| Recovery Driver

Please select from the drop down list : | SG ADP Action Reference

Please select from the drop down list: | Deliverable Summary

Please include a brief summary of the deliverable, briefly outlining the intended action and what this will achieve in 23/24. | Q1 Milestones

Please outline what you intend to have achieved by Q1 | Q2 Milestones

Please outline what you intend to have achieved by Q2 | Q3 Milestones

Please outline what you intend to have achieved by Q3 | Q4 Milestones

Please outline what you intend to have achieved by Q4 | Risks and Issues - Category

Please indicate the types of risk(s) and/or issue(s) impacting on delivery of milestones. Please choose all that are relevent from the list . | Risks and Issues - Description

Please provide a short summary of risk(s) and/or issue(s) with a focus on cause and impact i.e. what is the specific area at risk and how will it impact on objectives/milestones. | Controls

Please sumarise the key controls in place to manage the risk(s) and/or issue(s), to reduce the impact, or to reduce the likelihood of a risk from occuring. |
|---|---|---|---|---|---|---|---|---|---|
| 1. Primary and Community Care | 1.3 | Improve access to mental health at primary care to enable earlier intervention. | Commence writing group of Mental Health & Wellbeing in Primary Care Working group | Complete writing group of Mental Health & Wellbeing in Primary Care Working group | Complete business case for submission for approval at 3 x IJBs | Commence recruitment process | Finance - Funding not yet agreed
Workforce - Recruitment | Previously identified Mental Health & Wellbeing monies have as yet not been distributed. Failure to provide additional financial support will provide minimum if any impact. Business case will require careful consideration to ensure appropriate workforce attainment. | Business case proposal will include no funding attainment, some and full attainment. |
| 1. Primary and Community Care | 1.3 | Enhanced Psychological Practitioners (EPP's) to enhance the treatments offered to patients within primary care setting and complement existing services offered MHP's, CLW, self help workers. | NES have offered this opportunity - A decision around whether to accept this temporary workforce and also attempt to secure\ discuss long term funding. | Look at this area in relation Mental Health & Wellbeing in Primary Care Working group | Recruit EPP's | Review how EPP and EPP training is progressing | | | |
| 1. Primary and Community Care | 1.1 | Recruitment into key MDT roles within General Practice will continue as part of the new GP Contract maximising on the current financial allocation of the Primary Care Improvement Fund (PCIF) to ensure progress to implement the PCIP to date is sustained. Workforce will be reviewed within individual service areas to ensure equitable access across GP practices wherever appropriate and ensure all opportunities are implemented whilst awaiting updated National Framework for CTAC and Pharmacotherapy task transfer. | Scope and determine where all current resource sits across 53 GP Practices.

Present increased requirements to Scottish Government to achieve further progress with task transfer.

Pharmacotherapy Team to identify improvements around delivery and workload at a practice level, standardisation of processes, release capacity within the team and increase patient facing time.

CTAC session planned for 26 June to review current service specification and practice requirements. | Review of service specifications and benefits to patients outcomes and general practice | Awaiting national guidance to inform expectations for 2023/24. | Awaiting national guidance to inform expectations for 2023/24. | Workforce - Recruitment
Finance - Funding not yet agreed
Estates | Ability to identify additional professional staff to fill the new roles within the PCIP.

No identified funding to recruit into additional MDT roles will mean only those posts currently funded through the PCIF can be recruited into. 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 resulting in inequitable patient access to services. Due to the volume of MDT's being allocated to GP Practices, space is becoming a real issue and concern. | Work closely with Service Leads to identify recruitment risks. Monitor allocation of resource to practices. Utilise whole system workforce planning to forecast recruitment predictions. Following recent PCIF discussions, measures in place to look at added resilience within the service and introduce new roles to support with the task transfer and aid succession planning to ensure the service is more resilient.

Discussions ongoing with practices to identify accommodation issues and proposed solutions. Implement locality models where GP practices can't accommodate additional staff. Work to identify community hubs or shared resource as a medium term measure. Wider planning with HSCPs in line with Caring for Ayrshire for new improved premises. |
| 1. Primary and Community Care | | Enhance digital telephony within General Practice and move to a single resilient digital telephony platform. This will enable telephone queuing systems and increase the number of lines into practices to enhance patients being able to get through to practices without making multiple attempts. | Confirm practice specification and requirements.

Identify priority cohorts for roll-out programme.

Infrastructure preparation.

Procure equipment for transfer of priority practices.

Agree financial model for practice telephony costs. | Roll out of Phase 2 priority cohort(s). | Roll out of Phase 3 priority cohort(s). | Roll out of Phase 4 priority cohort(s). | Other | Practices need to be assured of financial, patient and staff benefit to confirm transfer. Reliant on capacity within digital services support team for roll-out. External factors including telephone lines and external providers. | Dedicated technical team assigned to infrastructure and network requirements.

Support team in place within primary care and digital services to fully understand individual practice requirements ahead of final roll-out.

Additional resource recruited into digital services to support implementation. |
| 1. Primary and Community Care | 1.2 | Sustain Out of Hours Services by continuing to engage with local clinical workforce to ensure we are learning and improving from the current service delivery model. | Review of demand/capacity of clinical rotas to support all pathways 24/7.

Engagement sessions with clinical teams to discuss best value and use of resource. Recruitment of 2WTE Advanced Nurse Practitioners (ANPs) to support wider MDT working.

Engagement sessions with clinical teams to discuss best value and use of resource.

Recruitment of 2WTE Advanced Nurse Practitioners (ANPs) to support wider MDT working.

Forecast winter planning arrangements and workforce requirements for Q3 & Q4. | Actions to be determined following work undertaken in Q1. | | | Workforce - Retention | Medical workforce availability is reliant on volunteer GPs to undertake shifts to populate rotas, many of which already work in daytime General Practice. | Continuous engagement with current sessional GPs working within AUCS to establish improvement areas required.

Rotas are continuously reviewed using innovate approaches and different ways working to fill any gaps. |

Theme		Ref	Description	Q1	Q2	Q3	Q4	Category	Risk	Comment
1. Primary and Community Care		1.4	Review Enhanced Services to ensure they continue to be fit for purpose to meet the needs of the patient population and ensure improved management of specific conditions.	Identify priority areas for review due to unmet need and patient demand. Initial reviews will include diabetes and care homes.	Identify next agreed specifications to be reviewed.			Other	Enhanced services in Ayrshire and Arran have not been reviewed since 2010 therefore will require significant joint work with various services. Additional financial commitment may be required.	All development work will be taken forward jointly with primary care leadership team and acute and community leadership teams as required to ensure joint care models.
1. Primary and Community Care		1.6	Increase capacity and access for dental patients for routine in-hours care and urgent dental care for unregistered and deregistered patients whilst General Dental Services continues to re-mobilise.	• Gather and review baseline data to fully understand demand and capacity of the services. • Additional clinics have been scheduled within Public Dental Service to increase capacity for un(de)registered patients. • Business Continuity Plans (BCP) are being developed with greater detail should demand increase for in-hours care outwith routine PDS demand. • Consideration is being given to dental access centres and when these would be invoked if demand substantially increases. Consideration also of increasing Personal Dental Services (PDS) surgery accommodation to increase PDS capacity and patient flow. • Continual monitoring of waiting lists, appointment allocations and staff deployment is undertaken to maximise use of resources to match demand.		The outcome of the national review of Determination 1 and the dental payment system is awaited in October. This will provide better insight of potential issues of General Dental Practices (GDS) moving away from providing NHS Services.		Workforce - Recruitment	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.	Continuously review waiting times. Recruitment at all dental levels is a key risk impacted by reduced throughput of new graduates and inflow from overseas stopping. By implementing mass assessment clinics this reduces current PDS waiting times and frees up clinical capacity to redistribute staff to focus on emergency care and maximise resource.
1. Primary and Community Care		1.7	Increased shared care, access to service and patient experience within community Optometry – Support additional eye disease being managed by Community Optometrists in conjunction with the Hospital Eye Service.	Implementation of Community Glaucoma Service (CGS) Stage 1 - 5 Independent Optometrists starting a 12 month training programme. Scoping to be determined with Consultant Ophthalmologists and Consultants on % workload that will move to Community. Further develop the Anterior Uveitis / Juvenile Idiopathic Arthritis community pathway by scoping referral pathway and identify Independent Prescribers to provide the service.	Implementation of Glaucoma Service – Stage 1 – 5 Independent Optometrists starting a 12 month training programme. Scoping to be determined with Consultant Ophthalmologists and Consultants on % workload that will move to Community. Implement the Anterior Uveitis / Juvenile Idiopathic Arthritis community pathway.	Will be determined by work progressed up to Q2. Commence planning phase of CGS with primary and secondary care services. Anterior Uveitis / Juvenile Idiopathic Arthritis community pathway to be implemented by end of Q3	Will be determined by work progressed up to Q3	Workforce - Training, Development & Skills	Securing funding to move to implementation. Potential lack of engagement either from acute services or community optometrists to progress.	Establishment of an Operational Group reporting into the Strategic Oversight Group to ensure progression of work.
1. Primary and Community Care		1.3	Improve access to mental health at primary care to enable earlier intervention and prevention. (Consideration of lifespan focus)	Commence writing group of Mental Health & Wellbeing in Primary Care Working group	Complete writing group of Mental Health & Wellbeing in Primary Care Working group	Complete business case for submission for approval at 3 x IJBs	Commence recruitment process	Financial & Workforce	Previously identified Mental Health & Wellbeing monies have as yet not been distributed. Failure to provide additional financial support will provide minimum if any impact. Business case will require careful consideration to ensure appropriate workforce attainment.	Business case proposal will include no funding attainment, some and full attainment.
1. Primary and Community Care		1.4	**Diabetes Prevention and Adult Weight Management Services** comprise of a number of work streams, each of which would support people to 'wait well' as well as preventing a number of long term conditions such as type 2 diabetes and cardiovascular disease: · Provision of care for women at risk of gestational diabetes (GDM) post-natally. · Provision of early intervention and support for those at high risk of type 2 diabetes · Provision of person-centred weight management support for those with a high BMI · Provision of a type 2 diabetes remission programme involving total diet replacement treatment for those recently diagnosed with type 2 diabetes	Diabetes prevention (including GDM): Aim to offer treatment and support to 72 people Tier 2 weight management: Aim to offer treatment and support to 50 people Tier 3 weight management: Aim to offer treatment and support to 51 people Remission programme: Aim to offer treatment and support to 12 people	Diabetes prevention (including GDM): Aim to offer treatment and support to 72 people Tier 2 weight management: Aim to offer treatment and support to 50 people Tier 3 weight management: Aim to offer treatment and support to 51 people Remission programme: Aim to offer treatment and support to 12 people	Diabetes prevention (including GDM): Aim to offer treatment and support to 72 people Tier 2 weight management: Aim to offer treatment and support to 50 people Tier 3 weight management: Aim to offer treatment and support to 51 people Remission programme: Aim to offer treatment and support to 12 people	Diabetes prevention (including GDM): Aim to offer treatment and support to 72 people Tier 2 weight management: Aim to offer treatment and support to 50 people Tier 3 weight management: Aim to offer treatment and support to 51 people Remission programme: Aim to offer treatment and support to 12 people	Other Recruitment - Retention Finance - Non-recurrent Funding Estates	Poor uptake/non engagement of target groups with services offered. Accommodation issues within a number of offices for conducting consultations. Recruitment and retention of staff due to non-recurring funding from Scottish Government. Unable to access reports for all services that use EMIS web so reports on outcomes from the services cannot be obtained.	Use of a variety of communication routes detailing what each of the services offer so this can be communicated effectively by healthcare professionals to target groups. Issue has been flagged via each operational service. Commitment for the diabetes prevention allocation has been given by SG until the end of the current parliamentary term (end of 2026). 3 HSCPs have committed to recurring funding for expansion of tier 3 specialist weight management programme. Issue has been escalated to Director of AHPs to liaise with Infrastructure & Support Services.

Theme		Ref	Objective/Action				Type	Risk	Control Measures
10. Climate		10.1	The board to receive 100 new electric vehicles to transition our fleet over from ICE (internal Combustion Engine) to new electric vehicles within Q3 and Q4 reporting periods.	To plan the fleet hand over to the various services across the organisation.	To plan the fleet hand over to the various services across the organisation.	To plan the fleet hand over to the various services across the organisation.	To plan the fleet hand over to the various services across the organisation.	Procurement	Main risk is the failure of the manufacturer to deliver the electric vehicles requested by the board due to shortfalls in supply chain. Objectives and Projects - Charging infrastructure is not in place to support the transition to EV.	Main control measures are to address other car manufacturers to provide EV's to the board to meet the shortfalls
10. Climate		10.2	Reduce Domestic waste volume arising by 15% compared to a financial year 2012/13 baseline.	Collect current position data across main sites, the volume and type of waste generated	Obtain the 2012/13 baseline figures.	Implement the training /posters being compiled by National Waste Management Group	Continue roll out of materials to promote education of reducing domestic waste	Other	Delays in poster/materials being issued and positioned in place. Compliance - Failure to achieve target reduction from baseline. Adverse publicity / reputation - Impact on perception of the organisation with media interest.	Waste Manager on the National Waste Management Steering Group
10. Climate		10.2	No more than 5% of domestic waste goes to landfill.	Supplier providing confirmation that 0% to landfill – various residual waste streams send to a waste heat facility	Less than 5% is landfill	Less than 5% is landfill	Less than 5% is landfill	Procurement Other	Supplier not providing the information. New tender out and may result in different supplier. Compliance - Failure to achieve target reduction from baseline. Adverse publicity / reputation - Impact on perception of the organisation with media interest.	Current Supplier is on the National framework and - Waste Manager liaising with NSS procurement team
10. Climate		10.2	Reduce food waste by 33% against 2015-16 baseline.	Continue catering production model ensuring ordering as close as possible to service	Obtain the 2015/16 baseline figures	Food waste action group formed and progressed	Food waste confirmed as reduced by 33%	Other	Unserved meals at lowest in Scotland. Staffing resources not available to collect and weigh food waste – delaying results. Compliance - Failure to achieve target reduction from baseline. Adverse publicity / reputation - Impact on perception of the organisation with media interest.	Monitored through the Catering Manager professional group
10. Climate		10.2	Ensure 70% of domestic waste is recycled or composted.	Supplier providing confirmation that 70% is recycled/composted	70% of domestic waste is recycled or composted	70% of domestic waste is recycled or composted	70% of domestic waste is recycled or composted	Procurement Other	Supplier unable to provide confirmation. New tender out and may result in different supplier. Compliance - Failure to achieve target reduction from baseline.	Current Supplier is on the National framework and - Waste Manager liaising with NSS procurement team
10. Climate		10.4	Neptune waste capture system – implement in Ayr Hospital Theatre 1.	Evaluate unit's location and drainage units are sufficient	Carry out post project review addressing clinical review, savings achieved through waste, carbon and costs	Identify any ongoing issues with the system	Write up a post project evaluation and highlight potential areas where this can be replicated across our theatres	Other	Savings in waste, carbon and costs, are not captured and the benefits of the device are not communicated or evaluated. Compliance - Failure to achieve target reduction from baseline.	Ensure post project evaluation is written up and addresses future uses elsewhere to be replicated.
10. Climate		10.4	Reduction in Ethyl Chloride use by introducing cool sticks into Crosshouse theatres (reducing ethyl chloride use).	Set up monitoring processes	Identify leads to carry out monitoring	Collect data	Report on savings achieved and clinical objectives reached	Other	Clinical benefits are not realised in terms of costs, savings, carbon, waste etc…. Compliance - Failure to achieve target reduction from baseline.	Evaluation is carried out in accordance with quality assurance measures
10. Climate		10.4	Reduce single use Theatre hats within main operating theatres.	Gain support from "*Green theatre program board*" – project undertaken by 1st year student	Identify leads to review	Collect data		Other	Silo working on areas of the green theatre work program creates divisions and uncertainty. Compliance - Failure to achieve target reduction from baseline.	Creation of program board to oversee all activities and co-ordinate work programs
10. Climate		10.4	Anaesthetic Gas Scavenging System (AGSS) review.	Review of current systems across estate	Infrastructure Schematics and energy consumption to be identified.	Define the risks and the cost associated with the decommissioning and removal of AGSS plant.	Identify savings opportunities and develop a plan for capital investment	Other	The inability to safely collect, remove or vent anesthetic gases from the theatre environment operating rooms and other areas that have gas terminal units. Compliance - Guidance	Authorising Engineer (MGPS) technical support. NHS Scotland Assure. SHTM 02-01 guidance. Existing policy and procedures.
10. Climate		10.5	Reduce carbon and greenhouse gas emissions through rationalising the retained estate including the disposal of premises deemed surplus to Board requirements.	Fully developed boardwide demolition plan	Obtain approvals to progress with disposals/demolition programme.	Appointment of contractors. Complete property transactions.	Agreed programme of work completed	Other	Objectives and Projects – Reduced scope with a reduction in the ability to meet project objectives in full or in part. Compliance – Failure to achieve national emission reduction targets from 2019 baseline.	Board has full autonomy through existing governance to act with regards to disposals/demolition plans.
10. Climate		10.2	Reduction of theatre single use plastic	Scope Options for reusable gowns and testing of such	Reduction of clinical waste and increased recycling	Increase recycling		Other	Reduction in clinical waste, may increase domestic waste. Theatre staff following programme – delaying any results/actions Increased laundry costs for washing reusage items	Monitoring Lead for National programme is based at UHC (Phil Korsak) Head of Service East – linking with clinician and Laundry provider during testing phase

Theme		Ref	Action	Milestone 1	Milestone 2	Milestone 3	Milestone 4	Category	Risk	Control Measures
10. Climate		10.2	Compile National Waste Data platform with all waste invoices for capturing cost and carbon emissions data	All suppliers to submit their invoicing to the Rio National Waste Platform to be uploaded	Waste group to meet			Other	Suppliers not submitting information	Required by various groups, and supplier advised of any gaps
10. Climate		10.7	Resources are required to take forward the implementation of a board wide Environmental Management System (EMS)	Prepare a second paper for the request for staff resources - Environmental manager	Have agreement on paper format and content	Present paper at CESOG / EMT for approval.	Obtain consent for resources to be allocated.	Estates	Board / EMT have limited financial resources to put resources in place	Control measures will be to highlight corporate risks and compliance with current policy requirements
10. Climate		10.7	Develop job description for new post(s)	Prepare a draft Job Description(s) for review	Obtain organisational approval.	Progress post(s) through Job evaluation.	Complete recruitment process.	Estates	Board internal governance groups fail to approve/ support	Control measure to ensure board /EMT are aware of the corporate risks of not have this post in place, and the cost of non-compliance across the organisation
10. Climate		10.7	Complete the Environmental Management system feasibility/scoping exercise.	Review current market options for a one stop digital software option to enable board compliance and auditing tool to meet the various compliance aspects	Engage with other Healthboards.	Prepare Business Case to the board / EMT / CESOG outlining the optimum digital platform software solution.	Review National Frameworks and procurement routes for compliance software – linking with funding request paper	Estates	Board internal governance groups fail to approve/ support	Detail policy requirements and the omission of an EMS within existing Risk Register.
2. Urgent and Unscheduled Care		2.1	**Reducing Attendances – Phase 2 RUC -** Enhance the Flow Navigation Centre (FNC) within Ayrshire Urgent Care Service (AUCS) to provide care that ensures less than 15% of demand requires attendance at hospital.	Define all available RUC pathways and how they intersect. Identify the best and most effective way to communicate these to the public, health services and professionals.	Continuation of workstreams within Urgent Care, utilising the FNC as a conduit for Urgent Care pathway demand, ensuring that it continues to deliver on the target of less than 15% of demand requiring attendance at hospital. Work is underway to develop pathways further to include Rapid Respiratory Response Services. This will be operational by end of Q2.	Continuation of workstreams within Urgent Care, utilising the FNC as a conduit for Urgent Care pathway demand, ensuring that it continues to deliver on the target of less than 15% of demand requiring attendance at hospital.	Continuation of workstreams within Urgent Care, utilising the FNC as a conduit for Urgent Care pathway demand, ensuring that it continues to deliver on the target of less than 15% of demand requiring attendance at hospital.	Workforce - Retention	Medical workforce availability across AUCS is a risk with the service reliant on volunteer GPs to undertake shifts to populate rotas, many of which already work in day time general practice. Funding allocation to ensure continuation of 24/7 AUCS model	Continuous engagement with current sessional GPs to identify areas for improvement and efficient working processes. Continuous review of rotas to forecast demand and planning staffing levels to provide safe effective, care ensuring Best Value.
2. Urgent and Unscheduled Care		2.1	**Reducing Attendances – Phase 2 RUC -** Eliminate inappropriate and unnecessary conveyance to hospital through the use of the Call Before Convey pathway with Scottish Ambulance Service (SAS) ensuring that current levels of avoidance are met, whilst increasing the alternatives.	Maintain current levels of avoided conveyance of patients through Call Before Convey (88% are not conveyed or attend front doors within 48 hours). Enhance Falls pathway through AUCS for SAS crews to ensure single point of contact and referral to Falls Team members				Other	During busy periods over weekends and public holidays there is a risk that senior clinicians will not be able to respond to SAS crews within the 1 hour turnaround time when they are on scene with a patient. Crews are given early notification of this and calls will be prioritised where possible. Crews from out of area are not always aware of the pathway and important the pathways are shared with all new crews to area.	Predict demand based on previous activity and resource FNC appropriately to meet need. Shared learning and reflection of key benefits is continuously undertaken. Any arising risk could be mitigated through further discussion between operational managers involved.
2. Urgent and Unscheduled Care		2.1	**Reducing Attendances – Phase 2 RUC -** Enhance access for Care Homes to Ayrshire Urgent Care Service (AUCS), including redirection to other appropriate pathways during the out of hours period to sustain current level of onward transfer to hospital which is currently only 8% of patients.	Maintain pathway into AUCS for Care Homes to support patients to remain in their homely setting whenever possible, including redirection to other appropriate pathways, avoiding attendance at hospital front door. Joint work with Care Home Professional Support Team. Sharing learning and positive outcomes with the homes to promote using AUCS.				Other	Care Home and SAS staff not fully utilising pathway at all opportunities	Continuous engagement with Care Homes and SAS staff to promote use of pathway and benefits.
2. Urgent and Unscheduled Care		2.1	**Reducing Attendances – Phase 2 RUC -** Provide alternative navigation to community mental health services of Urgent Mental Health patients by the emergency services through the use of the Urgent Emergency Services Mental Health pathway (ESHMHP).	Maintain current levels of avoided conveyance of patients through ESMHP as part of Call Before Convey (100% treated within community). Increasing engagement with 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 Unit (planned for Summer 2023) is modelled within AUCS to ensure capacity matches demand.				Other	Pathway not fully utilised by SAS or Police Scotland for patients appropriate for referral.	Continuous dialogue with all services to promote pathway and key benefits for resources and patients. Promote pathway and work across national improvement networks to refine and enhance the service.
2. Urgent and Unscheduled Care		2.1	**Reducing Attendances - Phase 2 RUC -** Further develop the Community Pharmacy pathway into Ayrshire Urgent Care Service to support patients to access appropriate care and avoid unnecessary attendance at the Emergency Department.	Enhance the dedicated professional to professional pathway into AUCS in the OOH period from Community Pharmacy to avoid patients present at community pharmacy and requiring to attend hospital when the Pharmacist is unable to fully treat them.			Introduce a pathway between Pharmacy and ED via FNC for appropriate scheduled referral to ED.	Other	Ability to schedule appointment in ED is dependent on availability	Scheduling availability informed by USC Demand and Capacity model

Theme		Ref	Description	Q1	Q2	Q3	Q4	Category	Risks	Mitigation
2. Urgent and Unscheduled Care		2.1	**Reducing Attendances – Phase 2 RUC** - Implement a Musculoskeletal (MSK) - Urgent Care Pathway	Scope patient triage system through eConsult and Connect Me.

Pilot patient system in three GP Practices. | Detailed review of unscheduled care MSK presentations to understand demand profile.

Understand current community and acute MSK pathways and map out potential alternatives for improved access. | | | Other | Building consensus for service delivery model across a broad spectrum of operational stakeholders | Detailed Test of Change documentation and project plan.

Regular Programme Management Meetings.

Regular Performance Monitoring and evaluation. |
| 2. Urgent and Unscheduled Care | | 2.1 | **Reducing Admissions - Phase 2 RUC -** Expand the evidence based Community Rapid Respiratory Response pathway across all three HSCP areas. | Review of GP practice COPD registers.

Detailed review of unscheduled care attendances linked to respiratory disease.

Confirm additional roll-out to practices for expansion of service.

Establish evaluation measures to evidence impact of service on population.

Currently 340 patients are supported by the RRR service with plans to expand this to 557.

Expand the RRR Service from 8 GP practices to14 across the three Ayrshire HSCP areas. | Evidence reduction in attendances to hospital for patients within RRR service.

Currently 340 patients are supported by the RRR service with plans to expand this to 557.

Expand the RRR Service from 8 GP practices to14 across the three Ayrshire HSCP areas.

Use of digital solutions to be explored as part of the expansion programme to ensure optimum service delivery as part of a whole system pathway for Respiratory patients.

Development of a prioritisation framework developed based on disease progression scale to ensure optimum benefit is gained with constraints of limited funding. | | | Other | Due to working with 14 practices, it may be challenging to evidence impact and evaluation. Constraints to service delivery due to technology interfaces. Sustainability and retention of temporary staff within the posts. | |
| 2. Urgent and Unscheduled Care | | 2.4 | **Reducing Admissions -** Reduce admission and stream where possible to same day care services

Protect short stay areas in CAU and stream to relevant clinical area

Dedicated improvement and clinical leadership within CAU with effect from 11th April including senior manager to lead continuous flow.

Increase H@H virtual capacity from 12 to 24 beds

Refresher training for ED triage nurses to reinforce the alternatives available | Reduce the length of stay in Initial Assessment of both CAUs to 10 hours

Increase % same day discharges to 28% at UHC and 25% at UHA

Increase redirection of flow 1 attendances to 6%

Increase H@H capacity to 15 beds | Reduce the length of stay in Initial Assessment of both CAUs to 9 hours

Increase % same day discharges to 29% at UHC and 27% at UHA

Increase redirection of flow 1 attendances to 7.5%

Increase H@H capacity to 18 beds | Reduce the length of stay in Initial Assessment of both CAUs to 8 hours

Increase % same day discharges to 30% at both UHA and UHC

Increase redirection of flow 1 attendances to 9%

Increase H@H capacity to 21 beds | Maintain the length of stay in Initial Assessment of both CAUs at 8 hours

Maintain % same day discharges to 30% at both UHA and UHC

Increase redirection of flow 1 attendances to 10%

Increase H@H capacity to 24 beds | Other

Workforce - Recruitment

Workforce - Retention | Not all services are offered on a 7 day basis e.g. Rapid Assessment & Care

Recruitment to Hospital at Home posts | Ongoing prgramme of recruitment

Ongoing programme of training and development |
| 2. Urgent and Unscheduled Care | | 2.6 | **Reducing Length of Stay -** Reduce the Non-delayed Acute Average LoS by 20%

Increase pre-noon discharges

Increase weekend discharge rate | Reduce non-delayed acute average LOS by 5%

Increase pre-noon discharges to 22.5%

Increase the weekend discharge rate to 52% | Reduce non-delayed acute average LOS by 10%

Increase pre-noon discharges to 25%

Increase the weekend discharge rate to 55% | Reduce non-delayed acute average LOS by 15%

Increase pre-noon discharges to 27.5%

Increase the weekend discharge rate to 57.5% | Reduce non-delayed acute average LOS by 20%

Increase pre-noon discharges to 30%

Increase the weekend discharge rate to 60% | Workforce - Recruitment
Workforce - Retention
Workforce - Absence
Other | 7 day working not resourced

No ability to transfer to downstream beds at weekends | Ongoing prgramme of recruitment

Ensure implementation of DWD principles |
| 2. Urgent and Unscheduled Care | | 2.6 | **Reducing Length of Stay -** Reduce Average LoS for patients Delayed in their Transfers of Care

Reduction of South Ayrshire DTOC | Reduce DTOC to 58 | Reduce DTOC to 27 | Reduce DTOC to 25 | Reduce DTOC to 25 | workforce - Recruitment
Workforce - Retention
Workforce - Absence
Other | | |
| 2. Urgent and Unscheduled Care | | 2.4 | **Reducing Admissions -** Optimise Virtual Capacity pathways to deliver care closer to home and prevent hospital admission. | Increase Hospital @ Home to 15 beds | Increase Hospital @ Home to 18 beds | Increase Hospital @ Home to 21 beds | Increase Hospital @ Home to 24 beds | Funding - Non-recurrent
Workforce - Recruitment
Workforce - Retention
Workforce - Absence
Other | Inability to recruit to posts

Inability to secure permanent funding | Active positive recruitment and social media use

Continue to secure funding from SG where available |
| 2. Urgent and Unscheduled Care | | 2.6 | **Reducing Length of Stay: Rapid assessment and streaming -** We will increase our zero days length of stay by:

Increasing the number of patients treated via Rapid Assessment & Care

Increase assessment capacity with short stay ambulatory areas to help support early decision making and streaming to short stay pathways | By the end of June 2023 we will consistently stream 75/60 patients per week through Rapid Assessment & Care and maintain an average discharge rate of 75% or above. (UHC/UHA)

By the end of June 2023 we will consistently stream patients with a stay of <72 hours to ambulatory care – reducing admissions to inpatient bedded area by 10% | By the end of September 2023 we will consistently stream 75/60 patients per week through Rapid Assessment & Care and maintain an average discharge rate of 75% or above. (UHC/UHA)

By the end of September 2023 we will consistently stream patients with a stay of <72 hours to ambulatory care – reducing admissions to inpatient bedded area by 15% | Extend hours/days in RAC to enable increase in patients managed inclusive of extended evening cover & weekends Increasing to 90/75 patients a week in RAC

By the end of December 2023 we will consistently stream patients with a stay of <72 hours to ambulatory care – reducing admissions to inpatient bedded area by 20% | Extend hours/days in RAC to enable increase in patients managed inclusive of extended evening cover & weekends Increasing to 90/75 patients a week in RAC

By the end of March 2024 we will consistently stream patients with a stay of <72 hours to ambulatory care – reducing admissions to inpatient bedded area by 20% | | Inability to source funding to increase hours for medical ANP/nursing workforce for increased hours/weekend cover.

Environmental restraints may restrict numbers we can manage on short stay pathways | Ask the board to prioritise allocated funds to this piece of improvement work.

Use software to actively consider how we differently use the environment available to us |

Category	No.	Objective							
2. Urgent and Unscheduled Care	2.1	By August 2023 100% of patients should be handed over within 60 minutes	Achieve 70% of all patients handed over within 60 minutes	Achieve 100% of all patients handed over within 60 minutes	Achieve 100% of all patients handed over within 60 minutes	Achieve 100% of all patients handed over within 60 minutes			
2. Urgent and Unscheduled Care	2.5	**Paediatrics** Paediatric Unscheduled Care Pathway	Current state mapping of pathways with all relevant stakeholders. Consultation on current state with wider staff group	Identification of areas requiring improvement & development of pathways / care model as required	Identify initial phase of improvements (no investment required)	Implementation of agreed improvements. SBAR proposal for any required investment to DMT / CMT.	Finance - funding not yet agreed	Lack of funding / resource to complete the work.	
2. Urgent and Unscheduled Care	2.5	**Heart Failure** Heart Failure Unscheduled Care Pathway Equitable and timely access to digitally supported heart failure diagnostics	1. Improve Diagnostic pathway by utilising Digital pathways to improve optimisation post diagnosis. 2. Extending the use of point of care/laboratory/ NT Pro BNP testing for diagnosis and treatment decision making.			1. Improved patient outcomes. 2. Reduced risk of HF hospitalisation by at least 20%, within 1 month of commencing treatment.		Current resources are limited in this area and do not meet demand. i.e 600 referrals v 250 capacity	
2. Urgent and Unscheduled Care	2.6	**Rapid Access and Care Treatment areas** Early decision making and streaming to short stay pathways.	Senior clinical support in CAU for 12 week period at UHC (April-June) to initiate & embed new practices and explore new models of care. Enhanced triage implemented with dedicated pathways being streamed to RAC. Pathways and conditions appropriate for management in RAC have been shared with GPs, ED and the Operational Response Centre to ensure patient suitability. Clinical space for RAC has been protected to ensure only the right patients are treated there and no use of the space overnight is possible. SOPs have been refreshed to ensure consistency of processes in Initial Assessment and ambulance offload to help maintain overall flow in the unit.		A similar exercise will be carried out at UHA (Sep-Nov)				
2. Urgent and Unscheduled Care	2.7	Deliver effective discharge planning seven days a week, through adopting the 'Discharge without Delay' approach	Develop and introduce training material for PDD planning, structured board rounds and CLD. Develop and introduce a discharge planning tool built on CLD principles and minimal goal setting. Revision of SOP for care at home referrals in collaboration with 3 HSCPs. Collaborative working with EACH to refine referral process and clinical criteria.	Establish daily board rounds on all acute wards to include PDD review. Develop and Introduce board round scripts for use in all acute wards. Implement use of the discharge lounge as the default for all suitable patients. Creation of integrated discharge hub at UHA in collaboration with South Ayrshire HSCP.	Introduce 'discharge to assess' approach led by Home First Practitioners. Establish weekly full MDT board rounds on all acute wards. Maintain close links with the National DWD team to ensure support and guidance is utilised fully. Monthly Whole System Intervention events on both acute sites in collaboration with all 3 HSCPs.				
3. Mental Health	3.2	Implementation of the CAMHS National Specification by the 1st Aug 2023 with the separation of the non-mental health Pan Ayrshire Neurodevelopmental assessments.	Communication to the IJB's across Ayrshire.	Extreme Team established co-chaired by the Head of Mental Health Services and Head of Children's Services in South Ayrshire. Working groups initiated.	Proposed pathways agreed across Ayrshire. 45% Reduction in referrals to CAMHS for Neurodevelopmental assessments.	Roll out of the pathways.			
3. Mental Health		Improve the delivery of adult community mental health support and services, by service focus and design shaped through quality standards and service specification.	Commence strategic group to refocus, aims, objectives and achievements of the community mental health team.	Benchmark against secondary care standards	Commence redesign of service in line with aims, objectives and benchmarking	Complete redesign of service.	Workforce - Recruitment, Retention, Absence, Training, Development & Skills Other	Workforce, Demand, Capacity 1) Patient experience or outcome 2) Staffing and competence 3) Service / business interruption 4) Objectives and projects 5) Injury (physical and psychological) to patient's staff. 6) Complaints / claims	Risk is not mitigated fully at this time. Short term control measures have reduced some risk, but not of significance as such, 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.

3. Mental Health		Re-opening of ward 7B as an unscheduled care assessment hub, nurse-led and maximum 72 hours stay. Should reduce presentations to EDs solely for mental health assessment, reduce bed occupancy % for AMH acute and number of admissions.	Design/required works to Ward 7B be finalised and building warrants submitted, tender process completed.	Works should be well progressed. Staff group using this new area should be in situ to begin using as a base. All guidelines/SOPs will be finalised. Benchmark data will be gathered as to current activity – referrals, outcomes and current AMH acute activity levels.	Unit will be fully operational – diverting any avoidable mental health assessments to this unit V UHC/UHA ED. Data being gathered as to activity and effectiveness of service. Review systems/ processes as learning is gathered to inform future delivery.	End of year report as to activity and outcomes. Review planned activity for 2024/25 and any identified additionality required for workforce. Consider future opportunities this service affords for reconfiguration of AMH Acute beds .		Risk – excessive pressure on MH assessment beds has required individuals to be boarded out with specialty on occasion to create capacity and for unfunded contingency beds to be opened. Risk – individual practitioners having to undertake urgent unscheduled care assessments within busy Emergency Departments in a short time scale. Risk – persons referred for admission into an existing assessment ward can have longer length of stay than may be required - based on time to Consultant review, full 'battery' of assessments taking place, expectation of individual and family of person being admitted.	All referrals for admission are 'challenged' to ask if ICPNT has been considered as an alternative. Assessing practitioner has availability of On Call Consultant if wish to discuss assessment and outcome. Focus on discharge from point of admission. Regular meetings around Delayed Discharges. AMH acute capacity will not be changed until effectiveness of new assessment hub is fully understood.
3. Mental Health		Through robust bed management processes including use of traffic light system, opening of unscheduled care assessment hub, monitoring of delayed discharges and developing alternative community based provisions improve efficiency of inpatient provisions to ensure have the right bed, at the right time for the right person.	**Average Length of Stay (ALOS)** AMH Acute for 2022/23 was 49.3 days. Achieve 5% reduction = ALOS to 46.8 days EMH Acute for 2022/23 was 90.1 days. Achieve 5% reduction = ALOS to 85.6 days **Delayed Discharges(DD)** AMH average Delayed Discharge days Q4 2022/23 was 1425.3 days. Achieve 5% reduction = DD to 1354 days EMH Acute for 2022/23 was 375 days. Achieve 5% reduction DD to 356.2 days Explore/develop alternatives to ongoing inpatient care such as supported accommodation, specialist provider provision, new models of care between public and independent sectors. Complete data gathering across Ayrshire as baseline to current activity and service demand.	**Average Length of Stay (ALOS)** AMH Acute for 2022/23 was 49.3 days. Achieve 10% reduction = ALOS to 44.4 days EMH Acute for 2022/23 was 90.1 days. Achieve 10% reduction = ALOS to 80.1 days **Delayed Discharges(DD)** AMH average Delayed Discharge days Q4 2022/23 was 1425.3 days. Achieve 10% reduction = DD to 1282.8 days EMH Acute for 2022/23 was 375 days. Achieve 10% reduction DD to 337.5 days Explore with Arran View options for LD/ABI/MH Complex Care step down models in their available accommodation. Place first persons (in Lamlash) from Learning Disability Perspective. Confirm planned visit to NHS Grampian re their new provision in association with Safe as Houses to inform possible	**Average Length of Stay (ALOS)** AMH Acute for 2022/23 was 49.3 days. Achieve 15% reduction = ALOS to 41.9 days EMH Acute for 2022/23 was 90.1 days. Achieve 15% reduction = ALOS to 76.6 days **Delayed Discharges(DD)** AMH average Delayed Discharge days Q4 2022/23 was 1,425.3 days. Achieve 15% reduction = DD to 1,211.5 days EMH Acute for 2022/23 was 375 days. Achieve 15% reduction DD to 318.7 days If agreed, place first MH complex care/step down/ABI persons in other unit in Lamlash. Assuming is an opportunity put a business case forward re development of vacant accommodation (Lochranza) in Arran View for suitable persons and how could be funded to North (?all) IJBs.	**Average Length of Stay (ALOS)** AMH Acute for 2022/23 was 49.3 days. Achieve 20% reduction = ALOS to 39.4 days EMH Acute for 2022/23 was 90.1 days. Achieve 20% reduction = ALOS to 72.1 days **Delayed Discharges(DD)** AMH average Delayed Discharge days Q4 2022/23 was 1425.3 days. Achieve 20% reduction = DD to 1140.3 days EMH Acute for 2022/23 was 375 days. Achieve 20% reduction DD to 300 days If agreed, place first MH complex care/step down/ABI persons in other unit in Lamlash. Assuming is an opportunity put a business case forward re development of vacant accommodation (Lochranza) in Arran View for suitable persons and how could be funded to North (?all) IJBs.			
3. Mental Health		Improve the delivery of adult community mental health support and services, by service focus and design shaped through quality standards and service specification.	Commence strategic group to refocus, aims, objectives and achievements of the community mental health team.	Benchmark against secondary care standards	Commence redesign of service in line with aims, objectives and benchmarking	Complete redesign of service.	Workforce, Demand, Capacity	1) Patient experience or outcome 2) Staffing and competence 3) Service / business interruption 4) Objectives and projects 5) Injury (physical and psychological) to patient's staff. 6) Complaints / claims	Risk is not mitigated fully at this time. Short term control measures have reduced some risk, but not of significance as such, 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.
3. Mental Health		Under Caring for Ayrshire programme auspices complete service review of Older Adult Mental Health Services across NHS Ayrshire and Arran and develop an Outline Business Case as to future service provision and required service infrastructure to support, including inpatient provision.	Complete data gathering across Ayrshire as baseline to current activity and service demand.	Develop vision as to what future service delivery should look like and what workforce, service and infrastructure would be required to be support/deliver this.	Develop case for change and use this to inform development of draft Outline Business Case (OBC) for submission to Caring for Ayrshire Programme Board for their consideration.	Table OBC and update with any requested areas prior to progression (if supported) to developing Full Business Case.		There is an inequity in service between 'working age' and over 65 population. The over 65 population is growing in size (particularly in Ayrshire) and there are high levels of co-morbidity including mental health needs. Existing service models are outdated and without robust review demand will outstrip capacity in a very short period.	This risk has been identified and Caring for Ayrshire Programme Board has supported development of an OBC to describe anticipated need and proposed solutions.
4. Planned Care	4.4	Validate OP and IP/DC waiting lists to 26 weeks	OP : rolling 3000 patients over 26 weeks validated IP/DC : NECU supported validation of all patients >26wks	OP : rolling 3000 pts over 26 weeks validated	OP : rolling 3000 pts over 26 weeks validated IP/DC : NECU supported repeat validation of all patients >26wks	OP : rolling 3000 pts over 26 weeks validated	Other	Workforce Patient engagement Reduction of validation due to lack of appointment capacity	Review digital approaches. Re-categorisation of referrals to increase core capacity

Workstream	Ref	Action	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Category	Risks	Mitigation
4. Planned Care	4.3	Further expand the use of ACRT with a particular focus on Neurology, Gastroenterology and Diabetes & Endocrinology	Neurology ACRT 15 % not added to waiting list. Gastro ACRT of long waiters : 250 patients removed from waiting list. D&E ACRT of long waiters : 50 patients removed from waiting list.	Neurology ACRT 15 % not added to waiting list. Gastro ACRT of long waiters : 250 patients removed from waiting list. Gastro new referral ACRT : 5 % managed without adding to wait list. D&E ACRT of long waiters 50 patients removed from waiting list	Neurology ACRT 20 % not added to waiting list. Gastro ACRT of long waiters : 250 patients removed from waiting list. Gastro new referral ACRT : 10 % managed without adding to wait list. D&E ACRT of long waiters 50 patients removed from waiting list. D&E ACRT 20 % managed without adding to wait list.	Neurology ACRT 25 % not added to waiting list. Gastro ACRT of long waiters: 250 patients removed from waiting list. Gastro new referral ACRT : 20 % managed without adding to wait list. D&E ACRT 30 % managed without adding to wait list.	Other	Clinical agreement on opt-in pathways. Primary Care concerns around return of patients. Consultant workforce / job plan capacity. Infrastructure to support mutual aid.	Primary Care engagement. NECU support to establish mutual aid arrangements.
4. Planned Care	4.2	Provide supplemental short term outpatient capacity through Insourcing and WLI for:- Dermatology Neurology Ophthalmology Respiratory Rheumatology Gastrology	3500 patient appointments delivered in Qtr 1	4000 patient appointments delivered in Qtr 2	4000 patient appointments delivered in Qtr 3	3500 patient appointments delivered in Qtr 4	Other	Difficulty securing insourcing contracts. Lack of willingness from clinical staff to do additional activity.	New contracts to have the option to extend included as standard.
4. Planned Care		Enhance sustainability through development of new permanent capacity	Posts recruited : · Nurse Colposcopist · Nurse Hysteroscopist · Ultrasonographers · Diabetes Specialist Nurse	Posts recruited: · Headache Nurse Specialist · Endocrine Nurse Specialist · Urology Surgical Care Practitioner			Workforce - Recruitment Workforce - Training, Development & Skills	Workforce availability. Length of training will impact on volume of activity being delivered.	Enhance sustainability through development of new permanent capacity. Share job descriptions with neighbouring Boards
4. Planned Care		Complete and submit Full Business case for National Treatment Centre and proceed to implement	Full Business Case Submitted 26/04/23. NHS AA Board and Capital Investment Group approval. Prepare and implement NDAP report action plan. Prepare and implement NHSSA FBC KSAR action plan. Prepare and implement SDaC action plan (awaiting issue of report).	Planning Permission Secured. Stages 1-3 Building Warrants obtained. Contract awarded to PSCP. Mobilisation commenced. Internal finishes confirmed during further 1:50 review. NEC4 Supervisor & Clerk of Works appointed. Construction commences.	Recruitment has commenced for a further 32 WTE staff. Development of Arts strategy & implementation plan. Progress Construction Stage KSAR. Progress Equipment procurement plan. Progress Soft Landings delivery plan.	45 WTE staff appointed to NTC	Finance - Funding not yet agreed Workforce - Recruitment Estates	FBC not supported by SG CIG. Delay in award of Planning Permission. Workforce funding not released by SG to allow phased recruitment (see FBC for full risk register)	6 weekly Programme Board meetings to review progress. Regular meetings with SG colleagues. Monthly meetings to review Risk Register. Project Managers appointed to manage process including Principle Supply Chain Partner. Regular dialogue with South Ayrshire Council. Regular dialogue with universities and colleges to promote project and encourage recruitment.
4. Planned Care		Embed EqUIP pathways for Hernia and Haemorrhoidectomy to reduce waiting lists	100 patients vetted to EQUiP pathways	140 patients vetted to EQUiP pathways	180 patients vetted to EQUiP pathways	200 patients vetted to EQUiP pathways	Other	Clinical engagement Managing patient expectation	National pathways Patient information leaflets
4. Planned Care		Increase throughput of cataract surgery theatre lists in line with Specialty Delivery Group recommendations. (Baseline 6 cataracts/half day list)	Increase to 7 patients per list	Increase to 7 patients per list	Increase to 8 patients per list	Increase to 8 patients per list	Other	Clinical engagement	Involvement in CfSD Specialty Delivery Group
4. Planned Care		Increase Theatre productivity – Increase theatre utilisation. Reduction in Gap times (baseline median in 2022/23= mins). Reduction in cancellations	Theatre Utilisation 91%. Establish baseline Gap times per specialty. Establish ave cancellations per week.	Theatre Utilisation 92%. Reduction in ave weekly cancellations by 5%.	Theatre Utilisation 93%. Reduction in Gap times by 1 minute. Reduction in ave weekly cancellations by 5%.	Theatre Utilisation 95%. Reduction in Gap times by 1 minute. Reduction in ave weekly cancellations by 5%.	Other Estates	Clinical engagement Shortfall in daycase recovery space at UHC Impact of ICU capital works Introduction of RAS impact on productivity until embedded	Regular discussion that weekly peri-op meeting and quarterly theatre governance meeting. Weekly utilisation meetings to review previous weeks activity.
4. Planned Care	4.2	Increase daycase rates for 3 procedures with the largest productive opportunity. Baseline % same day : · Hip Arthroplasty : 0% (BADS target 10%) · Lap Cholecystectomy : 54% (BADS target 75%) · Destruction bladder lesion : 25% (BADS target 60%)	Hip Arthroplasty =3% Lap chole = 58% Bladder lesion: 30%	Hip Arthroplasty = 3% Lap chole = 60% Bladder lesion: 35%	Hip Arthroplasty = 3% Lap chole = 65% Bladder lesion: 40%	Hip Arthroplasty = 3% Lap chole = 65% Bladder lesion: 40%	Estates Other	Clinical engagement Shortfall in daycase recovery space at UHC Workforce availability	Regular presentation of BADs performance data to clinical teams
4. Planned Care		3rd CT Scanner – establish permanent radiographer team to maintain CT capacity and reduce waiting list	168 extra CT scans/wk	168 extra CT scans/wk	168 extra CT scans/wk	168 extra CT scans/wk	Other	Workforce availability	Locum cover

4. Planned Care	4.1	Adopt a 'Hospital within a Hospital' approach in order to protect the delivery of planned care	A 'hospital within a hospital' approach is being taken to ensure that elective orthopaedic services can be maintained even during times of peak system pressure. An area of 14 beds within Station 16 has been formally protected in order that elective orthopaedic surgery can continue, albeit it at a reduced capacity, during times of peak pressure.\n\nSimilarly 4 beds are protected for planned care gynaecology at UHC, and at times of pressure these beds can also support continuation of breast surgery.	Work is ongoing across the remaining surgical bed footprint to establish any further opportunities to embed this concept.					
5. Cancer Care	5.1	Increase Endoscopy capacity and reduce waiting list through establishment of 4th room at UHA	Capital works completed	4th room fully operational 5 days per week\n% remobilisation increased to 95%	Reduction in bowel screening waiting list\nReduction in time to colonoscopy\n% remobilisation increased to 100%	Reduction in bowel screening waiting list\nReduction in time to colonoscopy\nNote : % remobilisation may be affected by other plans at UHC for critical care in	Estates\nWorkforce - Recruitment	Delay in completion of capital work\nWorkforce challenges in staffing full additional capacity	Close involvement with capital planning team\nEarly recruitment supported\nUsing the wider endoscopist team from both acute hospitals and nurse endoscopists
5. Cancer Care	5.1	Embedding of qFiT into colorectal referral pathway	Agreed processes for qFiT stocking in GP practices\nEstablish baseline median referral to treatment time = 98 days	Implementation of GP issued qFiT tests\nMedian referral to treatment time reduced to 91 days	Finalised plan for qFiT testing within NHSAA lab\nMedian referral to treatment time reduced to 85 days	Median referral to treatment time reduced to 80 days	Other	Financial concerns in primary care\nLack of willingness from GPs\nBMS/MLS workforce shortfall to take on local testing	qFiT testing capacity bought from NHS Lanarkshire in the interim
5. Cancer Care		Establish increased pathology capacity	Confirm insourcing capacity\n\nUnauthorised backlog : 2800 cases\n\nOldest date : 2.5months	Secure additional mutual aid capacity through developing SLAs\nUnauthorised backlog : 2400 cases\nOldest date : 2.5months	Secure additional mutual aid capacity through developing SLAs\nUnauthorised backlog : 2000 cases\nOldest date : 2 months	Unauthorised backlog : 1600 cases\nOldest date : 2 months	Other	Affordability of insourcing options\nShortage of capacity in other Boards\nLocal admin capacity may become a bottleneck	
5. Cancer Care		Expedited Lung Cancer Pathway Trial	Establish baseline : Mean time referral to MDT	Establish additional CT capacity\nMean time referral to MDT	Expand Digital Pathology\nMean time referral to MDT	Introduce streamlined pathway for GP requested chest x-ray\nMean time referral to MDT	Other	Workforce availability\nLevel of primary care engagement\nIRMER restrictions	Agency radiography staffing where necessary\nProject manager working jointly across primary and secondary care
6. Health Inequalities	6.3	Implement agreed MAT Improvement Plans across community alcohol and drug services whilst increasing access to primary care (GP and Pharmacy) MAT support (MAT Standard).	Identify two sites to pilot Pharmacy based prescribing clinics – focussing on Buvidal medication.	Recruit additional Pharmacist prescribing support within the NADARS	Recruit additional GP specialist prescribing support via the offer of a local Service Level Agreement.	Have all planned enhanced GP and Pharmacist prescribing support in place.	Workforce - Recruitment\nFinance - Non-recurrent funding	Unable to recruit to additional GP and Pharmacist staff if no recurring funding is identified.	A proposal has been submitted to the Scottish Government (SG) for recurring funding to deliver on MAT Standard 7. Whilst awaiting a response, the NA ADP have identified non-recurring funding to support the implementation of initial developments.
6. Health Inequalities	6.3	Deliver and meet the 'Substance Use Treatment Target', whereby 959 individuals will receive supportive treatment by April 2024 via the NADARS and the full range of treatment options including MAT interventions, NFO support and accompanying mental, physical, sexual and social care support.	A minimum of 930 individuals will receive supportive treatment	Target of 940	Target of 950	Target of 959			Pathways and processes have been implemented in 2022 to ensure that this Target will be met
6. Health Inequalities	6.3	Ensure quick access to treatment for individuals with alcohol and drug problems by meeting the national 'Access to Treatment' waiting times Standard' during each reporting Quarter.	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks			Pathways and processes have been implemented in 2022 to ensure that this Target will be met
6. Health Inequalities	6.5	Develop NHS Ayrshire & Arran Anchor/Community Wealth Building (CWB) Strategy and three-year plan	Draft NHS Ayrshire & Arran Anchor/CWB Strategy and 3 -year plan developed	Publish NHS Ayrshire & Arran Anchor/CWB Strategy and action plan	Move to implement action plan	Move to implement action plan			
6. Health Inequalities	6.3	Deliver and meet the 'Substance Use Treatment Target', whereby targeted individuals will receive supportive treatment by April 2024 via the East Add and the full range of treatment options including MAT interventions, NFO support and accompanying mental, physical, sexual and social care support.	East currently have exceeded target at 1079	To continue increasing numbers of individuals who will receive supported treatment	To continue increasing numbers of individuals who will receive supported treatment	East target of 1029			Pathways and processes have been implemented in 2022 to ensure that this Target will be met
6. Health Inequalities	6.3	Ensure quick access to treatment for individuals with alcohol and drug problems by meeting the national 'Access to Treatment' waiting times Standard' during each reporting Quarter.	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks			Pathways and processes are in place
6. Health Inequalities	6.3	Deliver and meet the 'Substance Use Treatment Target', whereby 610 individuals will receive supportive treatment by April 2024 via the NADARS and the full range of treatment options including MAT interventions, NFO support and accompanying mental, physical, sexual and social care support.	A minimum of 930 individuals will receive supportive treatment	Target of 940	Target of 610 by April 2024	Target of 610			Pathways and processes have been implemented in 2022 to ensure that this Target will be met
6. Health Inequalities	6.3	Ensure quick access to treatment for individuals with alcohol and drug problems by meeting the national 'Access to Treatment' waiting times Standard' during each reporting Quarter.	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks			Pathways and processes are in place

Category	No.	Description	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Type	Risk narrative	Mitigation / Outcome
6. Health Inequalities	6.2	Review of Community Rehabilitation Model to identify area's for development to improve patient pathways for those leaving prison custody. Work aligned to Scottish Government GIRFe (Getting It Right For Everyone) People in Prison pathfinder program	Completion on Journey Mapping with agency partners and lived experience	Co-design of concepts for tests of change	Testing of prototypes	Implementation of successful tests of change	Other	Delivering on outcomes dependent on successful engagement with partners in other parts of the health system and other agencies	Establishment of multi-agency group to lead work plan
6. Health Inequalities	6.2	Implementation of Health Care Needs assessment recommendations to develop the HMP Kilmarnock prison based mental health provision to provide enhanced early intervention for mental health and wellbeing need	Review recommendations to be presented to IJB for approval.	Job evaluation processes to be competed for new job roles in changed skill mix.	Recruitment to new job roles	Implementation of model with enhanced early intervention provision	Workforce - Recruitment	Delay in Job Evaluation process. Difficulties in recruiting to posts in the prison setting.	Job roles more attractive and a new service development linked to early intervention
6. Health Inequalities	6.2	Progress delivery of MAT standards in Prison and Police custody settings in line with national MAT standards delivery plan in justice settings.	Limited capacity to progress until recruited new staff come into role	Design of test of change for identification of addiction needs on reception to prison custody	Implementation of test of change learning cycle to develop effective process	Embedding processes for early identification expanding treatment choice	Workforce - Recruitment	Currently waiting for recruited staff to come into role to provide capacity to deliver. Continued recruitment and retention challenges may impact on progress of the work	Implementation of QI support and facilitated reflection opportunities to support staff engagement and wellbeing.
8. Workforce		Delivery of international recruitment plan on an ongoing basis providing supply of Nursing & AHP staff	Cohort 2 of international recruits commenced (May 23)	Cohort 3 of international recruits commenced (Aug 23)	Cohort 4 of international recruits commenced (Aug 23)	Cohort 5 of international recruits commenced (Aug 23)	Workforce - Recruitment Estates	Accommodation for recruits is a significant factor which constrains the volume and frequency of cohorts	Plan for international recruits is staged rolling – next cohort commences when welcome accommodation for preceding cohort becomes available for next cohort i.e. 2-3 months lead in between cohorts
8. Workforce		Reducing non framework agency usage – maximisation of nurse bank usage and framework agencies where necessary	Communication to all nursing staff on agency changes and raising awareness of bank (May) 40% reduction in non-framework agency spend (June)		100% reduction in non-framework agency spend (October)		Other	High proportion of our non-framework spend is associated with our additional beds beyond our funded establishment therefore our ability to remove those beds from the system is critical to achieving our trajectory	Nurse Director chairing supplemental spend groups and operational management triumvirates overseeing use and control of agency and wider supplemental usage. Ongoing activity to increase attraction to and optimisation of nurse bank
8. Workforce		Block recruitment of newly qualified nurses due to graduate (approx. 160) addressing latent registrant nursing vacancies across the system	Interviewing and offers made		Successful candidates commence Band 5 roles	Planning and process for 2024 NQN outturn commences	Workforce - Recruitment	Competition with other Boards as NQNs apply for multiple posts across region therefore their preferred candidates may withdraw at short notice depending on preference	All WoS Boards follow same timetable for initial averts for NQNs. Strengthened engagement from both Nurse Directorate and operational teams to retain students who have trained within NHSA&A
8. Workforce		Block recruitment of Clinical Development Fellows / Clinical Teaching Fellows (approx. 100)	Recruitment of CDFs	Successful candidates commence in post (Aug 23)		Planning and process for 2024 CDF/CTF commences			
8. Workforce	8.1	Rollout of eRostering across the organisation using. System should provide assistive insight to managers in staff deployment and use in the long term.	Phase 1 delivered – Woodland View, Medical Anaesthetics and Digital Services	TBC – see risk narrative	TBC – see risk narrative	TBC – see risk narrative	Other	Lack of interfaces between Allocate and SSTS creates a resource risk for the Board that could materially necessitate a slowing of rollout until such time as the SSTS interface is operational	Resource in place for initial phase however as rollout increases this will require to grow until such time as there is an operational interface. Allocate Programme Board keeping under review and seeking assurance from NSS / national team as to timescales for interface work.
8. Workforce		Skillmix change – conclude the Band 2/3 HCSW review for substantive and bank staff. Evaluate the impact of introduction of Band 4 nursing roles in Acute and expand this to another cohort. Richer skillmix provides better	Band 4 HCSWs commenced in post (April) Substantive Band 2 staff changed to Band 3 (Jun)	Bank Band 2 staff changed to Band 3			Workforce - Recruitment	Changing skillmix and the opportunities this presents could potentially exacerbate existing problems in social care workforce as NHS HCSW roles become more attractive in respect of terms and conditions	Limited scope to control risk due to the considerable differentials in the respective terms and conditions between social care and NHS
8. Workforce		Workforce capacity – planned and unplanned leave. Ongoing management of unplanned sickness absence seeking to minimise this as far as practicably possible. Encouraging staff to utilise annual leave throughout the year for rest and recuperation and avoiding bottlenecking of leave at peak periods which can cause operational difficulties	Monitoring of planned and unplanned absence rates	Monitoring of planned and unplanned absence rates	Monitoring of planned and unplanned absence rates	Monitoring of planned and unplanned absence rates	Workforce - Absence	Sickness absence remains higher than the pre-pandemic period and in excess of the national standard of 4%. Any future 'spikes' in covid related absence will inflate the absence position. When absence is high staff sometimes defer taking scheduled annual leave and necessitating the need for carry forward from year to year. Rest and recuperation important to avoid staff burnout	Ongoing monitoring of planned and unplanned absence and the reasons associated with this and messaging throughout the year for staff to utilise their annual leave fully.

9. Digital		9.1	Optimising M365 - migration of shared drives to Sharepoint	Implementation of Intune and Microsoft Defender for Cloud Apps	Move to OneDrive and closing all personal drives	OneDrive Implementation - mop up and commence early shared drive moves	Continuation of sharepoint implementation	Other	Compliance - failure to complete migrations in a timely manner. NB - delivery of this is dependant on the Conditional Access Policy being available as is currently under review by NSS due to issues within other boards. Awaiting notification of National support model for boards progressing with OneDrive/SharePoint as only support available is for Outlook/Exchange and Teams at the moment.	If shared drives are not migrated in a timely manner then on site storage will require to be retained with associated costs.
9. Digital		9.1	Optimising M365 - Fully embed the document management classification scheme working practices compliant with GDPR guidance	Link to Intune (9.1) robust deployment tool required to increase compliance with a supported Office version which is compatible with the labeling functionality. Office 2013 is not compatible with document management classification.	Link with Information Governance regarding roll-out and adoption planning and undertake pre-requisites engaging with Records and Digital Champions to work together.	Continue Q2 progress		Other	Compliance - failure to introduce correct document classification will lead to breaches of GDPR legislation. Finance - any breaches of GDPR legislation could lead to fines being imposed by ICO. Incorrect or missing document classification can lead to confidential information being inadvertently disclosed.	Working with records champions across the organisation to ensure that appropriate document classifications are enabled.
9. Digital		9.2	National Digital Programmes - develop the electronic outpatient functionality within WellSky.	Plan is to roll out the new outpatient feature across all specialties with a 1 year timescale (starting April 23). Progress recruitment of 4 x 1 year fixed term posts to support the roll out.	Recruit 4 posts required to take project forward. Engage with the first phase of specialties to start training sessions. All awareness communications sent and CD Forum users are informed. Portal work to start.	Start phase 2 and 3 of specialities and continue with training sessions and go-lives within each specialty area.	Start phase 4 and 5 of specialities and continue with training sessions and go-lives within each specialty	Workforce - Recruitment	If we don't manage to recruit to full capacity there will be a delay rolling out the project due to staffing levels. There may be resistance to change while rolling the new Electronic prescribing process out. Resistance may cause delays.	Monitor risks and raise at the Operational Outpatient Meeting throughout the project lifecycle.
9. Digital		9.2	National Digital Programmes - CHI & Child Health Transformation Programme	New Child Health is scheduled to go Live in April 2025	CHI - Rerouting complete for Trakcare, SCI Store, AYRshare in UAT environment, Engage with NSS to make config changes to Badgernet (scheduled for 11/05/2023 @ 3PM) and SBR in preparation of the Testing window commencing in October 2023		Proposed Testing Window Scheduled for October/November 2023 with Go Live Scheduled for End of November 2023. Downtime Plan confirmed with Heatlth Records and Child Health services for Cutover Weekend.	Other	With NHSAA co-current projects Cloud Hosting UAT and CHI rerouting in UAT, the project team have identified potential conflict challenges in regard to testing. Period of downtime where demographics updates/Patients CHI's are unavailable. NSS National Team contraints to Go Live Date. (Go Live date may incur cost therefore NSS will attempt to bring forward go live weekend)	Digital Service Project Manager has arranged to engage with NSS and Intersystems to ensure testing can be completed appropriately and provides updates to both LIG and Hosting Project Teams. Progress with Business Continuity Processes for Acute, Primary Care and Child Health during downtime.
9. Digital		9.2	National Digital Programmes - ConnectMe - Development of a full suite of Long-Term Condition Review Pathways in Primary Care to support the Annual Review Process alongside the development of Remote Health Pathways (RHP's) in Acute Care to reduce length of stay in hospital and cut clinic times.	Complete the testing of the last two pathways to be developed for the suite of review pathways (Epilepsy and Multi Long Term Conditions). Train and support Practices to transition from using Florence Text messaging for BP monitoring to using IHC. Promote the use of these within all GP Practices. Engage with Acute services to promote the use of RHPs within their specific remits.	Continue to work in partnership with the National TEC Team to promote pathways built Scotland wide within our local services. Continue to support Primary Care to develop further pathways for use in GP Practices.	Promote the use of RHPs throughout Primary and Acute Care and work with teams to design, develop and implement pathways to benefit the services and patients, reducing attendance at Practices, clinics and reducing length of stay in hospitals.	Have a fully functional TEC Team available to work with services to promote the use of TEC to benefit staff and patients.	Other	Barriers have been put in place for designing and producing pathways which would be of great benefit to our local teams however might not be suitable Nationally. There is a process in place to apply to the National TEC team for the design, build and implementation of pathways. If this is not passed then we are unable to progress with pathways which might benefit our teams locally.	There is a process in place to apply to the National TEC team for the design, build and implementation of pathways. If this is not passed then we are unable to progress with pathways which might benefit our teams locally.
9. Digital		9.2	National Digital Programmes - Near Me - promote the use of Near Me / Attend Anywhere as a safe and secure NHS video calling platform to offer access to services without travelling - bringing care closer to patients.	To have the capacity within the TEC Team to promote the use of the NHSNearMe platform. To highlight best practice by promoting the areas of extended use and give patients the choice of whether they want video/phone access rather than attending face to face.	To work towards giving patients a choice on how they want to attend their appointments in Primary and Secondary Care.	To increase the use of NHSNearMe in Primary and Secondary Care improving the outcomes Nationally.	Have a fully functional TEC Team available to work with services to promote the use of TEC to benefit staff and patients.	Workforce - Recruitment	Lack of uptake within Primary Care Services and Acute Services has been a challenge for the team despite sharing best practice guidelines with all NHSAA GP Practices. There is no capacity within the NHSAA TEC Team to promote the use of NHSNearMe within NHSAA.	Expanding the TEC Team to support and promote the use of NHSNearMe would be of great benefit and is outlined in the NHSAA TEC Delivery Plan for 2023/24.
9. Digital		9.2	National Digital Programmes - To develop Clinical Portal to provide a more comprehensive EPR and broaden service access.	Optometry Access to Portal via CAT20 or Swan Tunnel on receipt of Information Sharing Agreements and Fair warning documentation user accounts will be created. Community Pharmacy, GP Pharmacy Access and Community Dental access to Clinical Portal to provide access to as many services as possible. HSCP information available in Clinical Portal to broaden portal to being a more comprehensive EPR. Demo arranged with HealthCare Gateway April 2023.	We are receiving the relevant documentation and will have all Optometrists accessing portal by the end of Q2. We will set up short live working groups with Pharmcy and Dental to look at the information they require and get the relevent IG documentation completed. We have a meeting on the 1st June with HealthCare Gateway (previous one had to be cancelled) Need decisions at board level as to what we do next.	Hope to have the RBAC created for Dental and Pharmacy. Start the technical process with the CAT20 boxes as we did with Optometry and be in a position to send out the relevant documentation.	All GP Pharmacy, Community Pharmacy and Dental access to Clinical Portal.	Other	Other - getting agreement on what Pharmacy and Dental can access. Delays in getting appropriate Governance documentation completed.	Ensuring effective communication with all involved specifically heads of service.

		Infection, Prevention and Control The COVID pandemic has significantly impacted on Infection Prevention & Control (IPC) resource, workload and expectation. The intention is to build an IPC service in conjunction with the IPC Workforce Strategy, HCAI Strategy and comply with the IPC Standards May 2022.	- Completion of service review within IPC and recommendations submitted to CMT for approval. - Gap Analysis - IPC Workforce Strategy. - Develop short, medium and long term objectives to support service review and gap analysis of IPC Workforce Strategy - Commence short term objectives (IPC Service Review and IPC Workforce Strategy) - Implementation of the interim IPC Planned Programme 2023/24 - Delivery of HAI standards and Indicators	- Review and creation of job descriptions to support IPC Service Review - Progress with the interim IPC Planned Programme 2023/24 - Review strategic risk (Risk 811 - Service / Business Interruption – Inability to Deliver Core/optimal IPCT Service)	- Commence medium term objectives (service review and IPC Workforce Strategy) - Progress with the interim IPC Planned Programme 2023/24	- Review progress of interim IPC planned Programme 2023/24 - IPC workforce strategy implemented by March 2024 - Review progress of medium term objectives (IPC Service Review and IPC Workforce Strategy) - Review strategic risk (Risk 811 - Service / Business Interruption – Inability to Deliver Core/optimal IPCT Service)	Workforce - Recruitment, Retention, Absence, Training, Development & Skills Other	Unpredictability of the COVID 19 Pandemic. Staff resource diverted to outbreak management which will have an impact on delivery of the Interim IPC Planned Programme and progress against short, medium and long term objectives. IPC staffing resource, national resource issue due to limited experience. Failure to recruit will impact on delivery of Q1 – Q4 milestones.	IPC resource currently included within the Boards strategic risk register. IPC will prioritise those areas of the IPC interim Planned Programme however will continue to escalate areas of concern as required.
		Realistic Medicine BRAN Leaflet Pilot/Shared Decision Making	Development of Leaflet	Identify outpatient areas to pilot BRAN/SDM leaflet and have initial plans for pilot in place	Have pilot underway	Start process of evaluating pilot using SURE and CollaboRATE tools	Other	Risks include the capacity of medical workforce to engage as SDM is perceived to take more time. Another key risk would be the physical process of sending out the BRAN leaflets as we have hit stumbling blocks with the physical sending of an additional leaflet when trying to implement this on a larger scale before	We hope that in the process of identifying outpatient areas to try this we are able to engage departments that are already taking an active interest in exploring SDM so that we can then demonstrate the benefits to other clinical areas.
		Realistic Medicine Reusable theatre items	Begin the process of a cost analysis of single use vs reusable items	Have discussion with key stakeholders re the outcomes of cost analysis	Explore further the barriers to reusable items along with the green theatre groups and infection control team	Start to make progress in introducing the use of some reusable items at UHC and UHA theatre sites.	Other	National infection control & health and safety guidelines currently restrict movement from single to reusable use items. Key risks: funding.	Current collaborative work between Green Theatre Group, IC and H&S locally and nationally through ARHAI to discuss national IC guidelines.
		Realistic Medicine Neptune Waste Management System	Gather information from urology regarding current experience and benefits of using Neptune	Present information regarding urology findings to other surgical depts. That may benefit from use of system i.e. gynaecology Rep from Stryker who deal with Neptune Suction System due to meet theatre staff at Crosshouse Hospital on 10/5/23	Explore funding options for purchasing further Neptune systems Liaise with CfSD regarding potential national procurement of waste management systems	Explore purchase and installation to appropriate theatre(s)	Finance - funding not yet agreed	Urology will demonstrate most benefit as a specialty. Need to evaluate whether same benefits demonstrated in other specialties.	Hopefully in demonstrating the potential benefits of Neptune in improved theatre waste management we will be able to access funding for further provision.
		Realistic Medicine Integration of Realistic Medicine and the executive team	Identify key stakeholders to sit on Realistic Medicine Steering Group and invite to first meeting	Hold first meeting of RM Steering Group	Create points for action and form an RM Working Group to take these forwards	Hold further RM Steering group meeting to check progress and create further points for action.	Other	Key risks to progress are the capacity for clinical and other staff to attend further meetings and join further working groups.	We hope that we can work collaboratively with key stakeholders to assist with current workstreams and clinically led reform, rather than creating additional workload.
		Realistic Medicine National RM Policy team directives: 1) ensure all health and care professionals in Scotland complete online SDM training via TURAS 2) ensure patients and families are encouraged to use BRAN questions 3) support local teams to work the CfSD on full roll out of ACRT, PIR and best practice pathways 4) ensure local teams begin to evaluate the impact of SDM conversations 5) ensure local clinical teams engage with CfSD to consider Atlas of variation data and demonstrate how board can improve	1)Liaise with director of medical education, CDs and deputy medical director primary and urgent care 2) and 3) as above re BRAN/SDM/SURE/ COLLABORATE 4) Establish link with CfSD Champion locally to discuss 5)As per number 4	1)Establish how many staff members have currently undertaken module and then communicate with all staff re TURAS module 2) And 3) as above 4) In conjunction with CfSD make a plan for supporting roll out 5) In conjunction with CfSD access up to date Atlas data and ask relevant teams to look at data	1) Allow some time for staff to complete module 2) And 3) as above 4)Unclear as yet 5)Ask for feedback from teams re Atlas Data	1)Reassess how many staff have now completed the module 2) And 3 as above 4)Unclear as yet 5) Ask teams for suggestions on actions based on variations	Other	Main key risks are staff time for engagement and RM team time to deliver these targets in conjunction with pre-existing RM team action plan plus board deliverables detailed above.	Need support from the executive team