

# NHS Ayrshire & Arran



<b>Meeting:</b>	<b>Ayrshire and Arran NHS Board</b>
<b>Meeting date:</b>	<b>Monday 9 October 2023</b>
<b>Title:</b>	<b>Performance Report</b>
<b>Responsible Director:</b>	<b>Kirstin Dickson</b>
<b>Report Author(s):</b>	<b>NHS Ayrshire &amp; Arran Performance and Insights Team – Directorate of Transformation and Sustainability</b>

## 1. Purpose

This is presented to NHS Board members for:

- Discussion

This paper relates to:

- Government policy/Directive

This aligns to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person Centred

## 2. Report summary

### 2.1 Situation

At the last NHS Board meeting, a new format of the Performance Report was shared with members on the key aspects of performance. This new format will now be routinely adopted and focuses on the following service areas:

- Planned Care and Musculoskeletal Waiting Times;
- Diagnostic and Cancer Waiting Times;
- Mental Health Waiting Times;
- Urgent Care Pathways;
- Unscheduled Care Emergency Department (ED) Performance; and
- Delayed Transfers of Care.

To enhance intelligence and understanding of these key areas of Performance, trend charts, including control charts (where appropriate), in addition to improvement plans, have been included for the above areas in **Appendix 1**.

## 2.2 Background

Our Annual Delivery Plan (ADP) for 2023/24 has recently been submitted to Scottish Government (SG) and we will continue to develop and refine our Performance reporting to provide members with insight and intelligence on the key data aspects relating to the ADP and our wider Performance against the National Waiting Times Standards. Where possible, this Performance report includes progress against our ADP trajectories. *Please note the ADP 2023/24 trajectories are classed as provisional at this stage.*

## 2.3 Assessment

The latest monthly performance data within this report is for the period August 2023 for the majority of measures. For Delayed Discharges, the latest monthly data is for July 2023.

### Executive Data Summary

#### New Outpatients

- Performance against the 12 week national target for New Outpatients remains below the 95% target and continues on a gradual reducing trend from 42% in March 2023 to 37.9% in August 2023. The overall total number of patients waiting has continued to rise, reaching a new high of just under 50,000 patients in August 2023.
- In August 2023, NHS Ayrshire & Arran remobilised 97% of all New Outpatient activity compared to August 2019; exceeding the local ADP target of 95%.
- The number of New Outpatients waiting longer than 12 months has been on an increasing trend from 3,271 at the end of March 2023 to 5,393 at the middle of September 2023; with the number waiting over 18 months rising in recent weeks to 1,090 at the middle of September 2023. The number of patients waiting longer than 2 years has remained level at just over 400 patients.

#### Inpatients/Daycases

- Compliance against the 12 week national target for Inpatients/Day Cases has reduced from 58.3% in April 2023 to 50.7% in August 2023. The overall total waiting list for Inpatient/Day Case treatment has remained relatively static since May 2023, with 7,803 waits in August 2023, meeting the ADP trajectory of 8,105.
- In August 2023, NHS Ayrshire & Arran remobilised 82% of all Inpatient/Day Cases activity compared to August 2019; just below the local ADP target of 85%.
- The number of Inpatients/Day Cases waiting longer than 18 months continues to show a reducing trend from 929 at mid-June 2023 to 751 at beginning of September 2023.

#### Musculoskeletal

- Compliance in relation to the national 4 week target for Musculoskeletal (MSK) waiting times has shown a slight increase from 30.8% in July 2023 to 31.3% in August 2023, below the target of 90%.

#### Diagnostics

- Performance against the 6 week national target of 100% for Imaging has been on a general decreasing trend from 76.7% in January 2023 to 63.1% in August

2023. The overall waiting list for Imaging remains below pre-pandemic levels, however has been on an increasing trend from 4,318 waits in December 2022 to 6,073 waits in August 2023; not achieving the ADP trajectory of 4,976 waits. This is due to a continued rise in the number of Non-Obstetrics Ultrasound waits, which reached a new high of 4,054 in August 2023.

- Having fallen below 40% at June 2023 for the first time since July 2022, compliance against the 6 week national target for Endoscopy has continued to show an improvement to 48.2% in August 2023; above the upper variation limit, signifying a positive change. The overall waiting list for Endoscopy is below pre-pandemic levels with 1,513 waits at August 2023, meeting the ADP trajectory of 1,685. However, Endoscopy activity ADP trajectories were not achieved in August 2023, with 88% remobilised compared to July 2019; lower than local ADP target of 100%.

### **Cancer**

- Performance against the 62-day Cancer target has fallen from a two year high of 91% in May 2023 to 81.3% in July 2023; this is below the national target of 95% and the local ADP trajectory of 83%. The decrease is within 'normal' variation limits.
- Performance in relation to the 31-day Cancer target continues to meet the 95% national target, remaining at 100% in July 2023.

### **Mental Health**

- In August 2023, compliance in relation to Child and Adolescent Mental Health Services (CAMHS) was 97.6%, which continued to exceed the national target of 90%; however performance against the local ADP trajectory of 98.6% was not achieved.
- At July 2023, performance for Psychological Therapy (PT) waiting times has shown an improvement with compliance of 91.9%, exceeding the 90% national target for the first time since January 2023; and meeting the local ADP trajectory of 89.1%. Performance is still within 'normal' variation limits. *It should be noted that due to an under reporting of referrals from July 2022, alongside a change in criteria for patients to be classified as 'seen', a refresh of data has resulted in a change to previously reported performance, with 90% target having now been met at April, August and October 2022, as well as January 2023.*
- Drug and Alcohol Treatment services has continued to exceed the national target of 90% in July 2023, with compliance at 100%.

### **Urgent Care**

- In August 2023, 97% of patients who contacted Ayrshire Urgent Care Service (AUCS) and required a clinician response were contacted within response times. This exceeded the local aim of 85%.

### **Emergency Department (ED)**

- Unscheduled ED attendances between January and August 2023 are slightly lower in comparison to the same period in 2022.
- Since falling to a low in December 2022, compliance against the ED 4-Hour standard continues on an increasing trend, reaching 68.9% in August 2023. This rise is within 'normal' variation limits and performance remains below the 95% national target. Compliance has consistently been higher at UHC than UHA.
- The local ADP trajectory for 2023/24 is for no 12 hour breaches in our EDs by August 2023. In August 2023, the number of breaches at University Hospital

Crosshouse (UHC) increased to 453 breaches. The number of breaches at University Hospital Ayr (UHA) have remained similar in comparison with the previous month from 314 to 319.

### **Delayed Transfers of Care**

- The total numbers of delayed transfers of care reached an all-time high of 261 in December 2022, reducing to 203 in June 2023, but have risen in July 2023 to 251. The majority of delays remain in South Ayrshire HSCP (136; 54.2%).
- Bed days occupied due to a delayed discharge similarly reached a peak of 7,758 in December 2022, decreasing to 5,920 in June 2023, but have increased again in July to 6,988 with the majority (3,913; 56%) from South Ayrshire HSCP. Overall occupied bed days exceeded 'normal' variation limits during the January 2023 to March 2023 period but currently remains within 'normal' variation limits.

### **2.3.1 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.

### **2.3.2 Workforce**

A sustainable workforce and appropriate recruitment levels are imperative across all services as we provide services within the current circumstances. We will continue to monitor performance against key measures to understand how this will impact on workforce and recruitment levels; and to ensure appropriate levels of capacity are maintained to manage demand.

### **2.3.3 Financial**

Through 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.

### **2.3.4 Risk assessment/management**

Through our ADP we have planned how we would safely prioritise service delivery, whilst also maintaining COVID-19 capacity and resilience.

### **2.3.5 Equality and diversity, including health inequalities**

An Impact Assessment has not been completed as this paper provides an update on performance of the health and care system and incorporates progress in relation to the ADP.

### **2.3.6 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.

### **2.3.7 Communication, involvement, engagement and consultation**

There is no legal duty for public involvement in relation to this paper. Any public engagement required for specific service improvement plans will be undertaken as required.

### **2.3.8 Route to the meeting**

The content discussed in this paper has been considered by the Senior Responsible Officer for each area and the Strategic Planning and Operational Group (SPOG). They have either supported the content, and/or their feedback has informed the development of the content presented in this report.

## **2.4 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.

## **3. List of appendices**

Appendix 1 – Performance Report

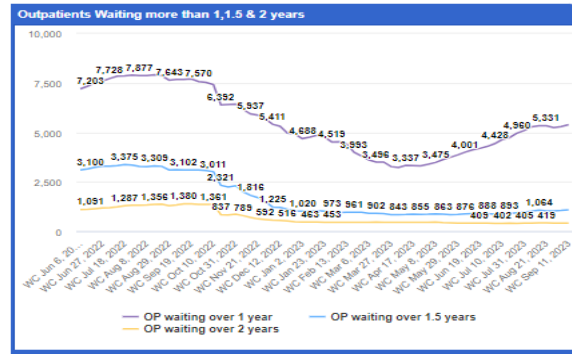
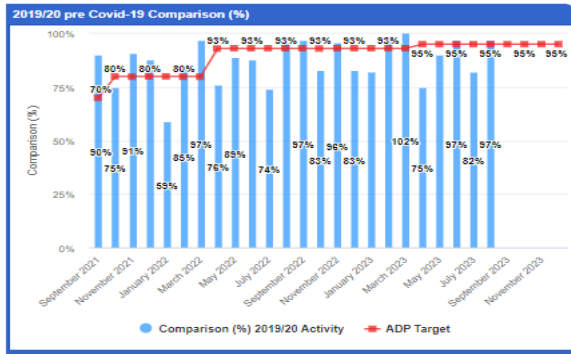
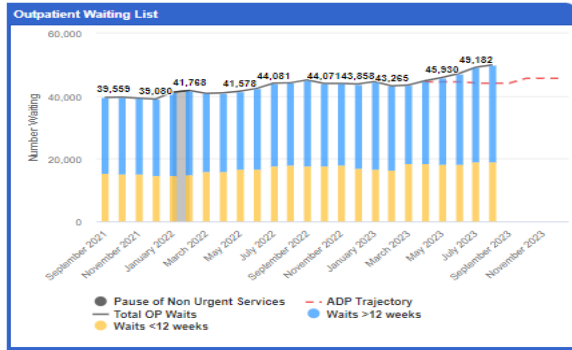
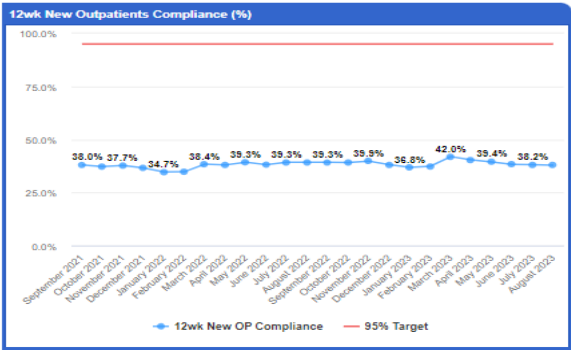
### New Outpatients - Compliance

**12wk New Outpatients % Compliance**

August 2023 result

● **37.9%**

- National Target – 95% of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end census)
- Annual Delivery Plan - Achieve 95% of pre-COVID-19 activity in August 2023.
- No further targets have been set by Scottish Government to eliminate long waits for Outpatients, however performance against the long waits will continue to be monitored and reported.



### National Benchmarking – 12 Week New OP Target (95%)

	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
<b>NHS A&amp;A</b>	39.2%	39.3%	39.2%	39.3%	39.2%	39.9%	38.1%	36.8%	37.4%	42.0%	40.4%	39.4%	38.3%
<b>Scotland</b>	49.5%	47.0%	47.0%	47.0%	44.0%	44.0%	44.0%	47.6%	47.6%	47.6%	45.5%	45.5%	45.5%

Source: Public Health Scotland and Local Management Reports  
 Next National Benchmarking Update: 28<sup>th</sup> November 2023

### IMPROVEMENT ACTIONS

- Mutual aid capacity is in place for Diabetes and Endocrinology and Neurology with NHS Forth Valley. Work ongoing with eHealth teams to progress mutual aid arrangements for Gastroenterology with NHS Grampian. Discussions with National Elective Co-ordination Unit (NECU) to increase mutual aid capacity for Diabetes from another board.
- Insourcing contracts providing additional outpatients capacity are in place for a number of specialties, although it should be noted that some contractors are reporting increasing difficulties in sourcing sufficient consultants to deliver the contracted level of activity.
- New Clinical Services Manager for Diabetes now in post who has previous experience of service redesign.
- Diabetes SLWG continuing to work towards implementation of new ways of working.
- Introduction of new referral processes agreed with area dental committee for OMFS which should positively impact patient’s pathways.
- Analysis has been undertaken around the Sleep pathway which shows some capacity shortfall. Meeting arranged for September 2023 to discuss new processes.

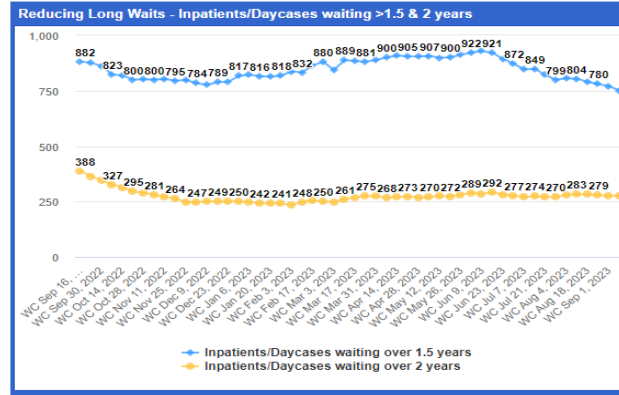
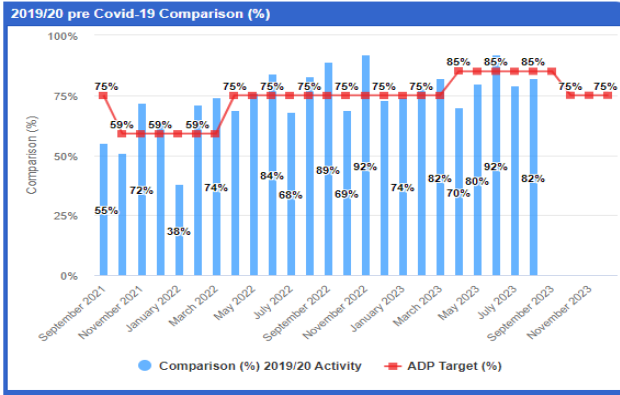
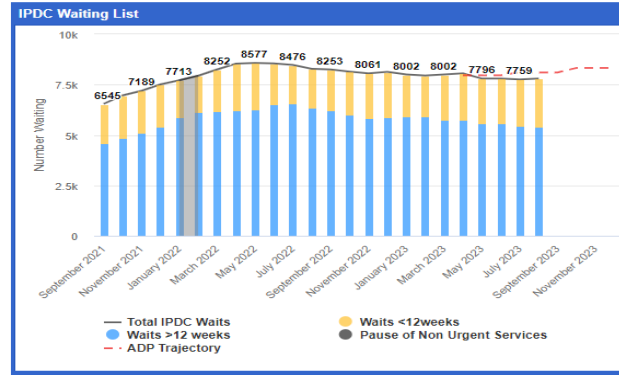
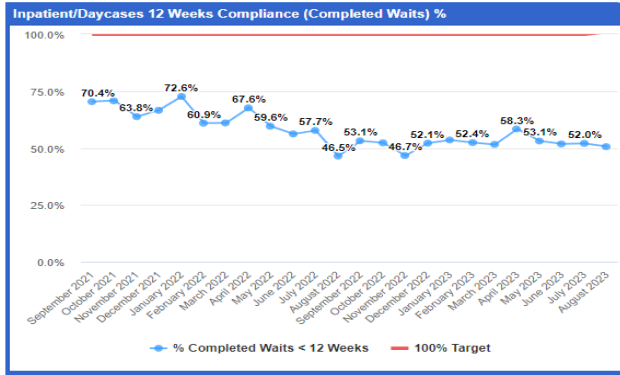
# Inpatients/Day Cases - Compliance

**IPDC 12wks % Compliance (Completed Waits)**

August 2023 result

**50.7%**

- National Target – 100% of eligible patients receive inpatient or daycase treatment within 12 weeks of such treatment being agreed.
- Annual Delivery Plan - Achieve 85% of pre-COVID-19 activity in August 2023.
- Eliminate 18 month waits for Inpatient/Day Cases in most specialities by September 2023; and one year waits by the end of September 2024.



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

	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
<b>NHS A&amp;A</b>	56.2%	57.7%	46.5%	53.1%	52.3%	46.7%	52.1%	53.5%	52.3%	51.7%	58.3%	53.1%	51.8%
<b>Scotland</b>	61.6%	56.5%	56.5%	56.5%	56.9%	56.9%	56.9%	56.3%	56.3%	56.3%	56.7%	56.7%	56.7%

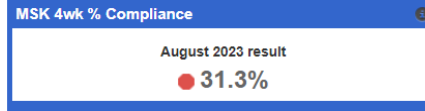
Source: Public Health Scotland and Local Management Reports  
 Next National Benchmarking Update: 28<sup>th</sup> November 2023

## IMPROVEMENT ACTIONS

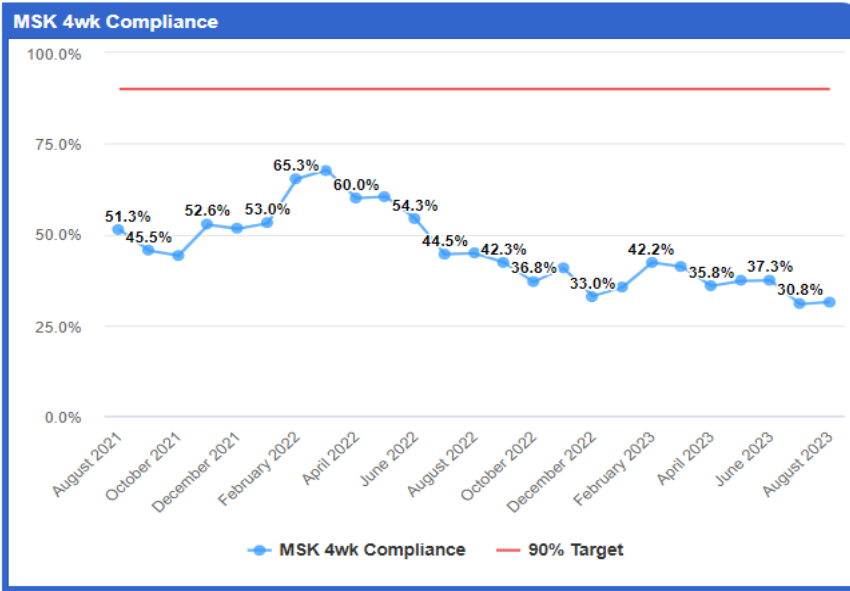
- Daycase recovery space at UHC continues to be a significant constraint.
- Workforce shortages in theatre nursing and anaesthetics are also limiting the number of theatre lists which can run each day. Recruitment underway for anaesthetic consultant and nursing staff.
- Theatre capacity is being closely managed via a weekly scheduling meeting chaired by the Clinical Director to maximise usage within the context of ongoing staffing and space restrictions.
- Theatre Utilisation is closely monitored through weekly operational and quarterly governance meetings with a focus on actions to maximise utilisation. Reported utilisation for June 2023 is showing 92.9%
- NECU facilitated mutual aid for Vascular with NHS Forth Valley making further progress with patients being treated at end September and beginning of October 2023.
- Targeted management focus on longest waiting inpatient and daycases. In August 2023, this resulted in 42 long waiting patients being treated
- Discussions with NECU to validate a further batch of inpatient/daycase patients confirmed to start 2<sup>nd</sup> November 2023.



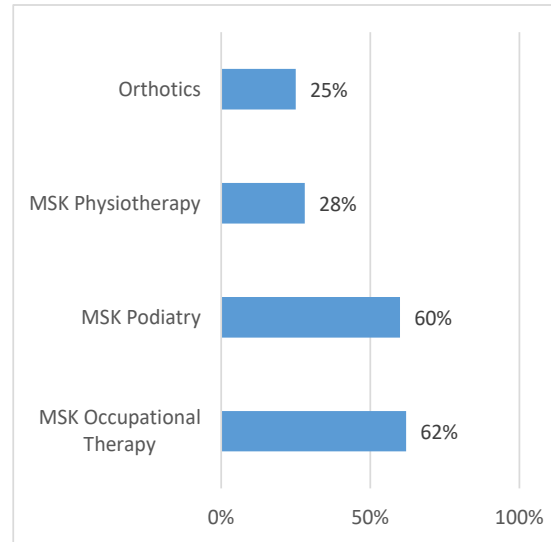
# Musculoskeletal (MSK) - Compliance



- National Target - At least 90% of patients from receipt of referral should wait no longer than four weeks to be seen for a first outpatient appointment at Allied Health Professional (AHP) led Musculoskeletal (MSK) services.



## % Performance by service – August 2023



## Performance by Service – August 2023

Service	Number Waiting	Max Weeks Waiting	Average Wait (Weeks)
MSK Occupational Therapy	120	13	7
MSK Podiatry	529	11	8
MSK Physiotherapy	4695	33	13
Orthotics	484	41	15

## National Benchmarking - 4 Week MSK Target (90%)

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
NHS A&A	67.7%	60.0%	60.4%	54.3%	44.5%	44.8%	42.3%	36.8%	40.7%	33.0%	35.5%	42.2%	41.1%
Scotland	54.7%	50.4%	50.4%	50.4%	51.4%	51.4%	51.4%	51.6%	51.6%	51.6%	51.8%	51.8%	51.8%

Source: Public Health Scotland and Local Management Reports  
Next National Benchmarking Update: 19<sup>th</sup> September 2023

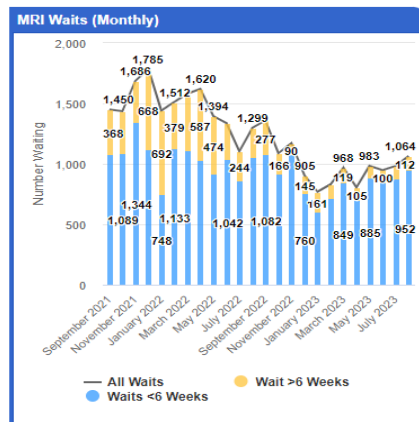
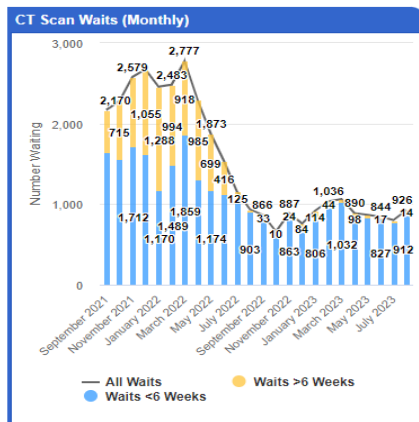
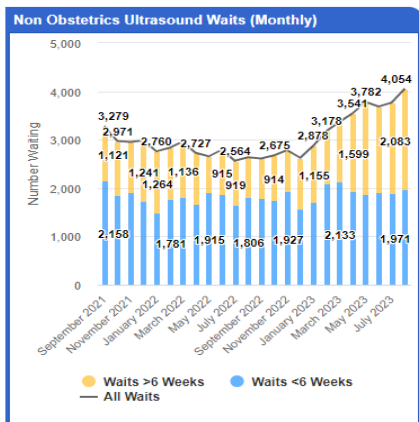
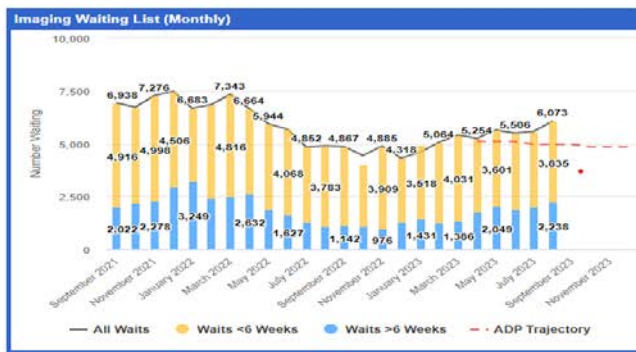
# IMPROVEMENT ACTIONS

- Workforce remains a significant challenge. Capacity remains restricted by a number of factors including vacancies, retirements, annual leave, maternity leave, sickness absence.
- There has been a growth in urgent post-operative and trauma demand over the year reflective of the improvements in return to elective activity.
- A number of initiatives have been taken to optimise capacity:  
Flexible diaries are now implemented to allow conversion of consultation appointments to virtual, telephone or face to face to facilitate appropriate consultations reflective of patient choice, and ensure best utilisation of clinical capacity.
- Patient Initiated Reviews, opting in for new appointments and Active Clinical Referral Triage are being utilised to optimise efficiency in line with the recommendations of the National Modernising Patient Pathways Programme.
- Referral Guidance and Clinical Pathway Reviews will support referral decision making to ensure patients are seen by the most appropriate person avoiding unnecessary appointments and the need for onward referrals.
- The service is working with colleagues nationally and across the partnerships to develop alternative approaches to support MSK care within communities.



August 2023 result  
● 63.1%

- National Target – 100% of patients waiting for key diagnostic tests and investigations should wait no longer than six weeks (42 days).
- Reduction in overall Diagnostic Imaging Waiting List to 4,976 at August 2023.



### National Benchmarking - 6 Week Imaging Target (100%)

	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
NHS A&A	71.4%	73.4%	77.3%	76.5%	66.6%	80.0%	70.2%	76.7%	75.3%	74.4%	65.7%	63.7%	65.7%
Scotland	50.6%	47.3%	48.1%	50.2%	49.6%	53.1%	48.5%	48.2%	56.3%	55.0%	51.5%	52.7%	53.0%

Source: Public Health Scotland and Local Management Reports  
 Next National Benchmarking Update: 28<sup>th</sup> November 2023

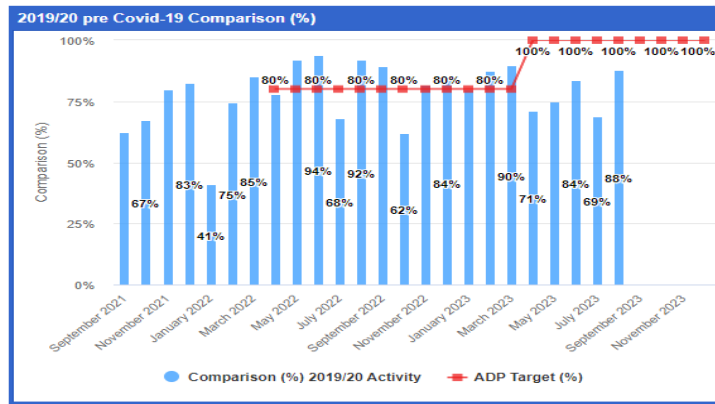
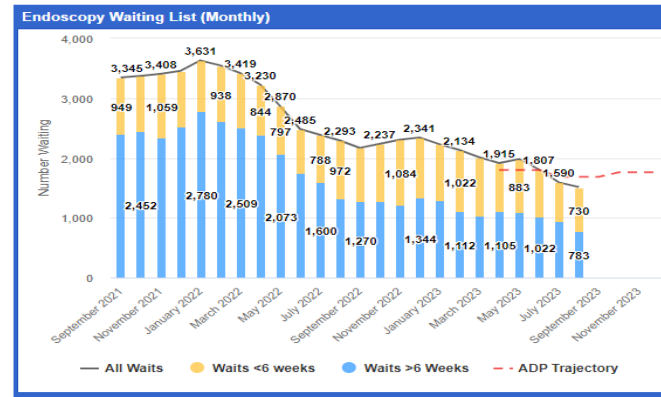
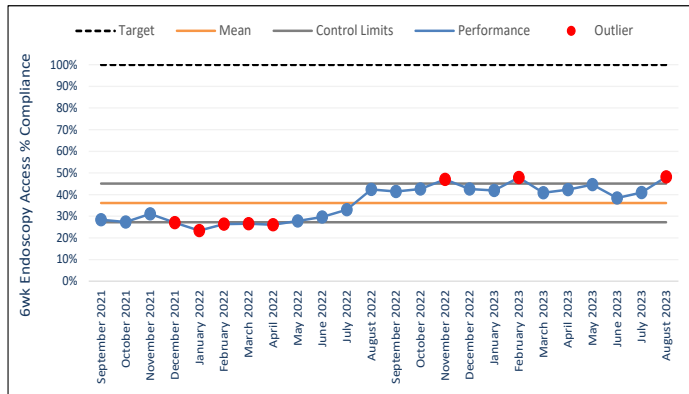
## IMPROVEMENT ACTIONS

- The mobile MRI scanner has delivered 334 scans in August 2023. The scanner will remain in situ until 31 March 2024, however SG has intimated that this funding will not be renewed after March 2024. Loss of this capacity is a significant risk for NHS Ayrshire & Arran.
- Increased capacity for the CT scanner through permanent staffing has accommodated 632 patients in August 2023.
- There is a plan for development of a Diagnostics Hub at Ayrshire Central Hospital (ACH), incorporating the CT Pod and a new static MRI scanner. This will require identification of capital funding.
- Demand significantly outstrips capacity for Ultrasound. A locum sonographer is in post to help support and staff and is delivering additional adhoc clinics. The first of the two trainee ultrasonographers is due to commence training this month.

# Endoscopy - Compliance



- National Target – 100% of patients waiting for key diagnostic tests and investigations should wait no longer than six weeks (42 days).
- Reduction in overall Diagnostic Endoscopy Waiting List to 1,685 at August 2023.
- Annual Delivery Plan - Achieve 100% of pre-COVID-19 activity in August 2023.



## National Benchmarking – 6 Week Endoscopy Target (100%)

	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
NHS A&A	29.7%	33.0%	42.4%	41.4%	38.8%	47.0%	42.6%	41.9%	47.9%	40.9%	42.3%	44.6%	38.4%
Scotland	36.7%	36.1%	38.1%	39.4%	40.5%	41.6%	37.2%	36.1%	41.5%	42.3%	40.7%	40.8%	39.8%

Source: Public Health Scotland and Local Management Reports  
Next National Benchmarking Update: 28<sup>th</sup> November 2023

## IMPROVEMENT ACTIONS

- The recovery space for Endoscopy at UHC remains restricted due to the placement of the extended Intensive Care Unit (ICU).
- A 4<sup>th</sup> Endoscopy Room is now in use at UHA. This is supporting increased activity and we expect this to improve performance for the 6 week target and increase activity closer to pre-covid levels.
- qFit testing is now part of the referral process from GPs meaning patients will experience a better pathway.
- Demand and capacity analysis is being revised to reflect the addition of the 4<sup>th</sup> room.

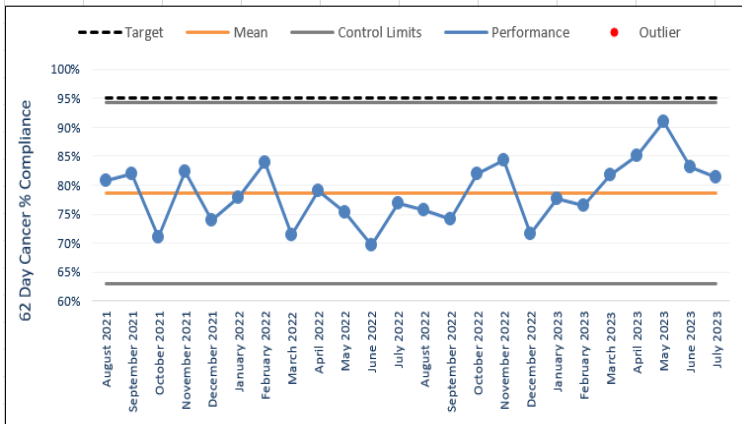
# Cancer – 62 day Compliance

62-Day Cancer: Suspicion-of-Cancer Referrals

July 2023 result

● 81.3%

- National Target - 95% of those referred urgently with a suspicion of cancer are to begin treatment within 62 days of receipt of referral.
- ADP Trajectory – 83% of those referred urgently with a suspicion of cancer are to begin treatment within 62 days of receipt of referral.



Performance by Tumour Type  
62 Day Cancer Target - July 2023

Title	Value	Numerator	Denomi...
Lung Cancer - Waiting Times - 62 Day ...	100.0%	11	11
Breast Cancer - Waiting Times - 62 Da...	95.8%	23	24
Urological Cancer - Waiting Times - 62 ...	88.2%	15	17
Lymphoma Cancer - Waiting Times - 62...	83.3%	5	6
Upper Gastro-Intestinal Cancer - Waitin...	66.7%	2	3
Colorectal Cancer - Waiting Times - 62 ...	60.0%	6	10
Head and Neck Cancer - Waiting Times...	50.0%	3	6
Cervical Cancer - Waiting Times - 62 D...	0.0%	0	0
Melanoma Cancer - Waiting Times - 62...	0.0%	0	2
Ovarian Cancer - Waiting Times - 62 D...	0.0%	0	1



## National Benchmarking – 62 Day Cancer Target (95%)

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
NHS A&A	71.4%	79.1%	75.3%	69.7%	76.9%	75.8%	74.2%	81.9%	84.3%	71.6%	77.6%	76.5%	81.7%
Scotland	76.0%	78.2%	77.2%	73.8%	77.1%	75.1%	73.2%	70.7%	71.9%	72.5%	67.6%	67.4%	72.6%

Source: Public Health Scotland and Local Management Reports  
Next National Benchmarking Update: 26<sup>th</sup> September 2023

# Cancer

## IMPROVEMENT ACTIONS

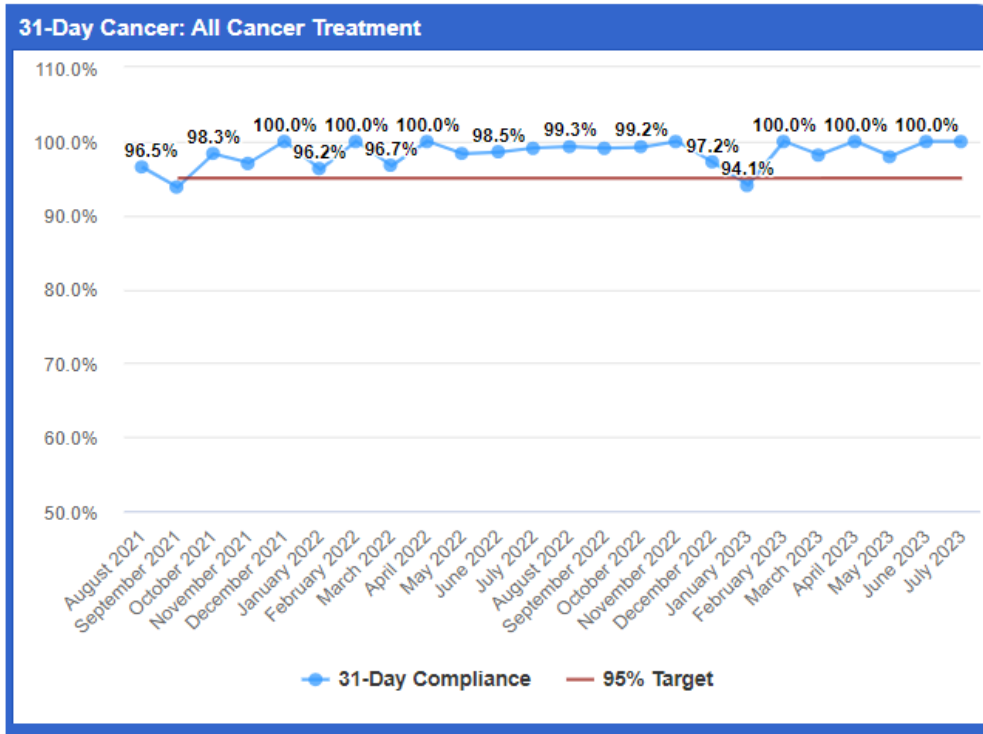
- Continued focus on addressing diagnostic delays, particularly the actions mentioned earlier relating to increased Imaging capacity and Endoscopy capacity form part of the cancer plan.
- Actions are underway to address the Pathology backlog and capacity shortfall including adhoc short-term locum appointments and outsourcing.
- Recruitment is underway to support the National Optimal Lung Cancer Pathway.
- The Rapid Cancer Diagnosis Service (RCDS) (formerly Early Cancer Diagnosis Centre) has received 686 referrals up to end August 2023 with 31 cancers diagnosed.
- Robot-assisted surgery has commenced for some colorectal and urological cancer patients.

## Cancer – 31 day Compliance

31-Day Cancer: All Cancer Treatment

July 2023 result  
✔ 100.0%

- National Target - 95% of all patients diagnosed with cancer are to begin treatment within 31 days of decision to treat.



## IMPROVEMENT ACTIONS

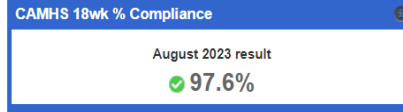
- Performance continues to be monitored but consistently achieves over the 95% National Target.

### National Benchmarking – 31 Day Cancer Target (95%)

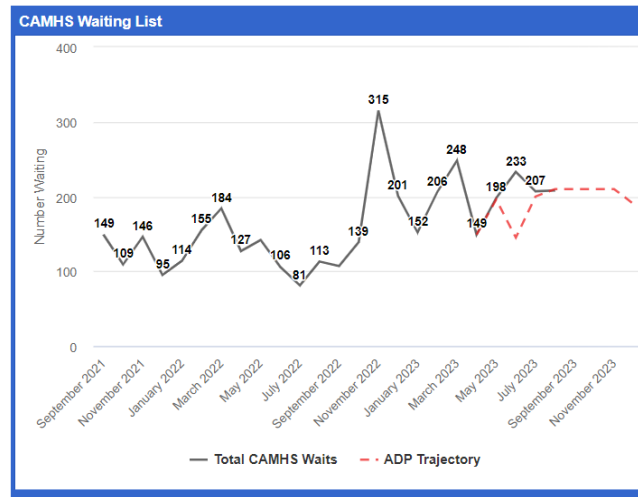
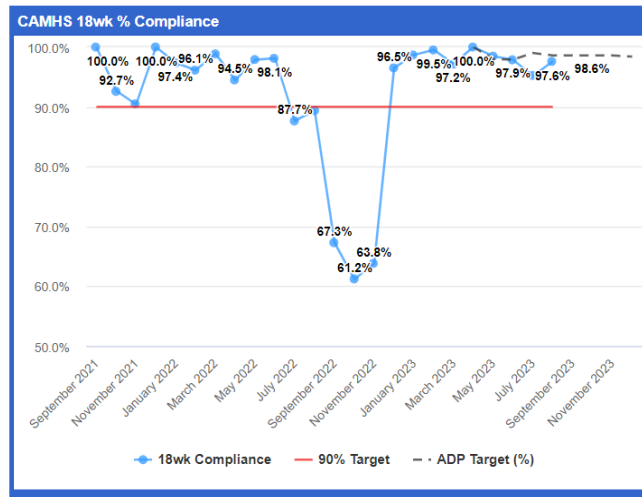
	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
<b>NHS A&amp;A</b>	96.7%	100.0%	98.3%	98.5%	99.1%	99.3%	99.1%	99.2%	100.0%	97.2%	94.1%	100.0%	98.2%
<b>Scotland</b>	96.5%	95.9%	95.2%	95.3%	95.2%	94.3%	93.8%	93.8%	94.0%	94.5%	91.8%	95.4%	94.8%

Source: Public Health Scotland and Local Management Reports  
 Next National Benchmarking Update: 26<sup>th</sup> September 2023

## Child and Adolescent Mental Health Service (CAMHS)



- National Target – 90% of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral.
- Annual Delivery Plan 2023/24 Trajectory – Achieve compliance levels of 98.6% in August 2023.



### National Benchmarking – 18 weeks CAMHS Target

	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
<b>NHS A&amp;A</b>	98.1%	87.7%	89.4%	67.3%	61.2%	63.8%	96.5%	98.7%	99.5%	97.2%	100.0%	98.5%	97.9%
<b>Scotland</b>	71.1%	67.5%	66.4%	69.5%	69.0%	67.4%	75.9%	74.3%	73.8%	74.5%	71.7%	72.4%	77.0%

Source: Public Health Scotland and Local Management Reports  
Next National Benchmarking Update: 5<sup>th</sup> December 2023

## IMPROVEMENT ACTIONS

- The work of the CAMHS implementation group has now concluded with full implementation of the CAMHS Specification from 1<sup>st</sup> August 2023.
- A neurodevelopmental extreme team has been commissioned by IJB Chief Officers to develop alternative solutions/service model for children and young people that do not meet the criteria for the CAMHS specification
- Community Eating Disorder Service (CEDs) has appointed a Consultant Psychologist and the referral criteria and treatment pathways are being reviewed and updated in line with evidence-based practice and the Eating Disorder National Review.
- 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. Full implementation of the CAMHS specification on the 1<sup>st</sup> August 2023 will result in a change of service access.
- Discussions with IJB's and the GP Sub Committee are underway and a Communication Strategy has been developed.
- CAMHS will offer assessment, treatment and care to children and young people experiencing moderate to severe depression, moderate to severe anxiety problems, self-harming behaviours and other diagnosable mental health conditions where there is an indication for treatment and therapeutic care.

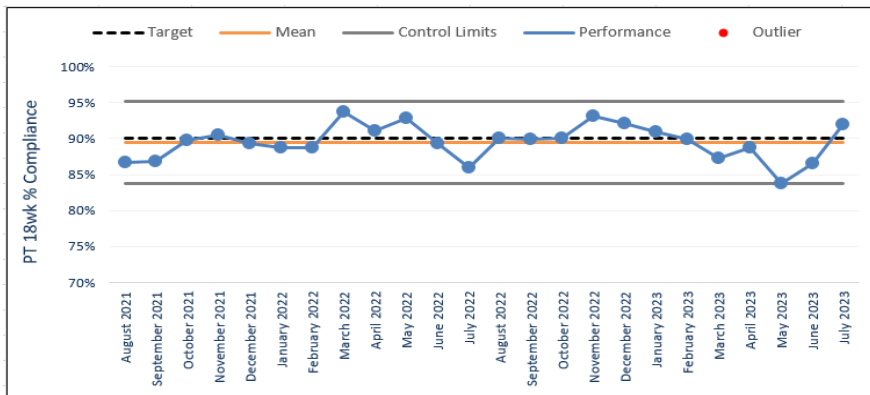
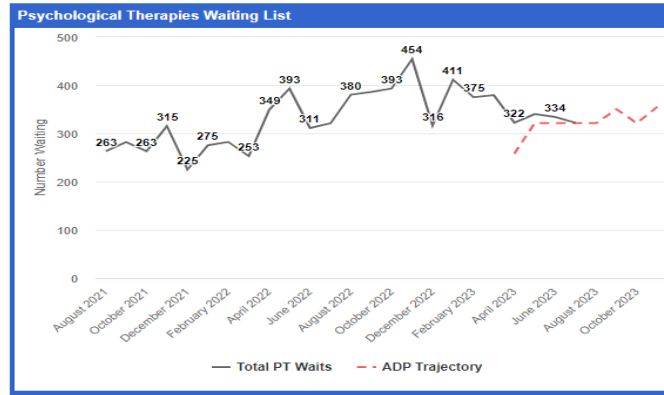
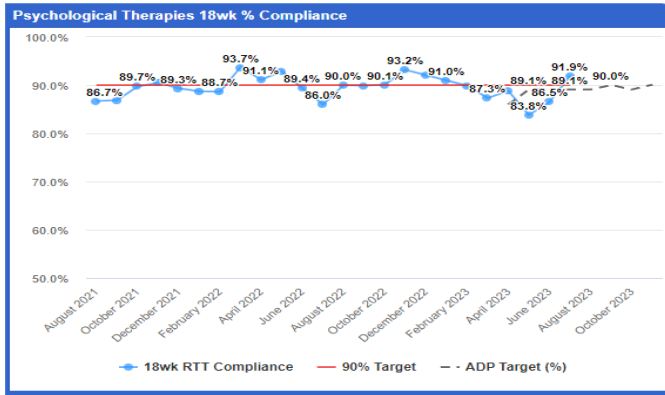
# Psychological Therapies

Psychological Therapies 18wk % Compliance

July 2023 result

✔ 91.9%

- National Target – 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral.
- Annual Delivery Plan 2023/24 Trajectory – Achieve compliance levels of 89.1% in July 2023.



## National Benchmarking – 18 Weeks PT Target (90%)

	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
<b>NHS A&amp;A</b>	87.8%	81.8%	86.6%	87.1%	87.1%	91.0%	90.3%	88.9%	87.0%	83.1%	88.8%	83.8%	86.5%
<b>Scotland</b>	82.3%	79.2%	81.6%	81.2%	80.9%	80.6%	82.4%	80.6%	79.4%	79.3%	79.4%	78.5%	78.5%

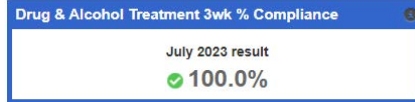
Source: Public Health Scotland and Local Management Reports  
 Next National Benchmarking Update: 5<sup>th</sup> December 2023

## IMPROVEMENT ACTIONS

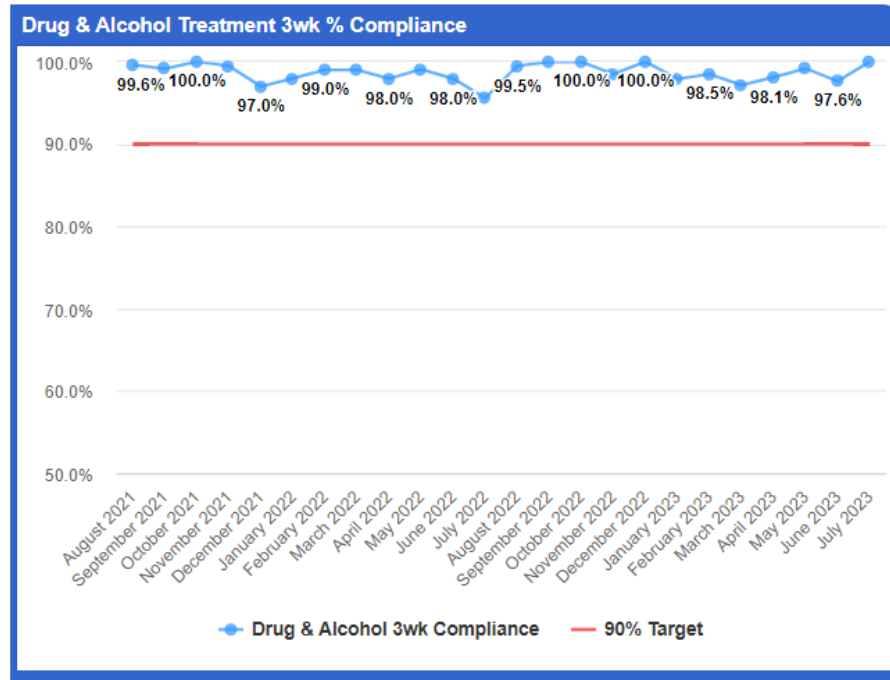
- **Recruitment** - Psychological Services (PS) continues to engage in a strong recruitment drive to fill all vacancies. PS have been successful, in a very competitive workforce context, in utilising our full SG funding allocation for PT, increasing capacity for longest waits and unmet need. Difficulties in recruitment and retention and high maternity leave in certain clinical areas are leading to longer waiting times. However, this reduction in capacity, and therefore compliance, has been offset by improvements in Referral to Treatment for other Specialties, resulting in our overall compliance remaining high.
- **Increasing Number of Specialties** – Local and national requirements have facilitated the creation of new Psychological Specialties in Eating Disorders, Perinatal/IMH/MNPI, Inpatient Adult and Older Adults and Neurodevelopmental streams, with all services contributing to overall RTT.
- **Training/Wider Workforce Upskilling** – We continue to implement strategic plans for psychological training and supervision, specifically within older adult mental health populations, 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. This increases capacity within the system.
- **Face to Face Appointments** – Audit Scotland Report published earlier this month on Adult Mental Health Services notes Ayrshire and Arran performance on offering face to face appointments highest in Scotland, at 86% despite workforce and service demand challenges.



## Drug and Alcohol Treatment



- National Target – 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.



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

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
<b>NHS A&amp;A</b>	99.0%	98.0%	99.1%	98.0%	95.6%	99.5%	100.0%	100.0%	98.5%	100.0%	97.9%	98.5%	97.2%
<b>Scotland</b>	91.5%	90.5%	90.5%	90.5%	90.9%	90.9%	90.9%	91.6%	91.6%	91.6%	92.9%	92.9%	92.9%

Source: Public Health Scotland and Local Management Reports  
 Next National Benchmarking Update: 26<sup>th</sup> September 2023

## IMPROVEMENT ACTIONS

- North Ayrshire** – Two significant national annual reports were published in August 2023. The ‘Drug Related Deaths in Scotland 2022’ report shows a reduction in drug deaths across Scotland, with North Ayrshire also reducing from 39 deaths in 2021 to 37 deaths in 2022. The ‘Alcohol Specific Deaths’ report shows a reduction in North Ayrshire from 37 deaths in 2021 to 29 deaths in 2022, as opposed to an increase across Scotland. The North Ayrshire Drug Death Prevention Group are reflecting on both reports, to consider additional improvement actions to enhance the existing Drug Death Prevention Plan. Additional support worker posts were secured for the North Ayrshire Drug and Alcohol Recovery Service alongside recruitment to vacant nursing posts (mainly via the Newly Qualified Nursing programme). A local focus on the roll out of Naloxone supplies and Medication Assisted Treatment delivery continues.
- East Ayrshire** - Addiction & Recovery Service have completed a service review and are working on an improvement plan to implement the findings of the review. These will align to our Strategic Plan and respond to requirements. New funding has been received by East Ayrshire ADP partners, from the CORRA Foundation, to support Recovery Hub in Kilmarnock (EACHa), pre and post rehab (WAWY) and supported accommodation (Blue Triangle). The team of Community Recovery and Engagement Workers (CREW) is continuing to expand across East Ayrshire.
- South Ayrshire** - Community alcohol and drugs service, known as START, 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 substitute therapy (OST) on that day. Treatment targets have consistently been achieved, with a red /amber/ green (RAG) rating of provisional green agreed with Scottish Government MAT Implementation support team (MIST). The Service will continue to embed and work on plan for MAT standards 1-5, as well as with partners to implement 6-10.



# Ayrshire Urgent Care Service (AUCS)



- At least 85% of contacts from NHS24 to AUCS that require a clinician response will be contacted within response times.

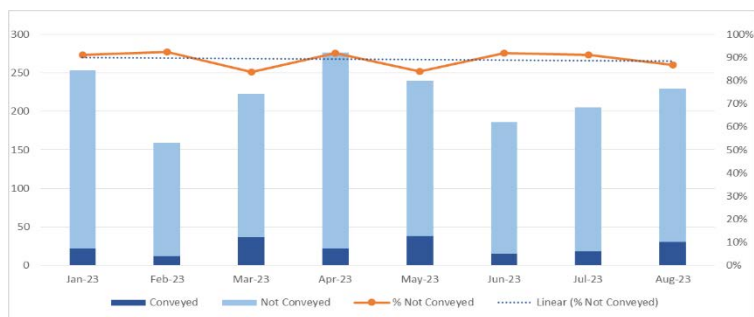
## AUCS Contacts



## NHS24 to AUCS Response Time – Target 85%

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
AUCS Referrals from NHS 24 -% of patients contacted within response times	94%	94%	92%	88%	94%	91%	96%	97%

## Call Before Convey



## Care Home Contacts to AUCS

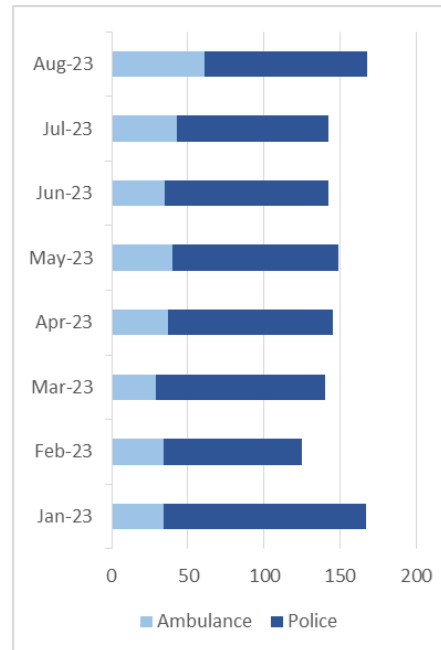
	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Non NHS24 Contacts	391	226	317	411	488	449	493	501
Contacts to NHS24	102	80	49	72	64	64	60	63
% Contacts to NHS24	18%	18%	18%	18%	18%	18%	18%	13%

Source: Local Management Reports

# Urgent Care

## IMPROVEMENT ACTIONS

### Emergency Services – Mental Health



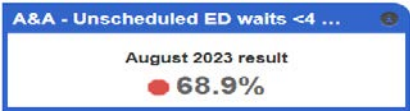
### Rapid Respiratory Response

End August 2023	
No. of Practices involved with RRR	17
%age of COPD Patients	50%
Average no. of consults per month	316

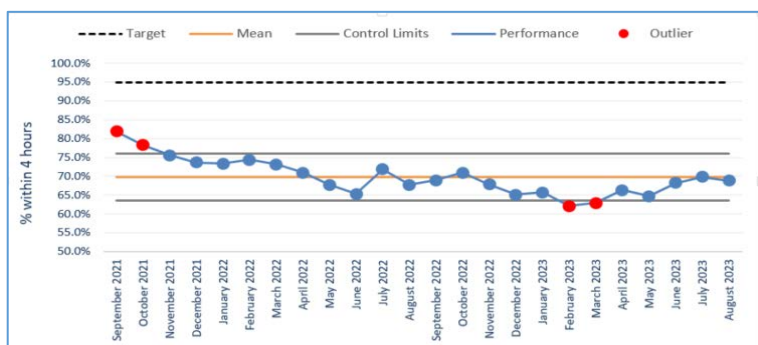
- NHS24 to AUCS Response Time** – All contacts from NHS24 to AUCS that require a clinician response have a priority attached. The target for meeting these response times is 85% with current performance of 97%.
- Call before Convey** - SAS crews receive decision support from the FNC/AUCS clinicians & explore alternatives for patients before conveying to hospital. The average number of SAS calls per week is 52 with 46 not being conveyed. This will continue to be promoted across SAS to ensure all appropriate cases are routed through this pathway.
- Care Home pathway** - Care Homes in Ayrshire have direct access to Urgent Care during the out of hours period for their residents. This includes redirection to other appropriate pathways. There are on average 400 calls per month via this pathway with only 8% of these care home resident patients requiring to attend an acute hospital.
- Rapid Respiratory Response (RRR)** - This service expansion is well underway providing an alternative to hospital attendance for patients experiencing a COPD exacerbation. The service is now receiving referrals from within 17 local GP Practices, with plans for further expansion through an urgent care pathway also underway.
- Emergency Services Mental Health Pathway** – This pathway provides Police Scotland and SAS with an alternative pathway to access community mental health services for those patients in need of urgent care. This pathway continues to grow and will be enhanced through work by MH colleagues to develop
- Community Pharmacy** - Further development is underway of a Community Pharmacy pathway into Ayrshire Urgent Care Service to support patients to access appropriate care and avoid unnecessary attendance at the Emergency Department.

# Unscheduled Care

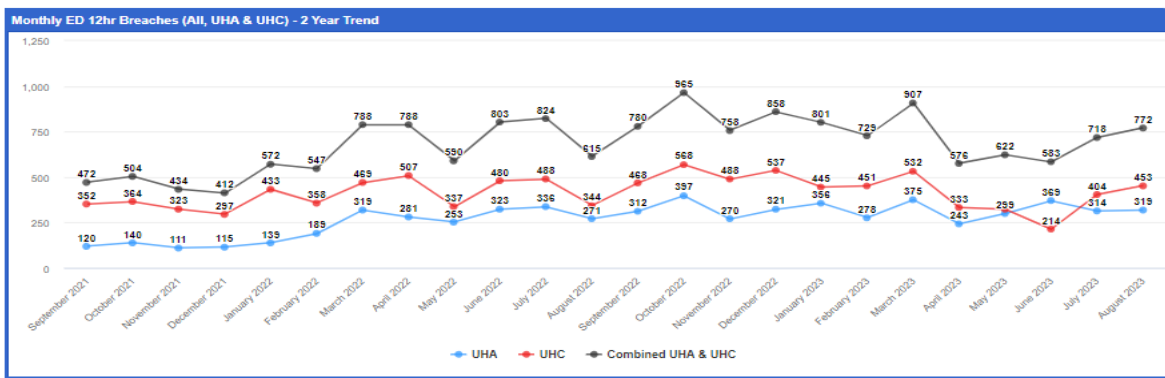
## Emergency Department



- National Target - At least 95% of patients will wait less than 4 hours from arrival at Emergency Department to treatment, admission, or discharge (unscheduled attendances only).
- Annual Delivery Plan - No patient will wait longer than 12 hours in our ED by August 2023.



Number of Unscheduled ED Attendances	
Jan-Aug 2023	59,983
Jan-Aug 2022	60,235



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

	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23
<b>NHS A&amp;A</b>	68.9%	70.8%	67.6%	65.4%	65.7%	62.3%	62.8%	66.4%	64.7%	68.1%	69.5%	68.8%	68.1%
<b>Scotland</b>	66.4%	66.0%	65.6%	64.0%	64.0%	58.3%	65.2%	66.3%	64.5%	65.7%	67.2%	69.0%	69.6%

Source: Local Management Reports

## IMPROVEMENT ACTIONS

The Strategic Planning and Operational Group (SPOG) which consists of the three HSCP Directors, Director of Acute Services, Director of Transformation and Sustainability have agreed a revised urgent and unscheduled care improvement plan that has five specific workstreams and quarterly trajectories for delivery. An operational oversight group which meets weekly is co-chaired by the Head of Health and Social Care, North Ayrshire and the Acute Director of Reform. The workstream leads provide an exception report weekly against improvement trajectories and this is reported to SPOG on a monthly basis.

- **Hospital at Home** - Now established across South and East Ayrshire HSCPs with 16 virtual beds available to prevent admission where possible and support earlier discharge. We will continue to expand the service to 24 virtual beds by the end of 2023/24. The service is now supporting all 'in hours' nursing home patient referrals, is able to deliver an IV antimicrobial service and can also take direct referrals from SAS. There is an additional bid to enable further additionality from 24 to 36 virtual beds.
- **Front Door Reconfiguration** - A 12 week programme of dedicated improvement work in CAU at UHC from mid-April to July saw a focus on minimising admission, streaming where possible to same day care services and maximising efficiency to maintain patient flow. Over the period we saw a reduction in ED 12 hour waits, a reduction in ambulance turnaround times, a reduction in length of stay in Initial Assessment and an increase in use of RAC. This work will be replicated at UHA from mid-September for a 3 month duration.
- **Rapid Assessment & Care (RAC)** - The RAC area within UHC was relocated mid-December 2022 with data showing a steady increase in RAC attendances along with an improving discharge %. This has showed a marginal decline in August & a refocus within the team has been initiated to regain the agreed trajectory of improvement. A dedicated area within UHC ED has been re-established to allow the timeous review of all Flow 1 patients, this is a substantial number of patients with the potential to improve performance by 10%.

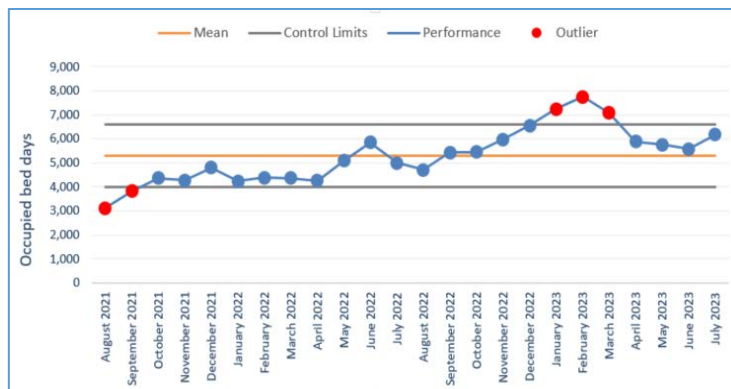
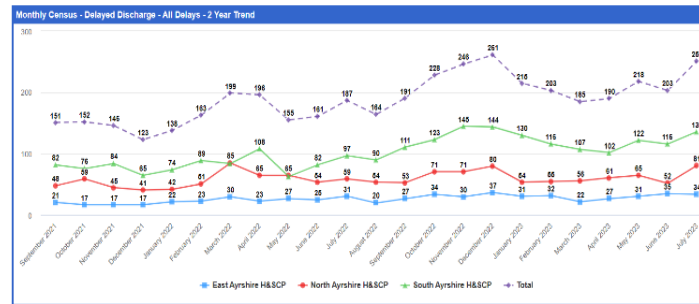
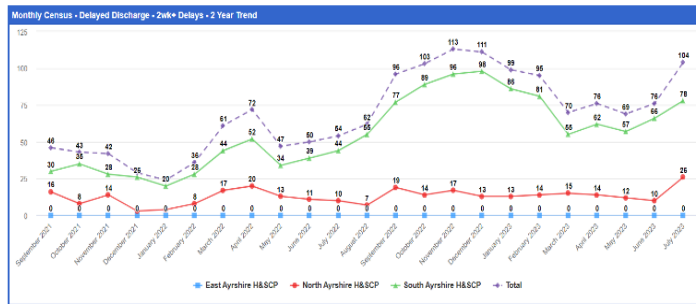
# Delayed Transfers of Care

## Targets/Measures – Delayed Transfers of Care

A *delayed discharge* occurs when a hospital patient who is clinically ready for discharge from inpatient hospital care continues to occupy a hospital bed beyond the date they are ready for discharge.

Three main measures are monitored in terms of performance:

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



## IMPROVEMENT ACTIONS

- **East Ayrshire** - All Community teams are working together 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 in ratio and volume of in-house to commissioned care at home services to support more people at home and ensure discharge without delay; investment 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.
- **North Ayrshire** - The hospital-based social work and care at home teams continue to be involved on a daily basis supporting discharge and discharge planning. Teams are engaging with families as part of the assessment and discharge process to ensure all options for discharge are fully explored. We have reviewed our 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. Our Care at Home service has a very comprehensive recruitment programme in place and has streamlined processes to fill vacancies as soon as possible. A review of our existing re-ablement service is in progress to ensure a re-ablement focussed approach for discharges.
- **South Ayrshire** - In addition to the implementation of a 10 bedded intermediate re-ablement unit, re-ablement Unmet Need Assessment Team; and focussed recruitment into in house care at home, South Ayrshire have implemented a Discharge to Assess process and the MHO team have implemented a Supported Decision Making process. We have set a trajectory and recovery plan to deliver our winter plan to minimise delays during 2023-24.