

# NHS Ayrshire & Arran



<b>Meeting:</b>	<b>Ayrshire and Arran NHS Board</b>
<b>Meeting date:</b>	<b>Monday 4 December 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

This Performance Report 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 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 was submitted to Scottish Government (SG) in July 2023 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.

## 2.3 Assessment

The latest monthly performance data within this report is mainly for the period October 2023, however for some measures, the latest monthly data may be for September 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% at March 2023 to 36.1% at October 2023. The overall total number of patients waiting has continued to rise, reaching a new high of 51,279 patients in October 2023.
- In October 2023, NHS Ayrshire & Arran remobilised 90% of all New Outpatient activity compared to October 2019; lower than 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 5,992 at end October 2023; with the number waiting over 18 months also gradually rising from 1,024 at end of August 2023 to 1,281 at the end of October 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 increased from 49.0% in September 2023 to 51.0% in October 2023, however performance remains on a longer term reducing trend compared to our position of 58.3% in April 2023. The overall total waiting list for Inpatient/Day Case treatment has increased gradually from 7,759 at July 2023 to 8,032 at October 2023. Despite this rise, we are meeting our ADP trajectory of 8,330.
- In October 2023, NHS Ayrshire & Arran remobilised 79% of all Inpatient/Day Cases activity compared to October 2019; exceeding the local ADP target of 75%.
- The number of Inpatients/Day Cases waiting longer than 18 months continues to show a reducing trend from 929 at mid-June 2023 to 700 at the end of October 2023. The target set nationally was to eliminate 18 month waits for Inpatient /Day Cases in most specialties by September 2023. In NHS Ayrshire & Arran, 18 month waits were eliminated in 10 out of 16 specialties, with General Surgery, Trauma and Orthopaedics, and ENT reporting the highest recorded waits.

#### Musculoskeletal

- Compliance in relation to the national 4 week target for Musculoskeletal (MSK) waiting times remains at 29.8% in October 2023, the second time compliance has been below 30% since June 2020. Performance remains below the lower control limit, signifying a negative change.
- On average in October 2023, Urgent referrals to Occupational Therapy (OT), Physiotherapy and Podiatry were seen within 4 weeks; however Urgent Orthotic referrals had an average wait of 12 weeks.

## Diagnosics

- 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 62.2% in September 2023. Compliance levels reached 97.4% in September 2023 for Computerised Tomography (CT) scans; and 86.2% for Magnetic Resonance Imaging (MRI) scans. Performance was above 75% for barium studies, however compliance was 47.5% in Non-Obstetrics Ultrasound in September 2023. The overall waiting list for Imaging did reduce between August and September 2023, in-line with a fall in Non-obstetric waits, however failed to meet our ADP trajectory.
- Compliance against the 6 week national target for Endoscopy has shown a slight decrease from 48.2% in August 2023 to 47.5% in September 2023; but remains on a long term increasing trajectory. Levels remain above the upper control limit, signifying a positive change. The overall waiting list for Endoscopy has been on a reducing trend from December 2022, and is below pre-pandemic levels with 1,313 waits in October 2023, meeting the ADP trajectory of 1,760. In October 2023, we remobilised 73% of Endoscopy activity compared to October 2019; lower than local ADP target of 100%. *It should be noted that due to an error in reporting of endoscopy waits, compliance for July 2023 has been re-calculated and is higher than previously reported figures.*

## Cancer

- Performance against the 62-day Cancer target has increased from 81.4% in August 2023 to 82.9% in September 2023; this is below the national target of 95% and marginally fails to meet the local ADP trajectory of 83%.
- Performance in relation to the 31-day Cancer target continues to meet the 95% national target, with levels of 100% in September 2023.

## Mental Health

- In September 2023, compliance in relation to Child and Adolescent Mental Health Services (CAMHS) was 99.6%, which continues to exceed the national target of 90%; and meets the local ADP trajectory of 98.6%.
- In September 2023, performance for Psychological Therapy (PT) waiting times has shown a reduction in compliance from 90.9% in August 2023 to 87.4%, below the 90% national target for the first time since June 2023; and lower than the local ADP trajectory of 90.0%. 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 continue to exceed the national target of 90% in September 2023, with compliance at 100%.

## Urgent Care

- In October 2023, 89% of patients of patients who accessed care via Ayrshire Urgent Care Service (AUCS) received alternative care in the community as an alternative to front door attendance. This exceeded the local target of 85%.
- The Call Before Convey Pathway in collaboration with the Scottish Ambulance Service (SAS) is well established with 254 referrals to AUCS in October 2023. Following assessment within AUCS, 90% went on to receive their treatment in a community setting. This exceeded the local target of 85%.

- The Care Home Pathway provides direct access to Urgent Care for AUCS during the out of hours period for Care Home and Nursing Home residents. Demand has increased as we approach winter with 629 calls during October 2023. Of the 629 calls, 90% of these patients did not require to attend an acute hospital and received alternative care in the community. This exceeded the local target of 85%.
- The Emergency Service Mental Health Pathway provides Police Scotland and SAS with access to community mental health services for those patients they are in contact with who require urgent Mental Health intervention. During October 2023 a total of 124 patients were referred through this pathway, with all of these patient accessing the Emergency Mental Health Team as an alternative to being conveyed to the Emergency Departments. Since the pathway began at the end of May 2022 there have been 2,274 patients have passed through this pathway and received assessment and appropriate care as an alternative to attending ED.

### **Unscheduled Care**

- Unscheduled ED attendances between January and October 2023 are marginally lower (-0.8%) compared to levels in the same period in 2022.
- Since falling to a low in December 2022, compliance against the ED 4-Hour standard had been on a general increasing trend, reaching 68.9% in August 2023 before falling in the last two months to 66.3% in October 2023. Performance is still within 'normal' variation limits and remains below the 95% national target. Compliance has consistently been higher at University Hospital Crosshouse (UHC) than UHA (University Hospital Ayr), and in recent months, has remained relatively stable at UHC whilst decreasing at UHA.
- In addition to the 4-hour standard for all ED attendances, we also monitor performance against this standard for minor injury attendances only (categorised as "Flow 1"), as these are patients who do not require inpatient care and so can typically be assessed, treated, and discharged from within the Emergency Department. For this measure, the proportion of Flow 1 attendances discharged within 4 hours of arrival has consistently been higher at UHA than at UHC, with performance at UHA regularly meeting the 95% target.
- In October 2023, the number of breaches at UHC reached 527; and increased to 367 at UHA. The local 2023/24 ADP target was for no 12 hour breaches by August 2023.
- The turnaround time for Scottish Ambulance Service (SAS) vehicles is a measure of the time between vehicle arrival and departure when conveying patients to our acute hospital sites. The local target is for our overall median turnaround time to be in line with the Scottish median, and for much of the period between April and June 2023, this was achieved. Since July 2023, however, the median turnaround time has consistently exceeded the Scottish median, rising to 49 minutes for the latest week ending 29<sup>th</sup> October 2023, compared to 46 minutes nationally.

### **Delayed Transfers of Care**

- The total number of delayed transfers of care recently reached a high of 251 in July 2023, reducing to 219 by September 2023, with the majority of delays from South Ayrshire Health and Social Care Partnership (HSCP) (108; 49.8%).
- Bed days occupied due to a delayed discharge similarly rose to a high of 6,988 in July 2023, which exceeded the upper limits of variation, before falling to 6,251 in September 2023, with the majority (3,072; 49.1%) from South Ayrshire HSCP. With the exception of a period between January 2023 and March 2023, and again

in July 2023, performance in relation to this measure has largely remained within the limits of normal variation.

### **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.

## **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**

**Appendix 1** – Performance Report

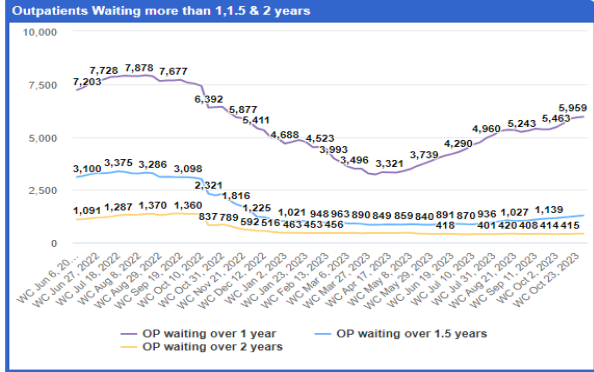
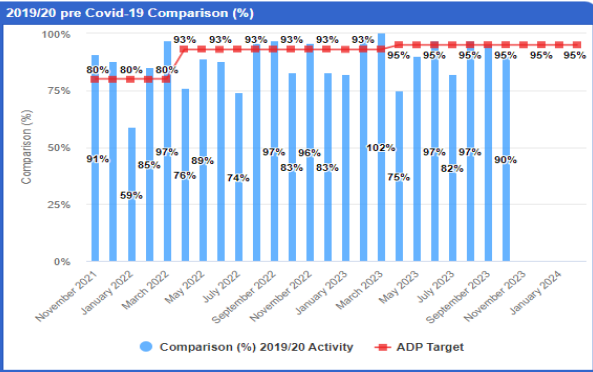
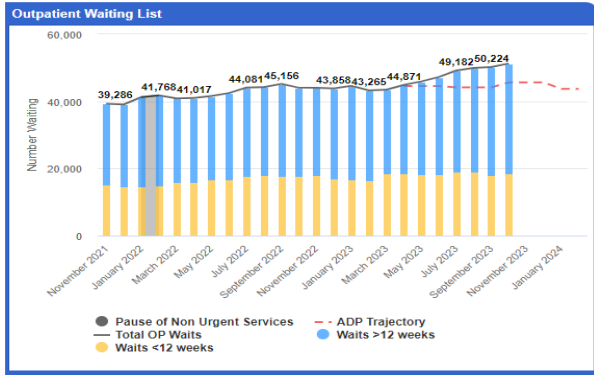
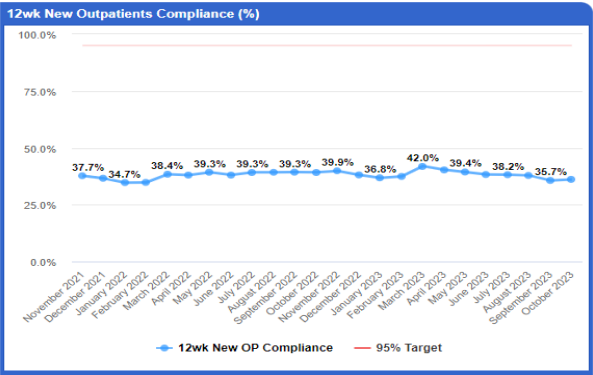
New Outpatients

**12wk New Outpatients % Compliance**

October 2023 result

**36.1%**

- 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 October 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

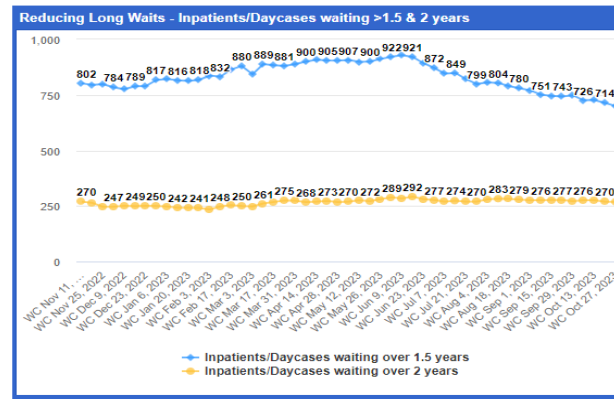
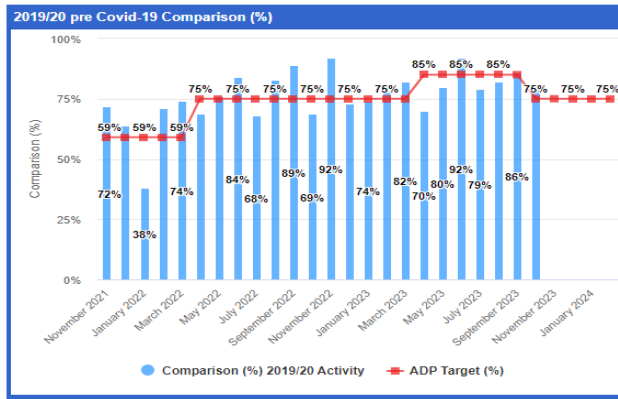
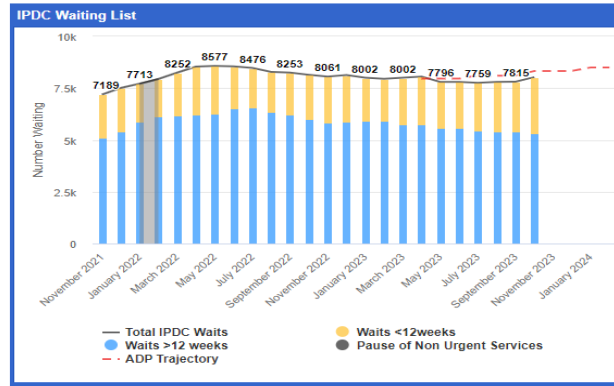
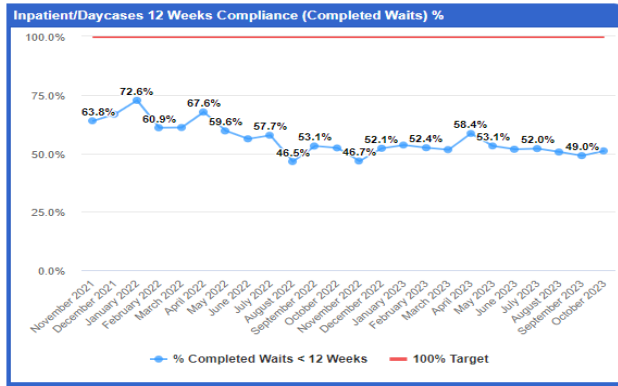
IMPROVEMENT ACTIONS

- The National Elective Co-ordination Unit (NECU) continuing to support mutual aid for Diabetes from NHS Forth Valley (NHS FV). Unfortunately discussions to consider expanding this work to include capacity from an additional NHS board have concluded that they are unable to provide this capacity. Work to establish mutual aid for Gastroenterology with NHS Grampian has now been paused due to irresolvable IT security issues.
- 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.
- An additional Insourcing contract for Urology has reached tender stage.
- Planning is ongoing regionally to develop a service plan for Sleep pathway for the West of Scotland (WoS). An NHS Greater Glasgow & Clyde (NHS GG&C) Specialty doctor is expected to start contributing to NHS Ayrshire & Arran (NHS A&A) service from January 2024 as a short term measure.

# Inpatients/Day Cases

**IPDC 12wks % Compliance (Completed Waits)**  
 October 2023 result  
● **51.0%**

- National Target – 100% of eligible patients receive inpatient or daycase treatment within 12 weeks of such treatment being agreed.
- Annual Delivery Plan - Achieve 75% of pre-COVID-19 activity in October 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

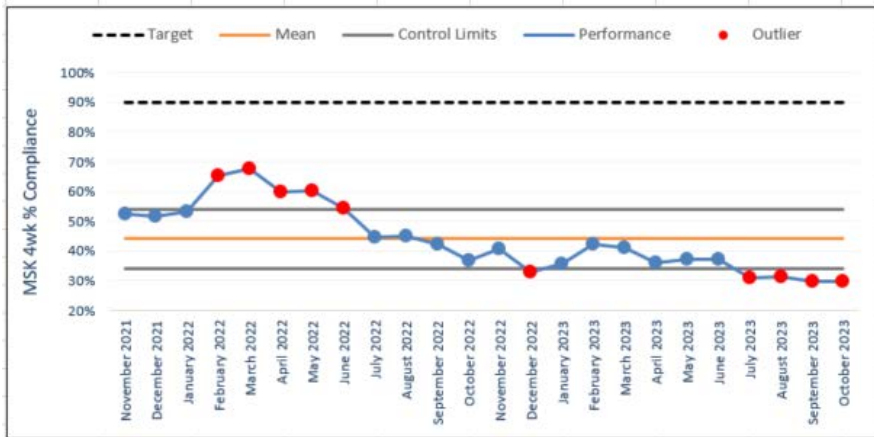
## IMPROVEMENT ACTIONS

- 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.
- An additional consultant anaesthetist has recently been recruited and a locum anaesthetist secured.
- 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.
- 12 vascular surgery daycases have now been treated at NHS FV as part of mutual aid agreement. A process is still being worked through for remaining eight patients with dates expected in January 2024.
- Theatre Utilisation in September 2023 is showing 94.3%. Approximately 3,500 patients have been sent to the NECU for a validation process which started on 2<sup>nd</sup> November 2023. Further feedback is expected after December 2023.

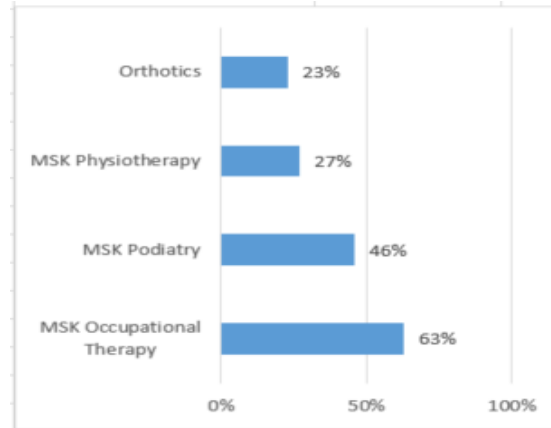


## Musculoskeletal (MSK)

- 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.



### October 2023 - % Performance by service



### October 2023 - Average Waits by Service

Service	Number Waiting	Max Weeks Waiting	Average Wait (Weeks)
MSK Occupational Therapy	115	11	7
MSK Podiatry	694	20	9
MSK Physiotherapy	4880	31	13
Orthotics	514	45	14

October 2023 - Average Wait from Referral to Appointment (weeks)	
Urgent	
OT	2
Podiatry	4
Physiotherapy	4
Orthotics	12

### National Benchmarking - 4 Week MSK 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
NHS A&A	54.3%	44.5%	44.8%	42.3%	36.8%	40.7%	33.0%	35.5%	42.2%	41.1%	35.8%	37.2%	37.3%
Scotland	50.4%	51.4%	51.4%	51.4%	51.6%	51.6%	51.6%	51.8%	51.8%	51.8%	47.5%	47.5%	47.5%

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

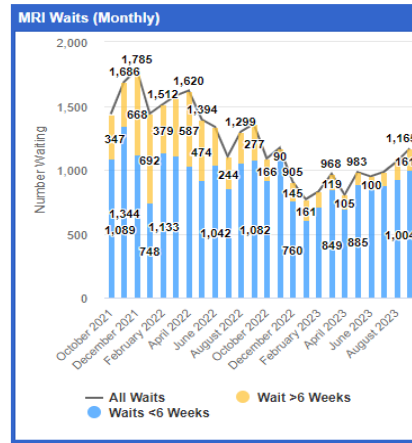
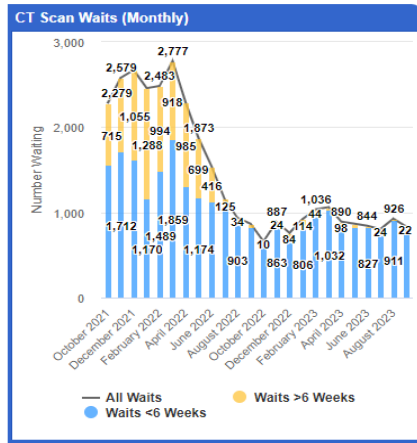
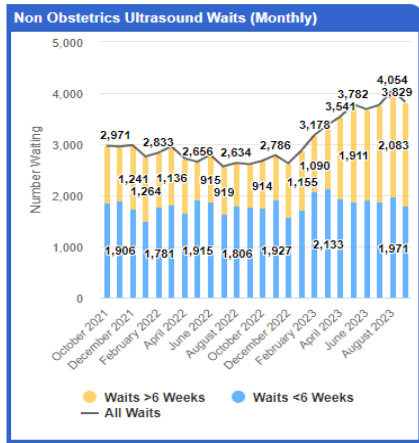
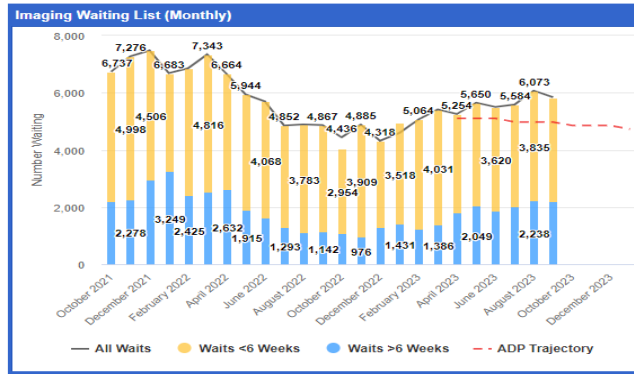
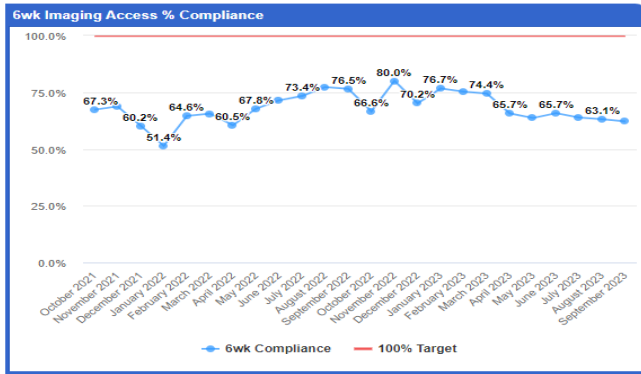
## IMPROVEMENT ACTIONS

- 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.
- Enhancing MSK Webpage and Social Media to facilitate self-management and referral avoidance.
- 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. Over 90% of referrals vetted as urgent are seen within 4 weeks. However, this impacts negatively on the routine referrals being seen within this time frame.

# Radiology/Imaging



- 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 September 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

# Diagnostics

## IMPROVEMENT ACTIONS

- The mobile MRI scanner has delivered 410 scans in October 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 659 patients in October 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 continues to significantly outstrip capacity for Ultrasound. Two locum sonographers have been secured to deliver additional weekend activity from November 2023 to end March 2024.

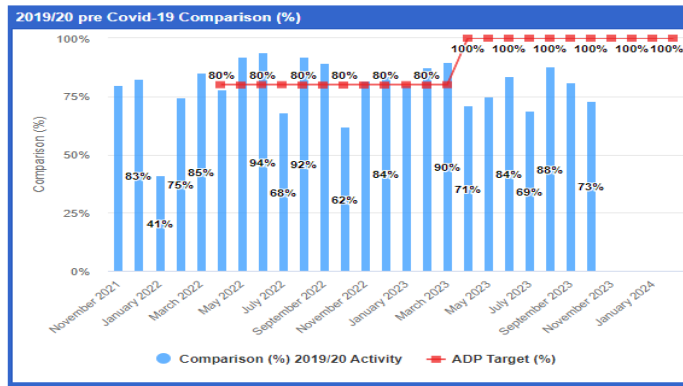
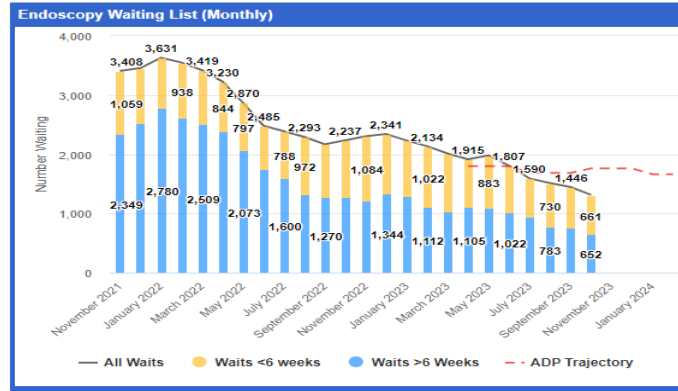
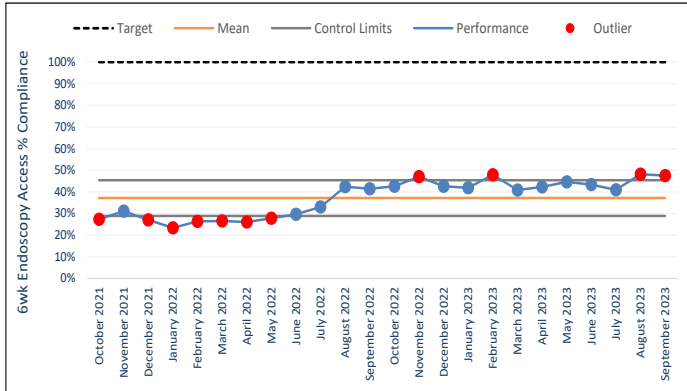
# Endoscopy

**6wk Endoscopy Access % Compliance**

September 2023 result

● **47.5%**

- 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 1,760 at October 2023.
- Annual Delivery Plan - Achieve 100% of pre-COVID-19 activity in October 2023.



## IMPROVEMENT ACTIONS

- Quantitative Faecal Immunochemical Testing (qFIT) is now part of the referral process from General Practice (GP) meaning patients will experience a better pathway.
- Additional qFIT review clinics have been scheduled to address the backlog
- Demand and capacity analysis is being revised to reflect the addition of the 4<sup>th</sup> room at UHA.
- Focus on longest waiting patients to ensure waiting time continues to decrease.

### 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
<b>NHS A&amp;A</b>	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%
<b>Scotland</b>	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

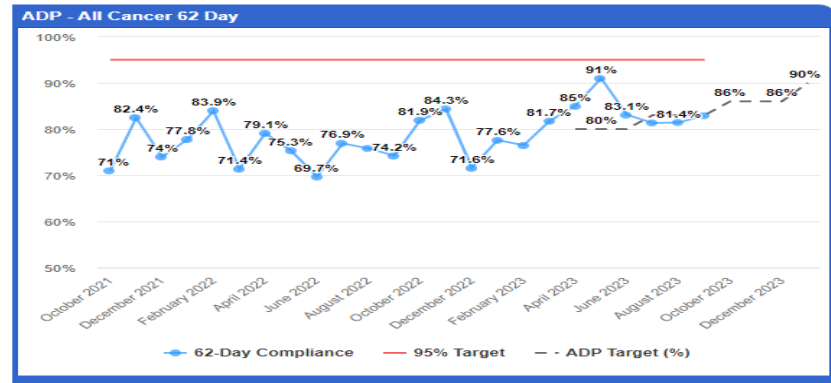
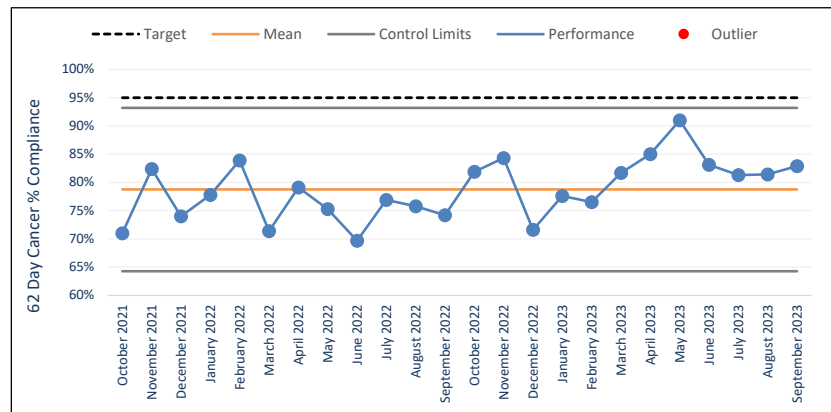
# Cancer – 62 day Compliance

**62-Day Cancer: Suspicion-of-Cancer Referrals**

September 2023 result

● 82.9%

- 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 by September 2023.



## Performance by Tumour Type 62 Day Cancer Target - September 2023

Title	Value	Numerator	Denomi...	Last Up...
Melanoma Cancer - Waiting Times - 62 ...	100.0%	1	1	Septem...
Ovarian Cancer - Waiting Times - 62 D...	100.0%	2	2	Septem...
Breast Cancer - Waiting Times - 62 Day...	87.5%	28	32	Septem...
Lung Cancer - Waiting Times - 62 Day ...	85.7%	12	14	Septem...
Upper Gastro-Intestinal Cancer - Waitin...	83.3%	5	6	Septem...
Urological Cancer - Waiting Times - 62 ...	78.6%	11	14	Septem...
Colorectal Cancer - Waiting Times - 62 ...	75.0%	6	8	Septem...
Lymphoma Cancer - Waiting Times - 62...	66.7%	2	3	Septem...
Head and Neck Cancer - Waiting Times...	50.0%	1	2	Septem...
Cervical Cancer - Waiting Times - 62 D...	0.0%	0	0	Septem...

## National Benchmarking – 62 Day Cancer 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>	69.7%	76.9%	75.8%	74.2%	81.9%	84.3%	71.6%	77.6%	76.5%	81.7%	85.0%	91.0%	83.1%
<b>Scotland</b>	73.8%	77.1%	75.1%	73.2%	70.7%	71.9%	72.5%	67.6%	67.4%	72.6%	74.8%	73.2%	70.9%

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

# Cancer

## IMPROVEMENT ACTIONS

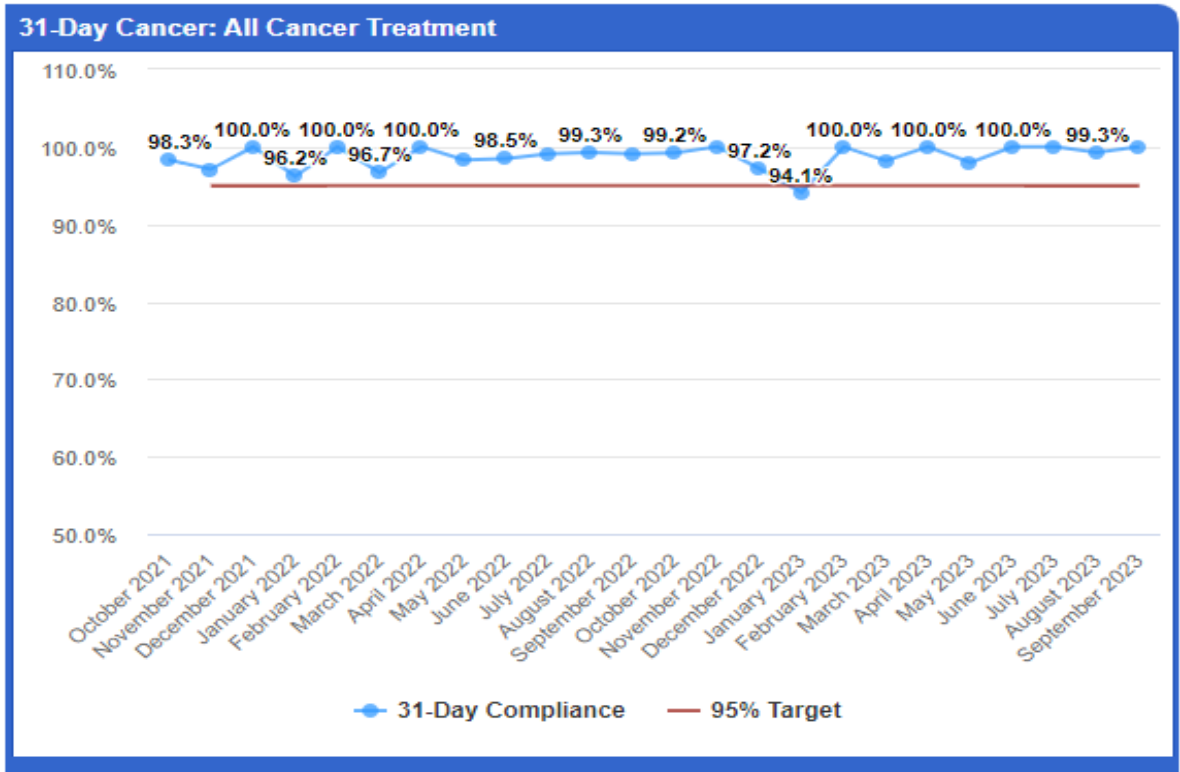
- Continued focus on addressing diagnostic delays, particularly the actions mentioned earlier relating to increased Imaging capacity and Endoscopy capacity form part of the cancer plan.
- Actions are underway to address the Pathology backlog and capacity shortfall including adhoc short-term locum appointments and outsourcing.
- Recruitment is underway to support the National Optimal Lung Cancer Pathway.
- Robot-assisted surgery has commenced for some colorectal and urological cancer patients.

## Cancer – 31 day Compliance

**31-Day Cancer: All Cancer Treatment**

September 2023 result  
✔ 100.0%

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



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

	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>	98.5%	99.1%	99.3%	99.1%	99.2%	100.0%	97.2%	94.1%	100.0%	98.2%	100.0%	98.0%	100.0%
<b>Scotland</b>	95.3%	95.2%	94.3%	93.8%	93.8%	94.0%	94.5%	91.8%	95.4%	94.8%	95.2%	94.5%	95.5%

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

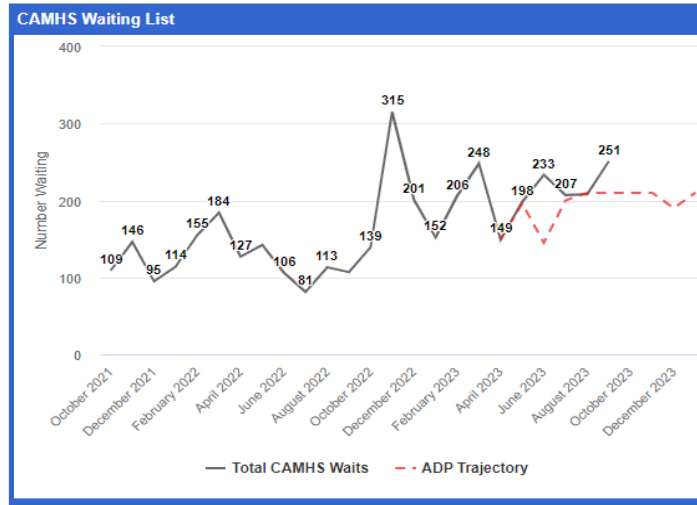
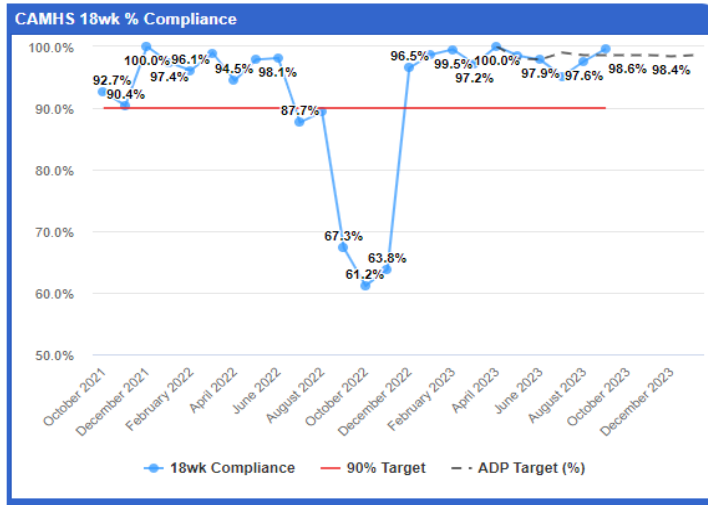
## IMPROVEMENT ACTIONS

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

## 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 September 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.
- The Demand, Capacity, Activity and Queue (DCAQ) work is ongoing to ensure that CAMHS are able to match capacity to demand to meet the National CAMHS Specification and the needs of young people of Ayrshire and Arran requiring a specialist mental health service.
- 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.



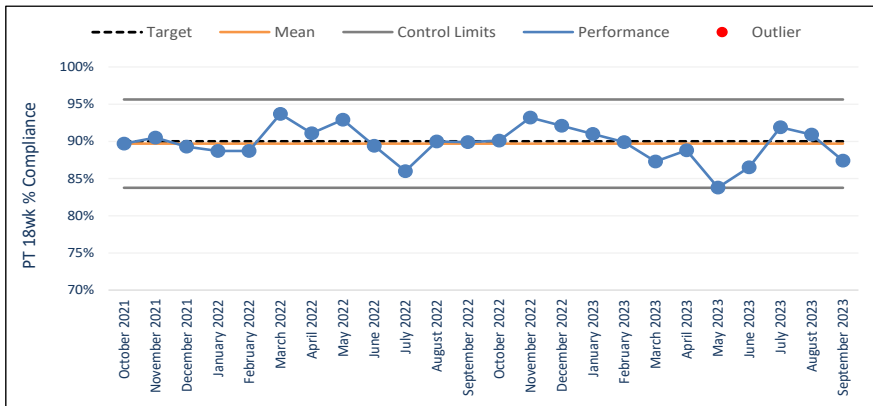
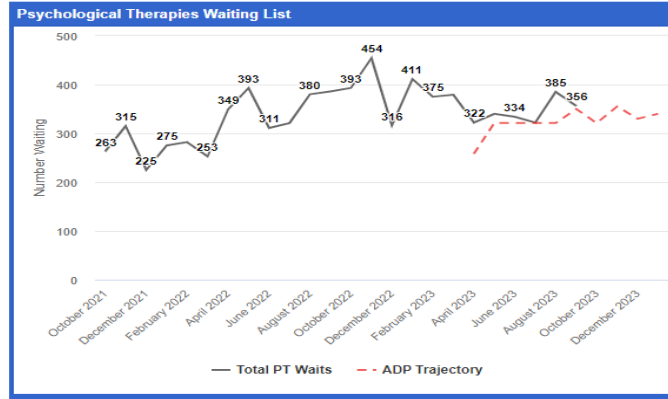
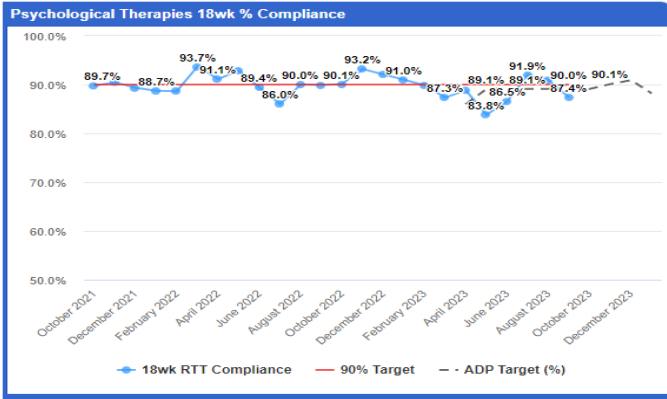
# Psychological Therapies

Psychological Therapies 18wk % Compliance 3

September 2023 result

▲ 87.4%

- 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 90% in September 2023.



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

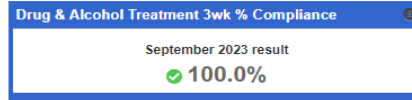
	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
<b>NHS A&amp;A</b>	87.8%	81.8%	86.6%	87.1%	87.1%	91.0%	90.3%	88.9%	87.0%	83.1%	88.8%	83.8%	86.5%
<b>Scotland</b>	82.3%	79.2%	81.6%	81.2%	80.9%	80.6%	82.4%	80.6%	79.4%	79.3%	79.4%	78.5%	78.5%

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

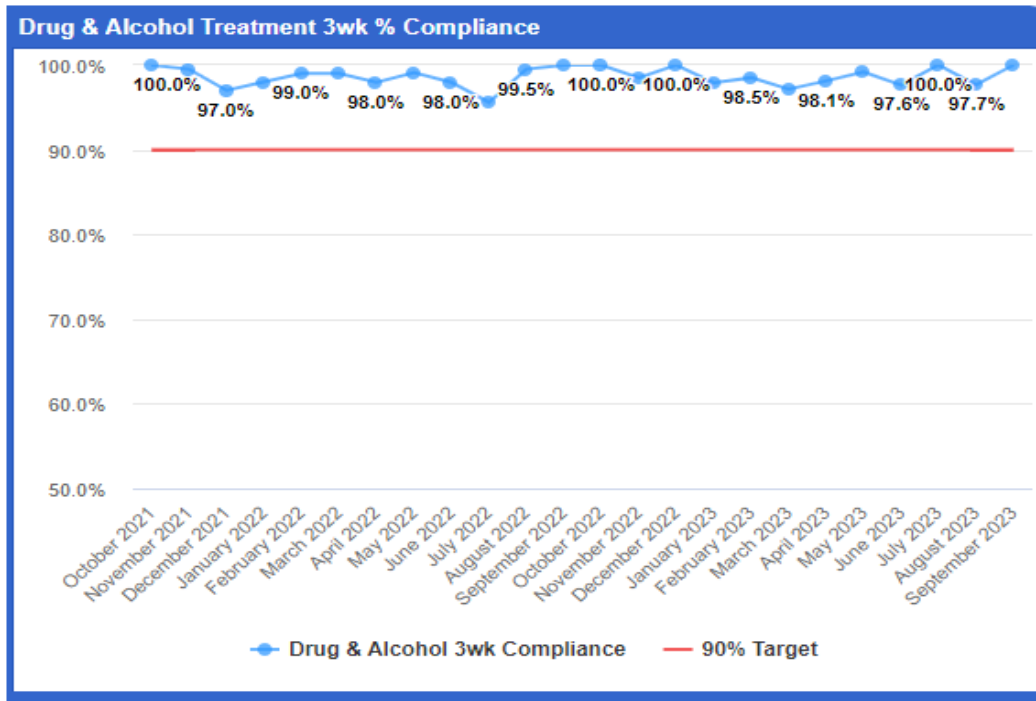
## IMPROVEMENT ACTIONS

- **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 (RTT) 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/Infant Mental Health (IMH)/Maternity and Neonatal Psychological Interventions(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%)

	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	98.0%	95.6%	99.5%	100.0%	100.0%	98.5%	100.0%	97.9%	98.5%	97.2%	98.1%	99.2%	97.6%
Scotland	90.5%	90.9%	90.9%	90.9%	91.6%	91.6%	91.6%	92.9%	92.9%	92.9%	93.0%	93.0%	93.0%

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

## IMPROVEMENT ACTIONS

- North Ayrshire** – All local and national targets and standards have been met. All vacant social worker and social care posts have been recruited to. Interview dates set for GP Practices who have expressed an interest in delivering a GP Local Enhanced Service relating to Medication Assisted Treatment (MAT) prescribing. Ongoing development work with Governance teams for community pharmacy sites identified to pilot Buprenorphine administration. Pan Ayrshire discussions continue as to whether Ayrshire and Arran GP's are supportive of delivering MAT Standard 7 (primary care MAT prescribing via a 'Shared Care' model with specialist addiction services). Ongoing discussions regarding PCA(M)(2023)04 circular as to whether NHS Ayrshire & Arran are able to allocate a portion of ring-fenced primary care funding to support the delivery of the 'National Mission', prevent Drug Related Deaths & support the implementation of MAT Standard 7.
- East Ayrshire** - Addiction & Recovery Service have now completed a service review and are working on an improvement plan to implement the findings of the review. Which 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)

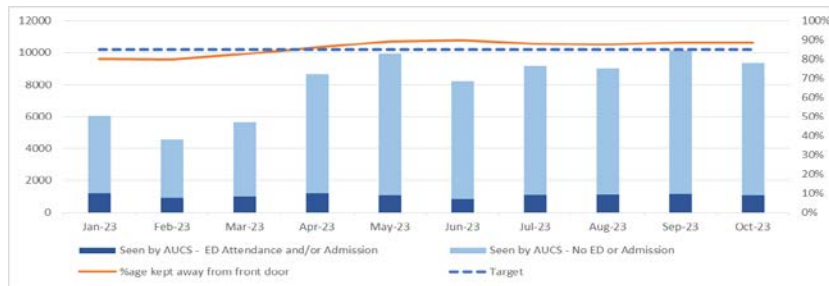
**AUCS Compliance**

October 2023 result

✔ **89%**

- At least 85% of patients who contact AUCS will not require attendance at the Front Door and will receive alternative pathways of care in the right place, at the right time.

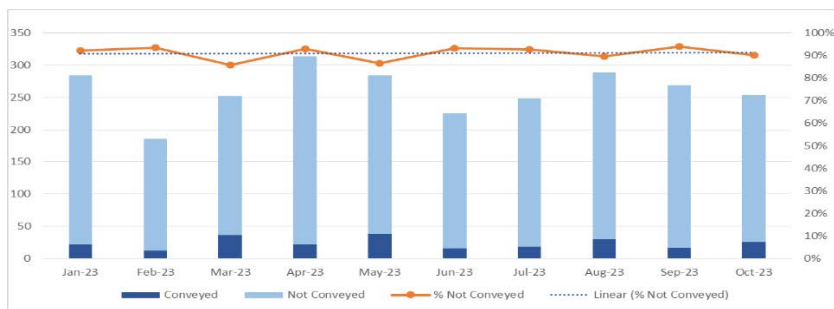
## AUCS Contacts



## NHS24 to AUCS Response Time – Target 85%

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
AUCS Referrals from NHS 24 -% of patients contacted within response times	94%	94%	92%	88%	94%	91%	96%	97%	91%	93%

## Call Before Convey



## Care Home Contacts to AUCS

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Non NHS24 Contacts	391	226	317	411	488	449	493	501	570	578
Contacts to NHS24	102	80	49	72	64	64	60	63	95	51
% Contacts to Hospital	13%	17%	15%	8%	13%	10%	10%	11%	7%	10%

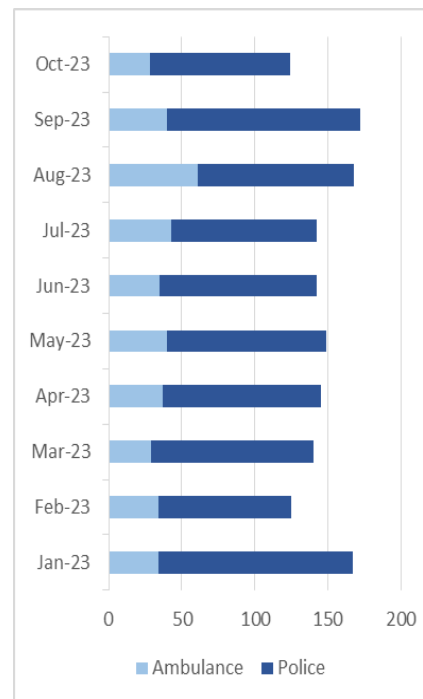
Source: Local Management Reports

# Urgent Care

## IMPROVEMENT ACTIONS

- AUCS** continues to provide clinical assessment and care as well as navigating patients through alternative pathways to avoid unnecessary attendance at hospital.
- 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%.
- Call before Convey** - involves SAS crews receiving decision support from the FNC/AUCS clinicians & exploring alternatives for patients before conveying to hospital. The average number of SAS calls per week is 62 with on average 53 not being conveyed. This pathway will continue to be promoted across SAS.
- Care Home pathway** - Care Homes in Ayrshire now have direct access to Urgent Care during the out of hours period for their residents. This includes redirection to other appropriate pathways during the out-of-hours period. Demand is increasing for this pathway ahead of winter with 629 calls during October via this pathway with 10% of patients requiring to attend an acute hospital.
- 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 Mental Health intervention.
- Rapid Respiratory Response (RRR)** - This service expansion is well underway providing an alternative to hospital attendance for those patients experiencing a COPD exacerbation. The service is now receiving referrals from within 17 local GP Practices with 50% coverage of the COPD registered population.

## Emergency Services Mental Health



## Rapid Respiratory Response

End October 2023	
No. of Practices involved with RRR	17
% of COPD Patients	50%
Average no. of consultations per month	341

# Unscheduled Care

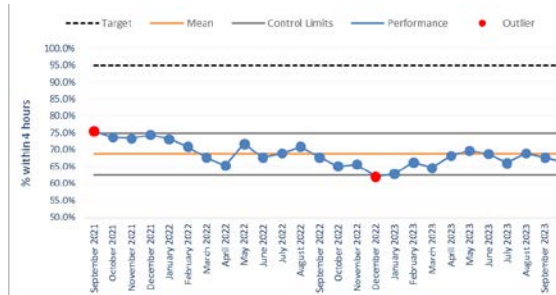
## Emergency Department (ED)

A&A - Unscheduled ED waits <4 ... 3

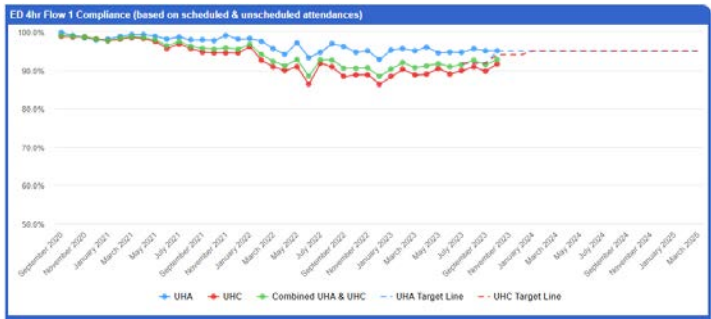
October 2023 result

● 66.3%

- 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 – By January 2024, at least 95% of all flow 1 (minor injury) attendances at Emergency Departments will be discharged within 4 hours of arrival



Number of Unscheduled ED Attendances	
Jan-Oct 2023	75,581
Jan-Oct 2022	76,204



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

	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23
NHS A&A	67.6%	65.4%	65.7%	62.3%	62.8%	66.4%	64.7%	68.1%	69.5%	68.8%	68.1%	68.9%	67.7%
Scotland	65.6%	64.0%	64.0%	58.3%	65.2%	66.3%	64.5%	65.7%	67.2%	69.0%	69.6%	67.9%	66.5%

Source: Local Management Reports and PHS

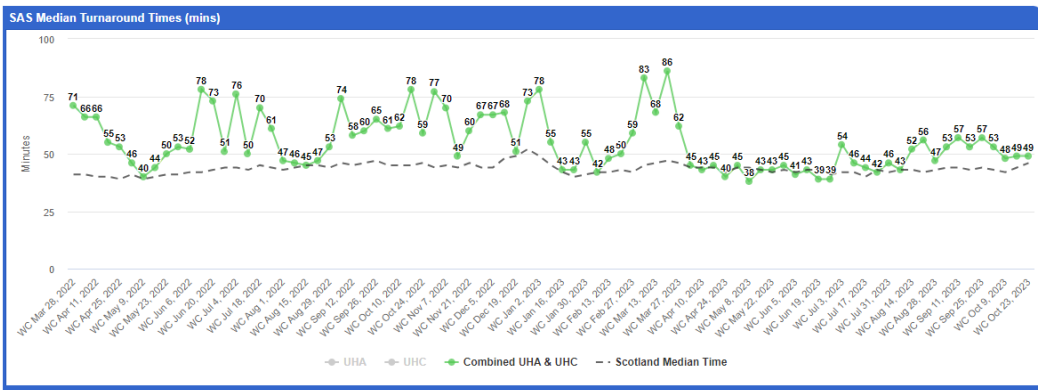
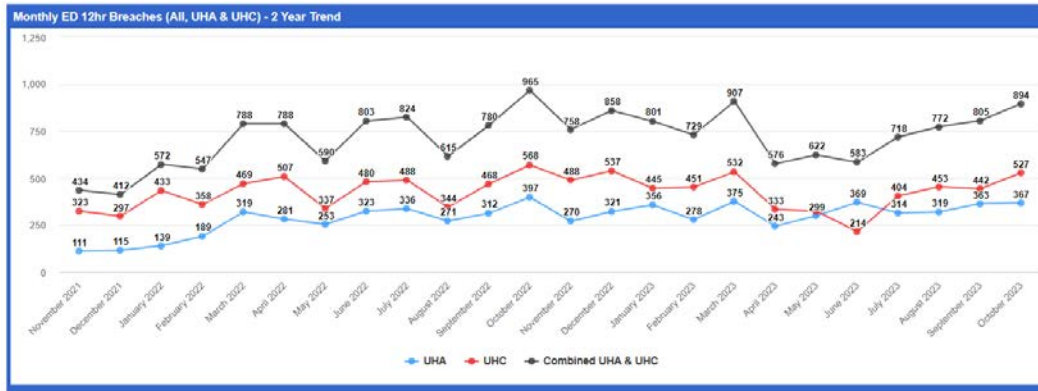
## IMPROVEMENT ACTIONS

- The Strategic Planning and Operational Group (SPOG) 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 reported to SPOG monthly.
- **Front Door Reconfiguration** - A 12 week programme of dedicated improvement work in the Combined Assessment Unit (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 Rapid Assessment & Care (RAC). As part of the recovery plan this work will recommence week beginning 23<sup>rd</sup> October. In addition to the above, AHPs have been recruited to support front door services across ED and CAU with the aim of reducing admissions and reducing length of stay. Speech & Language Therapy (SLT) and Dietetics are already in place with Occupational Therapy (OT) and Physical Therapy (PT) recruitment ongoing. There also continues to be a focus on the minors flow and redirections. All staff have been reminded of the redirections policy and the alternative services available for signposting. Patient leaflets and posters have been refreshed and updated. Ensuring adequate workforce in the ED department will allow minors to function appropriately 8am-10pm. Weekly meetings are also in place to review redirections and overall Flow 1 (minors) performance.

# Unscheduled Care

## Emergency Department

- Annual Delivery Plan - No patient will wait longer than 12 hours in our ED by August 2023.
- Local Target – The median turnaround time for Scottish Ambulance Service (SAS) vehicles at both acute hospitals will in line with the national median time



Source: Local Management Reports and Scottish Ambulance Service

## IMPROVEMENT ACTIONS

- **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 intravenous (IV) antimicrobial service and can also take direct referrals from SAS. There is an additional bid to SG to enable further additionality from 24 to 36 virtual beds.
- **Reducing non-delayed average length of stay** – A DCAQ exercise has commenced at UHC to facilitate better understanding of demand for inpatient specialty beds. A short life working group and a test of change will commence in Gastroenterology at the end of October 2023. Following the recent self-assessment an improvement plan, involving Clinical Nurse Managers (CNMs), Senior Charge Nurses (SCN), Home First Practitioners and discharge hub teams, will be pulled together focussing on the areas where improvements can be made. This will include increased Planned Discharge Date (PDD) scrutiny, minimal goal setting and identification of suitable patients for early transfer to the discharge lounge. Twice daily discharge huddles will take place with a senior clinical decision maker being present at least once. Regular reviews of long stay patients are ongoing in collaboration with the 3 HSCPs, providing scrutiny around the patient journey and focussing on alternatives to acute care, supported discharge and reducing length of stay.
- As part of the CAU work we have now employed a dedicated consultant and junior doctor to review the General Internal Medicine (GIM) patients every day ensuring consistency of care for those patients but also freeing up the acute medics to allow them to see and schedule more patients to RAC.

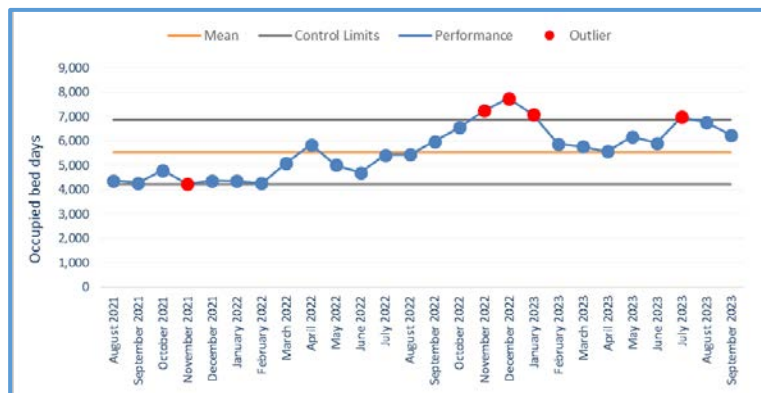
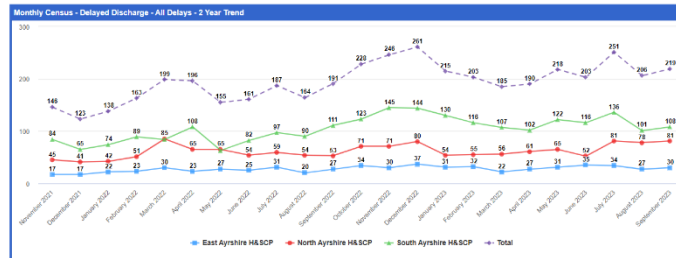
# Delayed Transfers of Care

## 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.



Source: Public Health Scotland

## 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 North Partnership teams continue to work closely with all partners to ensure robust assessment and discharge planning to support people home from hospital. The North team have developed a winter improvement plan to ensure that capacity and efficiency is maximised to ensure continued flow and to minimise any delays in discharge over the winter period. This will include focus on Care at Home capacity, Adults with Incapacity, use of Discharge to Assess and interim beds.
- **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 Mental Health Officer (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.