NHS AYRSHIRE AND ARRAN

DELIVERY PLAN 2023 – 2026

Contents

1. INTRODUCTION

As a Board we recognise that sustainable improvement in operational and financial performance across the four pillars of public service reform will require transformation. Securing transformation when the pace and demand for service is high is not simple; however, as a system we are committed to reduce health inequality and with our anchor organisation status and ambitions for wealth creation, we will make Ayrshire and Arran a place of preference to establish a future that retains and nurtures it's local communities for the benefit of all citizens.

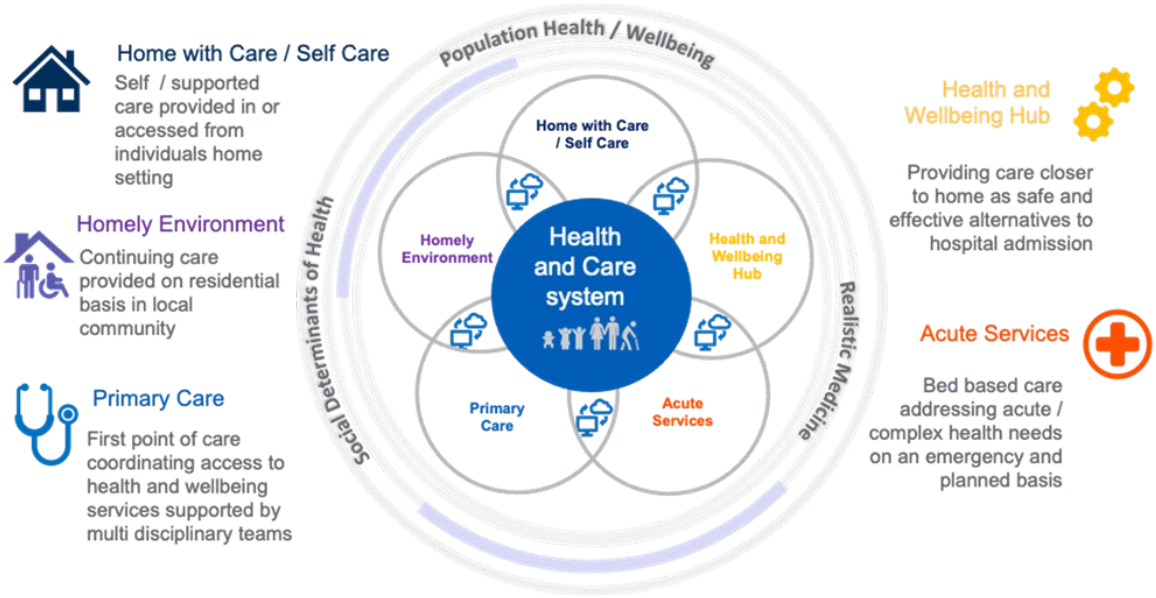
Our shared ambition, as captured in our Caring for Ayrshire strategy, is to develop and deliver on a whole system programme of work to ensure access to care and best care is available for every person, at the time they need it. In the immediate term, 2023 - 2026 this will be delivered through 3 corporate priorities; re-defining bed based care, the delivery of a sustainable financial future and digital reform.

Throughout these priorities, investing in our workforce will enable opportunities for service improvement and service redesign. As a system we are committed to an approach of evidence based change, with an emphasis on developing the networks and relationships that will enable an integrated health and care service model to evolve. This programme of work will consider all aspects of health and care from birth, to end of life, with citizens being at the heart of the proposals, ensuring our future services consider and respond to the changing population demographics (e.g. ageing population and increasing inequalities, particularly as a result of poverty) and the other key drivers that impact on service needs.

Establishing a sustainable financial recovery plan, as we work through this post Covid era, is essential. The in-year, 2023/24, capital investment has been weighted to progressing the delivery of our digital strategy as we believe it to be a core enabler in reforming the way the Health Board can deliver best care as close to the patient as possible. Our digital strategy is system wide and includes an Ayrshire wide commitment to deliver a single electronic patient record. It is acknowledged by the Board that the sustainable and longer term recovery of the current £56M forecast deficit is crucial. The financial recovery plan will be corporately led, and progress against delivery will be mapped to specific cost reduction plans; notably the reduction of high cost agency staff in preference to local recruitment and retention ambitions.

We will continue to work collaboratively with our health and social care partners and our wider community planning partners to improve planning and investment in our communities, to optimise population health not only through better provision of health and care services but through wider economic benefit, regeneration and growth in our communities.

The diagram below illustrates how, as a system, we are working together to secure high quality primary and community care services, delivering care closer to home and, when required, ensuring access to specialist care in our local hospital and national service networks.



2023/24 Progress

In the immediate term the priorities for NHS Ayrshire and Arran within 2023/24 are to focus on system safety and service resilience to ensure we have the safest hospitals possible. To support our system, our health and social care teams are working together to guarantee that all available capacity across our health and social care system is aligned as well as it can be to the human resource we have.

To ensure progress in delivering against our Caring for Ayrshire strategy NHS Ayrshire and Arran have agreed three corporate priorities; re-defining bed based care, the delivery of a sustainable financial future and digital reform.

These corporate priorities are fully aligned to reforming our health and care services. Digital reform, throughout NHS Ayrshire and Arran, will enable clinical and non-clinical reform by enabling new ways of working, reduce duplication and reduce clinical risks. Digital reform will support our workforce to deliver care closer to home as digital inter-operability provides information live. As the digital foundations of our network are made fit for purpose (2023/24), we will ensure that our learning since 2018 is captured, inclusive of the positive and negative features of the pandemic. We will constantly review the capital infrastructure challenges that NHS Ayrshire and Arran has, and continue to work to create opportunities while recognising the fragility of our current health and care system.

Re-defining bed base care is a whole system piece of work. Historically the acute sector has been a barometer for access to bed based care, measured through high occupancy levels and overcrowded emergency departments; however, it is understood that these are symptoms of pressures and limitations to capacity in the community and care at home settings. Over the next three years our ambition is to systematically plan to redefine our bed base in the acute sector in preference for right sized services, inclusive of bed based care options in the community. It is acknowledged that there is unmet need in post-acute care and limited capacity throughout our rehabilitation services, both virtual health and personal care models. The re-defining of the bed base for NHS Ayrshire and Arran, will focus on reducing avoidable acute and community hospital bed day stays. This will allow a redistribution of workforce across the acute sector, which will support safer staffing models, reduce risks to harm to patients and

reduce high cost workforce investment, contributing to the financial stability of our acute hospitals.

Through digital reform and the system wide re-provision of bed based care NHS Ayrshire and Arran will develop and deliver a cost reduction programme to bring the Board into a sustainable financial recovery.

In terms of timelines, we appreciate that the horizon three vision of our Caring for Ayrshire strategy will take time to fully form, but to ensure yearly progress is made, we will compile and agree a phased service change approach to ensure delivery to objectives is achieved. We have developed a virtual Caring for Ayrshire hub: www.jointheconversation-nhsaaa.co.uk. The hub contains information and news about the Caring for Ayrshire programme and will allow community and staff engagement.

Our plans have been informed by our understanding of our system data and we continue to utilise and develop our whole system model tool, in collaboration with the Public Health Scotland modelling team, to help predict, with a reasonable level of accuracy, the number of occupied beds in our hospital sites on a 12-weekly basis. This approach has also been used to develop further 6-month projections, which have allowed us to test various scenarios and inform short-to-medium-term action planning. The utilisation of the whole system model and its accompanying projections is an important step towards effective resource allocation and management within the acute hospital sites. By providing an informed forecast of future demand, site teams are supported to optimise resource allocation more effectively and to proactively respond to potential challenges arising from increased levels of demand, thereby helping to ensure continued quality of care.

2. PRIMARY AND COMMUNITY CARE

Within primary and community care services, a framework of measures continues to be implemented to ensure the continued safe and effective delivery of services to patients. To support strategic aims of both delivering more care in the community and enhancing a focus on preventative care the multidisciplinary team preventative approach is being extended.

Delivery of services within General Practice will be closely monitored with ongoing support from the Primary Care management and clinical leadership teams to minimise the impact on practice teams as a result of pressures across the whole system. Scoping will also be carried out collaboratively to fully understand the impact on General Practice following the announcement that directions will not be issued in relation to the key contractual priorities of the new General Practice Contract.

There will be ongoing review of the integrated General Medical Services and the wider multi-disciplinary out of hour's service as well as the enhanced Flow Navigation Centre pathways within the Ayrshire Urgent Care Service as part of the commitment to Redesign Urgent Care. This will be done in partnership with acute and community professionals and will identify areas of improvement to benefit citizens of Ayrshire and Arran accessing appropriate care 24/7 at the point of contact wherever possible.

A programme of review and data gathering within Public Dental Services will support informed decision making and development of plans to enhance community based access. Ongoing

programmes of work within community optometry services will also increase access within a community setting aligned to the Caring for Ayrshire vision.

Mental Health and Wellbeing Service
It is the vision to create a Mental Health and Wellbeing service for Primary Care that is consistent across Ayrshire and Arran. Work will continue over the next few years to develop detailed plans which will be funding dependent. It is our ambition that by March 2026, the service will comprise a multi-disciplinary team composed of Mental Health Practitioners, Community Link Workers and Occupational Therapists. Self-help Workers, Enhanced Psychological Practitioners (EPPs), Administration and other roles will also be under consideration as detailed planning is completed. At present, the multi-disciplinary team offers a triage and assessment service predominantly for adults (although younger age ranges are available within some areas). At present there is limited scope for treatments. It is anticipated that as staff levels rise, the age range and treatments offered will expand to all ages and a limited range of short treatments. Online treatment options and group sessions are areas that will be explored alongside more traditional psychological therapies. There are great benefits to having these roles working directly in GP Practices, however, as the team grows in numbers so too will the space requirements.

Frailty Programmes
South Ayrshire HSCP have successfully applied and been recruited to the forthcoming Healthcare Improvement Scotland Frailty Collaborative Initiative to continue and expand on the Frailty work that they were involved in pre Covid via Healthcare Improvement Scotland collaborative working.

They have based this application on enhancing whole system working including the following areas:

- Very upstream population health approaches based within localities and with support from wider Community Planning Partners;
- Intervention and supports at early (mild) stages of frailty with particular reference to the Life Curve;
- GP Practice based interventions using the eFrailty tool and Occupational Therapy-led supports for people moving into significant levels of frailty;
- Community based supports for those with significant frailty that might mitigate a potential hospital admission;
- Support through hospital based journeys and upon discharge;
- Support Reablement and longer term Community Rehabilitation interventions;
- Supportive self-management;
- Support for informal carers throughout the whole process;
- Particular support for frailty within Care Home sector;
- Identification of where technology enabled care approaches can add value; and
- Links to the opportunities linked to our new Micro-enterprise approaches.

A pan Ayrshire Falls Collaborative commenced in May 2022, which includes a focus on frailty. Link Workers have been identified for each Care Home to support improvements within the care home. Learning sessions take place on a 12 week cycle, are MDT focused and supported by a Falls Trainer role pan Ayrshire.

Diabetes Prevention and Weight Management Service
Weight Management services in Ayrshire & Arran comprise of a number of work streams, each of which would support people to 'wait well' as well as preventing a number of long term conditions such as type 2 diabetes and cardiovascular disease. The work streams are as follows:

- Provision of care for women at risk of gestational diabetes (GDM) to reduce the risk of adverse health outcomes for women and their babies, and reduce the number of women who have type 2 diabetes post-natally;
- Provision of early intervention and support for those at high risk of type 2 diabetes i.e. those diagnosed with pre-diabetes to reduce the number of people who develop type 2 diabetes;
- Provision of person-centred weight management support for those with a high BMI. This includes a tier 2 weight management programme delivered by a range of external providers, and expansion of a tier 3 multi-disciplinary specialist weight management service. Those with a high BMI are at risk of a range of poorer physical and mental health outcomes; services are designed to support people to improve their health and wellbeing as well as reduce their weight; and
- Provision of a type 2 diabetes remission programme involving total diet replacement treatment for those recently diagnosed with type 2 diabetes. There is good evidence that intensive total diet replacement therapy can result in remission of type 2 diabetes, meaning that people can stop/reduce a range of medications not only for diabetes but for other co-morbidities such as hypertension and hyperlipidaemia.

Infection, Prevention and Control (IPC)
In order to meet recommendation three of the IPC Workforce Strategy 2022-2024 to review the provision of IPC support available to Primary Care, including general practice and dental practice, and consider how these settings can be supported in the future. We aim to:

- Carry out a gap analysis;
- Liaise with Public Health to ensure collaborative working;
- Ensure a multi-agency approach to meet all the requirements of the IPC workforce strategy;
- Develop short, medium and long term plans to ensure transparency in approach; and
- Carry out a staff scoping exercise with the support of an external expert to ensure adequate resource is available to meet the needs of the plan.

The IPCT aim to restructure and align with North, East and South sectors. Each sector will consist of a Band 7, Band 6's, Band 5 and Band 4 staff. Although based in Crosshouse will travel all over NHS Ayrshire and Arran to ensure safe and effective IPC delivery of:

- Training and education;
- Alert organism surveillance;
- Outbreak management;
- Audit; and
- Advice and support

The aim is to have hubs all over Ayrshire to minimise travel for the IPCT. Each sector will have experience and knowledge of:

- The National Infection Prevention and Control Manual;
- Care Home Infection Prevention and Control Manual;
- The Built Environment; and
- IPC Standards

To ensure appropriate governance of the approach a new Programme Board is under review, which aims to include Public Health, Infection Prevention and Control, Occupational Health, Acute, Dental, General Practitioner representation and Microbiology (including antimicrobial management leads).

The aim of the Programme Board is to ensure roles and responsibilities are clear between the relevant agencies. The IPCT aims to deliver training and education of the National Infection Prevention and Control and Care Home Manual within Primary Care. Public Health will continue to manage incidents within this setting as per Chapter 3 of the Infection Prevention and Control Manual.

During the Covid 19 pandemic our Nurse Director had the added responsibility of providing education and training to care homes. The IPCT offer a number of packages which include:

- Hand Hygiene;
- Personal Protection Equipment;
- Safe Management of Care Equipment;
- Safe Management of Care Environment;
- Getting to Grips with Standard Infection Control Precautions (SICPs);
- Gloves are Off (PPE); and
- Transmission based Precautions (TBPs)

In addition, training sessions on “Winter Preparedness” are provided.

In 2022-23, a total of 71 education sessions were provided to care homes. These sessions were provided as ‘Gloves are Off’ and ‘Getting to Grips with SICPs’ with 659 staff having completed the training during this time. Feedback forms are obtained after each session and the feedback from staff has been positive.

There are 79 care homes/facilities. The aim is to offer training to each care home within 2023-24.

This section is in support of the IPC Standards 2022 and delivery of the IPC Planned Programme 2023-24.

Anticipated risks are the unpredictability of the Covid 19 pandemic and staff resource due to limited availability of experienced IPC staff. Current risk exists within the strategic risk register.

Primary and Community Care – Improvement Actions

- Recruitment into key Multidisciplinary Team roles within General Practice will continue as part of the new GP Contract maximising on the current financial allocation of the Primary Care Improvement Fund (PCIF) to ensure progress to implement the Primary Care Improvement Plan (PCIP) to date is sustained. Workforce will be reviewed within individual service areas to ensure equitable access across GP practices wherever appropriate and ensure all opportunities are implemented whilst awaiting updated

National Framework for Community Treatment and Care (CTAC) and Pharmacotherapy task transfer;

- A programme of work is also underway to move General Practice on a per Practice basis from a fragmented set of independent telephony solutions to a single resilient digital telephony platform supported by NHS Ayrshire and Arran. The proposed new platform offers increased functionality that will benefit general practice clinicians and patients alike. Practices have been prioritised to transfer onto the health board telephony platform based on current quality of telephone systems within the practice and the expiry date of their current contract;
- The Out of Hours Service, Ayrshire Urgent Care Service (AUCS) will continuously be reviewed to ensure clinical capacity against the medical workforce, as well as utilisation of integrated pathways. This will include ongoing engagement with the clinical workforce and review of rotas using innovative approaches to fill any gaps; Service data is reviewed daily to identify any learning or improvements in live time;
- An ongoing review programme for General Practice Enhanced Services will ensure they remain current and fit for purpose in line with NHS Quality Ambitions and national and local drivers for change. The Programme will provide governance and assurance that these are being delivered in accordance with the agreed specification ensuring they meet the needs of the population and are sustainable;
- Current scoping is underway to gather a robust data set to allow for evidence based contingency planning which will support informed decision making and development of plans to reduce waiting times and increase appointment capacity where required within the Public Dental Service. Continued recruitment into key dental roles within the Public Dental Service will also support increased capacity for those awaiting assessment;
- Increase capacity and access for dental patients for routine in-hours care and urgent dental care for unregistered and deregistered patients whilst General Dental Services continues to re-mobilise;
- An operational working group has been established to further develop new pathways and determine further areas of ophthalmic care which can transition into a community setting. This includes a number of community Opticians undertaking a training programme to deliver a Glaucoma Service (anticipated mid 2024/25). A pathway for Anterior Uveitis / Juvenile Idiopathic Arthritis is also in development with the aim to implement the service by Quarter 3;
- Improve the delivery of adult community mental health support and services, by service focus and design shaped through quality standards and service specification. Commence strategic group to refocus, aims, objectives and achievements of the community mental health team; and
- Enhanced Psychological Practitioners (EPP's) to enhance the treatments offered to patients within primary care setting and complement existing services offered by Mental Health Practitioner's, Community Link Workers, Self-Help Workers.

3. URGENT & UNSCHEDULED CARE

NHS Ayrshire and Arran is transforming the way in which people access urgent and unscheduled care. Our focus is to provide alternatives to front door attendance and admissions utilising a Whole System Collaborative approach.

Existing programmes of work will continue to deliver internal improvements with work ongoing to expand and embed:

- Rapid Assessment Pathways;
- Virtual Capacity Pathways;
- Discharge without Delay; and
- Phase 2 Redesign of Urgent Care.
- Ambulance Handover Plan

Recognising the need to increase the pace and scale of change across our system we will focus on the activity which we expect to make the greatest impact with clear links between the actions and outcomes they are expected to deliver. Modelling data has shaped decision making and influenced planning over the coming 12 months. This focussed plan will support the recovery and stabilisation of our services which will result in a resilient and sustainable system as we approach winter 2023/24.

Rapid Assessment Pathways
We continue to develop access across the wider urgent and emergency care system, working with primary care colleagues to promote the booking of appointments for patients referred by GP's into scheduled slots within our Combined Assessment Unit's. This will prevent unnecessary overnight stays and promote the use of our Rapid Access and Care Treatment areas to increase the number of same day discharges to 30% by December 2023.

Virtual Capacity Pathways

Hospital @ Home (H@H)
The H@H service for NHS Ayrshire and Arran has been developed to support frail older people at home or close to home, as an alternative to unscheduled acute hospital admission. This service provides rapid access, specialist outpatient assessment or hospital at home for older people at risk of unscheduled acute hospital admission as well as supporting early discharge from an acute setting. Over the next 12 months H@H will expand from 12 to 24 virtual beds in quarterly increments based on additional Scottish Government funding and availability of workforce.

Rapid Respiratory Response (RRR)
The RRR programme is underway utilising a robust intelligence driven model. This has resulted in a scaled up service with further plans to offer coverage to additional GP practices across all three HSCPs. The staffing model offers an opportunity for skills mix across a range of posts to deliver effectively to a wider population and to provide more geographical coverage. In addition, consideration has been given to moving to a more appropriate and useful patient information system which not only holds information about the patients within the service but offers the opportunity for other clinicians to identify patients quickly as being engaged within RRR, and therefore promptly accessing the right support for those patients. This has enhanced the patient experience for those engaged with the service and significantly reduced the likelihood of those patients attending the ED once they are known to the RRR service.

Discharge without Delay (DwD)
The initiative of Whole System Intervention (WSI) linked to the DwD plan, focused on both expediting safe patient discharge and remediation of existing system issues. This collaboration brought our partners into the heart of hospital operations while giving hospital staff an insight into the services our partners provide in the community. This approach is now embedded as business as usual.

Ward-based board rounds have been long established as best practice in managing ward processes and patient flow. At University Hospital Crosshouse and Ayr many wards have already implemented board rounds and there have been multiple initiatives over the last few years to improve and sustain their robustness. There is a recognition that further work is needed in order to refresh and formalise our current board rounds, support them with a wider MDT based approach as well as improve their quality and to further improve patient flow and experience.

Our objective is to establish regular MDT board rounds on all wards which implement and review patient-centred discharge plans in a timely manner preventing delay to treatment and discharge. As standard we will implement, where appropriate:

- A board round every day at the same time to maximise attendance;
- An MDT approach including AHPs, Doctors, Home First Practitioners and relevant HSCP services;
- The use of Criteria Led Discharge; and
- A Discharge to Assess/Home First approach.

The implementation of the above will support an increase in the number of pre-noon discharges to 30% and an increase in the weekend discharge rate as a percentage of the weekday rate to 60% by December 2023.

Phase 2 - Redesign of Urgent Care (RUC)
A number of actions are underway to sustain the current improvements and identify any further primary care pathways via the Ayrshire Urgent Care Service (AUCS) in its role as the Flow Navigation Centre (FNC). To provide appropriate pathways of care for patients to ensure they receive the right care in the right place, leading to an avoidance of front door attendance and admission.
Through implementation of the RUC, the FNC has the ability to schedule and appoint patients, where appropriate and direct to the Emergency Department (ED). This currently works well to help alleviate front door pressures with no specific actions identified.

To develop an integrated approach to urgent care services, the Community Pharmacy pathway into AUCS will be further developed. This supports patients to access appropriate care and avoid unnecessary attendance at the ED. Demand profiling will be undertaken to develop the MSK urgent care pathway through an enhanced MSK model. This will provide patients the ability to self-refer into MSK community services and to fit within the wider AUCS and urgent care model.

Public messaging continues to be developed and utilised across social media channels and community groups to promote new pathways and signposting to other services including NHS Inform. This will reinforce the Right Care, in the Right Time in the Right Place campaign to avoid inappropriate attendance at ED and encourage use of community based services and self-help advice.

Best Start
Work progressed within Maternity Services to date includes the progression of the Best Start programme with 23 of the 29 local recommendations having been delivered. Non-recurring Best Start funding will cease in March 2024 which will have an impact on delivering the Continuity Model of Care, unless an alternative source of funding is identified. Development has commenced for a Business Case to identify funding and support sustainability from 2024/25.

Maternity plans are ongoing and regularly reviewed through the Maternity Transformation Group.

Unscheduled Care – Improvement Actions

- To provide alternatives to front door attendance and admission, maintaining & improving reduction in scheduled and unscheduled attendances;
- To reduce attendances, minimise admission and stream where possible to same day care services;
- Reduce ambulance handover waits in accordance with NHS Scotland guidance
- Reduce acute average length of stay (excluding Delayed Transfers of Care);
- Reduce average length of stay for patients Delayed in their Transfers of Care;
- Implement MDT board rounds;
- Increase use of Criteria Led Discharge's;
- Maximise the use of same day care pathways; and
- Expand the H@H virtual bed capacity from 12 to 24.

Urgent Care - Improvement Actions

- Enhance the Flow Navigation Centre (FNC) within Ayrshire Urgent Care Service (AUCS) to provide care that ensures less than 15% of demand requires attendance at hospital;
- Eliminate inappropriate conveyance to hospital through the use of the Call Before Convey pathway with Scottish Ambulance Service (SAS);
- Enhance access for Care Homes to Ayrshire Urgent Care Service (AUCS), including redirection to other appropriate pathways during the out of hours period to sustain current level of onward transfer to hospital which is currently only 8% of patients;
- Provide alternative navigation to community mental health services of Urgent Mental Health patients by the emergency services through the use of the Urgent Emergency Services Mental Health pathway (ESMHP);
- Further develop the Community Pharmacy pathway into Ayrshire Urgent Care Service to support patients to access appropriate care and avoid unnecessary attendance at the Emergency Department;
- Implement a Musculoskeletal (MSK) - Urgent Care Pathway; and
- Expand the evidence based Community Rapid Respiratory Response pathway across all three Health and Social Care Partnership areas.

Best Start and Maternity and Neonatal - Improvement Actions

- Delivering on the remaining Best Start Programme actions:
- Implementation of Continuity of Carer Model;
- Sustainability of Continuity Service;
- Develop plans and implement actions to improve birth place options;
- Develop plans to implement ante natal education;
- Scope data set requirements to implement a Maternity dashboard; and
- Implementation of a 7 day Neonatal Home Care model of care
- Development of Rainbow Pathway;
- Implementation of the Bereavement Liaison Pathway;
- Development and implementation of an Out Patient Induction of Labour Provision; and
- Review current estate and scope alternatives.

4. MENTAL HEALTH

The transition and recovery plans for mental health continue to deliver targeted actions to ensure a whole system response to the challenges presented, addressing backlog management as we continue to innovate, providing new pathways to services, redesigning services and using digital delivery to retain and maximise as much support as possible as services increase face to face activity and group therapy.

CAMHS
The CAMHS Service in Ayrshire and Arran during the period 2022-23 streamlined the 3 distinct parts of the service to ensure that children and young people are on the correct pathway at a much earlier stage.

- Specialist Community CAMHS (SCAMHS)
  Assessment, care and treatment of children and young people experiencing serious mental health problems e.g. low mood, anxiety, suicidal ideation and eating disorders;

- CAMHS Urgent Assessment and Intensive Treatment (CUAIT)
  Responds to the urgent needs of young people who are experiencing a mental health crisis. 7 days a week currently operating between 9am and 5pm; and

- Neurodiverse CAMHS (N-CAMHS)
  Provides neurodevelopmental assessments to support children and young people accessing mental health services to gain an understanding of their strengths and challenges they face. Referrals are made through the child / young person's school or doctor (GP).

CAMHS have been experiencing a considerable increase in referrals since April 2022. In March 2022 CAMHS saw 192 new referrals, in March 2023 this was 366 new referrals. The Referral to Treatment (RTT) compliance at the end of March 2023 was 97% and continues to be monitored. Maintaining the 18 week waiting times standard will be a significant challenge going into the summer 2023 and this has been flagged as an organisational risk and on associated Risk Registers, due to a number of reasons:

- The implementation of the CAMHS specification is being undertaken from 1 August 2023. This is hoped to lead to meaningfully redirection of all non-mental health Neurodevelopmental assessments not coming into a Tier 3 Specialist Mental Health Service. The service expect to have an increase in referrals as the 1 August approaches;
- The increase in referrals over the last year which has resulted in double the number of referrals coming into the service;
- CAMHS experiences high Did Not Attend (DNA) rates and various mitigations have been put in place including; phoning families to opt in, text reminders and offering both face to face and ‘Near Me’ virtual appointments;
- Recruitment is challenging across all disciplines, in CAMHS particularly around Psychiatry, Nursing and Psychology. The service has continued to look at the skill mix required for the service based on these challenges and are recruiting more Allied Health Professionals (AHP) and Play Therapists to bring another dimension to the team; and
- CAMHS has also had contracts with external providers to help young people already on the CAMHS Neuro waiting list get an assessment appointment sooner. The existing

contract comes to an end in June 2023 for Purple House and Helios with 220 young people having been seen. There is a new contract being negotiated but will take time to go through the required procurement and governance processes. This is not expected to be in place until Oct 2023.

In 2023/24, all very long waits (over 52 weeks) will be addressed within CAMHS by scrutinising the CAMHS waiting list and ensuring the longest waits are discussed and allocated as soon as possible. CAMHS in Ayrshire and Arran are meeting the 18 week RTT with 97.3% complete for the quarter end March 2023.

Neurodevelopmental CAMHS have completed a robust review of the current young people waiting for a Neuro assessment within CAMHS and have developed four diagnostic pathways to improve the children and young people's journey. In addition, working with Glasgow University on the ESSENCE D model to help streamline Neuro referrals to the correct pathways and this should save clinical time going forward.

CEDS continues to be one of the few Eating Disorder Services in Scotland to provide an all age service. Following the National Eating Disorders Review in 2022, a local review of services was undertaken which included criteria, skill mix, training requirements. A Consultant Clinical Psychologist and Charge Nurse post has been recruited to with the wider AHP requirement being negotiated. A training plan has been updated and all job descriptions reviewed to ensure fidelity to the National Review and the SIGN Guidelines. Working with key stakeholders to support early intervention.

Psychological Therapies

The latest published data for quarter ending March 2023 indicates that compliance for Psychological Therapies remains higher than the Scotland average. In terms of Referral to Treatment (RTT) figures, the 12 month average was 87.3% compliance, with 90% reached on three occasions during the fiscal year. Reduction in longest waits has been a priority across those services. The number of patients waiting more than one year has shown a 38% reduction from the start of 2023, and 51% reduction from the highest point in October 2022. Overall numbers waiting across services has remained at a similar level, but with the increase in services providing recordable data, this would be expected. The continued reduction of this figure will be monitored over 2023/24, with the caveat that overall RTT compliance will be somewhat negatively affected whilst these longest waits are addressed.

Local and national funding opportunities and allocations have been utilised to expand existing and new pan-Ayrshire provision to several Mental Health specialties, Acute, Primary Care and Third Sector. Additional administrative and leadership capacity has also been developed to support this expansion. In a competitive workforce context, we have successfully appointed to our full Scottish Government Psychological Therapies funding allocation targeting clinical areas with longest waits and unmet need. Our Lead (North) Partnership for Mental Health Services/Psychology has been supportive in approving permanent contracts to improve recruitment and retention of our limited specialist workforce.

The additional funding to date has enabled us to develop our service provision to Addictions, Staff Wellbeing, Patient's Hospitalised with Covid 19, Pain Management, Weight Management and Trauma Neuro-Rehabilitation beds, Adult In-patient, Infant Mental Health and Eating Disorders.

Service developments over the next 12 months will address the requirements dictated by the Psychological Therapies Service Specification and the Community Mental Health Service Plan,

in order to ensure local compliance. Specific areas of focus will continue to be centred around longest waits, neurodevelopmental service provision (both Children and Adults) and whole board alignment to the updated Matrix Treatment Recommendation for Psychological Therapies.

CAMHS and Psychological Therapies National Dataset (CAPTND) Compliance
Work has commenced in order to achieve full compliance with CAPTND data set. We have moved to Trakcare and since this move a number of issues require to be worked through and this has impacted on the accuracy of data being entered and reported.

- Variations between services in how different waiting lists are utilised in Trakcare;
- Incorrect reporting criteria in Business Objects requiring reprogramming; and
- The need for additional data fields in Care Partner to ensure completeness of data for reporting.

Monthly data reconciliations have taken place for a number of months to check and resolve the errors. Until the return for March 2023 these returns have been submitted from the repopulated Microsoft Access databases. This has now ceased and from April 2023 all aggregate data returns will include data extracted from Business Objects. Data errors will continue to be identified through planned monthly admin validations and analyst checks, and these will be resolved through the project working group.

In Patients
Pressures on mental health and learning disability inpatient services has been sustained throughout 2022/23, in the last quarter of 2022/23 admission bed occupancy has been in excess of 100% which creates additional pressures in ensuring bed availability for urgent admissions. To meet demand a ward vacated as part of pandemic contingencies has been utilised on an unfunded basis.

Exacerbating demand for beds has been underlying high levels of patients delayed in their transfer of care. Within the Adult Mental Health admission setting this has been due to numbers of individuals awaiting supported accommodation, specialist under 65 care home provision, allocation of tenancies and/or awaiting care providers to recruit staff to support 'higher end' packages of care. Within the Elderly Mental Health setting in addition to some of those reasons listed above, delays have been associated with Guardianship processes.

In addition, there has been an increase in higher end private sector providers in Ayrshire and Arran and therefore, an increased cohort of individuals with complex care needs within Ayrshire who, if placement breaks down, are likely to require urgent inpatient care. Thus far placing Boards have declined to accept transfers of such persons back to their own areas pending alternative community placement leading to lengthy inpatient stays and an increased requirement of admission beds.

Mental Health – Improvement Actions

<u>CAMHs</u>
Measures will be in place to mitigate and limit the impact on the RTT from the Implementation of the CAMHS Specification on the 1 August 2023.

- Approval from the Chief Executives of the Board, three Integrated Joint Boards and Health and Social Care Partnerships to implement the CAMHS service specification;
- Neurodevelopmental Extreme Teams co-chaired by Head of Mental Health Services and Head of Children's Services SAHSCP (running from May 2023 for 8 weeks);
- Communication Strategy with key stakeholders;
- Using the CAMHS DCAQ (Demand Capacity and Queue Model) to look at capacity, workforce and skill mix; and
- CAMHS have employed a CAMHS Data/Information Analyst to assist in the forecasting, demand and capacity. We have increased assessment and 1st treatment appointments to meet the increased demand as shown in the graph. However, if demand continues to increase we will endeavour to match capacity to demand. This will have an impact on young people requiring treatment.

Psychological Services (PS)

- **Recruitment** - Psychological Services continues to engage in a strong recruitment drive to fill all vacancies and utilisation of skill mix and post reconfiguration as needed. Use of recruitment agency for difficult to appoint posts, alongside national advertising;
- **Service Delivery** – Continued remote delivery and development of assessment and treatment where appropriate. Introduction of Pan-Ayrshire group interventions for Adult Mental Health population;
- **Training/Wider Workforce Upskilling** - Implement the recently developed strategic plan for psychological training and supervision, initially focused on Adult Mental Health, based on clinical care pathways, and with more explicit knowledge of what resource is available and required for delivery of the different levels of psychological work. Scoping exercises to be completed for workforce training in Eating Disorders; and
- **Data Systems** – Continue implementation of data systems (TrakCare and CarePartner) within specialities to improve accuracy in reporting and access to service data to inform on demand capacity analyses and clinical outcomes.

In Patients

- **Implementation of Workforce Strategy** - Roll out of e-Rostering/safer staffing including optimal integration between substantive and flexible staff resource;
- **Innovation Adoption** - Fast track the national adoption of proven innovations which could have a transformational impact on efficiency and patient outcomes and Reducing Length of Stay: Rapid assessment and streaming;
- **Improve the delivery of mental health support and services**
- **Mental health pathways – forensic services -** Review of internal referral pathways between low secure, forensic rehabilitation and community services is being undertaken to have refreshed pathways/timescales in place by September 2023. Optimising transition between services and maximising availability to repatriate persons to NHS Ayrshire and Arran from external placements and as a resource for wider Forensic Network.

5. PLANNED CARE

The Access allocation will continue to fund £4M of previously implemented initiatives. These had been funded non-recurringly in previous years but will now be established in baseline

budgets. These initiatives have been successful in delivering the additionality which has contributed to notable waiting list improvements in 2022/23 and will continue to contribute in 2023/24.

These include:

- Orthopaedics centre of excellence for orthopaedic surgery: Orthopaedic outpatients are now achieving less than 52 week wait for outpatients, and also supports reduction in the inpatient/daycase waiting time;
- Endoscopy 4th room and three Nurse Endoscopists: These have contributed to a significant reduction in the endoscopy waiting list, and the opening of the UHA 4th room in May 2023 will deliver further significant improvement in 2023/24;
- CT Pod: This has contributed to the reduction in CT waiting times from circa 40 weeks in 2021 to 6 weeks by December 2022; and
- Pain Clinic Redesign: this has transformed the delivery of pain services and resulted in a significant reduction in waiting times.

NHS Ayrshire and Arran recognises the importance of moving towards more sustainable solutions to delivering waiting times. A process of transition to sustainable approaches will be initiated benefiting from the recurring nature of the Access funding allocation. In year 2023/24 this will be a modest recurring investment in key priority areas, allowing further detailed planning to progress in other areas.

Short term solutions including insourcing and waiting lists initiatives will provide additional capacity to ensure continued progress towards targets. These short term approaches are required for a variety of reasons: in some services where core capacity and demand are in balance and short term capacity is required solely to eliminate the pandemic-induced backlog, in services where there is a lead in period for redesign such as the training of new roles, where there are staff vacancies, or where redesign planning is still underway. Prioritisation will be given to Diabetes, Neurology and Ultrasound where ongoing capacity issues are impacting on the ability to deliver waiting times targets.

Waiting List Validation

Robust administrative validation of waiting lists is in place. Outpatient waiting lists have already been validated to 52 weeks wait, and through 2023/24 we will progress to validation of patients to 26 weeks. This validation will be a continuous rolling programme targeting the specialties which have capacity to appoint the validated patients in the first instance. National Elective Coordination Unit (NECU) will support administrative validation of the Inpatient waiting lists to 26wks using a new interactive text messaging approach. NHS Ayrshire and Arran will be an early adopter of this approach and the learning from this will inform ongoing approaches to waiting list validation.

Through the Value Improvement Fund, we will trial a peri-operative assessment approach which will contribute to waiting list validation. Through this approach, long waiting patients will be contacted and undergo pre-assessment triage at an earlier stage, allowing patients who require more intervention to be identified and supported much earlier in the process. This concept of a ‘preparation list’ rather than a waiting list is expected to deliver clinical benefits and faster recovery but will also contribute to the ongoing validation of the inpatient/daycase waiting list.

To support patients to wait well for planned care, a Perioperative Care Coordinator will be recruited on each hospital site in Ayrshire to:

- Access surgical waiting lists and perform Remote Pre-operative Assessment (POA) Risk Screening, allowing triage of individuals onto Low Risk and Expedited pre-operative assessment groups;
- Issue Low Risk Individuals with Keep in Touch Information and Universal Pre-habilitation Resources;
- Refer Expedited individuals directly onto our nurse-led POA Pathway, facilitating much earlier access to risk assessment, optimisation and shared decision making; and
- Keep in touch with patients waiting for surgery every 3 months, which will change waiting lists for surgery into Preparation Lists.

Planned Care Plan – Improvement Actions

- Validate outpatient and inpatient/daycase waiting lists to 26 weeks;
- Further expand the use of Active Clinical Referral Triage (ACRT) with a particular focus on Neurology, Gastroenterology and Diabetes and Endocrinology;
- Provide supplemental short term outpatient capacity through Insourcing and Waiting List Initiatives;
- Enhance sustainability through development of new permanent capacity;
- Complete and submit Full Business Case for National Treatment Centre and proceed to implement;
- Embed EqUIP pathways for Hernia and Haemorrhoidectomy to reduce waiting lists;
- Increase throughput of cataract surgery theatre lists in line with Specialty Delivery Group recommendations;
- Increase theatre productivity and increase theatre utilisation. Reduction in Gap times and cancellations;
- Increase daycase rates for three procedures (Hip Arthroplasty, Lap Cholecystectomy, Destruction bladder lesion) with the largest productive opportunity;
- Establish 3rd CT Scanner and permanent radiographer team to maintain CT capacity and reduce waiting list; and
- Diabetes and Endocrinology service redesign – deliver measurable progress in Year 1 of programme.

6. CANCER CARE

Recovering and improving cancer performance, and further developing and improving the cancer service is a high priority for 2023/24. Performance governance and leadership will be enhanced through the establishment of a director-led Cancer Performance Governance Group.

Diagnostics Services

The main focus in improving cancer waiting times will be addressing key pressure points within diagnostic services. The single biggest potential for improvement sits in the colorectal cancer pathway, and so creating additional endoscopy capacity and further embedding other triage tools such as qFIT and colon capsule endoscopy will be given high priority. It is also recognised that there is a significant workforce and capacity constraint within Pathology services which affects all cancer pathways, and so addressing this with both short-term interventions and development of a longer-term plan will also be priorities in 2023/24. In 2020/21 and 2021/22, establishment of an off-site CT scanning service at Ayrshire Central Hospital (ACH) was found to significantly benefit the continuity and protection of imaging services for cancer patients and this will be further embedded through the establishment of a permanent NHS radiographer team. There is also a plan to establish a diagnostics centre including MRI at ACH and although

this is not within the capital plan for 2023/24, we will use the planning cycle to endeavour to confirm a future timescale for this.

NHS Ayrshire and Arran participated as a pilot project for Early Cancer Diagnostic Centre, now Rapid Cancer Diagnostics Service. We are continuing to fully participate in the evaluation, being led by University of Strathclyde of the different service models trialled during this pilot and are readying ourselves to adapt the approach in line with the expected outcomes of this evaluation. Following the evaluation outcome, a business case will be developed to ensure funding is secured for future years.

Cancer Staging Data
Cancer staging data is currently recorded for all patients undergoing surgical treatment, but not for those undergoing other non-surgical forms of treatment. Through 2023/24 we will develop a procedure to record cancer staging for all patients, including radiological staging for some patients, and expect this process to involve the MDT and MDT coordinator.

Systemic Anti-Cancer Treatment (SACT)
There has been a significant increase in demand for SACT and this shows no signs of slowing with the introduction of new medicines, increased life expectancy and with treatment ongoing until disease progression. NHS Ayrshire and Arran has shown an increase of 37% on-treatment episodes since pre-pandemic, and regionally an annual increase of >10% is expected. NHS Ayrshire and Arran made significant changes during the pandemic to ensure continuity and safety of inpatient and daycase SACT delivery and we aim to expand on these changes in the longer term ensuring patients can have their treatments as close to home as possible, by expanding our Tier 3 (low risk SACT) community sites. SACT workforce has been expanded in terms of nursing and pharmacy staff (including non-medical prescribers), and we will ensure patients receive safe and timely treatment, meeting standards laid out in CEL30.

Patient Support and Prehabilitation
The single point of contact for cancer patients is their Advanced Cancer Nurse Specialist (ACNS) and there are ACNS for all main tumour types. There will be recruitment for an ACNS in melanoma for a 1 year post and a business case will be developed for permanency. Health Care Support Worker roles are used in the prostate cancer pathway and a similar test of change will be undertaken in the breast cancer pathway. A Navigator role has also just been funded as part of the optimal lung cancer pathway and will be trialled in 2023/24.

All patients are holistically assessed by their ACNS. Holistic needs assessment using the cancer concerns checklist/care plans is utilised within multiple services. Patients are provided with information specific to their needs and preferences. Patients are given an information and support directory at diagnosis which includes information on counselling services, Macmillan Move More, Healthy and Active Rehab Programme, Macmillan Money Matters, Support Groups. Services are sign-posted, or the patient is referred to the service as required, including those mentioned above including AHP services and buddy support services. A ‘Macmillan Improving the Cancer Journey’ project is underway, where patients will be referred for holistic assessment in the future and they will refer on appropriately for social/psychological support with ACNS focussing on other clinical care/support requirements and referrals.

ACNS are aware of the Maggie centre generic rehabilitation programme and referral processes and the prehabilitation website and a bid has been submitted to Macmillan regionally for a prehabilitation advocate post for 16 months to take this work forward with the role managed by Health Improvement.

The Psychological Framework was developed within the West of Scotland and has been implemented within NHS Ayrshire and Arran. The training matrix is utilised for new ACNS. We have benchmarked against this framework on a regular basis. Clinicians/ACNS refer to level 3 and 4 services at Ayrshire Cancer Support or Level 4 Clinical Psychology services. There is, however, no dedicated funding for a Clinical Psychologist in Cancer.

We work closely in partnership with Ayrshire Cancer Support. Through a Service Level Agreement that is in place, supervision for counsellors is provided by NHS Ayrshire and Arran Clinical Psychology team. We support bids for endowment funds and other funds to develop their services further. We are also working with Breast Cancer Now and Prostate UK to provide programmes to support recovery after cancer.

NHS Ayrshire and Arran will continue to follow the National Cancer Action Plan in a process of continual improvement for cancer services. We will continue to monitor, review and implement changes to improve the timeliness of cancer pathways, as well as to focus on the improvements in the support and service to patients. Many of the initiatives take several years to fully embed and deliver results. This includes some of the initiatives to address increased diagnostics and capacity constraints such as the development of additional Ultrasonographers who take several years to train. Furthermore the NHS Ayrshire and Arran planned development of a diagnostics hub at Ayrshire Central Hospital, although agreed in principle, will progress in line with capital funding availability. The outcomes from the SACT review, underway in 2023/24, will be taken forward for implementation.

We will continue to work closely with national colleagues to contribute to data requests and most recently provided the data required for the National Oncology workforce review.

Cancer Care – Improvement Actions

- Continue to follow the National Cancer Action Plan in a process of continual improvement for cancer services and continue to monitor, review and implement changes to improve the timeliness of cancer pathways, as well as to focus on the improvements in the support and service to patients;
- Establishing increased Pathology Services capacity with both short-term interventions and development of a longer-term plan;
- Ready ourselves to adapt the outcomes of the Rapid Cancer Diagnostics service models trialled during the pilot;
- Develop a procedure to record cancer staging for all patients, including radiological staging for some patients;
- Expanding our Tier 3 (low risk SACT) community sites to ensure patients can have their treatments as close to home as possible;
- Continue the Macmillan Improving the Cancer Journey project to improve holistic assessment and appropriate referral for social/psychological support;
- Work closely with Breast Cancer Now and Prostate UK to provide programmes to support recovery after cancer; and
- Expedited Lung Cancer Pathway Trial to streamline pathway for GP requesting chest x-ray.

7. HEALTH INEQUALITIES

NHS Ayrshire and Arran's Mainstreaming Report sets out our commitment to ensuring the ever-changing demography and multiple identities of our population are person-centred and that our core function of providing health care and prevention of ill-health for all meets the needs of those who access it. It aims to inform our service users, their carers, visitors, staff and partner organisations how we as an organisation work towards ensuring that equalities is being mainstreamed into the functions and activities of our organisation. NHS Ayrshire and Arran's approach to continuous improvement and embedding of equalities into our functions continues through visible leadership, organisational commitment and staff training amongst other initiatives.

As a Board, we are fully committed to continually improving the ways in which we engage with people. Our engagement strategy to support and develop engagement with stakeholders across all protected characteristics underpins the progression of strategies and service reform. Equality and inclusivity underpin our engagement approaches. We have an important role to play in supporting and encouraging people to get involved as active partners in their own care or through engagement in wider discussions about health and care services. By ensuring that all engagement activity is appropriately impact assessed from the outset, we can identify any potential barriers for people to participate and take appropriate steps to mitigate or minimise those impacts.

Women's Health Plan
In 2021, the Scottish Government published their first Women's Health Plan (WHP) which aimed to reduce inequalities in the health outcomes experienced by women in Scotland. Many of the actions and deliverables outlined were first reported to the NHS Ayrshire and Arran Board in March 2023 in the Director of Public Health report on Women's Health.

The Board will work towards the short, medium and longer term actions outlined in the plan and designated to territorial boards to deliver, which fall under key themes:

- Sexual and reproductive health;
- Endometriosis;
- Menopause;
- Heart Health; and
- Inclusive healthcare.

Women's Health Plan – Improvement Actions

- NHS Ayrshire and Arran to achieve endometriosis friendly accreditation with Endometriosis UK;
- Establish a strategic group to consider Inclusive Healthcare for Women and Girls;
- Develop an action plan for improving pre-conception care and support for women;
- Map current provision of input to cardiac services including clinical psychology, cardiac rehab and prevention to develop an action plan for strengthening the provision of cardiac care for women; and
- Continue to monitor and implement the Menopause Workplace guidance.

National Mission on Drugs
Within North, South and East Ayrshire Health and Social Care Partnerships there are specific Drug Related Death (DRD) Prevention Groups with identified Improvement/Action Plans in place to prevent DRD's.

Working in partnership with local Alcohol and Drug Partnerships there has been a focus on specific actions to prevent DRD's which include, but is not limited to, the following improvement actions.

Improvement Actions

National Mission on Drugs

- Recognising health inequalities, services will offer an 'open' referral process available to individuals, families, carers and services and partner agencies. New Medication Assisted Treatment (MAT) interventions will continue to be delivered by community alcohol and drug services whilst widening this approach across additional settings including primary care, police custody and prison. MAT Improvement Implementation Plans are in place and continue to be evaluated and improved with support from the national support service (MIST). Services will ensure national 'Access to Treatment' waiting times standards are met (ensuring that 90% of individuals referred for alcohol and/or drug treatment commence treatment within 3 weeks of referral; and 100% of individuals commence treatment within 6 weeks. Services will continue to support the delivery of Alcohol Brief Interventions (ABI's) and will meet the national ABI standards. Naloxone supply will be prioritised alongside increased support to individuals with co-existing mental health and alcohol and drug use. Access pathways to local and national residential detoxification and rehabilitation support will continue to be implemented and improved.

Substance Use Treatment Target

- We are working towards the nationally set targets by April 2024. This will be achieved by services offering an 'open' referral system and offering increased support via Medication Assisted Treatment (MAT) interventions, follow up support to individuals following a Non-Fatal Overdose (NFO) and offering a range of local and national residential rehabilitation support.

Increasing access to Residential Rehabilitation

- This is a priority topic for services and residents now have increased access to residential rehabilitation support via local mechanisms including Ward 5, Woodland View, which offers detoxification, rehabilitation and day attendance support. Pathways are also now in place to support vulnerable families, as appropriate, to Harper House, Stevenston and also to access external residential rehabilitation facilities across Scotland. We are engaged with Healthcare Improvement Scotland (HIS) via a regional hub network model and will be conducting a detailed self-assessment which will then identify learning and further improvements.
- South Ayrshire Alcohol and Drug Partnership undertook scoping and research study to inform the development of a Residential Rehabilitation Community Infrastructure and Funded Placement Model. The new multiagency Roads Out of Recovery Alcohol and Drug Support (ROADS) Team, began taking referrals in July 2022, offering support for individuals to consider, prepare for and access long term Residential Rehabilitation in Scotland, as well as ongoing aftercare support when individuals return to the

community. The team will support individuals to ensure long term residential rehabilitation is the right choice for them, and to consider areas such as housing and benefits. The ROADS Team also offer support to families, carers and children of individuals who are going to long term residential rehabilitation. The funding for the placements is provided by the ADP through funding provided by the Scottish Government National Drug Mission funding.

Delivery of Healthcare

For those in prison or police custody, actions align with priority for reducing health inequalities and the delivery of MAT standards. Those in the care of the prison are more likely to be affected by a mental health issue and have higher rates of substance misuse. There is a particular need for the enhancement of early identification and intervention to reduce harm and achieve improved outcomes. Medium term plans include the development of models that deliver enhanced early identification and intervention to reduce harm and achieve improved outcomes with increased treatment choice. Evidence based assessment of progress on delivery of MAT standards 1-10 by April 2025. Systems within Ayrshire and Arran already enable primary care staff to have access to prisoner healthcare records. Executive Lead for prisons healthcare and those in custody is the Head of Service Children's Health Care and Justice Services/Chief Social Work Officer, East Ayrshire Health and Social Care Partnership.

Delivery of Healthcare in Prisons and Police Custody – Improvement Actions

- Review Community Rehabilitation Model to identify area's for development to improve patient pathways for those leaving prison custody. Work aligned to Scottish Government GIRFe (Getting It Right For Everyone) People in Prison pathfinder program;
- Implementation of Health Care Needs assessment recommendations to develop the HMP Kilmarnock prison based mental health provision to provide enhanced early intervention for mental health and wellbeing need;
- Progress delivery of MAT standards in Prison and Police custody settings in line with national MAT standards delivery plan in justice settings; and
- Review HMP Kilmarnock's 2022/23 health needs assessment and prioritise any recommendation linked to reducing health inequalities.

Community Wealth Building (CWB) in Ayrshire

To address the Boards Anchor responsibilities and following signature of the Ayrshire Community Wealth Building Anchor Charter, NHS Ayrshire and Arran have developed an Anchor/Community Wealth Building Programme. The programme is governed by our Anchor Organisation Programme Board which meets quarterly.

Anchor Charter Mission Statement - To commit to long-term collaboration between Ayrshire Anchor Institutions, supporting shared Community Wealth Building goals to improve collective wellbeing and create a strong, resilient and inclusive local and regional economy. This includes a commitment to the embedding of Community Wealth Building principles and reporting on progress to the CWB Commission.

The Board has appointed Community Wealth Building leads for the 5 standard pillars of Community Wealth Building and a sixth pillar Climate Change:

- Procurement

- Fair Employment
- Land and Assets
- Financial power
- Plural ownership of the economy
- Climate change

The Board has carried out self-assessment work using the Joseph Rowntree Anchor assessment tool to establish where it is on its Community Wealth Building (CWB) journey. This has allowed NHS Ayrshire and Arran to identify the proposed aims, work streams and barriers to delivery of Community Wealth Building actions. An NHS Ayrshire and Arran Board Community Wealth Building Workshop was held on 30 March 2023 to discuss our CWB pillars, aims and work streams and work has commenced on development of a 3-year Anchor/Community Wealth Building Strategy and work plans.

Community Wealth Building – Improvement Actions

- Develop NHS Ayrshire and Arran Anchor/Community Wealth Building (CWB) Strategy and three-year plan by September 2023; and
- Workplans developed for each of the 6 CWB pillars, outlining clear actions over 2023/24.

Accessibility to Services

Accessibility to services is an integral part of healthcare, and NHS Ayrshire and Arran give consideration to transport needs in the planning and delivery of services. Relevant information on patient transport and travel reimbursement entitlement is included with appointment letters. Also, Patient Travel and Expenses Schemes are set out in the Finance Operating Procedures which are available on the NHS Ayrshire and Arran website. Patients can claim for reasonable expenses for attendance at hospital under 3 main Schemes all of which are based upon the guidance contained within NHS MEL(1996)70.

There is a discretionary scheme for patient travelling expenses which is available to Ayrshire and Arran residents who are undertaking/receiving planned treatment and care within an NHS facility in the UK, who need to travel outwith the West of Scotland to receive this treatment and care, and who do not qualify for reimbursement of travel costs under the means-tested patients travel expenses scheme. This is a Discretionary Scheme and Scottish Health Boards are not obliged to implement payment under these circumstances however, Ayrshire and Arran took the decision to reimburse reasonable expenses incurred by patients. Work is required to ensure this is visible to all patients and this will be taken forward as an action in 2023/24.

8. INNOVATION ADOPTION

The Accelerated National Innovation Adoption (ANIA) Pathway is an exciting new initiative focused on fast-tracking the adoption of proven technological innovations across NHS Scotland. ANIA will ensure the quick and safe rollout of technological innovations that will improve patient outcomes, reduce waiting times and improve patient and staff experience. NHS Ayrshire and Arran have in place a governance process for Accelerated National Innovation Adoption (ANIA) projects involving Digital solutions. The purpose of this governance process is to improve NHS Ayrshire and Arrans approach to digital innovation. This process outlines our approach around decision making and oversight as we go forward, ensuring that all ANIA digital initiatives are fully aligned with our priorities both local and national.

- A representative from Digital Services shall be invited to attend all future meetings of the local Centre for Sustainable Delivery (CfSD) team;
- All projects being discussed by the CfSD team which contain new Digital systems or have potential for a Digital solution will be subject to the completion of a Pre Scoping Checklist (PSCL) by the appropriate clinician supported where necessary by Digital Services resource;
- The PSCL will then be submitted to the Digital Services Programme Board for initial assessment. Requests will be reviewed to ensure they are aligned to the local digital strategy and the national health and social care digital strategy, meet the infrastructure standards (ensuring that any additional infrastructure requirements are captured and costed) can be resourced from both Digital Services and the affected service(s) and appropriate timescales set;
- ANIA projects will also be subject to the production of a Business Case produced by the appropriate service and supported by Digital Services. The Business Case will outline the benefits of the proposal and details of costs and any available funding if identified. Full option appraisal of alternative or existing solutions shall also form part of the Business Case;
- Business Cases will then be presented to the appropriate Programme Board;
- Upon approval by the appropriate Programme Board the Business Case will be aligned with an accompanying SBAR and submitted to the Strategic Digital Delivery Group for final approval; and
- Significant projects and those requiring funding will be submitted to Corporate Management Team for further discussion and decision at the appropriate level.

By following the above process the following benefits will be delivered:

- Ensure effective use of available resources to deliver best value;
- Co-ordinate initiatives to identify overlap and synergies;
- Ensure informed decision-making; and
- Avoid duplication and silo-based thinking.

9. WORKFORCE

In relation to Workforce it is recognised that the People Strategy, Workforce Plan and our Health, Safety & Wellbeing Strategy, which is currently being reviewed and refreshed, are there to support all staff who work within the Board. We are also progressing work to achieve real living wage accreditation and are a pilot Board for equally safe accreditation. It is also recognised that at times there may be role specific workforce challenges that arise which require development of an additional strategic approach to secure and retain a sustainable workforce going forward. An example of this is the development of the Nursing and Midwifery and Allied Health Professionals (NMAHP) Strategy which encompasses both clinical and workforce elements and was co-produced with staff involvement. It is the case that any workforce related elements arising with any supporting Strategies developed for any staff groups will also form an integral part of the overarching Board People and Workforce Strategies as appropriate to mitigate any potential fragmentation of strategy development and implementation and also to ensure shared organisational learning and opportunities.

Preparation for implementation of the Health & Care Staffing Act is ongoing, with a multidisciplinary Programme Board overseeing preparatory work, and we continue to apply the

suite of nursing and midwifery workforce and workload tools on an ongoing basis. The intrinsic balancing of substantive and supplemental staffing is a high priority for the Board in line with the national guidance on limiting the use of non-framework agency. This is particularly challenging given the ongoing reliance on supplemental staffing to support those beds that continue to be open on our Acute sites beyond our funded baseline. This position is also impacted upon by the availability of social care staff with Local Authority partners also facing their own challenges in relation to workforce recruitment and retention. Work is ongoing within our nurse bank in optimising our bank function whilst making requisite changes to control demand and supply of non-framework high cost agency staffing.

With regard to eRostering we have a Programme Board which is chaired by our Nurse Director. Rollout has commenced in our first phase areas which encompasses clinical and non-clinical areas.

Workforce – Improvement Actions

- Review existing International Recruitment Plan and learning from its implementation to use this approach on an ongoing basis to improve the supply of Nursing & AHP staff;
- Reducing non framework agency usage – maximisation of nurse bank usage and framework agencies where necessary;
- Block recruitment of newly qualified nurses due to graduate (approx. 160) addressing latent registrant nursing vacancies across the system;
- Block recruitment of Clinical Development Fellows / Clinical Teaching Fellows (approx. 100);
- Rollout of eRostering across the organisation. System should provide assistive insight to managers in staff deployment and use in the long term;
- Skillmix change – Conclude the Band 2/3 HCSW review for substantive and bank staff.
- Evaluate the impact of introduction of Band 4 nursing roles within Acute Services and consider expanding this into other areas as appropriatehort; and
- Workforce capacity – planned and unplanned leave. Ongoing management of unplanned sickness absence seeking to minimise this as far as practicably possible. Encouraging staff to utilise annual leave throughout the year for rest and recuperation and avoiding bottlenecking of leave at peak periods which can cause operational difficulties.

10. DIGITAL

NHS Ayrshire and Arran Digital and Data Strategy 2023>25 “Digital Excellent in Healthcare, a platform for change” sets out how we are going to develop and deliver on ambitions for a unified digital infrastructure that will ensure we are digitally fit to network with health and social care partners, as well as with national networks. This technical platform for integration will help us maximise opportunities for seamless health and care support, when and where it is needed.

A Strategic Digital Delivery Group (SDDG), has been formed to oversee the strategic decision making and implementation of the Ayrshire and Arran Digital Strategy. This includes the delivery of key actions, transformation of organisational processes, benefits realisation, and approval of

new digital projects. Chaired by the Chief Executive, the group comprises senior stakeholders from within the organisation. The responsibilities of the SDDG are to provide strategic direction to the delivery of Digital Services throughout the NHS Board including close workings with the three Health and Social Care Partnerships.

Digital Skills are high on our agenda and are featured throughout our local Digital Strategy. The organisation has also created a role in the form of a 'Digital Skills Champion' to support the work of the strategy and execute some of the associated actions which form part of this, particularly around the Digital Skills of our staff. We have built an excellent Digital Champions Network which continues to grow monthly and our approach to this has seen keen interest from other boards. We have recently completed a Digital Skills survey and resources are being researched and planning is underway on how this can be executed to ensure that all staff have access to enhance their digital skills and that they are also aware that they have a duty to ensure they are equipped for the digital world not only as our staff members but also as citizens and therefore patients of Ayrshire and Arran.

Digital – Improvement Actions

Microsoft 365 (M365)

- M365 now in use across our organisation. Sessions have been facilitated on storage and retention as well as providing advice, guidance, and targeted learning sessions in preparation for the future implementation of SharePoint. The Information Governance Team will inform the deployment of the document management classification workstreams in conjunction with Digital Services once the security steps are in place. To date we have completed our on prem to cloud Mail Migration, migrated (where appropriate) and remediated accounts from NHS.net to the CI Forest, Junior Doctor Mail Migration, supported staff groups to move away from Access databases, supported the retirement on IE11 across our estate, supported a pilot for Teams for Patient Use (before the new functionality for group consultations within NearMe was available), implemented part of the Defender policies (remediation work almost complete to move forward with the outstanding elements of this). The move away from our current encryption software to Bitlocker is progressing; and
- The M365 apps that we have rolled out across the organisation and continue adoption activities on regularly are Outlook Web Access, Teams, Viva Insights, Forms, Planner, Sway, Visio and Find Time, and Ayrshire and Arran are the national pilot board for Yammer/Viva Engage. A small SharePoint Comms pilot is underway. We have been assessing job roles and departments of our entire estate to ensure staff receive the most appropriate license and that it is compatible with clinical and business systems. We are also part of the current stage of the federation project which sees NHS Ayrshire and Arran and two of our local authorities able to collaborate and communicate on Teams without guest access. As applications become end of life, or their contracts are due to expire, alternative options which utilise the M365 platform, providing return on investment and cost savings against the current suppliers are being considered.

Integrated Care Record

- Aligned to the Caring for Ayrshire transformation ambitions, a programme has been established to take forward a number of projects to continue the development of an integrated care record. The programme is underpinned by a range of work to progress key enablers including infrastructure (improving network connectivity and end user

devices, hosting strategy), information sharing and governance, data quality and standards, and developing workforce digital skills.

HEPMA Outpatients

- The WellSky electronic prescribing solution is an existing software used across inpatient hospital sites within Ayrshire and Arran. The system operates as a pharmacy stock control and electronic prescribing system for all hospital inpatients within the health board. The new version of WellSky was upgraded in March 2021 which allows the opportunity to develop the electronic outpatient functionally within the system which we now wish to make use of. This will improve safety through reduction of errors and adverse drug events as well as improve information sharing. A successful pilot has been underway for 8 months in the Respiratory and Urology outpatient clinic at UHA, feedback has been positive. Renal specialty has been approached as next site. The plan is to roll out the new outpatient feature across all specialties with a 1 year timescale (starting April 2023) we are in the process of recruiting 4 x 1 year fixed term posts to support the roll out.

CHI and Child Health Transformation Programme

- A local implementation group is in place to support the new CHI XML upgrade alongside the NSS National Project Team and Board Lead Officers from Scottish Boards. CHI and Child Health have been decoupled into two phased projects to replace legacy CHI. New CHI is scheduled to go live in September 2023 and Child Health scheduled for April 2023 .

Connect Me

- Local Remote Health Pathways (RHPs) which are live include Asthma Review, Depression Review, Contraceptive Pill Review, COPD Review, COPD Self-Management, Paediatric IBD, Prostate Cancer Results. Local RHP for Epilepsy review is in development. National RHPs live in NHSAA Heart Failure, BP Monitoring, Multi LTC Review. National Mental Health and Lymphedema RHPs in development lead by NHSAA. We will have a full suite of Long-Term Condition Review Pathways in use in Primary Care to support the Annual Review Process. We will use RHPs in Acute Care to reduce length of stay in hospital and cut clinic times.

Near Me

- Is in use across Organisational Units, Waiting Areas and Group Areas. Uptake within Primary Care Services and Acute Services has been a challenge for the team despite sharing best practice guidelines with GP Practices. There is no capacity within the TEC Team to promote the use of NHSNearMe. It has been identified that expanding the TEC Team to support and promote the use of NHSNearMe would be of great benefit and is outlined in the NHS Ayrshire and Arran TEC Delivery Plan for 2023/24.

Clinical Portal Update

- Optometry Access to Portal is part of a national programme to give all optometrists and prescribing optometrists access to Portal via CAT20 or Swan Tunnel. Technical work has been completed. On receipt of Information Sharing Agreements and Fair warning documentation user accounts will be created.

SCI Gateway R21.0 Upgrade

- This upgrade of SCI Gateway is a large change for all, where the system will be split into two environments. This upgrade required all boards referral protocols to be converted to Interactive Referral Protocol Forms, the current protocol format will be retired and not work in the new version. NSS upgraded all NHS Ayrshire and Arran referral protocols in the UAT environment in November 2022. NHS Ayrshire and Arran are required to move the converted protocols into the live environment before 12 June 2023. Further rounds of testing are scheduled during April/May 2023.

Community Pharmacy - AMS Digital Payments Programme

- This National Programme will seek to understand what is required in order to enable community pharmacies to utilise the existing capability of submitting GP10 prescriptions electronically and to drive out the need for paper. Identified several possible pilot pharmacies to support the pilot process and full rollout. Early implementers will commence in June/July 2023.

GP IT Re-Provisioning

- Work continues with Primary Care colleagues to establish a single cohort covering all Ayrshire and Arran GP requirements with the aim to document and submit local requirements by September 2023.

Scottish Vaccination Immunisation Programme

- Digital Support for the Vaccination Programme has been provided by a dedicated team of contractors to date but during 2023/24 this resource will be absorbed into business as usual support team within Digital Services. Key digital support for vaccinations and immunisations will then be provided from a larger pool of staff allowing for greater flexibility to direct resource to where they are most required.

Organisational Digital Maturity Exercise

- NHS Ayrshire and Arran are ready to participate in the 2023 Digital Maturity Exercise with the Director of Infrastructure and Support Services as Executive Lead and the Assistant Director, Digital Services acting as Digital Maturity Co-ordinator. Initial awareness workshops have been attended and access to the tool kit is now awaited.

Scottish Health Competent Authority /Network and Information Systems Regulations (NI)s Regulation Audits

- NHS Ayrshire and Arran have continued to show improvement over previous audits with focus continuing in areas identified by 2022 audit to ensure continued improvement. The new evidence template has been adopted and the self-assessment tool is being utilised to ensure compliance progresses. The Health Board has been engaged with the Cloud Centre of Excellence (CCoE) since its inception and has close working relationships with members of the centre which help support incident response, monitoring and reporting.

11. CLIMATE

NHS Ayrshire and Arran Climate Change and Sustainability Strategy is in place to provide a framework for NHS Ayrshire and Arran to maximise its contribution to mitigating and adapting to the effects of global climate emergency and for the development of integrating sustainability into our everyday actions as an organisation. The strategy sets out the aims that we must

reduce our greenhouse gas emissions across our estate, activities, goods, and services, meeting the Scottish Governments targets, achieving net zero by 2045.

- Establishing a culture of stewardship where healthcare professionals are mindful of the resources they use, delivering more sustainable care;
- Creating a circular economy and stopping the incineration of medical waste;
- Designing out pollution, keeping materials in use and contributing to regenerative natural systems;
- Promotion of our greenspace, tackling the ecological emergency increasing and restoring biodiversity; and
- Becoming an anchor institution integral to the community in which we seek to care for.

Climate – Improvement Actions

- Aim to decarbonise our fleet emissions in line with local, regional and national requirements;
- Aim to achieve waste targets set out in DL (2021) 38 by focussing on the following initiatives;
  - The creation of the Sustainability working groups, which will include the Waste Management Group to oversee, report and provide operational assurance associated with the national guidance and the Boards Climate Change and Sustainability Strategy; and
  - Complete a review of existing Waste Management Policy and procedures to accurately reflect National standards;
- Aim to adopt the learning from the National Green Theatre Programme and continue to achieve further improvements;
- Ensure the use of the National Waste Management system to accurately record waste quality data for national reporting;
- Aim to reduce cumulative energy consumption and carbon footprint emissions in order to deliver year-on-year reductions in building energy emissions at a rate which is consistent with meeting a 75% reduction by 2030 compared to 1990. Further reductions are expected to be delivered from reduced emissions from the combustion of fossil fuel;
- Aim to meet the requirements contained within the current policy *"A Policy For NHS Scotland On The Climate Emergency And Sustainable Development - DL (2021) 38"* item 56 and 57;
- Optimise the way the Board uses its buildings by creating Distributed Working exemplar accommodation; and
- Develop a Nitrous Oxide / Medical Gas net zero oversight group to reduce medical gas emissions.

12. FINANCE & SUSTAINABILITY

The health board set a deficit budget of £26.4 million for 2022/23 financial year. This was on the basis that all Covid related costs would be covered for 2022/23. In 2023/2024 the only Covid related costs which will be funded by Scottish Government relate to test and protect, vaccination programmes, public health and PPE. This means that acute costs including

enhanced cleaning, respiratory pathways, as well as any additional acute beds open due to Covid related pressures are cost pressures in 2023/24.

For 2023/24, cost pressures (excluding additional acute beds) of £53.2 million cannot be covered by the general allocation funding uplift (£19.7 million) and cash releasing efficiency savings planned of £9.6 million. Taken together with the underlying deficit brought into the year of £26.4 million, the underlying recurring deficit in 2023/24 is £50.3 million. In addition, at least £6 million will be spent on additional acute beds (with the planned closures happening during the year) therefore the projected deficit for 2023/24 is £56.4 million.

Cost Pressures

Additional Beds and Workforce Costs
Throughout 2022/23 our acute hospitals have had 180 unfunded beds open at a cost of £12.5 million which for the last few years was funded through additional Covid funding. Our objective in 2023/24 is to close all of these unfunded beds and achieve cost avoidance.

The use of agency staff is largely driven by the acute unfunded beds and agency nurse spend for 2022/23 was £10.6 million and for medical agency £6.2 million. In line with the closure of the additional beds, there is an aspiration to half nurse agency costs in 2023/24. Both this and the closure of the unfunded beds are cost avoidance rather than cash releasing efficiency savings as there is no recurring budget for these, with a target cost avoidance across the bed closures and agency use of £12 million, which is additional to the cash releasing savings.

Medicines Costs
NHS Ayrshire and Arran is unusual in that our integration scheme has the risk for primary care prescribing overspends and cost pressures sitting with the Health Board rather than Integration Joint Boards. In 2022/23 the primary care prescribing volumes increased by 2% which was budgeted for, however the price per item has increased by over 10% during the year which was not budgeted for, resulting in a £7.2 million overspend in 2022/23 and therefore a 2023/24 cost pressure of around £12.5 million (assuming no further price increase in 2023/24.

The announcement on 19 January 2023 to assume a share of £150 million nationally for New Medicines Fund will mean funding of £10.9 million, however spend in 2023/24 on new medicines is estimated at £23 million therefore an overspend of around £12 million.

Digital Infrastructure
The core e-health infrastructure for NHS Ayrshire and Arran is no longer fit for purpose and therefore there is a requirement to upgrade systems, make networks more secure and increase band width to improve speed of connection. A strategy of moving toward cloud based hosting (in line with Scottish Government policy) comes as a revenue cost pressure as opposed to capital cost for replacing servers etc. The additional costs of Microsoft Office 365 were only partially funded in previous years and therefore in 2023/24 there is a cost pressure of £1.4 million for Microsoft Office 365. In addition there is £3.15 million cost pressure for other system infrastructure upgrades, additional digital staff and some cloud hosting of key systems. Investment of over £10 million one-off and about £5 million recurring in 2023/24 is planned in digital infrastructure, staff and migrating to cloud hosting. This will create a resilient platform for digital infrastructure, see productivity gains for staff through reduction in staff time wasted due to inefficient systems which do not interface and savings are expected in the longer term as we create greater efficiency in our ways of working.

Energy Costs
Forecasts for future year energy increases have used the 30% increase in the Corporate Finance Network assumptions. Additional costs for NHS Ayrshire and Arran funded in 2022/23 was £2.67 million however in 2023/24 a further £2.4 million of cost increase requires to be funded.

How the Board will implement the financial plan
Operational and financial performance recovery requires radical reform of health and care services. Work undertaken by NHS Ayrshire and Arran pre-pandemic to define our 'Caring for Ayrshire' ambition was grounded in the understanding of this need for reform of health and care services. As we move in to a post pandemic period we are resetting our Caring for Ayrshire ambition and will set out a whole system plan and associated infrastructure plan for approval by the NHS Board and IJBs towards the end of 2023/24.

In the immediate term, the priorities for NHS Ayrshire and Arran within 2023/24 are to focus on system safety and service resilience to ensure we have the safest hospitals possible. The average length of stay within the Ayrshire acute hospitals post pandemic has been significantly higher than the Scottish average and much higher than that achieved in England. Reduction of the average length of stay will allow the closure of unfunded acute beds.

Avoiding admissions to hospital can be facilitated by good community support and we have invested in intermediate care and rehabilitation, however further investment is required in allied health professionals to rapidly assess patients in emergency departments and combined assessment units on a daily basis and creation of frailty assessment services aligned with general practice out with an acute hospital setting which would reduce acute admissions. Provision of community based rehabilitation for stroke patients in South Ayrshire on a pilot basis is expected to reduce the number of stroke patients in the acute hospital who do not require acute care.

To recover this scale of underlying deficit, the following streams of work are needed:

1. Delivery of our Caring for Ayrshire ambition for whole health and care system reform;
2. Reduction in length of stay, closing all unfunded beds (cost avoidance) and realignment of workforce reducing agency and locum spend;
3. Delivery of a programme of cash releasing efficiency savings targets; and
4. Review of the financial risk between the Health Board and Integration Joint Boards in relation to Primary care prescribing and overspends and the approach to risk share in relation to set aside commissioning.

Risks and mitigation
The priority programmes for 2022/23 did not release cash efficiencies due to service pressures, Covid waves, flu outbreaks, staff absence and inability to recruit registered staff, resulting in vacancies and use of agency, in addition to the 180 unfunded beds remaining open in our acute services. These all remain risks in 2023/24, however learning from 2022/23 should mitigate these somewhat.

13. WORKFORCE

In addition to detail contained in Section 9, the table below confirms the position with the extant NHS Ayrshire and Arran Workforce Plan 2022-2025 which was endorsed by the NHS Board in October 2022. The plan sets out 32 distinct actions aligned to themes cross referenced with the ambition of the national health and social workforce strategy and intended to span the lifetime of the plan up to 2025 as 'stretch' deliverables. Note that this necessarily means there is cross coverage of some themes e.g. Community Wealth Building and Fair Work that are in their own right Annual Delivery Plan (ADP) drivers / deliverables.

The table below details the progress of the 15 most significant actions within the agreed Workforce Plan and identifies progress as at March 2023. In addition, a summary of the aims of the workforce elements of the NMAHP Strategy include the following:

- Programme plan with critical delivery timescales per Quarter defined
- A Health Care Support Worker (HCSW) Development Programme will be launched
- PDRs will be carried out by an appropriate clinician for NMAHPs
- The number of Assistant Practitioners within NHS Ayrshire & Arran will increase by 30%
- Identified Measures of Success:
    - Percentage completion of PDRs for NMAHP staff
    - Trainee Assistant Practitioners have completed education and training
    - Every newly qualified nurse receives planned clinical supervision

We will also take cognisance of the outputs from the "Heads of Agreement" within the recently agreed Agenda for Change Pay Award which relate to workforce supply and capacity. (Band 5 Review, Protected Learning Time, Reduced Working Week, AfC Review) This work is to be progressed within 2023/24 and will also feature as an element of the MTP submission.

The table below details the progress as at March 2023.

Action ref	Nat. strategy theme	Action	(Lead Director) & Lead Officer(s)	Associated Groups	RAG status	Progress
People Strategy Theme – Attract: Our ambition is to improve the supply of registrant clinical staff thus reducing our reliance on supplemental staffing solutions and ensuring we provide safe, effective, high quality services.						
A1	Attract	Deliver upon our international recruitment plan for registrant staff in 2022/23 and refine this for subsequent years so there is an established supply	(S Leslie – HRD) S Rosher T Dante	International Recruitment Steering Group	Green	Rolling programme of ongoing AHP and nursing recruitment. First cohort of international recruits commenced in February 2023, cohort 2 in process and planning for cohort 3 in August 2023 underway.
A2	Attract	Make improvements to our marketing for recruitment to ensure we stand out as an employer of choice in a crowded market	(S Leslie – HRD) S Rosher C McCluskey		Amber	We fully utilise Jobtrain as our key recruitment portal and which links to wider recruitment websites raising profile of our vacancies. We are undertaking work with communications colleagues to better utilise social media, Twitter etc, as an assistive element of marketing roles. Development of a landing page on the external NHSA&A website is a key development we are pursuing.
A3	Plan	Seek to reduce our use of high cost agency in line with our stabilising our system targets	(D Lindsay – DoF) J Edwards J Wilson	Right sizing the workforce	Red	Agency spend has increased in 22/23 as we were unable to close any of the additional unfunded beds and have high use of premium non-framework suppliers. There is a new supplementary nursing group chaired by ND and DoA. There is revised SG guidance around the use of agency staff that will be incorporated and implemented which directly impacts upon this action.
A4	Plan	Use the most cost effective supplemental staffing solutions such as bank, excess part time hours and overtime	(J Edwards – DA) GMs Chief Nurses CNMs	Right sizing the workforce	Red	See progress for A3 above.
A5	Employ	Continue to encourage staff to join our banks including building on practice during the pandemic of encouraging students to join	(J Wilson – ND) J Pennycook M Wilson	Nursing Workforce Group	Green	Students offered Band 3 on Nurse Bank when 1st year completed to encourage recruitment to bank. Moved to continuous recruitment for all internal appointments including student

						nurses. 10/04/23 All Student Nurses have been offered a Band 3 Healthcare Assistant post on the Nurse Bank and work is currently being undertaken to consider the process of implementing the offer of a Band 4 Healthcare Assistant for Nursing Students in the last 6 months of their training.
A6	Attract	Where supply allows we will seek to recruit to our latent vacancies for consultant medical staff however given the length of time some of these posts have been vacant, and ongoing national supply issues, we may need to redesign services accordingly	(J Edwards – DoA) Site Directors GMs CDs AMDs AND Chief Nurses		Red	Pressure areas: Acute medicine (Ayr), General Medicine (both sites), Pathology (pan-Ayrshire service), Anaesthetics, ICM and General Surgery (Ayr) Challenged position at UHA site within medical specialties with only 5 substantive consultant posts currently filled Adverts out for locum consultants in acute medicine at UHA site utilising recruitment agency Pathology recruitment ongoing and hope to be able to recruit from this year's CCT cohort Recruitment drive planned for medical specialties from April – August utilising the 16.8 WTE salaries. The aim would be for a pan-Ayrshire approach to recruitment. ICM review under way to explore options as unable to recruit despite multiple recruitment rounds. Specialist role advertised for ICM to attract senior tier Specialist role being explored for multiple specialties including dermatology and haematology
A7	Plan	Deliver on our vision for Best Medical Workforce	(C McGuffie – MD) C Gilroy		Green	CTF and CDF recruitment ongoing, fill rate in August 2022 and Feb 2024 was 100% and the Board was able to backfill NES gaps albeit at a more junior level.

						Clinical Director Leadership Development programme has been reviewed and will relaunch as Clinical Leader Development programme. New Consultant programme ongoing and evaluates well. Specialist role being explored and promoted across all specialties. Recruited first CDF from 2019 programme into an Ayrshire post as a GP with extended role into Ayr CAU. Expecting first consultant recruitment from CDF cohort in August 2023.
A8	Employ	Continue our annual process of block recruiting all newly qualified nurses from the Ayrshire campus of the University of West of Scotland to funded nurse vacancies (across all branches)	(J Wilson – ND) J Pennycook C McCluskey	Nursing Workforce Group	Amber	The Annual Newly Qualified Nurse recruitment launched on Jobtrain on 10/2/23 and closed on 30/03/23. UWS event took place on 28/2/23 where a number of NHSAA staff spent the day at UWS. Presentations included recruitment process and also support to NQNs in NHSAA 2 open evenings for final year students planned by JP took place on 7th March at UHC and 14th March at UHA with 130 plus attendees. Interviews are scheduled from 17/4/23- 01/05/23 with service.
A9	Train	Deliver the NMAHP workforce strategy which facilitates education and leadership and career pathways at all levels, enable clinically led reform of new models of care, contributes to Magnet status and supports new role development	(J Wilson – ND)	Nursing Workforce Group	Green	Paper was presented to Workforce Planning Implementation group on 24th Feb and then onto CMT on 28th Feb to launch strategy and seeking support for proposed delivery. The NMAHP Strategy will launch of 17th April with a video from Jenny Wilson. Posters and Flyers will be delivered to the areas. A steering group and 4 working groups will commence in May 2023.
A10	Plan	Complete the Healthcare Improvement Scotland self-assessment template of preparedness for the Health & Care staffing which will become effective on 1st April 2024 and work with all job families ensure readiness	(J Wilson – ND) R McMurdo L McLaughlin	Health & Care Staffing Board	Amber	10/04/23 This is in progress and has been tested with a few nursing families. Feedback has been shared with HSP team at HIS. Our role was to test this rather than to complete it. This action will be ongoing. Requirement is to make sure every service is aware of Bill and the components of this. Board self-

						assessment template now complete and first return submitted.
A11	Plan	Deliver our planned programme of running the suite of nursing & midwifery workforce and workload planning tools which will inform workforce demand and financial planning	(J Wilson – ND) L McLaughlin	Nursing Workforce Group	Amber	These were run in June 2022 for Acute Services and an established programme is in place for rollout. 10/04/23 Robust programme is being finalised for the 2023 running of the nursing and midwifery workforce and workload tools. The Gantt chart showing our intended delivery plan is attached. Responses are awaited from MH, EACH, ACH & WV wards 1&2. Discussion with Deputy ND planned for 10th April to consider Crosshouse Adult in-patient and EDEM. Suggestion is to avoid the 'red block' dates to allow capacity to train and support.
A12	Plan	Establish a multi-disciplinary Health & Care Staffing Board	(J Wilson – ND)	Health & Care Staffing Board	Green	Health & Care Staffing Programme Board now established and first meeting took place on 09/03/23
A13	Attract	Undertake phased recruitment to fulfil the staffing levels associated with the Ayrshire National Treatment Centre as agreed and monitored monthly by Scottish Government	(J Edwards – DoA) K Andrews C McCluskey	NTC Programme Board	Amber	Awaiting submission of FBC to Board and SG CIG for approval. Workforce template agreed by SG NTC programme
A14	Plan	Appoint a Workforce Planning Advisor to assist in developing workforce plans and assessing workforce demand associated with delivering Caring for Ayrshire ambition	(S Leslie – HRD) C Lean		Red	We have refocused our priority onto the availability of workforce intelligence in a service format via Power BI as being more assistive to organisational workforce planning as opposed to a Workforce Planning Advisor role which we were unsuccessful in attracting candidates to previously.
A15	Employ	Support the employment of Armed Forces leavers and veterans	(S Leslie – HRD) S Rosher C McCluskey		Amber	We will consider the approaches that other Boards have taken in supporting armed forces veterans and leavers and apply this accordingly within Ayrshire. We already have links with veterans organisations and will seek to strengthen these.

14. VALUE BASED HEALTH AND CARE

NHS Ayrshire and Arran's 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.

We intend to progress the integration of Realistic Medicine Team and the Board Executive Team by forming a Realistic Medicine Steering Group with key stakeholders from across acute services, pharmacy, mental health, palliative care, nursing, estates, primary and urgent care. This will help ensure that Realistic Medicine is at the heart of recovery and service improvement across NHS Ayrshire and Arran as we seek to deliver Value Based Health and Care.

- BRAN are questions to help patients make an informed choice about their test and treatment options: What are the **Benefits**? What are the **Risks**? What are the **Alternatives**? What if I do **Nothing**? We intend to pilot the use of "enhanced" BRAN leaflets pre-appointment and then evaluate using the SURE and collaboRATE measure tools - we will identify departments to take part in the pilot and send out Shared Decision Making (SDM)/BRAN leaflets to patients before appointments in order to facilitate SDM discussions. This is best practice and delivers person centred care. We also know that patients who take part in SDM tend to choose less treatment so this has the potential to help reduce waiting lists and provide valued based health and care;
- We intend to conduct a cost analysis of single vs re-usable equipment in theatres and once done liaise with infection control to discuss how to overcome some of the barriers being experienced by the green theatre group in trying to progress this piece of work which is potential cost saving, but certainly much more sustainable and helping to work towards NHS Ayrshire and Arran's "net zero" goals; and
- Following introduction of the "Neptune" surgical waste management system within urology theatres in NHS Ayrshire and Arran, we intend to use the positive evaluation to explore upscaling this system to other theatre specialties. This has demonstrated cost savings and a reduction in environmental waste.

15. INTEGRATION

The Annual Delivery Plan (ADP) has been developed and submitted in partnership with the three Integrated Joint Boards. It has been prepared collaboratively with our partners, to provide Scottish Government with confirmation that we have plans in place to ensure that health and social care services are firmly integrated around the needs of citizens, their carer's and other family members.

16. IMPROVEMENT PROGRAMMES

Our Quality Strategy (Excellence for Ayrshire: 2019-2021) defines a system wide approach that outlines a requirement to address the identified gap in the provision of foundation level education. As a result, Ayrshire and Arran Improvement Foundation Skills (AAIFs) was developed - a foundation level course suitable for staff who have not completed a National QI Qualification and are interested in Quality Improvement.

A total of 108 people have successfully completed AAIFs at the time of this plan, with a further 76 candidates predicted to complete the course by end 2023. The key QI project themes that can be identified and aligned to strategic objectives are detailed below and presented as a percentage of the overall themes:

- Caring For Ayrshire (16%);
- Deteriorating Patient (5%);
- Improving Working Practices/Processes/Services (70%);
- Pressure Ulcer (1%);
- Training and Education (7%); and
- Unscheduled Care (1%)

National Programmes
In September 2021 the **Scottish Patient Safety Programme (SPSP) Acute Adult Collaborative** was launched. The programme uses a breakthrough series collaborative approach lasting 2 years and aims to bring together NHS Scotland boards seeking improvement in the topic area of falls and deteriorating patient. NHS Ayrshire and Arran (NHSAA) committed to the programme by recruiting clinical areas from across both acute sites with a clear focus on reducing in-patient falls and early recognition and timely intervention for deteriorating patients. The falls programme aim is to reduce falls by 20% and falls with harm by 30% by March 2024. The national aim for deteriorating patient has not been set in terms of by how much and by when as yet, but has an ambition to collaboratively work to reduce rates of true cardiac arrests across all reporting health boards in Scotland.

In April 2022 the **Scottish Patient Safety Programme (SPSP) Mental Health Collaborative** was launched. The programme uses a breakthrough series collaborative approach lasting 12 months and aims to bring together NHS Scotland boards seeking improvement in the clinical area of in-patient mental health services.

The overall aim of the programme is to:
- Creating the conditions for improvement within your team;
- The implementation of 'From Observation to Intervention' national guidance;
- Reducing the incidence of Restraint, whilst improving this experience for staff and patients; and
- Reducing episodes of Seclusion, whilst improving this experience for staff and patients.

Within NHSAA there are 4 in-patient ward areas that were included in the collaborative. The principles of the learning is now being applied in other in-patient areas in Mental Health with joint learning opportunities.

Local Programmes
NHSAA a collaborative approach to support the **reduction of acquired Pressure Ulcers** (PU) across acute in-patient wards was launched in Dec 2022.

The aims of the collaborative are:
- To reduce newly acquired PUs across identified sites within acute in-patient wards within NHSAA by 30% by December 2023;
- To support using Quality Improvement methodology/approaches develop and improve knowledge and skills in PU prevention;
- To develop a learning community and network locally which will hasten learning and share good practice; and

- To promote a culture of learning and continuous ongoing quality improvement.

Our local implementation plan for **Excellence in Care (EiC)** has been enhanced by the national relaunch of Excellence in Care assurance programme and strategy in June 2022. In-line with Scottish Government 2023/2024 objectives, the EiC team are building capability and capacity to support embedding EiC in practice. This will be achieved by:

- Increasing user access and understanding of data hosted within Care Assurance and Improvement Resource (CAIR);
- Maximising EiC measure submission to Public Health Scotland (PHS);
- Continual development of a local Care Assurance Tool;
- Care Assurance Tool audit will inform Quality and Safety discussions with Nursing Leads and will support/influence the identification of key improvement priorities and learning from excellence;
- Collaborative working with Healthcare Improvement Scotland, NHS Education for Scotland to develop a Leadership Educational Programme (Leading Excellence in Care);
- Working in partnership with Clinical, QI , and local national programme leads (WMTY, Realistic Medicine);
- Continuation of a robust nursing and healthcare support worker education programme; and
- Revision of nursing documentation, following completion of a Human Factors review in November 2022. Nursing documentation will be a key component of Digitally Led Transformation.

Identified risks for successful implementation of EiC are attributed to the extraction and submission of data. This is particular to Badgernet, Vision and CarePartner platforms. This has been highlighted and investigated nationally.

The **Caring for Ayrshire (CFA)** ambition and plan of progression is currently under development and as a result, the CFA QI team is very much in its infancy and building a portfolio of work. As a result of this the projects are at the beginning of their journey and the measures are still very much in draft form. The CFA QI team will focus on improving outcomes/reducing harm for patients that are out with the Acute hospital setting and supporting projects that keep Ayrshire and Arran citizens at home or as close to a homely setting as possible to change the model of care delivery from the acute setting. The measures associated with this are currently not driven nationally as part of a collaborative but rather individual projects focussing on organisational priorities. When considering the Drivers for Recovery the CFA QI projects/vision potentially would sit within the ‘Fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes’ driver. This encompasses the CFA ambition of transforming care through change in care model delivery through innovative projects.

Annual Delivery Plan Template

Template: ADP 2

April 2023

NHS Board: Ayrshire and Arran

Recovery Driver ***Please select from the drop down list :***	**SG ADP Action Reference** ***Please select from the drop down list:***	**Deliverable Summary** ***Please include a brief summary of the deliverable, briefly outlining the intended action and what this will achieve in 23/24.***	**Q1 Milestones** ***Please outline what you intend to have achieved by Q1***	**Q2 Milestones** ***Please outline what you intend to have achieved by Q2***	**Q3 Milestones** ***Please outline what you intend to have achieved by Q3***	**Q4 Milestones** ***Please outline what you intend to have achieved by Q4***	**Risks and Issues - Category** ***Please indicate the types of risk(s) and/or issue(s) impacting on delivery of milestones. Please choose all that are relevent from the list .***	**Risks and Issues - Description** ***Please provide a short summary of risk(s) and/or issue(s)*** **with a focus on cause and impact i.e. what is the specific area at risk and how will it impact on objectives/milestones.**	**Controls** ***Please sumarise the key controls in place to manage the risk(s) and/or*** **issue(s), to reduce the impact, or to reduce the likelihood of a risk from occuring.**
1. Primary and Community Care	1.3	Improve access to mental health at primary care to enable earlier intervention.	Commence writing group of Mental Health & Wellbeing in Primary Care Working group	Complete writing group of Mental Health & Wellbeing in Primary Care Working group	Complete business case for submission for approval at 3 x IJBs	Commence recruitment process	Finance - Funding not yet agreed Workforce - Recruitment	Previously identified Mental Health & Wellbeing monies have as yet not been distributed. Failure to provide additional financial support will provide minimum if any impact. Business case will require careful consideration to ensure appropriate workforce attainment.	Business case proposal will include no funding attainment, some and full attainment.
1. Primary and Community Care	1.3	Enhanced Psychological Practitioners (EPP's) to enhance the treatments offered to patients within primary care setting and complement existing services offered MHP's, CLW, self help workers.	NES have offered this opportunity - A decision around whether to accept this temporary workforce and also attempt to secure\ discuss long term funding.	Look at this area in relation Mental Health & Wellbeing in Primary Care Working group	Recruit EPP's	Review how EPP and EPP training is progressing			
1. Primary and Community Care	1.1	Recruitment into key MDT roles within General Practice will continue as part of the new GP Contract maximising on the current financial allocation of the Primary Care Improvement Fund (PCIF) to ensure progress to implement the PCIP to date is sustained. Workforce will be reviewed within individual service areas to ensure equitable access across GP practices wherever appropriate and ensure all opportunities are implemented whilst awaiting updated National Framework for CTAC and Pharmacotherapy task transfer.	Scope and determine where all current resource sits across 53 GP Practices. Present increased requirements to Scottish Government to achieve further progress with task transfer. Pharmacotherapy Team to identify improvements around delivery and workload at a practice level, standardisation of processes, release capacity within the team and increase patient facing time. CTAC session planned for 26 June to review current service specification and practice requirements.	Review of service specifications and benefits to patients outcomes and general practice	Awaiting national guidance to inform expectations for 2023/24.	Awaiting national guidance to inform expectations for 2023/24.	Workforce - Recruitment Finance - Funding not yet agreed Estates	Ability to identify additional professional staff to fill the new roles within the PCIP. No identified funding to recruit into additional MDT roles will mean only those posts currently funded through the PCIF can be recruited into. This will pause the continued roll-out of MDT staff into General Practice to fully implement the MoU. Lack of accommodation within GP practices to accommodate MDT staff resulting in inequitable patient access to services. Due to the volume of MDT's being allocated to GP Practices, space is becoming a real issue and concern.	Work closely with Service Leads to identify recruitment risks. Monitor allocation of resource to practices. Utilise whole system workforce planning to forecast recruitment predictions. Following recent PCIF discussions, measures in place to look at added resilience within the service and introduce new roles to support with the task transfer and aid succession planning to ensure the service is more resilient. Discussions ongoing with practices to identify accommodation issues and proposed solutions. Implement locality models where GP practices can't accommodate additional staff. Work to identify community hubs or shared resource as a medium term measure. Wider planning with HSCPs in line with Caring for Ayrshire for new improved premises.
1. Primary and Community Care		Enhance digital telephony within General Practice and move to a single resilient digital telephony platform. This will enable telephone queuing systems and increase the number of lines into practices to enhance patients being able to get through to practices without making multiple attempts.	Confirm practice specification and requirements. Identify priority cohorts for roll-out programme. Infrastructure preparation. Procure equipment for transfer of priority practices. Agree financial model for practice telephony costs.	Roll out of Phase 2 priority cohort(s).	Roll out of Phase 3 priority cohort(s).	Roll out of Phase 4 priority cohort(s).	Other	Practices need to be assured of financial, patient and staff benefit to confirm transfer. Reliant on capacity within digital services support team for roll-out. External factors including telephone lines and external providers.	Dedicated technical team assigned to infrastructure and network requirements. Support team in place within primary care and digital services to fully understand individual practice requirements ahead of final roll-out. Additional resource recruited into digital services to support implementation.

1. Primary and Community Care	1.2	Sustain Out of Hours Services by continuing to engage with local clinical workforce to ensure we are learning and improving from the current service delivery model.	Review of demand/capacity of clinical rotas to support all pathways 24/7. Engagement sessions with clinical teams to discuss best value and use of resource. Recruitment of 2WTE Advanced Nurse Practitioners (ANPs) to support wider MDT working. Engagement sessions with clinical teams to discuss best value and use of resource. Recruitment of 2WTE Advanced Nurse Practitioners (ANPs) to support wider MDT working. Forecast winter planning arrangements and workforce requirements for Q3 & Q4.	Actions to be determined following work undertaken in Q1.			Workforce - Retention	Medical workforce availability is reliant on volunteer GPs to undertake shifts to populate rotas, many of which already work in daytime General Practice.	Continuous engagement with current sessional GPs working within AUCS to establish improvement areas required. Rotas are continuously reviewed using innovate approaches and different ways working to fill any gaps.
1. Primary and Community Care	1.4	Review Enhanced Services to ensure they continue to be fit for purpose to meet the needs of the patient population and ensure improved management of specific conditions.	Identify priority areas for review due to unmet need and patient demand. Initial reviews will include diabetes and care homes.	Identify next agreed specifications to be reviewed.			Other	Enhanced services in Ayrshire and Arran have not been reviewed since 2010 therefore will require significant joint work with various services. Additional financial commitment may be required.	All development work will be taken forward jointly with primary care leadership team and acute and community leadership teams as required to ensure joint care models.
1. Primary and Community Care	1.6	Increase capacity and access for dental patients for routine in-hours care and urgent dental care for unregistered and deregistered patients whilst General Dental Services continues to re-mobilise.	• Gather and review baseline data to fully understand demand and capacity of the services. • Additional clinics have been scheduled within Public Dental Service to increase capacity for un(de)registered patients. • Business Continuity Plans (BCP) are being developed with greater detail should demand increase for in-hours care outwith routine PDS demand. • Consideration is being given to dental access centres and when these would be invoked if demand substantially increases. Consideration also of increasing Personal Dental Services (PDS) surgery accommodation to increase PDS capacity and patient flow. • Continual monitoring of waiting lists, appointment allocations and staff deployment is undertaken to maximise		The outcome of the national review of Determination 1 and the dental payment system is awaited in October. This will provide better insight of potential issues of General Dental Practices (GDS) moving away from providing NHS Services.		Workforce - Recruitment	Inability to recruit to key professional roles resulting in decreased access to emergency dental care or increased waiting times for routine treatment for unregistered patients.	Continuously review waiting times. Recruitment at all dental levels is a key risk impacted by reduced throughput of new graduates and inflow from overseas stopping. By implementing mass assessment clinics this reduces current PDS waiting times and frees up clinical capacity to redistribute staff to focus on emergency care and maximise resource.
1. Primary and Community Care	1.7	Increased shared care, access to service and patient experience within community Optometry – Support additional eye disease being managed by Community Optometrists in conjunction with the Hospital Eye Service.	Implementation of Community Glaucoma Service (CGS) Stage 1 - 5 Independent Optometrists starting a 12 month training programme. Scoping to be determined with Consultant Ophthalmologists and Consultants on % workload that will move to Community. Further develop the Anterior Uveitis / Juvenile Idiopathic Arthritis community pathway by scoping referral pathway and identify Independent Prescribers to provide the service.	Implementation of Glaucoma Service – Stage 1 – 5 Independent Optometrists starting a 12 month training programme. Scoping to be determined with Consultant Ophthalmologists and Consultants on % workload that will move to Community. Implement the Anterior Uveitis / Juvenile Idiopathic Arthritis community pathway.	Will be determined by work progressed up to Q2. Commence planning phase of CGS with primary and secondary care services. Anterior Uveitis / Juvenile Idiopathic Arthritis community pathway to be implemented by end of Q3	Will be determined by work progressed up to Q3	Workforce - Training, Development & Skills	Securing funding to move to implementation. Potential lack of engagement either from acute services or community optometrists to progress.	Establishment of an Operational Group reporting into the Strategic Oversight Group to ensure progression of work.
1. Primary and Community Care	1.3	Improve access to mental health at primary care to enable earlier intervention and prevention. (Consideration of lifespan focus)	Commence writing group of Mental Health & Wellbeing in Primary Care Working group	Complete writing group of Mental Health & Wellbeing in Primary Care Working group	Complete business case for submission for approval at 3 x IJBs	Commence recruitment process	Financial & Workforce	Previously identified Mental Health & Wellbeing monies have as yet not been distributed. Failure to provide additional financial support will provide minimum if any impact. Business case will require careful consideration to ensure appropriate workforce attainment.	Business case proposal will include no funding attainment, some and full attainment.

1. Primary and Community Care	1.4	**Diabetes Prevention and Adult Weight Management Services** comprise of a number of work streams, each of which would support people to 'wait well' as well as preventing a number of long term conditions such as type 2 diabetes and cardiovascular disease: · Provision of care for women at risk of gestational diabetes (GDM) post-natally. · Provision of early intervention and support for those at high risk of type 2 diabetes · Provision of person-centred weight management support for those with a high BMI · Provision of a type 2 diabetes remission programme involving total diet replacement treatment for those recently diagnosed with type 2 diabetes	Diabetes prevention (including GDM): Aim to offer treatment and support to 72 people Tier 2 weight management: Aim to offer treatment and support to 50 people Tier 3 weight management: Aim to offer treatment and support to 51 people Remission programme: Aim to offer treatment and support to 12 people	Diabetes prevention (including GDM): Aim to offer treatment and support to 72 people Tier 2 weight management: Aim to offer treatment and support to 50 people Tier 3 weight management: Aim to offer treatment and support to 51 people Remission programme: Aim to offer treatment and support to 12 people	Diabetes prevention (including GDM): Aim to offer treatment and support to 72 people Tier 2 weight management: Aim to offer treatment and support to 50 people Tier 3 weight management: Aim to offer treatment and support to 51 people Remission programme: Aim to offer treatment and support to 12 people	Diabetes prevention (including GDM): Aim to offer treatment and support to 72 people Tier 2 weight management: Aim to offer treatment and support to 50 people Tier 3 weight management: Aim to offer treatment and support to 51 people Remission programme: Aim to offer treatment and support to 12 people	Other Recruitment - Retention Finance - Non-recurrent Funding Estates	Poor uptake/non engagement of target groups with services offered. Accommodation issues within a number of offices for conducting consultations. Recruitment and retention of staff due to non-recurring funding from Scottish Government. Unable to access reports for all services that use EMIS web so reports on outcomes from the services cannot be	Use of a variety of communication routes detailing what each of the services offer so this can be communicated effectively by healthcare professionals to target groups. Issue has been flagged via each operational service. Commitment for the diabetes prevention allocation has been given by SG until the end of the current parliamentary term (end of 2026). 3 HSCPs have committed to recurring funding for expansion of tier 3 specialist weight management programme. Issue has been escalated to Director of AHPs to liaise with Infrastructure & Support
10. Climate	10.1	The board to receive 100 new electric vehicles to transition our fleet over from ICE (internal Combustion Engine) to new electric vehicles within Q3 and Q4 reporting periods.	To plan the fleet hand over to the various services across the organisation.	To plan the fleet hand over to the various services across the organisation.	To plan the fleet hand over to the various services across the organisation.	To plan the fleet hand over to the various services across the organisation.	Procurement	Main risk is the failure of the manufacturer to deliver the electric vehicles requested by the board due to shortfalls in supply chain. Objectives and Projects - Charging infrastructure is not in place to support the transition to EV.	Main control measures are to address other car manufacturers to provide EV's to the board to meet the shortfalls
10. Climate	10.2	Reduce Domestic waste volume arising by 15% compared to a financial year 2012/13 baseline.	Collect current position data across main sites, the volume and type of waste generated	Obtain the 2012/13 baseline figures.	Implement the training /posters being compiled by National Waste Management Group	Continue roll out of materials to promote education of reducing domestic waste	Other	Delays in poster/materials being issued and positioned in place. Compliance - Failure to achieve target reduction from baseline. Adverse publicity / reputation - Impact on perception of the organisation with media interest	Waste Manager on the National Waste Management Steering Group
10. Climate	10.2	No more than 5% of domestic waste goes to landfill.	Supplier providing confirmation that 0% to landfill – various residual waste streams send to a waste heat facility	Less than 5% is landfill	Less than 5% is landfill	Less than 5% is landfill	Procurement Other	Supplier not providing the information. New tender out and may result in different supplier. Compliance - Failure to achieve target reduction from baseline. Adverse publicity / reputation - Impact on perception of the organisation with media interest.	Current Supplier is on the National framework and - Waste Manager liaising with NSS procurement team
10. Climate	10.2	Reduce food waste by 33% against 2015-16 baseline.	Continue catering production model ensuring ordering as close as possible to service	Obtain the 2015/16 baseline figures	Food waste action group formed and progressed	Food waste confirmed as reduced by 33%	Other	Unserved meals at lowest in Scotland. Staffing resources not available to collect and weigh food waste – delaying results. Compliance - Failure to achieve target reduction from baseline. Adverse publicity / reputation - Impact on perception of the organisation with media interest.	Monitored through the Catering Manager professional group
10. Climate	10.2	Ensure 70% of domestic waste is recycled or composted.	Supplier providing confirmation that 70% is recycled/composted	70% of domestic waste is recycled or composted	70% of domestic waste is recycled or composted	70% of domestic waste is recycled or composted	Procurement Other	Supplier unable to provide confirmation. New tender out and may result in different supplier. Compliance - Failure to achieve target reduction from baseline.	Current Supplier is on the National framework and - Waste Manager liaising with NSS procurement team
10. Climate	10.4	Neptune waste capture system – implement in Ayr Hospital Theatre 1.	Evaluate unit's location and drainage units are sufficient	Carry out post project review addressing clinical review, savings achieved through waste, carbon and costs	Identify any ongoing issues with the system	Write up a post project evaluation and highlight potential areas where this can be replicated across our theatres	Other	Savings in waste, carbon and costs, are not captured and the benefits of the device are not communicated or evaluated. Compliance - Failure to achieve target reduction from baseline.	Ensure post project evaluation is written up and addresses future uses elsewhere to be replicated.
10. Climate	10.4	Reduction in Ethyl Chloride use by introducing cool sticks into Crosshouse theatres (reducing ethyl chloride use).	Set up monitoring processes	Identify leads to carry out monitoring	Collect data	Report on savings achieved and clinical objectives reached	Other	Clinical benefits are not realised in terms of costs, savings, carbon, waste etc.... Compliance - Failure to achieve target reduction from baseline.	Evaluation is carried out in accordance with quality assurance measures
10. Climate	10.4	Reduce single use Theatre hats within main operating theatres.	Gain support from "*Green theatre program board*" – project undertaken by 1st year student	Identify leads to review	Collect data		Other	Silo working on areas of the green theatre work program creates divisions and uncertainty. Compliance - Failure to achieve target reduction from baseline.	Creation of program board to oversee all activities and co-ordinate work programs
10. Climate	10.4	Anaesthetic Gas Scavenging System (AGSS) review.	Review of current systems across estate	Infrastructure Schematics and energy consumption to be identified.	Define the risks and the cost associated with the decommissioning and removal of AGSS plant.	Identify savings opportunities and develop a plan for capital investment	Other	The inability to safely collect, remove or vent anesthetic gases from the theatre environment operating rooms and other areas that have gas terminal units. Compliance - Guidance	Authorising Engineer (MGPS) technical support. NHS Scotland Assure. SHTM 02-01 guidance. Existing policy and procedures.

10. Climate	10.5	Reduce carbon and greenhouse gas emissions through rationalising the retained estate including the disposal of premises deemed surplus to Board requirements.	Fully developed boardwide demolition plan	Obtain approvals to progress with disposals/demolition programme.	Appointment of contractors. Complete property transactions.	Agreed programme of work completed	Other	Objectives and Projects – Reduced scope with a reduction in the ability to meet project objectives in full or in part. Compliance – Failure to achieve national emission reduction targets from 2019 baseline.	Board has full autonomy through existing governance to act with regards to disposals/demolition plans.
10. Climate	10.2	Reduction of theatre single use plastic	Scope Options for reusable gowns and testing of such	Reduction of clinical waste and increased recycling	Increase recycling		Other	Reduction in clinical waste, may increase domestic waste. Theatre staff following programme – delaying any results/actions Increased laundry costs for washing reusage items	Monitoring Lead for National programme is based at UHC (Phil Korsak) Head of Service East – linking with clinician and Laundry provider during testing phase
10. Climate	10.2	Compile National Waste Data platform with all waste invoices for capturing cost and carbon emissions data	All suppliers to submit their invoicing to the Rio National Waste Platform to be uploaded	Waste group to meet			Other	Suppliers not submitting information	Required by various groups, and supplier advised of any gaps
10. Climate	10.7	Resources are required to take forward the implementation of a board wide Environmental Management System (EMS)	Prepare a second paper for the request for staff resources - Environmental manager	Have agreement on paper format and content	Present paper at CESOG / EMT for approval.	Obtain consent for resources to be allocated.	Estates	Board / EMT have limited financial resources to put resources in place	Control measures will be to highlight corporate risks and compliance with current policy requirements
10. Climate	10.7	Develop job description for new post(s)	Prepare a draft Job Description(s) for review	Obtain organisational approval.	Progress post(s) through Job evaluation.	Complete recruitment process.	Estates	Board internal governance groups fail to approve/ support	Control measure to ensure board /EMT are aware of the corporate risks of not have this post in place, and the cost of non-compliance across the organisation
10. Climate	10.7	Complete the Environmental Management system feasibility/scoping exercise.	Review current market options for a one stop digital software option to enable board compliance and auditing tool to meet the various compliance aspects	Engage with other Healthboards.	Prepare Business Case to the board / EMT / CESOG outlining the optimum digital platform software solution.	Review National Frameworks and procurement routes for compliance software – linking with funding request paper	Estates	Board internal governance groups fail to approve/ support	Detail policy requirements and the omission of an EMS within existing Risk Register.
2. Urgent and Unscheduled Care	2.1	**Reducing Attendances – Phase 2 RUC** - Enhance the Flow Navigation Centre (FNC) within Ayrshire Urgent Care Service (AUCS) to provide care that ensures less than 15% of demand requires attendance at hospital.	Define all available RUC pathways and how they intersect. Identify the best and most effective way to communicate these to the public, health services and professionals.	Continuation of workstreams within Urgent Care, utilising the FNC as a conduit for Urgent Care pathway demand, ensuring that it continues to deliver on the target of less than 15% of demand requiring attendance at hospital. Work is underway to develop pathways further to include Rapid Respiratory Response Services. This will be operational by end of Q2.	Continuation of workstreams within Urgent Care, utilising the FNC as a conduit for Urgent Care pathway demand, ensuring that it continues to deliver on the target of less than 15% of demand requiring attendance at hospital.	Continuation of workstreams within Urgent Care, utilising the FNC as a conduit for Urgent Care pathway demand, ensuring that it continues to deliver on the target of less than 15% of demand requiring attendance at hospital.	Workforce - Retention	Medical workforce availability across AUCS is a risk with the service reliant on volunteer GPs to undertake shifts to populate rotas, many of which already work in day time general practice. Funding allocation to ensure continuation of 24/7 AUCS model	Continuous engagement with current sessional GPs to identify areas for improvement and efficient working processes. Continuous review of rotas to forecast demand and planning staffing levels to provide safe effective, care ensuring Best Value.
2. Urgent and Unscheduled Care	2.1	**Reducing Attendances – Phase 2 RUC** - Eliminate inappropriate and unnecessary conveyance to hospital through the use of the Call Before Convey pathway with Scottish Ambulance Service (SAS) ensuring that current levels of avoidance are met, whilst increasing the alternatives.	Maintain current levels of avoided conveyance of patients through Call Before Convey (88% are not conveyed or attend front doors within 48 hours). Enhance Falls pathway through AUCS for SAS crews to ensure single point of contact and referral to Falls Team members				Other	During busy periods over weekends and public holidays there is a risk that senior clinicians will not be able to respond to SAS crews within the 1 hour turnaround time when they are on scene with a patient. Crews are given early notification of this and calls will be prioritised where possible. Crews from out of area are not always aware of the pathway and important the pathways are shared with all new crews to area.	Predict demand based on previous activity and resource FNC appropriately to meet need. Shared learning and reflection of key benefits is continuously undertaken. Any arising risk could be mitigated through further discussion between operational managers involved.
2. Urgent and Unscheduled Care	2.1	**Reducing Attendances – Phase 2 RUC** - Enhance access for Care Homes to Ayrshire Urgent Care Service (AUCS), including redirection to other appropriate pathways during the out of hours period to sustain current level of onward transfer to hospital which is currently only 8% of patients.	Maintain pathway into AUCS for Care Homes to support patients to remain in their homely setting whenever possible, including redirection to other appropriate pathways, avoiding attendance at hospital front door. Joint work with Care Home Professional Support Team. Sharing learning and positive outcomes with the homes to promote using AUCS.				Other	Care Home and SAS staff not fully utilising pathway at all opportunities	Continuous engagement with Care Homes and SAS staff to promote use of pathway and benefits.

2. Urgent and Unscheduled Care	2.1	**Reducing Attendances – Phase 2 RUC -** Provide alternative navigation to community mental health services of Urgent Mental Health patients by the emergency services through the use of the Urgent Emergency Services Mental Health pathway (ESHMHP).	Maintain current levels of avoided conveyance of patients through ESMHP as part of Call Before Convey (100% treated within community). Increasing engagement with SAS and Police Scotland to ensure appropriate pathway of care for patients experiencing Urgent Mental Health need. Work with colleagues in Mental Health team to ensure pathway into the 72 hour Mental Health Assessment Unit (planned for Summer 2023) is modelled within AUCS to ensure capacity matches demand.				Other	Pathway not fully utilised by SAS or Police Scotland for patients appropriate for referral.	Continuous dialogue with all services to promote pathway and key benefits for resources and patients. Promote pathway and work across national improvement networks to refine and enhance the service.
2. Urgent and Unscheduled Care	2.1	**Reducing Attendances - Phase 2 RUC -** Further develop the Community Pharmacy pathway into Ayrshire Urgent Care Service to support patients to access appropriate care and avoid unnecessary attendance at the Emergency Department.	Enhance the dedicated professional to professional pathway into AUCS in the OOH period from Community Pharmacy to avoid patients present at community pharmacy and requiring to attend hospital when the Pharmacist is unable to fully treat them.			Introduce a pathway between Pharmacy and ED via FNC for appropriate scheduled referral to ED.	Other	Ability to schedule appointment in ED is dependent on availability	Scheduling availability informed by USC Demand and Capacity model
2. Urgent and Unscheduled Care	2.1	**Reducing Attendances – Phase 2 RUC -** Implement a Musculoskeletal (MSK) - Urgent Care Pathway	Scope patient triage system through eConsult and Connect Me. Pilot patient system in three GP Practices.	Detailed review of unscheduled care MSK presentations to understand demand profile. Understand current community and acute MSK pathways and map out potential alternatives for improved access.			Other	Building consensus for service delivery model across a broad spectrum of operational stakeholders	Detailed Test of Change documentation and project plan. Regular Programme Management Meetings. Regular Performance Monitoring and evaluation.
2. Urgent and Unscheduled Care	2.1	**Reducing Admissions - Phase 2 RUC -** Expand the evidence based Community Rapid Respiratory Response pathway across all three HSCP areas.	Review of GP practice COPD registers. Detailed review of unscheduled care attendances linked to respiratory disease. Confirm additional roll-out to practices for expansion of service. Establish evaluation measures to evidence impact of service on population. Currently 340 patients are supported by the RRR service with plans to expand this to 557. Expand the RRR Service from 8 GP practices to14 across the three Ayrshire HSCP areas.	Evidence reduction in attendances to hospital for patients within RRR service. Currently 340 patients are supported by the RRR service with plans to expand this to 557. Expand the RRR Service from 8 GP practices to14 across the three Ayrshire HSCP areas. Use of digital solutions to be explored as part of the expansion programme to ensure optimum service delivery as part of a whole system pathway for Respiratory patients. Development of a prioritisation framework developed based on disease progression scale to ensure optimum benefit is gained with constraints of limited funding.			Other	Due to working with 14 practices, it may be challenging to evidence impact and evaluation. Constraints to service delivery due to technology interfaces. Sustainability and retention of temporary staff within the posts.	
2. Urgent and Unscheduled Care	2.4	**Reducing Admissions -** Reduce admission and stream where possible to same day care services Protect short stay areas in CAU and stream to relevant clinical area Dedicated improvement and clinical leadership within CAU with effect from 11th April including senior manager to lead continuous flow. Increase H@H virtual capacity from 12 to 24 beds Refresher training for ED triage nurses to reinforce the alternatives available	Reduce the length of stay in Initial Assessment of both CAUs to 10 hours Increase % same day discharges to 28% at UHC and 25% at UHA Increase redirection of flow 1 attendances to 6% Increase H@H capacity to 15 beds	Reduce the length of stay in Initial Assessment of both CAUs to 9 hours Increase % same day discharges to 29% at UHC and 27% at UHA Increase redirection of flow 1 attendances to 7.5% Increase H@H capacity to 18 beds	Reduce the length of stay in Initial Assessment of both CAUs to 8 hours Increase % same day discharges to 30% at both UHA and UHC Increase redirection of flow 1 attendances to 9% Increase H@H capacity to 21 beds	Maintain the length of stay in Initial Assessment of both CAUs at 8 hours Maintain % same day discharges to 30% at both UHA and UHC Increase redirection of flow 1 attendances to 10% Increase H@H capacity to 24 beds	Other Workforce - Recruitment Workforce - Retention	Not all services are offered on a 7 day basis e.g. Rapid Assessment & Care Recruitment to Hospital at Home posts	Ongoing prgramme of recruitment Ongoing programme of training and development

2. Urgent and Unscheduled Care	2.6	**Reducing Length of Stay -** Reduce the Non-delayed Acute Average LoS by 20% Increase pre-noon discharges Increase weekend discharge rate	Reduce non-delayed acute average LOS by 5% Increase pre-noon discharges to 22.5% Increase the weekend discharge rate to 52%	Reduce non-delayed acute average LOS by 10% Increase pre-noon discharges to 25% Increase the weekend discharge rate to 55%	Reduce non-delayed acute average LOS by 15% Increase pre-noon discharges to 27.5% Increase the weekend discharge rate to 57.5%	Reduce non-delayed acute average LOS by 20% Increase pre-noon discharges to 30% Increase the weekend discharge rate to 60%	Workforce - Recruitment Workforce - Retention Workforce - Absence Other	7 day working not resourced No ability to transfer to downstream beds at weekends	Ongoing programme of recruitment Ensure implementation of DWD principles
2. Urgent and Unscheduled Care	2.6	**Reducing Length of Stay -** Reduce Average LoS for patients Delayed in their Transfers of Care Reduction of South Ayrshire DTOC	Reduce DTOC to 58	Reduce DTOC to 27	Reduce DTOC to 25	Reduce DTOC to 25	workforce - Recruitment Workforce - Retention Workforce - Absence Other		
2. Urgent and Unscheduled Care	2.4	**Reducing Admissions -** Optimise Virtual Capacity pathways to deliver care closer to home and prevent hospital admission.	Increase Hospital @ Home to 15 beds	Increase Hospital @ Home to 18 beds	Increase Hospital @ Home to 21 beds	Increase Hospital @ Home to 24 beds	Funding - Non-recurrent Workforce - Recruitment Workforce - Retention Workforce - Absence Other	Inability to recruit to posts Inability to secure permanent funding	Active positive recruitment and social media use Continue to secure funding from SG where available
2. Urgent and Unscheduled Care	2.6	**Reducing Length of Stay: Rapid assessment and streaming -** We will increase our zero days length of stay by: Increasing the number of patients treated via Rapid Assessment & Care Increase assessment capacity with short stay ambulatory areas to help support early decision making and streaming to short stay pathways	By the end of June 2023 we will consistently stream 75/60 patients per week through Rapid Assessment & Care and maintain an average discharge rate of 75% or above. (UHC/UHA) By the end of June 2023 we will consistently stream patients with a stay of <72 hours to ambulatory care – reducing admissions to inpatient bedded area by 10%	By the end of September 2023 we will consistently stream 75/60 patients per week through Rapid Assessment & Care and maintain an average discharge rate of 75% or above. (UHC/UHA) By the end of September 2023 we will consistently stream patients with a stay of <72 hours to ambulatory care – reducing admissions to inpatient bedded area by 15%	Extend hours/days in RAC to enable increase in patients managed inclusive of extended evening cover & weekends Increasing to 90/75 patients a week in RAC By the end of December 2023 we will consistently stream patients with a stay of <72 hours to ambulatory care – reducing admissions to inpatient bedded area by 20%	Extend hours/days in RAC to enable increase in patients managed inclusive of extended evening cover & weekends Increasing to 90/75 patients a week in RAC By the end of March 2024 we will consistently stream patients with a stay of <72 hours to ambulatory care – reducing admissions to inpatient bedded area by 20%		Inability to source funding to increase hours for medical ANP/nursing workforce for increased hours/weekend cover. Environmental restraints may restrict numbers we can manage on short stay pathways	Ask the board to prioritise allocated funds to this piece of improvement work. Use software to actively consider how we differently use the environment available to us
2. Urgent and Unscheduled Care	2.1	By August 2023 100% of patients should be handed over within 60 minutes	Achieve 70% of all patients handed over within 60 minutes	Achieve 100% of all patients handed over within 60 minutes	Achieve 100% of all patients handed over within 60 minutes	Achieve 100% of all patients handed over within 60 minutes			
2. Urgent and Unscheduled Care	2.5	**Paediatrics** Paediatric Unscheduled Care Pathway	Current state mapping of pathways with all relevant stakeholders. Consultation on current state with wider staff group	Identification of areas requiring improvement & development of pathways / care model as required	Identify initial phase of improvements (no investment required)	Implementation of agreed improvements. SBAR proposal for any required investment to DMT / CMT.	Finance - funding not yet agreed	Lack of funding / resource to complete the work.	
2. Urgent and Unscheduled Care	2.5	**Heart Failure** Heart Failure Unscheduled Care Pathway Equitable and timely access to digitally supported heart failure diagnostics	1. Improve Diagnostic pathway by utilising Digital pathways to improve optimisation post diagnosis. 2. Extending the use of point of care/laboratory/ NT Pro BNP testing for diagnosis and treatment decision making.			1. Improved patient outcomes. 2. Reduced risk of HF hospitalisation by at least 20%, within 1 month of commencing treatment.		Current resources are limited in this area and do not meet demand. i.e 600 referrals v 250 capacity	
2. Urgent and Unscheduled Care	2.6	**Rapid Access and Care Treatment areas** Early decision making and streaming to short stay pathways.	Senior clinical support in CAU for 12 week period at UHC (April-June) to initiate & embed new practices and explore new models of care. Enhanced triage implemented with dedicated pathways being streamed to RAC. Pathways and conditions appropriate for management in RAC have been shared with GPs, ED and the Operational Response Centre to ensure patient suitability. Clinical space for RAC has been protected to ensure only the right patients are treated there and no use of the space overnight is possible. SOPs have been refreshed to ensure consistency of processes in Initial Assessment and ambulance offload to help maintain overall flow in the unit.		A similar exercise will be carried out at UHA (Sep-Nov)				

2. Urgent and Unscheduled Care	2.7	Deliver effective discharge planning seven days a week, through adopting the 'Discharge without Delay' approach	Develop and introduce training material for PDD planning, structured board rounds and CLD. Develop and introduce a discharge planning tool built on CLD principles and minimal goal setting. Revision of SOP for care at home referrals in collaboration with 3 HSCPs. Collaborative working with EACH to refine referral process and clinical criteria.	Establish daily board rounds on all acute wards to include PDD review. Develop and Introduce board round scripts for use in all acute wards. Implement use of the discharge lounge as the default for all suitable patients. Creation of integrated discharge hub at UHA in collaboration with South Ayrshire HSCP.	Introduce 'discharge to assess' approach led by Home First Practitioners. Establish weekly full MDT board rounds on all acute wards. Maintain close links with the National DWD team to ensure support and guidance is utilised fully. Monthly Whole System Intervention events on both acute sites in collaboration with all 3 HSCPs.				
3. Mental Health	3.2	Implementation of the CAMHS National Specification by the 1st Aug 2023 with the separation of the non-mental health Pan Ayrshire Neurodevelopmental assessments.	Communication to the IJB's across Ayrshire.	Extreme Team established co-chaired by the Head of Mental Health Services and Head of Children's Services in South Ayrshire. Working groups initiated.	Proposed pathways agreed across Ayrshire. 45% Reduction in referrals to CAMHS for Neurodevelopmental assessments.	Roll out of the pathways.			
3. Mental Health		Improve the delivery of adult community mental health support and services, by service focus and design shaped through quality standards and service specification.	Commence strategic group to refocus, aims, objectives and achievements of the community mental health team.	Benchmark against secondary care standards	Commence redesign of service in line with aims, objectives and benchmarking	Complete redesign of service.	Workforce - Recruitment, Retention, Absence, Training, Development & Skills Other	Workforce, Demand, Capacity 1) Patient experience or outcome 2) Staffing and competence 3) Service / business interruption 4) Objectives and projects 5) Injury (physical and psychological) to patient's staff. 6) Complaints / claims	Risk is not mitigated fully at this time. Short term control measures have reduced some risk, but not of significance as such, risk has been entered onto risk register. Further control measures required to further mitigate risks without requested investment. Without this, we will be unable to stabilise core service.
3. Mental Health		Re-opening of ward 7B as an unscheduled care assessment hub, nurse-led and maximum 72 hours stay. Should reduce presentations to EDs solely for mental health assessment, reduce bed occupancy % for AMH acute and number of admissions.	Design/required works to Ward 7B be finalised and building warrants submitted, tender process completed.	Works should be well progressed. Staff group using this new area should be in situ to begin using as a base. All guidelines/SOPs will be finalised. Benchmark data will be gathered as to current activity – referrals, outcomes and current AMH acute activity levels.	Unit will be fully operational – diverting any avoidable mental health assessments to this unit V UHC/UHA ED. Data being gathered as to activity and effectiveness of service. Review systems/ processes as learning is gathered to inform future delivery.	End of year report as to activity and outcomes. Review planned activity for 2024/25 and any identified additionality required for workforce. Consider future opportunities this service affords for reconfiguration of AMH Acute beds .		Risk – excessive pressure on MH assessment beds has required individuals to be boarded out with specialty on occasion to create capacity and for unfunded contingency beds to be opened. Risk – individual practitioners having to undertake urgent unscheduled care assessments within busy Emergency Departments in a short time scale. Risk – persons referred for admission into an existing assessment ward can have longer length of stay than may be required - based on time to Consultant review, full 'battery' of assessments taking place, expectation of individual and family of person being admitted.	All referrals for admission are 'challenged' to ask if ICPNT has been considered as an alternative. Assessing practitioner has availability of On Call Consultant if wish to discuss assessment and outcome. Focus on discharge from point of admission. Regular meetings around Delayed Discharges. AMH acute capacity will not be changed until effectiveness of new assessment hub is fully understood.

3. Mental Health		Through robust bed management processes including use of traffic light system, opening of unscheduled care assessment hub, monitoring of delayed discharges and developing alternative community based provisions improve efficiency of inpatient services to ensure have the right bed, at the right time for the right person.	**Average Length of Stay (ALOS)** AMH Acute for 2022/23 was 49.3 days. Achieve 5% reduction = ALOS to 46.8 days EMH Acute for 2022/23 was 90.1 days. Achieve 5% reduction = ALOS to 85.6 days **Delayed Discharges(DD)** AMH average Delayed Discharge days Q4 2022/23 was 1425.3 days. Achieve 5% reduction = DD to 1354 days EMH Acute for 2022/23 was 375 days. Achieve 5% reduction DD to 356.2 days Explore/develop alternatives to ongoing inpatient care such as supported accommodation, specialist provider provision, new models of care between public and independent sectors. Complete data gathering across Ayrshire as baseline to current activity and service demand.	**Average Length of Stay (ALOS)** AMH Acute for 2022/23 was 49.3 days. Achieve 10% reduction = ALOS to 44.4 days EMH Acute for 2022/23 was 90.1 days. Achieve 10% reduction = ALOS to 80.1 days **Delayed Discharges(DD)** AMH average Delayed Discharge days Q4 2022/23 was 1425.3 days. Achieve 10% reduction = DD to 1282.8 days EMH Acute for 2022/23 was 375 days. Achieve 10% reduction DD to 337.5 days Explore with Arran View options for LD/ABI/MH Complex Care step down models in their available accommodation. Place first persons (in Lamlash) from Learning Disability Perspective. Confirm planned visit to NHS Grampian re their new provision in association with	**Average Length of Stay (ALOS)** AMH Acute for 2022/23 was 49.3 days. Achieve 15% reduction = ALOS to 41.9 days EMH Acute for 2022/23 was 90.1 days. Achieve 15% reduction = ALOS to 76.6 days **Delayed Discharges(DD)** AMH average Delayed Discharge days Q4 2022/23 was 1,425.3 days. Achieve 15% reduction = DD to 1,211.5 days EMH Acute for 2022/23 was 375 days. Achieve 15% reduction DD to 318.7 days If agreed, place first MH complex care/step down/ABI persons in other unit in Lamlash. Assuming is an opportunity put a business case forward re development of vacant accommodation (Lochranza) in Arran View for suitable persons and how could be funded to North (?all) IJBs.	**Average Length of Stay (ALOS)** AMH Acute for 2022/23 was 49.3 days. Achieve 20% reduction = ALOS to 39.4 days EMH Acute for 2022/23 was 90.1 days. Achieve 20% reduction = ALOS to 72.1 days **Delayed Discharges(DD)** AMH average Delayed Discharge days Q4 2022/23 was 1425.3 days. Achieve 20% reduction = DD to 1140.3 days EMH Acute for 2022/23 was 375 days. Achieve 20% reduction DD to 300 days If agreed, place first MH complex care/step down/ABI persons in other unit in Lamlash. Assuming is an opportunity put a business case forward re development of vacant accommodation (Lochranza) in Arran View for suitable persons and how could be funded to North (?all) IJBs.			
3. Mental Health		Improve the delivery of adult community mental health support and services, by service focus and design shaped through quality standards and service specification.	Commence strategic group to refocus, aims, objectives and achievements of the community mental health team.	Benchmark against secondary care standards	Commence redesign of service in line with aims, objectives and benchmarking	Complete redesign of service.	Workforce, Demand, Capacity	1) Patient experience or outcome 2) Staffing and competence 3) Service / business interruption 4) Objectives and projects 5) Injury (physical and psychological) to patient's staff. 6) Complaints / claims	Risk is not mitigated fully at this time. Short term control measures have reduced some risk, but not of significance as such, risk has been entered onto risk register. Further control measures required to further mitigate risks without requested investment. Without this, we will be unable to stabilise core service.
3. Mental Health		Under Caring for Ayrshire programme auspices complete service review of Older Adult Mental Health Services across NHS Ayrshire and Arran and develop an Outline Business Case as to future service provision and required service infrastructure to support, including inpatient provision.	Complete data gathering across Ayrshire as baseline to current activity and service demand.	Develop vision as to what future service delivery should look like and what workforce, service and infrastructure would be required to be support/deliver this.	Develop case for change and use this to inform development of draft Outline Business Case (OBC) for submission to Caring for Ayrshire Programme Board for their consideration.	Table OBC and update with any requested areas prior to progression (if supported) to developing Full Business Case.		There is an inequity in service between 'working age' and over 65 population. The over 65 population is growing in size (particularly in Ayrshire) and there are high levels of co-morbidity including mental health needs. Existing service models are outdated and without robust review demand will outstrip capacity in a very short period.	This risk has been identified and Caring for Ayrshire Programme Board has supported development of an OBC to describe anticipated need and proposed solutions.
4. Planned Care	4.4	Validate OP and IP/DC waiting lists to 26 weeks	OP : rolling 3000 patients over 26 weeks validated IP/DC : NECU supported validation of all patients >26wks	OP : rolling 3000 pts over 26 weeks validated	OP : rolling 3000 pts over 26 weeks validated IP/DC : NECU supported repeat validation of all patients >26wks	OP : rolling 3000 pts over 26 weeks validated	Other	Workforce Patient engagement Reduction of validation due to lack of appointment capacity	Review digital approaches. Re-categorisation of referrals to increase core capacity
4. Planned Care	4.3	Further expand the use of ACRT with a particular focus on Neurology, Gastroenterology and Diabetes & Endocrinology	Neurology ACRT 15 % not added to waiting list. Gastro ACRT of long waiters : 250 patients removed from waiting list. D&E ACRT of long waiters : 50 patients removed from waiting list.	Neurology ACRT 15 % not added to waiting list. Gastro ACRT of long waiters : 250 patients removed from waiting list. Gastro new referral ACRT : 5 % managed without adding to wait list. D&E ACRT of long waiters 50 patients removed from waiting list	Neurology ACRT 20 % not added to waiting list. Gastro ACRT of long waiters : 250 patients removed from waiting list. Gastro new referral ACRT : 10 % managed without adding to wait list. D&E ACRT of long waiters 50 patients removed from waiting list. D&E ACRT 20 % managed without adding to wait list.	Neurology ACRT 25 % not added to waiting list. Gastro ACRT of long waiters: 250 patients removed from waiting list. Gastro new referral ACRT : 20 % managed without adding to wait list. D&E ACRT 30 % managed without adding to wait list.	Other	Clinical agreement on opt-in pathways. Primary Care concerns around return of patients. Consultant workforce / job plan capacity. Infrastructure to support mutual aid.	Primary Care engagement. NECU support to establish mutual aid arrangements.
4. Planned Care	4.2	Provide supplemental short term outpatient capacity through Insourcing and WLI for:- Dermatology Neurology Ophthalmology Respiratory Rheumatology Gastrology	3500 patient appointments delivered in Qtr 1	4000 patient appointments delivered in Qtr 2	4000 patient appointments delivered in Qtr 3	3500 patient appointments delivered in Qtr 4	Other	Difficulty securing insourcing contracts. Lack of willingness from clinical staff to do additional activity.	New contracts to have the option to extend included as standard.

4. Planned Care		Enhance sustainability through development of new permanent capacity	Posts recruited : · Nurse Colposcopist · Nurse Hysteroscopist . Ultrasonographers · Diabetes Specialist Nurse	Posts recruited: · Headache Nurse Specialist · Endocrine Nurse Specialist . Urology Surgical Care Practitioner			Workforce - Recruitment Workforce - Training, Development & Skills	Workforce availability. Length of training will impact on volume of activity being delivered.	Enhance sustainability through development of new permanent capacity. Share job descriptions with neighbouring Boards
4. Planned Care		Complete and submit Full Business case for National Treatment Centre and proceed to implement	Full Business Case Submitted 26/04/23. NHS AA Board and Capital Investment Group approval. Prepare and implement NDAP report action plan. Prepare and implement NHSSA FBC KSAR action plan. Prepare and implement SDaC action plan (awaiting issue of report).	Planning Permission Secured. Stages 1-3 Building Warrants obtained. Contract awarded to PSCP. Mobilisation commenced. Internal finishes confirmed during further 1:50 review. NEC4 Supervisor & Clerk of Works appointed. Construction commences.	Recruitment has commenced for a further 32 WTE staff. Development of Arts strategy & implementation plan. Progress Construction Stage KSAR. Progress Equipment procurement plan. Progress Soft Landings delivery plan.	45 WTE staff appointed to NTC	Finance - Funding not yet agreed Workforce - Recruitment Estates	FBC not supported by SG CIG. Delay in award of Planning Permission. Workforce funding not released by SG to allow phased recruitment (see FBC for full risk register)	6 weekly Programme Board meetings to review progress. Regular meetings with SG colleagues. Monthly meetings to review Risk Register. Project Managers appointed to manage process including Principle Supply Chain Partner. Regular dialogue with South Ayrshire Council. Regular dialogue with universities and colleges to promote project and encourage recruitment.
4. Planned Care		Embed EqUIP pathways for Hernia and Haemorrhoidectomy to reduce waiting lists	100 patients vetted to EQUiP pathways	140 patients vetted to EQUiP pathways	180 patients vetted to EQUiP pathways	200 patients vetted to EQUiP pathways	Other	Clinical engagement Managing patient expectation	National pathways Patient information leaflets
4. Planned Care		Increase throughput of cataract surgery theatre lists in line with Specialty Delivery Group recommendations. (Baseline 6 cataracts/half day list)	Increase to 7 patients per list	Increase to 7 patients per list	Increase to 8 patients per list	Increase to 8 patients per list	Other	Clinical engagement	Involvement in CfSD Specialty Delivery Group
4. Planned Care		Increase Theatre productivity – Increase theatre utilisation. Reduction in Gap times (baseline median in 2022/23= mins). Reduction in cancellations	Theatre Utilisation 91%. Establish baseline Gap times per specialty. Establish ave cancellations per week.	Theatre Utilisation 92%. Reduction in ave weekly cancellations by 5%.	Theatre Utilisation 93%. Reduction in Gap times by 1 minute. Reduction in ave weekly cancellations by 5%.	Theatre Utilisation 95%. Reduction in Gap times by 1 minute. Reduction in ave weekly cancellations by 5%.	Other Estates	Clinical engagement Shortfall in daycase recovery space at UHC Impact of ICU capital works Introduction of RAS impact on productivity until embedded	Regular discussion that weekly peri-op meeting and quarterly theatre governance meeting. Weekly utilisation meetings to review previous weeks activity.
4. Planned Care	4.2	Increase daycase rates for 3 procedures with the largest productive opportunity. Baseline % same day : · Hip Arthroplasty : 0% (BADS target 10%) · Lap Cholecystectomy : 54% (BADS target 75%) . Destruction bladder lesion : 25% (BADS target 60%)	Hip Arthroplasty =3% Lap chole = 58% Bladder lesion: 30%	Hip Arthroplasty = 3% Lap chole = 60% Bladder lesion: 35%	Hip Arthroplasty = 3% Lap chole = 65% Bladder lesion: 40%	Hip Arthroplasty = 3% Lap chole = 65% Bladder lesion: 40%	Estates Other	Clinical engagement Shortfall in daycase recovery space at UHC Workforce availability	Regular presentation of BADs performance data to clinical teams
4. Planned Care		3rd CT Scanner – establish permanent radiographer team to maintain CT capacity and reduce waiting list	168 extra CT scans/wk	168 extra CT scans/wk	168 extra CT scans/wk	168 extra CT scans/wk	Other	Workforce availability	Locum cover
4. Planned Care	4.1	Adopt a 'Hospital within a Hospital' approach in order to protect the delivery of planned care	A 'hospital within a hospital' approach is being taken to ensure that elective orthopaedic services can be maintained even during times of peak system pressure. An area of 14 beds within Station 16 has been formally protected in order that elective orthopaedic surgery can continue, albeit it at a reduced capacity, during times of peak pressure. Similarly 4 beds are protected for planned care gynaecology at UHC, and at times of pressure these beds can also support continuation of breast surgery.	Work is ongoing across the remaining surgical bed footprint to establish any further opportunities to embed this concept.					
5. Cancer Care	5.1	Increase Endoscopy capacity and reduce waiting list through establishment of 4th room at UHA	Capital works completed	4th room fully operational 5 days per week % remobilisation increased to 95%	Reduction in bowel screening waiting list Reduction in time to colonoscopy % remobilisation increased to 100%	Reduction in bowel screening waiting list Reduction in time to colonoscopy Note : % remobilisation may be affected by other plans at UHC for critical care in	Estates Workforce - Recruitment	Delay in completion of capital work Workforce challenges in staffing full additional capacity	Close involvement with capital planning team Early recruitment supported Using the wider endoscopist team from both acute hospitals and nurse endoscopists
5. Cancer Care	5.1	Embedding of qFiT into colorectal referral pathway	Agreed processes for qFiT stocking in GP practices Establish baseline median referral to treatment time = 98 days	Implementation of GP issued qFiT tests Median referral to treatment time reduced to 91 days	Finalised plan for qFiT testing within NHSAA lab Median referral to treatment time reduced to 85 days	Median referral to treatment time reduced to 80 days	Other	Financial concerns in primary care Lack of willingness from GPs BMS/MLS workforce shortfall to take on local testing	qFIT testing capacity bought from NHS Lanarkshire in the interim
5. Cancer Care		Establish increased pathology capacity	Confirm insourcing capacity Unauthorised backlog : 2800 cases Oldest date : 2.5months	Secure additional mutual aid capacity through developing SLAs Unauthorised backlog : 2400 cases Oldest date : 2.5months	Secure additional mutual aid capacity through developing SLAs Unauthorised backlog : 2000 cases Oldest date : 2 months	Unauthorised backlog : 1600 cases Oldest date : 2 months	Other	Affordability of insourcing options Shortage of capacity in other Boards Local admin capacity may become a bottleneck	

5. Cancer Care		Expedited Lung Cancer Pathway Trial	Establish baseline : Mean time referral to MDT	Establish additional CT capacity Mean time referral to MDT	Expand Digital Pathology Mean time referral to MDT	Introduce streamlined pathway for GP requested chest x-ray Mean time referral to MDT	Other	Workforce availability Level of primary care engagement IRMER restrictions	Agency radiography staffing where necessary Project manager working jointly across primary and secondary care
6. Health Inequalities	6.3	Implement agreed MAT Improvement Plans across community alcohol and drug services whilst increasing access to primary care (GP and Pharmacy) MAT support (MAT Standard).	Identify two sites to pilot Pharmacy based prescribing clinics – focussing on Buvidal medication.	Recruit additional Pharmacist prescribing support within the NADARS	Recruit additional GP specialist prescribing support via the offer of a local Service Level Agreement.	Have all planned enhanced GP and Pharmacist prescribing support in place.	Workforce - Recruitment Finance - Non-recurrent funding	Unable to recruit to additional GP and Pharmacist staff if no recurring funding is identified.	A proposal has been submitted to the Scottish Government (SG) for recurring funding to deliver on MAT Standard 7. Whilst awaiting a response, the NA ADP have identified non-recurring funding to support the implementation of initial developments.
6. Health Inequalities	6.3	Deliver and meet the 'Substance Use Treatment Target', whereby 959 individuals will receive supportive treatment by April 2024 via the NADARS and the full range of treatment options including MAT interventions, NFO support and accompanying mental, physical, sexual and social care support.	A minimum of 930 individuals will receive supportive treatment	Target of 940	Target of 950	Target of 959			Pathways and processes have been implemented in 2022 to ensure that this Target will be met
6. Health Inequalities	6.3	Ensure quick access to treatment for individuals with alcohol and drug problems by meeting the national 'Access to Treatment' waiting times Standard' during each reporting Quarter.	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks			Pathways and processes have been implemented in 2022 to ensure that this Target will be met
6. Health Inequalities	6.5	Develop NHS Ayrshire & Arran Anchor/Community Wealth Building (CWB) Strategy and three-year plan	Draft NHS Ayrshire & Arran Anchor/CWB Strategy and 3 -year plan developed	Publish NHS Ayrshire & Arran Anchor/CWB Strategy and action plan	Move to implement action plan	Move to implement action plan			
6. Health Inequalities	6.3	Deliver and meet the 'Substance Use Treatment Target', whereby targeted individuals will receive supportive treatment by April 2024 via the East Add and the full range of treatment options including MAT interventions, NFO support and accompanying mental, physical, sexual and social care support.	East currently have exceeded target at 1079	To continue increasing numbers of individuals who will receive supported treatment	To continue increasing numbers of individuals who will receive supported treatment	East target of 1029			Pathways and processes have been implemented in 2022 to ensure that this Target will be met
6. Health Inequalities	6.3	Ensure quick access to treatment for individuals with alcohol and drug problems by meeting the national 'Access to Treatment' waiting times Standard' during each reporting Quarter.	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks			Pathways and processes are in place
6. Health Inequalities	6.3	Deliver and meet the 'Substance Use Treatment Target', whereby 610 individuals will receive supportive treatment by April 2024 via the NADARS and the full range of treatment options including MAT interventions, NFO support and accompanying mental, physical, sexual and social care support.	A minimum of 930 individuals will receive supportive treatment	Target of 940	Target of 610 by April 2024	Target of 610			Pathways and processes have been implemented in 2022 to ensure that this Target will be met
6. Health Inequalities	6.3	Ensure quick access to treatment for individuals with alcohol and drug problems by meeting the national 'Access to Treatment' waiting times Standard' during each reporting Quarter.	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks			Pathways and processes are in place
6. Health Inequalities	6.2	Review of Community Rehabilitation Model to identify area's for development to improve patient pathways for those leaving prison custody. Work aligned to Scottish Government GIRFe (Getting It Right For Everyone) People in Prison pathfinder program	Completion on Journey Mapping with agency partners and lived experience	Co-design of concepts for tests of change	Testing of prototypes	Implementation of successful tests of change	Other	Delivering on outcomes dependent on successful engagement with partners in other parts of the health system and other agencies	Establishment of multi-agency group to lead work plan
6. Health Inequalities	6.2	Implementation of Health Care Needs assessment recommendations to develop the HMP Kilmarnock prison based mental health provision to provide enhanced early intervention for mental health and wellbeing need	Review recommendations to be presented to IJB for approval.	Job evaluation processes to be competed for new job roles in changed skill mix.	Recruitment to new job roles	Implementation of model with enhanced early intervention provision	Workforce - Recruitment	Delay in Job Evaluation process. Difficulties in recruiting to posts in the prison setting.	Job roles more attractive and a new service development linked to early intervention
6. Health Inequalities	6.2	Progress delivery of MAT standards in Prison and Police custody settings in line with national MAT standards delivery plan in justice settings.	Limited capacity to progress until recruited new staff come into role	Design of test of change for identification of addiction needs on reception to prison custody	Implementation of test of change learning cycle to develop effective process	Embedding processes for early identification expanding treatment choice	Workforce - Recruitment	Currently waiting for recruited staff to come into role to provide capacity to deliver. Continued recruitment and retention challenges may impact on progress of the work	Implementation of QI support and facilitated reflection opportunities to support staff engagement and wellbeing.
8. Workforce		Delivery of international recruitment plan on an ongoing basis providing supply of Nursing & AHP staff	Cohort 2 of international recruits commenced (May 23)	Cohort 3 of international recruits commenced (Aug 23)	Cohort 4 of international recruits commenced (Aug 23)	Cohort 5 of international recruits commenced (Aug 23)	Workforce - Recruitment Estates	Accommodation for recruits is a significant factor which constrains the volume and frequency of cohorts	Plan for international recruits is staged rolling – next cohort commences when welcome accommodation for preceding cohort becomes available for next cohort i.e. 2-3 months lead in between cohorts

8. Workforce		Reducing non framework agency usage – maximisation of nurse bank usage and framework agencies where necessary	Communication to all nursing staff on agency changes and raising awareness of bank (May) 40% reduction in non-framework agency spend (June)		100% reduction in non-framework agency spend (October)		Other	High proportion of our non-framework spend is associated with our additional beds beyond our funded establishment therefore our ability to remove those beds from the system is critical to achieving our trajectory	Nurse Director chairing supplemental spend groups and operational management triumvirates overseeing use and control of agency and wider supplemental usage. Ongoing activity to increase attraction to and optimisation of nurse bank
8. Workforce		Block recruitment of newly qualified nurses due to graduate (approx. 160) addressing latent registrant nursing vacancies across the system	Interviewing and offers made		Successful candidates commence Band 5 roles	Planning and process for 2024 NQN outturn commences	Workforce - Recruitment	Competition with other Boards as NQNs apply for multiple posts across region therefore preferred candidates may withdraw at short notice depending on preference	All WoS Boards follow same timetable for initial averts for NQNs. Strengthened engagement from both Nurse Directorate and operational teams to retain students who have trained within NHSA&A
8. Workforce		Block recruitment of Clinical Development Fellows / Clinical Teaching Fellows (approx. 100)	Recruitment of CDFs	Successful candidates commence in post (Aug 23)		Planning and process for 2024 CDF/CTF commences			
8. Workforce	8.1	Rollout of eRostering across the organisation using. System should provide assistive insight to managers in staff deployment and use in the long term.	Phase 1 delivered – Woodland View, Medical Anaesthetics and Digital Services	TBC – see risk narrative	TBC – see risk narrative	TBC – see risk narrative	Other	Lack of interfaces between Allocate and SSTS creates a resource risk for the Board that could materially necessitate a slowing of rollout until such time as the SSTS interface is operational	Resource in place for initial phase however as rollout increases this will require to grow until such time as there is an operational interface. Allocate Programme Board keeping under review and seeking assurance from NSS / national team as to timescales for interface work.
8. Workforce		Skillmix change – conclude the Band 2/3 HCSW review for substantive and bank staff. Evaluate the impact of introduction of Band 4 nursing roles in Acute and expand this to another cohort. Richer skillmix provides better	Band 4 HCSWs commenced in post (April) Substantive Band 2 staff changed to Band 3 (Jun)	Bank Band 2 staff changed to Band 3			Workforce - Recruitment	Changing skillmix and the opportunities this presents could potentially exacerbate existing problems in social care workforce as NHS HCSW roles become more attractive in respect of terms and conditions	Limited scope to control risk due to the considerable differentials in the respective terms and conditions between social care and NHS
8. Workforce		Workforce capacity – planned and unplanned leave. Ongoing management of unplanned sickness absence seeking to minimise this as far as practicably possible. Encouraging staff to utilise annual leave throughout the year for rest and recuperation and avoiding bottlenecking of leave at peak periods which can cause operational difficulties	Monitoring of planned and unplanned absence rates	Monitoring of planned and unplanned absence rates	Monitoring of planned and unplanned absence rates	Monitoring of planned and unplanned absence rates	Workforce - Absence	Sickness absence remains higher than the pre-pandemic period and in excess of the national standard of 4%. Any future 'spikes' in covid related absence will inflate the absence position. When absence is high staff sometimes defer taking scheduled annual leave and necessitating the need for carry forward from year to year. Rest and recuperation important to avoid staff burnout	Ongoing monitoring of planned and unplanned absence and the reasons associated with this and messaging throughout the year for staff to utilise their annual leave fully.
9. Digital	9.1	Optimising M365 - migration of shared drives to Sharepoint	Implementation of Intune and Microsoft Defender for Cloud Apps	Move to OneDrive and closing all personal drives	OneDrive Implementation - mop up and commence early shared drive moves	Continuation of sharepoint implementation	Other	Compliance - failure to complete migrations in a timely manner. NB - delivery of this is dependant on the Conditional Access Policy being available as is currently under review by NSS due to issues within other boards. Awaiting notification of National support model for boards progressing with OneDrive/SharePoint as only support available is for Outlook/Exchange and Teams at the moment.	If shared drives are not migrated in a timely manner then on site storage will require to be retained with associated costs.
9. Digital	9.1	Optimising M365 - Fully embed the document management classification scheme working practices compliant with GDPR guidance	Link to Intune (9.1) robust deployment tool required to increase compliance with a supported Office version which is compatible with the labeling functionality. Office 2013 is not compatible with document management classification.	Link with Information Governance regarding roll-out and adoption planning and undertake pre-requisites engaging with Records and Digital Champions to work together.	Continue Q2 progress		Other	Compliance - failure to introduce correct document classification will lead to breaches of GDPR legislation. Finance - any breaches of GDPR legislation could lead to fines being imposed by ICO. Incorrect or missing document classification can lead to confidential information being inadvertantly disclosed.	Working with records champions across the organisation to ensure that appropriate document classifications are enabled.

9. Digital	9.2	National Digital Programmes - develop the electronic outpatient functionality within WellSky.	Plan is to roll out the new outpatient feature across all specialties with a 1 year timescale (starting April 23). Progress recruitment of 4 x 1 year fixed term posts to support the roll out.	Recruit 4 posts required to take project forward. Engage with the first phase of specialties to start training sessions. All awareness communications sent and CD Forum users are informed. Portal work to start.	Start phase 2 and 3 of specialities and continue with training sessions and go-lives within each specialty area.	Start phase 4 and 5 of specialities and continue with training sessions and go-lives within each specialty	Workforce - Recruitment	If we don't manage to recruit to full capacity there will be a delay rolling out the project due to staffing levels. There may be resistance to change while rolling the new Electronic prescribing process out. Resistance may cause delays.	Monitor risks and raise at the Operational Outpatient Meeting throughout the project lifecycle.
9. Digital	9.2	National Digital Programmes - CHI & Child Health Transformation Programme	New Child Health is scheduled to go Live in April 2025	CHI - Rerouting complete for Trakcare, SCI Store, AYRshare in UAT environment, Engage with NSS to make config changes to Badgernet (scheduled for 11/05/2023 @ 3PM) and SBR in preparation of the Testing window commencing in October 2023		Proposed Testing Window Scheduled for October/November 2023 with Go Live Scheduled for End of November 2023. Downtime Plan confirmed with Heatlth Records and Child Health services for Cutover Weekend.	Other	With NHSAA co-current projects Cloud Hosting UAT and CHI rerouting in UAT, the project team have identified potential conflict challenges in regard to testing. Period of downtime where demographics updates/Patients CHI's are unavailable. NSS National Team contraints to Go Live Date. (Go Live date may incur cost therefore NSS will attempt to bring forward go live weekend)	Digital Service Project Manager has arranged to engage with NSS and Intersystems to ensure testing can be completed appropriately and provides updates to both LIG and Hosting Project Teams. Progress with Business Continuity Processes for Acute, Primary Care and Child Health during downtime.
9. Digital	9.2	National Digital Programmes - ConnectMe - Development of a full suite of Long-Term Condition Review Pathways in Primary Care to support the Annual Review Process alongside the development of Remote Health Pathways (RHP's) in Acute Care to reduce length of stay in hospital and cut clinic times.	Complete the testing of the last two pathways to be developed for the suite of review pathways (Epilepsy and Multi Long Term Conditions). Train and support Practices to transition from using Florence Text messaging for BP monitoring to using IHC. Promote the use of these within all GP Practices. Engage with Acute services to promote the use of RHPs within their specific remits.	Continue to work in partnership with the National TEC Team to promote pathways built Scotland wide within our local services. Continue to support Primary Care to develop further pathways for use in GP Practices.	Promote the use of RHPs throughout Primary and Acute Care and work with teams to design, develop and implement pathways to benefit the services and patients, reducing attendance at Practices, clinics and reducing length of stay in hospitals.	Have a fully functional TEC Team available to work with services to promote the use of TEC to benefit staff and patients.	Other	Barriers have been put in place for designing and producing pathways which would be of great benefit to our local teams however might not be suitable Nationally. There is a process in place to apply to the National TEC team for the design, build and implementation of pathways. If this is not passed then we are unable to progress with pathways which might benefit our teams locally.	There is a process in place to apply to the National TEC team for the design, build and implementation of pathways. If this is not passed then we are unable to progress with pathways which might benefit our teams locally.
9. Digital	9.2	National Digital Programmes - Near Me - promote the use of Near Me / Attend Anywhere as a safe and secure NHS video calling platform to offer access to services without travelling - bringing care closer to patients.	To have the capacity within the TEC Team to promote the use of the NHSNearMe platform. To highlight best practice by promoting the areas of extended use and give patients the choice of whether they want video/phone access rather than attending face to face.	To work towards giving patients a choice on how they want to attend their appointments in Primary and Secondary Care.	To increase the use of NHSNearMe in Primary and Secondary Care improving the outcomes Nationally.	Have a fully functional TEC Team available to work with services to promote the use of TEC to benefit staff and patients.	Workforce - Recruitment	Lack of uptake within Primary Care Services and Acute Services has been a challenge for the team despite sharing best practice guidelines with all NHSAA GP Practices. There is no capacity within the NHSAA TEC Team to promote the use of NHSNearMe within NHSAA.	Expanding the TEC Team to support and promote the use of NHSNearMe would be of great benefit and is outlined in the NHSAA TEC Delivery Plan for 2023/24.
9. Digital	9.2	National Digital Programmes - To develop Clinical Portal to provide a more comprehensive EPR and broaden service access.	Optometry Access to Portal via CAT20 or Swan Tunnel on receipt of Information Sharing Agreements and Fair warning documentation user accounts will be created. Community Pharmacy, GP Pharmacy Access and Community Dental access to Clinical Portal to provide access to as many services as possible. HSCP information available in Clinical Portal to broaden portal to being a more comprehensive EPR. Demo arranged with HealthCare Gateway April 2023.	We are receiving the relevant documentation and will have all Optometrists accessing portal by the end of Q2. We will set up short live working groups with Pharmcy and Dental to look at the information they require and get the relevent IG documentation completed. We have a meeting on the 1st June with HealthCare Gateway (previous one had to be cancelled) Need decisions at board level as to what we do next.	Hope to have the RBAC created for Dental and Pharmacy. Start the technical process with the CAT20 boxes as we did with Optometry and be in a position to send out the relevant documentation.	All GP Pharmacy, Community Pharmacy and Dental access to Clinical Portal.	Other	Other - getting agreement on what Pharmacy and Dental can access. Delays in getting appropriate Governance documentation completed.	Ensuring effective communication with all involved specifically heads of service.
		Infection, Prevention and Control The COVID pandemic has significantly impacted on Infection Prevention & Control (IPC) resource, workload and expectation. The intention is to build an IPC service in conjunction with the IPC Workforce Strategy, HCAI Strategy and comply with the IPC Standards May 2022.	- Completion of service review within IPC and recommendations submitted to CMT for approval. - Gap Analysis - IPC Workforce Strategy. - Develop short, medium and long term objectives to support service review and gap analysis of IPC Workforce Strategy - Commence short term objectives (IPC Service Review and IPC Workforce Strategy) - Implementation of the interim IPC Planned Programme 2023/24 - Delivery of HAI standards and Indicators	- Review and creation of job descriptions to support IPC Service Review - Progress with the interim IPC Planned Programme 2023/24 - Review strategic risk (Risk 811 - Service / Business Interruption – Inability to Deliver Core/optimal IPCT Service)	- Commence medium term objectives (service review and IPC Workforce Strategy) - Progress with the interim IPC Planned Programme 2023/24	- Review progress of interim IPC planned Programme 2023/24 - IPC workforce strategy implemented by March 2024 - Review progress of medium term objectives (IPC Service Review and IPC Workforce Strategy) - Review strategic risk (Risk 811 - Service / Business Interruption – Inability to Deliver Core/optimal IPCT Service)	Workforce - Recruitment, Retention, Absence, Training, Development & Skills Other	Unpredictability of the COVID 19 Pandemic. Staff resource diverted to outbreak management which will have an impact on delivery of the Interim IPC Planned Programme and progress against short, medium and long term objectives. IPC staffing resource, national resource issue due to limited experience. Failure to recruit will impact on delivery of Q1 – Q4 milestones.	IPC resource currently included within the Boards strategic risk register. IPC will prioritise those areas of the IPC interim Planned Programme however will continue to escalate areas of concern as required.

		Realistic Medicine BRAN Leaflet Pilot/Shared Decision Making	Development of Leaflet	Identify outpatient areas to pilot BRAN/SDM leaflet and have initial plans for pilot in place	Have pilot underway	Start process of evaluating pilot using SURE and CollaboRATE tools	Other	Risks include the capacity of medical workforce to engage as SDM is perceived to take more time. Another key risk would be the physical process of sending out the BRAN leaflets as we have hit stumbling blocks with the physical sending of an additional leaflet when trying to implement this on a larger scale before	We hope that in the process of identifying outpatient areas to try this we are able to engage departments that are already taking an active interest in exploring SDM so that we can then demonstrate the benefits to other clinical areas.
		Realistic Medicine Reusable theatre items	Begin the process of a cost analysis of single use vs reusable items	Have discussion with key stakeholders re the outcomes of cost analysis	Explore further the barriers to reusable items along with the green theatre groups and infection control team	Start to make progress in introducing the use of some reusable items at UHC and UHA theatre sites.	Other	National infection control & health and safety guidelines currently restrict movement from single to reusable use items.	Current collaborative work between Green Theatre Group, IC and H&S locally and nationally through ARHAI to discuss national IC guidelines.
		Realistic Medicine Neptune Waste Management System	Gather information from urology regarding current experience and benefits of using Neptune	Present information regarding urology findings to other surgical depts. That may benefit from use of system i.e. gynaecology Rep from Stryker who deal with Neptune Suction System due to meet theatre staff at Crosshouse Hospital on 10/5/23	Explore funding options for purchasing further Neptune systems Liaise with CfSD regarding potential national procurement of waste management systems	Explore purchase and installation to appropriate theatre(s)	Finance - funding not yet agreed	Key risks: funding. Urology will demonstrate most benefit as a specialty. Need to evaluate whether same benefits demonstrated in other specialties.	Hopefully in demonstrating the potential benefits of Neptune in improved theatre waste management we will be able to access funding for further provision.
		Realistic Medicine Integration of Realistic Medicine and the executive team	Identify key stakeholders to sit on Realistic Medicine Steering Group and invite to first meeting	Hold first meeting of RM Steering Group	Create points for action and form an RM Working Group to take these forwards	Hold further RM Steering group meeting to check progress and create further points for action.	Other	Key risks to progress are the capacity for clinical and other staff to attend further meetings and join further working groups.	We hope that we can work collaboratively with key stakeholders to assist with current workstreams and clinically led reform, rather than creating additional workload.
		Realistic Medicine National RM Policy team directives: 1) ensure all health and care professionals in Scotland complete online SDM training via TURAS 2) ensure patients and families are encouraged to use BRAN questions 3) support local teams to work the CfSD on full roll out of ACRT, PIR and best practice pathways 4) ensure local teams begin to evaluate the impact of SDM conversations 5) ensure local clinical teams engage with CfSD to consider Atlas of variation data and demonstrate how board can improve	1)Liaise with director of medical education, CDs and deputy medical director primary and urgent care 2) and 3) as above re BRAN/SDM/SURE/ COLLABORATE 4) Establish link with CfSD Champion locally to discuss 5)As per number 4	1)Establish how many staff members have currently undertaken module and then communicate with all staff re TURAS module 2) And 3) as above 4) In conjunction with CfSD make a plan for supporting roll out 5) In conjunction with CfSD access up to date Atlas data and ask relevant teams to look at data	1) Allow some time for staff to complete module 2) And 3) as above 4)Unclear as yet 5)Ask for feedback from teams re Atlas Data	1)Reassess how many staff have now completed the module 2) And 3 as above 4)Unclear as yet 5) Ask teams for suggestions on actions based on variations	Other	Main key risks are staff time for engagement and RM team time to deliver these targets in conjunction with pre-existing RM team action plan plus board deliverables detailed above.	Need support from the executive team