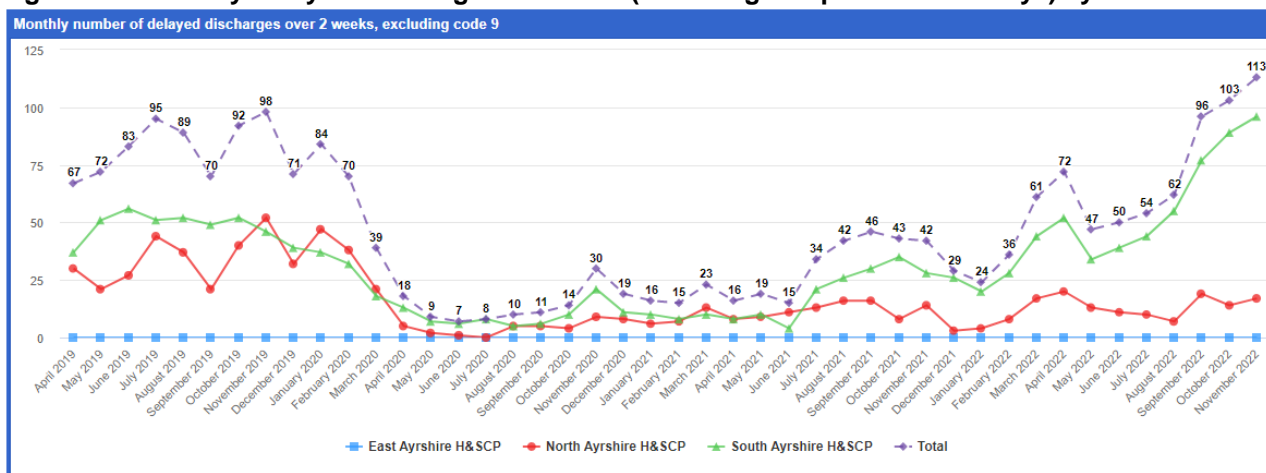


Source: Public Health Scotland

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 fell to 47 at May 2022 however have since more than doubled to 113 at November 2022 (Figure 31), with the vast majority (85%) of these from South Ayrshire HSCP. There remain zero delays over 2 weeks in East Ayrshire HSCP.

Figure 31 – Monthly Delayed Discharges >2 Weeks (excluding complex code 9 delays) by HSCP



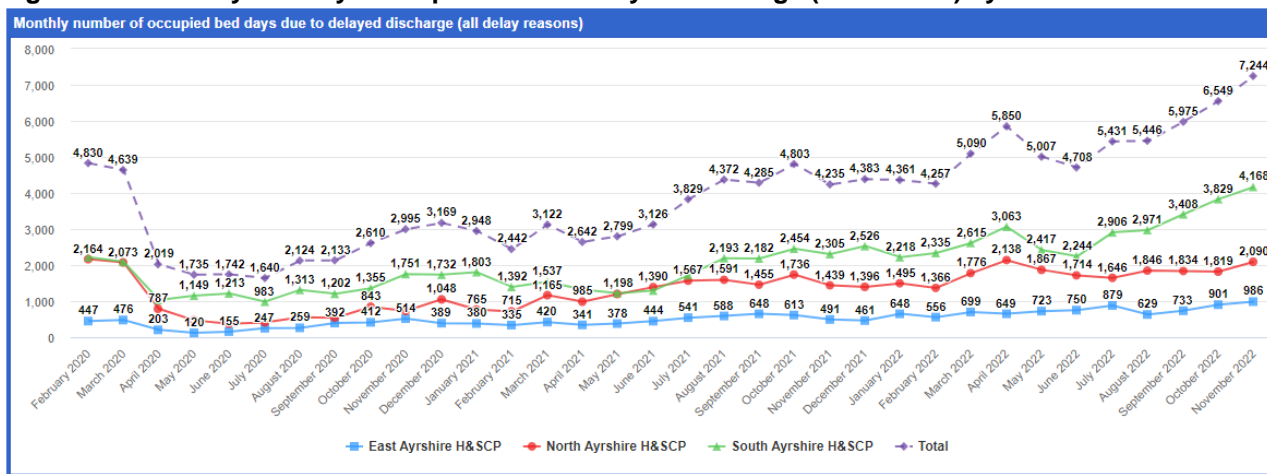
Source: Public Health Scotland

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.

Delayed Discharge Occupied Bed Days (OBDs) for all delay reasons (Figure 32) fell in May and June 2022, however have since increased to reach the highest figure ever recorded in November 2022.

Figure 32 – 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 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 and on the basis of that an Action Plan is being implemented to deliver on prioritised actions. A DwD Oversight Group is in place with operational teams taking forward the programme which is one of the High Impact Changes identified within the new Urgent and Unscheduled Care Collaborative.

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;

- A number of 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 local authority led guardianships is underway. This will also include review alongside Advocacy Services; a joint letter from the Mental Welfare Commission for Scotland and Scottish Government has recommended local authorities can intervene to support families from after 5 weeks if private guardianship applications are experiencing any delays. The implications of the restated position are being considered.
- Planned Date of Discharge (PDD) best practice will be supported by our hospital teams & community services and implemented within East Ayrshire Community Hospital;
- Whole system DwD Events have identified issues and areas for improvement that will be taken forward in partnership and in line with the Urgent and Unscheduled Care Collaborative High Impact Changes;
- A whole system Service Pressures Investment Plan is in place and is being implemented.

North Ayrshire HSCP

- North Ayrshire HSCP continues to prioritise supporting transfers of care from hospital to community settings and are working alongside acute and community colleagues to implement the ethos of Discharge Without Delay. 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 continues to have a significant impact on community waits for care at home services.
- The North Partnership are part of the planning and implementation of Whole System Intervention events and continue to support these on a fortnightly basis. Community teams from across North HSCP service areas are deployed within Crosshouse Hospital to work alongside acute colleagues to support discharges to improve flow and delayed discharge performance.
- A whole system improvement plan(s) has been developed following recent events and are being taken forward in partnership with teams across the system.
- The hospital-based social work and care at home teams continue to be involved on a daily basis (Monday to Friday) supporting discharge and discharge planning, including additional support as required. Teams are engaging with families as part of the assessment and discharge process to ensure all options for discharge are fully explored.
- The teams continue to support a high number of individuals with complex care needs, particularly in relation to Adults with Incapacity processes. The team are reviewing current MHO systems and processes linked to this to ensure maximum efficiency in performance. The Partnership is also developing local communication strategy to support and enhance the national Power of Attorney (POA) campaign.
- The North Partnership recently reviewed its systems for utilising interim beds for those people who can be discharged for assessment to consider their longer-term care needs out with a hospital setting. This model will continue through the winter and a recent refresh of arrangements with Care Home providers has been completed.
- The Partnership has a targeted plan for 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 until complete.

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

- 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.
- As part of the FFA, carers can return packages of care if needs cannot be met – resulting in double packages being returned recently due to inability to recruit staff.
- In total, 4000 hours per week have been picked up from private providers over a 3 month period, equating to 300hrs per week of care to be sourced in-house
- 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. There are currently 169 people awaiting homecare and another 240 awaiting assessment for homecare.

A Reablement Unmet Needs Assessment Team (RUN-AT) has been established to address the community waiting list for Homecare:

- Our use of interim beds in care homes to support those individuals delayed in hospital awaiting care packages has been exhausted (26 of 26 available beds being used). We are not progressing any new contracts in terms of interim beds at this time but will continue to make use of the current provision, i.e. when an individual in an interim bed is supported home we will offer that bed to an individual delayed in hospital.
- 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 (EICT) 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.
- The HSCP have been involved in the Whole System Interventions across A&A and are currently working on establishing a sustainable model to support AUH prevent admissions and facilitate discharges or progress the patients journey where possible.
- 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, reforming and stabilising 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. 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 ADP, the health and care system is ensuring appropriate levels of capacity are maintained to remobilise and stabilise services whilst also maintaining COVID-19 capacity and resilience. The impact 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 ADP and winter plans we planned how we would safely prioritise service delivery, whilst also maintaining COVID-19 capacity and resilience.

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 the ADP.

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

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

4. List of appendices

There are no appendices to this paper.