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Private & Confidential

Gillian Martin MSP
Convener, Health, Social Care and Sport Committee

By email only;
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Your Ref
Our Ref CB/mw

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Dear Gillian Martin MSP

Response to request for additional information

Please see below written response to the follow up questions under the key themed areas.

Financial sustainability

- Given so many of the pressures on board finances appear to be beyond the control of NHS boards, can you set out how you plan to balance your budget?
- How much funding do you estimate your NHS board will need to reduce waiting times and address backlogs in care?
- Has the Scottish Government given your NHS board any commitments to provide additional funding to cover part or all of any estimated funding shortfall?

As a Board we recognise and agree that sustainable improvement in operational and financial performance across the full spectrum of health and care service provision will require transformation. Securing transformation when the pace and demand for service is high is not simple but as a system we are committed to reduce health inequality, build on and with our anchor organisation status and ambitions for wealth creation and make Ayrshire and Arran a place of preference to build a future that retains and nurtures its local communities for the benefit of all communities. Our Caring for Ayrshire ambitions are bold, and at times can feel like a plan in the background, but we are determined not to lose the energy of this shared ambition.

In the immediate term the priorities for NHS Ayrshire & Arran (2023/24) are to focus on system safety and service resilience to ensure we have the safest hospitals possible and progress with our Digital Strategy:

1) Close additional, unfunded (non-core) beds throughout the pandemic;
2) Reduce nurse and medical agency spend to pre-pandemic levels;
3) Reduce delayed transfers of care and rebalance financial risks within Integration Scheme with IJBs;
4) Embed realistic medicine principles; and
5) Digital transformation, system wide infrastructural renewal and information sharing (shared electronic patient record, pan-Ayrshire)

The Scottish Government have recently provided a recurring financial allocation to support NHS Board plans to deliver planned care and specifically reduce the number of long waiting patients. NHS Ayrshire & Arran's allocation for planned care is £7.525m (which is our NRAC share of £103 million available nationally). A further £738k is provided on a non-recurring basis to support cancer waiting times, with a focus on improving the 62 day and maintaining the 31 day cancer performance. Non-recurring funding is also provided annually for diagnostics with over £1 million having been notified for 23/24 including to hire a mobile MRI facility.

The £7.525m will support, a range of initiatives which were agreed in previous years but this non-recurring funding will only secure interim and short term solutions such as insourcing and waiting list initiatives to provide additional capacity through the resource and networks available. The recurring nature of the Access allocation, will support teams to develop more sustainable delivery models of care which will, over time, reduce our spend into the private sector and our reliance on waiting list initiatives.

This recurring funded allocation is welcome and will facilitate a reduction in long waits; however, we acknowledge that reductions in waiting times will be faster in those services that can be fully resourced. I.e. for NHS Ayrshire & Arran, Endocrinology, Gastroenterology and Neurology are services that will require regional and national support to ensure sustainable reductions are achieved. These three specialties currently host some of the greatest workforce gaps in our acute care provision.

The total costs for clearing all our NHS backlog are not known. The rate limiting factors being our workforce and available appropriate estate. There is no unspent core capacity in our current plan, any additional funding would secure additional hours at premium rates using our existing, insourcing and/or private workforce options. As outlined above short term investment can clear modest 'one off' reductions in waiting lists but these are not always best value nor sustainable solutions.

Scottish Government has confirmed brokerage funding will be provided in full for the 2022/23 financial deficit. Brokerage provided to cover the deficit in 2022/23 is repayable once the Health Board achieves a recurring financial balance.

Performance

- Please provide a brief commentary on your NHS boards performance against the NHS key performance standards..
- To what extent do the key performance standards used to monitor NHS boards drive service delivery at a management level and on the frontline? Are there any standards in particular that your board has prioritised for improvement and are there any you would deprioritise in the current climate?
- How can prevention, early intervention and realistic medicine be prioritised within key performance standards as opposed to focusing on acute pressures?
- Do you have any specific recommendations that you would like the Committee to make to the Scottish Government to ensure early intervention and prevention become key performance areas across health boards?

Demand for acute specialty care remains high. In the last 12 months our outpatient waiting lists have increased from 40,871 to 43,479, and elective/planned care have reduced slightly from 8,252 to 8,002. Primary care, community services and mental health teams have all seen increases in demand and each have increased their capacity by spreading existing resources more thinly. All services have responded to reduce any avoidable activity to our emergency departments, and this has been successful.

Whilst emergency departments remain overcrowded with patients waiting for admission, activity levels arriving at our emergency departments have not yet returned to pre-pandemic levels, which is a credit to our community based services.

The limiting factors influencing our recovery include a combination of staff absence across the system, high bed occupancy levels in our acute and community hospitals, delayed transfers of care, increased demand for mental health assessment and increased demand for care and complex care in the community and at home. Our recovery experience includes an increase in the prevalence and complexity of deconditioning and frailty through our communities as we work to recover from the pandemic.

Emergency Department 4 and 12 Hour Standard
Performance against the ED 4 hour standard has remained on a long-term downward trend. The latest published position for February 2023 was 66.4% for NHS Ayrshire & Arran, the same as for Scotland as a whole. ED 12hr waits for NHS Ayrshire & Arran expressed as a proportion of the total 12hr waits in Scotland rose to a peak of 59.3% in April 2021 and has decreased to 16.4% as at February 2023; however, the focus of our recovery for emergency and urgent care plan is to deliver a sustained reduction of the total journey time of all patients arriving at the emergency department.

Delayed Transfers of Care
The total number of delayed transfers of care, for all delay reasons, has been increasing since April 2020. Delays peaked at 261 in December 2022 following the collapse of a number of public sector providers, most noticeably across South Ayrshire. Recruitment and training programmes to bring more care at home services 'in house' has supported a modest reduction for delays into South Ayrshire which has contributed to a reduction of 203 delayed transfers of care in February 2023.

Whilst considerable focus is directed to delayed discharges in the acute sector, as a system we have committed to plans that seek reductions in discharge delays in all care settings. Long waits for rehabilitation in the community and speciality mental health support at home present equal system pressures and risks to patient in terms of their long term recovery. Again the limiting factors to timing discharges are the national workforce and investment shortfalls to close the capacity required to deliver more care in the community and home setting.

Mental Health
Compliance for Child and Adolescence Mental Health Service (CAMHS), is currently exceeding the target of 90% for the third consecutive month, with compliance of 99.5% at February 2023.

Waiting-times compliance for Psychological Therapies exceeded the target of 90% on four occasions in 2022 with levels of 88.0% at February 2023, just below the standard.
Local management information shows that compliance levels for Drug and Alcohol waiting times continue to exceed the target of 90% with performance of 98.5% at February 2023.

Planned Care
The post Covid-19 pandemic backlogs of patients awaiting assessment and treatment for planned care have been shared widely. Waiting lists are high; however, over the last 12 months there has been a decrease in the count of Inpatients/Daycases and New Outpatients.

To eliminate Outpatient long waits, a target of no. patients waiting over 12 months in most specialties was set by March 2023. At week commencing 27th February 2023, 3,809 patients were waiting over 12 months, a decreasing trend from 6,431 at week commencing 31st October 2022.

For Inpatient and Daycases, the target is to eliminate 18 months (1.5 year) long waits in most specialities by September 2023. At week commencing 24th February 2023, 880 patients were waiting over 18 months, an increasing trend from 776 at week commencing 10th December 2022.

Diagnostics

Compliance against the 6 week target for Imaging has been on a gradual increasing trend reaching 75.3% at February 2023, which is generally above pre-Covid-19 levels.
Compliance against the 6 week Access Target for Endoscopy increasing from 41.9% at January 2023 to 47.9% at February 2023, its highest level since the start of the pandemic.

Cancer

Overall the 31 day Cancer Target of 95% has been met and maintained throughout the Covid-19 pandemic. At February 2023, compliance reached 100%. However, performance against the 62 day Cancer Target has not been achieved and compliance levels were 76.5% at February 2023.

The performance limiting factors include workforce shortfalls, radiographers and radiologists, which has reduced our diagnostic capacity. Further into the pathway, workforce gaps in pathology, have contributed to longer waits for pathology results and reporting, each contributing to waits in the diagnostic pathways for all patients,

As an area of constant concern the Board has investigated out of area and insourcing support, inclusive of international recruitment and digital options to reduce waits. These are active work streams and areas of priority.

In response to these pressures the reporting and governance of waiting lists are reported through specialty teams, into our clinical leadership practice and waiting time's performance meetings. The governance process includes the continuous review and prioritisation of patients on waiting lists. This is time consuming and impacts our clinical capacity (the same doctors that have to re-review waiting lists are the doctors seeing and treating patients) but it is essential in order that clinicians can raise concerns for patients as they arise. The governance process feeds through our non-executive lead committees and report directly to the Health Board, as outlined in the clinical governance framework. All performance is discussed and reported directly to the Health Board through the monthly performance review process.

With regards to the prevention, early intervention and Realistic Medicine agenda, the current performance standards don't align with or measure the ambition of these programmes of work against forecast demand. There is growing and known evidence of the value and need for health promotion and early illness detection which is why our Caring for Ayrshire strategy, as a whole system commitment to person centred care, shared decision making, inclusive of early interventions, is well placed to drive this agenda.

Our Medical Director is active nationally, regionally and locally in ensuring the high profile of realistic medicine; it has been the theme of clinic senates held to bring clinicians together to share knowledge and expertise in this arena. Realistic medicine is a consistent theme throughout our service improvement and transformation work.

A recurring theme in this response is the ask for continued investment and time for clinical leads to develop and embed the holistic practice our systems will benefit from. Through clinical leadership we will create the conditions for change, and we need to invest in the time our clinical leads need to realise their ambitions in full.

Covid-19 Recovery

- Did you feel adequately consulted in the preparation and delivery of the NHS Recovery plan? What more should the Scottish Government have done/be doing now in this regard?
- Is the NHS Recovery plan feasible given the circumstances NHS boards face since publication? Is there anything about the recovery plan that you would change in light of current circumstances?

The recovery plan focuses on the investments aligned to our whole system recovery. It would be helpful for Scottish Government to continue with communications to the public regarding managing expectations throughout this recovery phase. More patients are being added to the outpatient lists than we can clear in a year currently, but we are making progress in terms of delivering; notably 99% delivery of outpatients against forecast and 82% delivery against forecast elective plan.

The recovery trajectories were accepted as stretch trajectories. As a Board we were clear about factors that would limit our success and these have been reported throughout the year. The consistent prevalence of Covid-19 in our community and through our workforce has been significant and the disruption of Covid-19 and flu outbreaks has impacted the efficiency and effectiveness of our hospital care settings, acute, community and care homes for extended periods.

The ambitious recovery trajectories, even with sufficient financial resource, are limited by gaps in workforce and many of these gaps include long standing shortfalls in both our registered and unregistered professionals. What the pandemic has continued to expose are the workforce shortfalls in all sectors, primary care, community, mental health and social care. Each workforce gap has indirect consequences on other parts of the system. The rate of acute sector recovery will be proportionate to capacity growth in the community.

It would be reasonable to share that the impact of the pandemic on staff has been underestimated by us all. For three years we have experienced a steady and perhaps unseen degradation in skills of the many NHS staff who generously reskilled themselves to deliver different care and services throughout the pandemic. Notably our critical care, health scientists, outpatient and those services wrapped round our elective care teams were all re-deployed to various pressure points in the system. This generosity was needed, but the reality is not all staff have returned to their former posts, some have retired, been promoted and some have taken career breaks and retired. The invaluable continuity that teams need to create a high performing team has been paused, and teams need time to recreate ‘high performance’ as they each re-skill themselves and once again pull together as a team. With hindsight, our staff and senior management teams have had no time to step out from the pandemic and recover before needing to return to former posts, roles and responsibilities.

Despite the 3 year gap, all teams have needed to regroup to deliver historical services at a pace that they delivered 3 years ago. We did, with NHS Scotland support, build phasing into our restart processes, but again with hindsight and learning and re-skilling of our teams needed more dedicated time.

We all appreciate what NHS staff have done for their community and for NHS Scotland, and they too feel first-hand the financial pressures surrounding health and social care; however, anything we can do to increase their number, from new entry health care worker to specialty team members, training, professional development and team building time will be investment well made.

The whole system is still feeling the impacts of the pandemic, as recognised in the high demand for primary care 24 x 7, our primary care services are seeing and responding to more patients now than prior to the pandemic, which is the opposite of our emergency departments who are seeing less. However, our emergency departments have reported that whilst fewer patients are arriving at hospital those requiring emergency care are deconditioned and have multiple medical issues, resulting on longer stays in hospital which in turn impacts hospital occupancy levels and congestion. Another area of rapid growth is mental health, primary care, community teams and our specialty units have seen a substantial increase in demand. Prior to the pandemic the majority of mental health admissions for bed base care have come from the community. Today the majority of referrals to specialty mental health teams are via the acute setting. The holistic needs of patients have changed and whilst trying to recover core services every team is learning that the needs of their extended patient group has changed.

Progress of the recovery plan

- The Scottish Government published its first NHS Recovery Plan: annual progress update in October 2022. To what extent do you agree with the Scottish Government's assessment of progress towards achieving the ambitions of the recovery plan?
- Do you agree with Audit Scotland that the October 2022 progress update does not fully reflect the scale of challenges boards have faced and the extent to which this has hampered progress towards recovery by individual boards?
- Are there any particular areas you would highlight where good progress has been made and why do you think this is?
- Which areas of the recovery plan have made the least progress and what are the reasons behind this?
- Do you feel that workforce planning is adequately included in considerations around the NHS Recovery plan?

The assessment of progress against the Recovery Plan is factual, based on data. NHS Ayrshire & Arran has been open and transparent about progress, evidencing any gap from the plan with specific details outlining the specific workforce deficits that have hindered the recovery of the specialties involved. It is appreciated that public messaging regarding waiting time recovery is not specialty nor locality specific; however, some of the expectations set in to restoration of NHS services has contributed to confusion and/or disappointment for some patient groups.

NHS Ayrshire & Arran are fully supportive of the Board recommendations set out in the Audit Scotland Report and we will continue to focus on staff retention and workforce productivity as well as recruitment, whilst maintaining momentum in embracing innovation.

Progress continues with good progress across the following areas:

- The Flow Navigation Centre (FNC) continues to be developed as a single point of access for many services across the whole system. One of the most successful introductions to date is the joint working with Scottish Ambulance Service (SAS) to support patients by a GP within the FNC or be supported to alternative pathways. NHS Ayrshire & Arran were also a pathfinder for a mental health pathway. The first phase has been to implement a direct pathway via the FNC for Emergency Services (Police Scotland and SAS) with direct access to specialist practitioners within the Emergency Mental Health Teams, avoiding unnecessary attendance at Emergency Departments, and provision of interventions from the right services as quickly as possible for these patients.
- CAMHS performance recovery, as already noted in previous reports.
- Development of a range of supported accommodation to support adults with complex needs promoting independence and support to prevent hospital admission.

Work continues to deliver the recovery and reform of planned and unscheduled care throughout NHS Ayrshire & Arran. Factors including, workforce availability, infrastructure limitations and various waves of Covid-19 have impacted on progress and as pressures arise mitigations have needed to be sourced from existing resource, the consequence being teams are spread more thinly.

Workforce capacity, particularly in regard to clinical registrant staff groups, are active programmes of work at a local, regional and national level. More holistically, our community and social care workforce gaps are made equally as complex as there are various remuneration packages (employer specific) and wide ranging terms and conditions, which materially impact on where workforce gaps can be concentrated.

In this respect we would suggest there needs to be greater recognition and consideration of the workforce risk profile aligned to the NHS Recovery Plan. More concerted, directed and at scale workforce planning will support the pace of the NHS Recovery of all services.

Escalation framework

- Could you provide more detail on why your NHS board has been placed on Stage 3 on the National Performance Framework?
- What has happened since being escalated on the framework? What measures and processes have been put in place to try to address the issues identified?
- What progress has been made and how is this being measured?
- Do you feel your NHS board is receiving adequate support to improve your position on the framework? What further support do you think you need?

In 2017/18 the Board for the first time posted a financial deficit (£23 million) which triggered escalation.

From this point of escalation the below measures were put in place to support the Boards recovery.

- An independent consultant was commissioned to complete a diagnostic review
- An Improvement Director was appointed for 1 year
- A 3 year plan with cost improvement targets was put in place for 2018-2021

The deficit reduced each subsequent year to £20 million in 2018/19, £14.3 million in 2019/20. The years of the pandemic were funded differently and breakeven positions were reported for 2020/21 and 2021/22. However, the Board forecast a 2022/23 deficit of around £26 million. This primarily due to inflation, post COVID legacy, and with increasing costs in medicines, energy and supplies.

The oversight from the National Performance Framework remains in place and the expectation remains that a recovery plan, inclusive of sustainable reform is a priority and required. As a senior leadership team financial planning and reform are captured in our Caring for Ayrshire ambition which was relaunched with system partner support in 2022.

The NHS Board continues to work closely with the Scottish Government to determine the pace and staging of that sustainable recovery ensuring that all four pillars of health care delivery are balanced. In 2019, following the independent review through the escalation process, it was agreed that the Caring for Ayrshire Strategy held the foundations of reform needed to support the longer term financial recovery of NHS Ayrshire & Arran. We remain committed to deliver on those ambitions; a reduction in health inequality, care closer to home, minimise avoidable hospital based and bed based care in preference for realistic medicine, care in the community, right patient, right time, right place.

Mental Health

- How has the emergency budget and reprioritisation from the mental health budget impacted on your board's ability to improve mental health services?
- What are the key factors holding back performance on mental health?
- Can you provide detail on why your performance against the CAMHS target is significantly better than other NHS boards and the performance of NHSScotland as a whole?
- Are there any specific areas of good practice you could highlight to other boards in relation to CAMHS and mental health more broadly?

Following the national emergency budget and the subsequent Scottish Government reprioritisation of the Mental Health recovery and renewal (MH) budget there was a planned pause in the Primary Care Mental Health investment which was due to be allocated for 2022/23. This pause in the SG financial allocation has resulted in Ayrshire and Arran being unable to progress our year 1 Primary Care Mental health development plans, inclusive of the recruitment programme to introduce new Mental Health practitioners. The ambition to create these roles is in alignment with the longstanding ambition to ensure that every GP practice in Ayrshire and Arran has a dedicated MH practitioner. Investing in this critical Primary Care MH initiative will help respond to and manage the growing demand for MH and wellbeing support at a wider community level and ensure that this population need is addressed with early interventions and prevention approaches, including the development of 3rd and independent sector providers in their wellbeing approaches. The delay in this programme has been detrimental to our secondary care MH services in both inpatient and community provision, where demand is currently very high and inpatient services are now operating at 128% capacity.

Contributing to the inpatient congestion throughout adult mental health is an average of 30 delayed discharges at any one time. These delays are predominantly due to limited community resource with MH skills and the limited housing options available for people with complex needs.

Within these delayed discharges are out of area patients also, long stay patients waiting for community solutions that other Boards are working on to repatriate their patients to their local referring area in alignment with the Coming home report.

Of special note is the rising demand for neurodevelopment diagnostic assessments across the life span and significant demand increase across all statutory services with 69% of all referrals to CAMHS for neurodevelopment diagnosis for children where there is no MH need evident. Similarly in adults 39% of all referrals to adult teams are for neurodevelopment diagnosis with no MH need identified. This rising non MH related demand into statutory MH services is at risk of destabilising core service delivery for those with acute MH need. Plans are being developed to re prioritise casework and thresholds for service access. In CAMHS none MH related referrals for neurodevelopment diagnosis will be signposted to alternative pathways and community service supports from 1st August 2023 in alignment with the national neurodevelopment specification.

The development and design of the CAMHS service model, in alignment with the national specification and delivery against 3 core pathways has been achieved at pace with assertive permanent recruitment of a multidisciplinary workforce with SG recovery and renewal funding. In addition, we commissioned a workforce planning scenario tool, Benson Wintere, in 2020, with which we were able to stratify and align our workforce according to areas of targeted need. There has also been a significant amount of development work undertaken prior to 2020 in wellness models of prevention approaches across Ayrshire and Arran and in partnership with primary care to promote appropriate referrals to CAMHS and meaningfully signpost to alternative community supports where this is more helpful for young people and their families.

Other areas of good practice include:

- The Unscheduled Care service developments, specifically delivery of police triage pathways, redesign of Psychiatric liaison and Crisis resolution teams. We are currently developing a 72 hr MH assessment hub at Woodland view inpatient services to build on this good practice and innovative service design. This will facilitate appropriate redirection from Emergency departments and ensure timely access to MH inpatient provision for those who require admission or alternatively access to community supports where this is more appropriate.
- Development of a Learning disability service intensive support model/team for adults with complex needs preventing admission and promoting early discharge from hospital.
- Positive progress across Ayrshire and Arran with the delivery of the Medication Assisted Treatment (MAT) programme.

Reform

- What are your views regarding long-term reform of the NHS in the context of the significant pressures it currently faces?
- To what extent do these current pressures make it difficult to focus on long-term reform?
- Alternatively, to what extent do those pressures reinforce the argument in favour of reform and the level of urgency needed in implementing long-term reform?
- What are your recommendations for approaching NHS reform? What immediate and longer term changes would you make to ensure the long-term sustainability of the service?

Reform is necessary and wanted. Our collective and shared workforce and service providers are ready and eager to work in the arena of sustainable service recovery and reform.

The strategic direction through Caring for Ayrshire, is for health and social care to move away from hospital based and bed based services in preference for a needs based assessment of the communities we serve. We are committed to reducing health inequality, care closer to home, minimise avoidable hospital based and bed based care in preference for realistic medicine, care in the community. We have a lot of aging estate and we need to rationalise and make full use of the best estate we have to deliver care to the right patient, at the right time, in the right place first time.

We have already engaged with our system partners and work is underway with primary care, NHS24, the Scottish Ambulance Service, third and independent sectors, including housing, to develop preventative approaches to supporting local communities. An excellent example being a diabetes project run for the community of Dalmellington.

To deliver on our Caring for Ayrshire ambitions will require investment to support and bridge the transitions but as Anchor Organisations we are equality committed to wealth creation and employability for local people, which in turn will support our longer term ambitions as captured in approaches such as realistic medicine.

We recognise that without reform current pressures will not be resolved. Current operational pressures, and the relentless nature of them, are exhausting; however, I would like to take this opportunity to share that as a system we are determined to support our staff in navigating a recovery plan to which they can see their talent and a future for them, in a shared ambition for change.

We have implemented a whole system response and are working with our partners to ease some of the immediate term pressure and improve services for people living in Ayrshire and Arran. To support our system, our health and social care teams are working together to ensure any available capacity across our health and social care system is aligned as well as it can be.

I appreciate this is a lengthy response and thank you for this opportunity to share further the work being undertaken in NHS Ayrshire & Arran. Should there be anything here of interest or for follow-up we would welcome any opportunity to share and work further with members of the committee.

Yours sincerely,

Claire Burden
Chief Executive