NORTH AYRSHIRE
Health and Social Care Partnership

Integration Joint Board
17 November 2022

Subject:	**Unscheduled Care Performance Update**
Purpose:	To provide an update to the report presented to the IJB in June 2022 which highlighted the responsibilities of the IJBs in commissioning and oversight of performance in relation to Unscheduled Hospital Care in relation to the Acute Set Aside resource. Highlighting ongoing areas of concern in relation to performance and to seek regular updates on the programme of work to improve patient experience and outcomes.
Recommendation:	The IJB are asked to: • Note the ongoing programme of work in relation to Unscheduled Care and specifically the improvements required in length of stay for patients and performance in relation to the ED compliance standards. The IJB should receive ongoing performance updates. • Note that any additional resource required to facilitate performance improvement activity should be through a spend to save methodology by closing all 138 additional acute hospital beds during 2022-23 • Note the North Ayrshire plans in relation to Winter Planning and other actions being progressed to improve delayed discharge performance and hospital flow.

Glossary of Terms	
IJB	Integration Joint Board
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
LOS	Length of Stay
ED	Emergency Department
CAU	Combined Assessment Unit
UHC	University Hospital Crosshouse
UHA	University Hospital Ayr
IPC	Infection Prevention and Control
FNC	Flow Navigation Centre
MIU	Minor Injuries Unit
SAS	Scottish Ambulance Service
MSK	Musculoskeletal
COPD	Chronic Obstructive Pulmonary Disease

1.	**EXECUTIVE SUMMARY**
1.1	The Integration Joint Boards have delegated responsibility for elements of Unscheduled Care activity in large hospitals. This report sets out those arrangements,

	the current programme of work in place to improve performance and the areas where focused action is required to improve services for the people of Ayrshire and Arran. It is important that the Integration Joint Boards are aware of the current situation, challenges, risks and potential impact. This report provides an update to the position reported in June 2022.
1.2	The impact and legacy of Covid-19 can be seen in performance measures and trends, not only for Unscheduled Care but across our health and care system. Specific areas of concern are emergency access performance standards, ambulance response times and delays with handover of patients and increased length of stay in hospital settings. Additional beds were put in place within the acute hospitals to support IPC guidance and the increase in Covid admissions, these beds have not yet been closed. Despite Covid inpatient numbers reducing and overall improved performance for unscheduled care across a number of areas in comparison to pre-pandemic levels. Some of these performance measures illustrating the positive impact of programmes of work to re-direct patients from ED, a lower overall number of patients being admitted to beds within the acute hospitals and the focussed work to reduce delayed discharges against a backdrop of increased demand for services and the risk of unmet need in the community. There remain concerns in relation the delays for patients at the Emergency Department and the increased Length of Stay for patients whilst in hospital, which inevitably leads to poorer outcomes for the citizens of Ayrshire and Arran. The potential for risk of serious harm to patients waiting in hospital and patients waiting to get into hospital, continue as a result of this ongoing system pressure. This and associated risks are noted within the Health Boards risk register.
1.3	The HSCPs have supported a whole system approach in partnership with acute services to improving performance and patient outcomes, however there remain areas where progress has been challenging and it has proven more difficult to affect change. This is primarily within the Intra-Hospital element of the improvement programme. Guidance was received on 12 September in relation to covid funding carried forward in IJB reserves, it is anticipated that all of this funding will be utilised during 2022-23 and that for non-delegated services the Scottish Government will recover any surplus funds for redistribution to NHS Boards. This funding is time limited and is the only identified source of funding for the additional acute beds, therefore it is imperative that acute services in Ayrshire and Arran return to the established bed complement by the end of the current financial year.
1.4	The report provides updated performance information and the movement since the previous report in June 2022, the movement/change can be summarised as follows: • ED attendances sustained at lower than pre-pandemic levels • 4 Hour ED waits further deteriorated to 67.8% in September against a target of 95% • ED 12 hour breaches significantly deteriorated and remain high with the worst reported figures for A&A in July 2022 • ED admissions sustained at a reduced pre-pandemic level • Length of Stay has increased, particularly in UHC • Delayed Discharges – overall numbers remain lower than pre-pandemic, however occupied bed days and waits over two weeks have increased in the four month period mainly in relation to a deteriorating position in South Ayrshire • Covid inpatient numbers increased rapidly in July 2022 but have subsequently fallen back down during August • Community unmet need has increased by 23% and there are now over 5,300 hours a week of unmet need for Care at Home across A&A

1.4	Since the report presented to the IJB in June, there have been a number of Discharge without Delay (DwD) events held to support the decongestion of the acute hospitals. These three and seven day events are held on both acute sites and involve both clinical and non-clinical staff, undertaking patient reviews and identifying issues blocking their progress through their treatment and a safe discharge. The three HSCPs have supported these events. These events are sponsored by the Right Sizing the Bed Footprint Collaborative. Whilst there has been learning from each event there has been no demonstrable nor sustained reduction in the average length of stay for all patients nor have there been sustained closers of any unfunded acute beds. A further two-pronged focussed intervention is planned for two weeks from 7th November which will involve the three HSCPs deploying community teams into the acute sites for two weeks with the ambition to 'pull' patients to appropriate alternative care settings and/or home which will alleviate the immediate pressures in the hospitals alongside a simultaneous implementation of an acute ward process improvement model.
2.	**BACKGROUND**
	Delegated Services – Set Aside Resources
2.1	In line with the Public Bodies (Joint Working) (Scotland) Act 2014, the following hospital services are provided within large hospitals and delegated to the IJBs: • Accident and Emergency services provided in a hospital. • Inpatient hospital services relating to the following branches of medicine (a) general medicine; (b) geriatric medicine; (c) rehabilitation medicine; and (d) respiratory medicine. These are the services which are included in the set aside arrangements, all other acute specialities and activity is outwith the scope of responsibility for IJBs. In addition, the legislation also sets out that the hospital activity below is also delegated to the IJBs: • Palliative care services provided in a hospital; • Inpatient hospital services for psychiatry of learning disability; • Inpatient hospital services provided by General Medical Practitioners; • Services provided in a hospital in relation to an addiction or dependence on any substance; and • Mental health services provided in a hospital, except secure forensic mental health services. In Ayrshire and Arran these services are delivered from distinct areas and wards, and all of the Community Hospitals, Addictions, Mental Health and Learning Disability hospital functions are directly managed by the HSCPs and form part of the fully delegated functions to the IJBs and therefore do not form part of the set aside arrangements.
2.2	The IJB budget includes an element of Set Aside resource which uses historical hospital data on levels of activity across the 3 IJBs. Under the Set Aside approach the overall budget remains within the NHS Board rather than being paid to the IJB to

	directly deliver services, at the financial year end the IJB reports the overall level of resource consumed which aligns with the budget. For 2021-22 the estimated Set Aside resource consumption is outlined in the table below: **IJB** / **2021-22 £m** East 24.566 North 33.980 South 28.311 **Total** **86.857** This value has been based on the activity information inflated for 2019-20 as the activity information from the last two years has been impacted by the Covid-19 pandemic related activity and response in the hospitals. The annual budget for acute services is £383.9m, therefore the Set-Aside and delegated IJB activity represents about 23% of the cost of activity. One of the objectives of Integration is to create a coherent single cross-sector system for local joint strategic commissioning of health and social care services and a single process through which a shift in the balance of care can be achieved, through a risk and reward approach. Fundamental to this is a clear understanding of how large hospital services are being consumed and how that pattern of consumption and demand can be changed by whole system redesign. The benefits of a single whole system approach ensures that the IJB and both partners make the best decision overall, rather than one part of the system solving its problems by pushing costs on to another part of the system. This approach also recognises it is not good for people to be in hospital if they don't have to be and should help make best use of scarce resources, over time changes to how services are delivered should be aimed at reducing demand for unscheduled care and, in turn, the set aside budget.
2.3	As previously highlighted to the IJBs in previous financial monitoring reports there was further Covid Funding of £619m nationally distributed to IJBs at the end of the 2021-22 financial year to support ongoing covid related costs. With any remaining balance to be carried forward into 2022-23 to be targeted at meeting the additional costs of responding to the Covid pandemic in the IJB and Health Board. For the 3 IJBs in Ayrshire and Arran this funding totals £42.765m, a significant proportion of which has been carried forward into 2022-23. For the IJBs this funding can only be used to fund delegated services in line with the Integration Schemes. Further guidance was received on 12 September outlining that for non-delegated services the Scottish Government will recover any surplus funds from IJBs for redistribution to NHS Boards. Given the delegated service arrangements as set out above for the acute Set Aside functions, a proportion of this funding will require to be allocated to NHS Ayrshire and Arran to support additional Covid related costs in the acute hospitals. The value of this remains to be determined. The estimated cost of the additional beds that remain open across the two acute sites for 2022-23 is £11.7m.
	Additional Acute Capacity
2.4	To cope with the additional Covid inpatients and associated Infection Control and Prevention Guidance in the acute hospital settings additional unfunded wards were opened in both University Hospital Crosshouse and University Hospital Ayr, 90 and 48 beds respectively. In addition, on 28 October 2021 NHS Ayrshire and Arran

	enacted their Full Capacity Protocol across both sites due to serious patient safety concerns, the triggers for this being: • The number of patients waiting more than 2 hours in the Emergency Department for a bed, • Delays in ambulance handovers, • Patients waiting more than 12 hours for inpatient beds, • Predicted imbalance between admission and discharge with predictors of insufficient bed capacity, • All bed areas in the hospital full to capacity, including areas in ED, corridors, assessment units etc, • Wards closed due to infection control measures (including covid outbreaks), • Critical care capacity reached, • Number of patients medically fit for discharge awaiting social care or awaiting a transfer to a downstream or community hospital bed. The impact of the acute sites operating under the protocol includes placing additional patients in ward areas and other areas of the hospital, utilising all capacity in downstream beds (including community hospitals with an expectation they also create additional capacity), HSCP teams to identify patients for early discharge, cancellation of scheduled/planned care and public awareness raising of alternatives to presenting to the Emergency Department.
2.5	Continued pressures to date have not enabled the sustained de-escalation from the Full Capacity Protocol for either acute Hospital. Our Health and Care system in Ayrshire and Arran continues to be under extreme pressure through demand for services, across our health and social care system, in hospital and in the community, and we have been working as a whole system with focus relentlessly to try and support the pressures to de-escalate the system and reduce the risk to our patients and communities. The main factors leading to this are patients presenting at hospital more acutely unwell and requiring support with complex needs, workforce challenges, high occupancy levels due to demand (which also impacts on staffing requirements), extended lengths of stay and people delayed in hospital due to availability of social care and the continued impact of managing Covid related disease. There are a high number of patients who are frail, elderly and deconditioned, some because of longer waiting times for outpatient appointments and the risks continue that these patients can and will need to access care in an acute setting through the unscheduled care pathway.
2.6	In addition to enacting the Full Capacity Protocol status, none of the additional acute beds opened during the pandemic have been successfully closed to date, predominately due to ongoing pressures in the hospitals, which is impacted by longer than average lengths of stay in NHS Ayrshire and Arran. A total of 138 unfunded beds remain across both sites. This leads to additional pressures not only financial but from a workforce perspective and has led to additional use of agency and bank staff and areas operating with minimum safe staffing levels, all impacting on the quality of care in the acute hospital setting. The estimated cost of the additional beds is £11.7m for 2022-23, with additional excess staffing costs on top of this. As noted above the IJBs will require to financially contribute to the cost of these beds, from Covid funding currently only available for 2022-23, therefore there is an imperative that these beds are closed during the current financial year, recognising that there may require to be a phased approach to this to retain an element of ‘red’ capacity for Covid patients.

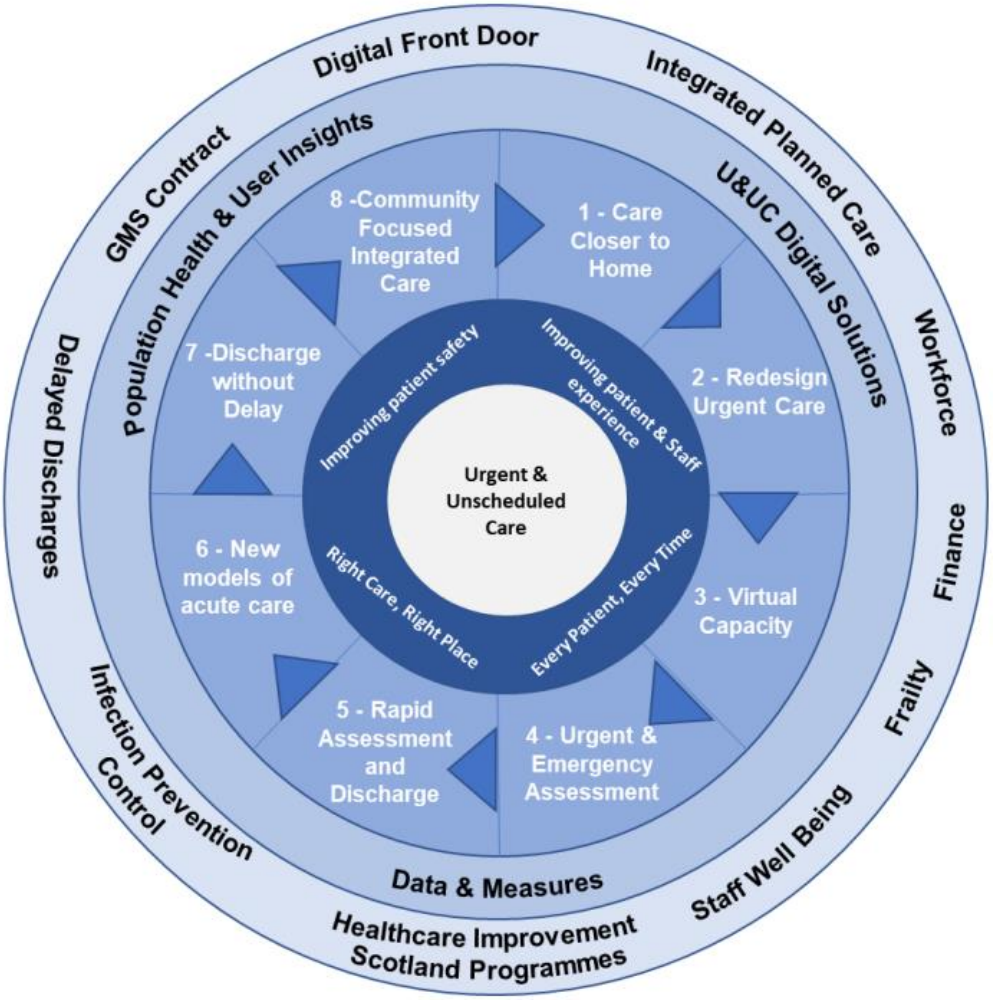
2.7	The NHS Board Corporate Management Team have established a Right Sizing the Bed Footprint Collaborative which is independently Chaired by the Director of Pharmacy. The collaborative meets at least once a week and membership includes the three HSCP Director and NHS Ayrshire and Arran's Director of Finance, Acute Services Director, Medical Director, Nurse Director, and staff side representation. The collaborative has been tasked with leading a programme of improvement work to deliver on the ambition to right-size the bed footprint, given the inability to safely staff all open beds and the excessive length of stay in Ayrshire and Arran the ambition includes the sustained closure of the unfunded beds as this will improve the concentration of workforce and offer safer care to patients. This reduction is only possible through reductions in the average length of stay of patients in all parts of the system.
	Unscheduled Care Plans
2.8	There is a significant programme of whole system improvement work underway in Ayrshire and Arran in partnership with the three HSCPs and NHS AA colleagues with an Unscheduled Care Programme focussed through three main delivery groups, as summarised below:

Delivery Group	**Primary Workstream(s)**
Pre-Hospital (lead -	• Care Home Urgent Care Pathways • Medicines in Reserve (COPD) • FNC/SAS Joint working • Mental Health pathway via FNC • MSK Pathway • Rapid Respiratory Response
Intra Hospital	• Hospital at Home • Discharge without Delay • OPAT Cellulitis Pathway • Same Day Emergency Care • ED – Surgical Orthopaedic Flow
Post Hospital	• Discharge without Delay • Rehabilitation and Reablement • Multi-Disciplinary Place-based Working

This work which started some months ago is now supported by the National Urgent and Unscheduled Care Collaborative which was launched on 1 June 2022 – more information can be found here - https://tinyurl.com/yc2cx9hu

The collaborative programme consists of 8 High Impact Changes and Health and Care systems have been asked to conduct a whole-system 'self-assessment' to analyse the most productive opportunities locally across a range of key component parts, agree the strategic direction and set quarterly implementation plans.

The graphic below highlights the identified 8 High Impact Changes:



Outcomes

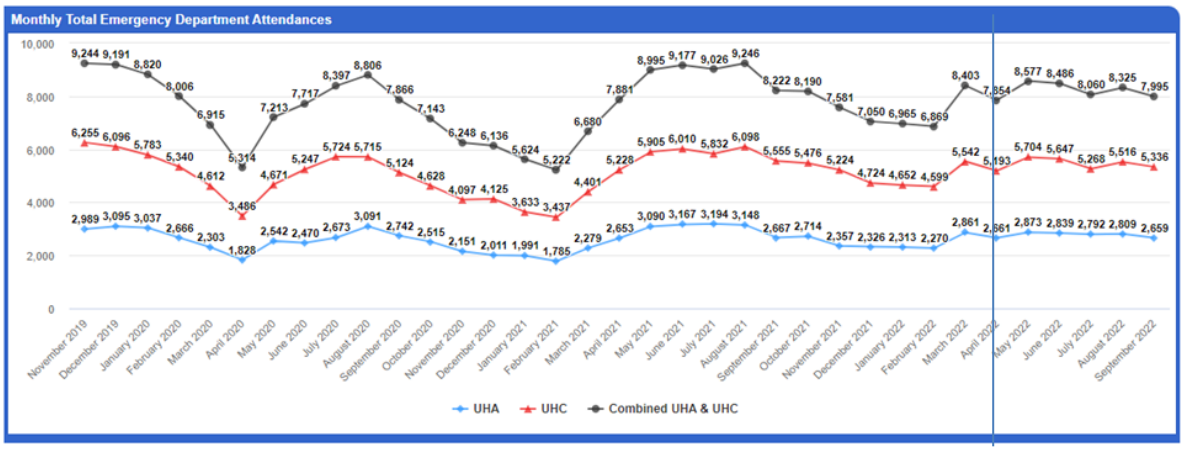
High Impact Changes

Underpinning principles

Influencers and enablers

Following a whole-system self-assessment the five areas below have been identified as the immediate areas of focus in Ayrshire and Arran:

1. Redesign of Urgent Care
    - SAS Referrals via FNC
    - MH referrals via FNC
2. Virtual Capacity
    - Hospital at Home
3. Urgent and Emergency Assessment
    - ED to Ortho/General Surgery Patient Flow
4. Discharge without Delay
    - Home First Board Rounds
    - DWD Events
    - 7 days of solutions
    - Home First/DwD Managers
5. Community Focussed Integrated Care
    - MDT Place Based Working

	○ Rehab and Reablement
2.9	Significant progress has been made as a whole system in relation to the high impact change areas which relate to the Pre and Post Hospital priorities. These improvements have been supported by funding directed to increasing community capacity through the £300m investment in winter capacity which was provided to maximise capacity in hospitals and primary care, reduce delayed discharges, improve pay for social care staff and ensuring those in the community awaiting support receive effective and responsive care. The three IJBs all have approved Winter Plans aligning the resource and funding to areas to meet immediate priorities to maximise outcomes for the local population, the overarching aim to reduce risk in community settings and supporting flow through the acute hospitals. The plans are in progress and recruitment is ongoing. In addition, the HSCPs have continued to target available resources and capacity to support the pressures in the acute hospitals, for example by prioritising patients being discharged from hospital for social care support, this has continued to place additional pressure and risk on services in the community.
	Unscheduled Care Performance
2.10	The performance trend information below puts into context over time the Unscheduled Care Performance in Ayrshire and Arran and highlights the areas where progress has been made and the impact of positive changes is demonstrated through performance and similarly highlights those areas where there are challenges with improving performance trends. The line on the tables indicates the time period information was included in the report to the IJB in June 2022. ***<u>Emergency Department Attendances:</u>*** Since November 2020 Ayrshire and Arran has been implementing The Redesign of Urgent Care Programme. This looks to build on opportunities to support the public to access the Right Care in the Right Place at the Right Time. This Programme has been delivering service redesign within Ayrshire and Arran since that time with the implementation of a Flow Navigation Centre which acts as the hub and single point of access for calls originating through the NHS24 111 telephone line  **Monthly scheduled and unscheduled ED Attendances - NHS Ayrshire & Arran, UHA & UHC**

Monthly average number of scheduled and unscheduled ED Attendances (January to September)

Monthly average of ED Attendances	Jan – Sep, 2019 (pre-COVID-19)	Jan – Sep, 2021	Jan – Sep, 2022
NHS Ayrshire & Arran	9,658	7,786	7,948

Overall ED attendances to date in 2022 remain lower than pre-Covid levels, however have increased in comparison to 2021. When considering this data it should be noted that the Covid restrictions at different points and data shows that ED attendances reduced considerably whilst lockdown and restriction measures were in place. The overall level of ED attendances at both acute hospitals is currently lower than pre-pandemic levels, and this can be directly linked to the work on the effective re-direction of suitable patients to more appropriate settings and the Flow Navigation Centre supported by senior clinical decision makers screening patients. An average weekend period from Friday to Monday can redirect up to 60 patients who otherwise would have arrived at ED.

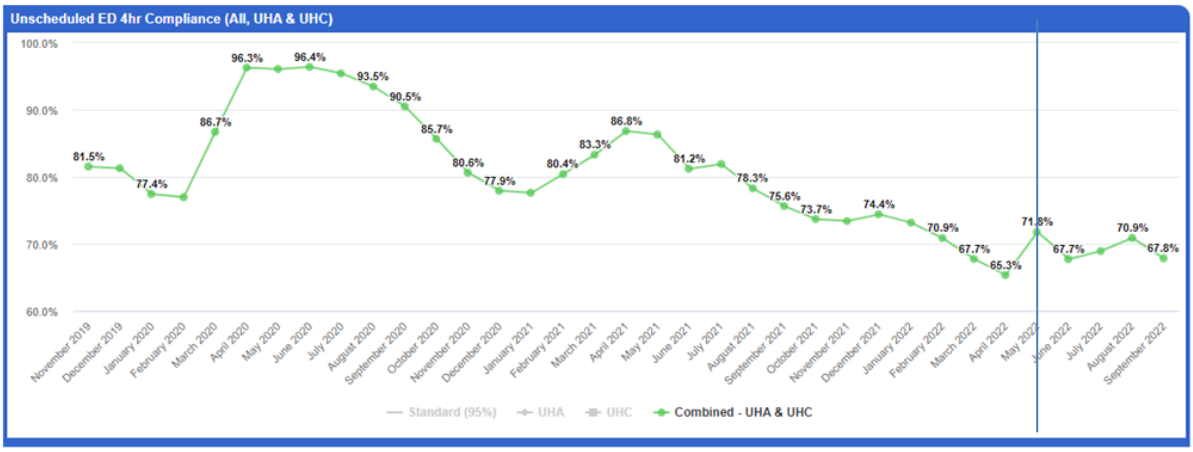
The intent of the Flow Navigation Centre was that each ED would see a reduction in self-presentations due to the ability to triage at NHS24, a clinical assessment at the FNC, and the opportunity to schedule patients to attend either ED or MIU. Self-presentations to ED remain lower than pre pandemic attendance levels and as a percentage of the total presentations.

The numbers of FNC contacts being appointed to ED has also declined with other alternatives provided, showing that the intervention of the FNC is having a positive impact on ED attendances.

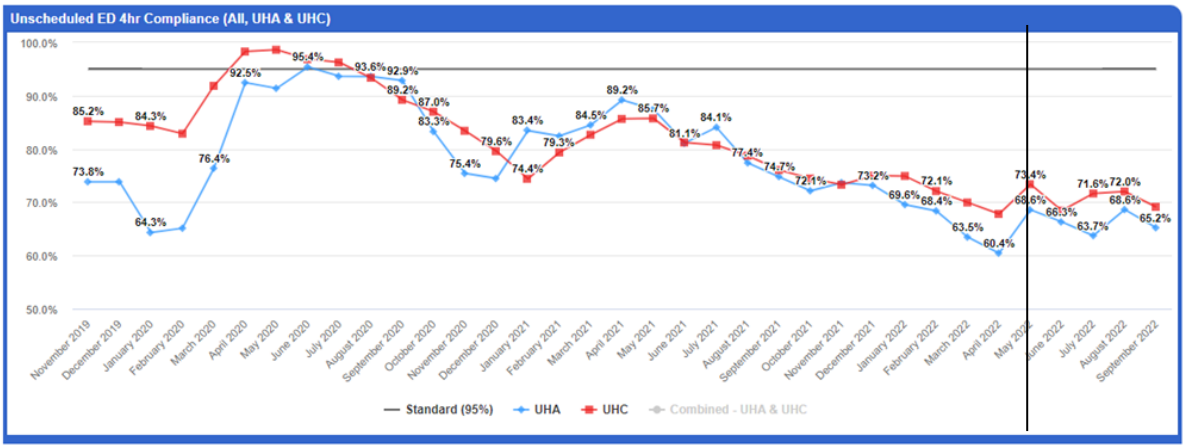
ED 4 Hour Wait Target:

Local management information highlights that the 4-Hour Wait compliance for unscheduled ED attendances at NHS Board level has been on a continuous decreasing trend since April 2021. Compliance has fallen below the 95% target in each consecutive month since July 2020.

Monthly Unscheduled ED 4 Hour Compliance - NHS Ayrshire & Arran



Monthly Unscheduled ED 4 Hour Compliance – UHA and UHC

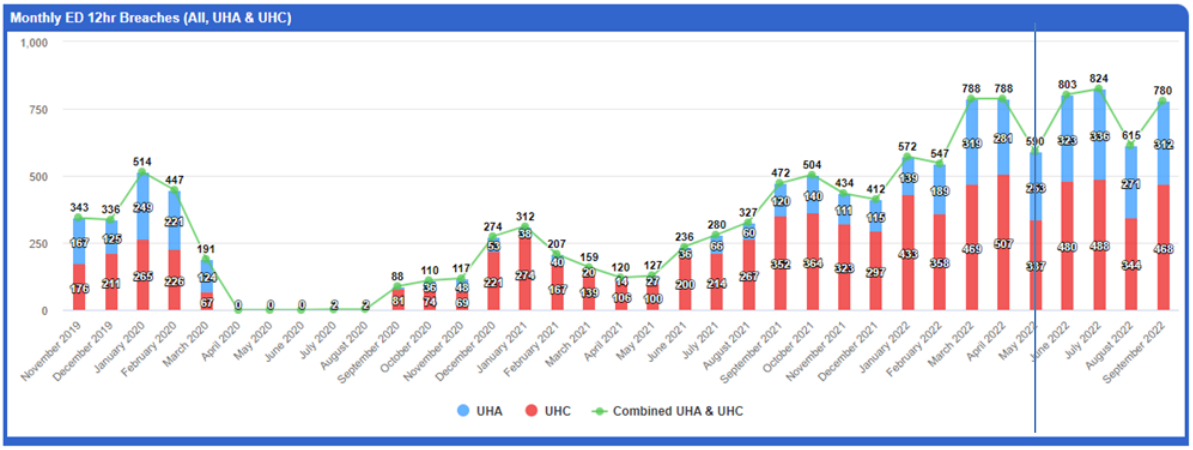


Compliance against the ED 4 hour target did noticeably improve in May 2022, exceeding the national average, however decreased again from June 2022, sitting at 67.8% for A&A overall in September 2022 against a national target of 95%. The latest national published data for September 2022 indicates that compliance against the 4-hour wait for unscheduled ED attendances for NHS Ayrshire and Arran was higher than the Scotland average.

The 4-hour Standard for the majority of clinicians in Scotland remains a priority and is grounded in patient safety. The standard of 98% (95% target) of people admitted, discharged or transferred within 4 hours, is reliant on a whole system response with its delivery predicated on reducing variation in attendances, reducing admissions, reducing length of stay and increasing discharges, to ensure a balance between capacity and demand each and every day. The national programme has retained a clear vision that delivery of the 4-hour Emergency Access Standard in acute settings, remains a barometer of safe and timely care, and whole system effectiveness.

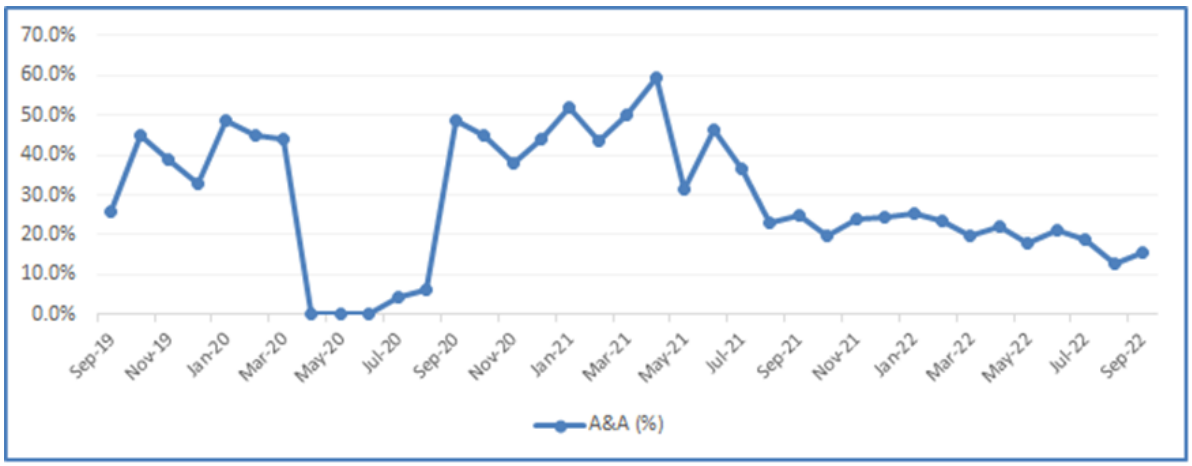
ED 12 Hour Breaches:

The numbers of ED 12 Hour Breaches at Board level have increased significantly, the reaching the highest number of breaches recorded in NHS Ayrshire & Arran in a single month in July 2022.



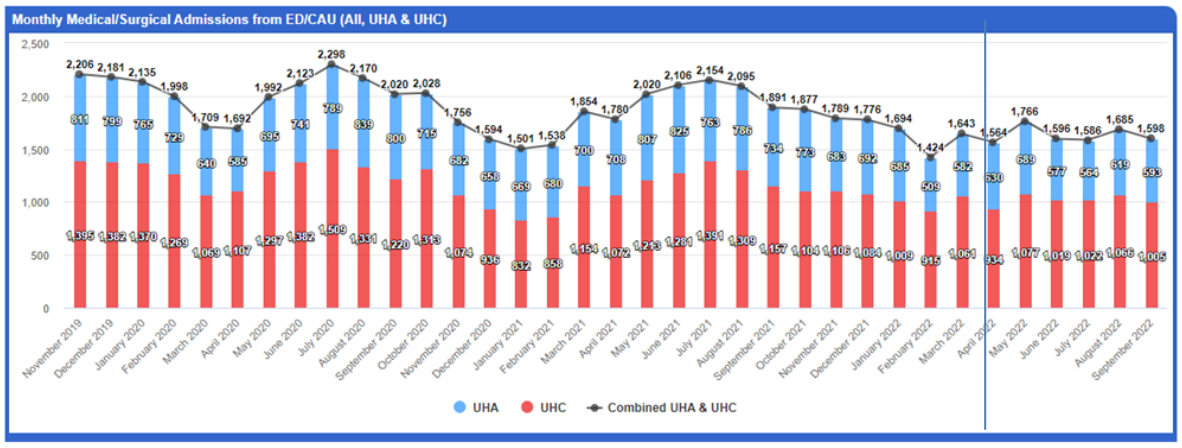
In July 2022 the 12 hour breaches in A&A as a proportion of the total 12 hour breaches in Scotland was around 19%, in April 2021 A&A accounted for 59.3% of the overall total, this has steadily decreased since, down to 15.5% as at September 2022. This

indicates that nationally there has been growth in the number of 12 hour waits at ED, the A&A breaches as a proportion of Scotland as whole over time is illustrated below:



Admissions from ED/CAU to UHA and UHC:

The overall number of admissions following presentation to ED or CAU to either medical or surgical specialities has steadily reduced over time.

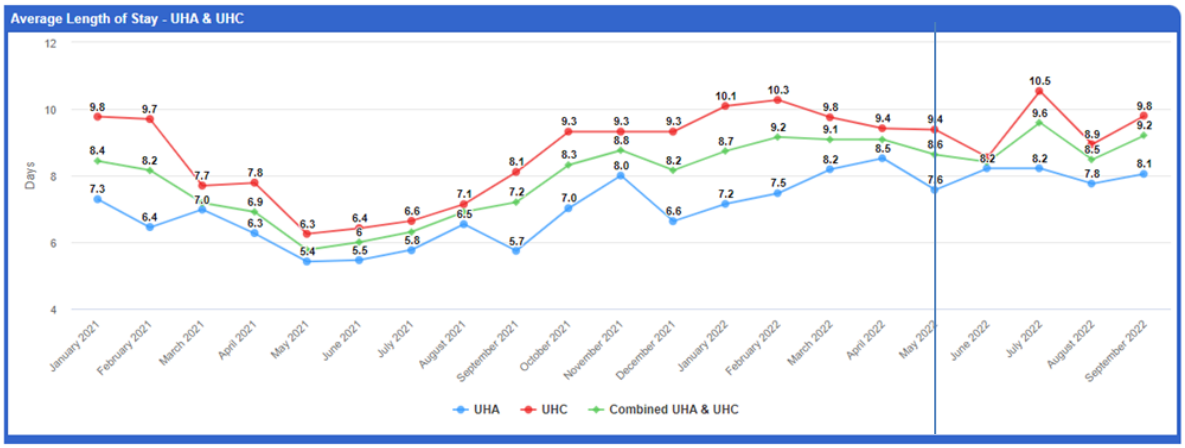


This is a position that has been sustained over since the previous report.

Total number of Emergency Admissions	Jan – Sep, 2019 (Pre-COVID-19)	Jan – Sep, 2021	Jan – Sep, 2022
NHS A&A	2,370	1,882	1,617

Average Length of Stay:

The impact of the necessary previous reductions in planned care during the pandemic has resulted in more patients reaching crisis point and accessing unscheduled care. These patients can often be acutely unwell requiring hospital admission. The average length of stay (in days) across wards has remained high.



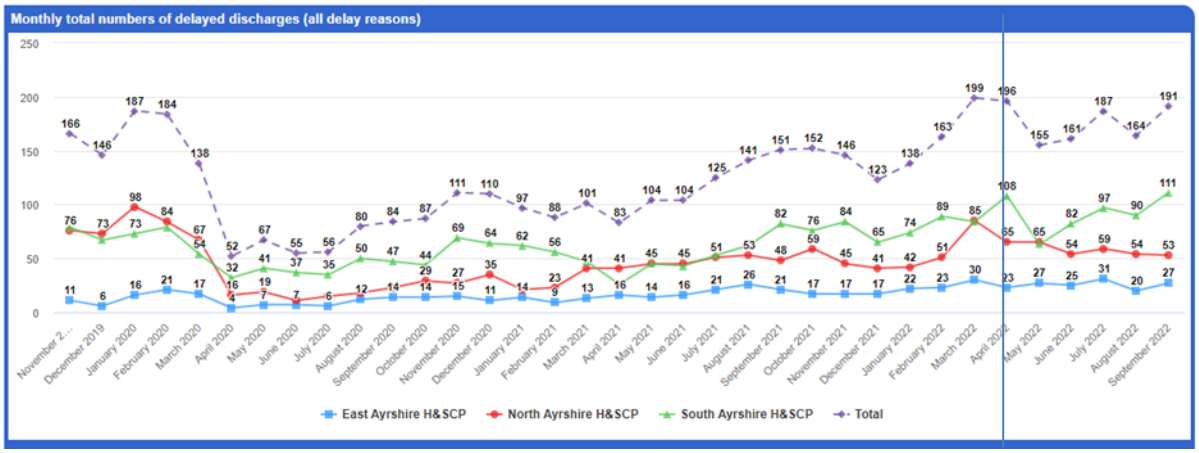
The Scottish average LOS in June 2022 was 7.9 days, in October 2022 the average LOS in both acute wards combined was 8.6 days (UHA was 8.2 days and UHC was 8.9 days). The increase in LOS is a significant area of concern having implications for patient care and patient outcomes as there is evidence that the current long lengths of stay result in higher needs of patients on discharge, with more patients requiring higher levels of care than would be expected due to hospital acquired deconditioning. The average LOS also masks the significant variation for patients some of which have very lengthy stays, as at 31 May 2022 there were 295 patients across the acute hospitals with a LOS of over 14 days, this has increased to 397 as at October 2022.

Delayed Transfers of Care:

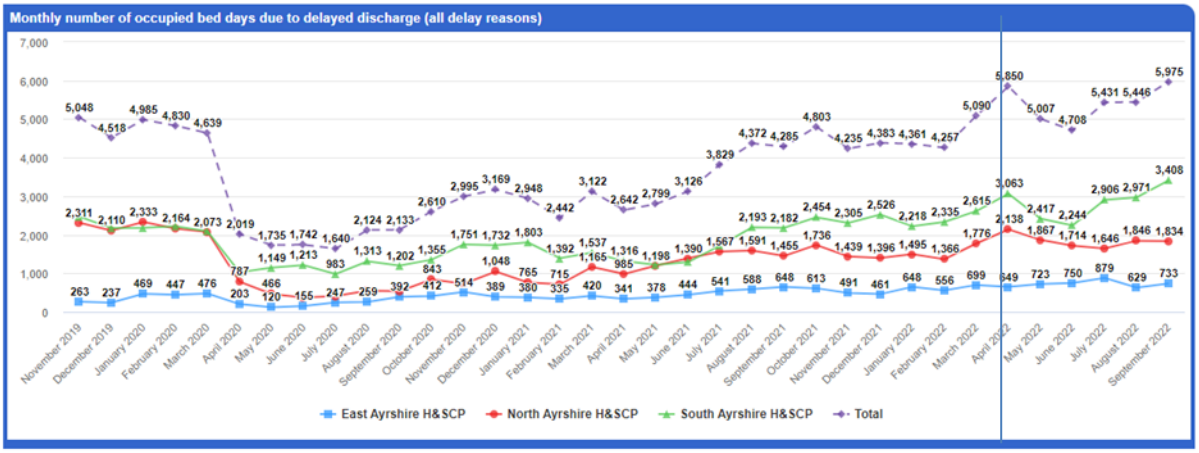
Timely discharge from hospital is an important indicator of quality and is a marker for person-centred, effective, integrated and harm-free care. A delayed discharge occurs when a hospital patient who is clinically ready for discharge from inpatient hospital care continues to occupy a hospital bed beyond the date they are ready for discharge.

The graph below shows the number of delayed transfers of care on census day for each HSCP, this data captures all delays across all NHS AA hospital sites including community and mental health settings, this also includes patients delayed due to infection control measures in hospital or in a care home. At the outset of the Covid pandemic, in preparation for the anticipated demand of people being treated in hospital, additional community bed capacity and changes to other services enabled patients defined as medically fit for discharge to be transferred to more suitable settings, for example financial limitations on community placements were removed. Therefore, the level of delays at that point was very low.

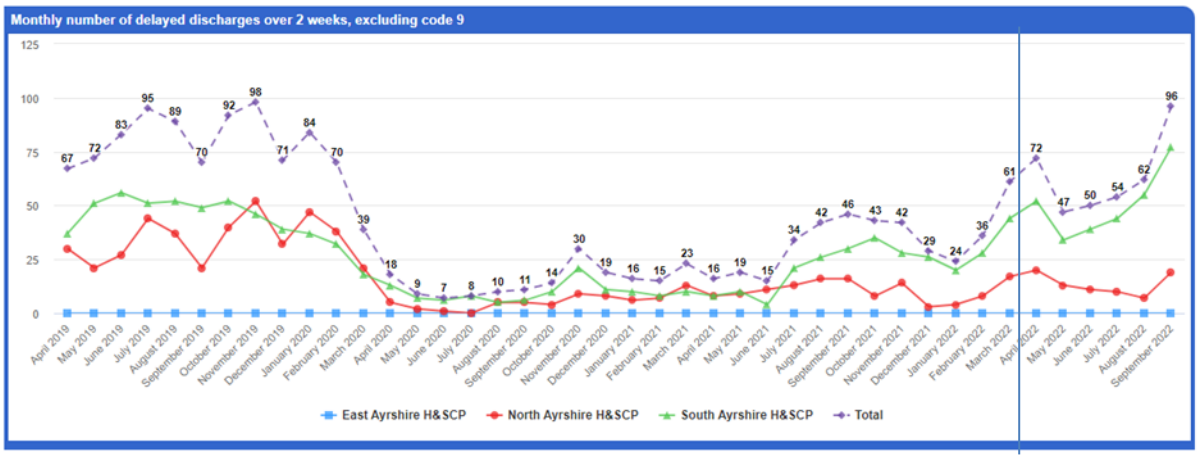
The position for delays had been maintained as a significant improvement to pre-pandemic levels, mainly because of investment in community services and also the prioritisation of hospital discharge, this is against a backdrop of significant increase in demand for social care services and referrals over the same period. The deterioration in performance from January 2022 onwards is related to the Omicron variant and the impact on workforce and outbreaks in closed care settings.



The trend graph below illustrates the monthly bed days occupied due to delayed discharge, again this is for all NHS AA hospital sites. This follows a similar overall trend to the number of delays, but notably there had previously been reported no deterioration in overall occupied bed days for delayed patients compared to pre-pandemic levels. This position has deteriorated in the last four months mainly due to the increase in delayed patients in South Ayrshire.



The formal measure of performance for Delayed Discharges applies to the number of delays over two weeks, with the total number of bed days occupied each month also a key measure in assessing performance. The variation in LoS for delays across each HSCP is illustrated in the table below which shows the number of delays over two weeks at the end of month census date for each HSCP.



Limitations of community capacity in Care at Home and Care Home services remain the main challenge to further reducing delayed discharges, with plans in place across the three HSCPs to increase capacity, these have been impacted by staff absence, vacancies and ongoing recruitment campaigns.

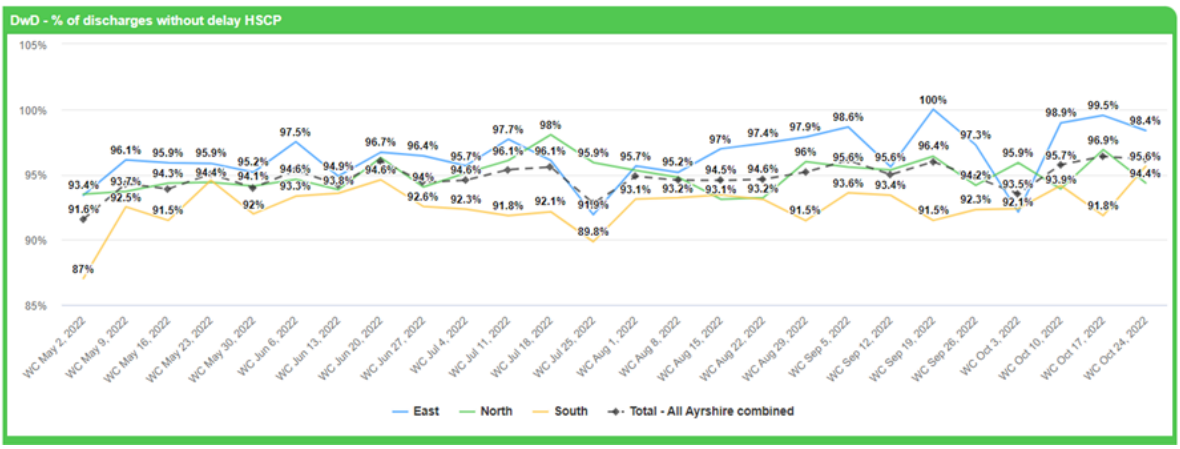
It should be noted that not all delayed patients are cared for in the two acute hospitals and on average about 50% of delays are in acute sites. As at 4 November 2022 there were 222 delayed patients for the three HSCPs, these are split between 116 in NHS Acute hospitals, 86 in A&A Community Hospitals, 18 in Mental Health wards and 2 patients in hospitals outwith Ayrshire and Arran. Of the total delays 36 relate to patients where AWI legislation applies and 26 patients are classed as Code 9 for other reasons which may include ward closures or complex care arrangements.

This compares to the position reported at 10 June where there were 149 delayed patients for the three HSCPs, split between 72 in NHS Acute hospitals, 59 in A&A Community Hospitals, 16 in Mental Health wards and 2 in hospital settings outwith A&A. Of the total delays 39 related to patients where AWI legislation applies. The deterioration to the position is almost wholly in relation to the number of delayed discharges increasing in South Ayrshire.

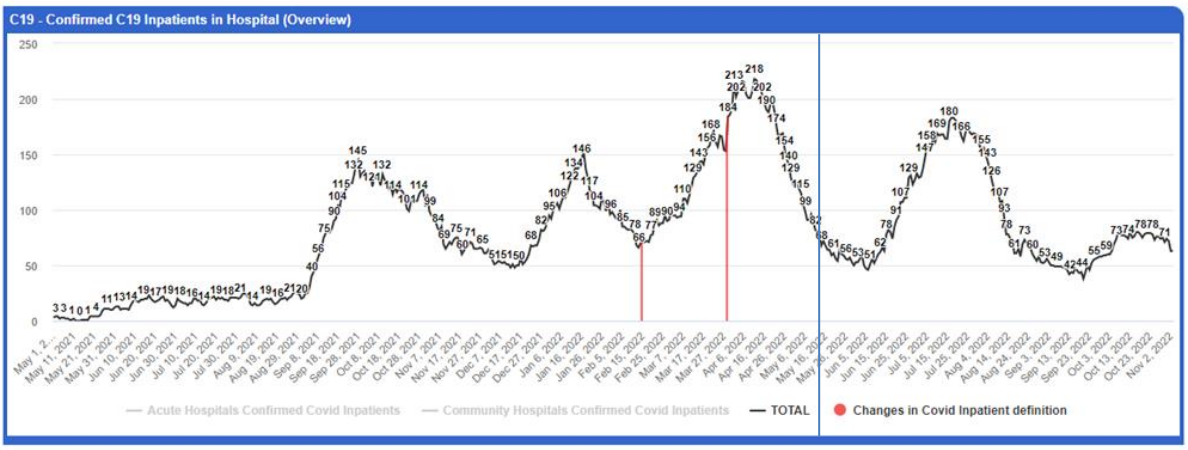
Discharge without Delay:

NHS AA and the three Ayrshire HSCPs are part of a national pathfinder programme in relation to Discharge without Delay (DwD). This is supported by the Scottish Government DwD steering group and improvement teams. One of the aims of the programme is to deliver Discharge without Delay within both community and acute settings, working in close partnership with hospital and community teams to agree the most effective and efficient process to ensure positive outcomes for patients.

A significant number of patients are discharged without delay, currently sitting at 96.2% of patients across A&A, this has increased from the 95% reported in June.



The proportion of patients discharged without delay has remained fairly constant between 94% and 95% since May 2022. This varies by HSCP with East Ayrshire HSCP reporting generally being the highest since May 2022. The percentage of discharges without delay in South Ayrshire HSCP has increased from 87.0% in w/c 2 May 2022 to 95.6% in w/c 24 October 2022.

	Covid Inpatients: The bed increase in the acute hospitals was required to accommodate and support complex IPC guidance and the additional capacity to support Covid admissions. Increased Covid admissions and IPC guidance led to closed bays, wards, community hospitals and care homes whilst outbreaks were managed. The graph below shows the trend and number of Covid patients over the period.  Whilst it was essential to have additional bed capacity to manage outbreaks and IPC guidance the additional beds added to the system remain open despite a reduction in Covid inpatient numbers. These beds require a dedicated workforce resource that is heavily reliant on agency and bank staff but predominantly managed by core team members from all professions, spreading the workforce too thinly across all ward areas. Since the previous report, following a rise in Covid-19 cases in the community towards the end of May 2022, the number of Covid-19 positive patients in the hospitals started to increase rapidly at the start of June 2022, reaching 183 on 17 July 2022. Numbers have since fallen in recent weeks falling to 62 on 3rd November.
2.11	**Community Unmet Need**
	The HSCPs provide weekly data returns to the Scottish Government to illustrate the unmet need across the system, with a particular focus on Care at Home Services and also the individuals in the community awaiting review and assessment. The most recent returns for Ayrshire and Arran are summarised below, together with the information from June 2022 for comparison:

UNMET NEED DATA RETURN (06/06/22)	NORTH	EAST	SOUTH	TOTAL
Waiting for Social Care Assessment:				
Hospital	1	3	4	**8**
Community	195	-	176	**371**
Assessed and Awaiting POC:				
Hospital	27	10	47	**84**
Community	147	18	146	**311**
Awaiting a Statutory Review	339	7	115	**461**
Weekly Hours of Unmet Need:				
Hospital	325	104	896	**1,324**
Community	1,284	144	1,352	**2,780**
Total Unmet need	**1,609**	**248**	**2,247**	**4,104**

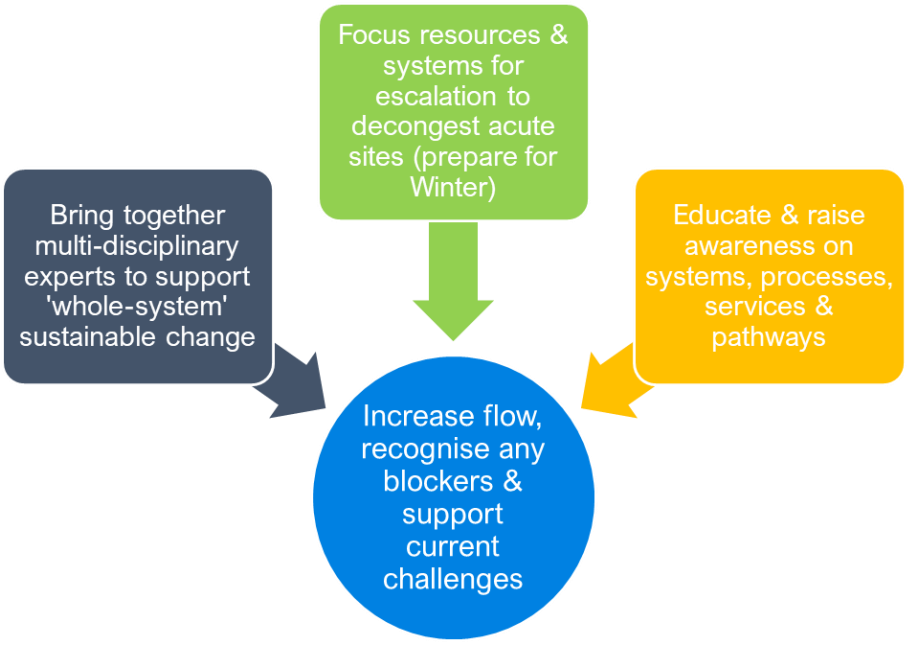
UNMET NEED DATA RETURN (02/11/22)	NORTH	EAST	SOUTH	TOTAL
Waiting for Social Care Assessment:				
Hospital	6	2	1	**9**
Community	237	-	247	**484**
Assessed and Awaiting POC:				
Hospital	24	4	114	**142**
Community	181	16	194	**391**
Awaiting a Statutory Review	257	94	196	**547**
Weekly Hours of Unmet Need:				
Hospital	258	48	1,733	**2,039**
Community	1,318	128	1,943	**3,389**
Total Unmet need	**1,576**	**176**	**3,676**	**5,428**
% Unmet need in Community	**84%**	**73%**	**53%**	**62%**

Over time there has been no significant improvement in the position in terms of unmet need and it is not expected that there will be a demonstrable improvement without additional workforce resources and capacity being in place. There is a stark difference in the level of unmet need between individuals awaiting care in hospital compared to community, with 62% of the current hours of unmet need being for individuals on the community waiting list and a significant number of individuals in the community awaiting assessment and review. This is reflective of the continued focus on prioritising packages of care for individuals in hospital to support with wider hospital pressures. However, the impact of this is the continued risk posed to those individuals in the community who have been assessed as requiring support and this is not in place, this is not in line with the early intervention approach to keeping people safe, fit and well.

There has been a notable worsening of the overall unmet need position across A&A between June and November 2022 with a 32% increase in overall unmet need with 22% of this increase being for care in the community. This is a result of a significant increase to unmet need in South Ayrshire as overall hours of unmet need have reduced in both North and East Ayrshire.

Across the HSCPs there is a comprehensive ongoing programme of recruitment within the Care at Home service to ensure sufficient contingency and capacity to further reduce delayed discharges and also to ensure community waiting lists can be

	addressed. Over the period, it has proven difficult to successfully recruit to all vacancies and to identify additional capacity planned for the service, this has been further compounded by challenges in retaining social care staff. Further information on the plans to increase capacity are contained in the three IJB Winter Plans, links below, these plans are predicated on success recruitment which is underway: North Ayshire IJB - https://tinyurl.com/bdf63wty South Ayrshire IJB - https://tinyurl.com/396n74ey East Ayrshire IJB - https://tinyurl.com/3yu548u2
2.12	**Planned Interventions**
	Since the report presented to the IJB in June, there have been a number of Discharge without Delay (DwD) events held to support the decongestion of the acute hospitals. These three and seven day events are held on both acute sites and involve both clinical and non-clinical staff, undertaking patient reviews and identifying issues blocking their progress through their treatment and a safe discharge. The three HSCPs have supported these events. The events are sponsored by the Right Sizing the Bed Footprint Collaborative. Whilst learning has been taken from the events there has not been the success in reducing length of stay nor closing of any unfunded acute beds. A further two-pronged focussed intervention is planned for two weeks from 7th November which will involve the three HSCPs deploying community teams into the acute sites for two weeks to 'pull' patients to alleviate the immediate pressures in the hospitals alongside a simultaneous implementation of an acute ward process improvement model.
	Whole System Intervention – 7th to 20th November: As a follow up to recent Discharge without Delay events and in response to the current capacity challenges and safety concerns at both University Hospital Crosshouse and University Hospital Ayr, a Whole System Intervention has been commissioned by the three Ayrshire Health and Social Care Partnership Directors. The 'Whole System Intervention' will take place across both sites from 7 November 2022 until 20 November 2022. During this period service leads and practitioners from across our Health and Social care services will come together to jointly support a plan for improvement. The programme will be based on collaboration and mutual learning with the aim of putting in place sustainable improvements. The Health and Social Care Partnership(s) have identified leads, alongside acute leaders, who will have responsibility for overseeing the programme delivery at University Hospital Crosshouse and University Hospital Ayr and the programme will involve staff from a number of teams across both acute and community teams. Four areas of focus have been identified as illustrated below:



The two-week event will focus on a plan of multi-disciplinary morning ward visits/rounds across identified priority areas including at ED and CAU areas, followed by a 'debrief' session where teams will review the outcome of the morning MDTs to consider if there are any opportunities to maximise community resources to increase flow and resolve any blockages to discharge. The afternoon will allow a focussed session for teams to get together and reflect on any emerging themes, agree and work towards some key sustainable areas for change. With each day closing with a debrief to HSCP Directors to enable the pace and focus to be retained and for any escalations or requests for support to be actioned.

A Pan Ayrshire working group was convened to collaborate and agree the structure and format of the event, provide the necessary resources required, and support across respective service areas. The 14 day intervention will be fluid with teams on site adapting the approach and focus over the two weeks to respond to the findings and interventions required. There is commitment from the three HSCPs and Acute services to appropriately resource and prioritise this intervention, the HSCPs plan to release a number of key roles and individuals from community teams to support this different approach including for example Associate Nurse Directors, Senior Managers, GPs, Occupational Therapists, Physiotherapists, ICT leads, community nurses, mental health liaison, Clinical Directors, Community Link Workers, Care Home Support Team, Social Work teams and Community ward leads.

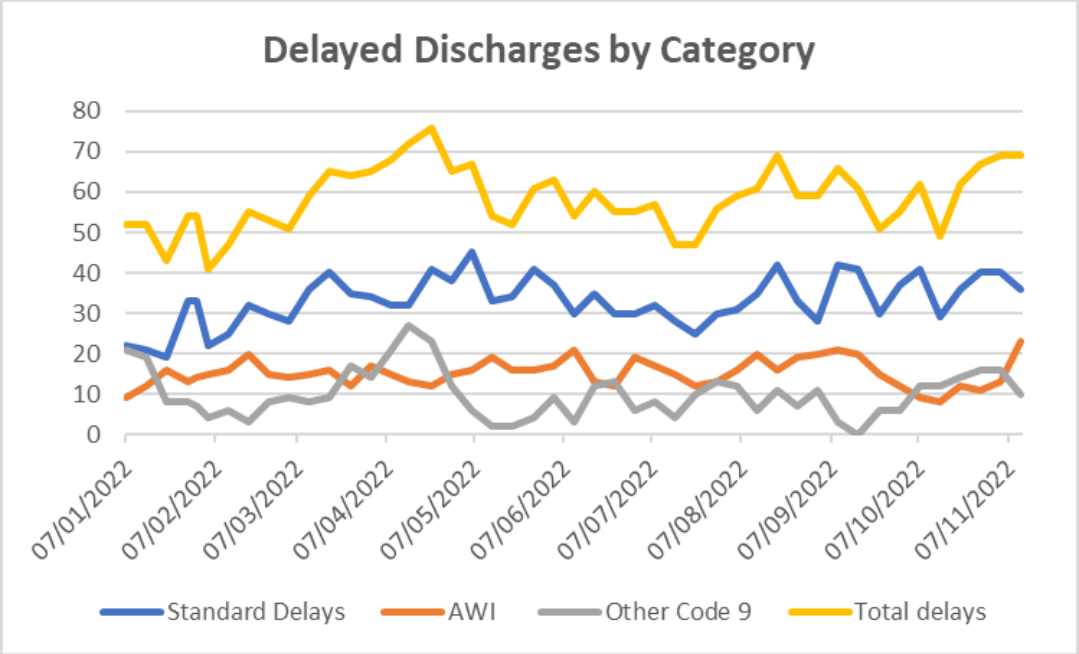
Reflecting the turnover in workforce in recent years, an Education programme will be delivered onsite during week 2 (week beginning 14 November) of the intervention. These 'bitesized' training sessions will be short (60 minutes max) and concise. Attendees will be able to engage with those giving the training. The education programme will focus on sessions identified as a result of either requests from staff to be better informed on specific areas of community services, or where it has been identified that there appears to be a gap in the knowledge of staff around a particular service area and will be informed by the gaps identified in week 1 of the intervention. Those providing the training will identify any lessons or actions for future training opportunities.

2.13	**North Ayrshire HSCP Context**
	Winter Plan December 2021: The North Ayrshire HSCP Winter Funding Plans for 2021-22 approved by the IJB in December 2021 (https://tinyurl.com/bdf63wty) remains extant with no change to the priorities and areas for workforce capacity building across services. The funding is focussed on four main areas – Maximising Capacity, Ensuring Staff Wellbeing, Ensuring System Flow and Improving Outcomes with the overarching aim being to reduce risks in community settings and supporting flow through acute hospitals. Specific funding allocations were communicated to HSCPs on 4th November 2021 with a total of £3.4million allocated to North Ayrshire in 2021-22 specifically for interim care, Multi-Disciplinary Teams and Care at Home capacity, with the exception of interim care the remainder of the funding has been confirmed as a full year funding allocation and recurring into 2022-23. The North Ayrshire HSCP plans are focussed on a whole system approach to bolstering the care workforce by increasing numbers of staff in key areas of community services, with a longer-term focus on increasing capacity across our system and to invest in services which focus on early intervention and prevention and the alternatives to hospital admission. The plan was always reliant on successful recruitment and as a result it was highlighted that expectations would require to be managed in relation to how quickly it would have an impact on the health and social care system. With the exception of Community OT, Telecare posts and all Care at Home vacancies being filled the remainder of the posts outlined in the plan have now been recruited to. Delayed Discharges: In North Ayrshire our Delayed Discharge performance daily since January 2022 has averaged been between 50-60 delays with around 8-10 of those being Mental Health delays and around a third being AWI/guardianship. North Ayrshire generally sit in the middle of the national delayed discharge weekly sit-rep for the rate per 100,000 standard delays across Scotland, as at 8th November 2022 for Standard delays North Ayrshire were the 13th highest area in Scotland. It should be noted that the patients reflected in the delays are not the same individuals impacted and therefore does not represent the true demand on community services to put packages of care in place to facilitate discharge, many patients are supported with care before becoming a delay. In addition, there is a two-week discharge planning period following referral for putting appropriate care arrangements in place, the delayed discharge figures include all delayed patients regardless of length of delay. For example, as at 7th November 2022 there were 63 delays recorded with 17 of those being out-with the two week planning period. There are different reasons for why patients may be delayed in care being put in place, about 50% of North Ayrshire daily delays are classed as Code 9 complex delays, the reasons for these include: • Adults with Incapacity – who are subject to guardianship processes and therefore cannot be legally transferred from hospital, normal timescales to progress a private or local authority guardianship is between 3 to 6 months • Complex Care arrangements – where individuals have complex needs which cannot be readily supported through traditional care and support – this includes for example individuals with complex Mental Health or Learning Disability

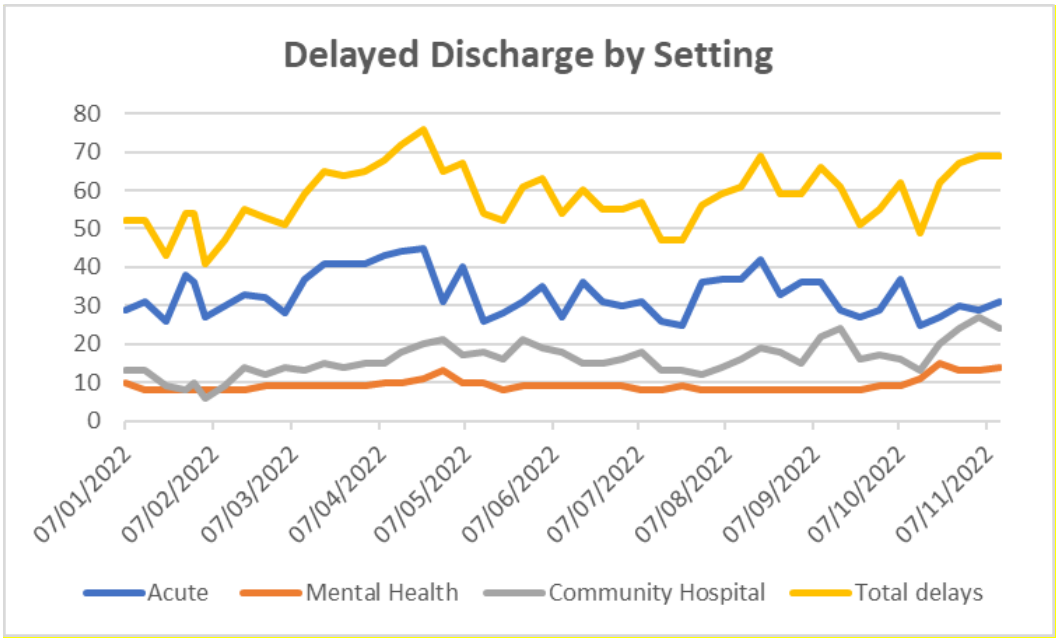
needs where very specialist services are required to be commissioned to meet their needs

- Individuals in closed wards due to Covid outbreaks where moves to other care facilities are paused for a period in line with Infection Prevention and Control guidance

The graphs below summarise the delayed discharges firstly by coding category and secondly by the care setting, this includes all delays regardless of length of delay:



- Over the period the proportion of delays which are Code 9 (including AWI) has fluctuated between 33% and 60%, mainly impacted by Covid outbreak ward closures



- On average around 50% of the North Ayrshire delayed discharges are for patients in acute hospitals with the remainder being in community hospitals (Ayrshire Central, Lady Margaret or Arran War Memorial) or in Mental Health inpatient settings (Woodland View or Ailsa).

Care at Home:

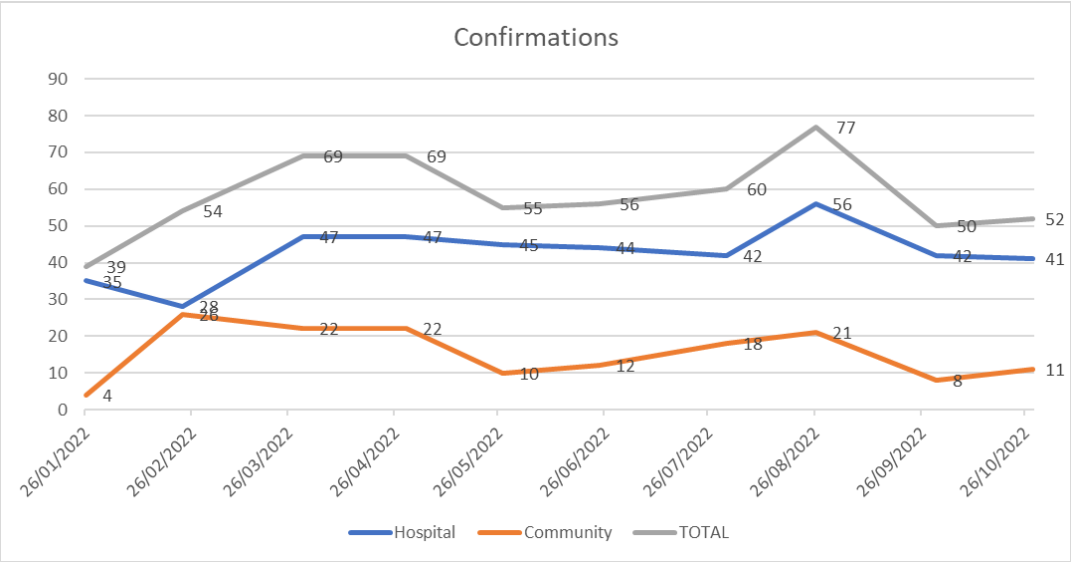
Of the 69 reported delays at 11th November, 21 were individuals awaiting care at home services (3 of which with care confirmed to start) with the remainder awaiting long term care.

The care at home service has seen a significant increase in demand and referrals for services, last December in the HSCP Winter Plan it was noted there had been a 30% increase based on pre-pandemic levels, as illustrated below:

	Average CAH Monthly New Referrals for Period:				
Source	Jan to Oct 2019	Jan to Oct 2020	Jan to July 2021	Sept to Nov 2021	Increase from 2019
Community	118	167	160	158	34%
Hospital	150	199	170	210	40%
ICT	38	42	42	29	-24%
TOTAL	**306**	**408**	**372**	**397**	**30%**

For the period February to October 2022 the average monthly referrals were 407, which is a **33% increase** with the average hospital referrals being 230, which is an **increase of 53%.** Noting that some hospital referrals may be re-starts as patient medically fit status changes**.**

Every week there are multiple care at home packages of care confirmed from both hospital and community settings and there are a far greater number of individuals accessing care at home services on a daily basis, as not all packages of support become delays. The graph below illustrates the number of care at home packages which have been confirmed to start on a weekly basis from both hospital and community settings at points in time from January to October this year.



Average Weekly Hospital	42
Average Weekly Community	16

The continued prioritisation of hospital referrals has led to the community waiting list remaining high, which is illustrated through the weekly unmet need returns:

UNMET NEED DATA RETURN	June 2020	(18/05/22)	07/02/22	23/09/2022	10/10/2022	07/11/2022
Waiting for Social Care Assessment:						
Hospital	1	2	3	9	3	3
Community	215	189	255	238	217	240
Assessed and Awaiting POC:						
Hospital	23	28	22	16	21	25
Community	144	145	148	168	165	171
Awaiting a Statutory Review	319	264	434	318	307	315
Weekly Hours of Unmet Need:						
Hospital	328	349	262	186	221	298
Community	1219	1245	1066	1388	1294	1325
Total Unmet Need	**1547**	**1594**	**1328**	**1573**	**1515**	**1623**
% Unmet need in Community	**79%**	**78%**	**80%**	**88%**	**85%**	**82%**

Whilst there has been no significant difference in the overall level of unmet need both in terms of hours and number of people this needs to be considered alongside the significant increase in demand as outlined. The Winter Plan approved by the IJB in December 2021 outlined the additional Care at Home capacity and investment required to fully meet the demands and unmet need for the service and relentless recruitment efforts are underway to fill the posts required to address the capacity gap.

The capacity and sustainability of commissioned providers has had a significant impact. The Care at Home Framework in North Ayrshire initially commenced with 5 Care at Home providers working across 4 localities, this has now reduced to 2 providers with one locality almost fully in-house. Work is ongoing to review this and the future of Care at Home commissioning. One of the framework Care at Home providers has continually cited significant staffing challenges in the last few months and implemented business continuity plans and/or not covered planned/agreed service delivery with limited notice. Providers on both the Care at Home and Adult frameworks are regularly feeding back that there is no capacity for new referrals or to increase existing packages of care, putting further pressure on our in-house care at home team. For the 3 month period July to September for older peoples services 1,715 requests were sent to providers to start care (some of these will be repeat referrals), only 2 of these were accepted.

The table below illustrates the movement in the split between in-house and commissioned care since November 2020:

	02/11/2020	09/08/2021	29/11/2021	28/10/2022
Contracted Hours	16,046	17,794	19,863	20,221
Private Planned	7,527	5,956	5,188	5,048
	23,573	**23,750**	**25,051**	**25,269**
% hours private	**32%**	**25%**	**21%**	**20%**

In addition to the Winter Plan and plans progressing to increase capacity there are a number of further identified issues and solutions being progressed to improve flow and reduce delayed discharges in North Ayrshire. These are summarised in the table below:

Challenge	Plans in progress
Care at Home Capacity – require to grow the workforce and address issues with providers	• Ongoing recruitment, advertising on radio, TV, leaflet drops etc • Face to face recruitment events, continue weekly, for the year to Sept 2022 57 events held, with 398 people attending, 365 offered employment and 211 started in post in that period. CAH is an area of high turnover but overall over the same period we have had a positive balance and grown the workforce by 56 additional staff • Exception made by NAC HR to allow CAH staff to be paid for annual leave, in place for last 2 years • Job evaluation underway for inhouse CAH staff – will complete early 2023, new role profile could impact on staff pay and grading • Future commissioning being evaluated to determine recommendation for future commissioning and delivery of CAH in North Ayrshire, i.e. whether to continue to deliver a mixed model of CAH delivery
Care Homes – including interim placements	• Currently available beds in care homes, individual liaison with care homes re timescales for assessment and acceptance of new residents • Work with on interim placements, targeting care homes with a number of vacancies to ensure choice remains for residents
Arran Services – staffing challenges with 20+ vacancies in social care across CAH and Montrose House, impact on opening beds at MH and getting new CAH packages in place – Arran CAH accounts for 1% of our CAH service yet at times 50% of our CAH delays	• Deploying mainland staff to support safe staffing levels in Montrose House • Ongoing recruitment events and focus on filling posts • Staff accommodation solution being actively progressed • SDS pilot for Arran for 6 months commenced to allow service users to utilise self-employed PAs through SDS Option 1 • Mainland team supporting from weekends commencing 27th Oct to review all existing CAH community packages to ensure resources are appropriately aligned
Mental Health Delays - no in-house adult community provision, reliant on providers who are continually citing no capacity through difficulties in recruiting	• Sharing unmet need overview with all providers to enable geographical lots to be considered which would support a more proactive recruitment programme • Exploring in-house provision, we have examples of where this has happened by default for example Trindlemoss and service users previously receiving support from Assist Home Care services, further exploration of this would require financial investment
AWI/Guardianship delays – at any given time around a 1/3 of the North Ayrshire delays are AWI	• Dedicated MHO now in place in hospital SW team • Reviewing protocols for timescales to ensure a more assertive approach for private guardianships

3.	**PROPOSALS**
3.1.1	In summary reviewing the performance data compared to pre-pandemic position: • Overall attendances at the Emergency Departments have reduced, • Less patients are admitted from ED and CAU into beds in the acute hospitals, • The ED 4 hour wait standard has not been achieved since July 2020 and the number of 12 hour breaches have reached the highest levels recorded in A&A, • Length of Stay across both acute sites has increased and is significantly higher than the Scottish average, • Delayed transfers of care have fluctuated over the period mainly due to factors outwith direct control, for example care home and ward Covid outbreaks and staff absence impacting on community capacity, however overall bed days occupied have consistently remained lower, • Covid inpatient numbers have significantly reduced over the period, • There remains an imbalance with a greater proportion of people awaiting social care in the community. This performance position has led to poor patient experience with a bottleneck at the front door of the acute hospitals, the inability to de-escalate from the Full Capacity Protocol, the Scottish Ambulance Service being unable to offload patients at the front door and due to staffing being stretched across additional beds in the acute hospital a longer length of stay as the quality of care and staffing levels have been impacted.
3.1.2	The IJB are asked to be aware of the performance challenges, noting there is a whole system programme of work underway to reduce the number of additional unscheduled care beds open in the acute hospitals, leading to improvement in performance in relation to length of stay for patients and to improve performance in relation to the 4 hour ED compliance standard. There remain concerns in relation the delays for patients at the Emergency Department and excessive waits for patients waiting in ambulances outside the hospital combined with the increased Length of Stay for patients whilst in hospital, which inevitably leads to poorer outcomes for the citizens of Ayrshire and Arran. The potential for risk of serious harm to patients waiting in hospital and patients waiting to get into hospital, continue as a result of this ongoing system pressure.
3.1.3	During 2022-23 the IJBs will require to fund an element of the additional capacity for Unscheduled Care from the additional Covid funding earmarked in IJB reserves. In the expectation that an improvement in LOS will lead to less bed days and the ability to shrink back the bed base in the acute sites any additional funding or resource required by NHS AA to fund the improvement activity should be funded as a spend to save proposition and will reduce the overall funding required for the additional beds, currently estimated to be £9m.
3.1.4	It is proposed that the IJBs receive regular whole system updates on progress with performance and trajectories for improvement, including the plans to close additional beds within the acute hospital. The IJB will receive an update to the meeting in August 2022 and based on progress should consider any further interventions required.
3.2	**Anticipated Outcomes**
	Improved awareness for the IJB of statutory responsibilities for the commissioning of elements of Unscheduled Care activity, being aware of current performance and challenges and the work underway to improve services for the citizens in Ayrshire and

	Arran. Therefore the IJB will be in an informed position to monitor performance and direct further interventions if future performance does not improve in line with plans.
3.3	**Measuring Impact**
	Performance measures are tracked through the NHS Pentana Performance Framework and through the established programme management approach for the whole programme of Unscheduled Care improvement. The IJBs will receive regular updates on progress.
4.	**IMPLICATIONS**

Financial:	The IJBs will require to fund an element of the additional capacity for Unscheduled Care from the additional Covid funding earmarked in IJB reserves, the cost of the additional acute beds is estimated to be £9m.
Human Resources:	Staffing additional beds in acute hospitals has added to workforce pressures, with staff stretched across additional ward areas and a reliance on bank and agency staff to ensure minimum safe staffing levels. Returning acute services to the established bed establishment will reduce the workforce pressures.
Legal:	The Public Bodies (Joint Working) (Scotland) Act 2014 sets out the IJBs responsibilities for Unscheduled Care services delivered from large hospitals, this is further detailed in the Integration Scheme.
Equality:	Addressing whole system pressures on acute services and Unscheduled Care will improve timely and appropriate access to services for the whole population of Ayrshire and Arran.
Children and Young People	Addressing whole system pressures on acute services and Unscheduled Care will improve timely and appropriate access to services for the whole population of Ayrshire and Arran.
Environmental & Sustainability:	n/a.
Key Priorities:	The re-balancing of Unscheduled Care activity and access to services aligns with the vision and values of the IJB. This is now supported by the National Urgent and Unscheduled Care Collaborative.
Risk Implications:	Risks are noted in the report, the most important risk being the risk of harm being posed to patients in hospital as a result of the current system failure. There is a risk that the whole systems programme of improvement work will not deliver on the ambition to re-balance the acute services capacity and demand during the current financial year.
Community Benefits:	n/a

Direction Required to Council, Health Board or Both *(where Directions are required please complete Directions Template)*	Direction to :-	
	1. No Direction Required	√
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

5.	**CONSULTATION**

5.1	The IJB Chief Officers for North, East and South Ayrshire have collaborated on the performance update for IJBs. The Chief Executives of the Local Authorities and the NHS Ayrshire and Arran Chief Executive has also been consulted.
6.	**CONCLUSION**
6.1	There is considerable ongoing work to improve performance in Unscheduled Care which in turn plans to improve patient experience and safety. There are significant concerns in relation the delays for patients at the Emergency Department and the increased Length of Stay for patients whilst in hospital, which inevitably leads to poorer outcomes for the citizens of Ayrshire and Arran. There is currently a potential risk of serious harm being posed to patients in hospital as a result of the current system failure and bottlenecks being experienced at the acute hospitals. It is essential that a whole system response and approach is supported to address the current situation. It is also important that the IJB are aware of their responsibilities and are provided with information to assess and scrutinise progress.

For more information please contact Caroline Cameron, Chief Officer **on** carolinecameron@north-ayrshire.gov.uk