

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 4 December 2023
Title:	Annual Review 2023
Responsible Director:	Kirstin Dickson, Director for Transformation & Sustainability
Report Authors:	Gillian Arnold, Assistant Director Planning & Commissioning Valerie Richmond, Senior Planning Officer

1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- Annual Operational Plan

This aligns to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

NHS Ayrshire & Arran's Annual Review took place on the 4 September 2023 within University Ayr Hospital with Maree Todd MSP, Minister for Social Care, Mental Wellbeing and Sport and supported by Caroline Lamb, Director General of Health & Social Care and Chief Executive of NHS Scotland.

The Annual Review continues to be a key part of how NHS Boards are held to account for the significant public investment made in them.

Maree Todd MSP subsequently issued a letter dated 19 September (Appendix 1) summarising the main points discussed from the Board's Annual Review in Ayr on 4 September. The focus of the day was the resilience and recovery of local services, as we emerge from the Covid-19 pandemic.

2.2 Background

Guidance was issued by Scottish Government on the 14 June which set out the arrangements and requirements for the 2023 Annual Review.

Due to the restrictions and pressures associated with the Covid pandemic and the need to maintain the focus on the response to it, the last two years of Annual Reviews were limited to a private session with the Chair and Chief Executive, conducted via video conference and chaired by a Health Minister, supported by a Scottish Government Director.

It was confirmed that it now felt safe and practicable to return to on-site Ministerial Reviews. This approach covered all the key stakeholder groups in a familiar, established format, augmenting the process by adding digital access.

2.3 Assessment

The Annual Review took place at University Hospital Ayr and facilitated five separate groups:

- Area Clinical Forum;
- Area Partnership Forum;
- Patient and Carers Meeting;
- Public Session (live streamed); and
- Private Session.

All of the above groups were asked to submit, in advance, a report or any questions they would like to discuss or seek a response to.

Following the review, Maree Todd MSP thanked everyone who was involved in the preparations for the day, and also those who attended the various meetings; both in-person and by virtual means. It was found to be a very informative day and it was hoped that everyone who participated found it worthwhile.

Specific feedback is provided in the official response, a summary of which is detailed below:

Area Clinical Forum (ACF) - This provided an opportunity to share the meaningful contribution the ACF has in the Board's work, and the effective links to the senior management team. The ACF felt it had been fully involved in the Board's determined focus on contributing to effective clinical governance and patient safety, which was reassuring to hear.

Area Partnership Forum - This provided an opportunity to share how local relationships have been strengthened by the significant pressures of the pandemic experience, which are recognised to have accelerated pre-existing challenges facing local staff and the system. Indeed, the on-going commitment of local staff and strength in partnership working in the face of unprecedented pressures has been fundamental to a number of developments and improvements that have been delivered locally over the last year.

Parent and Carers Meeting - This provided an opportunity to meet with patients and carers. Their openness and willingness to share their experiences was appreciated and is a vital part of the process of improving health services.

Public Session - This provided an opportunity for the Board Chair to present the Board's key achievements and challenges, looking back and forward, followed by Question & Answer. Key themes explored were of Resilience (including winter planning) and Recovery and Renewal, in line with national and local priorities. The full public session was streamed live and recorded; and is available to be viewed via a link on the Board's website <https://www.youtube.com/watch?v=AyajlnE2T2E>

Private Session - This provided an opportunity to discuss local performance in more detail. The session focussed on performance in relation to financial sustainability; workforce; resilience and winter planning; unscheduled care and delayed discharges; planned care and cancer waiting times; mental health waiting times and National Drug Mission; and our local strategy Caring for Ayrshire.

2.3.1 **Quality/patient care**

The quality of care for patients is a particular focus within the Annual Review.

2.3.2 **Workforce**

Workforce forms a key component of the Annual Review.

2.3.3 **Financial**

The Financial Plan is a key component of the Annual Review.

2.3.4 **Risk assessment/management**

Risks to delivery of the various aspects highlighted during the Annual Review are assessed and managed through the lifespan of the Annual Delivery Plan.

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

Progressed within the context of the Programme for Government and takes cognisance of the delivery of services within the Public Sector Equality Duty, Fairer Scotland Duty and the Board's Equalities Outcomes.

2.3.6 **Other impacts**

The Annual Review is set within the context of all the work undertaken across the Health and Care system within Ayrshire and Arran. It considers how we will deliver at a local level, how we will meet the needs of our local populations and how we will provide services within the scope of the resources available to us.

2.3.7 Communication, involvement, engagement and consultation

The promotion of the Annual Review meeting utilised a broad range of communication tools both internally and externally to encourage attendance and participation at the public session. This round of Annual Reviews marks the first safe and practicable opportunity since the pandemic began to visit and meet with colleagues and stakeholders in the local area. The key addition to the format this year has been, wherever possible, to add digital access elements. This hybrid approach has been taken to maximise attendance and participation, including those stakeholders who may have been precluded from attending due to the need to travel, e.g. those with care/treatment commitments; or those with vulnerabilities who remain nervous about attending potentially large public events.

2.3.8 Route to the meeting

The content discussed in this paper has been considered by the Corporate Management Team.

2.4 Recommendation

For discussion. Members are asked to review and ask any questions they may have on the content of the Scottish Government Annual Review response letter dated 19 September 2023.

3. List of appendices

Appendix 1 - Letter from Maree Todd MSP – NHS AA Annual Review Sept 2023

Minister for Social Care, Mental Wellbeing and Sport
Maree Todd MSP
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Lesley Bowie
Chair
NHS Ayrshire & Arran

Sent via: Margaret.Weir2@aapct.scot.nhs.uk

19th of September 2023

Dear Lesley

NHS AYRSHIRE & ARRAN ANNUAL REVIEW: 4 SEPTEMBER 2023

1. This letter summarises the main points discussed from the Board's Annual Review and associated meetings in Ayr on 4 September. I was supported by Caroline Lamb, Director General of Health & Social Care and Chief Executive of NHS Scotland. The focus of the day was the resilience and recovery of local services, as we emerge from the Covid-19 pandemic, and I am writing to summarise the key discussion points.

2. This round of Annual Reviews marks the first safe and practicable opportunity since the pandemic began to visit and meet with colleagues and stakeholders in the local area. The key addition to the format this year has been, wherever possible, to add digital access elements. This hybrid approach has been taken to maximise attendance and participation, including those stakeholders who may have been precluded from attending due to the need to travel, e.g. those with care/treatment commitments; or those with vulnerabilities who remain nervous about attending potentially large public events.

3. We would like to record our thanks to you and everyone who was involved in the preparations for the day, and also to those who attended the various meetings; both in-person and by virtual means. We found it a very informative day and hope everyone who participated also found it worthwhile.

Meeting with the Area Clinical Forum

4. We had an interesting and constructive discussion with the Area Clinical Forum. We firstly reiterated our sincere thanks to local staff for their sustained professionalism and commitment, in the face of unprecedented and unremitting pressures over recent years, for the benefit of local people.

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5. It was clear that the Forum continues to make a meaningful contribution to the Board's work, and that the group has effective links to the senior management team. It was reassuring to hear that the Forum felt it had been fully involved in the Board's determined focus on contributing to effective clinical governance and patient safety. In addition, the Forum has played an important role in terms of informing the Board's approach to workforce recruitment and retention; as well as in the key area of staff wellbeing. We were particularly pleased to hear about the Board's work with planning partners to provide housing support to new members of staff joining via the international recruitment drive.

6. We had very interesting discussions with the representatives from the various professional committees and undertook to consider some of the points raised: for instance, the general support for expansion of the apprenticeship programme; the need to focus on further developing the domestic workforce supply, including dental nursing; and for more focused IT development and integration. We were reassured to hear about the Forum's input into the local *Caring for Ayrshire* strategy. We are in no doubt that continued, meaningful engagement of local clinicians will be essential in taking forward this important work; effectively learning the lessons from the pandemic experience and applying that to the ongoing challenges for local healthcare and health improvement. We were grateful to the Forum members for taking time out of their busy schedules to share their views with us.

Meeting With the Area Partnership Forum

7. We had an equally positive discussion with the Area Partnership Forum. It was clear that local relationships have been strengthened by the significant pressures of the pandemic experience, which we recognised had accelerated pre-existing challenges facing local staff and the system. Indeed, the on-going commitment of local staff and strength in partnership working in the face of unprecedented pressures has been fundamental to a number of developments and improvements that have been delivered locally over the last year. We also acknowledged that, whilst we hope to be over the most acute phase of the pandemic, very many pressures remain on staff throughout the NHS and planning partners, including addressing the backlog of elective care.

8. Once again, it was reassuring to hear that the Forum continues to meaningfully inform and engage with the Board on the development of the local *Caring for Ayrshire* strategy and associated workforce plan; alongside key work on: staff wellbeing, the bullying and harassment/dignity at work agenda; including the development of safe spaces and whistleblowing support. It was particularly pleasing to hear about the establishment and uptake of the local wellbeing centres on the two main acute sites, as well as at Ayrshire Central Hospital; alongside wellbeing lounges on smaller sites and the use of the 'Project Wingman' bus, providing mobile support to staff throughout the area.

Patients' Meeting

9. We would like to extend our sincere thanks to all the patients who took the time to come and meet with us. We very much value the opportunity to meet with patients and firmly believe that listening and responding to their feedback is a vital part of the process of improving health services. We greatly appreciated the openness and willingness of the patients present to share their experiences – which were overwhelmingly positive - and noted the specific issues raised including: the importance of robust, appropriate facilities and systems to support patient care/access; the need to ensure that communications with patients take place in a way which is appropriate to their needs; the importance of the continuity of care and retaining as many doctors and staff trained domestically as possible; and the value of multi-disciplinary teams in healthcare to provide more timely and appropriate support; alongside an effective, accessible and responsive NHS complaints procedure.

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Annual Review: Public Session

10. The session began with your presentation on the Board's key achievements and challenges, looking back and forward. As this was the first public Review since 2019, you firstly summarised the extraordinary pandemic response from NHS staff in the area before moving to the key themes of resilience (including winter planning), recovery and renewal; in line with national and local priorities. We then took four questions from members of the public: three that had been submitted in advance and one from the floor. We are grateful to you and the Board team for your efforts in this respect, and to the audience members for their attendance, enthusiasm and considered questions.

11. It is worth noting that, as part of the Q&A session, we were given the opportunity to reassure local people that both the Scottish Government and NHS Ayrshire & Arran remain completely committed to the provision of high quality services on the University Ayr Hospital site, including the A&E Department and its support services. The full public session was streamed live and recorded; and is available to be viewed via a link on the Board's website.

Annual Review: Private Session

12. We then moved into private session with yourself and the Board Chief Executive to discuss local performance in more detail.

Escalated area: Finance

13. NHS Ayrshire & Arran is one of three NHS Boards currently escalated at Stage 3 on the NHS Scotland Support & Intervention Framework in terms of your financial position. You confirmed that, in 2022-23, the Board delivered a balanced financial outturn, following the receipt of £25.4 million of repayable brokerage from the Government. This takes the Board's overall brokerage to £40.1 million; this will be repayable once the Board achieves balance.

14. You confirmed that, whilst it is clear that Board's immediate priority is providing safe, resilient services, the Board has identified 'sustainable financial future' as one of the top three corporate priorities, alongside 'digital reform' and 're-defining bed-based care'.

15. As at the end of the first quarter of 2023-24, the Board has presented a year-to-date overspend of £14.1 million, as part of a forecasted full year overspend of around £50 million. This is an improved position, as a result of additional sustainability and new medicines funding. We noted that key pressures continued to be delayed discharge (particularly in South Ayrshire) and unfunded, contingency beds on the acute sites; though the latter have been reduced since the beginning of the year. In addition, we noted that significant risks carried over into future years include pay and workforce pressures, including necessary investment in new clinical roles and leadership. We agreed that the Board's delivery of recurring efficiencies will be crucial to this and future year budget challenges. As with a number of NHS Boards, NHS Ayrshire & Arran also faces challenges with the capital budget, including current and backlog maintenance, alongside the need for increased investment in digital infrastructure.

16. The Government will continue to work with the Board to monitor your financial position and assist with longer term financial planning; as noted, it will be important that you are able to assure us in relation to the savings programmes that you have in place and how you are monitoring delivery against these.

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Workforce

17. We would want to, once again, formally record our deep appreciation to all local health and social care staff for their consistent dedication and commitment, under largely unrelenting pressures since March 2020; and to give them an assurance that we will continue to do all we can to support them.

18. You confirmed that the Board has continued to experience significant challenges across both planned and unplanned activity, with staffing issues across the system directly impacting on admission and discharge from acute settings. For the fortnight ending 15 August, the Board's overall rate of absence was 19.4%; slightly higher than the NHS Scotland rate of 18.5%; though we noted that local sickness absence levels have now stabilised following some particularly challenging levels in quarters 3 and 4 of 2022/23.

19. As at March 2023, the Board reported a lower vacancy rate than the NHS Scotland average for Nursing/Midwifery and AHPs; but a higher vacancy rate for consultants: 12% compared to the national average of 7%. An International Recruitment Lead is in post and, as noted earlier, we were particularly pleased to hear about the Board's work with planning partners to provide housing support to new members of staff joining via the international recruitment drive. Whilst the Board had also completed recruitment of newly qualified nurses, we noted that ongoing turnover meant that there would be sustained pressures. This is why it is important that the Board continues to work with its planning partners to identify mutual opportunities to maximise workforce capacity; particularly, but not exclusively, when dealing with transitions of care from hospital to care settings.

20. As recognised in our earlier meetings with the local Area Clinical and Partnership Forums, we remain very conscious of the cumulative pressures on the health and social care workforce; and recognise the full range of actions NHS Ayrshire & Arran is taking in terms of the wellbeing and resilience of local staff. You confirmed that the Board has established a range of support measures for staff in order to promote personal resilience, help prevent mental health issues developing, and to promote overall wellbeing in the workplace, not least in light of the cost-of-living crisis. Such measures will also be material in terms of the local staff recruitment and retention efforts. Further to this, we had previously noted the positive engagement and contributions of the local Area Clinical and Partnership Forums. The Board will need to continue to harness this; maximising staff support and engagement through winter and into the longer-term recovery and renewal phases.

Resilience and winter planning

21. Given the scale of the cost-of-living crisis, combined with the continued challenge posed by Covid-19, and a possible resurgence of seasonal flu and other respiratory illness, this winter is again likely to be one of the most difficult our NHS has faced. We also remain conscious that most NHS Boards, including NHS Ayrshire & Arran, have already been confronted with a sustained period of unprecedented pressures on local services, particularly at the main acute sites. As noted above, there have been high attendances coupled with increased acuity, alongside limited staffing and bed capacity.

22. It was therefore reassuring to hear the Board's ongoing commitment to working collectively with planning partners to effectively manage and respond to these challenges; ensuring the safe management of local demand and capacity, as far as possible. You provided assurances that good practice and lessons learned from last winter have been embedded into local systems and processes; and that robust arrangements are in place underpinning the local approach to staffing, modelling, communications, service resilience, escalation and surge planning.

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23. Nationally, we have again jointly agreed a number of overarching priorities with COSLA which will help guide our services this winter, and these measures will support resilience across our health and care system; ensuring people get the right care they need at the right time and in the most appropriate setting. One of our key lines of defence again this winter, protecting both vulnerable individuals and the system against further pressures, will be the recently launched vaccination programme for seasonal flu and Covid-19.

Unscheduled Care & Delayed Discharge

24. As noted above, NHS Ayrshire & Arran has been experiencing sustained pressures across services. The causes are multifactorial and have resulted in very high bed occupancy, long ambulance turnaround times, bed closures, reduced theatre capacity, cancellations of elective surgery, overcrowding in the A&E Departments and very long waits for admission. Delayed discharge has also been a marked issue, particularly in South Ayrshire.

25. In terms of the longest waits, the Board's agreed Annual Delivery Plan trajectory was for no 12-hour breaches by the end of August 2023. However, for the week ending 20 August, the Board recorded 182 breaches: the third highest in Scotland and 18% of the national total. Against the 4-hour standard, compliance gradually decreased during 2022/23, reducing to a low of 60.2% in December 2022. Since then, performance has been on an increasing trend: the Board reported 71.5% for the week ending 20 August, against the national average of 68.1%.

26. We continue to work with all Boards, including NHS Ayrshire & Arran, to reduce pressure on hospitals and improve performance; not least via the national Urgent and Unscheduled Care Collaborative programme, which supports further development of Flow Navigation Centres to ensure rapid access to a clinician and scheduled appointments; offers alternatives to hospital, such as *Hospital at Home*; and directs people to the most appropriate urgent care settings. Whilst it was pleasing to note that the Board and its planning partners are fully engaged with the national unscheduled care programmes of work, we agreed that the current level of performance against the A&E standard is not acceptable; particularly in relation to the longest delays and has to be sustainably addressed as a matter of priority. We will keep progress under close review.

Planned Care Waiting Times

27. We recognise that the initial pandemic response, which necessitated the prioritisation of Covid, emergency and urgent care, meant that there has inevitably been a regrettable increase in non-Covid health and wellbeing harms, alongside a significant and growing backlog of non-urgent, planned care. We continue to assist NHS Boards with plans for recovery, in light of the more than £1 billion of targeted investment driving the remobilisation of our NHS; as part of our Recovery Plan, announced in August 2021.

28. In July 2022, the Government announced targets to eliminate long waits for planned care across Scotland. This included the eradication of two year waits for outpatients in most specialities by the end of August 2022. NHS Ayrshire & Arran was one of two territorial Boards in Scotland that accounted for over half of all patients in Scotland waiting over two years by March 2023 and the Government worked intensely with the Board to ensure the remaining waits were cleared as soon as possible. You confirmed that these longest waits have now been eliminated in all but two specialties (Diabetes/Endocrinology and Respiratory).

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29. You confirmed that NHS Ayrshire & Arran is working with the National Elective Co-ordination Unit and others to support delivery of the long wait targets, including opportunities for insourcing, outsourcing and accelerating planned improvements. At the strategic level, the Centre for Sustainable Delivery continues to work with NHS Boards to introduce new and innovative ways of delivering care that will create additional capacity for inpatient, day case and outpatients, building on the success of initiatives such as the *Near Me* programme.

30. You confirmed that the Board is receiving ongoing support from the Golden Jubilee National Hospital for additional surgery and diagnostic capacity. Government funding has also been provided to support the provision of additional diagnostic scanning capacity through a mobile CT pod and mobile MRI scanner; you confirmed that both of these initiatives have worked well to support a reduction in the waiting list and waiting times. Whilst recognising that the current pressures are very significant across the local health and care system in Ayrshire & Arran, we were assured by the Board's continuing commitment to sustained improvement in elective waiting times performance; particularly as relates to the longest waits which, as with unscheduled care, we will keep under close review.

Cancer Waiting Times

31. The management of cancer patients and vital cancer services has remained a clinical priority during the pandemic and local performance against the 31-day target has been consistently met and maintained (100% as at the quarter ending June 2023). System and staffing pressures, which have reduced diagnostic capacity and resulted in delays in pathology, have resulted in lower levels of local performance against the 62-day target (83.1% at June 2023); but we noted the Board's commitment to working towards the agreed performance trajectory of 90% for this December. The Board continues to submit regular progress reports and the Government will continue to provide tailored support.

Mental Health Waiting Times

32. The Board is to be commended for the progress made in respect of the mental health waiting time standards. For Child and Adolescent Mental Health Services, whilst performance fell below the 18-week target between July and November 2022, it then improved to above 90% and has been maintained to July 2023; with a year-to-date average of 98%. This is impressive; particularly in light of the significant increase in the number of referrals. In terms of Psychological Therapies, we welcome that local performance remains higher than the Scotland average; with the focus on the reduction of the longest waits: the number of patients waiting more than one year has shown a 38% reduction from the start of 2023, and a 51% reduction from the high point in October 2022. A regular programme of engagement will continue via the Government's Mental Health Performance Unit to monitor progress.

National Drugs Mission

33. We recognise that the level of drug deaths across Scotland remains unacceptably high and are leading a National Mission to reduce deaths and save lives, supported by an additional £250 million of investment by the end of the current Parliamentary session. We noted that the number of drug-misuse deaths locally per population has shown a decrease from a peak of 108 in 2019 to 82 in 2022: still too high but a 24% reduction. We are investing in services and approaches based on the evidence of what works. This includes working with every locality in Scotland to embed the Medication Assisted Treatment (MAT) Standards; to enable the consistent delivery of safe, accessible, high-quality drug treatment everywhere in Scotland. As such, we were happy to note that the Board and local planning partners are meeting their commitments for the MAT standards, and in relation to the targets for access to residential rehabilitation, as well as the waiting times for access to alcohol and drug treatment services.

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Local Strategy: *Caring for Ayrshire*

34. All Boards will need to learn from the pandemic experience and adapt; ensuring that the remarkable innovation and new ways of working demonstrated underpin the local strategy for a sustainable future. It was therefore pleasing to note that the Board is making progress on your *Caring for Ayrshire* strategy, with a clear aim to deliver care as close to home as possible, supported by a network of community services with safe, effective and timely access to high quality specialist services for those whose needs cannot be met in the community.

35. We noted that, in July 2023, the equivalent of 190 beds were occupied by patients waiting for their care to be provided in a non-hospital setting. It is clear this should be a system priority as inappropriate, long stays in acute hospitals impact patient outcomes; as well as causing delays for patients who require access to acute facilities. As you pointed out, this also demonstrates the ongoing need for the capacity provided across NHS Ayrshire & Arran's acute sites.

Conclusion

36. I hope that by the time of the Board's next Ministerial Review we will be free of some of the more extreme pressures of recent years and able to focus fully on local service recovery and renewal. I am, nonetheless, under no illusion that the NHS continues to face one of the most difficult periods in its history and remain grateful for your ongoing efforts to ensure resilience. We will continue to keep local activity under close review and to provide as much support as possible.

37. I want to conclude by reiterating my sincere thanks to local staff for their sustained professionalism and commitment, in the face of a period of unprecedented and unremitting pressures, for the benefit of local people.

Yours sincerely



Maree Todd MSP

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