

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 5 February 2024
Title:	Performance Report
Responsible Director:	Kirstin Dickson
Report Author(s):	NHS Ayrshire & Arran Performance and Insights Team – Directorate of Transformation and Sustainability

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 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 was submitted to Scottish Government (SG) in July 2023 and within this report we aim 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.

Planning for Winter 2023/24 commenced across NHS Ayrshire & Arran with a regional review attended by Ayrshire and Arran representatives, the inclusion of Unscheduled Care within the Annual Delivery Plan and the Unscheduled Care Improvement Plan. Recognising that managing demand and capacity requires a whole system approach, NHS Ayrshire & Arran has worked collaboratively around the development of escalation plans across Acute and HSCPs, outlining and documenting the escalation thresholds and additional measures and actions to be implemented to deal with periods of surge in a safe and effective manner. The escalation plans and full capacity procedures aim to help mitigate the risk of further escalation and ensure an appropriate response from key staff members.

Throughout winter, patient and staff safety will continue to be the overriding priority, however, we have entered winter from a challenged position with high occupancy rates and extended waits within our Emergency Departments. A 30/60/90 day plan to support Urgent and Unscheduled Care (UUSC) was recently developed in December 2023. Regular updates against agreed measures and trajectories within this plan commenced on 5th January 2024, and is being overseen by the new Urgent and Unscheduled Care Programme Board. It may therefore be necessary in the next report to replace UUSC ADP measures with those included in the 30/60/90 day plan.

2.3 Assessment

The latest monthly performance data within this report is mainly for the period December 2023, however for some measures, the latest monthly data may be for November 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 33.9% at December 2023. This is the lowest level of performance since 34.8% at February 2022. The overall total number of patients waiting has continued to rise, reaching a new high of 52,216 patients in December 2023.
- In December 2023, NHS Ayrshire & Arran remobilised 86% of all New Outpatient activity compared to December 2019; below 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 7,149 at beginning of January 2024; with the number waiting over 18 months also gradually rising from 1,024 at end of August 2023 to 1,782 at beginning of January 2024. The number of patients waiting longer than 2 years had remained level at just over 400 patients from July 2023, however has been gradually increasing from 405 at start of October 2023 to 473 at beginning of January 2024.

Inpatients/Daycases

- Compliance against the 12 week national target for Inpatients/Day Cases has increased from 51.1% in November 2023 to 55.7% in December 2023, with levels at their highest since April 2023. The overall total waiting list for Inpatient/Day Case treatment has increased slightly in December 2023 to 7,991

but did fall between October and November 2023 to 7,957, and still meets our ADP trajectory of 8,330.

- In December 2023, NHS Ayrshire & Arran remobilised 80% of all Inpatient/Day Cases activity compared to December 2019; exceeding the local ADP target of 75%.
- The number of Inpatients/Day Cases waiting longer than 12, 18 and 24 months continues to fall. The next target set nationally is to eliminate 12 month waits for Inpatient /Day Cases in most specialties by September 2024. In NHS Ayrshire & Arran, 12 month waits are below 10 patients in 10 out of 16 specialties, with 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 has reduced from 30.2% in November 2023 to 19.6% at December 2023, having been below 30% in September and October 2023. Performance continues to remain below the lower control limit, signifying a negative change within the system and is at its lowest level since 2020. A fall in compliance was seen across all professions.
- On average in December 2023, Urgent referrals to Occupational Therapy (OT) and Podiatry were seen within 4 weeks; Physiotherapy referrals were seen within 4 weeks; however Urgent Orthotic referrals had an average wait of 11 weeks.

Diagnostics

- Performance against the 6 week national target of 100% for Imaging has increased for the first time since June 2023 with compliance of 64.4% in November 2023. Performance reached 97.1% in November 2023 for Computerised Tomography (CT) scans; 67.1% for Magnetic Resonance Imaging (MRI) scans; and 88.5% for Barium Studies. However compliance was 55.8% in Non-Obstetrics Ultrasound in November 2023. The overall waiting list for Imaging has fluctuated over the last five months but decreased between October and November 2023; meeting our ADP activity target by over 300 patients.
- Compliance against the 6 week national target for Endoscopy has shown a sharp increase from 50.3% in October 2023 to 62.2% in November 2023, the highest level of performance since the pandemic in March 2020. Compliance remains on a long term increasing trajectory and is above the upper control chart for the second month in a row, indicating 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 1,351 waits in November 2023, meeting the ADP trajectory of 1,760. In November 2023, 85% of Endoscopy activity was remobilised compared to November 2019; lower than local ADP target of 100%.

Cancer

- Performance against the 62-day Cancer target of 95% has increased from 74.0% in October 2023 to 84.5% in November 2023. This level narrowly fails to meet the local ADP trajectory of 86%.
- Performance in relation to the 31-day Cancer target continues to meet the 95% national target, with levels of 100% in November 2023.

Mental Health

- In November 2023, compliance in relation to Child and Adolescent Mental Health Services (CAMHS) was 100%, which continues to exceed the national target of 90%; and the local ADP trajectory of 98.6%.
- Performance for Psychological Therapy (PT) waiting times has shown an increase in compliance from 86.3% in October 2023 to 87.2% in November 2023, but remains below the 90% national target and lower than the local ADP trajectory of 90.0%.
- Drug and Alcohol Treatment services continue to exceed the national target of 90% in November 2023, with compliance at 98.5%.

Urgent Care

- In December 2023, there were 11,574 patients who accessed care via Ayrshire Urgent Care Service (AUCS). 90% of these patients 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 331 referrals to AUCS in December 2023. Following a clinical assessment with a senior clinician within AUCS, 90% went on to receive their treatment in a community setting. This exceeded the local target of 85%. It has also been noted through ongoing review work with SAS that crews are also contacting GP Practices and the Emergency Department to support decision making and alternative treatment plans. Work has commenced to understand this in more detail.
- 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 remains high for this pathway with 796 calls during December 2023 with 10% of these patients requiring to attend an acute hospital and 90% receiving treatment in a community setting. This was much higher than in the previous month, in part due to additional demand over the Christmas Public Holidays. Performance still 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 December 2023, a total of 135 patients were referred through this pathway, with all of these patients 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, 2,580 patients have passed through this pathway and received assessment and appropriate care as an alternative to attending ED.
- The Rapid Respiratory Response (RRR) service expansion is well underway providing an alternative to hospital attendance for those patients experiencing a Chronic Obstructive Pulmonary Disease (COPD) exacerbation. The service is now receiving referrals from within 17 local GP Practices, with 50% coverage of the COPD registered population.

Unscheduled Care

- Unscheduled ED attendances between January and December 2023 are marginally lower (-0.8%) compared to levels in the same period in 2022.
- Compliance against the ED 4-Hour standard has worsened slightly since November 2023, decreasing from 67.5% to 65.9% in December 2023. Compliance has consistently been higher at University Hospital Crosshouse (UHC) than UHA (University Hospital Ayr).

- 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. Performance at UHA had regularly been meeting the 95% target, although has fallen short of this in the last two months, reducing to 93.1% in December 2023.
- In December 2023, there were 436 ED 12 hour breaches at UHC and 314 at UHA; this was an increase from the previous month at UHC and a reduction at UHA.
- The turnaround time for 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 68 minutes for the latest week ending 7th January 2024, exceeding the 48 minutes nationally.

Delayed Transfers of Care

- At 198, the total number of delayed transfers of care are at lower levels in November 2023, compared to November 2022 where we reported 246 delays. The majority of delays are from South Ayrshire Health and Social Care Partnership (HSCP) (103 delays; 52%), however they are at lower levels compared to 145 delays in November 2022.

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.

The report was discussed at the Performance Governance Committee on 18 January 2024.

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

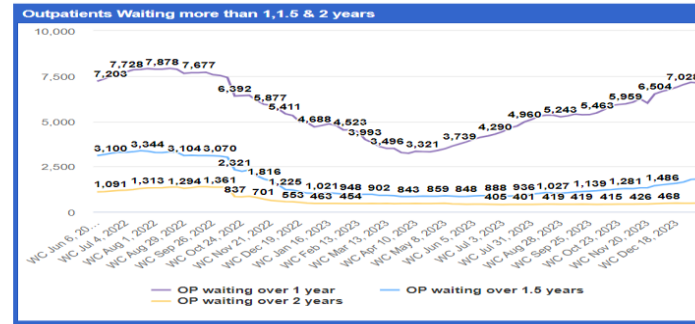
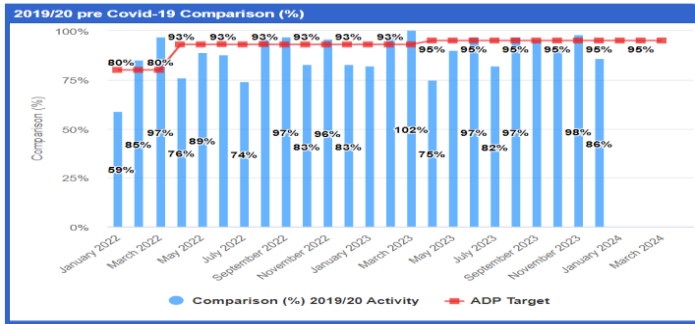
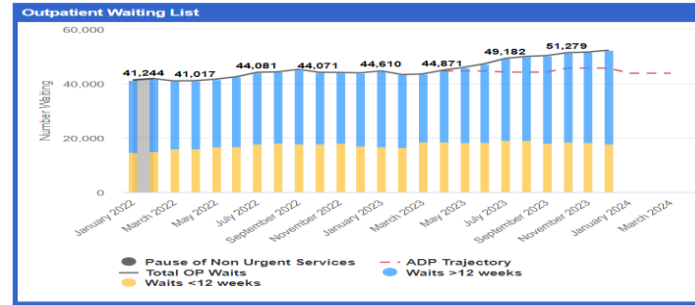
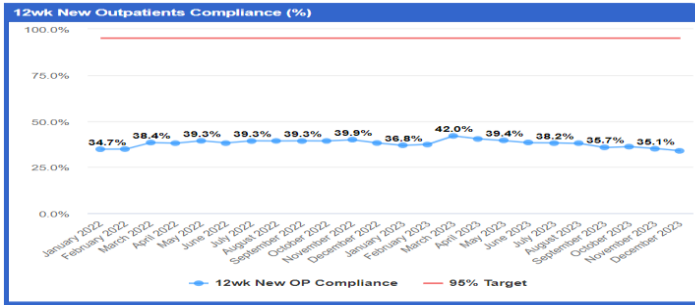
New Outpatients - Compliance

12wk New Outpatients % Compliance

December 2023 result

● 33.9%

- 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 December 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%)

	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	39.3%	39.2%	39.9%	38.1%	36.8%	37.4%	42.0%	40.4%	39.4%	38.3%	38.2%	37.9%	35.7%
Scotland	47.0%	44.0%	44.0%	44.0%	47.1%	47.1%	47.1%	45.5%	45.5%	45.5%	42.4%	42.4%	42.4%

IMPROVEMENT ACTIONS

- The National Elective Co-ordination Unit (NECU) is 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 been awarded and due to start in early January.
- 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.

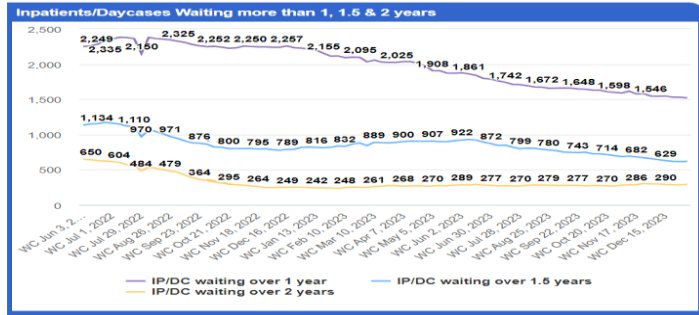
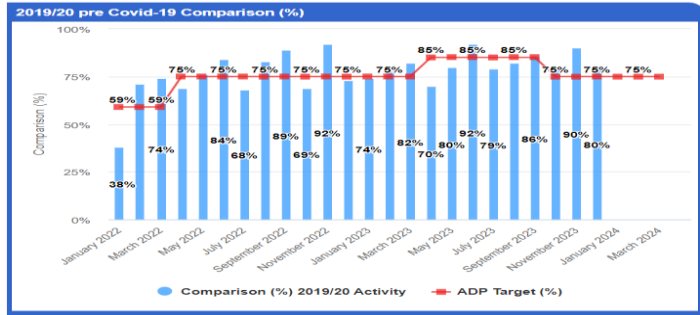
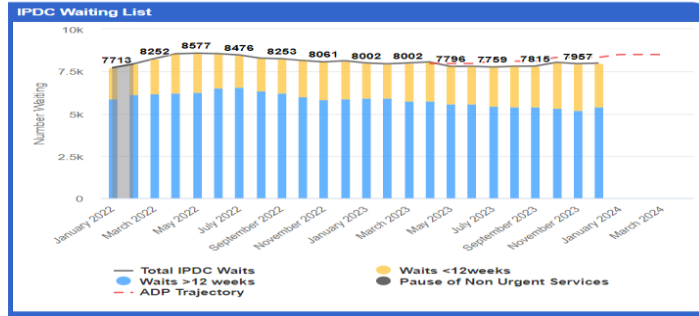
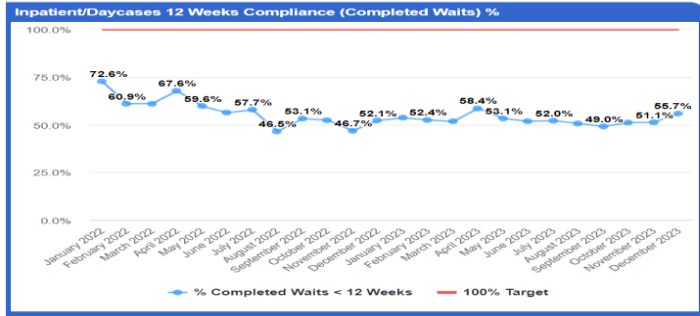
Inpatients/Day Cases - Compliance

IPDC 12wks % Compliance (Completed Waits)

December 2023 result

55.7%

- 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 December 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.



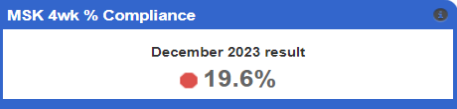
National Benchmarking – 12 Week IP/DC Target (100%)

	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	53.1%	52.3%	46.7%	52.1%	53.5%	52.3%	51.7%	58.3%	53.1%	51.8%	52.0%	50.5%	49.0%
Scotland	56.5%	56.9%	56.9%	56.9%	56.3%	56.3%	56.3%	56.7%	56.7%	56.7%	56.1%	56.1%	56.1%

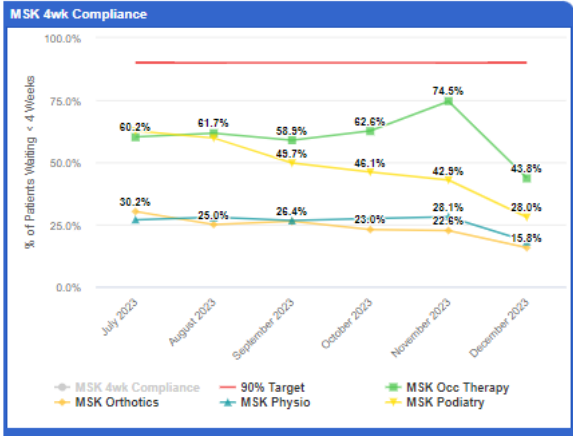
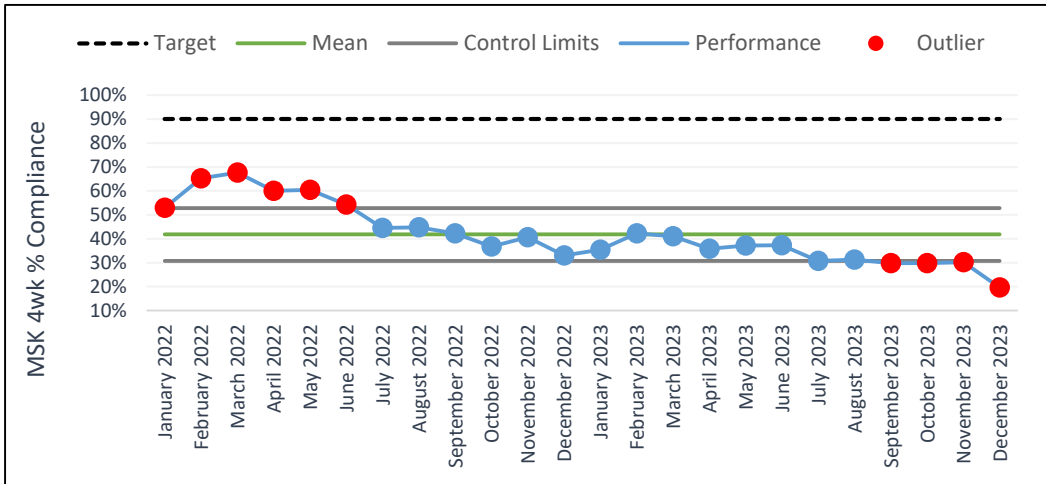
IMPROVEMENT ACTIONS

- 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.
- NHS Forth Valley Mutual Aid for Vascular patients will conclude in January 2024 with the last cohort of patients to be booked.
- Theatre Utilisation in October 2023 showed 95% which has resulted in NHS Ayrshire & Arran having the best utilisation of all 14 boards. A significant amount of work is being focussed on this area to maintain this position.
- Approximately 3,500 patients have been sent to the NECU for a validation process which started on 2nd November 2023. The final outcome of this exercise is expected early January 2024.

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.



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.

December 2023 - Average Waits by Service

	All Waits			Urgent Waits Only
	Number Waiting	Max Weeks Waiting	Average Wait (Weeks)	Average Wait (Weeks)
MSK Occupational Therapy	128	12	7	4
MSK Podiatry	629	17	10	3
MSK Physiotherapy	4841	36	14	4
Orthotics	558	49	13	11

National Benchmarking - 4 Week MSK Target (90%)

	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	42.3%	36.8%	40.7%	33.0%	35.5%	42.2%	41.1%	35.8%	37.2%	37.3%	30.8%	31.3%	29.8%
Scotland	51.4%	51.6%	51.6%	51.6%	51.8%	51.8%	51.8%	47.5%	47.5%	47.5%	47.1%	47.1%	47.1%

Source: Public Health Scotland and Local Management Reports
Next National Benchmarking Update: 19th March 2024

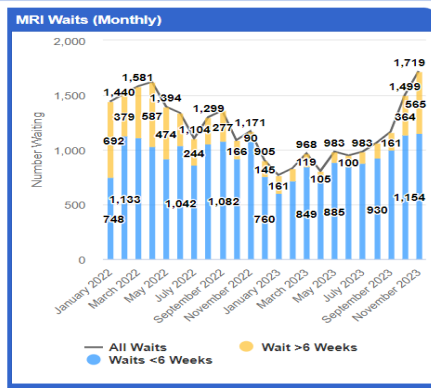
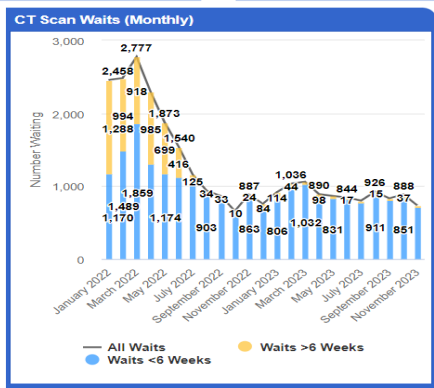
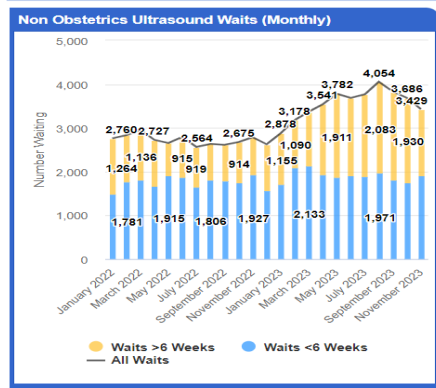
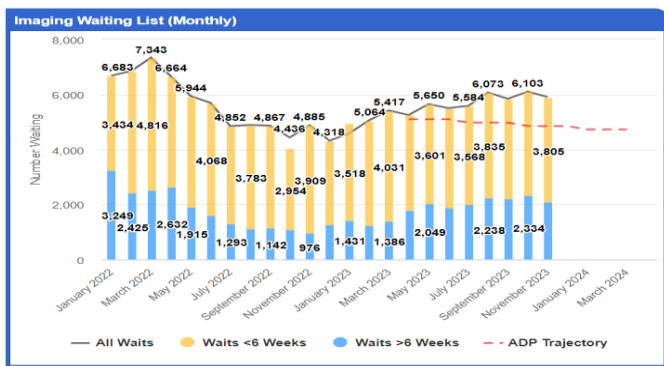
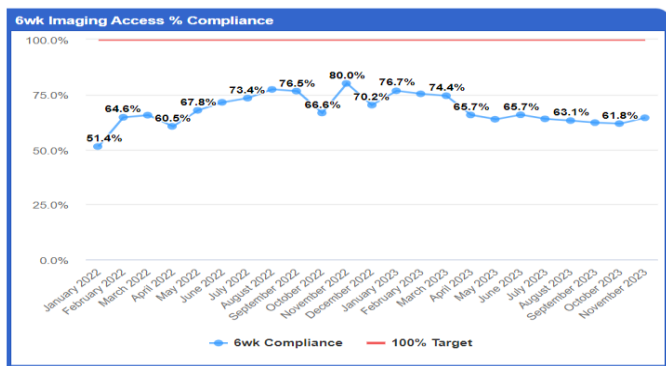
Radiology/Imaging - Compliance

6wk Imaging Access % Compliance

November 2023 result

● 64.4%

- 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 4,851 at November 2023.



National Benchmarking - 6 Week Imaging Target (100%)

	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	76.5%	66.6%	80.0%	70.2%	76.7%	75.3%	74.4%	65.7%	63.7%	65.7%	63.9%	63.1%	62.2%
Scotland	50.2%	49.6%	53.1%	48.5%	48.2%	56.3%	55.0%	51.5%	52.7%	53.0%	50.6%	51.3%	52.6%

IMPROVEMENT ACTIONS

- The mobile MRI scanner has delivered 451 scans in November 2023. The scanner will remain in situ until 31 March 2024, however Scottish Government has intimated that this funding will not be renewed after March 2024. Loss of this capacity is a significant risk for NHS Ayrshire & Arran.
- A continuing series of MRI breakdowns has had an impact on the number of patients awaiting scan
- Increased capacity for the CT scanner through permanent staffing has accommodated 770 patients in November 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 out-strip capacity for ultrasound. Two locum sonographers have been secured to deliver additional weekend activity from November 2023 to end March 2024. We are already noticing the impact of this on the number of patients waiting for ultrasound.

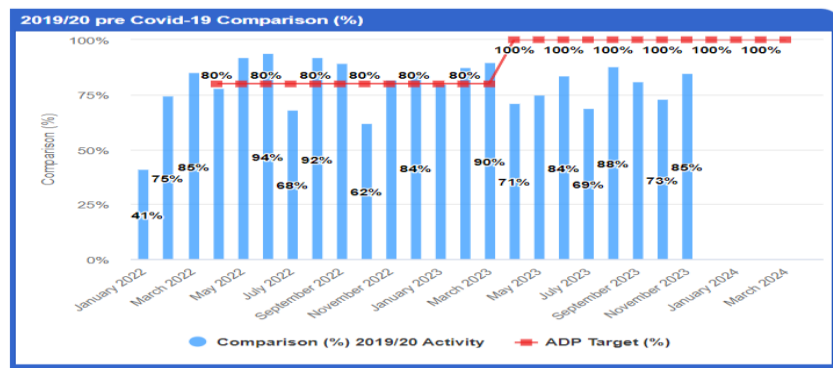
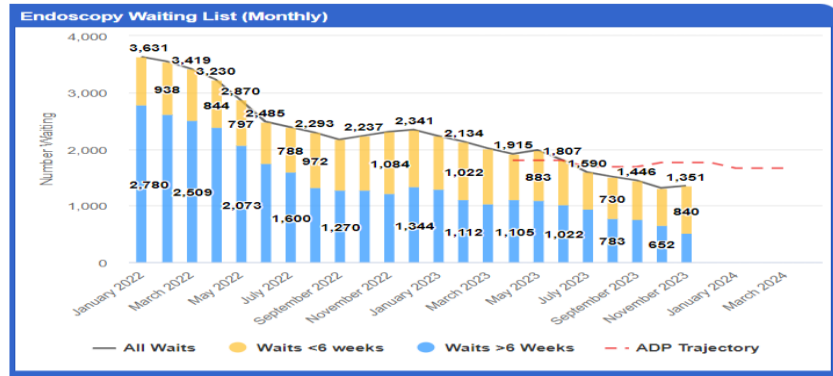
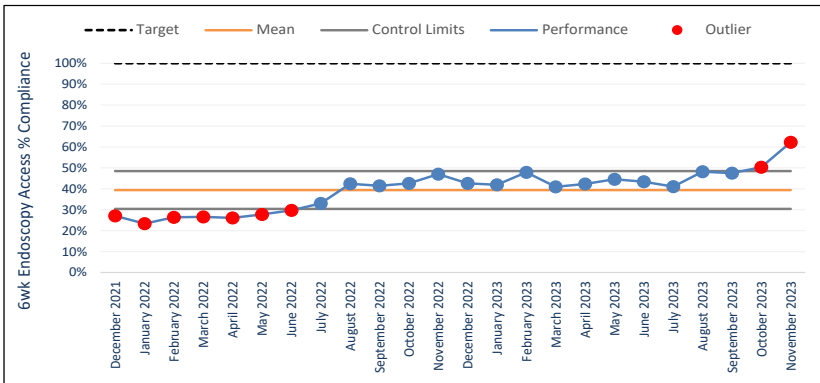
Endoscopy - Compliance

6wk Endoscopy Access % Compliance

November 2023 result

● 62.2%

- 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 November 2023.
- Annual Delivery Plan – Achieve 100% of pre-COVID-19 activity in November 2023.



IMPROVEMENT ACTIONS

- Agreement reached to change qFiT pathway further by changing from an Opt out pathway to an Opt in pathway resulting in fewer patients being added to the waiting list.
- Additional qFiT review clinics have been scheduled to address the backlog
- Focus on longest waiting patients to ensure waiting time continues to decrease.

National Benchmarking – 6 Week Endoscopy Target (100%)

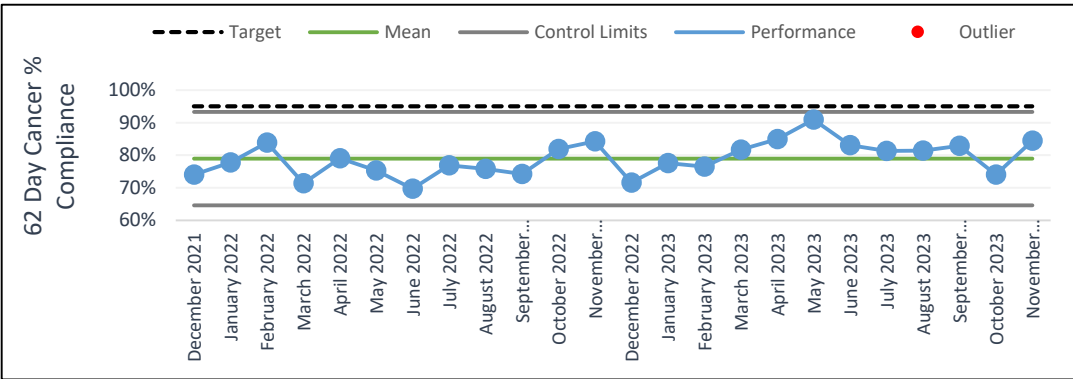
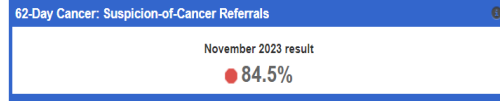
	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
NHS A&A	41.4%	38.8%	47.0%	42.6%	41.9%	47.9%	40.9%	42.3%	44.6%	43.4%	41.0%	48.2%	47.5%
Scotland	39.4%	40.5%	41.6%	37.2%	36.1%	41.5%	42.3%	40.7%	40.8%	40.0%	37.9%	38.9%	40.3%

Source: Public Health Scotland and Local Management Reports
 Next National Benchmarking Update: 27th February 2024

Cancer

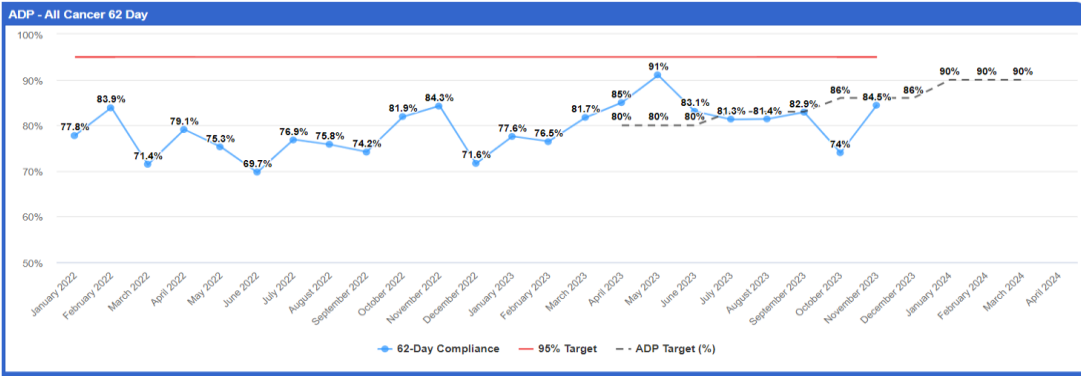
Cancer – 62 day Compliance

- 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 – 86% of those referred urgently with a suspicion of cancer are to begin treatment within 62 days of receipt of referral by November 2023.



Performance by Tumour Type 62 Day Cancer Target - November 2023

Title	Value	Numerator	Denomi...	Last Up...
Cervical Cancer - Waiting Times - 62 D...	100.0%	3	3	Novemb...
Head and Neck Cancer - Waiting Times...	100.0%	3	3	Novemb...
Ovarian Cancer - Waiting Times - 62 D...	100.0%	2	2	Novemb...
Breast Cancer - Waiting Times - 62 Day...	97.1%	34	35	Novemb...
Lung Cancer - Waiting Times - 62 Day ...	91.3%	21	23	Novemb...
Colorectal Cancer - Waiting Times - 62 ...	80.0%	12	15	Novemb...
Urological Cancer - Waiting Times - 62 ...	57.9%	11	19	Novemb...
Lymphoma Cancer - Waiting Times - 62...	33.3%	1	3	Novemb...
Melanoma Cancer - Waiting Times - 62 ...	0.0%	0	0	Novemb...
Upper Gastro-Intestinal Cancer - Waitin...	.0%	0	0	Novemb...



National Benchmarking - 62 Day Cancer 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	74.2%	81.9%	84.3%	71.6%	77.6%	76.5%	81.7%	85.0%	91.0%	83.1%	81.3%	81.4%	82.9%
Scotland	73.2%	70.7%	71.9%	72.5%	67.6%	67.4%	72.6%	74.8%	73.2%	70.9%	72.3%	69.4%	71.2%

Source: Public Health Scotland and Local Management Reports
Next National Benchmarking Update: 26th March 2024

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.
- Pathology outsourcing in place but there continues to be a significant vulnerability around capacity and resilience and in particular specialist cancer pathology reporting capacity.
- Recruitment is underway to support the National Optimal Lung Cancer Pathway.
- Robot-assisted surgery continues with additional consultants now training for colorectal and gynaecology.

Cancer – 31 day Compliance

31-Day Cancer: All Cancer Treatment

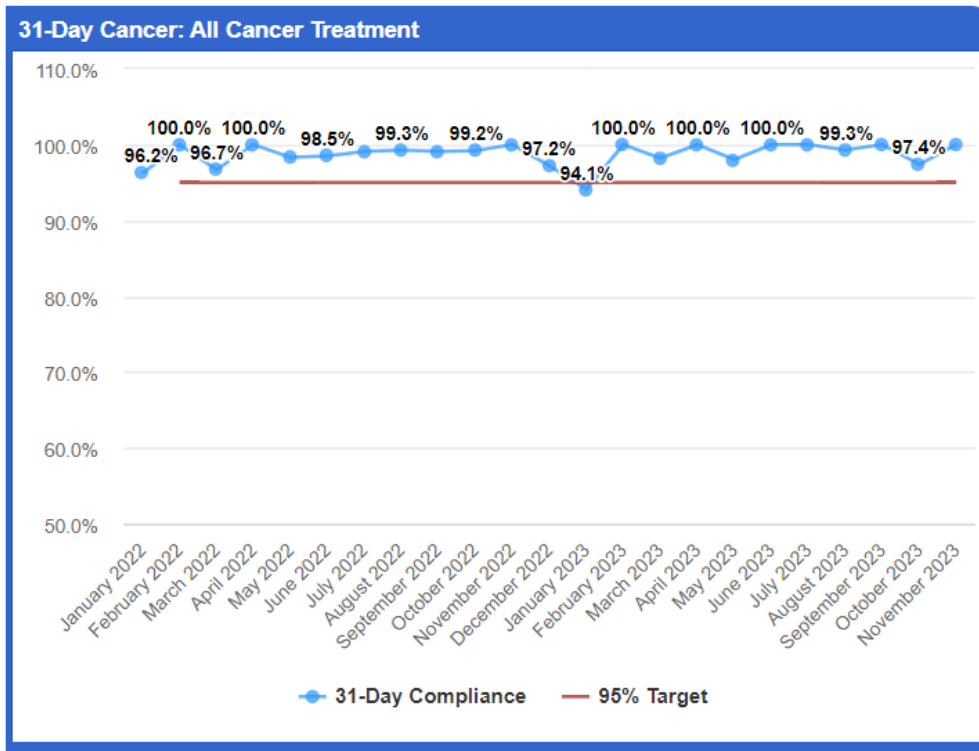
November 2023 result

✔ 100.0%

IMPROVEMENT ACTIONS

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

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



National Benchmarking – 31 Day Cancer 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	99.1%	99.2%	100.0%	97.2%	94.1%	100.0%	98.2%	100.0%	98.0%	100.0%	100.0%	99.3%	100.0%
Scotland	93.8%	93.8%	94.0%	94.5%	91.8%	95.4%	94.8%	95.2%	94.5%	95.5%	95.1%	94.4%	94.7%

Child and Adolescent Mental Health Service (CAMHS)

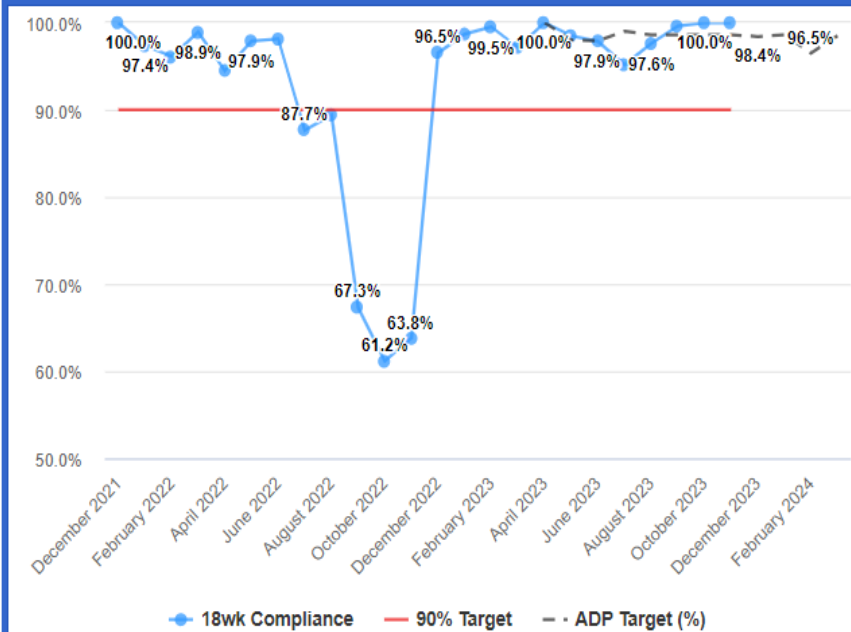
CAMHS 18wk % Compliance

November 2023 result

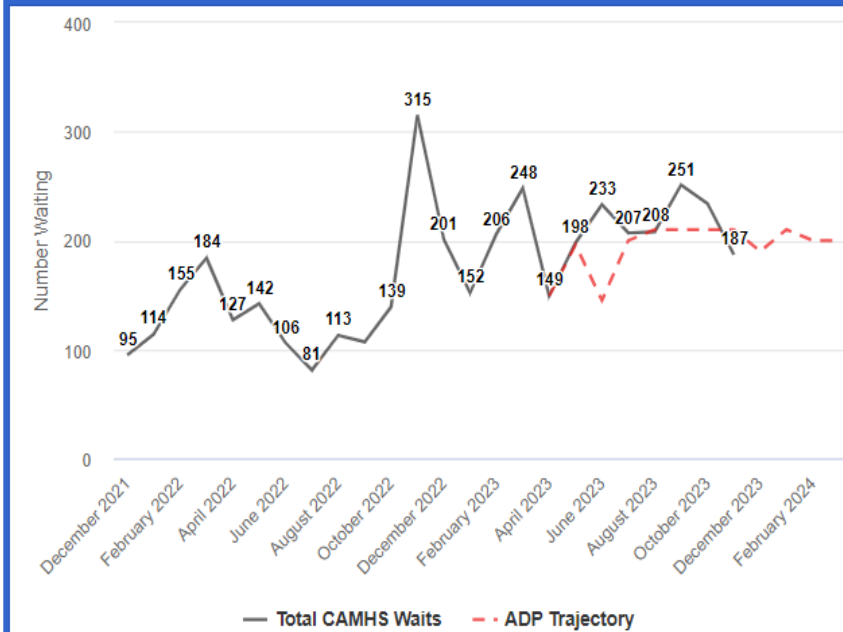
100.0%

- 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 November 2023.

CAMHS 18wk % Compliance



CAMHS Waiting List



National Benchmarking - 18 weeks CAMHS Target (90%)

	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	67.3%	61.2%	63.8%	96.5%	98.7%	99.5%	97.2%	100.0%	98.5%	97.9%	95.2%	97.6%	99.6%
Scotland	69.5%	69.0%	67.4%	75.9%	74.3%	73.8%	74.5%	71.7%	72.4%	77.0%	71.9%	75.7%	79.0%

IMPROVEMENT ACTIONS

- The work of the CAMHS implementation group has now concluded with full implementation of the CAMHS Specification from 1st August 2023.
- DCAQ work 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.

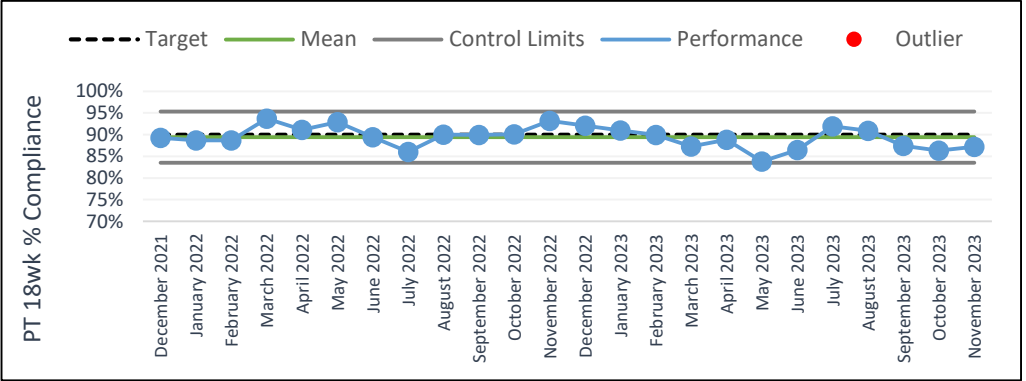
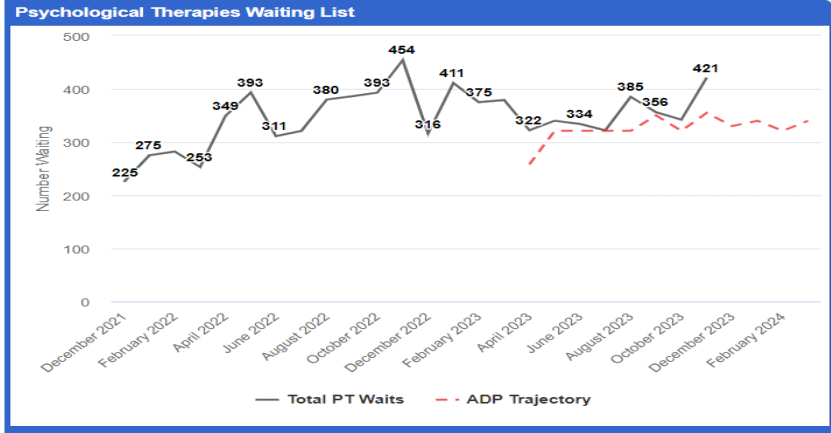
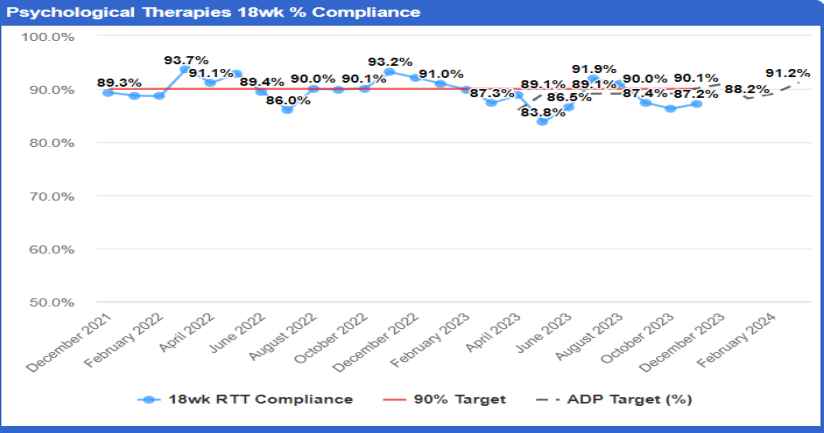
Psychological Therapies

Psychological Therapies 18wk % Compliance

November 2023 result

▲ **87.2%**

- 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 90.1% in November 2023.



National Benchmarking – 18 Weeks PT Target (90%)

	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	87.1%	87.1%	91.0%	90.3%	88.9%	87.0%	83.1%	88.8%	83.8%	86.5%	91.9%	90.9%	87.4%
Scotland	81.2%	80.9%	80.6%	82.4%	80.6%	79.4%	79.3%	79.4%	78.5%	78.5%	79.7%	78.8%	79.7%

Source: Public Health Scotland and Local Management Reports
 Next National Benchmarking Update: 5th March 2024

IMPROVEMENT ACTIONS

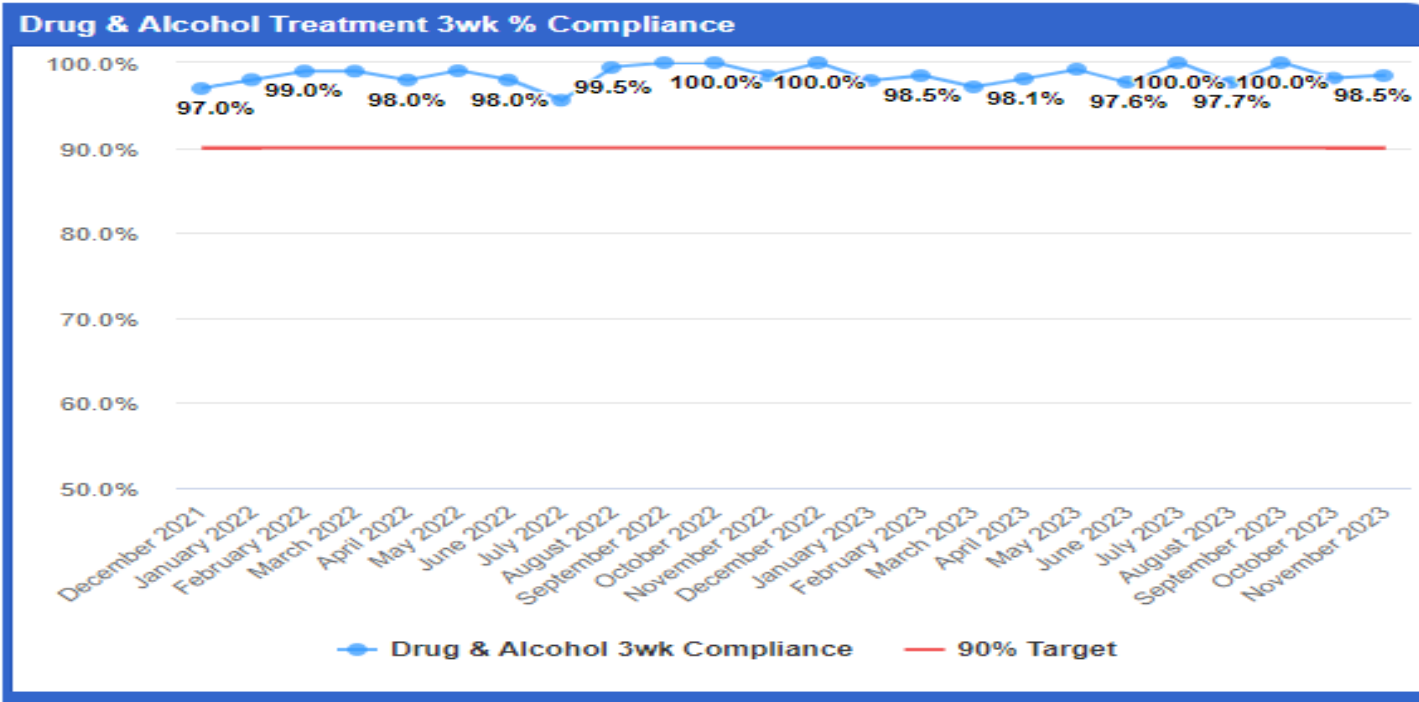
- The following data represents the totality of Psychological Therapies and Interventions as defined by the Local Delivery Plan, delivered only within Psychological Services and does not include data from other services/professions.
- National Target – 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral.
- Annual Delivery Plan 2023/24 Trajectory – Achieve compliance levels of 89.1% in October 2023.
- **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



IMPROVEMENT ACTIONS

- 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%)

	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	100.0%	100.0%	98.5%	100.0%	97.9%	98.5%	97.2%	98.1%	99.2%	97.6%	100.0%	97.7%	100.0%
Scotland	90.9%	91.6%	91.6%	91.6%	92.9%	92.9%	92.9%	93.0%	93.0%	93.0%	92.3%	92.3%	92.3%

- North Ayrshire** – All local and national targets and standards continue to be met. Following successful interviews, a new Specialist GP has commenced working within the North Ayrshire Drug and Alcohol Recovery Service (NADARS) to enhance Medication Assisted Treatment (MAT) prescribing and support. This doubles the Specialist GP resource within NADARS and is an essential action as part of a wider MAT Standard 7 (primary care related standard) improvement plan. Pan Ayrshire discussions has contributed to the GP Sub-Committee producing a clear position statement in relation to MAT Standard 7. No clarity reached regarding PCA(M)(2023)04 circular as to whether NHS Ayrshire and Arran are able or willing to allocate a portion of ring-fenced primary care funding to support the delivery of the ‘National Mission’, to prevent Drug Related Deaths and to 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.

Urgent Care

Ayrshire Urgent Care Service (AUCS)

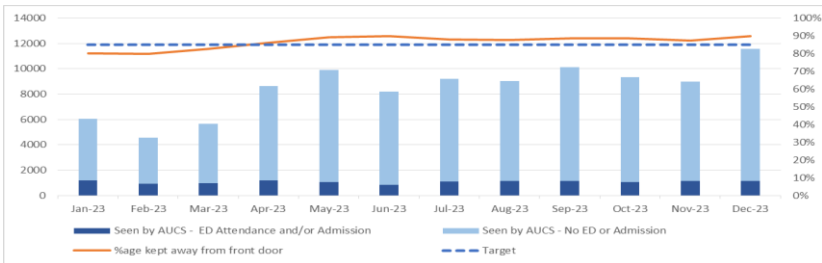
AUCS Compliance

December 2023 result

90%

- 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.

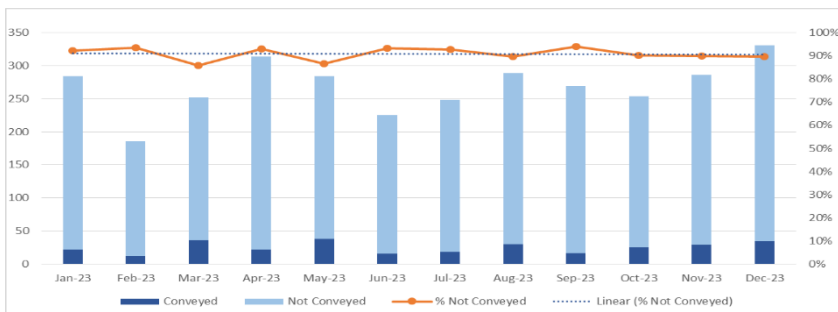
AUCS Contacts



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	Nov-23	Dec-23
AUCS Referrals from NHS 24 - % of patients contacted within response times	94%	94%	92%	88%	94%	91%	96%	97%	91%	93%	91%	82%

Call Before Convey

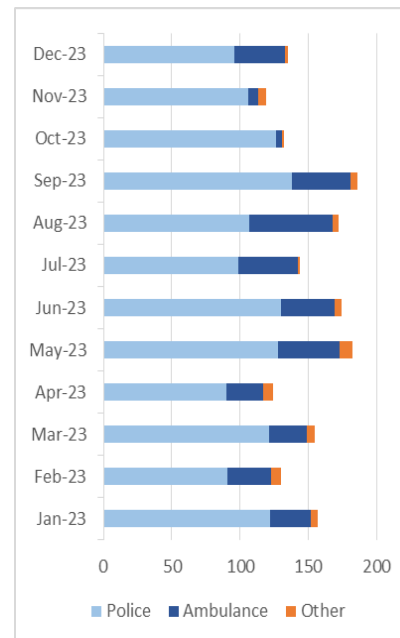


Care Home Contacts to AUCS

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Non NHS24 Contacts	391	226	317	411	488	449	493	501	570	578	568	839
Contacts to NHS24	102	80	49	72	64	64	60	63	95	51	50	49
% Contacts to Hospital	13%	17%	15%	8%	13%	10%	10%	11%	7%	10%	8%	8%

Source: Local Management Reports

Emergency Services Mental Health



Rapid Respiratory Response

End December 2023	
No. of Practices involved with RRR	17
% of COPD Patients	50%
Average no. of consults per month	424

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%. The slight drop in performance against target this month is due to a higher level of contacts to the service over the festive period.

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 in December 2023 was 67 with on average 60 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 remains high for this pathway with 796 calls during December 2023 with 10% of these 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.

Unscheduled Care

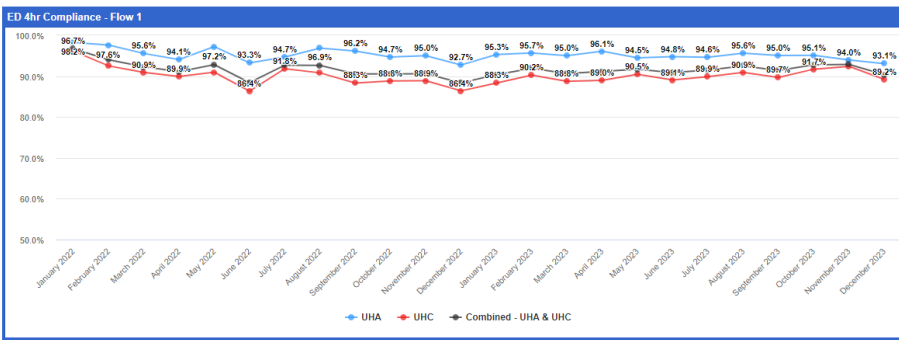
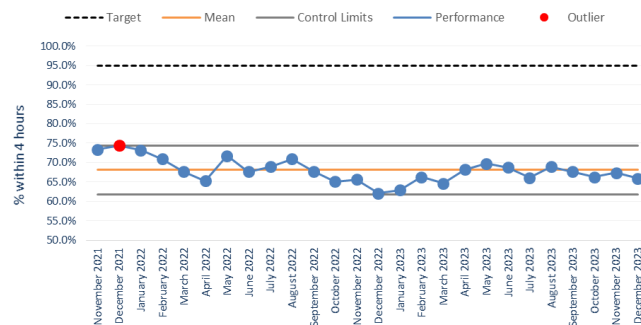
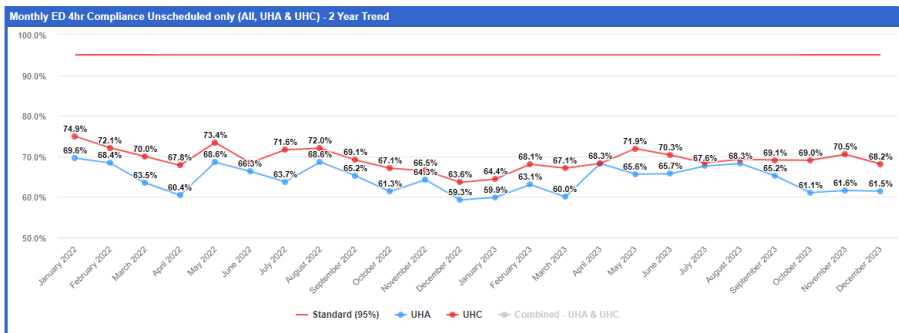
A&A - Unscheduled ED waits <4 ...

December 2023 result

● 65.9%

Emergency Department - 4 Hour Performance

- 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 – Dec 2023	90,132
Jan – Dec 2022	90,820

IMPROVEMENT ACTIONS

A newly formed Urgent and Unscheduled Care Programme Board Group has been assembled co-chaired by the Deputy Nurse and Deputy Medical Director. The Group is responsible for the revised urgent and unscheduled care improvement plan. The plan is based on the 30/60/90 day improvement methodology and has three specific workstreams with leads identified for each. Highlight reports detailing improvement work and current performance against trajectories are reported weekly to the Urgent and Unscheduled Care Programme Board before submission to Scottish Government.

Workstream 1- Reconfiguring Front Door Services

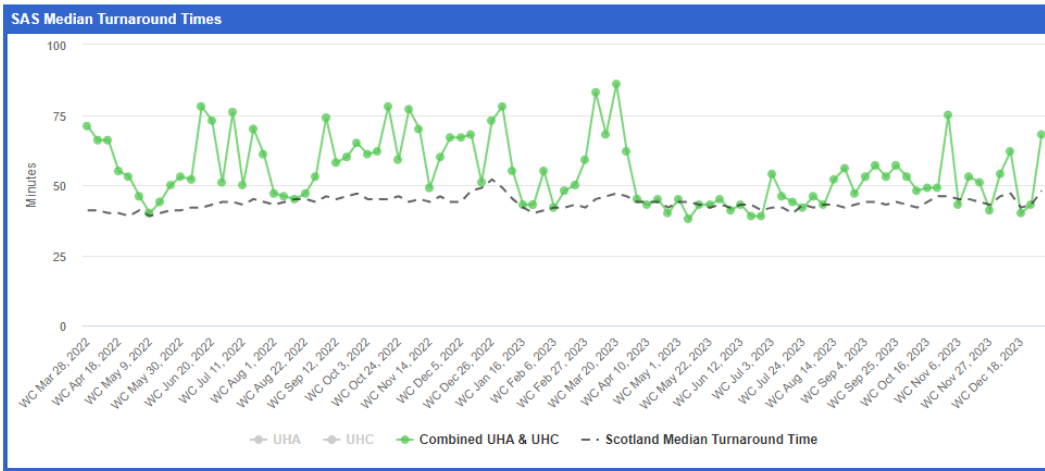
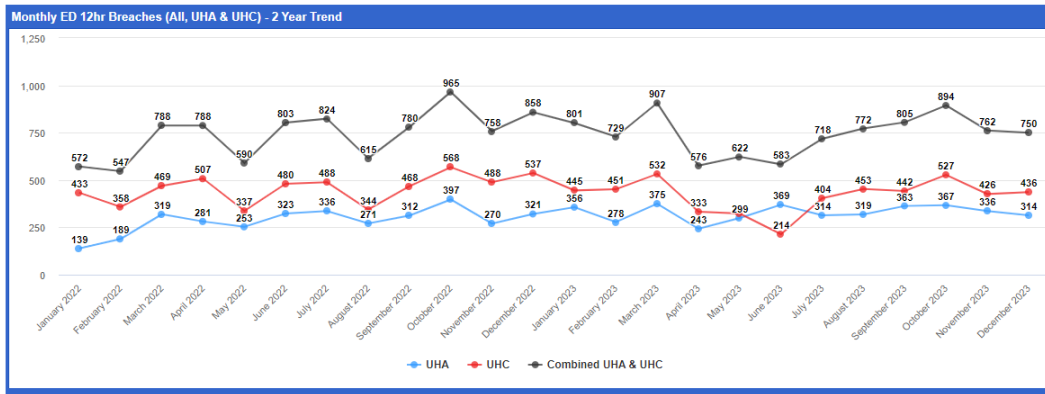
This work-stream aims to maximise flow within CAU in order to alleviate congestion in front door services. This will be achieved by Implementing a comprehensive CAU improvement bundle, establishing a next day bookable appointment system to mitigate overnight stays in CAU, advancing admission times to wards from overnight to early evening, creating specialised frailty units and adopting a home first approach with a specific emphasis on patients over the age of 65 and those with a care home destination.

National Benchmarking – 4 Hour ED Target (95%)

	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23
NHS A&A	65.7%	62.3%	62.8%	66.4%	64.7%	68.1%	69.5%	68.8%	68.1%	68.9%	67.7%	66.3%	67.5%
Scotland	64.0%	58.3%	65.2%	66.3%	64.5%	65.7%	67.2%	69.0%	69.6%	67.9%	66.5%	64.8%	63.5%

Unscheduled Care - Improvement Plan Trajectories 2023/24

- 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



IMPROVEMENT ACTIONS

Workstream 2 – Reducing Acute LoS

This work-stream aims to improve flow throughout the hospital and provide a more effective and streamlined transfer of care. This will be accomplished through the implementation of the safe transfer care plans encompassing the discharge to assess process and the implementation of a CAU specialty pull model to enhance continuous flow. Additionally, Home First will be optimised to focus on; General Medical wards with longest length of stay, patients with a LOS over 14 days and patients over 65 with a care home destination. Discharge Lounge usage will be optimised and the community rehab model will be reinstated.

Workstream 3 – Providing Front Door Alternatives

This work-stream aims to provide alternatives to front door attendance by maintaining and growing Flow Navigation pathways, minor injury scheduling, SAS Call Before Convey and Direct Care Home referrals to AUCS treated at home. It will also inform alternative pathways/enhanced support by scoping high referring practices and providing an education program to support good practice. There will also be the maintenance and growth of virtual services such as; Rapid Respiratory Service, Hospital @ Home, Paediatric and Heart Failure Service.

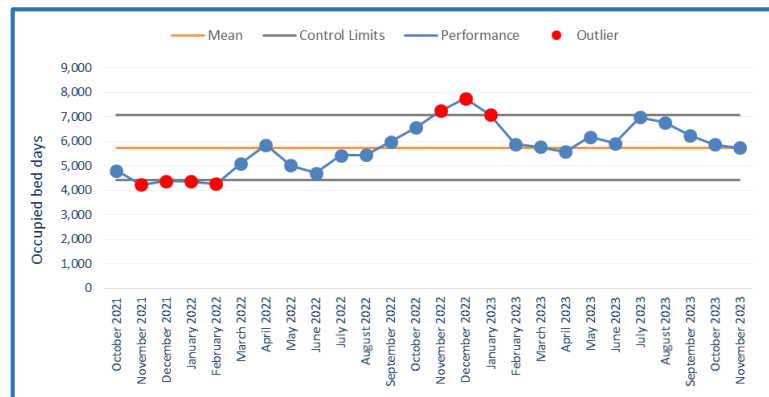
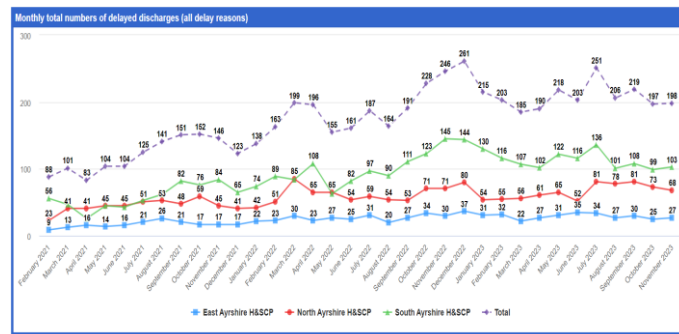
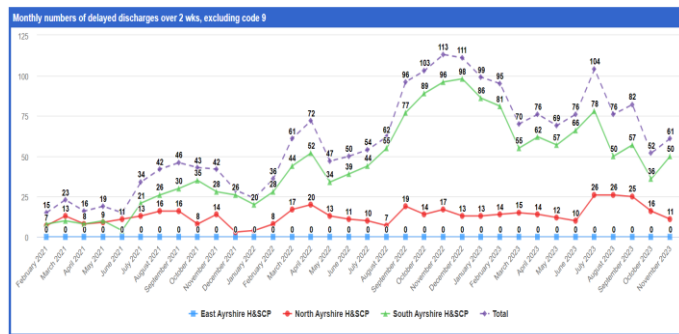
Delayed Transfers of Care

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:

- number of people experiencing a delay over 2 weeks (excluding complex code 9 delays), [Target = 0];
- number of people experiencing a delay of any length or reason in discharge from hospital at the monthly census point;
- number 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 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 support 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. In addition to regular meetings with acute hospital colleagues focussing on supporting flow, the North team have initiated a daily meetings across social work and social care teams which incorporates robust review and person centred action planning for each delay. The North Partnership’s Director chairs a weekly meeting with Senior Leads to gain an overview of current performance, issues and escalations required. A Delayed Discharge Project Plan Group has been established and meets regularly to review the progress of actions and a data dashboard which includes details of all delays, confirmations, interim beds and targets to ensure optimum capacity for service delivery availability. The hospital based Social Work team has a dedicated Mental Health Officer who, in addition to other duties, will review the status of each AWIA delay to ascertain whether legislative alternatives have been explored and maximised. The partnership continues to liaise regularly with care homes across North Ayrshire to maximise opportunities to utilise interim placements in order to facilitate discharge to assess processes.

South Ayrshire - Significant progress has been made in delivering the winter plan for 2023-24 with 61% fewer delays than this time last year, equivalent to 105 beds or 3.5wards. We continue to deliver our winter plan to minimise demand, maximise capacity and reduce delays during 2023-24. The private sector has stabilised, recruitment into care at home continues to be positive and other improvements have already made a significant impact. Our current area of focus is to reduce delays related to the guardianship process which have increased significantly over recent months.