

# NHS Ayrshire & Arran

## Health, Social Care and Sport Committee Briefing Pack

21 March 2023



## **1. Financial Sustainability**

The budget set for 2022/23 included a £26.4 million deficit and work continues to ensure our year end position is as close to that forecast as possible. However, our forecast deficit is greater in 2023/24 due to cost pressures exceeding the funding uplift and the pace at which cash releasing efficiency savings can be applied sustainably.

The main influencers in the increase to our forecast deficit include higher inflation on medicines, energy and other essential core supplies. Policy commitments around new medicines also contribute to cost pressures as does health and care demand from our aging population, inclusive of cancer care and patients surviving longer as a result of advancements in areas such as chemotherapy.

Some new and recurrent costs, a legacy of the pandemic, include infection control measures that impact ward closures to isolate and manage COVID and flu outbreaks contributing to longer lengths of stay for patients in the acute setting, which in turn protect community settings but create planned waits for patients in an acute setting.

The first steps to stabilise and actively reduce the forecast financial deficit is to focus on patient flow through bed based care. A whole system approach to treating patients in the best and most appropriate care setting will reduce our hospital based length of stay and this will enable the closure of 180 unfunded additional beds. Successfully reducing the length of stay for patients to the Scottish average will reduce our pay bill by £10 million, as captured in our nurse agency costs in 2022/23. In addition to this, through our Caring for Ayrshire ambitions we have directed our focus to Digital Reform which will develop our technical capabilities for system wide reform. Unifying our digital platform to be compliant with Once for Scotland digital ambitions also.

Finally, we are working collaboratively with our Integration Joint Boards to secure appropriate risk sharing to improve the financial sustainability of the Health Board. Currently many risks and cost pressures sit solely with the Health Board, such as prescribing overspends, energy cost increases and patients subject to delayed transfers of care into a non-acute setting. A shared approach to managing these cost pressures that supports our shared commitment to keep the patient at the heart of our decision making, will form the foundation of this risk share approach.

## **2. Mental Health**

The Mental Health renewal investment allocated to Ayrshire and Arran continues to deliver targeted actions to ensure a whole system response to mental health issues. Over the last 2 years investment has enabled the introduction of new and key developments in the promotion of wellbeing, early intervention approaches, which have contributed to our response to increasing demand. These initiatives, with assertive waiting list management, have delivered a reduction of waiting times in general.

CAMHS continue to exceed the target of 90% with performance of 98.7% in January 2023, with full implementation of the CAMHS Specification expected by the 31 March 2023. The neurodevelopmental CAMHS team (N-CAMHS) are continuing to work on pathways and processes to provide smooth transition between teams and reduce the need for duplication.

Work is progressing to deliver "Foxgrove", a National Secure Adolescent Inpatient Service within North Ayrshire. This facility will provide children and adolescents from across Scotland with the complex mental health care and support services they need within an appropriate environment.

Psychological Therapies has also exceeded the target of 90% with performance of 91.0% at November 2022.

Learning Disabilities Service are fully committed to implementing the "Coming Home Report", and to support this a new Intensive Support Team has been established to prevent placement breakdown, facilitate repatriation of people back to home area and prevent admission to hospital. Additionally

work is ongoing with a 3<sup>rd</sup> & Independent Sector provider organisation *Partners for Inclusion* to promote discharge planning work within the ward environment.

Work continues across Ayrshire and Arran to support the delivery of the National Drugs Mission with improvement actions being delivered and on target to meet the Medicated Assisted Treatment (MAT) Standards in full. Access to the MAT interventions have been expanded to cover all Ayrshire localities and these interventions are now available 5 days a week. MAT related audits were completed at the end of last year with positive feedback received from the Medication Assisted Treatment Implementation Support Team.

A new residential rehabilitation facility, Harper House, was opened in North Ayrshire on 21 November last year, which is supporting families affected by drug and alcohol use.

### **3. Elective Waiting Times**

We are working closely with the new National Elective Coordination Unit (NECU) and Centre for Sustainable Delivery (CfSD) to support delivery of the new targets, including opportunities for insourcing, outsourcing and accelerating planned improvements.

#### Outpatients

Our Outpatient services have remobilised to 99% pre-Covid levels as at February 2023, with our performance against the long waits targets below (as at week commencing 6 March 2023):

- 104 week waits have been eliminated in 21 out of 25 specialties with waits remaining in Gastroenterology (15), Neurology (27), General Medicine (49) and Diabetes/Endocrinology (358)
- 78 week waits have been eliminated in 17 out of 25 specialties with waits remaining in Ophthalmology (18), Gynaecology (20), General Surgery (21), Gastroenterology (23), Respiratory (57), General Medicine (90), Neurology (119) and Diabetes/Endocrinology (531)
- 52 week waits have been eliminated in 10 out of 25 specialties

Gastroenterology and Diabetes & Endocrinology have commenced a period of significant service reform and although this is being progressed we will not see the full benefits of this in 2023/24. Neurology is currently provided as a visiting service from NHS Greater Glasgow & Clyde with work ongoing to review capacity to ensure we are able to continue to meet demand and eliminate backlog. Some additional support is being received short term through mutual aid.

#### Inpatients and Daycases

Our Inpatient services have remobilised to 78% pre-Covid levels as at February 2023, with our longest waits performance detailed below (as at week commencing 3 March 2023):

- 104 week waits have been eliminated in 11 out of 16 specialties with waits remaining in General Surgery (74), Urology (59), Trauma & Orthopaedics (47), ENT (39), and Gynaecology (21)
- 78 week waits have been eliminated in 10 out of 16 specialties with waits remaining in OMFS (29), Urology (75), Gynaecology (78), ENT (141), General Surgery (259) and Trauma & Orthopaedics (259)

An increased number of urgent patients requiring surgery has reduced capacity for routine long waiting patients. Staffing challenges have added to this, resulting in an inability to staff all available theatres, which in turn has had an impact on the number of sessions available for each specialty.

### 62 Day Urgent Suspicion of Cancer

Compliance as at December 2022 showed a reduction to 70.2%. Performance continues to be challenged by the continued and notable increase in the number of Urgent Suspicion of Cancer referrals which have shown a sustained increase of approximately 35% since before the pandemic. Despite this increase in referrals, there has been no increase in the diagnosis of cancer being recorded at this time which causes concern.

### 31 Day Cancer Treatment – Compliance

Compliance at December 2022 was 96.8% and remains above the Scotland average of 94.5%.

### Diagnostics

The total number of patients waiting for a CT scan has shown an increase at January 2023, while there has been a decrease in the number of patients waiting for an MRI scan, which is at its lowest level since March 2021. Compliance levels against the 6 week Access Target for Imaging is currently above pre-COVID-19 levels at 76.6%.

Local management information highlights that compliance against the 6 week Access Target for Endoscopy has reduced from 47.0% at November 2022, its highest level since the start of the pandemic, to 41.9% at January 2023. Despite this, the overall number of patients waiting for an Endoscopy has shown a reduction, from 2,343 at December 2022 to 2,230 at January 2023.

NHSAA recognises the importance of moving towards more sustainable solutions to delivering waiting times. A process of transition to sustainable approaches will be initiated benefiting from the recurring nature of the Access allocation from 2023/24.

### Managing Capacity and demand

- Significant focus on theatre utilisation delivered notable improvements in 2022/23 and we hope to further build on this success in 2023/24. The following areas have been agreed as priorities:
  - Reduction in gap times between patients
  - Reduction in time lost due to patient cancellation
  - Establishing new process for 're-let' of vacated theatre lists at short notice
- Outpatient waiting lists have already been validated to 52wks wait, and through 2023/24 we will progress to validation of patients to 26wk
- Utilisation of NECU for validation will continue
- Development of a local tool which predicts the TTG capacity of each clinical team, the available facility capacity and compare to the demand
- Redesigning patient pathways with a focus on ACRT and patient opt-in
- Taking a Team Planning approach to expand and develop the workforce
- Expand and develop the workforce to ensure that non-medical options are optimised
- Develop and expand Multi-disciplinary teams with a view to transitioning from short term to sustainable solutions

### Short term solutions

Insourcing and waiting lists initiatives will provide additional capacity to ensure continued progress towards targets. These short term approaches are required for a variety of reasons: in some services where core capacity and demand are in balance and short term capacity is required just to eliminate the pandemic-induced backlog, in services where there is a lead in period for service redesign such as the training of new roles and development of new processes and where we are experiencing staff recruitment challenges.

- NECU facilitated mutual aid
- Short term insourcing and WLI

### Regional solutions

Areas which require further exploration to identify a more sustainable regional service include Sleep Studies (Respiratory) and Bone Metabolism (General Medicine).

## 4. Workforce

Organisationally we continue to experience challenges with supply in the clinical workforce at registrant level and as such have a live corporate risk assessed as high in relation to this. In addition, the lack of national supply directly stimulates our organisational requirement to utilise supplemental staffing solutions.

For<sup>1</sup> the period up to 28 February 2023, the turnover rate for NHS Ayrshire & Arran was approximately 10.74%, translating to 1193 staff across all job families leaving our employment. Approximately 30% of all leavers were retiring from the service, 15% went to roles with other NHS employers and 11.5% were at the end of a fixed term contract.

The largest volume of turnover was within our nursing and midwifery workforce where there were 449 leavers (40% retired), with 312 of those registered staff. NHS A&A has actively applied the NHSScotland Retire and Return interim national arrangement and 96 staff have opted to utilise this lever, 66 of those were nursing staff.

As at 4th March 2023, we had 997 posts actively within the recruitment process with the largest volumes being within our clinical workforce (94 allied health professions, 100 medical & dental and 592 nursing and midwifery). Our nursing and midwifery recruitment will further increase as our campaign for newly qualified practitioners commences on 10th March for those students expected to graduate in September 2023.

83% of our clinical roles are recruited within the 3 months or less, however we have approximately 37.8 WTE consultant vacancies of which 36 WTE have been vacant for 6 months or more including 4 WTE vacancies within psychiatric specialties which have been vacant for 6 months or more.

## 5. Key Issues

As described above workforce deficits continue to drive challenge across the health and care system. Attracting and retaining staff in clinical and non-clinical roles is particularly difficult and directly impacts on the quality of care that we can offer and visibly influences operational and financial performance.

Movement to recurrent funding to support recovery of planned care services is welcomed. It allows more permanent and reformation solutions to be found offering sustainable improvements in recovery and performance.

Work undertaken pre pandemic showed that for NHS Ayrshire & Arran to make significant improvements in operational and financial performance would require a programme of transformation which we called 'Caring for Ayrshire'. This programme of reform has acknowledged the need to change the way that we deliver our health and care services to improve the quality of care that we provide, to meet the ambitions of right care, right place, care closer to home and with the person at the centre. Key enablers to this reform agenda are investment in digital reform and in our built infrastructure.

## 6. Priority Actions for Scottish Government

Consideration given to the public messaging around:

- Socialising the network approach to excellence in health and care delivery; notably that not every location or hospital needs to deliver identical services
- The 'no wrong door' approach within The Mental Health & Wellbeing Strategy will support us in establishing good and sustainable access to the right service for the right patient
- The 'Once for Scotland' approach for digital reform will support us in our delivery of local digital and infrastructure solutions that will enable sustainable system wide service recovery & renewal

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<sup>1</sup> Note all figures presented relate to NHS Ayrshire & Arran employed staff only.