

NHS Ayrshire & Arran



Meeting: Ayrshire and Arran NHS Board

Meeting date: Monday 2 June 2025

Title: Performance Report

Responsible Director: Kirstin Dickson

Report Author(s): Performance, Information and Insights Team; and Planning and Commissioning 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 report has been aimed at providing NHS Board members with insight and intelligence on the key performance aspects and updates on improvement actions relating to the Delivery Plan. In addition, performance against National Waiting Times Targets is also provided.

Appendix 1 provides a focus on the following service areas:

- New Outpatients and Inpatients/Day cases Waiting Times;
- Imaging, Endoscopy and Cancer Waiting Times;
- Musculoskeletal Waiting Times;
- Mental Health Waiting Times
 - CAMHS;
 - Psychological Therapies; and
 - Drug and Alcohol Treatment
- Urgent Care Performance
- Unscheduled Care Performance:
 - National ED 4 Hour Standard and Reconfiguring Front Door Services; and
 - Reducing Acute Hospital Length of Stay;

- Delayed Discharges; and
- Workforce Sickness Absence.

In addition, this report has widened its focus each Quarter to include an **Appendix 2**, which will contain quarterly updates on additional service areas which are not included in **Appendix 1**. These are as follows:

- Mental Health;
- Custody Healthcare;
- Women & Children's Health;
- Public Health;
- Primary & Community Care;
- Workforce;
- Digital Services Innovation Adoption;
- Climate; and
- Community Wealth Building.

2.2 Background

The draft Delivery Plan for 2024/25 was submitted to Scottish Government (SG) in April 2024 and approval was received from SG on 9 July 2024. The Delivery Plan for 2024/25 included our key priority improvement actions linked to a suite of Delivery Framework Indicators with associated performance trajectories.

Appendix 1 and an additional Appendix 2 has been shared with SG each quarter by way of an update against the Delivery Plan and Delivery Framework Indicators. This paper provides the Quarter 4 update for the year 2024/25 and aligns with the vision to streamline requests to services for multiple submissions, preventing members from receiving the same information on more than one occasion in different formats.

The addition of **Appendix 2** on a quarterly basis prevents an additional report being submitted to Committee members to provide an update on the Delivery Plan. This aligns with the vision to streamline requests to services for multiple submissions and prevents members from receiving the same information on more than one occasion in different formats.

This report is aimed at providing Board members with insight and intelligence on performance relating to the Delivery Plan for the service areas highlighted in section 2.1; in addition to performance against National Waiting Times Standards.

Additionally, this process provides SG with a robust update on performance in line with the local governance processes.

2.3 Assessment

The latest monthly performance data within this report is mainly for the period up to March 2025; some measures are only available to February 2025.

Executive Data Summary

New Outpatients

- Performance against the 12 week 95% National target/standard for New Outpatients continues on a increasing trend from 32.1% at January 2025 to 36.9% at March 2025, the highest since August 2023. The agreed Delivery Plan trajectory of 35% has now been met.
- The Delivery Plan trajectory for the number of patients waiting for a New Outpatient appointment was predicted to increase throughout 2024/25. Following a decreasing trend from a high of 56,683 at September 2024 to 55,279 at December 2024, the overall total number of patients waiting increased to 55,599 at March 2025. There are however fewer patients waiting than the agreed Delivery Plan trajectory of 61,176.
- Levels of activity have met and exceeded the planned activity levels as set out within the Delivery Plan trajectories for March 2025.

Inpatients/Day Cases

- Compliance against the 12 week 100% National target/standard for Inpatients/Day Cases (completed waits) has continued on a decreasing trend from 55.1% at December 2024 to 50.3% at March 2025. The Delivery Plan trajectory of 57% has not been met.
- The Delivery Plan trajectory for the number of patients waiting for Inpatient/Day Case treatment was predicted to increase throughout 2024/25. Due to increased activity the overall total waiting list for Inpatient/Day Case treatment had been on a decreasing trend from a high of 8,227 at March 2024, to 7,791 in March 2025 meeting the Delivery Plan trajectory of 8,788.
- Levels of activity have met and exceeded the planned activity levels as set out within the Delivery Plan trajectories at March 2025.
- The waiting times target to eliminate long waits, was that no Inpatients/Day Case patients would be waiting longer than 12 months across the majority of specialties by September 2024. At the end of September 2024, 1,462 patients were waiting more than 12 months, which has since increased to 1,704 at the end of March 2025. In NHS Ayrshire & Arran, 12 month waits have been eliminated in eight specialties. Trauma and Orthopaedics and Ear, Nose and Throat (ENT) continue to report the highest recorded waits.

Radiology/Imaging

- Performance against the 6 week National target/standard of 100% for Imaging has shown a significant improvement, from 54.1% at April 2024 to a high of 82.8% at March 2025. NHS Ayrshire & Arran continues to report higher levels of compliance compared to the Scottish average.
- The overall waiting list for Imaging has continued to increase from a low of 3,716 at December 2024 to 6,082 at March 2025. This is lower than planned waiting list size and has met the Delivery Plan trajectory of fewer than 6,172 patients waiting.
- In-month activity levels for Imaging in March 2025 were slightly lower than trajectory.

Endoscopy

- Compliance against the 6 week National target/standard for Endoscopy has shown a decrease from 42.8% at February 2025 to 42.2% at March 2025. The latest national benchmarking data indicates that NHS Ayrshire & Arran continues to report higher levels of compliance compared to the Scottish average.

- The overall waiting list for Endoscopy continues on an increasing trend from 1,313 patients waiting in October 2023 to 2,237 at March 2025. The expectation within the Delivery plan was for the waiting list for Endoscopy to increase throughout 2024/25. The target has not been met as the current waiting list exceeds the Delivery Plan trajectory of a maximum of 2,110 waiting.
- Levels of activity remain lower than the planned activity levels as set out within the Delivery Plan trajectories at March 2025.

Cancer

- Performance against the 62-day 95% Cancer target/standard has shown an increase with 68.3% at February 2025 following a low of 60.4% in January 2025. This is lower than, and fails to meet, the Delivery Plan trajectory of 88%. The latest national benchmarking data indicates that compliance is now lower than the national average.
- Performance against the 31-day 95% Cancer target/standard continues to show a decreasing trend from 99.1% at August 2024 to 93.7% at February 2025. This is fourth month NHS Ayrshire & Arran has been just below the 95% target within a five-month period. The Delivery Plan trajectory of 98% has not been met. The latest national benchmarking data indicates that compliance remains higher than the national average.

Musculoskeletal

- Compliance in relation to the national 4 week target for Musculoskeletal (MSK) waiting times for ongoing waits continues to show an improving trend from a low of 19.6% at December 2023 to 40.5% at March 2025.
- In March 2025, Urgent referrals to Podiatry have an average wait of 3 weeks, while Physiotherapy and Occupational Therapy have an average wait of 4 weeks; however Urgent Orthotic referrals have remained the same as February 2025 with a wait of 18 weeks at March 2025, compared with a wait of 22 weeks at January 2025.

Mental Health

- At March 2025, compliance in relation to Child and Adolescent Mental Health Services (CAMHS) continues to achieve 100.0%, exceeding the National target/standard of 90% and meets the Delivery Plan trajectory of 100%. The overall waiting list shows an increasing trend from 68 at December 2024 to 96 at March 2025. This however did meet the Delivery Plan trajectory of a maximum waiting list of 120. The latest national benchmarking data indicates that compliance remains higher than the national average. **From August 2024 the data now includes patients aged under 18 years of age who have been referred to the Community Eating Disorders Service.**
- Although there has been some fluctuation, performance for Psychological Therapy (PT) waiting times shows an increase in compliance from 90.3% at October 2024 to 93.4% at March 2025; meeting the 90% national target for the sixth consecutive month. The Delivery Plan trajectory of 85.0% has also been met. The overall number waiting continues to show a decrease from 476 at October 2024 to 362 at February 2025; this is higher than and therefore has not met the Delivery Plan trajectory of a maximum of 350. The latest national benchmarking data indicates that compliance still remains higher than the national average.
- Drug and Alcohol Treatment services continue to exceed the National target/standard and Delivery Plan trajectory of 90% in February 2025, with compliance at 99.2%.

Urgent Care

- In March 2025, Ayrshire Urgent Care Service (AUCS) / Flow Navigation Centre (FNC) received 9,472 contacts including patients navigating through the various pathways. 93% of these patients were not referred onwards to hospital, with alternative pathways of care being provided within a community setting.
- During March 2025, 248 Call before Convey calls were received by AUCS with only 19 (17%) of these calls resulting in onward conveyance to hospital. This pathway ensured that 229 ambulances avoided attendance at the EDs during the month, with these patients receiving alternative pathways of care within a community setting.
- In March 2025, there were 675 calls from Care Homes into the AUCS service with only 9% (63) of these patients requiring to attend an acute hospital. Therefore, 612 frail and elderly residents of Care Homes received alternative care through the various pathways available within AUCS.
- A total of 154 patients were navigated through the Emergency Services Mental Health pathway in March 2025. 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. These patients would have otherwise been conveyed to the EDs and may have experienced lengthy waits to access care of a mental health professional. This pathway provides direct access to the mental health team for these patients.
- Rapid Respiratory Response (RRR) within the Virtual Capacity Programme is a community-based service which supports individuals with exacerbations of COPD to remain at home whenever possible avoiding the need for front door attendance. So far over 1,100 patients have accessed the RRR service, some of who have engaged with the service on a number of occasions. The service has also introduced alerts via Trakcare to facilitate early supported discharge for this patient cohort; so far this has benefited nearly 200 patients. The service has now expanded to include 31 GP practices and covers 76% of all COPD patients residing in Ayrshire & Arran.

Unscheduled Care: National ED 4 Hour Standard and Reconfiguring Front Door Services

- Numbers of attendances at the Emergency Departments (EDs) in 2024/25 increased by 1.2% when compared to the previous year. This equates to an additional 1,084 attendances overall across both ED sites.
- Compliance against the 95% ED 4-Hour National standard/target (unscheduled attendances only) was 64.6% in March 2025, an improvement from the 61.7% recorded in February 2025, and higher than the 63.6% recorded at the same time the previous year (March 2025). The latest national benchmarking data indicates that ED 4-Hour compliance in February 2025 was lower than the national average.
- ED 4-Hour performance for all attendances (unscheduled and scheduled) increased to 65.4% in March 2025, but failed to meet the Delivery Plan trajectory of 71.3%.
- On average, 28 patients waited over 12 hours to be discharged, admitted, or transferred, within our EDs per day in March 2025. This was a fall from a high of 32 per day in December 2024 but did not meet the Delivery Plan trajectory of 10 or fewer per day by March 2025.
- Average length of stay in ED for daytime and overnight arrivals increased to a high in January 2025. Levels have fallen in the latest quarter to 747 and 759 minutes respectively but failed to meet the Delivery Plan Trajectory of 361 and 406 minutes.
- In March 2025, the proportion of Scottish Ambulance Service (SAS) conveyances with a turnaround time within 60 minutes increased to 63.7%. This is the second

highest level recorded in 2024/25 but did not meet the Delivery Plan trajectory of 77.1%.

- The proportion of patients aged over 65 who were discharged from the Combined Assessment Unit (CAU) within 72 hours of arrival in March 2025 was 52.2%, against a Delivery Plan Trajectory of 60.5%. The proportion of patients aged under 65 who were discharged from the Combined Assessment Unit (CAU) within 48 hours of arrival has decreased to 62.2% in March 2025, failing to meet the Delivery Plan Trajectory of 72.7%

Unscheduled Care: Reducing Bed Footprint

- Occupancy levels in the acute hospital sites improved between April 2024 and November 2024, falling from 126.5% to 116.4%. However, over the winter months, occupancy gradually increased month on month, reaching 129.3% at the end of March 2025. This was above the Delivery Plan reduction trajectory of less than 99.8%.
- Average length of stay for Emergency inpatients reached a high of 10.4 days in February 2025, before falling to 9 days in March 2025; failing to meet the Delivery Plan trajectory of 6.7 days or less.
- The numbers of patients with a length of stay (LOS) of > 14 days who are not in delay reduced between April 2024 and November 2024, falling from 209 to 187, with much of this fall being seen at UHC (University Hospital Crosshouse). Over the winter months, the number of patients started to increase, reaching 237 in January 2025 before reducing to 218 at the end of March 2025. This compares to a Delivery Plan trajectory of 185 or less. It is worth noting that the trajectory for UHC was met in each month of 2024/25 except for March 2025.

Delayed Discharges

- Total numbers of delayed discharges have been increasing month on month since October 2024, reaching 224 at the February 2025 census point, the highest number reported since July 2023. The majority of delays reported in February 2025 were within South Ayrshire HSCPs 102 delays (46%), followed by 86 in North Ayrshire HSCP (38%) and 36 in East Ayrshire HSCP (16%). Compared to February 2024, both North and South Ayrshire HSCPs reported a higher number delays.
- Compared to the same period last year, the numbers of bed days occupied due to a delayed discharge have decreased in East Ayrshire HSCP, down from 1,095 in February 2024 to 813 in February 2025 (-25.8%). Occupied bed days have increased in North Ayrshire HSCP from 1,556 to 2,658 (+70.8%) and decreased marginally in South Ayrshire HSCP from 2,259 to 2,255 (+0.2%). The greatest proportion of beds days due to a delay are now from North Ayrshire HSCP.
- The national target is for zero non-complex delays over 2 weeks, however in December 2024 there were 74 such delays across NHS Ayrshire & Arran, the second highest figure since September 2023, with 42 of these (56.8%) from North Ayrshire HSCP and 33 (43.2%) from South Ayrshire HSCP. There were no delays over 2 weeks recorded from East Ayrshire HSCP.
- Through the Delivery Plan, each HSCP has set an improvement trajectory around the daily average numbers of occupied beds due to a delayed discharge. In East Ayrshire HSCP, there were 27 beds occupied per day on average in February 2025, an improvement on their trajectory of 37 or less for the month. In North Ayrshire HSCP, there were 87 beds occupied per day in February 2025, failing to meet their trajectory of maintaining at no more than 56. In South Ayrshire HSCP, there were 74 beds occupied on average per day in February 2025, failing to meet their set trajectory of 25 or less.

Workforce Sickness Absence

- The Delivery Plan trajectory is to reduce overall sickness absence rates (short term and long-term sick) to 5.5% or lower by March 2025. In February 2025, sickness absence rates were recorded at 6.3% (short term: 2.1%, long term: 4.2%).

2.3.1 Quality/patient care

We seek to balance reforming and stabilising our services. 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 the Delivery Plan, 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 on the delivery of key performance targets and trajectories are routinely being assessed and monitored.

2.3.4 Risk assessment/management

Through the Delivery Plan 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 Delivery Plan.

2.3.6 Other impacts

- Best value

Successful management of waiting times and other targets 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 and other targets set out within this paper comply 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. This paper has also been considered by CMT.

The content of this paper has also been considered by the Performance Governance Committee at their meeting on 22nd May 2025.

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 care for our citizens.

4. List of appendices

Appendix 1 – Performance Report

Appendix 2 – Quarter 4 Additional Service Updates

New Outpatients – National 12 Week Standard/Target

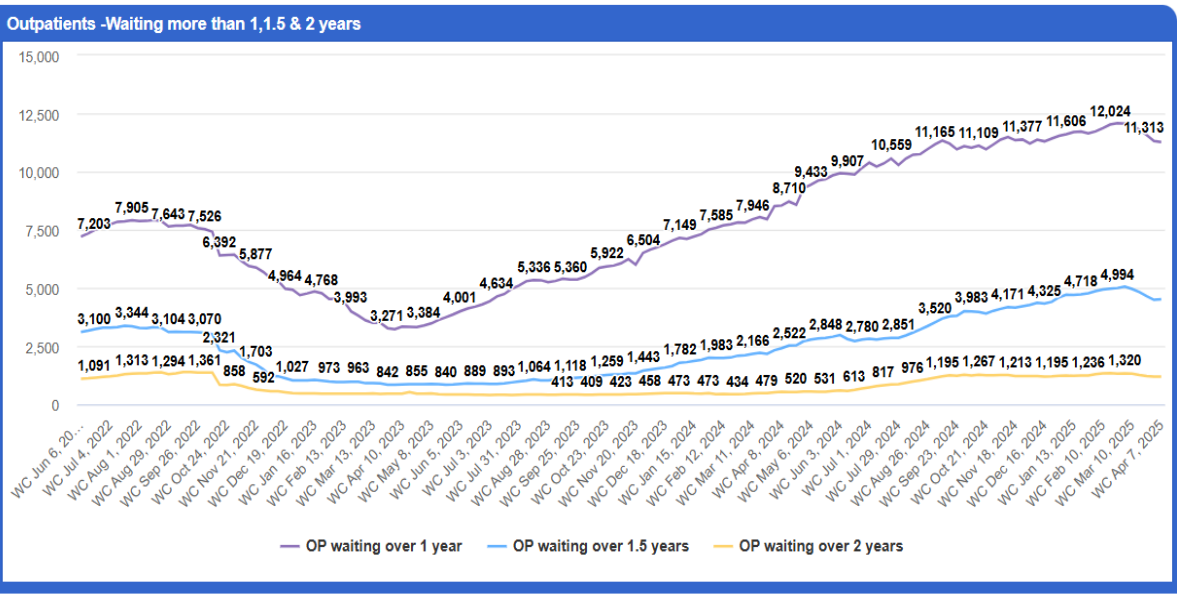
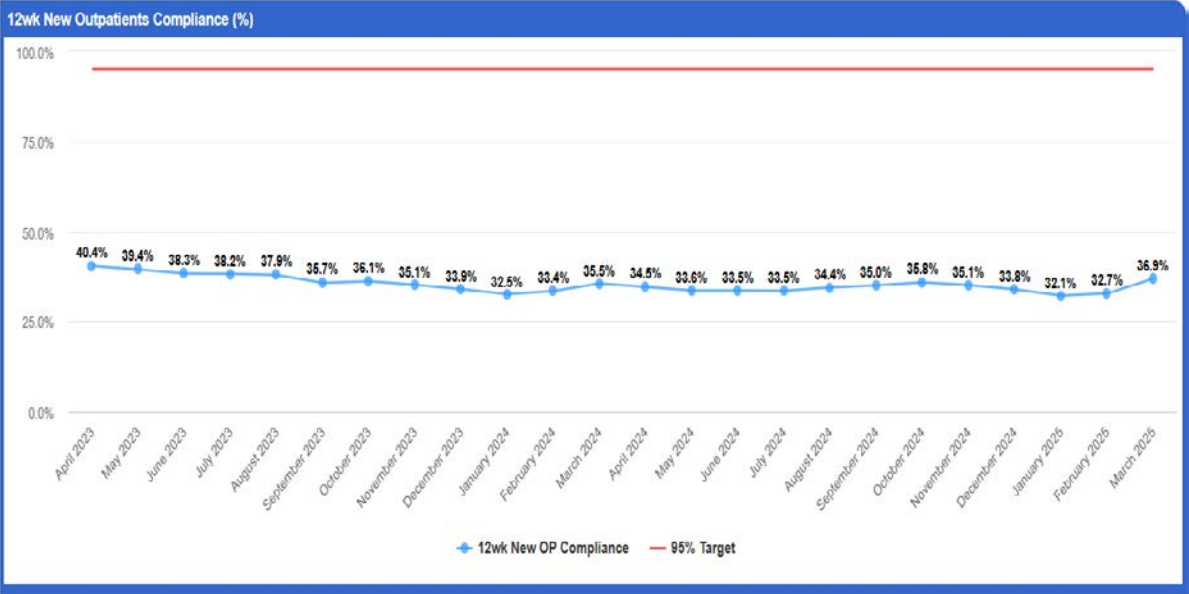
12 Weeks New Outpatients % Compliance

March 2025 result

36.9%

Appendix 1 Performance Report

- **National Standard/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)
- **Reducing Long Waits** - No further targets have been set by Scottish Government to eliminate long waits for New Outpatients, however performance against the long waits will continue to be monitored and reported by the Board.



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

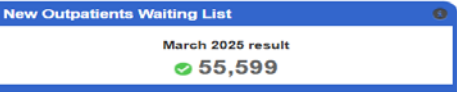
	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
NHS A&A	33.9%	32.5%	33.4%	35.5%	34.5%	33.6%	33.5%	33.5%	34.4%	35.0%	35.8%	35.1%	33.8%
Scotland	40.1%	42.7%	42.7%	42.7%	40.6%	40.6%	40.6%	38.6%	38.6%	38.6%	39.3%	39.2%	38.0%

Source: Public Health Scotland and Local Management Reports
Next National Benchmarking Update: 27th May 2025

New Outpatients – Delivery Plan Trajectories 2024/25

By March 2025:

- 35% of patients to wait no longer than 12 weeks from referral to a first (new) outpatient appointment
- The total number of patients waiting for a New Outpatient appointment is below 61,176



Source: Local Management Reports

IMPROVEMENT ACTIONS

New Outpatients

- Medium term mutual aid Service Level Agreement (SLA) with NHS Forth Valley for Diabetes now established
- Introduce new vetting and clinical delivery model in Diabetes and Endocrinology and re-evaluate DCAQ (Demand Capacity Activity Queue)
- Service redesign initiatives:
 - Group consultations
 - Recruitment
 - Injectable therapies
 - MDT (Multi-Disciplinary Team) triage
- Sleep pathway – Establish new SLA with NHS Greater Glasgow & Clyde for longer term sustainability
- Implement Digital Dermatology
- Understand reason for growth by doing Deep dive analysis of first priority specialty
- Insourcing contracts in place for Ophthalmology, Gastroenterology, Respiratory, Rheumatology, Dermatology and Diabetes
- Further expand the use of Active Clinical Referral Triage (ACRT) by establishing and implementing action plan across all specialties
- Further expand the use of Patient Initiated Review (PIR) by establishing and implementing action plan across all specialties
- Create supplemental Outpatient capacity by carrying out Insourcing and Waiting List Initiatives
- All Consultant and Speciality Doctors have up-to-date job plans inputted on Allocate system

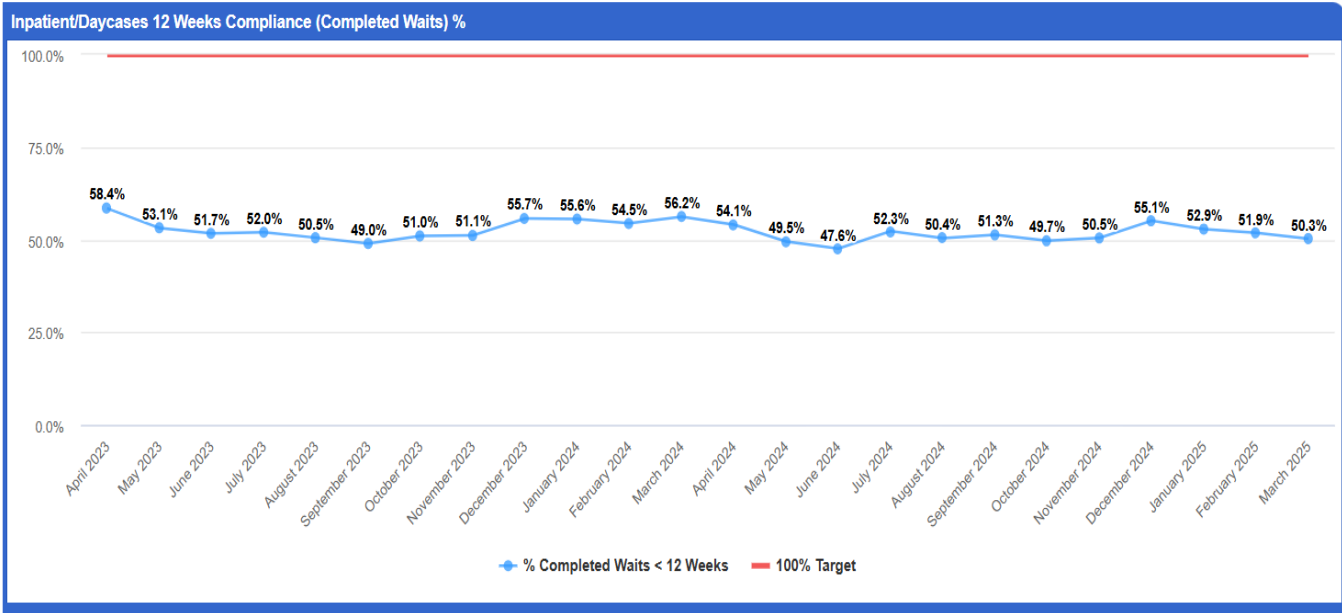
Inpatients/Day Cases - National 12 Week Standard/Target

IPDC 12wks % Compliance (Completed Waits)

March 2025 result

50.3%

- National Standard/Target** - 100% of eligible patients receive Inpatient or Day Case treatment within 12 weeks of such treatment being agreed (completed waits)
- Reducing Long Waits** - Eliminate one year waits for Inpatient/Day Cases in most specialities by the end of September 2024



IP/DC waiting more than 1 year (Speciality det...

Title	Value	History
Gastroenterology Numb...	0	
Neurology-Number of In...	0	
Oral Surgery-Number of ...	0	
Orthodontics-Number of ...	0	
Paediatric Surgery-Num ...	0	
Paediatrics-Number of I...	0	
Rheumatology-Number ...	0	
Other Number of Inpatie...	0	
Plastic Surgery-Number ...	8	
Urology Number of Inpa...	22	
Ophthalmology-Number ...	64	
Gynaecology-Number of ...	108	
General Surgery (inc Va...	162	
Oral and Maxillofacial S...	180	
ENT Number of Inpatien...	384	
Trauma & Orthopaedics...	762	

IP/DC waiting more than 1.5 years (Speciality ...

Title	Value	History
Gastroenterology Numb...	0	
Neurology-Number of In...	0	
Oral Surgery-Number of ...	0	
Orthodontics-Number of ...	0	
Paediatric Surgery-Num ...	0	
Paediatrics-Number of I...	0	
Plastic Surgery-Number ...	0	
Rheumatology-Number ...	0	
Urology-Number of Inpa...	0	
Other Number of Inpatie...	0	
Ophthalmology-Number ...	6	
Gynaecology-Number of ...	41	
General Surgery (inc Va...	73	
Oral & Maxillofacial Sur...	103	
Trauma & Orthopaedics...	198	
ENT-Number of Inpatien...	254	

IP/DC waiting more than 2 years (Speciality d...

Title	Value	History
ENT Number of Inpatien...	156	
General Surgery (inc Va...	35	
Oral & Maxillofacial Sur...	32	
Trauma & Orthopaedics...	27	
Gynaecology-Number of ...	6	
Gastroenterology-Numb...	0	
Neurology-Number of In...	0	
Ophthalmology Number ...	0	
Oral Surgery-Number of...	0	
Orthodontics Number of...	0	
Paediatric Surgery-Num...	0	
Paediatrics-Number of I...	0	
Plastic Surgery-Number ...	0	
Rheumatology-Number ...	0	
Urology Number of Inpa...	0	
Other-Number of Inpatie...	0	

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

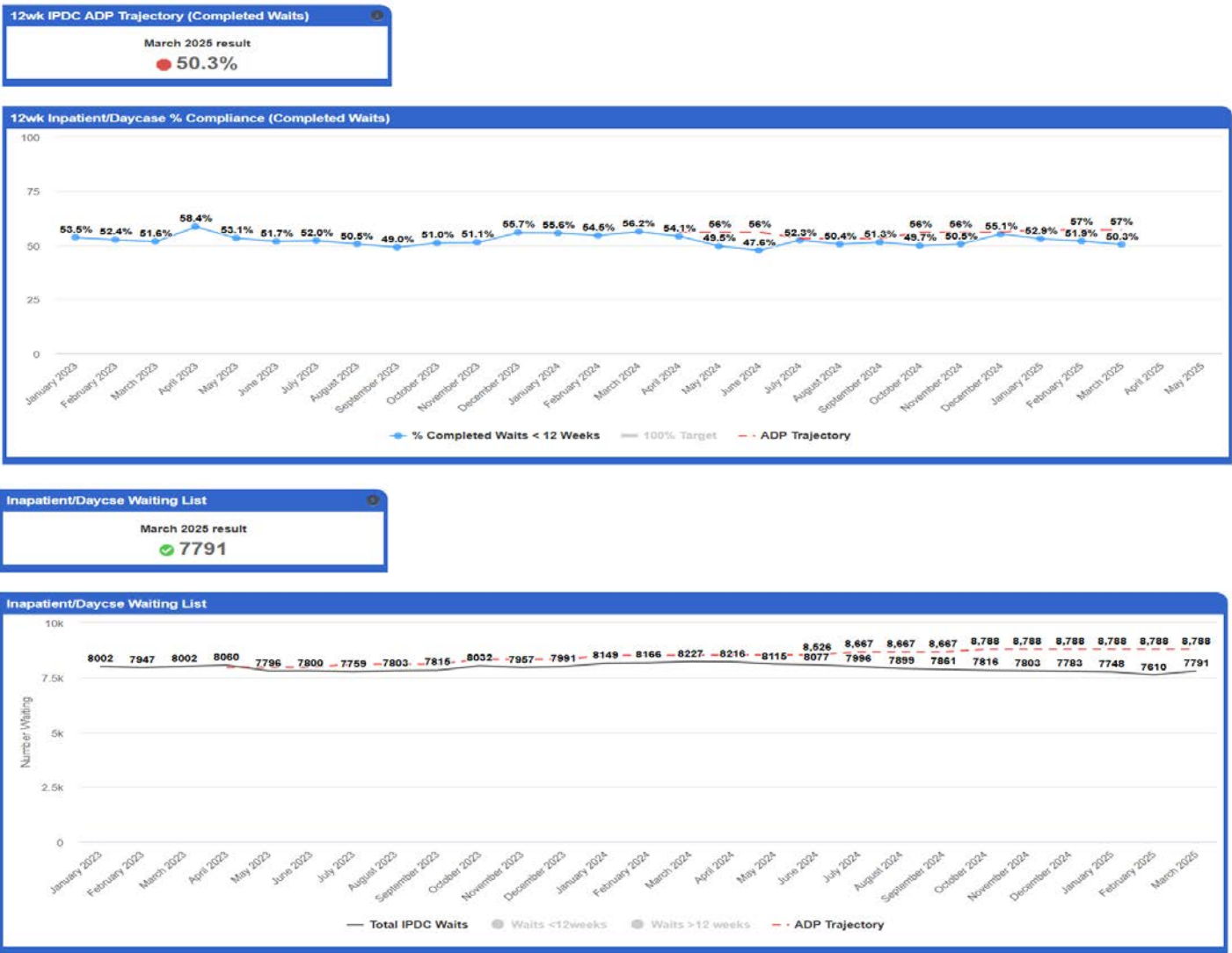
	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
NHS A&A	55.7%	55.6%	54.5%	56.2%	54.1%	49.5%	47.6%	52.3%	50.4%	51.3%	49.7%	50.5%	55.1%
Scotland	57.7%	57.0%	57.0%	57.0%	58.4%	58.4%	58.4%	57.6%	57.6%	57.6%	57.0%	57.0%	57.0%

Source: Public Health Scotland and Local Management Reports
Next National Benchmarking Update: 27th May 2025

Inpatients/Day Cases – Delivery Plan Trajectories 2024/25

By March 2025:

- 57% of patients to wait no longer than 12 weeks from referral to being treated
- The total number of patients waiting for Inpatient/Day case treatment is below 8,788



Source: Local Management Reports

IMPROVEMENT ACTIONS

Inpatients / Day Cases

- Remobilise all Inpatient and Day Case operating theatres Monday -Friday daytimes
- Work to reduce operating theatre fallow time by:
 - Developing measurement tool to accurately track fallow time
 - Recruitment of additional anaesthetist
 - Address shortfalls in theatre nursing to enable all theatres to function
- Increase theatre productivity through improved theatre list scheduling – implementation of theatre scheduling tool
- Work to increase cataract productivity by embedding recommendations from Centre for Sustainable Delivery (CfSD) Specialty Delivery Group (SDG) for Ophthalmology
- Reduction of number of patients over 2 years by reviewing and action planning longest waiting patients by specialty

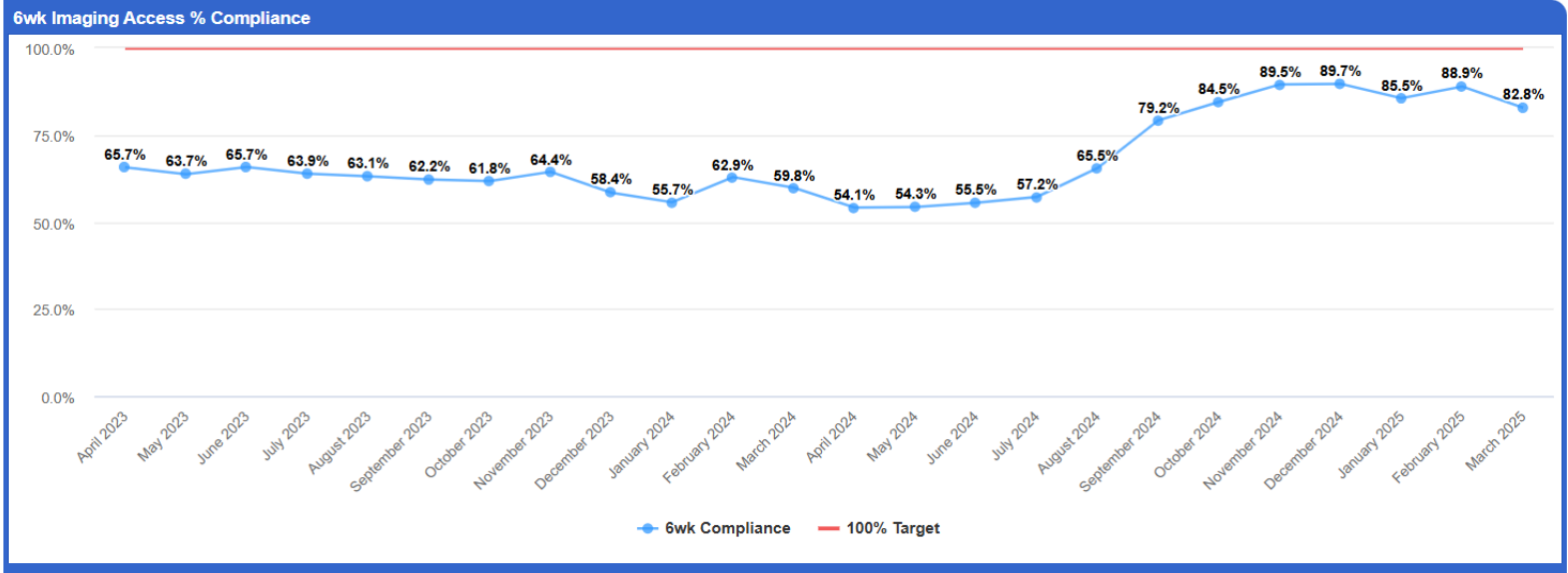
Radiology/Imaging - National 6 Week Standard/Target

6wk Imaging Access % Compliance

March 2025 result

82.8%

- National Standard/Target** – 100% of patients waiting for key diagnostic tests and investigations should wait no longer than six weeks (42 days)



Pls by Query							
Title	Value	Numerator	Denominator	Target	Last Update	History	
Imaging - % Barium Studies patients waiting <6 weeks	90.0%	27	30	100.0%	March 2025		
Imaging - % (MRI) patients waiting <6wks	89.2%	1,179	1,322	100.0%	March 2025		
Imaging - % (CT) patients waiting <6wks	84.1%	1,634	1,942	100.0%	March 2025		
Imaging - % Non-obstetric US patients waiting <6 weeks	78.8%	2,196	2,788	100.0%	March 2025		

National Benchmarking - 6 Week Imaging Target (100%)

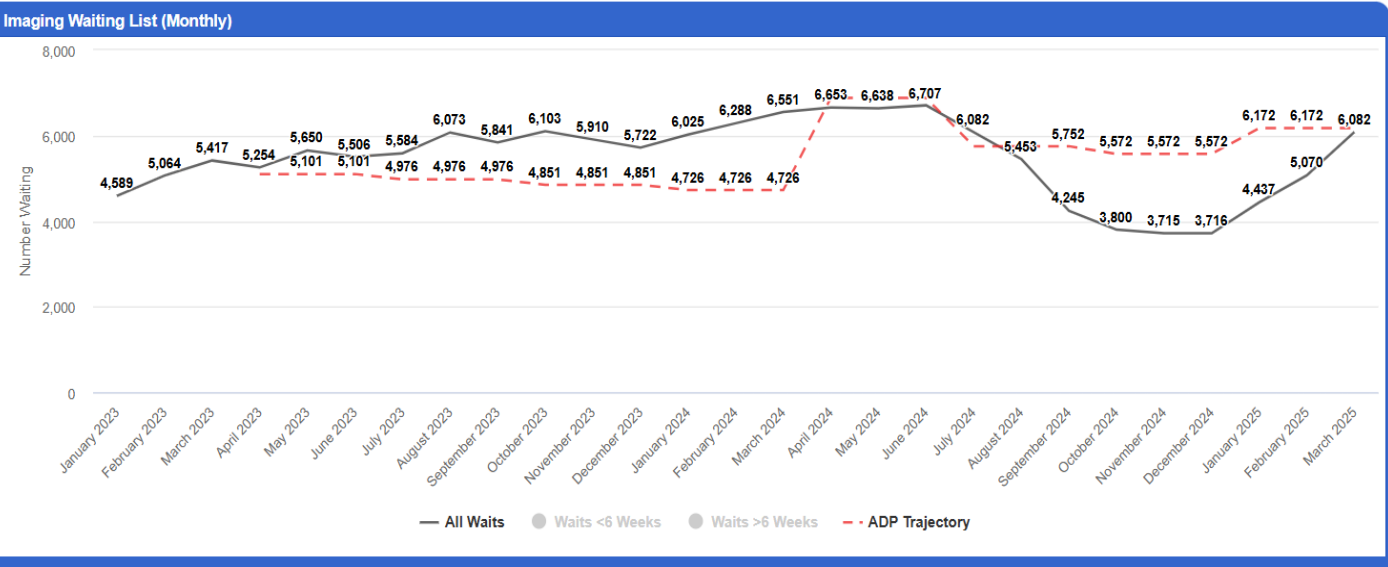
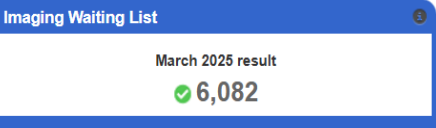
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NHS A&A	58.4%	55.7%	62.9%	59.8%	54.1%	54.3%	55.5%	57.2%	65.5%	79.2%	84.5%	89.5%	89.7%
Scotland	51.5%	50.4%	57.6%	56.1%	51.8%	52.9%	52.9%	51.0%	53.8%	57.4%	56.6%	60.4%	57.4%

Source: Public Health Scotland and Local Management Reports
Next National Benchmarking Update: 27th May 2025

Radiology/Imaging – Delivery Plan Trajectories 2024/25

By March:

- Achieve an overall waiting list for Radiology/Imaging of below 6,172



IMPROVEMENT ACTIONS

Radiology / Imaging

- Progress training of 2 X trainee Ultrasonographers
- Utilisation of Locums for Ultrasound - funding extended
- Continuation of a mobile Magnetic Resonance Imaging (MRI) scanner delivering approx. 450 scans per month
- A second mobile MRI scanner to deliver prostate and breast scans is now on site and delivering more activity than original projections

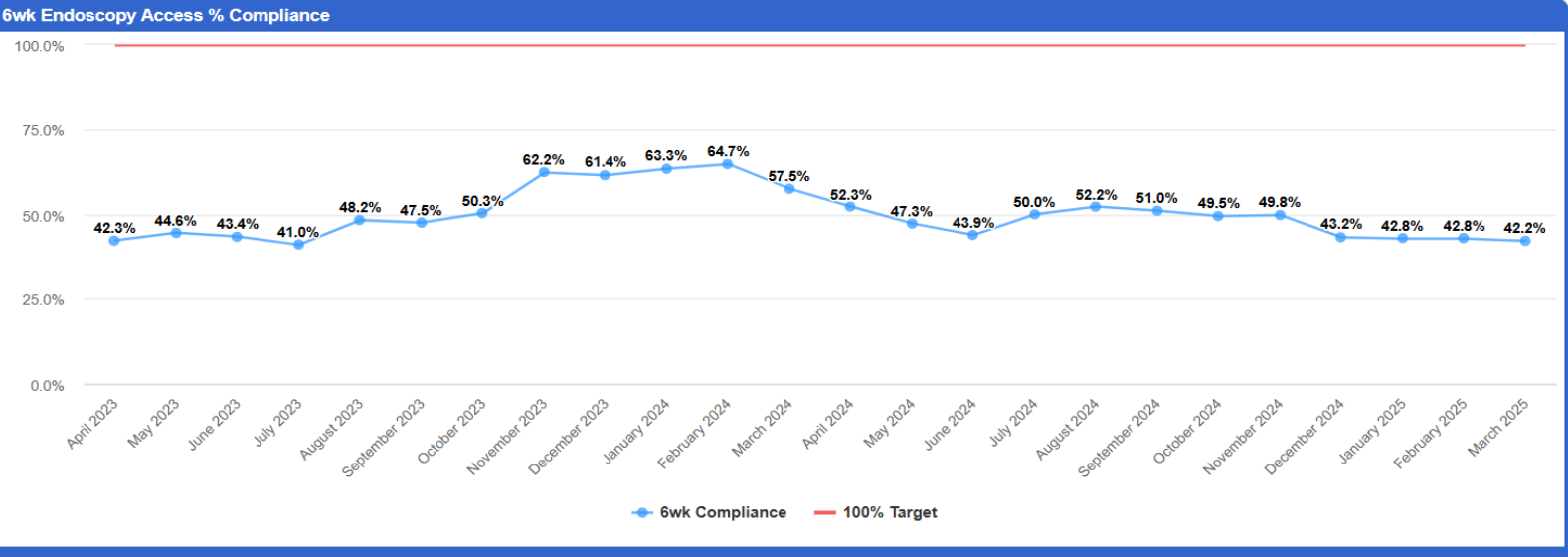
Endoscopy - National 6 Week Standard/Target

6wk Endoscopy Access % Compliance

March 2025 result

42.2%

- National Standard/Target** – 100% of patients waiting for kev diagnostic tests and investigations should wait no longer than six weeks (42 days)



Endoscopy Performance by Procedure - 100% Target							
Title	Value	Numerator	Denominator	Target	Last Update	History	
Endoscopy - % Colonoscopy patients waiting <6 weeks	55.7%	392	704	100.0%	March 2025		
Endoscopy - % Cystoscopy patients waiting <6 weeks	46.7%	14	30	100.0%	March 2025		
Endoscopy - % Upper Endoscopy patients waiting <6 weeks	38.0%	482	1,270	100.0%	March 2025		
Endoscopy - % Lower Endoscopy patients waiting <6 weeks	23.7%	55	232	100.0%	March 2025		
Endoscopy - % Cytosponge patients waiting <6 weeks	0.0%	0	1	100.0%	March 2025		

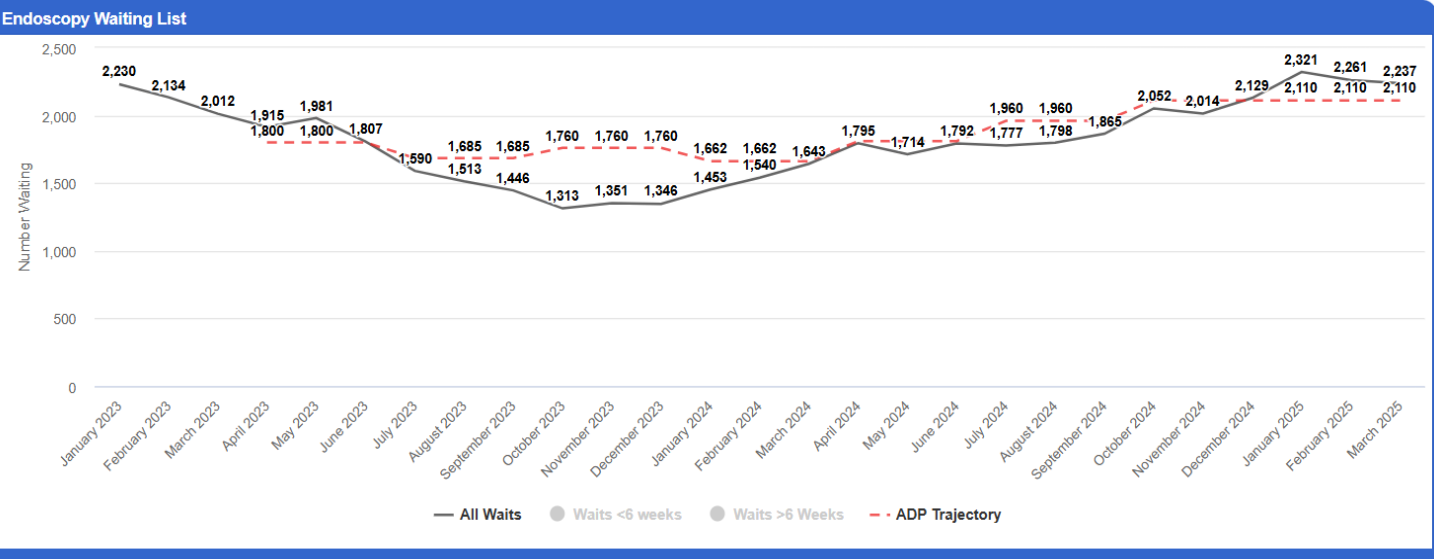
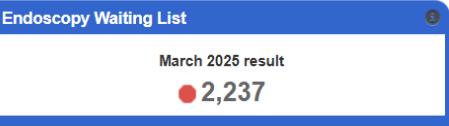
National Benchmarking – 6 Week Endoscopy Target (100%)

	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
NHS A&A	61.4%	63.3%	64.7%	57.5%	52.3%	47.3%	43.9%	50.0%	52.2%	51.0%	49.5%	49.8%	43.2%
Scotland	39.4%	38.2%	43.0%	41.6%	39.6%	40.8%	40.0%	39.0%	39.9%	41.3%	40.5%	41.6%	39.9%

Endoscopy – Delivery Plan Trajectories 2024/25

By March 2025:

- Achieve an overall Diagnostic Endoscopy Waiting List of below 2,110



Source: Local Management Reports

IMPROVEMENT ACTIONS

Endoscopy

- Transnasal Endoscopy (TNE) service now running weekly lists at UHA
- qFiT analysis at NHSAA lab has commenced and running well
- Develop plan for next phase of roll out plan to include GPs accessing qFiT (Quantitative Faecal Immunochemical) result before making referral
- Develop plan for introduction of double qFiT to change the pathway to an opt-in pathway for low risk patients allowing focus of resource on the higher risk patients
- Schedule additional qFiT review clinics to try to reduce the backlog
- GJNH will provide capacity for 30 patients per month until March 2025
- Develop plan to increase the utilisation of Endoscopy lists in line with national guidance by increasing activity incrementally taking into account ongoing staff training and capacity issues
- Implement new national Endoscopy Management System

Cancer – 62 day National Standard/Target

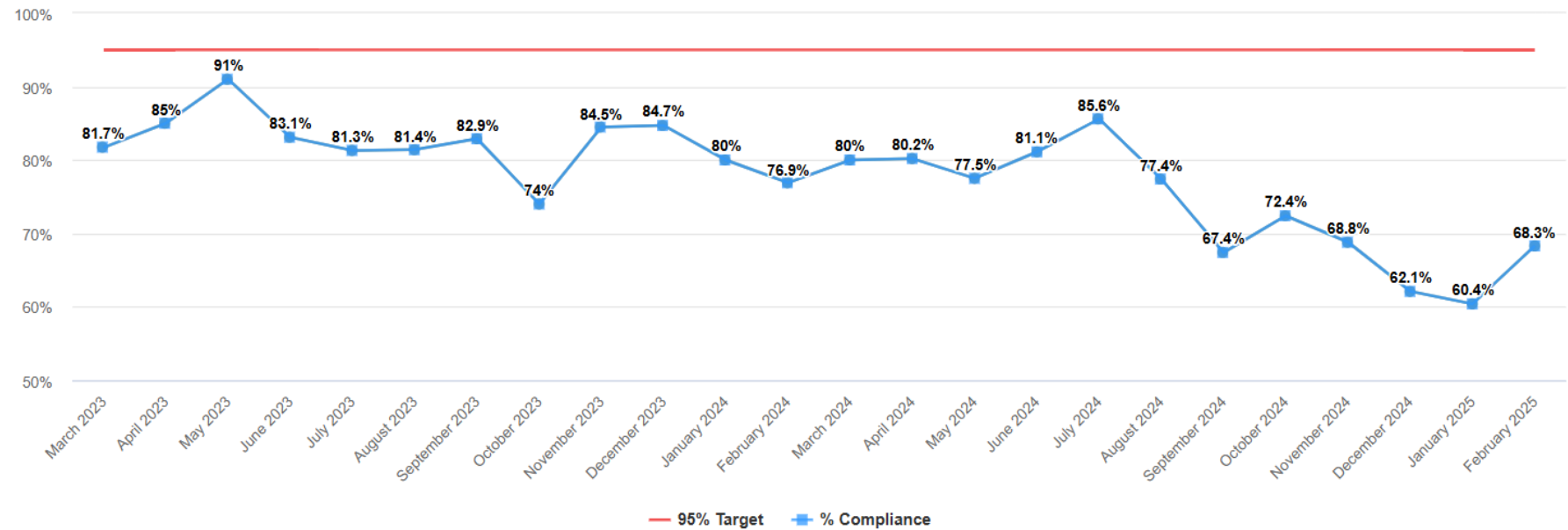
62 Day Cancer 95% Target

February 2025 result

68.3%

- National Standard/Target** - 95% of those referred urgently with a suspicion of cancer are to begin treatment within 62 days of receipt of referral

62 Day Cancer 95% Target



National Benchmarking - 62 Day Cancer Target (95%)

	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
NHS A&A	84.7%	80.0%	76.9%	80.0%	80.2%	77.5%	81.1%	85.6%	77.4%	67.4%	72.4%	68.8%	62.1%
Scotland	70.2%	67.2%	68.8%	71.3%	72.9%	71.4%	70.9%	72.1%	69.5%	70.3%	70.1%	73.3%	72.6%

Cancer – 62 day – Delivery Plan Trajectories 2024/25

By February 2025:

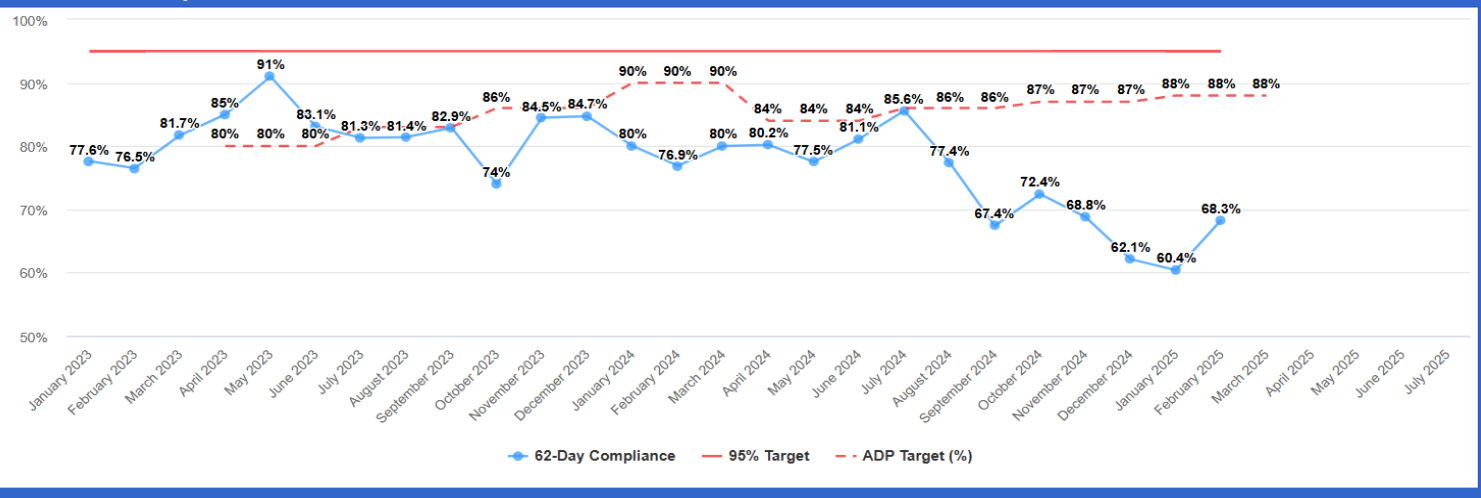
- 88% of those referred urgently with a suspicion of cancer are to begin treatment within 62 days of receipt of referral

62 Day Cancer 95% Target

February 2025 result

68.3%

ADP - All Cancer 62 Day



Source: Public Health Scotland and Local Management Reports

IMPROVEMENT ACTIONS

Cancer – 62 day

- Additional Artemis biopsy sessions in place to reduce Urology prostate backlog
- DCAQ complete on key elements of Urology cancer pathway
- Reduce pathology backlog and turnaround times by outsourcing contract to create additional reporting capacity
- Implement National Optimal Pathways
 - Lung – Progress project to improve pathway for GP requesting chest x-ray
 - Head & Neck – Additionality for ENT (Ear Nose and Throat) consultant clinics and specialist radiology
- Commence Breast ANP (Advanced Nurse Practitioner) clinics
- Bowel screening pre-assessment process reviewed and reducing time from referral to colonoscopy

Cancer – 31 day National Standard/Target

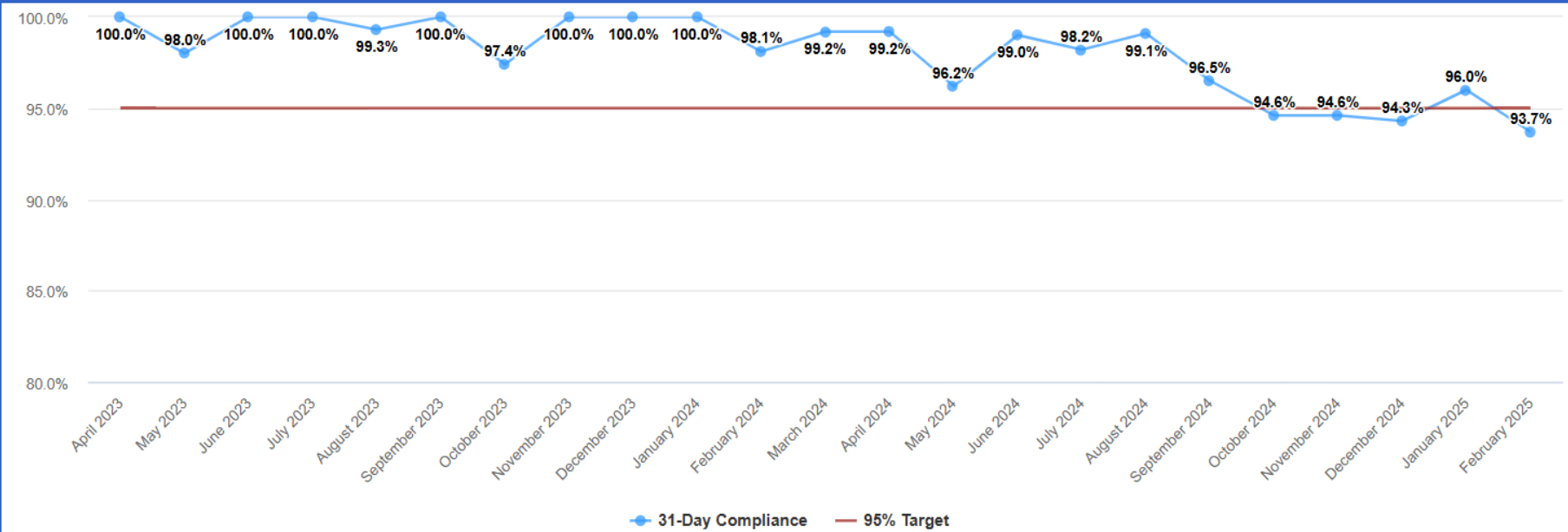
31 Day Cancer 95% Target

February 2025 result

▲ 93.7%

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

31 Day Cancer 95% Target



National Benchmarking – 31 Day Cancer Target (95%)

	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
NHS A&A	100.0%	100.0%	98.1%	99.2%	99.2%	96.2%	99.0%	98.2%	99.1%	96.5%	98.2%	99.1%	96.5%
Scotland	93.5%	91.7%	94.5%	94.7%	94.6%	94.4%	95.4%	94.4%	93.7%	93.7%	94.4%	93.7%	93.7%

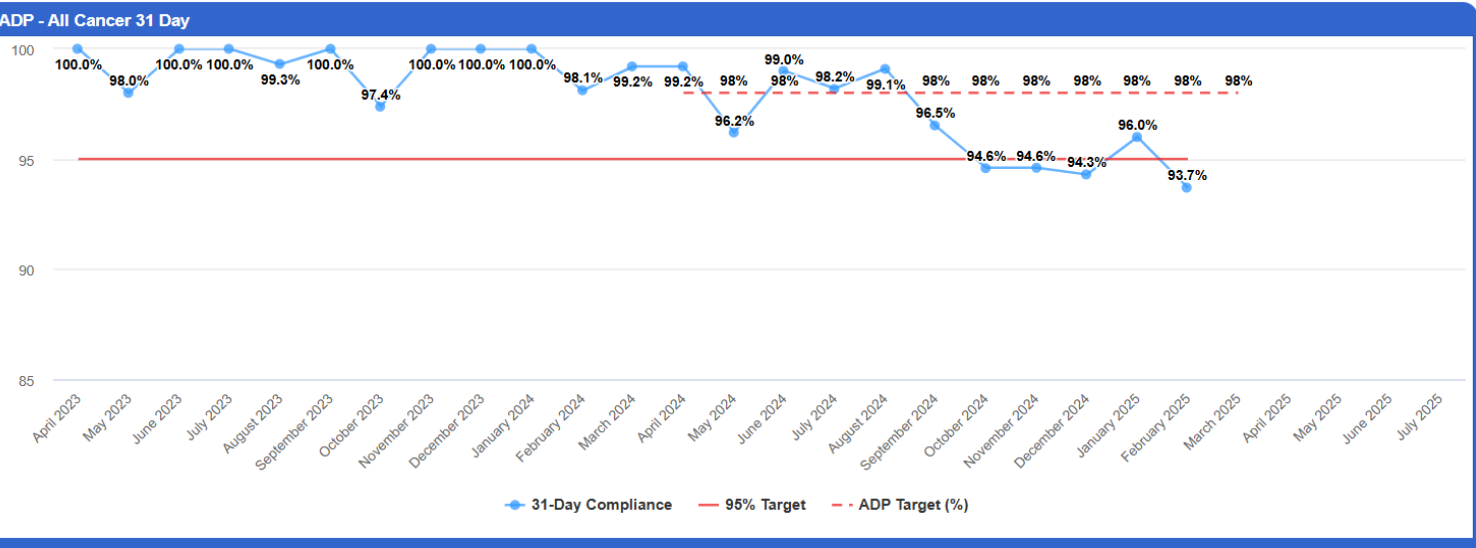
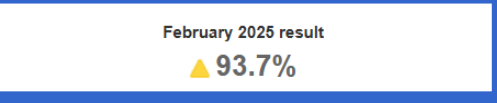
Source: Public Health Scotland and Local Management Reports
Next National Benchmarking Update: 24th June 2025

Cancer – 31 day - Delivery Plan Trajectories 2024/25

By February 2025:

- 98% of all patients diagnosed with cancer are to begin treatment within 31 days of decision to treat

31 Day Cancer ADP Trajectory



Source: Public Health Scotland and Local Management Reports

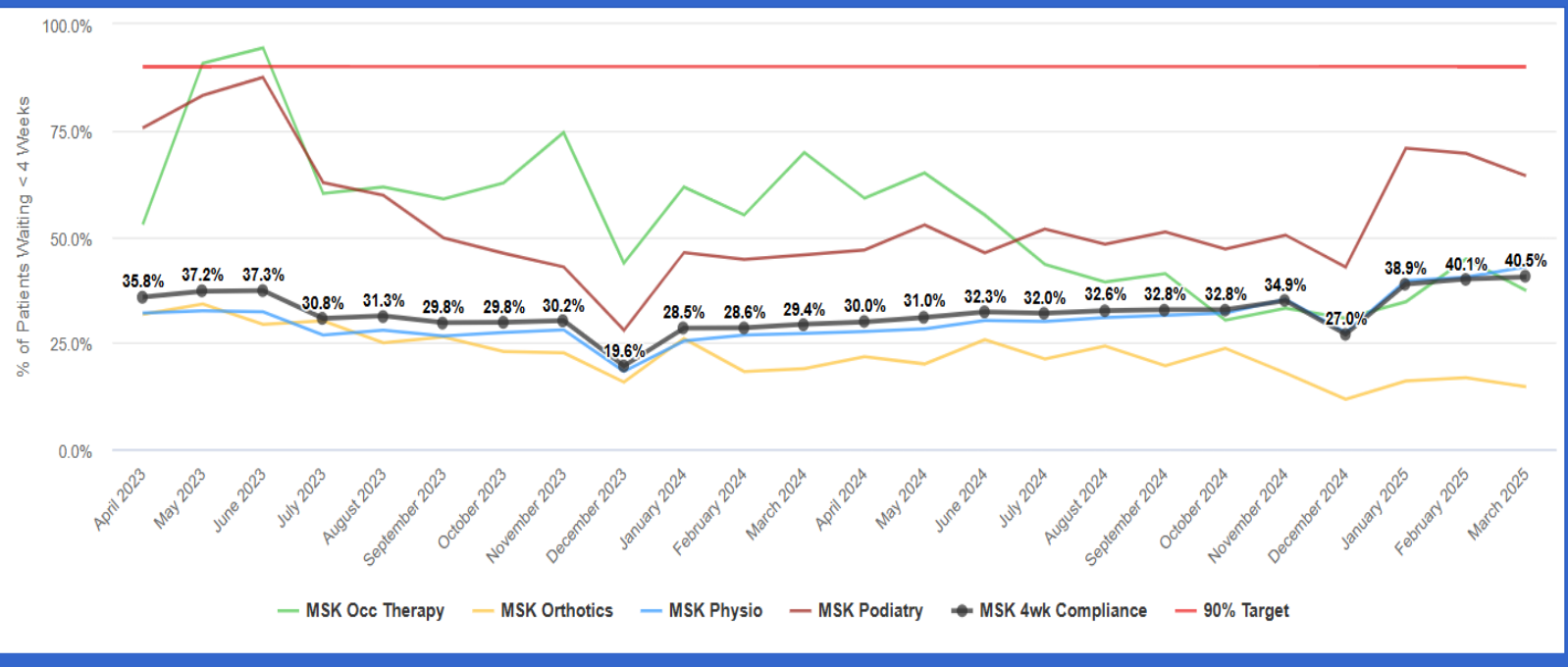
IMPROVEMENT ACTIONS

Cancer – 31 day

- Robot Assisted Surgery (RAS) Prostatectomies now established
- New straight to MRI pathway for Prostate referrals implemented
- Joint upper GI (Gastrointestinal) MDT with NHS Lanarkshire is now established
- Expansion of Robot Assisted Surgery (RAS) to 4 days per week established

Musculoskeletal (MSK) – Ongoing Waits

MSK 4wk Compliance last 2 years



March 2025 – Ongoing Waits by Profession

	All Waits			Urgent Waits Only
	Number Waiting	Max Weeks Waiting	Average Wait (Weeks)	Average Wait (Weeks)
MSK Occupational Therapy	169	29	10	4
MSK Podiatry	521	23	8	3
MSK Physiotherapy	3,202	33	9	4
Orthotics	654	63	27	18

Source: Local Management Reports

IMPROVEMENT ACTIONS

MSK (Musculoskeletal) Ongoing Waits

- Increase MSK compliance with National 4 week Waiting Time target
 - DCAQ analysis
 - Patient Focused Booking
 - Patient Initiated Reviews
 - Active Clinical Referral Triage
 - Referral Guidance
- Reduce demand into MSK Services
 - Digital self-management
 - Advice only Referral
 - Community Drop in sessions (CAD)
- Reduce Primary Care attendance and Unscheduled Care demand
 - 3 month Test of Change: Self-referral to MSK in 3 GP Practices (eConsult) completed and output to be shared
 - Utilisation of Community Assets
- Facilitate recruitment and retention
 - Increased targeted education group clinics
 - Clinical Supervision
 - Review of skill mix
 - Review of clinical education, development roles and blended student placements
 - Recruitment fair

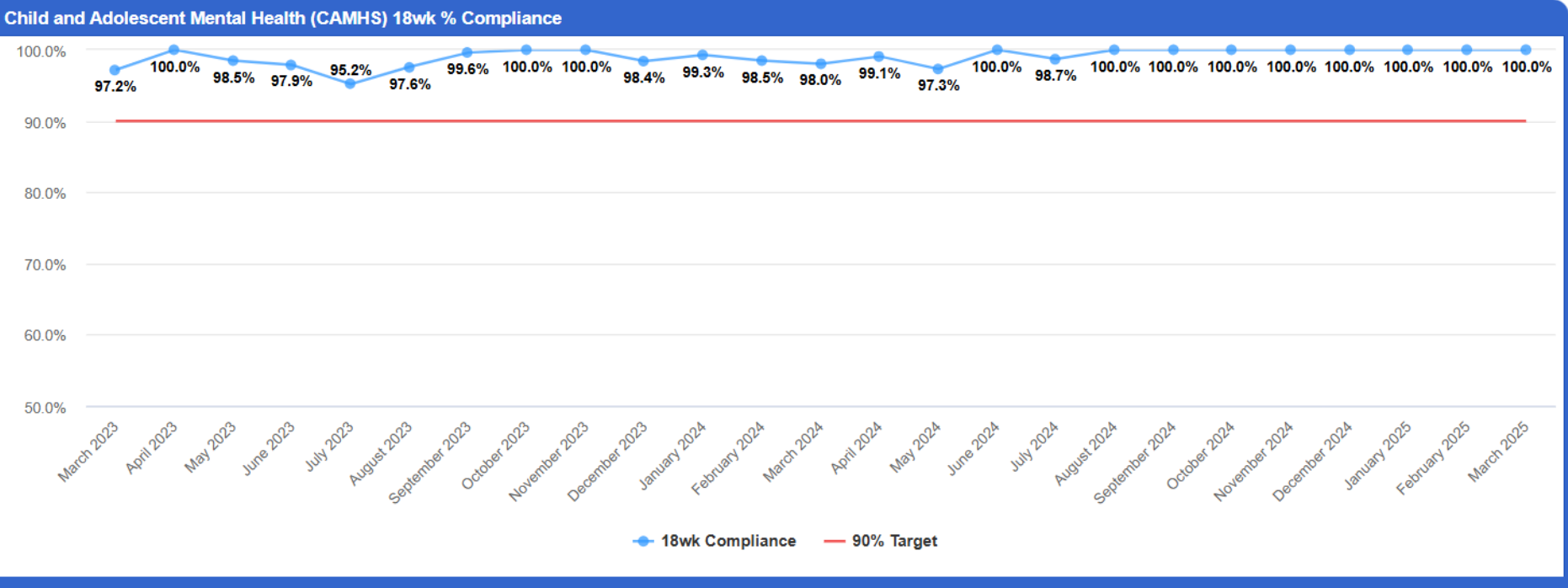
CAMHS – 18 Week National Standard/Target

CAMHS 18wk 90% Target

March 2025 result

100.0%

- National Standard/Target** – 90% of young people to commence treatment for specialist Child and Adolescent Mental Health Service (CAMHS) within 18 weeks of referral.



National Benchmarking - 18 weeks CAMHS Target (90%)

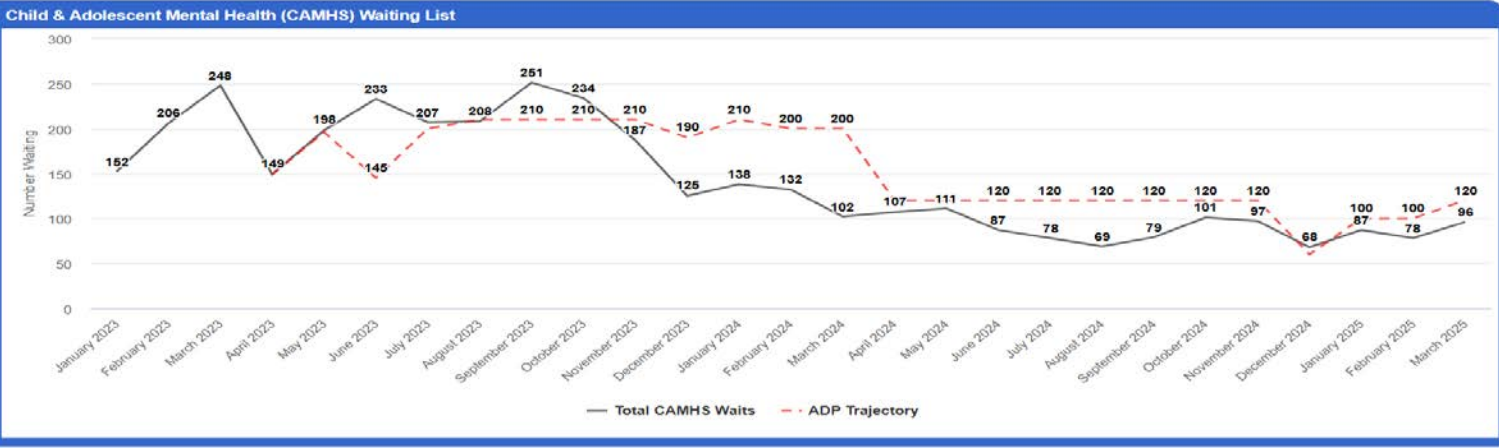
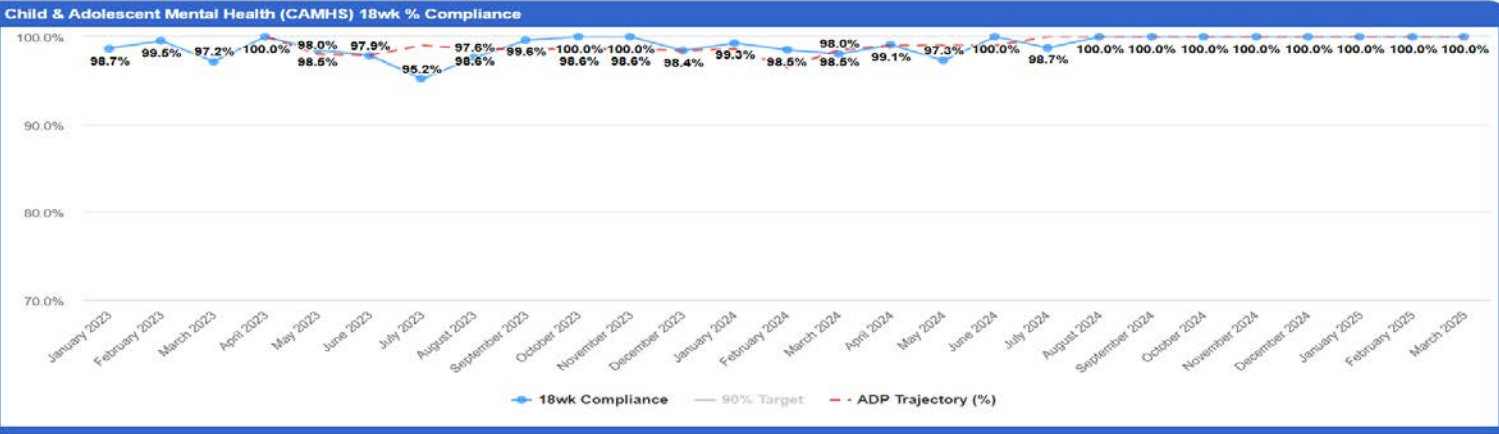
	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
NHS A&A	98.4%	99.3%	98.5%	98.0%	99.1%	97.3%	100.0%	98.7%	100.0%	100.0%	100.0%	100.0%	100.0%
Scotland	86.0%	86.4%	84.8%	86.9%	81.4%	86.1%	85.0%	86.2%	89.8%	91.3%	89.3%	90.1%	93.1%

Source: Public Health Scotland and Local Management Reports, North Ayrshire HSCP
Next National Benchmarking Update: 3rd June 2025

CAMHS - Delivery Plan Trajectories 2024/25

By March 2025:

- 100% of young people to commence treatment for specialist Child and Adolescent Mental Health Service (CAMHS) within 18 weeks of referral
- Achieve a waiting list of 120 or less



Source: Local Management Reports, North Ayrshire HSCP

IMPROVEMENT ACTIONS

CAMHS

- Using Trakcare and CAMHS (Child and Adolescent Mental Health Services) Benson Wintere DCAQ Model to carry out regular demand, capacity, activity and queue (DCAQ) activities to ensure capacity meets demand
- Recording all data whether a referral meets the National Specification or not and how and what the service needs to do to meet the demand
- Further develop and expand on skill mix of workforce in particular encouraging Psychiatry and Psychology posts to CAMHS
- Development of new facility at West Road for N-CAMHS and CEDS (Community Eating Disorder Service) – handed over Nov 2024
- Business case for CAMHS Inpatient beds on the Woodland View site
- Access qualitative feedback through Kidscreen as well as quantitative data
- N-CAMHS will continue to see young people who are currently on the N-CAMHS waiting list
- External providers to assess children and young people contract ended October 2024. There is no funding to continue this contract.

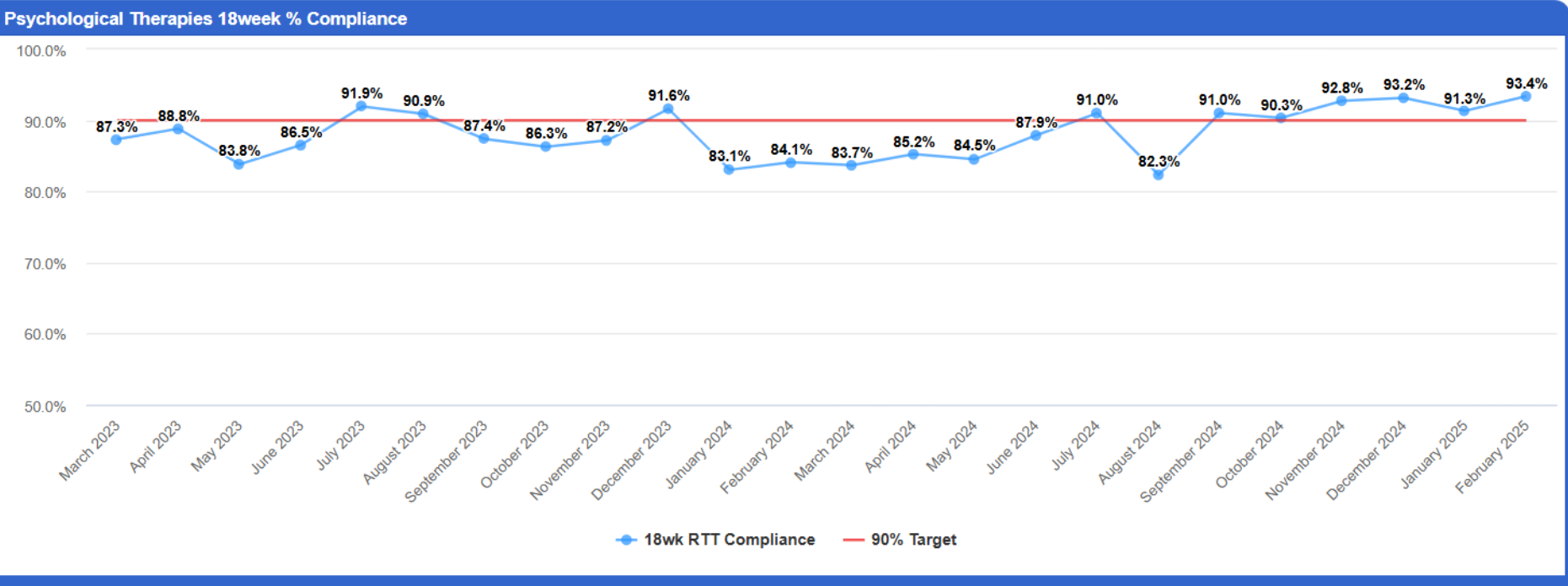
Psychological Therapies - 18 Week National Standard/Target

Psychological Therapies 18wk 90% Target

February 2025 result

93.4%

- National Standard/Target** – 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral.



National Benchmarking – 18 Weeks PT Target (90%)

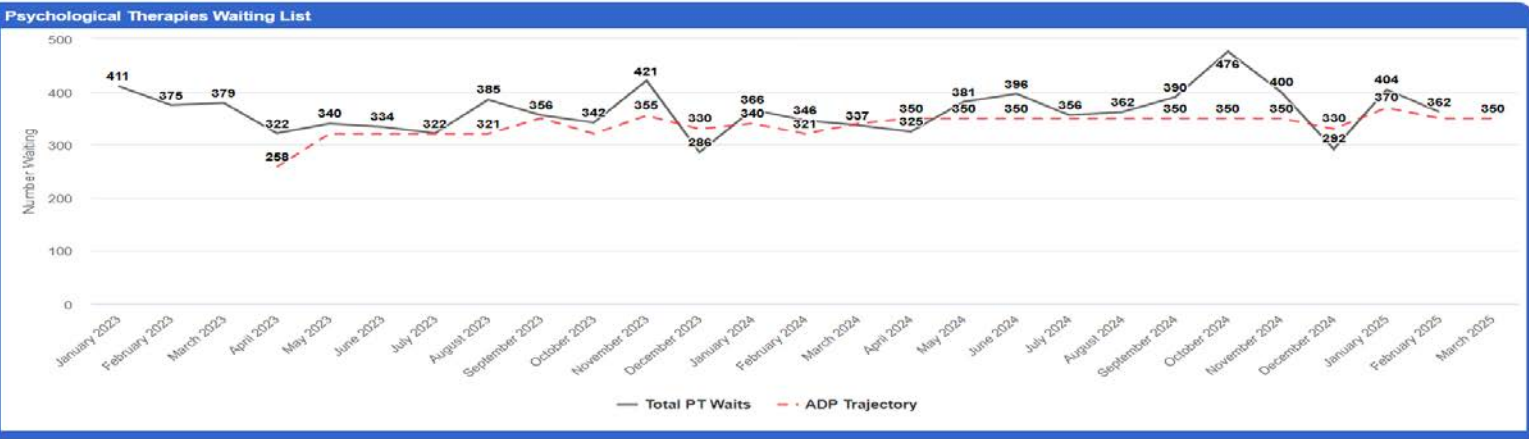
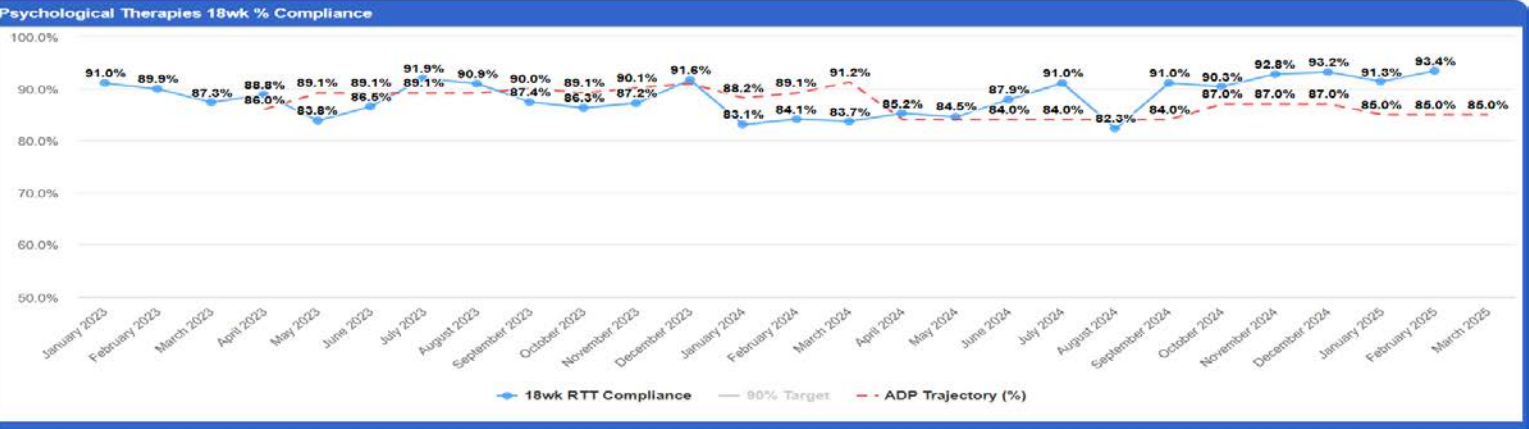
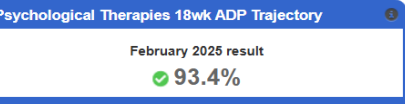
	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
NHS A&A	91.6%	83.1%	84.1%	83.7%	85.2%	84.5%	87.9%	91.0%	82.3%	91.0%	90.3%	92.8%	93.2%
Scotland	82.9%	79.4%	77.9%	80.7%	80.2%	80.2%	80.4%	78.7%	79.8%	81.5%	81.1%	78.9%	81.6%

Source: Public Health Scotland and Local Management Reports, North Ayrshire HSCP
Next National Benchmarking Update 3rd June 2025

Psychological Therapies - Delivery Plan Trajectories 2024/25

By February 2025:

- 85% of patients to commence Psychological Therapy based treatment within 18 weeks of referral
- Achieve a waiting list of 330 or less



Source: Local Management Reports, North Ayrshire HSCP

IMPROVEMENT ACTIONS

Psychological Therapies

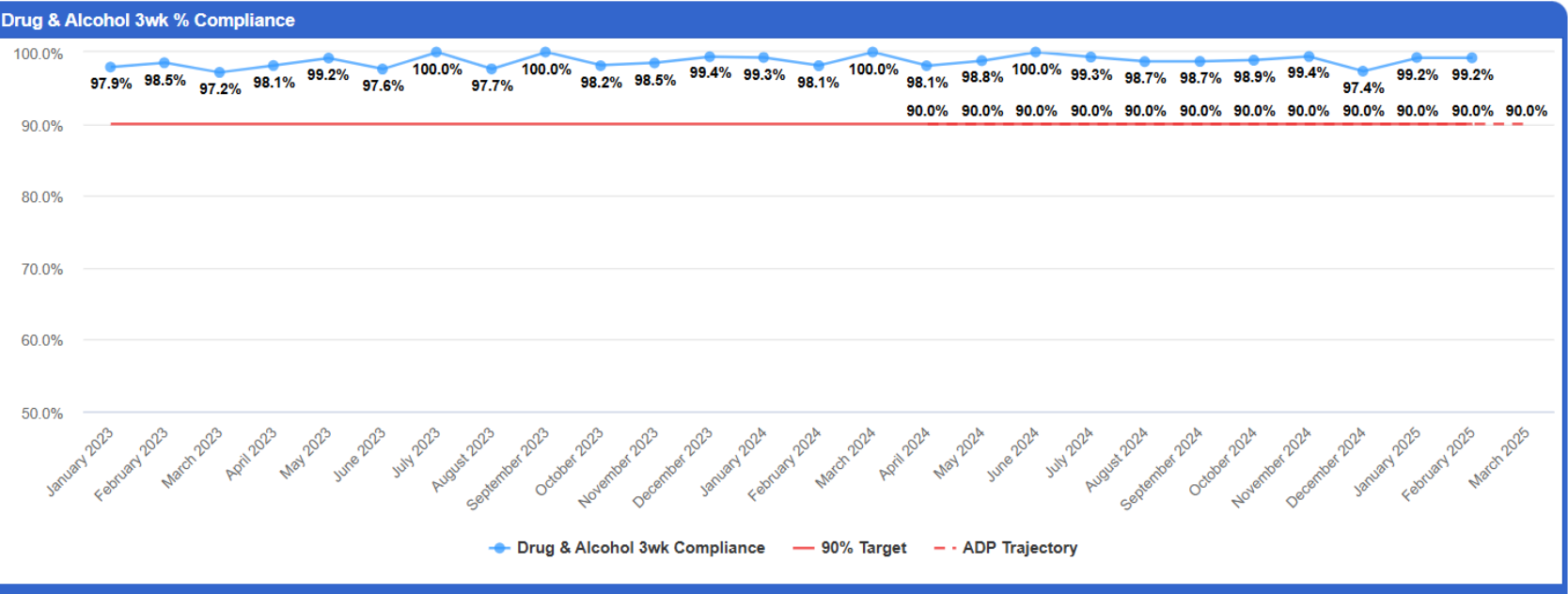
- Create a clinical governance structure for Psychological Services and delivery of Psychological therapies and interventions
- Implementation of Psychological therapies and interventions (P&TI) standards (SG, Nov23) by April 2025
 - Assessment tool being piloted nationally
 - New pan-services Psychological Therapies and Interventions CGG group preparing a work plan for implementation
- Improve service delivery and resilient with the recruitment and retention of Psychological workforce
 - Ensuring safe staffing levels
 - Up to date and sustainable job plans for all staff – recognising the breadth and scope of the work
 - Appropriate leadership capacity in all parts of the service
 - Ensuring timely recruitment when vacancies arise

Drug and Alcohol Treatment: 3 Week National Standard/Target

Drug & Alcohol 3wk 90% Target & Trajectory

February 2025 result
99.2%

- National Standard/Target** – 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery. *Note – the Delivery Plan for 2024/25 is the same as the National Standard/Target of 90%*



IMPROVEMENT ACTIONS

Drug and Alcohol Treatment

Implement agreed actions in relation to MAT 7:

- For **North Ayrshire** this involved an increase in specialist GP and pharmacist resource and to pilot a new pharmacy based Buvidal supply option.
- For **South Ayrshire** to begin a test of change (TOC) to demonstrate proof of concept for a model to deliver on MAT 7. Test of Change (TOC) will be evaluated in 2026, for any further developments of improvements.
- For **East Ayrshire** this includes an increase in ANP/Clinical Nurse Specialist and Specialist GP in our rural cluster areas to improve access at a primary care level.
- Continue to deliver and meet the access to treatment waiting times standard whilst supporting individuals to remain in treatment for as long as they require by offering additional supportive contacts.
- Deliver and meet the ‘Substance Use Treatment Target’ by continuing to offer and ‘open’ referral process with quick and safe access to treatment.
- Deliver and meet the ABI (Alcohol Brief Interventions) target in line with ‘Priority’ and ‘Wider’ setting targets.

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

	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
NHS A&A	99.4%	99.3%	98.1%	100.0%	98.1%	98.8%	100.0%	99.3%	98.7%	98.9%	98.9%	99.4%	97.4%
Scotland	90.6%	92.2%	92.2%	92.2%	93.2%	93.2%	93.2%	98.8%	98.8%	98.8%	95.5%	95.5%	95.5%

Urgent Care – AUCS (Ayrshire Urgent Care Service)

AUCS Compliance

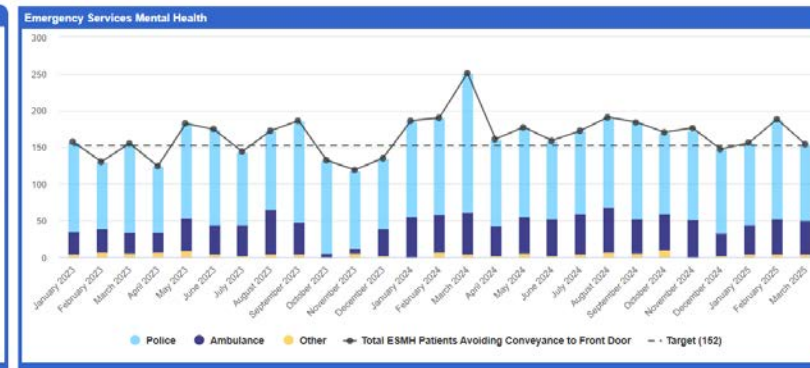
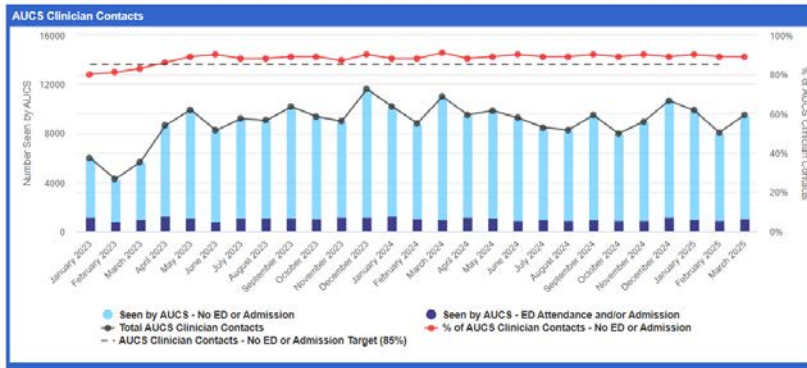
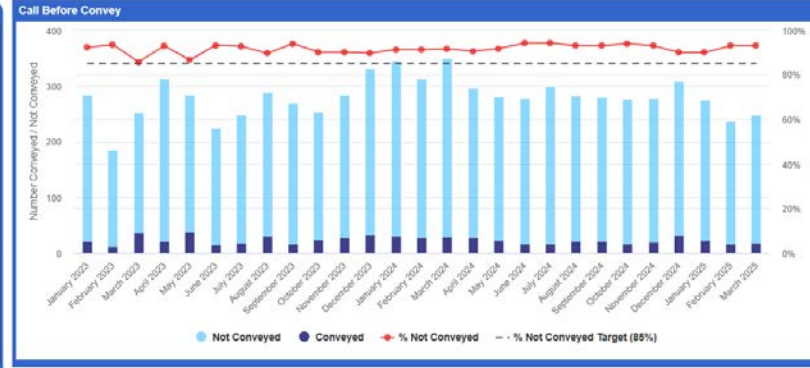
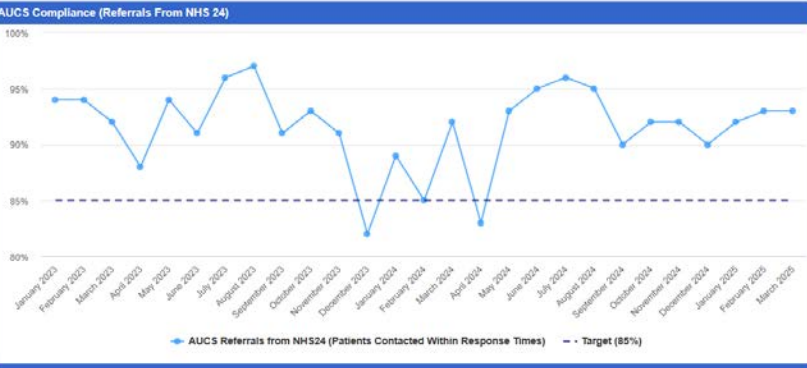
March 2025 result

✓ 93%

- **Local Target** - 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

IMPROVEMENT ACTIONS

- Maintain and grow AUCS (Ayrshire Urgent Care Service)/FNC (Flow Navigation Centre) pathways with Senior Clinical Decision Maker Oversight including appointing to MIU (Minor Injuries Unit)
- Maintain current levels of avoided conveyance of patients through ESMHP (Emergency Services Mental Health Pathway) as part of Call Before Convey (100% treated within community)
- Increasing engagement with Scottish Ambulance Service (SAS) and Police Scotland to ensure appropriate pathway of care for patients experiencing Urgent Mental Health need
- Work with colleagues in Mental Health team to ensure pathway into the 72 hour Mental Health Assessment is modelled within AUCS to ensure capacity matches demand
- Scoping potential for a Musculoskeletal (MSK) - Urgent Care Pathway to reduce MSK related GP appointments
- Continue to expand the evidence based Community Rapid Respiratory Response (RRR) pathway across all three HSCP areas.



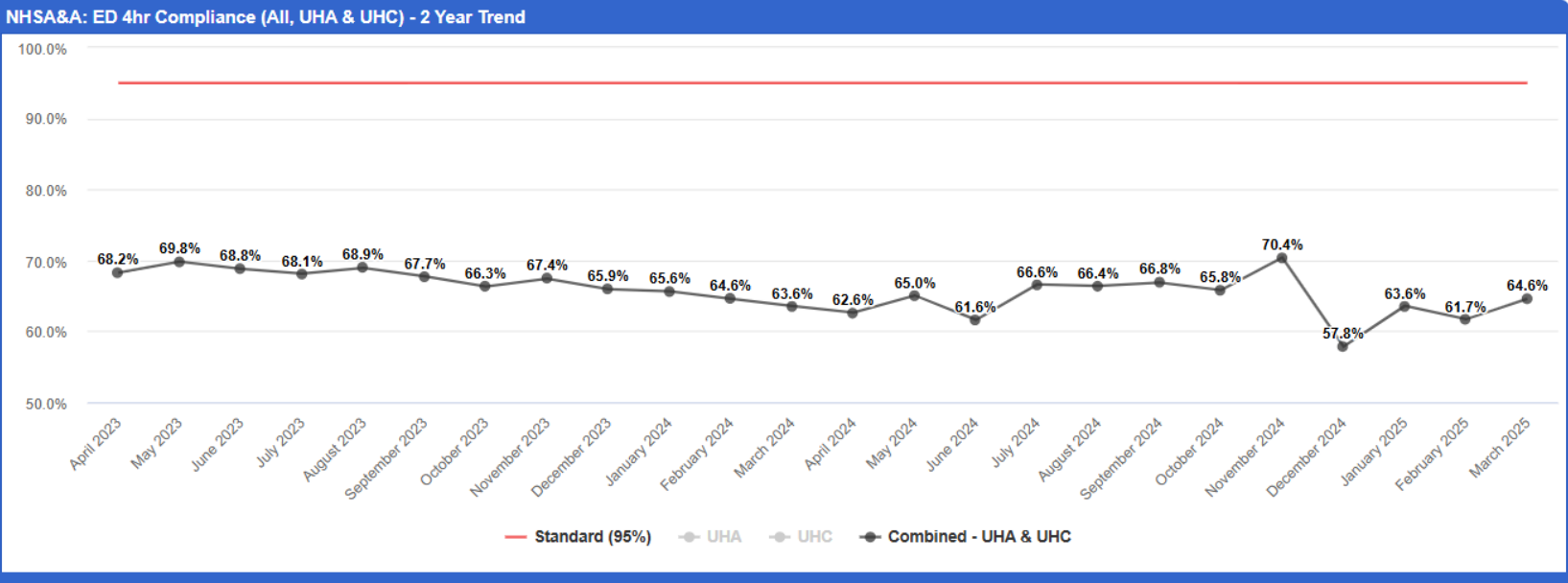
Unscheduled Care – National ED 4 Hour Standard/Target

ED 4 hour % Compliance

March 2025 result

64.6%

- National Standard/Target** - At least 95% of patients will wait less than 4 hours from arrival at Emergency Department (ED) to treatment, admission, or discharge (unscheduled attendances only)



Numbers of Unscheduled ED Attendances	
Apr 23 – Mar 24	92,405
Apr 24 – Mar 25	93,489
Change	+1,084 (+1.2%)

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

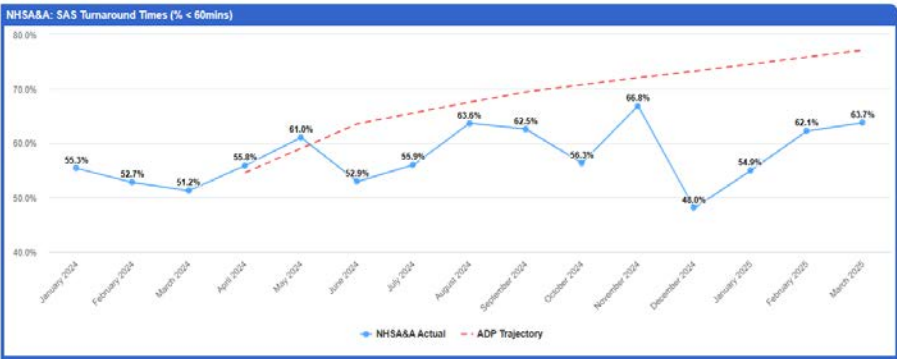
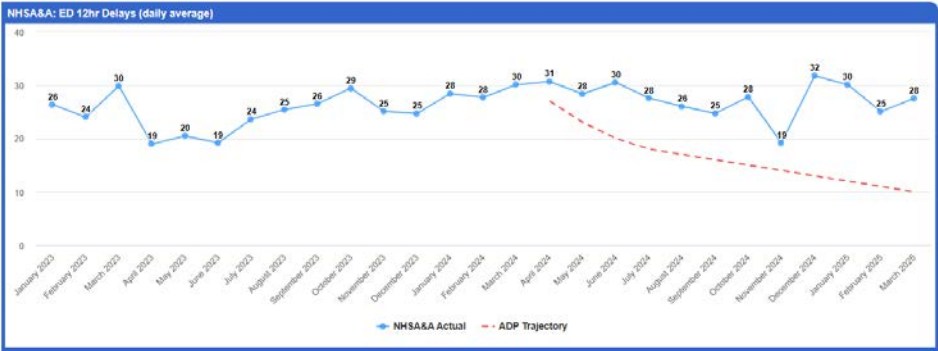
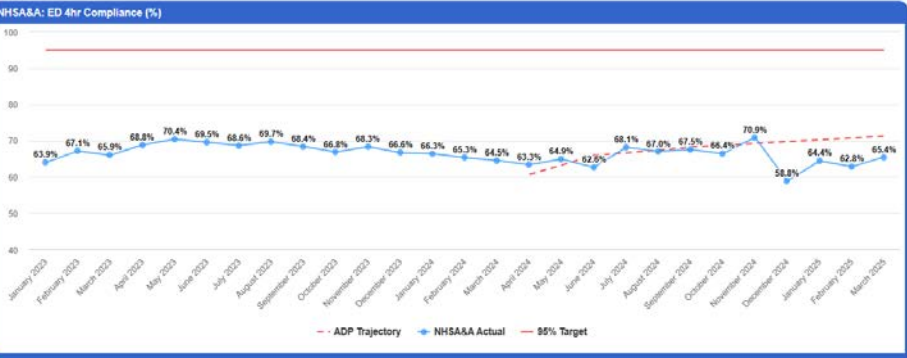
	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan-25	Feb-25
NHS A&A	64.4%	66.6%	64.4%	69.5%	67.9%	69.0%	67.2%	71.5%	59.8%	65.1%	63.3%
Scotland	67.4%	70.8%	69.0%	68.9%	68.7%	68.6%	65.8%	65.1%	61.4%	64.3%	65.8%

Source: Local Management Reports and Public Health Scotland

Unscheduled Care – Delivery Plan Trajectories 2024/25 – Reconfiguring Front Door Services

By March 2025:

- Improve overall ED 4hr compliance (both unscheduled and scheduled attendances) to at least 71.3%
- Decrease the number of patients waiting over 12 hours to 10 or fewer per day
- Improve the proportion of Scottish Ambulance Service (SAS) acute hospital turnaround times within 60 minutes to at least 77.1%
- Increase the proportion of patients aged 65 or over being admitted to CAU and discharged within 72 hours to at least 60.5%



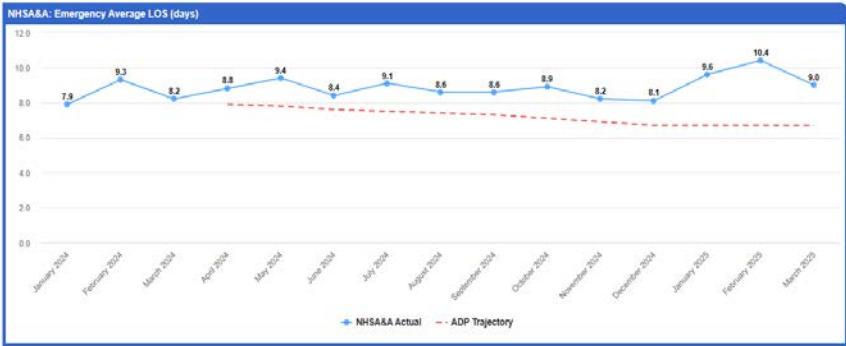
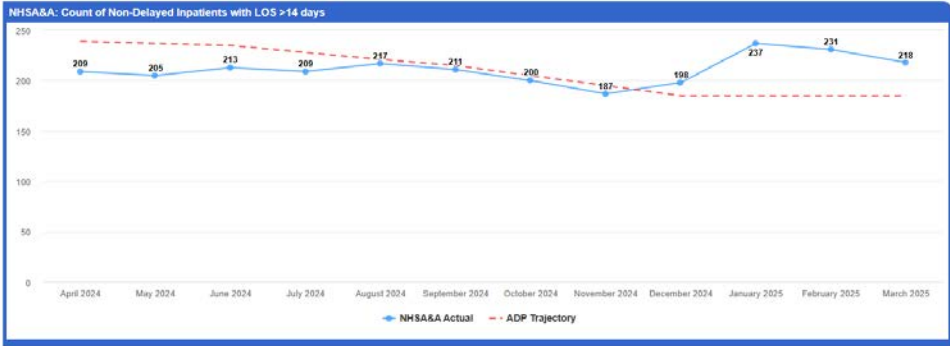
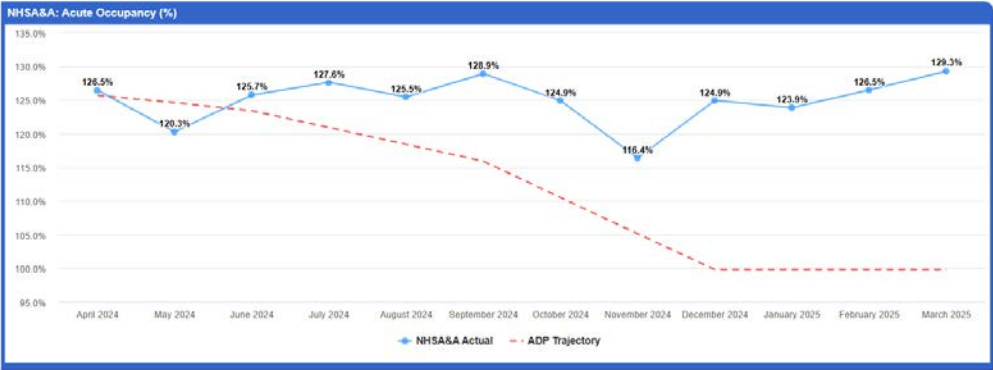
IMPROVEMENT ACTIONS

- Develop and introduce ED 4hr escalation plan
- Implement ED stress triggers and response action cards
- Review environmental structures within ED and Identify areas to support short term escalations
- Assistant General Manager (AGM) embedded within UHC ED to support communication and escalation.
- Establish joint NHSA&A and SAS governance meetings
- Identification of further triage space within ED
- Bring forward admission times to medical wards from ED and CAU
- Front loading of consultants in initial assessment to determine blockages and resolutions
- Additional ANP support to target CAU discharges over weekends from inpatient zones
- Develop and deliver front door frailty zones at both sites

Unscheduled Care – Delivery Plan Trajectories 2024/25 – Reducing Bed Footprint

By March 2025:

- Reduce occupancy in our Acute sites to 99.8% or below
- Reduce the Average Length of stay for emergency admissions to 6.7 days or less
- Lower the numbers of patients with a length of stay over 14 days who are not in delay to 185 or below



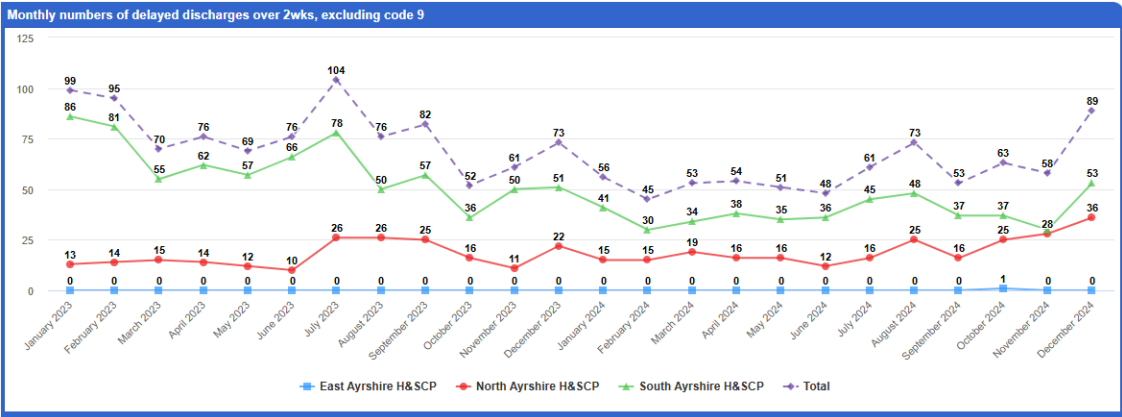
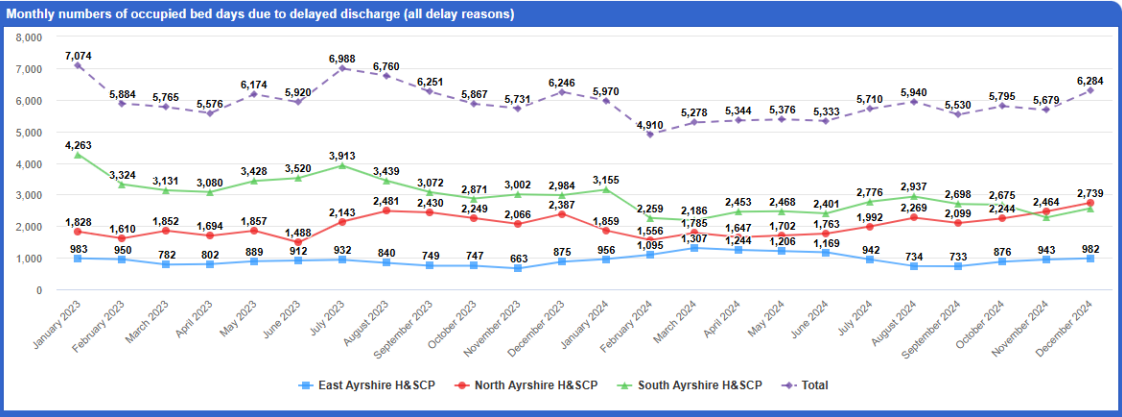
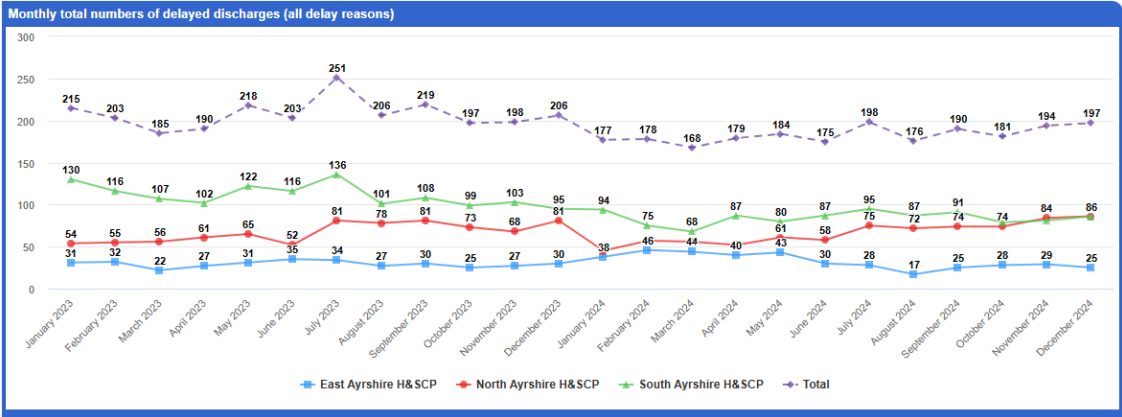
IMPROVEMENT ACTIONS

- Develop Operational Pressures Escalation Levels (OPEL) scoring framework to determine operational pressures
- Develop and deliver escalation action cards to support OPEL and capacity management plans
- Introduce advanced weekend planning meeting
- Criteria to reside process to be embedded at UHC and UHA
- Introduction of daily escalation pathway for imaging that will facilitate same day discharge
- Quality Improvement (QI) focussed work supported by Chief Allied Health Professional (AHP) and site Associate Medical Director (AMD)
- Exemplar board round test of change in Ward 4D UHC to reduce Length of Stay (LoS)

Delayed Discharges – NHS Ayrshire & Arran

Three main measures are monitored in terms of performance:

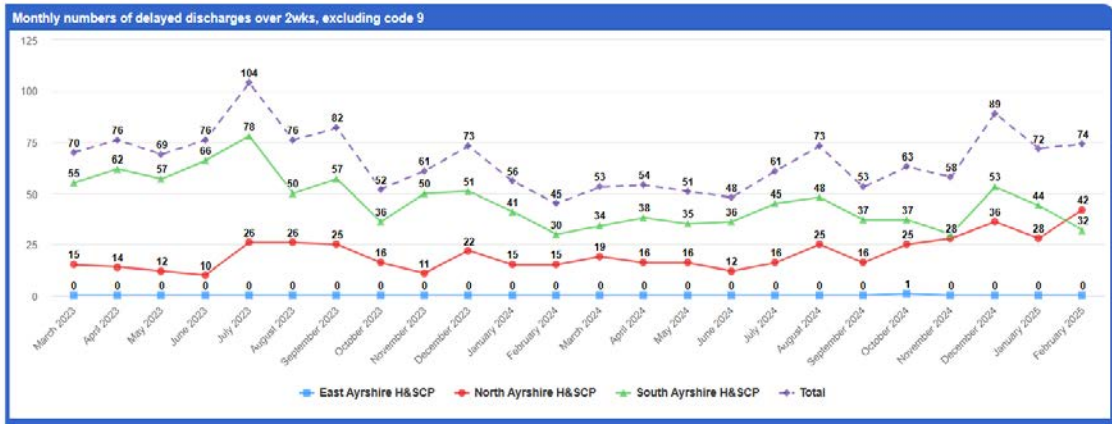
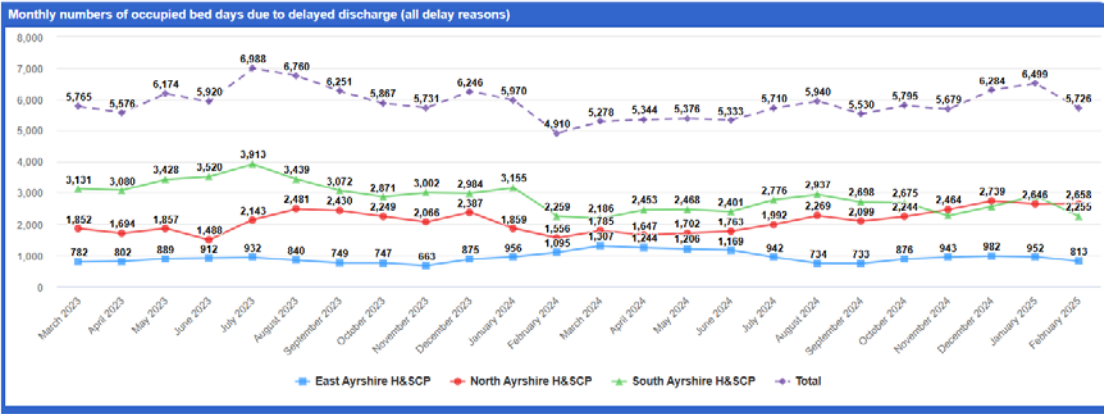
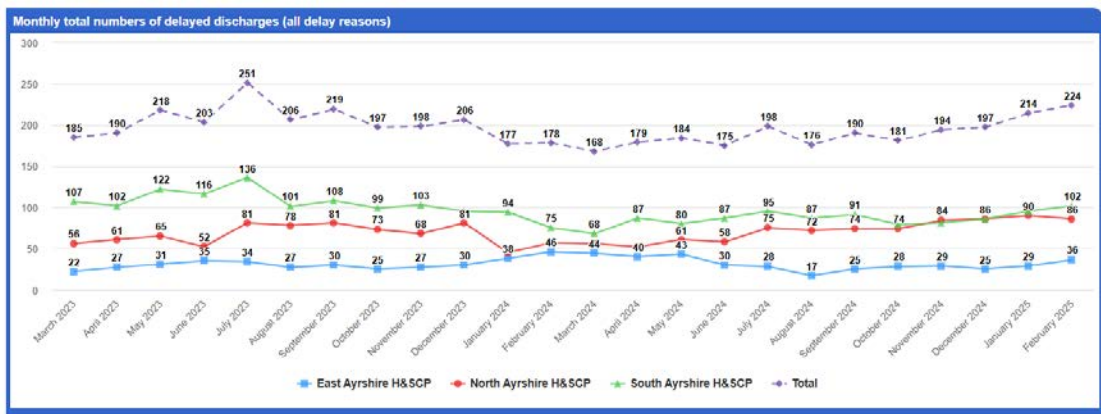
- numbers of people experiencing a delay of any length or reason in discharge from hospital at the monthly census point;
- numbers of hospital bed days associated with delayed discharges (any length or reason) in the calendar month;
- numbers of people experiencing a standard delay over 2 weeks (excluding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



Delayed Discharges – NHS Ayrshire & Arran

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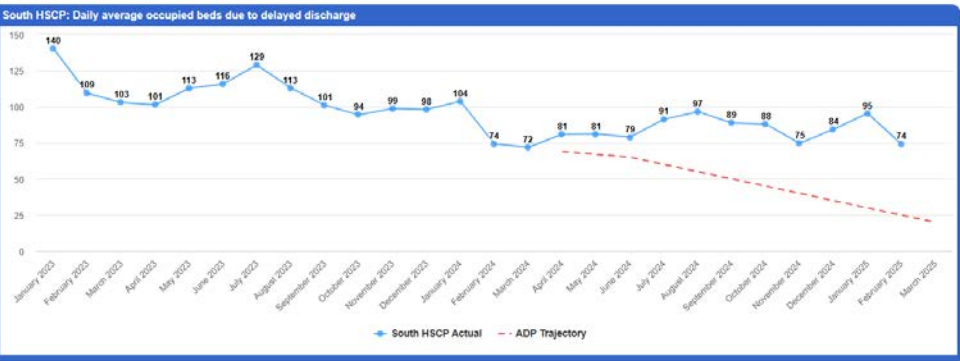
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- numbers of hospital bed days associated with delayed discharges (any length or reason) in the calendar month;
- numbers of people experiencing a standard delay over 2 weeks (excluding complex code 9 delays),.



Delayed Discharges - Delivery Plan Trajectories 2024/25

- Reduce the average number of beds occupied per day for patients delayed in all hospitals

Trajectories	Baseline March 2024	Q1	Q2	Q3	Q4
East	42	41	40	38	36
North	58	56	56	56	56
South	71	65	50	35	20



IMPROVEMENT ACTIONS

East Ayrshire

- Ensure a Home first approach
- Service-wide implementation of reablement
- Unpaid carers hospital discharge resource in Acute services
- Additional Community Hospital capacity

North Ayrshire

- Self-Assessment undertaken against Scottish Government Adults with Incapacity (AWI) Good Practice guidance
- Refresh Care at Home (CAH) Recruitment Strategy
- Refresh Wellbeing at Work Strategy
- Targeted review strategy and reablement approach to care provision
- Introduction of Unmet need Oversight Group
- Introduction of a daily tracker for all hospital-based Partnership activity
- Review other Local Authority models for guardianship processes and implement exemplar systems for tracking and implementing timescales
- Daily Senior Management review of all Delayed Discharges including oversight of guardianship timescales
- Development of an Operational Procedure to utilise Mental Health Officer (MHO) lead to support in discharge planning (AWI Pathways demonstration of monitoring)
- Review how teams (assessment and CAH) are contributing in UHC to multi-disciplinary team Planned date of Discharge (PDD) setting
- Embed daily review meetings across operational Care at Home and Locality Social Work (Hospital) Teams
- Review of the process around access to interim beds including the monitoring and oversight of this
- Refresh use of Discharge without Delay (DWD) and PDD Bundle in Community Wards
- Pan Ayrshire Discharge Planning Policy
- Development of North Ayrshire specific Home First Strategy

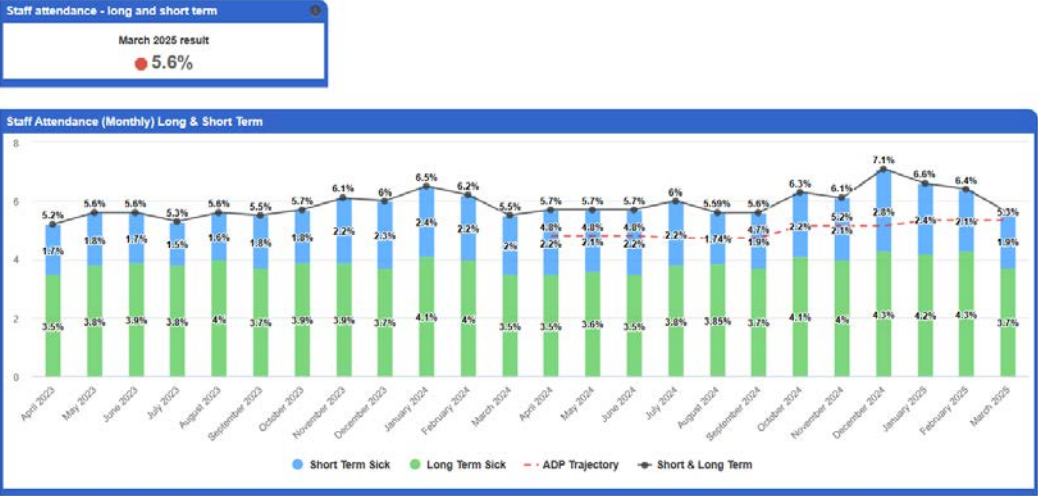
South Ayrshire

- MDT approach established within Acute Discharge Hub
- Overall lead identified from community senior management team for discharge improvement
- Clear review process in place for anyone waiting over 30 days for a care package to support discharge
- Recruit 50 additional in-house staff
- Provision of step-down facilities and Intermediate beds
- Rehabilitation Service Strategic Learning Review

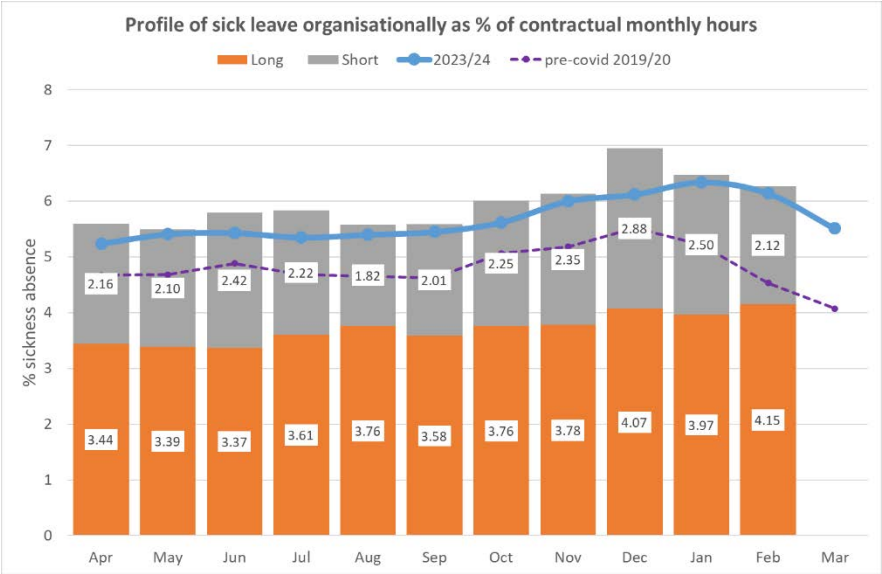
Workforce – Delivery Plan Trajectories 24/25 – Workforce Sickness Absence

By March 2025:

- Reduce sickness absence rates to 5.3% or less



Source: Local Management Reports, HR



IMPROVEMENT ACTIONS

- Continued focus on sickness absence
 - Ensuring sickness appropriately managed
 - Supporting staff health and wellbeing

ADDITIONAL SERVICES – Q4 PROGRESS UPDATE

Deliverable Summary	Improvement Actions	Action Completion (Month/Year)	Quarterly Progress/Impact As at March 2025	Risks & Issues	Controls	RAG Status
Mental Health – North Ayrshire						
Ensure that the right people are being cared for at the right time. Wider considerations are undertaken for those that don't require the support and treatment of a community mental health team at that time.	<p>Two transformation teams have been commissioned to review:</p> <ul style="list-style-type: none"> • The secondary care community mental health service. • The primary/ community commissioned mental health and wellbeing offering. 	March 2025	<p>The secondary care community mental health service was paused due to the need to release savings from the primary care/ community commissioned services. A plan was made, and savings realised. However an additional ask was made. Any further savings in this second work stream could impact on delivery of secondary care service. (Hence need to pause). As such, completion of this work has been moved to AMBER, as we hoped to be completed by year end, and this has not occurred.</p> <p>The primary/ community commissioned mental health and wellbeing offering had commenced although slightly behind the secondary care review. As above, the priority shifted for this component, and workshops and plans were formulated and supported by IJB. An additional ask has been made however, and as such, this work will tip over into 2025/2026, and will potentially have an impact on</p>	<p>The community mental health teams currently are a catch all for "mental health". Despite being a "secondary care" specialist service, it is very difficult to identify and differentiate who should and should not access the service. For those that should not, there are currently limited options available for what alternatives could be provided.</p> <p>The anticipated money for primary care mental health services did not come from Scottish Government. Budget pots already supporting posts have also been</p>	<p>There are new published standards for secondary care mental health services which could be drawn up (as well as other National tools).</p> <p>Some provision within primary care within which could help mitigate gap.</p> <p>Also commissioned and community groups who may be best to support.</p>	Amber

			<p>work stream 1. As such it will remain on hold until completed.</p>	<p>reduced, and although appear available, have not been able to be utilised for vacant posts due to additional spends in other areas. This is therefore having an operational impact on service delivery whilst transformation reviews are carried out.</p> <p>Savings were requested from work streams, an initial £100,000 which was achieved in the time frame. But thereafter a further £100,000 which as yet has not been realised.</p>		
<p>Agreeing year 2, 3, and 4+ business plans for mental health and wellbeing in primary care.</p>	<p>To inform future planning, there requires to be a review of current sources of funding.</p> <p>Support for other funding opportunities should be considered as part of PSMT and where appropriate IJB.</p>	<p>Completed 2023</p>	<p>Current Mental Health Practitioner posts are on hold due to a potential over-utilisation of funds. Since our last update, further staff have reduced their hours through agenda for change hours of work review, and partial/ retire and return opportunities.</p> <p>An options appraisal took place in January 2025 to determine available funding and spend against this. This options appraisal was carried out with plan for confirmation for</p>	<p>As yet funding expected for mental health and wellbeing in primary care service has not been released due to financial pressures and a risk that this fund does not materialise.</p> <p>In the interim previously funded posts via PCIF and Action 15 may be</p>	<p>A strong pan Ayrshire group have devised the year 1, 2, 3 and 4+ business cases. Previous funding sources are considered to ensure that value for money is transparent and changes/ adaptations for the needs of A&A considered.</p>	<p>Red</p>

			<p>allocation from IJB. This has at end of quarter 4 not been agreed.</p> <p>As such, risk remains at RED.</p>	<p>pulled back. An options appraisal took place in January 2025, with all funded services bidding again for available funds. Funds will be re-allocated based on need and risk and as such there may be a risk to current provision if funds not re-received. This has at end of quarter 4 not been agreed.</p>		
Launch of infant mental health team.	Obtain child and family friendly clinical space,	Oct 2024	<p>On site accommodation has hopefully been sourced however there are identified estate issues which require resolution before occupation.</p> <p>The property was due to be vacated October/ November, however has still not been vacated at end of Q4.</p> <p>In order to obtain entry, updates to infection control and infrastructure require to take place. Necessary audits have now been carried out, but costings are still awaited.</p> <p>Failure of securing accommodation is now having a knock on impact for other developments.</p> <p>As such, risk remains at Amber.</p>	<p>There is currently a lack of suitable in house accommodation. External accommodation has been sourced, however this comes with upfront and ongoing costings, which the wider specialist perinatal and infant mental health service will require to support.</p>	<p>We have appropriate identified space and the finances to allow initial costs, and agreement to continue with ongoing monthly costs thereafter.</p>	Amber
Formal Launch of Mental Health Unscheduled Care Assessment Hub.	Completion of necessary estate works. Mobilisation of staff.	Sept 2024 Completed	<p>The unscheduled care mental health assessment hub officially launched and opened 13th September 2024.</p>	<p>Minimal works still requiring finishing, the service will need</p>	<p>Clinical staff in situ, with operational lead</p>	

			Although there will remain learning and ongoing development within the hub. This should be considered business as usual, and as such, we would now report this action as closed.	to ensure completion as appropriate.	to ensure works are completed as expected.	
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Deliverable Summary	Improvement Actions	Action Completion (Month/Year)	Quarterly Progress/Impact As at December 2024	Risks & Issues	Controls	RAG Status
Mental Health – South Ayrshire						
Deliver the integration of the primary care mental health workforce into wider primary care multi-disciplinary teams and community and secondary care.	Primary Care Network Team (encompassing – Mental Health Practitioners, Community Link Practitioners and Self- Help Workers) are working to further enhance the service provided by the Network Team.	Ongoing	<p>A decision was made to increase the staffing on the basis that the Primary Care & Wellbeing monies would fund. With the additional staffing, the age range MHP's now assess (from February 2024) has changed so that there is now no upper age limit. This now sits as a risk as the government have advised that this fund will no longer be supported, therefore we will not receive this money.</p> <p>Additionally, we have added an Enhanced Psychological Practitioner (EPP) as part of a NES\ HIS initiative across Scotland. The funding for this post is temporary (18 months) and the evaluation will guide long term service delivery. A decision regarding the continuation of the EPP role will be funding dependent and will be made before the end of February 2025.</p>	We are now aware that this fund - Primary Care & Wellbeing monies from SG is not going to be forthcoming increasing the risk here. Additionally, there are concerns in relation to the availability of Action 15 monies, with this fund being combined with other funding streams and an overall cut in resource. As a result, we have been unable, thus far, to recruit to a 0.4 MHP post.	We will potentially need to review our service model which at current time is delivering extremely positive outcomes as feedback from GP's confirms.	<p>Red</p> <p>Amber</p>

			We will be adding to the network team another two members of staff funded by McMillian Cancer Support – these roles are to support the inception of ‘Improving the Cancer Journey’ (ICJ). These two workers will be managed via the CLP coordinator with their role delivering ICJ input at a primary care level.			Green
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Deliverable Summary	Improvement Actions	Action Completion (Month/Year)	Quarterly Progress/Impact As at March 2025	Risks & Issues	Controls	RAG Status
Mental Health – East Ayrshire						
Improve the delivery of adult community mental health support and services, by service focus and design shaped through quality standards and service specification.	<ul style="list-style-type: none"> • Introduction of East MH Clinical and Care Governance Framework • Interpret Activity Data from Electronic Databases (CP, Trakcare, EMIS etc.) to inform current service delivery • Develop local Dual Diagnostic Pathway for Mental Health and Addictions 	<p>Oct/2024</p> <p>Oct 2024</p> <p>Jan 2025</p>	<p>Planned date arranged.</p> <p>Initial data provided and planned meetings with NHS data Analyst, Senior/Service Manager and Team Leads in November.</p> <p>Initial review of North Ayrshire Pathway by Senior & Service Managers</p> <p>CMHT and Addictions have reviewed and provided qualitative feedback</p> <p>Further meeting with Managers and Team Leads to be arranged to development stage</p>	Patient experience or outcome. Staffing and competence. Service / business interruption Objectives and projects. Injury (physical and psychological) to patient's staff. Complaints / claims.	Risk is not mitigated fully at this time. Short term control measures have reduced some risk. Risk has been entered onto risk register. Further control measures required to further mitigate risks without requested investment. Without this, we will be unable to stabilise core service.	Green

Deliverable Summary	Improvement Actions	Action Completion Date (Month/Year)	Quarterly Progress/Impact As at March 2025	Risks & Issues	Controls	RAG Status
Custody Healthcare						
Implementation of Medication Assisted Treatment (MAT) standards working with the national MIST (MAT implementation Support Team) team on how these can be delivered in a prison setting.	Progress work across the prison estate with MIST on the MAT implementation plan. Implement learning from test for change with MAT 3-5.		<p>Engagement continues with the national MIST team to share good practice across prison and police custody estate. National Prison MAT toolkit is now due to be finalised in March 2025.</p> <p>SLWG continuing work of the delivery of lower-level psychological interventions that support people with their mental health and recovery journey. Links made to clinical governance groups</p> <p>Test of change of the use of Near Me completed and is now adopted for use with East Ayrshire community services the handover of service users from custody to community recovery services. Consideration of extension to other areas.</p> <p>Project completed with part time support of clinical psychologist in quarter four to review the support and development needs of the healthcare team including the addiction service to progress the development of a more trauma informed and responsive service in the custodial environment. This</p>	<p>Delay in feedback from pilot prisons on development and learning.</p> <p>Delay in national guidance.</p> <p>Action 15 funding being reviewed which may impact on what can be provided</p>		Green

			included the completion of the trauma walkthrough tool.			
Locally implement the recommendations of the Independent Review of the Responses to Deaths in Prison Custody.	<p>Complete plan for Confirmation of Death training.</p> <p>All staff to complete online modules with follow up practical support sessions to be arranged.</p>		Prison based nurses have now completed online modules and follow up practical support sessions have been delivered, and this part of the action is complete.	Service pressures and capacity to complete SAER's to agreed timescales.		Green
Work with National Prison Care Network (NPrCN) to support national work on the change ideas developed for the Target Operating Model (TOM) and development of priorities for local actions.	<p>Engagement session with National Prison Care network and completion of TOM baseline document.</p> <p>Complete test of change and share learning on prison admission process Implement and share learning on changes in the skill mix in the mental health team.</p>		<p>Baseline TOM document completed and returned to National Prison Care Network (NPrCN). Updates will be provided to the network on a <6 monthly> basis</p> <p>NPrCN agreed to delay consideration of admission process to Oct 24.</p> <p>The admission review SLWG has now met twice. The group has split into shorter working groups in order to review each speciality themes of the admission in order to understand what a first day assessment looks like for each area. The areas are:</p> <ul style="list-style-type: none"> - Mental Health - Addictions and BBV testing - Primary Care - Mobility, Speech Language and Communication <p>The SLWG continue to meet.</p> <p>Short life working group continuing to progress work reported in previous quarter to review admissions process.</p>	Service capacity to deliver practice changes with rise in prison population.		Amber

Deliverable Summary	Improvement Actions	Action Completion (Month/Year)	Quarterly Progress/Impact As at March 2025	Risks & Issues	Controls	RAG Status
Women and Children						
Maternity Strategy (Best Start) – National review of continuity of care model and sustainability of service delivery.	Progress national overview of continuity of care model.		Ongoing, reporting continues. A revised target date will be set as part of 2025/26 planning.	Unable to provide continuity of care model for Intrapartum care Antenatal/postnatal care.	Non-recurring funding for one year for 24/25.	Red
	Carry out a review to identify accommodation for community midwives to deliver care.	Apr 2025	Risk has been reviewed and suitable accommodation sourced for majority of mainland community services.	On Risk register - Lack of suitable accommodation to provide face to face antenatal education and lack of financial resource to support rollout.	Reviewing alternatives out with NHS properties.	Green
Development of a Gynaecology (Gyn) Outpatient Procedure Unit within Ayrshire Maternity Unit for patients requiring clinical interventions, which may have required a theatre session and subsequent IP stay.	Forecasting of procedures to be transferred from IP theatre list to Gyn OP procedure unit and impact of waiting times. Anticipated preliminary changes following staff engagement. Minimal funding requirement for initial moves. Increased demands for Women's Health services	Apr 2025	Forecasting completed. Future data will assist with impact analysis.		Job plans to include GOP procedure unit. Investment in Advanced Nurse Practitioners to support nurse-led services within an OP procedure unit.	Green

	<p>required a further overview of proposed service change.</p> <p>Utilisation of the enhanced nurse-led service in Colposcopy & PMB</p>					
	<p>Review of accommodation within AMU footprint and estates work required to develop Gyn OP procedure unit.</p>		<p>Going live from 7th April in a stepped approach.</p> <p>Target date for completion will be set as part of 2025/26 planning.</p>	<ul style="list-style-type: none"> • Lack of funding to upgrade rooms within current footprint, equipment and staff training. • Potential limitations on changing functionality of rooms within the FES contract. 	<p>Plan B prepared involving minimal spend – engagement indicates OK to proceed, but follow-up with Plan A enhancements in future when budget permits.</p>	Amber
<p>Deliver against the Women's Health Action Plan: Pre-conception care, endometriosis and menopause</p>	<p>Monitor and implement the national Menopause and Menstrual Health Policy.</p> <p>Take action to achieve endometriosis friendly accreditation with Endometriosis UK.</p>		<p>No change April 2025 – target date for completion will be set as part of 2025/26 planning</p> <ul style="list-style-type: none"> • A strategic group has been established and continues to meet to scope and deliver against the identified priorities. This is led by Public Health • Further plans being developed to offer staff cervical screening within the work base. • Under PH ADP, to progress endometriosis work within WHP, endometriosis clinics will commence by July 2025. 	<ul style="list-style-type: none"> • No new funding to deliver improvements or develop services, therefore the actions will be limited. 	<p>Multi-agency stakeholder group to pull on the collective resource and experience beyond the NHS.</p> <p>Identification of possible funding sources as needed, including those out with the NHS.</p>	Amber

			<ul style="list-style-type: none"> • The surgical part of the pathway will be formalised and applied, to be provisional BSGE accredited centre by April 2025. • Work ongoing to the surgical pathway. • NHSAA is subscribed to the endometriosis friendly accreditation scheme with Endometriosis UK and has identified an action plan going forward. 			
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Deliverable Summary	Improvement Actions	Action Completion Date (Month/Year)	Quarterly Progress/Impact As at March 2025	Risks & Issues	Controls	RAG Status
Primary and Community Care						
Implement an urgent care pathway for GPs to refer patients for a home visit during OOH.	<p>The Urgent Care General Practice Model will be extended to more GP practices incrementally until it is available at all 53 GP Practices.</p> <p>The model will be developed to include pre-bookable appointments at AUCS following a referral from GP.</p>	This action has been carried forward to the 2025/26 Delivery Plan	<p>The Urgent Care General Practice test of change has now been extended to 44 GP practices. 41 of the practices have engaged with AUCS requesting support for their patients</p> <p>To date, 1204 patients have been assessed through this ToC with only 17% attending ED or Combined</p>	<p>Clinical workforce capacity in AUCS to meet demand from GP Practices.</p> <p>GP Practices utilising specific criteria for referring patients.</p>	<p>Continual monitoring of activity and demand with escalation arrangements in place</p> <p>Continual engagement with GP Practices</p>	Green

			<p>Assessment Unit following contact with an AUCS clinician</p> <p>189 of these patient contacts were for patients residing in a Nursing/Care Home</p> <p>The aim is to roll out the ToC to the additional seven Ayrshire (mainland) GP practices before the end of April 2025.</p>			
Review GMS Contracts for Independent Contractors.	<p>Implement a programme of annual reviews for GP Practices to review</p> <ul style="list-style-type: none"> Practice operating models Quality indicators Identify any improvement work. 	<p>2024/25</p> <p>This action has been carried forward to the 2025/26 Delivery Plan</p>	<p>Due to other competing priorities within the team, this programme of works has not yet commenced. Work will begin within the next Quarter and an update will be provided in due course.</p>	Capacity and compliance from GP Practices to complete reviews.	<p>Ongoing engagement and support.</p> <p>Getting buy in from LMC and HSCP Clinical Directors.</p>	Amber
Ensure GMS Enhanced Services meet the needs of the patient population.	Programme of review of Enhanced Services and work with wider clinical services to ensure joint up approach within Caring for Ayrshire agenda.	<p>2025/26</p> <p>This action has been carried forward to the 2025/26 Delivery Plan</p>	<p>The Enhanced Service Programme Board will resume in May 2025 to progress this strategic programme of work due to being paused for the last 9 months. The Operational Group continues to review and progress some priority specifications identified at practice level.</p> <p>A national Cardiovascular Disease DES has been funded by Scottish Government and the primary care team are liaising with GP Practices to ascertain local sign-up and roll out.</p>	Additional financial commitment may be required.		Amber
Enhance digital telephony within General Practice and move to a single resilient digital telephony	Phased transfer of GP Practices on to new Board platform.	<p>2025/26</p> <p>This action has been carried forward to the</p>	IT security continues to be a barrier to the project progressing.	Practices need to be assured of financial, patient and staff benefit to confirm transfer.	Additional staffing within dedicated digital technical team assigned to	Amber

platform. This will enable telephone queuing systems and increase the number of lines into practices.	Digital team to link with line providers to progress timeous transfer of lines from practices current provider to new provider.	2025/26 Delivery Plan	IT Security have been requested to attend the next Digital Telephony Strategic Oversight Group Meeting to provide an update and solution going forward.	<p>Delay to roll out impacting on practices finding alternative provider</p> <p>Reliant on capacity within digital services support team for roll-out.</p> <p>Delay to roll-out could result in additional financial implications for dedicated team support.</p>	<p>infrastructure and network roll-out.</p> <p>Support team in place within primary care and digital services</p>	
As a Primary Care Improvement Phased Investment Programme Demonstrator site, demonstrate what a model of full implementation of the MDT (focussing on CTAC and Pharmacotherapy teams) can look like in General Practice.	<p>Develop bespoke action plan and programme scope jointly with NHS HIS.</p> <p>Identify data and measurement plan for implementation of CTAC and pharmacotherapy services.</p>	<p>2025/26</p> <p>This action has been carried forward to the 2025/26 Delivery Plan</p>	<p>Currently 13 months into the 18-month programme (Apr 2024 to Sep 2025). This remains the target date for A&A demo site to complete all deliverables in line with the Driver Diagrams and Measurement Plans. Following cessation of the formal delivery timescales, HIS will thereafter lead on any remaining deliverables supported by the local A&A project team.</p> <p>All agreed governance arrangements continue to be met and adapted / reviewed as and when required.</p> <p>All local QI data and Tests of Change within CTAC and Pharmacotherapy Services are progressing well. Bi-monthly News Bulletin has been</p>	<p>Programme is reliant on national funding and agreement of detailed costings need to be agreed before proceeding to implementation.</p> <p>Engagement from General Practice community.</p> <p>Risk of losing significant funding in 2025/26 due to issues with Job Evaluation dates with HR if unable to get people in post before 1 April 2025</p>	<p>Regular dialogue with HIS and other PCIP demonstrator site colleagues.</p> <p>Working in partnership with key senior GP representatives.</p> <p>Dedicated local QI support to help deliver the programme.</p>	Green

			<p>issued to all practices and GP's with a comprehensive update.</p> <p>A&A continue to fully support and collaborate with external partners on the National Evaluation commitments of the demo site participation</p> <p>Week of Care Audit – the first round is complete with relevant data being received. This exercise will be repeated in June and September.</p> <p>Qualitative Evaluation – in-progress.</p> <p>Quantitative Evaluation – PHS – awaiting specification from PHS.</p>			
Further embed and explore all opportunities to expand the wider MDT roles aligned to the GMS 2018 Contract which are not included within the Phased Investment Demonstrator Site programme.	Service models and staff will be reviewed to maximise available resource to ensure equitable access and where possible resource in every GP Practice.	<p>2025/26</p> <p>This action has been carried forward to the 2025/26 Delivery Plan</p>	<p>The Primary Care transformation team continue to support PCIP, MDT Services and Practices alongside PCPIP demonstrator site work.</p> <p>Discussions are being undertaken with the three HSCP Partnerships in relation to a pan-Ayrshire approach to the Primary Care Improvement Plan budget for 2025/26. This has delayed recruitment in some areas.</p> <p>Accommodation within GP Practices to support service delivery of the MDTs remains a challenge</p> <p>MDT Admin support remains an issue that continues to be raised locally and nationally.</p>	<p>Ability to identify additional professional staff to fill the new roles within the PCIP.</p> <p>No identified funding to recruit into additional MDT roles. This will pause the continued roll-out of MDT staff into General Practice to fully implement the MoU. Lack of accommodation within GP practices to accommodate MDT staff.</p>	<p>Work closely with Service Leads to identify recruitment risks.</p> <p>Monitor allocation of resource to practices.</p> <p>Utilise whole system workforce planning to forecast recruitment predictions. Discussions ongoing with practices to identify accommodation issues and proposed solutions.</p>	Amber

					Implement locality models where GP practices can't accommodate. Work to identify community hubs or shared resource. Wider planning with HSCPs in line with Caring for Ayrshire for new improved premises.	
Increased shared care, access to service and patient experience within community Optometry.	Roll out Juvenile Idiopathic Arthritis (JIA) / Anterior Uveitis service to community optometry.	Completed	Uveitis and JIA schemes both now rolled out and operational in community	Securing funding to move to implementation. Potential lack of engagement from acute or community optometrists to progress.	Oversight by the Strategic Eyecare Delivery Group to ensure progression of roll out and implementation.	Uveitis – Green JIA - Green
	Implementation of the Community Glaucoma Service (CGS) within NHS Ayrshire and Arran	2025/26 This action has been carried forward to the 2025/26 Delivery Plan	Implementation plans for OpenEyes to support delivery of the CGS in A&A continues as planned with the aim for full roll-out in early 2026. Two Optometrists are continuing to undertake their NESGAT training to further support delivery of CGS in addition to the three already qualified.	Cohort of eligible patients (1600) far exceeds the capacity of four accredited practitioners within Ayrshire and Arran which may impact on roll out of service. Roll out of OpenEyes is dependent on Ophthalmology uploading information to the system with appropriate discharge of stable	Work is continuing between Primary Care and Information Governance colleagues on DPIA and ISA for this service. Primary Care are working closely with Digital Services who are leading on implementation of OpenEyes to support development and roll out	Amber

				glaucoma patients to accredited CGS practices.		
Improve access to NHS dentistry to ensure a sustainable and equitable delivery model which supports the Oral Health Needs of the local population	Improve access waiting times in Public Dental Service for people in our most vulnerable groups through a targeted approach by reviewing skill mix and workforce capacity	This action has been carried forward to the 2025/26 Delivery Plan	<p>The overall number of referrals to the PDS remain above pre-pandemic rates. Paediatric referrals were still 28% higher than in 2019.</p> <p>Over the past year the PDS has run several waiting list initiatives to reduce the number of patients awaiting assessment which has led to significant improvements one of which was a 30% reduction of the Paediatric waiting list and 89% reduction of the adult waiting list. As of March 2025, all patients are waiting 18 weeks or less for an assessment appointment.</p>	Inability to recruit to key professional roles resulting in decreased access to emergency dental care or increased waiting times for routine treatment for unregistered patients	<p>Continuously review waiting times</p> <p>Implementing mass assessment clinics to reduce PDS waiting times and free up clinical capacity to allow staff focus on emergency care and maximise resource</p>	Green
	Evaluate the implementation of Determination 1 framework to understand the impact on NHS High Street general dental provision (GDP) and any change to access.		<p>We are awaiting the NES quality improvement survey results regarding Determination 1. Anecdotal local feedback from the profession seems to be, in the main, positive at this early stage.</p> <p>In 2025-26 the Dental Management Team will undertake a local review of Determination 1 in conjunction with the Area Dental Professional Committee.</p> <p>Overall, access to NHS Dental Services across Ayrshire and Arran remains stable though access in South Ayrshire remains challenging. Discussions are being undertaken for two new General Dental practices to</p>	No local or national data available to determine impact of payment structure at this time	Work with General Dental Practices to understand benefits of Determination 1 framework to allow increased patient registrations. This will be done through GDP focus sessions with the Primary Care Management Team.	Green

			open in the near future to improve this position.			
	Collaborate across professional groups to reset the vision and strategy model for Dental Services to allow greater understanding of population need, current status and determine a future delivery model.	This action has been carried forward to the 2025/26 Delivery Plan	The Vision and Strategy for Dental Services along with the delivery plan is still in progress through the appropriate governance arrangements. This work will be a focus for the dental senior management team throughout 2025/26.	Availability of workforce to sustain identified models Availability of funding to implement change Support required from all Dental specialties to implement changes	Outputs from numerous workshops to identify priority areas Health Needs Assessment to help inform next steps. Collaboration with Public Health, Specialist Services and Dental for an integrated approach	Green

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Workforce						
Delivery of the AfC pay negotiation work streams.	As per SG guidance deliver the national work streams on Band 5 nursing review (B5NR), reduction in working week (RWW) and protected learning time (PLT).	All aspects of the AfC work streams are likely to have multi-year timescales, as applied to all of NHS, therefore full completion will not be in FY 2024/25.	Each workstream has sub-groups that meet at least monthly and Tactical Group overseeing all strands meets on a fortnightly. <u>RWW</u> First 30 mins for all AfC staff in place by 30-Nov backstop with 99% coverage as has been reported to STAC and Chief Executive of NHSScotland. The single outstanding operational area that has not been able to implement has plans	<u>RWW</u> Residual 1 hour of RWW will present significant operational challenge for all services in terms of capacity and planning is underway within the Board. As the initial allocation for all AfC pay reform was non-recurring	Overarching Tactical Pay Reform Group with Executive representation therefore clear lines of sight for escalation and support on an organisational basis. Work across all strands being	Green

		<p><u>RWW</u> non-rostered by 31/8/24 (achieved) and rostered by 30/11/24 (achieved in range 99%)</p>	<p>in place for service redesign to mitigate this and this should be in place by later in 2025.</p> <p>For the next residual hour of RWW implementation we have undertaken work to risk assess the impact of this as well as identify potential staffing requirements as mitigation (current indication is in the region of approx. 290 WTEs however we expect this is conservative and is likely to rise). We are currently refining this detail and will use this to inform our planning returns as per the PCS once this has been advised for the relevant milestone dates in preparation for implementation on 1/4/2026</p> <p><u>B5NR</u> Ongoing programme of communication with impacted cohort (approx. 1900 headcount B5 nurses in NHSA&A). Completed applications to date very low (54 completed returns) with approx 300 in progress (as at Apr-25). Current outturn in line with nationally reported position for all Boards. We are currently undertaking quality check panels and sharing learning with this with B5 nurses to ensure there is broad awareness of expectation in completing the application thus mitigating quality issues going forward.</p>	<p>this presents challenge in terms of affordability in terms of additionality associated with RWW.</p> <p><u>B5NR</u> Capacity to fulfil the process may be challenging and necessitates release of panellists operationally. There is no national closing date as yet for applications. Currently unaware the volume of applications that will be yielded from the circa 1900 headcount cohort.</p> <p><u>PLT</u> Variation between professions and/or job roles in terms of role specific training requirements.</p>	<p>undertaken in partnership with staff side colleagues.</p> <p><u>RWW</u> Risk assessment of residual hour is key aspect of work and will inform the challenge faced giving initial organisational oversight.</p> <p><u>B5NR</u> A national cut off point for applications would be assistive for all Boards to definitively assess the cohort of posts to be reviewed and to plan effectively.</p>	
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			<p><u>PLT</u> Require further national direction in progressing PLT work and whilst national work streams have been established these unlikely to have outputs before end of Mar-25. Active engagement and collaboration on regional basis in order to collectively discuss approach and interpretation but again dependent upon national outputs providing clarity.</p>			
Continued management and scrutiny of workforce costs.	Annual review of pay protection Review of banding payments for non-compliant medical rotas to ensure rotas are safe and efficient.	Both work streams require to be undertaken annually.	<p><u>Pay protection</u> Annual exercise and 2025 round due to commence soon. HR Managers liaise directly with staff in receipt of pay protection to assess status.</p> <p><u>Medical Rotas</u> SG requires an action plan to be submitted for each non-compliant rota. Main driver for non-compliance is breach of natural breaks. We have established a partnership short life working group looking at all aspects of monitoring and break compliance.</p>	Supply issues will continue to exert pressure and constrain solutions for addressing medical rota issues.	Due governance provided by reviews will ensure appropriate financial control as far as practicably possible but intrinsic links to wider supply and demand within the system.	Green
Nurse Bank Improvements.	<p>Cleanse of non-active bank staff to be carried out annually.</p> <p>Deliver a training and development programme for all external bank staff.</p> <p>WFS Standard Operational Procedure to be reviewed and updated to ensure appropriate systems and processes in place to</p>	<p>Complete</p> <p>April 2025</p> <p>Aug 2024</p>	<p>Reviewed now six monthly</p> <p>Induction packages active for all new external bank staff from May 2025.</p> <p>Full training programme for external bank staff, including yearly study day now developed and launching June 2025</p> <p>Monitoring of MAST now enhanced and new system in place to ensure all updates completed in 12 weeks.</p>	<p>Capacity of QI Lead and WFS manager to develop, promote and distribute.</p> <p>Capacity of HR recruitment resource to support continuous recruitment.</p>	<p>Move to continuous recruitment for nurse bank.</p> <p>Consider increased HR resource and review need for continuous recruitment based on fill rate vs staff numbers.</p>	Amber

	maintain effective management of nurse bank.		WFS SOP completed and out for comments in March 2025.	Financial/resource cost attached to training.		
Reduce use of agency by maximising workforce within existing resource and reduce vacancy/turnover.	<p>Development of a Workforce Strategy.</p> <p>Block recruitment of all newly qualified nurses / midwives.</p> <p>Work with Yeovil as pipeline to increase International Nursing recruitment.</p> <p>Evaluate the impact of the introduction of Band 4</p>	<p>Dec 2024</p> <p>Sept 2024 (Commence)</p> <p>Sept 2024</p>	<p>Workforce Strategy will be developed supported by Viridian colleagues. A programme of work into 25/26 is underway, incorporating the establishment reviews, recruitment plans and role innovation/skill mix schemes.</p> <p>A scoping exercise has been completed to assess the potential NQN intake against the vacancies and gaps in the establishment. Open days and interviews will commence in Q1 with the intention to take all available NQN capacity where needed.</p> <p>As part of longer term Nursing strategies, a project group is being established to scope the re-introduction of an international nursing recruitment strategy (to take effect in the 25/26FY). At this time, the data on vacancies and the capacity available through the Oct 25 NQN intake is indicating that the need for international recruitment in this financial year will not be required. This position will be monitored throughout 2025/26 and the working group will make recommendations should this position change.</p> <p>19 AP successfully completed AP Personal Development Award in April</p>	Lack of supply to substantively fill vacant nursing and midwifery posts, leads to necessary use of high cost agency to ensure service sustainability.	<p>Ensure robust workforce planning outputs around recovery / commissions.</p> <p>Nursing and Midwifery Workforce Group to actively consider age profiles and make plans for addressing this.</p> <p>Routine application of Nursing and Midwifery Workforce & Workload tools in compliance with the Health & Care (Staffing) (Scotland) Act.</p>	Amber

	Nursing Assistant Practitioners in areas of high supplemental spend within Acute Services.		24. Evaluation completed at end of Programme May 2024 and will undertake further evaluation 12 months post-graduation May 2025 to further understand the impact.			
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Deliverable Summary	Improvement Actions	Action Completion (Month/Year)	Quarterly Progress/Impact As at March 2025	Risks & Issues	Controls	RAG Status
Digital Services Innovation Adoption						
Ensure fast reliable connectivity, pervasive Wi-Fi across all Ayrshire and Arran and key partner sites.	Redesign networks.	Nov 2024	<p>The resilience of the network has already been significantly improved. Further work is required to provide additional routing that is accessible from UHC.</p> <p>The tender for the cabling contractor closed mid-January, with the appointment and commencement of the contract scheduled for April 2025. This will allow work to begin at UHC. Separate contract for ED & Theatres areas of UHC, HAI Scribe meeting scheduled</p>	Health and Social Care Partnership networks and connectivity may not be of a similar standard to NHS.	Work with IT colleagues at our 3 partnering Local Authorities to ensure compatibility going forward.	Amber
Align with the national cloud first strategies to provide resilient access to systems, flexible approaches to our data and storage requirements and increased security of systems.	Source alternative shared data centre, server and storage facilities.	March 2026	The Laboratory Information Management System (LIMS) is the next system scheduled for migration to a hosted environment, managed by our strategic hosting Partner DataVita. This will be closely followed by the migration of our new Clinic Communications system. LIMS progressing, new servers built within hosted environment and supplier has	Some key systems may not be suitable for hosting due to supplier constraints or high latency required for interfaces with medical equipment.	Architecture and design principles have been developed which support our hosting ambitions.	Green

			been given access to servers. New “general” environment build underway due to be completed late April with clinical comms servers being first to be installed. Working with cloud provider and supplier.			
Ensure diversity and wider access for our staff which are best suited to the needs of the user.	Redevelop end user device policies and invest in wider access to up-to-date devices.	March 2026	<p>Capital Funding has been approved to purchase laptop devices for 2025/26. With the deployment of Windows 11, priority will be given to low-capacity devices over the coming six months.</p> <p>The selected devices will be compatible with new Mobile User Interface for our TrakCare Patient Management System.</p>	Funding may not be available in future years to refresh the end user devices at an interval that keeps pace with advances in technology.	5 year plan developed for end user device replacement and associated costs included to enable bids for funding to be progressed.	Green
Align closely with the Once for Scotland approach.	Continue to use national systems as well as the regional work undertaken to date.	March 2026	<p>Regular meetings are held monthly with all boards to explore improvements within ServiceNow</p> <p>Implementation is scheduled to commence in Q2 2025/26.</p>	Resources may not be sufficient to develop and implement all new national initiatives while reforming our own infrastructure and systems.	Governance groups established with clinical representation to prioritise any conflicting digital requirements.	Amber
Ensure a mature and deliberate approach to cyber security in response to our increased usage of digital technology.		Feb 2025	<p>Improvement work continues in this area with the following highlights completed:</p> <p>NHSAA is one of 6 pilot Boards for Microsoft Security Baseline rollout has been completed and discussions with Microsoft / NSS on phase 2 rollout.</p> <p>I2024 NIS audit has been conducted and showed improvement in compliance up to 96%</p>	Strategic Corporate risk (603) raised to reflect the nature of cyber security threats.	Several mitigations are in place, and we continue to work towards compliance with NIS Audit recommendations.	Green

Implementation of the National eRostering Solution across NHSAA for all substantive clinical staff and Ayrshire and Arran rotation of Junior Doctors.	Work with internal Nurse Bank Team to align eRostering configuration with existing Bank Staff module.	March 2026 November 2026 approx. end date for Nursing & Midwifery & AHP's rollout	Health Professions target for rollout by November 2026 and full rollout across the organisation expected by November 2027. However, following a review, the rollout was paused in October 2024, due to a several issues and challenges identified during the first phase. A recovery plan, along with a document outlining the challenges and barriers, is currently being drafted.	No interface to Payroll or SSTS Systems.	NSS piloting Payroll interface with one Board initially.	Red
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Deliverable Summary	Improvement Actions	Action Completion (Month/Year)	Quarterly Progress/Impact As at March 2025	Risks & Issues	Controls	RAG Status
Climate						
Greenhouse gas emissions reductions in line with national targets with particular focus on building energy use, inhaler propellant, transport and travel and nitrous oxide						
GHG emissions reduction - Buildings.	<p>Undertake Net Zero design feasibly works.</p> <p>Explore heat and power efficiency opportunities within both public and private sectors.</p> <p>Scope out BMS replacement program.</p> <p>Develop plans to ensure our buildings use heat efficiently.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>March 2025</p>	<p>Provided Consumption data for top 10 highest emitting NHSAA sites provided to NHSScotland Assure in advance of PPA004/25 A&A, D&G, FV, Lan – Attendance scheduled for Joint PPA Supplier Information Day with suppliers on 30 April 2025 facilitated by National Services Scotland (NSS).</p> <p>Agreement with SG to provide funding to support a Solar Feasibility Study identified for Ayrshire Central Hospital to be completed in 25/26.</p>	<p>Limited funding to support.</p> <p>Insufficient staffing to develop plans and take forward large infrastructure projects required to meet net zero and emissions targets.</p> <p>Additional cost pressures result from costs of low carbon heating through district heating schemes.</p>	<p>Explore 3rd party investment opportunities.</p> <p>Engagement with local councils LHEES planning.</p> <p>Increase the potential for on-site renewables.</p>	Green

			<p>External Consultant's draft BMS technical report has been developed and is under review.</p> <p>Procurement options for capital investment continue to be explored.</p> <p>Increased efficiency from existing Biomass Boilers has led to a reduction in overall natural gas consumption across our sites.</p> <p>Electrical Infrastructure feasibility work completed by external consultant outlining the upgrade requirements to increase overall site capacity at University Hospital Ayr which would support the decommissioning of natural gas from the main production kitchen.</p>			
70% reduction in Inhaler Propellant.	<p>Increase use of low carbon alternatives for metered dose inhalers where possible.</p> <p>Use NICE Asthma patient's decision aid to support decision making and a shift to low carbon inhalers.</p>	2027	<p>A Data gathering exercise underway, with a progress report on carbon emissions expected in Q2/3.</p> <p>New prescribing guidelines have been written and are pending implementation. These will be discussed at the Effective Prescribing Group.</p> <p>NHSA&A has developed local guidelines outlining the carbon footprint of each inhaler recommended within the COPD and asthma summary guidelines, which include formulary choices.</p>	<p>Project does not realise any reductions in carbon emissions.</p> <p>The cost of low carbon inhalers is greater than higher carbon versions.</p>	<p>Training clinicians around sustainable low carbon choices for prescribing.</p> <p>A cost / risk analysis needs to be set out addressing increase cost pressures on pharmacy.</p>	Amber

			<p>The implementation plan is under discussion within the Respiratory prescribing group, which has been asked to provide an update on progress toward inhalers reduction targets</p> <p>New SIGN guidelines were launched in December 2024. The Clinical Effectiveness Team is working to update local asthma guidelines accordingly and will review inhaler choices as part of this process.</p>			
Reduce transport and travel emissions, including business travel; staff and patient travel; and fleet decarbonisation.	<p>Complete and publish Active and Sustainable Travel Action Plan.</p> <p>Identify opportunities to strengthen sustainable transport links to our sites via active travel, community transport, and public transport through collaboration with external partners.</p>	March 25	<p>The Active Travel and Sustainable Transport Group continues to meet as subgroup of CESOG, with Membership including, NHSA&A, NHS Assure, local authorities, Ayrshire Roads Alliance, SPT.</p> <p>Our NHS AA Sustainable Travel Action Plan has now been ratified.</p> <p>Key achievements reported in this quarter include:</p> <ul style="list-style-type: none"> • Active travel intern in post within NHSA&A (Funded by Ayrshire Roads Alliance and managed by Bright Green Business). Working on inputs to staff induction, and developing resources • Viva Engage AA staff walking wheeling and cycle user group launched and promoted. • Walk leader training delivered by Trinity Active travel Hub to 20 CMHT staff Progressing and maintaining Cycle Friendly Employer accreditation across key 	Limited funding in place to support active and sustainable travel activity, resources, and infrastructure.	Proactive identification of funding opportunities to support our sustainable travel ambitions including from external and charitable sources.	Green

			<p>sites. ACH has achieved Cycle Friendly Plus status</p> <ul style="list-style-type: none"> • Implementation of Walking Workplace initiative with Paths for All continues. Survey complete and Walking Workplace challenge launched • Supported campaigns such as Love 2 Ride Winter wheelers and Ride Anywhere • Continuing to promote concessionary and discounted public transport schemes in partnership with transport providers. • Ongoing work with partners to improve sustainable transport and active travel access to key NHS sites. 			
Adapt to the impacts of climate change, enhancing the resilience of healthcare assets.	Undertake a review of the current board's Climate change risk assessment (CCRA) and adaptation plan.	March 2025	This work has not progressed as planned and Discussions are still ongoing with the resilience team and a meeting will be arranged with the relevant parties which will include resilience team, Estates and Capital planning to work through the issues. this will be carried out 25-26.	Current format of the CCRA does not align with the adaptation plan – generic risk assessment will not produce a costed adaptation plan.	Complete site-by-site risk assessment for each building and record risks on corporate risk register.	Amber
Achieve national waste targets, and local targets for clinical waste, and engagement with local procurement to progress Circular Economy programme,	Re-establish the Waste Steering Group. Collect waste data for national report. Develop plans to reduce single use items (e.g. plastic, batteries etc.).	July 2024	<p>The waste steering group has been re-established.</p> <p>Data collection is ongoing, though some quality issues have emerged with our contractor. We are currently working through the initial datasets with them.</p> <p>Spot checks of clinical waste bags have revealed items that should not be included. These issues have been</p>	<p>Removal of the national waste platform leaves the board vulnerable for the collection of all waste cost and weight data leading to failure to report on carbon emissions of waste streams.</p> <p>Inadequate resourcing in place to support data</p>	<p>Waste Steering group to identify a system to collect and report on waste data.</p> <p>Ensuring business cases are developed for the infrastructure where investment is required.</p>	Green

			<p>escalated to senior nursing staff to review and explore ways to reduce clinical waste. Ongoing</p> <p>Waste manager post being recruited to with interviews scheduled for 29th April 2025 – on appointment, further work will be undertaken on education programmes to support waste reduction and targets</p>	collection, reporting requirements, and reduction programs.		
Decarbonisation of the NHS fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest),	Progress the organisations transition to EVs including key infrastructure requirements.	Dec 2024	<p>Discussions on fleet changeover are ongoing and progressing as planned.</p> <p>Work continues on the Board's EV charging policy. Discussions have taken place on the development of local Board Tariffs for the charging of privately owned vehicles across our sites.</p> <p>Focus on a new network operator to provide back-office system support ahead of the planned removal of current operator ChargePlace Scotland.</p> <p>The installation of five new power supplies, funded through this year's allocation, is taking longer than anticipated, with completion now expected in approximately 9 months.</p> <p>Additional sites for charger installation have been identified and quotations are being finalised for these locations, prioritising community areas.</p> <p>Focus on the development of the infrastructure bid for 2025-26 to SG.</p>	<p>Limited funding in place to support programme.</p> <p>Unsuitability of current EV medium size fleet to meet service needs.</p>	<p>Involvement in national travel and transport group to ensure compliance monitor current and future EV markets for suitable vehicles.</p> <p>Monitor current and future EV markets for suitable vehicles.</p>	Green

Environmental Management Systems - Increase biodiversity and improve greenspace across the estate.	<p>Scope out a compliant digital EMS platform solution.</p> <p>Continue to work with third sector partners to deliver existing programme of green health activities on key NHS sites.</p>	<p>July 2024</p> <p>May 2025</p>	<p>A review of the current aspects and impacts register is in progress, alongside the development of the Board's legal register.</p> <p>The continued focus is on compliance gap analysis and making in addressing the gaps in our understanding.</p> <p>Existing risks relevant to Environmental Management reviewed to ensure they remain up to date and relevant.</p> <p>The Greenspace and Biodiversity subgroup of CESOG continues to meet h</p> <p>Agreement for Senior greenspace project officer extended until end May 25 and further funding being secured to continue. This post is managed externally by The Conservation Volunteers (TCV) and hosted in Public Health. Green Gym activities and walking groups continue at Ayr/Ailsa and ACH sites</p> <p>Work to create a garden at Kyle chemotherapy Unit has progressed in partnership with HP Inc (community benefit funding)., Re Pollinate, Impact Arts and South Ayrshire Criminal Justice</p>	<p>Failure of uptake of the system due to issues around lack of staff training and integration.</p> <p>Risk of failure in SG audits in compliance with 14001, or 14046 due to lack of management systems to ensure compliance.</p> <p>Failure to attract sufficient capital/revenue funding to fully comply with the requirements.</p>	<p>Demonstrating legal compliance with the current legal frameworks.</p> <p>Apply for external funding and training to take forward projects and actions contained within the work plan.</p>	Green
Reduce the environmental impact of healthcare through adopting the National Green Theatre Programme actions, supporting the	<p>Green Theatre Team to review and implement actions from the National programme where achievable.</p> <p>Main focus areas:</p>		The Green Theatre Team continues to meet regularly with the National leads to review our progress. Ten key topics have been identified for the Board to address, and these areas are now being prioritised.	Limited funding in place to support.	Develop business cases with a spend to save aspect with realistic savings	Green

Year on year increase in Local procurement Spend.	Implement work plan for local spend improvement actions.	Ongoing December 2024 Ongoing July 2024 Ongoing March 2025	<p>Local spend has decreased from 9.5% (£13,202856.58) in 2022/23 to 6.2% (£9,275467.32) 2023/24. Analysis has shown that the 2022/23 figure inadvertently included payments to the Ayrshire Hospice of £2m, which have now been excluded. Work continues to support our local supply chain and ensure appropriate engagement with the procurement team where possible.</p> <p>The Head of Procurement is reviewing information for SG Anchor Procurement metrics 2023/24 and Health Board Anchor/CWB annual report.</p> <p>NHSAA procurement figures for 2023/2024 show local spend decreased from previous financial year. A review of 2023/2024 local expenditure will be undertaken to identify the reasons for reduction as part of annual procurement reporting.</p> <p>The Scottish Government has provided Health Boards with detailed information on local spend and opportunities, known as “Grow Local”.</p>	Risk that year on year increase in local spend unachievable due to lack of staff capacity within procurement to address shift of spend.	Anchor/CWB procurement work plan includes actions to improve local spend.	Amber
Develop a bespoke package of interventions for NHSAA to progress those currently far from employment and economically inactive closer to the labour market.	<p>Implement the NHSAA employability work plan.</p> <p>Use workforce gap analysis to determine requirements for NHSAA employability Programmes.</p>	Ongoing	Actions within the work plan continue to be delivered with cross reference of actions to wider O&HRD planning outputs which are being reviewed in 2025/26. Employability now element of Workforce Planning Group (and Employability Advisor is now a member) to ensure it is not viewed as standalone but part of core business	Organisational buy in is at the centre of successfully delivering our employability intent. For an organisation of our size our employability offering is limited both in	Attend local LEP meetings and continue to engage in dialogue and planning for potential allocations that could be allocated to NHS on the success of	Amber

	<p>Work in partnership with the three local authority LEPs to create a bespoke suite of employability programmes for NHSAA.</p>		<p>and as such Employability Steering Group stood down.</p> <p>This has not yet been undertaken as needs to link in to wider workforce planning activity as to spread, scope and support. This will need systematic consideration of processes, funding and support mechanisms to make this successful. This work will feature in work plan for FY 2025/26.</p> <p>Continuing to work and engage with LEPs and funding transferred to NHSA&A to undertake funded placement programme with individuals commencing in post 6/1/25 Ongoing engagement with LEPS to continue and potentially expand this approach into FY 2025/26 Head of Workforce Resourcing & Planning and Employability Advisor met with all local authority colleagues in a series of meetings to reaffirm our commitment to employability and seek ways of working together more collaboratively</p>	<p>terms of resource and commitment.</p> <p>Funding available from LEP partners is non-recurring. Late confirmation of funding may prove challenging in ability to utilise fully in allocated financial year.</p> <p>Risk of lack of engagement from all 3 LEPs to support funding and creation of bespoke employability programmes.</p> <p>There is limited dedicated capacity within O&HRD to grow and develop the employability agenda at pace and scale.</p>	<p>the 2024/25 approach</p> <p>Proactive engagement with Directors and service managers to build momentum, spread and support for employability programmes and strategic discussion with CMT to take place for organisational clarity and commitment of strategic aims in relation to employability.</p> <p>Plan, review and implement work actions to deliver Employability programmes.</p> <p>O&HRD Senior Team will review all planning outputs within the auspices of the Directorate to ensure there are congruent and read across plans/strategies effectively. This will also encompass consideration of governance routes</p>	
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					and ensuring all auspices of work, including employability are robustly reflected.	
Progress towards NHSAA Accreditation for Living Wage, Menopause Friendly workplace & Young Persons guarantee.	Review requirements for accreditation and work towards accreditation application.	Ongoing	<p><u>Real Living Wage (RLW)</u> This requires all contracts and procurement arrangements to be reviewed which is not possible due to limited staff capacity. This is the only aspect outstanding of applying RLW.</p> <p><u>Menopause Friendly</u> Organisation has Menopause Guidance in place. No current plans for formal accreditation.</p> <p><u>Young Persons Guarantee</u> There is no cost for pledging, however we are not currently pledged.</p> <p><u>Defence Employer Recognition Scheme</u> Accreditation at gold level held since 2021. Updated Covenant signed in June 2024 and work progressing in relation to Armed Forces within the Board.</p>	<p><u>RLW</u> Lack of staff resource within Procurement will prevent outstanding aspect of RLW to be achieved.</p> <p><u>Menopause Friendly</u> Understanding if the cost of accreditation derives direct benefit.</p> <p><u>Young Persons Guarantee</u> Most other mainland territorial Boards are pledged to the Young Persons Guarantee therefore A&A may appear as an outlier.</p>	<p><u>RLW</u> Scoping required to identify if there is non-recurring resource to support the outstanding procurement aspect of achieving RLW.</p> <p><u>Menopause Friendly</u> Decision required as to whether accreditation derives direct benefit.</p> <p><u>Young Persons Guarantee</u> Organisation consider benefits in signing up to the pledge, however by doing so we must be able to evidence our commitment to wider employability ambitions and for this to be successful would need organisational consideration of resource to support</p>	Amber

					employability and be clear on the vision and commitment to what will be provided going forward.	
Training, Progression Pathways and staff nurturing for Employability programme students.	Greater awareness raising of apprenticeships framework and expansion of the range of volume of these within the organisation.		<p>Scope potential of a wider spread of apprenticeship opportunities. Business and administration MA is currently being recruited to from existing workforce with standing MAs in some departments already as reported via annual SG returns.</p> <p>2024/25 Commenced four Business Administration apprenticeships for current staff who are under 25 years.</p> <p>2024/25 three technical apprentices and two modern apprentices in Pharmacy</p> <p>2024/25 twelve modern apprentices in Dental Nursing</p> <p>Three 2023/24 Project Search interns have progressed to employment with NHS A&A in domestics, catering and pharmacy.</p>	<p>Lack of staff resource within OHRD and local services to progress. Lack of support from line managers for Employability programmes due to lack of capacity</p> <p>Cultural challenges require ongoing engagement with line managers. Need to determine the organisational employability roadmap / blueprint, previous strategy did not effectively articulate or gain sufficient organisational commitment and buy in to the vision and deliverables we want from employability – continue small scale with varied programmes with limited numbers of seek to take learning</p>	<p>Provide line managers with guidance and training and student succession into employment.</p> <p>Agree priority progression pathways to be developed in year 3.</p> <p>Use performance measures to monitor progress.</p> <p>Strategic engagement with CMT to establish organisational commitment to employability which is more than previous approach than merely developing a strategy</p>	Amber

				from our LEP/LA colleagues and wider NHS Board approaches to look to deliver at scale..		
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Deliverable Summary	Improvement Actions	Action Completion (Month/Year)	Quarterly Progress/Impact As at March 2025	Risks & Issues	Controls	RAG Status
Public Health						
<p>Deliver prevention and support for self-management of diabetes alongside the delivery of a second diabetic eye screening (DES) outreach clinic within NHSAA.</p>	<p>Continue the Dalmellington Health Hub which has been set up to include various services e.g. Feet First, joint CTAC and DES appointments, weight management, smoking cessation etc. to support self-management of diabetes, closer to people's homes thus releasing the Caring for Ayrshire concept.</p> <p>Identifying areas where uptake is low and there is no optometry provision.</p> <p>Pursuing and developing the hybrid model (health board clinics and community optometry) of DES services in underserved areas to</p>	<p>March 2025 Completed</p>	<p>The funding from Realistic Medicine for the Dalmellington Health Hub pilot has now ceased. However, due to its success, one being uptake of DES by 25%, services have agreed to attend Dalmellington Health Hub on a fortnightly basis.</p> <p>Girvan area was identified as an area of need due to the retirement and closure of an accredited DES optometry practice in May 2024. Accommodation has been agreed within the Girvan Community Hospital (GCH). A designated room for screening has been allocated one day a week. DES screening went live at GCH on the 24th March 2025. 16 appointments are available weekly. Funding for the camera was provided by the South Ayrshire Health & Social Care Partnership.</p> <p>A meeting with Primary Care colleagues took place on the 23rd</p>	<p>Funding for DES staff for the Dalmellington Health Hub and Girvan Community Hospital has been provided by Primary Care however it has only been identified until 31st March 2025. This may continue on a non-recurring basis which will require funding options to be identified each year.</p> <p>There is no fundus camera available on the Isle of Cumbrae which means that DES services are unable to be provided.</p>	<p>The Improvement & Development Manager for Screening is pursuing funding options with Primary Care for 1st April 2025 onwards</p> <p>The camera based in Dalmellington can be transported to alternative sites. Adjustments to the trolley which will host the camera have been completed to enable it to be used on mobile basis.</p>	<p>Green</p>

	<p>improve resilience and equity of provision.</p> <p>Introduction of SMS text service, (reminders issued 3 days prior to appointment for health board clinics) to be introduced which will help to reduce DNA's.</p>		<p>January 2025 to seek funding that will provide DES screening staff for both Dalmellington and Girvan health board clinics for 2025/26. A paper is currently being drawn up for Primary Care outlining the funding required and the benefits that in-house screening brings to areas where there is limited or no community Optometry provision.</p> <p>A camera trolley and van hire have been procured to allow mobile services to be provided on the Isle of Cumbrae.</p> <p>Discussions have opened up again with Primary Care on the Isle of Cumbrae regarding the provision of a third DES out-reach clinic on the island. A date is being arranged in May/June for two DES screeners to carry out a site and establish what is required for DES.</p> <p>The SMS text reminders commenced on the 28th October 2024 for all DES Health Board clinics.</p>			
Increase the uptake of breast cancer screening.	<p>Providing screening within communities i.e. screening units, visiting areas and basing themselves within supermarket car parks.</p> <p>Analysing data within areas where there is poorer uptake and targeting the eligible groups.</p>	March 2025	<p>Continuous local, regional (with Dumfries & Galloway) and national data reporting and scrutiny</p> <p>Regular annual NHS Ayrshire & Arran reports are scrutinised by the Healthcare Governance Committee and reported directly to the NHS Board.</p> <p>Funds were transferred in Jan 2025 to Ayrshire Cancer Support for the</p>	<p>The risk is that our most vulnerable groups and groups in need have to receive timely information and support to increase access to screening.</p> <p>Due to geographical expanse of our Board, we are looking at making it more</p>	<p>Continuous data collation and analysis and citizen consultation and feedback.</p> <p>Continuous analysis of data to identify when uptake within any group reduces.</p>	Amber

	<p>Continuous consultation and feedback from women who use the service.</p> <p>Continuous analysis of data to identify when uptake within any group reduces.</p>		<p>mammogram recall travel project. A Standing Operating Procedure (SOP) has been written and has been agreed in principle by the call/recall Manager, however due to staff changes within the department, the protocol has not been officially signed off to allow scheme to 'go live'. The SOP is now with the new management team for review, with an objective to be signed off for 9th May 2025.</p> <p>Currently undertaking a programme of work to explore current barriers and potential solutions with the aim of increasing uptake of breast screening in the Stevenson area. This will include a review of data provided by SWBSS; case note reviews of women within the area who do not attend to identify common factors of non-attendance; and qualitative interviews with women and healthcare staff to identify barriers and enablers. Comparison with an area with similar sociodemographic profile where uptake is higher. A local taskforce has been created and study protocol and topic guides have been developed, informed by a review of published evidence. These study materials will be submitted to Research Ethics Committee for approval to ensure that study findings can be shared with relevant colleagues locally and nationally.</p>	<p>accessible to tackle travel inequalities within the Board area. Changes to key staff within the Southwest Breast Screening (SWBS) Service has meant that the SOP, although produced in collaboration with the SWBS Manager and agreed in principle, has not yet been seen and signed off by everyone. The new post holder is now in post and the aim is to have the SOP signed off before 9th May 2025.</p> <p>Women who have physical disability, learning disability or mental health issues may find it difficult to access screening.</p> <p>May be challenges in identifying funding to progress potential solutions identified through this research.</p>	<p>Funds for travel scheme have been processed and transferred to Ayrshire Cancer Support. Whilst official SOP remains outstanding, women who do not wish to attend their recall mammogram appointments will be highlighted to Screening Managers, who will process the referral in the meantime. Numbers overall are small.</p>	
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<p>Increase the uptake of bowel cancer screening.</p>	<p>Analysing data within areas where there is poorer uptake and targeting the eligible groups.</p> <p>Continuous consultation and feedback from people who use the service.</p> <p>Continuous analysis of data to identify when uptake within any group reduces.</p> <p>Targeting specific vulnerable groups including prisons, those with physical disability, learning disability or mental health issues etc.</p>	<p>March 2025</p>	<p>Continuous local, regional and national data reporting and scrutiny.</p> <p>Regular annual NHS Ayrshire & Arran reports are scrutinised by the Healthcare Governance Committee and reported directly to the NHS Board.</p> <p>Exploration of third sector organisations to support education and promotion of the programme continues. We have identified the ‘man shed’ as a potential resource for promotion within the male population. There are only five ‘men shed’ units within Ayrshire & Arran. Contact has been made; however this is not a large scale screening promotion opportunity. Despite this, we have had confirmation from the organisation that they’d be happy to help ‘champion’ bowel screening within their units, and resources have now been requested for delivery to the units (Ayr, Troon, Irvine and Three-towns).</p> <p>Bowel screening is scheduled to be included in targeted promotion during ‘men’s health week’ via our social media channels, scheduled for 14-20th June 2025.</p> <p>In addition, we are consulting with CenterStage to carry out targeting work around uptake within the Learning Disability (LD) community. The inequalities funding for 2024/26 has been reduced and therefore we</p>	<p>The risk is that our most vulnerable groups and groups in need have to receive timely information and support to increase access to screening.</p> <p>Better uptake from people who have never been screened or from lower social economic groups creates increase in demand which puts increased pressure on the service</p> <p>Individuals with physical disability, learning disability or mental health issues may find it difficult to access screening.</p> <p>Uptake within the male population may continue to be less than the female population, creating a gender inequality within the programme.</p>	<p>Continuous data collation and analysis and citizen consultation and feedback.</p> <p>Additional staff appointed to improve endoscopy's efficiencies in patient flow to reduce waiting times.</p> <p>Local colonoscopy capacity for screen positive patients has been expanded to cater for an increase in demand.</p> <p>Continue to explore health promotion options within the LD community and utilise existing LD specific resources available to the Board.</p> <p>Further explore third-sector organisations that play a significant role in engaging</p>	<p>Green</p>
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			<p>are unable to progress our LD work at present because of this.</p> <p>Work has been carried out, in collaboration with our Health Improvement team to allow screening to be included in the annual primary care LD health checks. Tailored resources and information is provided during a 60 minute appointment with the Learning Disability Nursing team.</p> <p>Work is currently underway to look at bowel screening uptake alongside our breast screening project, in a bid to identify geographical links to low uptake across programmes.</p>		with the male population.	
Increase the uptake of cervical cancer screening.	<p>Develop links with Mental Health Services to address poor uptake of screening among women with a Mental Health condition including neurology services and women's aid.</p> <p>Introduce self-referral to our local health board clinic to increase attendance and uptake amongst those who experience barriers to screening in Primary Care.</p> <p>Cervical screening outreach events held annually to target non-attenders and NHS staff.</p>	March 2025	<p>Continuous local, regional and national data reporting and scrutiny.</p> <p>Regular annual NHS Ayrshire & Arran reports are scrutinised by the Healthcare Governance Committee and reported directly to the NHS Board.</p> <p>Additional Health Board clinics are being provided in areas of need, including Irvine and Dalmellington.</p> <p>The pilot for the provision of the Health Board Clinic for those who experience barriers to screening in Primary Care, e.g. those who have experienced sexual violence or have a physical disability has now come to an end, 31st March 2025. Work is now taking place to embed this service within core</p>	<p>The risk is that our most vulnerable groups and groups in need have to receive timely information and support to increase access to screening.</p> <p>There is a low awareness of the Health Board clinic provision for women who have experienced sexual violence or have a physical disability which would result in low uptake of cervical screening.</p> <p>Provision of accommodation and healthcare assistants</p>	<p>Continuous data collation and analysis and citizen consultation and feedback.</p> <p>An awareness campaign and development of self-referral option online should increase awareness and screening uptake.</p> <p>The team are currently creating a roster of staff able to provide this service, in order to increase</p>	Amber

	<p>Support Primary Care to increase access to cervical screening post Covid.</p> <p>Continuous data collation and analysis to identify areas where uptake is poor.</p> <p>To act upon data evidence of poorer uptake and target local response.</p>		<p>provision, based within Sexual Health services at Ayrshire Central Hospital.</p> <p>Out-reach clinics for staff and non-attenders were held across Ayrshire and were run in conjunction with the Cervical Screening Awareness Week; these clinics were well attended.</p> <p>Work is underway to improve uptake of cervical screening by collecting and analysing data; uptake by postcode, SIMD, age, GP practice and potentially ethnicity if this is available.</p>	<p>for the Health Board Clinic for those who have experienced sexual violence or have a physical disability were agreed until the end of March 2025.</p> <p>The screener, an experienced GP, has also resigned at the end of March 2025.</p> <p>The area where the accommodation for the clinic has been provided is currently going through an accommodation review and may no longer be available.</p> <p>The non-continuation of this clinic could be detrimental for those who require the service.</p> <p>There is a low uptake of cervical screening nationally and the need for a self-sampling option has been delayed at a national level.</p>	<p>resilience. Additional training will be provided as required.</p> <p>NHS Ayrshire & Arran are advocating for self-sampling and are exploring the opportunity to be early-adopter or pilot site for this which may increase uptake of cervical screening. A member of the A&A team has been invited to attend the national SLWG on self-sampling.</p>	
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