NORTH AYRSHIRE
Health and Social Care Partnership

Integration Joint Board
16 June 2022

Subject:	**Unscheduled Care Performance**
Purpose:	To highlight the responsibilities of the IJBs in commissioning and oversight of performance in relation to Unscheduled Hospital Care in relation to the Acute Set Aside resource. Highlighting areas of concern in relation to performance and to seek regular updates on the programme of work to improve patient experience and outcomes.
Recommendation:	The IJB are asked to: • Note the ongoing programme of work in relation to Unscheduled Care and specifically the improvements required in length of stay for patients and performance in relation to the 4 hour ED compliance standard. The IJB should receive a performance update at the next meeting in August and thereafter consider any further interventions required. • Note that any additional resource required to facilitate performance improvement activity should be through a spend to save methodology by closing all 138 additional acute hospital beds during 2022-23

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

1.	**EXECUTIVE SUMMARY**
1.1	The Integration Joint Boards have delegated responsibility for elements of Unscheduled Care activity in large hospitals. This report sets out those arrangements, the current programme of work in place to improve performance and the areas where focused action is required to improve services for the people of Ayrshire and Arran. It

	is important that the Integration Joint Boards are aware of the current situation, challenges, risks and potential impact.
1.2	The impact and legacy of Covid-19 can be seen in performance measures and trends, not only for Unscheduled Care but across our health and care system. Specific areas of concern are emergency access performance standards, ambulance response times and delays with handover of patients and increased length of stay in hospital settings. Additional beds were put in place within the acute hospitals to support IPC guidance and the increase in Covid admissions, these beds have not yet been closed. Despite Covid inpatient numbers reducing and overall improved performance for unscheduled care across a number of areas in comparison to pre-pandemic levels. Some of these performance measures illustrating the positive impact of programmes of work to re-direct patients from ED, a lower overall number of patients being admitted to beds within the acute hospitals and the focussed work to reduce delayed discharges against a backdrop of increased demand for services and the risk of unmet need in the community. There remain concerns in relation the delays for patients at the Emergency Department and the increased Length of Stay for patients whilst in hospital, which inevitably leads to poorer outcomes for the citizens of Ayrshire and Arran. There is currently a potential risk of serious harm being posed to patients in hospital as a result of the current system failure.
1.3	The HSCPs have supported a whole system approach in partnership with acute services to improving performance and patient outcomes, however there remain areas where progress has been challenging and it has proven more difficult to affect change. This is primarily within the Intra-Hospital element of the improvement programme. The IJBs will require to fund an element of the additional cost of acute bed capacity through Covid funding carried forward in IJB reserves, this funding is time-limited therefore it is imperative that acute services in Ayrshire and Arran to return to the established bed complement by the end of the current financial year.
2.	**BACKGROUND**
	Delegated Services – Set Aside Resources
2.1	In line with the Public Bodies (Joint Working) (Scotland) Act 2014, the following hospital services are provided within large hospitals and delegated to the IJBs: • Accident and Emergency services provided in a hospital. • Inpatient hospital services relating to the following branches of medicine (a) general medicine; (b) geriatric medicine; (c) rehabilitation medicine; and (d) respiratory medicine. These are the services which are included in the set aside arrangements, all other acute specialities and activity is outwith the scope of responsibility for IJBs. In addition, the legislation also sets out that the hospital activity below is also delegated to the IJBs: • Palliative care services provided in a hospital; • Inpatient hospital services for psychiatry of learning disability; • Inpatient hospital services provided by General Medical Practitioners; • Services provided in a hospital in relation to an addiction or dependence on any substance; and

	• Mental health services provided in a hospital, except secure forensic mental health services. In Ayrshire and Arran these services are delivered from distinct areas and wards, and all of the Community Hospitals, Addictions, Mental Health and Learning Disability hospital functions are directly managed by the HSCPs and form part of the fully delegated functions to the IJBs and therefore do not form part of the set aside arrangements.
2.2	The IJB budget includes an element of Set Aside resource which uses historical hospital data on levels of activity across the 3 IJBs. Under the Set Aside approach the overall budget remains within the NHS Board rather than being paid to the IJB to directly deliver services, at the financial year end the IJB reports the overall level of resource consumed which aligns with the budget. For 2021-22 the estimated Set Aside resource consumption is outlined in the table below: **IJB** / **2021-22 £m** East 24.566 North 33.980 South 28.311 **Total** **86.857** This value has been based on the activity information inflated for 2019-20 as the activity information from the last two years has been impacted by the Covid-19 pandemic related activity and response in the hospitals. The annual budget for acute services is £383.9m, therefore the Set-Aside and delegated IJB activity represents about 23% of the cost of activity. One of the objectives of Integration is to create a coherent single cross-sector system for local joint strategic commissioning of health and social care services and a single process through which a shift in the balance of care can be achieved, through a risk and reward approach. Fundamental to this is a clear understanding of how large hospital services are being consumed and how that pattern of consumption and demand can be changed by whole system redesign. The benefits of a single whole system approach ensures that the IJB and both partners make the best decision overall, rather than one part of the system solving its problems by pushing costs on to another part of the system. This approach also recognises it is not good for people to be in hospital if they don't have to be and should help make best use of scarce resources, over time changes to how services are delivered should be aimed at reducing demand for unscheduled care and, in turn, the set aside budget.
2.3	As previously highlighted to the IJBs in previous financial monitoring reports there was further Covid Funding of £619m nationally distributed to IJBs at the end of the 2021-22 financial year to support ongoing covid related costs. With any remaining balance to be carried forward into 2022-23 to be targeted at meeting the additional costs of responding to the Covid pandemic in the IJB and Health Board. For the 3 IJBs in Ayrshire and Arran this funding totals £42.765m, a significant proportion of which has been carried forward into 2022-23. This funding can only be used to fund delegated services in line with the Integration Schemes. Given the delegated service arrangements as set out above for the acute Set Aside functions, a proportion of this

	funding will require to be allocated to NHS Ayrshire and Arran to support additional Covid related costs in the acute hospitals. The value of this remains to be determined.
	Additional Acute Capacity
2.4	To cope with the additional Covid inpatients and associated Infection Control and Prevention Guidance in the acute hospital settings additional unfunded wards were opened in both University Hospital Crosshouse and University Hospital Ayr, 90 and 48 beds respectively. In addition, on 28 October 2021 NHS Ayrshire and Arran enacted their Full Capacity Protocol across both sites due to serious patient safety concerns, the triggers for this being: • The number of patients waiting more than 2 hours in the Emergency Department for a bed, • Delays in ambulance handovers, • Patients waiting more than 12 hours for inpatient beds, • Predicted imbalance between admission and discharge with predictors of insufficient bed capacity, • All bed areas in the hospital full to capacity, including areas in ED, corridors, assessment units etc, • Wards closed due to infection control measures (including covid outbreaks), • Critical care capacity reached, • Number of patients medically fit for discharge awaiting social care or awaiting a transfer to a downstream or community hospital bed. The impact of the acute sites operating under the protocol includes placing additional patients in ward areas and other areas of the hospital, utilising all capacity in downstream beds (including community hospitals with an expectation they also create additional capacity), HSCP teams to identify patients for early discharge, cancellation of scheduled/planned care and public awareness raising of alternatives to presenting to the Emergency Department.
2.5	Continued pressures to date have not enabled the sustained de-escalation from the Full Capacity Protocol for either acute Hospital. Our Health and Care system in Ayrshire and Arran continues to be under extreme pressure through demand for services, across our health and social care system, in hospital and in the community, and we have been working as a whole system with focus relentlessly to try and support the pressures to de-escalate the system and reduce the risk to our patients and communities. The main factors leading to this are patients presenting at hospital more acutely unwell and requiring support with complex needs, workforce challenges, high occupancy levels due to demand (which also impacts on staffing requirements), people delayed in hospital due to availability of social care and the continued impact of managing Covid related disease.
2.6	In addition to remaining within Full Capacity Protocol status, none of the additional acute beds opened during the pandemic have successfully closed to date, due to ongoing pressures in the hospitals. A total of 138 unfunded beds remain across both sites. This leads to additional pressures not only financial but from a workforce perspective and has led to additional use of agency and bank staff and areas

operating with minimum safe staffing levels, all impacting on the quality of care in the acute hospital setting.

The estimated cost of the additional beds is £9m for 2022-23, with additional excess staffing costs on top of this. As noted above the IJBs will require to financially contribute to the cost of these beds, from funding currently only available for 2022-23, therefore there is an imperative that these beds are closed during the current financial year, recognising that there may require to be a phased approach to this to retain an element of 'red' capacity for Covid patients.

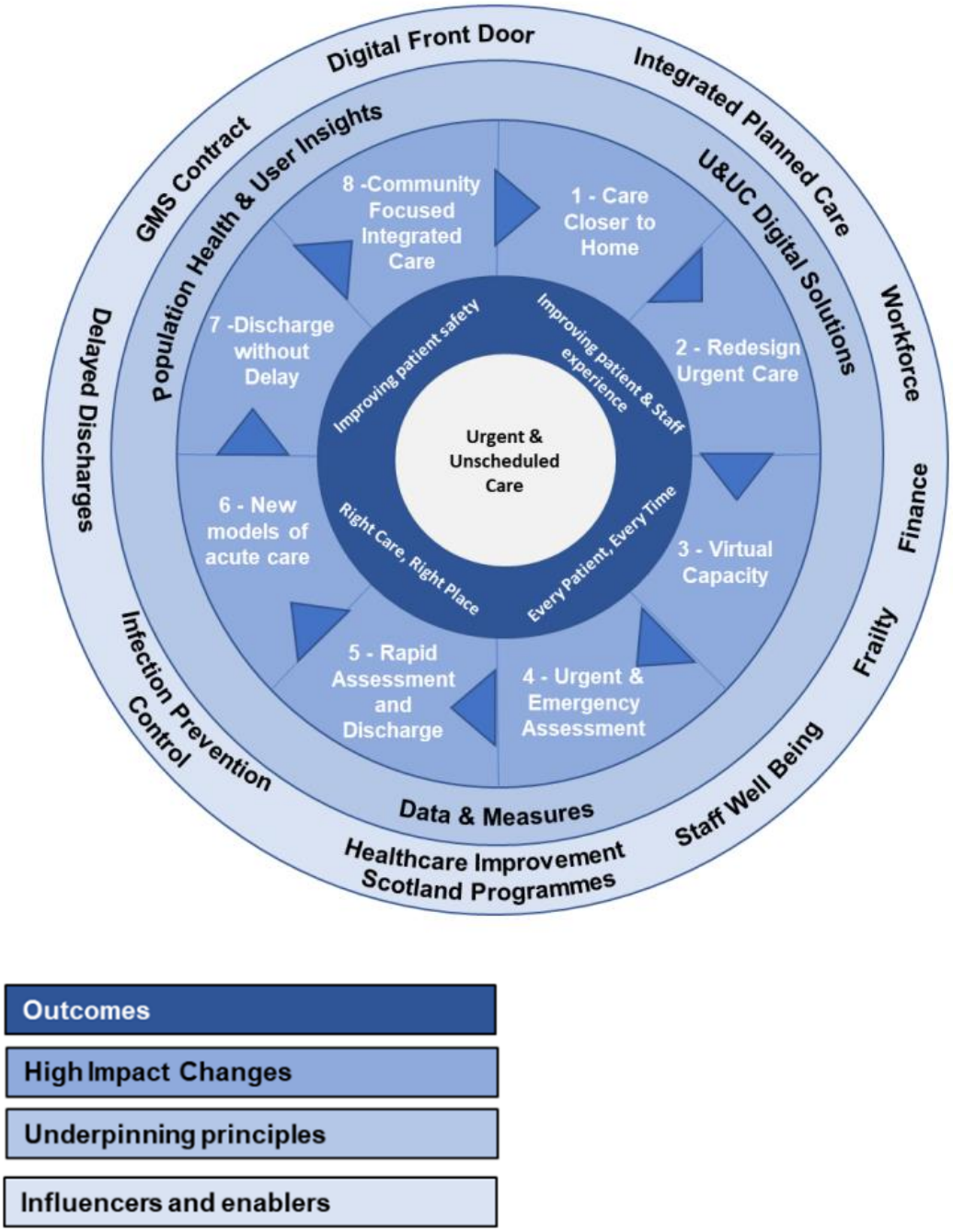
Unscheduled Care Plans

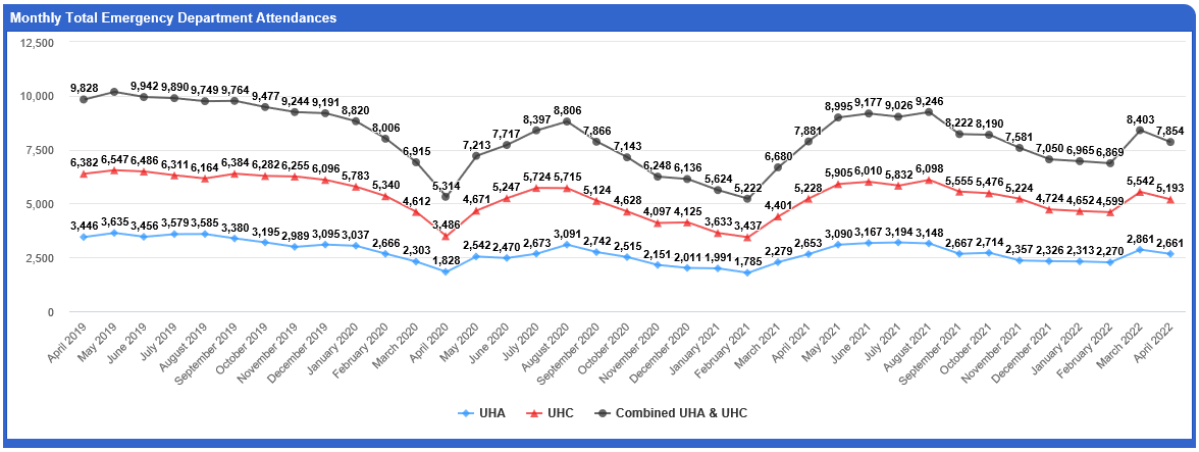
2.7 There is a significant programme of whole system improvement work underway in Ayrshire and Arran in partnership with the three HSCPs and NHS AA colleagues with an Unscheduled Care Programme focussed through three main delivery groups, as summarised below:

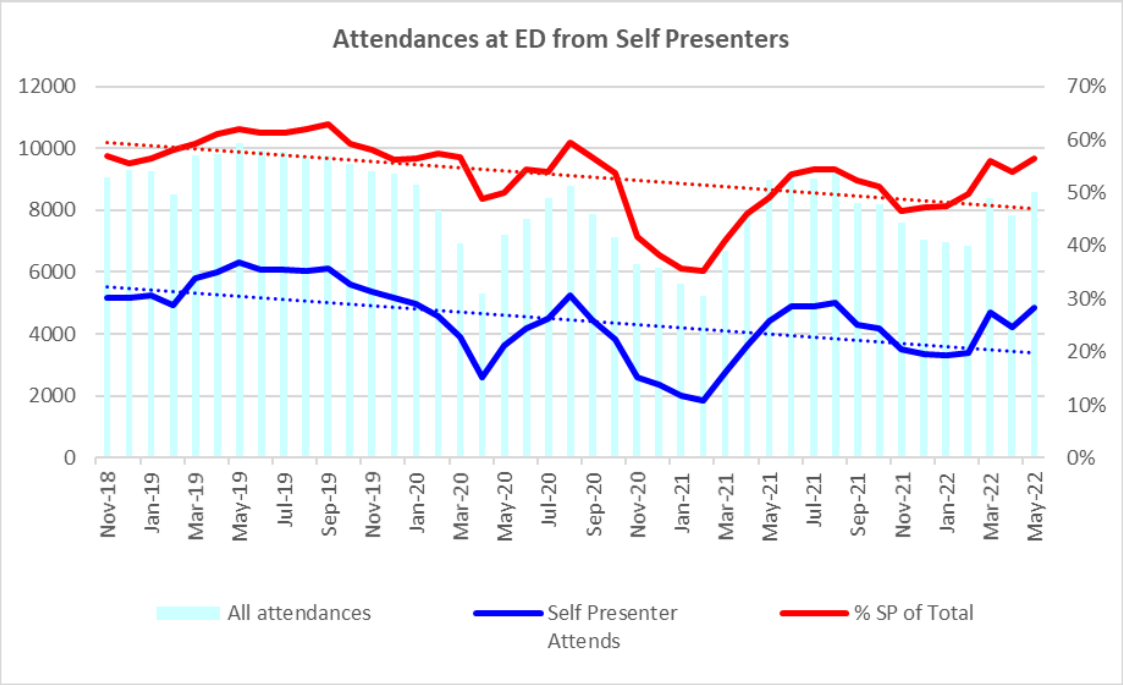
Delivery Group	Primary Workstream(s)
Pre-Hospital	• Care Home Urgent Care Pathways • Medicines in Reserve (COPD) • FNC/SAS Joint working • Mental Health • MSK Pathway
Intra Hospital	• Hospital at Home • Discharge without Delay • OPAT Cellulitis Pathway • Same Day Emergency Care • ED – Surgical Orthopaedic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

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

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

	The graphic below highlights the identified 8 High Impact Changes: 
2.8	Significant progress has been made as a whole system in relation to the high impact change areas which relate to the Pre and Post Hospital priorities. These improvements have been supported by funding directed to increasing community capacity through the £300m investment in winter capacity which was provided to maximise capacity in hospitals and primary care, reduce delayed discharges, improve pay for social care staff and ensuring those in the community awaiting support receive effective and responsive care. The three IJBs all have approved Winter Plans aligning the resource and funding to areas to meet immediate priorities to maximise outcomes for the local population, the overarching aim to reduce risk in community settings and supporting flow through the acute hospitals. The plans are in progress and recruitment is ongoing.

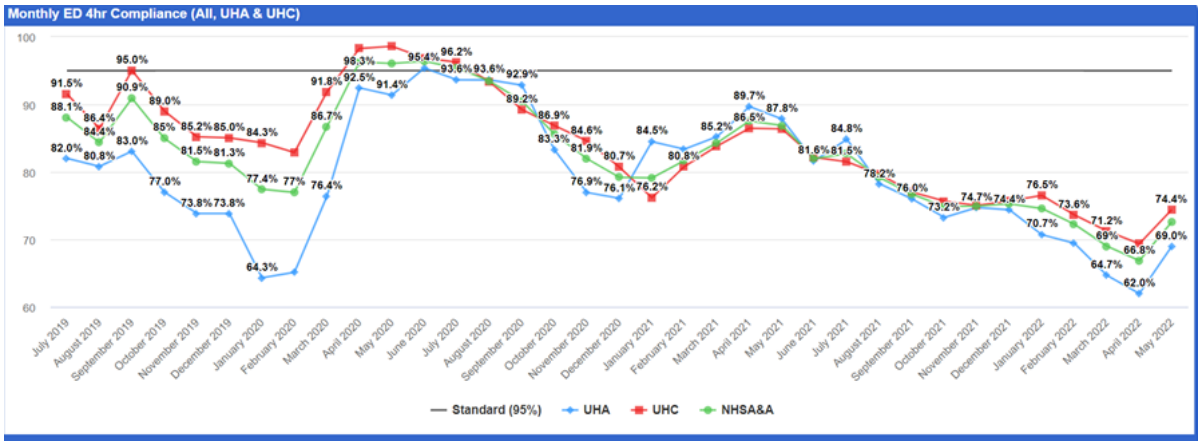
	In addition, the HSCPs have continued to target available resources and capacity to support the pressures in the acute hospitals, for example by prioritising patients being discharged from hospital for social care support, this has continued to place additional pressure and risk on services in the community.
	Unscheduled Care Performance
2.9	The performance trend information below puts into context over time the Unscheduled Care Performance in Ayrshire and Arran and highlights the areas where progress has been made and the impact of positive changes is demonstrated through performance and similarly highlights those areas where there are challenges with improving performance trends. ***Emergency Department Attendances:*** Since November 2020 Ayrshire and Arran has been implementing The Redesign of Urgent Care Programme. This looks to build on opportunities to support the public to access the Right Care in the Right Place at the Right Time. This Programme has been delivering service redesign within Ayrshire and Arran since that time with the implementation of a Flow Navigation Centre which acts as the hub and single point of access for calls originating through the NHS24 111 telephone line  **Monthly scheduled and unscheduled ED Attendances - NHS Ayrshire & Arran, UHA & UHC** When considering this data it should be noted that the Covid restrictions at different points and data shows that ED attendances reduced considerably whilst lockdown and restriction measures were in place. The overall level of ED attendances at both acute hospitals is currently lower than pre-pandemic levels, as a result of the work on re-directions of patients to more appropriate settings and the Flow Navigation Centre supported by senior clinical decision makers screening patients. The intent of the Flow Navigation Centre was that each ED would see a reduction in self-presentations due to the ability to triage at NHS24, a clinical assessment at the FNC, and the opportunity to schedule patients to attend either ED or MIU. Self-presentations to ED remain lower than pre pandemic attendance levels and as a percentage of the total presentations, as illustrated below.



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

ED 4 Hour Wait Target:

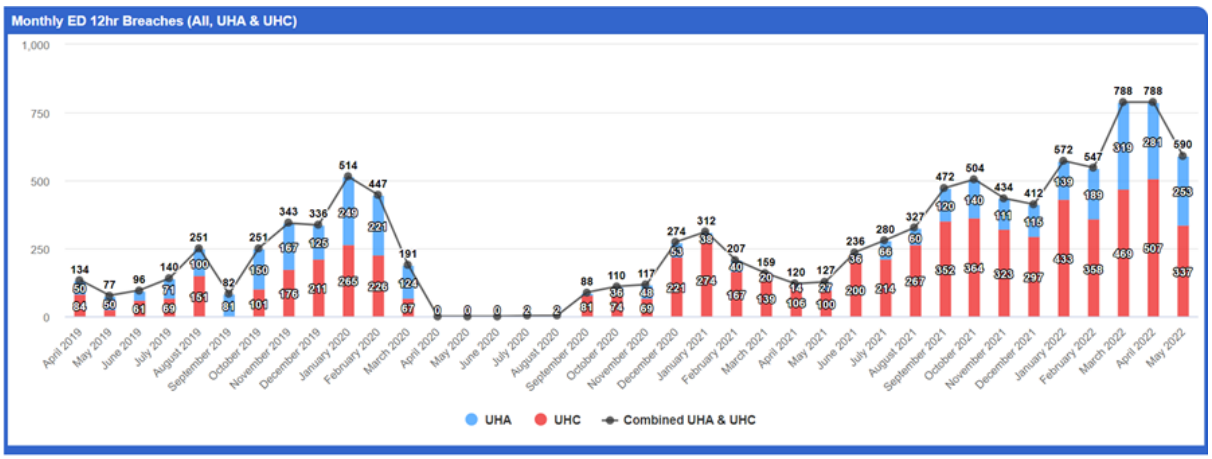
Local management information highlights that the 4-Hour Wait compliance for unscheduled ED attendances at NHS Board level has been on a continuous decreasing trend since April 2021. Compliance has fallen below the 95% target in each consecutive month since July 2020.



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

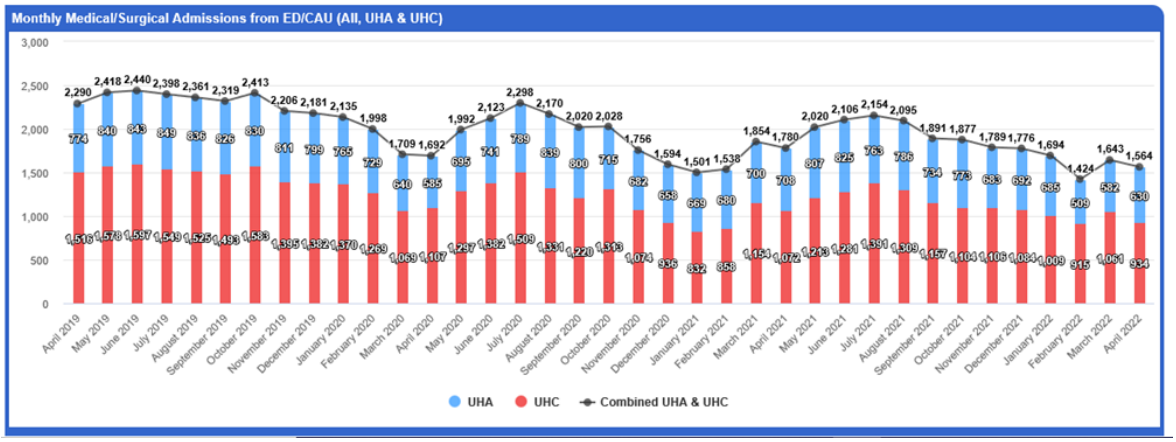
ED 12 Hour Breaches:

The numbers of ED 12 Hour Breaches at Board level have increased significantly to 788 in March 2022, the highest number of breaches recorded in NHS Ayrshire and Arran in a single month.



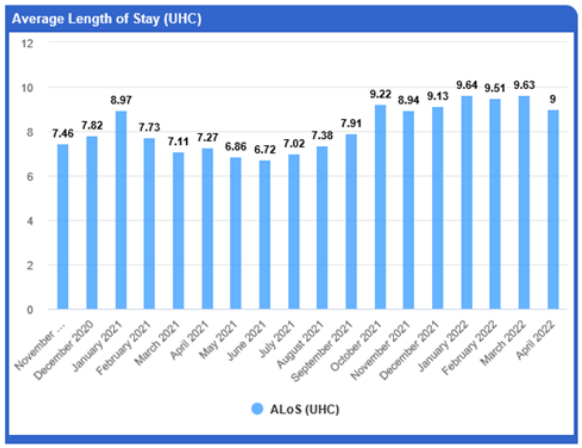
Admissions from ED/CAU to UHA and UHC:

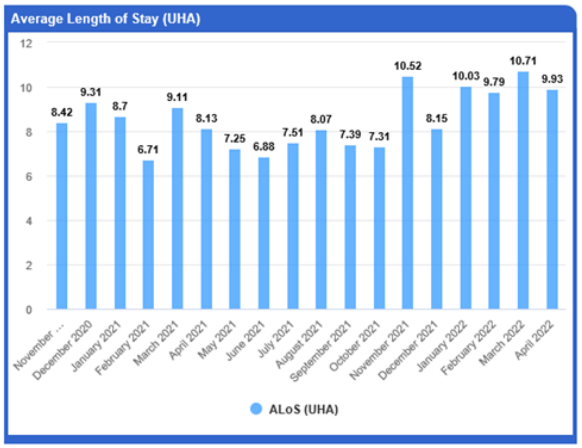
The overall number of admissions following presentation to ED or CAU to either medical or surgical specialities has steadily reduced over time.



Average Length of Stay:

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





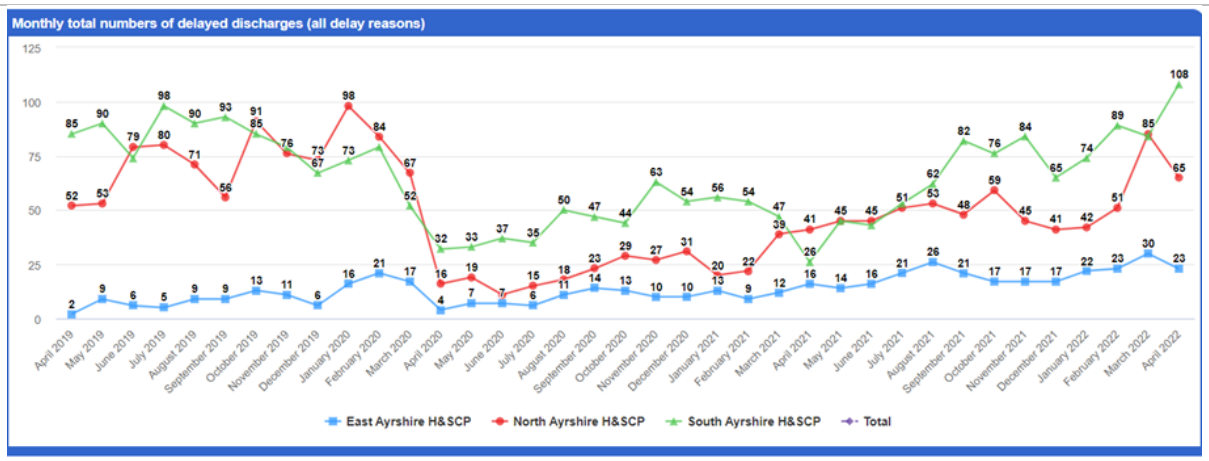
The Scottish average LOS is 7.9 days, in May 2022 the average LOS in UHA was 9.32 days and for UHC was 9.33 days. The increase in LOS is a significant area of concern having implications for patient care and patient outcomes as there is evidence that the current long lengths of stay result in higher needs of patients on discharge, with more patients requiring higher levels of care than would be expected due to hospital acquired deconditioning. The average LOS also masks the significant variation for patients some of which have very lengthy stays, as at 31 May 2022 there were 295 patients across the acute hospitals with a LOS of over 14 days.

Delayed Transfers of Care:

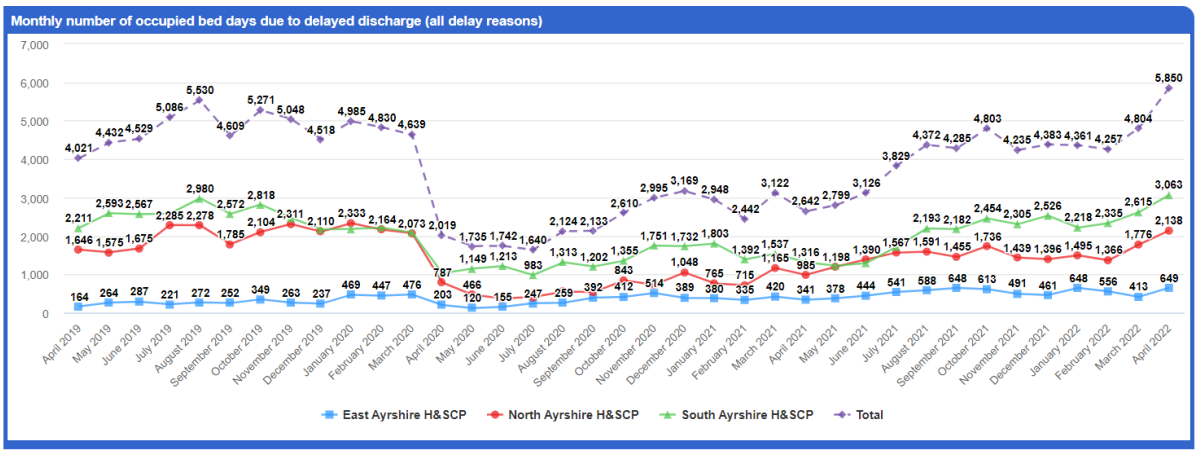
Timely discharge from hospital is an important indicator of quality and is a marker for person-centred, effective, integrated and harm-free care. A delayed discharge occurs when a hospital patient who is clinically ready for discharge from inpatient hospital care continues to occupy a hospital bed beyond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

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

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



The trend graph below illustrates the monthly bed days occupied due to delayed discharge, again this is for all NHS AA hospital sites. This follows a similar overall trend to the number of delays, but notably there has been no deterioration in overall occupied bed days for delayed patients compared to pre-pandemic levels.



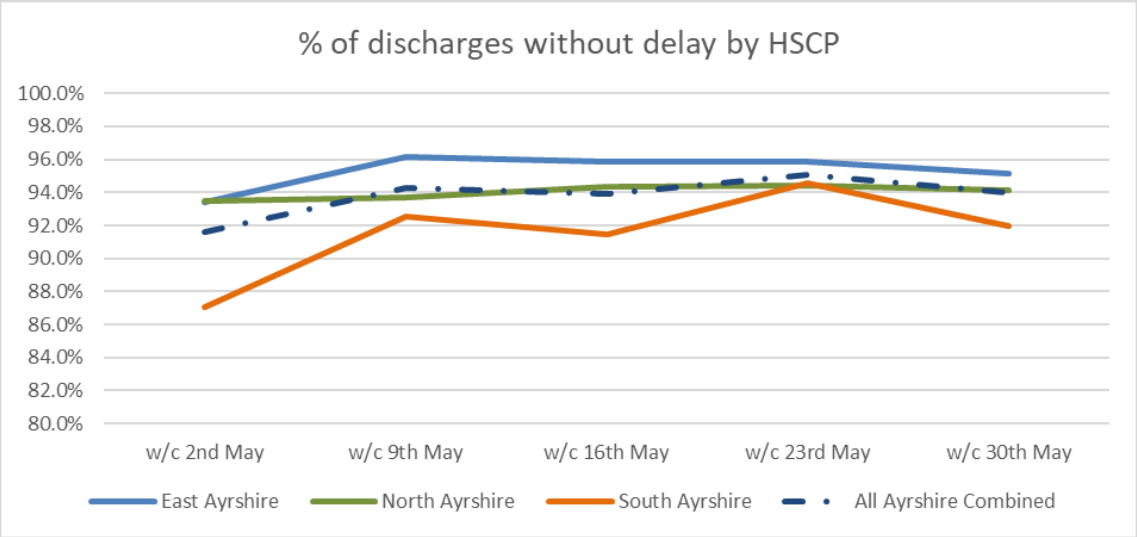
Limitations of community capacity in Care at Home and Care Home services remain the main challenge to further reducing delayed discharges, with plans in place across the three HSCPs to increase capacity, these have been impacted by staff absence, vacancies and ongoing recruitment campaigns.

As at 10 June 2022 there were 149 delayed patients for the three HSCPs, these are split between 72 in NHS Acute hospitals, 59 in A&A Community Hospitals, 16 in Mental Health wards and 2 in hospital settings outwith A&A. Of the total delays 39 relate to patients where AWI legislation applies.

Discharge without Delay:

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

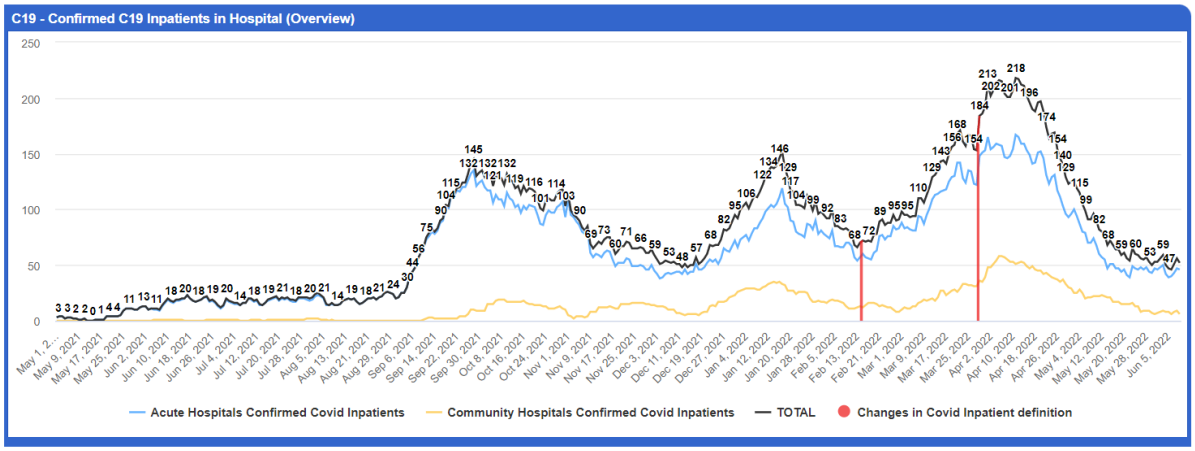
A significant number of patients are discharged without delay, currently sitting at 95% of patients across A&A.



The proportion of patients discharged without delay has remained fairly constant between 94% and 95% over the last four weeks, with 94% of patients being discharged without delay in w/c 30 May 2022. This varies by HSCP with East Ayrshire HSCP reporting a higher proportion (95.2%) and North Ayrshire HSCP reporting generally around 94% since the start of May 2022. The percentage of discharges without delay in South Ayrshire HSCP has increased from 87.0% in w/c 2 May 2022 to 92.0% in w/c 30 May 2022.

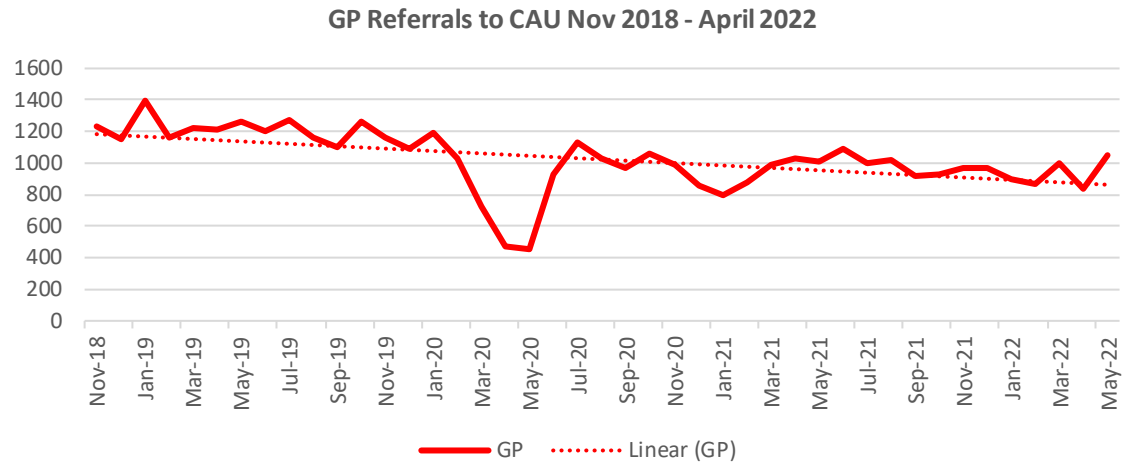
Covid Inpatients:

The bed increase in the acute hospitals was required to accommodate and support complex IPC guidance and the additional capacity to support Covid admissions. Increased Covid admissions and IPC guidance led to closed bays, wards, community hospitals and care homes whilst outbreaks were managed. The graph below shows the trend and number of Covid patients over the period.



Whilst it was essential to have additional bed capacity to manage outbreaks and IPC guidance the additional beds added to the system remain open despite a reduction in Covid inpatient numbers. These beds require a dedicated workforce resource that is heavily reliant on agency and bank staff but predominantly managed by core team members from all professions, spreading the workforce too thinly across all ward areas.

2.10	**Primary Care Demand**
	As with other parts of the whole system during the pandemic Primary Care services were impacted and many GP practices moved to urgent 'on the day' work only, which also incorporated vaccine delivery and screening programmes, with all non-routine work paused. Since late 2021 many practices have restarted some routine work such as chronic disease management, but many are struggling to deliver a hybrid of urgent on the day appointments as well as routine appointments due to the significant increase in demand on a daily basis. There are access issues reported in some areas of our population with a number of practices reporting no capacity left by mid-day, but there is an assurance that those patients who are most in need of clinical attention are prioritised wherever possible. A contingency model is also in place where practices can appoint to out of hours late afternoon if there is not sufficient clinical capacity to see any patients before the practice closes. There is continuous review of patients who self-present at ED to identify any links to specific GP Practice issues for shared learning. GP Practice consultations prior to the pandemic (March 2020) averaged at around 200,000 per month. Whilst this reduced by about a quarter during the height of the pandemic for our 53 practices in Ayrshire and Arran, a considerable amount of non-covid related activity continued within the practices, with the majority of covid-19 patients assessed and treated via 111 and the local pathway. This pathway came to an end March 2022 with all activity now going through general practice. By May 2021 numbers of consultations in GP Practice had almost returned to pre-pandemic levels at around 195,000 consultations per month and this position has been sustained. A large proportion of the patients who are attending their GP Practice regularly or accessing urgent care are linked to their long waits for planned care appointments, diagnostics or previously agreed procedures. These patients are also the patient cohort who will reach crisis and require an unscheduled admission. There are some specialties who offer urgent access for same day assessment which avoids referring a patient for admission. GP Practices are regularly made aware of the pressures on the hospital front doors and encouraged to manage patients in the community wherever safe to do so. The data below shows that General Practice referrals for urgent hospital assessment/admission has reduced over the period of the pandemic with patients being supported in the community wherever possible.



General Practice is also facing workforce sustainability challenges with a current workforce gap of 4.32% compared to just under 3% in March 2020. The workforce gaps are linked to GPs retiring early, reducing sessions in the practice to maintain worklife balance or career changes.

2.11 **Community Unmet Need**

The HSCPs provide weekly data returns to the Scottish Government to illustrate the unmet need across the system, with a particular focus on Care at Home Services and also the individuals in the community awaiting review and assessment. The most recent returns for Ayrshire and Arran are summarised below:

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

Over time there has been no significant improvement in the position in terms of unmet need and it is not expected that there will be a demonstrable improvement without additional workforce resources and capacity being in place. There is a stark difference in the level of unmet need between individuals awaiting care in hospital compared to community, with 68% of the current hours of unmet need being for individuals on the community waiting list and a significant number of individuals in the community awaiting assessment and review. This is reflective of the continued focus on prioritising packages of care for individuals in hospital to support with wider hospital pressures. However, the impact of this is the continued risk posed to those individuals in the community who have been assessed as requiring support and this is not in place, this is not in line with the early intervention approach to keeping people safe, fit and well.

	Across all three HSCPs there is a comprehensive ongoing programme of recruitment within the Care at Home service to ensure sufficient contingency and capacity to further reduce delayed discharges and also to ensure community waiting lists can be addressed. Over the period, it has proven difficult to successfully recruit to all vacancies and to identify additional capacity planned for the service, this has been further compounded by challenges in retaining social care staff. Further information on the plans to increase capacity are contained in the three IJB Winter Plans, links below, these plans are predicated on success recruitment which is underway: North Ayshire IJB - https://tinyurl.com/bdf63wty South Ayrshire IJB - https://tinyurl.com/396n74ey East Ayrshire IJB - https://tinyurl.com/3yu548u2
3.	**PROPOSALS**
3.1.1	In summary reviewing the performance data compared to pre-pandemic position: • Overall attendances at the Emergency Departments have reduced, • Less patients are admitted from ED and CAU into beds in the acute hospitals, • The ED 4 hour wait standard has not been achieved since July 2020 and the number of 12 hour breaches have reached the highest levels recorded in A&A, • Length of Stay across both acute sites has increased and is significantly higher than the Scottish average, • Delayed transfers of care have fluctuated over the period mainly due to factors outwith direct control, for example care home and ward Covid outbreaks and staff absence impacting on community capacity, however overall bed days occupied have consistently remained lower, • Covid inpatient numbers have significantly reduced over the period, • There remains an imbalance with a greater proportion of people awaiting social care in the community. This performance position has led to poor patient experience with a bottleneck at the front door of the acute hospitals, the inability to de-escalate from the Full Capacity Protocol, the Scottish Ambulance Service being unable to offload patients at the front door and due to staffing being stretched across additional beds in the acute hospital a longer length of stay as the quality of care and staffing levels have been impacted.
3.1.2	The IJB are asked to be aware of the performance challenges, noting there is a whole system programme of work underway to reduce the number of additional unscheduled care beds open in the acute hospitals, leading to improvement in performance in relation to length of stay for patients and to improve performance in relation to the 4 hour ED compliance standard. There remain concerns in relation the delays for patients at the Emergency Department and the increased Length of Stay for patients whilst in hospital, which inevitably leads to poorer outcomes for the citizens of Ayrshire and Arran. There is currently a potential risk of serious harm being posed to patients in hospital as a result of the current system failure.
3.1.3	During 2022-23 the IJBs will require to fund an element of the additional capacity for Unscheduled Care from the additional Covid funding earmarked in IJB reserves. In the expectation that an improvement in LOS will lead to less bed days and the ability to shrink back the bed base in the acute sites any additional funding or resource required by NHS AA to fund the improvement activity should be funded as a spend to

	save proposition and will reduce the overall funding required for the additional beds, currently estimated to be £9m.
3.1.4	It is proposed that the IJBs receive regular whole system updates on progress with performance and trajectories for improvement, including the plans to close additional beds within the acute hospital. The IJB will receive an update to the meeting in August 2022 and based on progress should consider any further interventions required.
3.2	**Anticipated Outcomes**
	Improved awareness for the IJB of statutory responsibilities for the commissioning of elements of Unscheduled Care activity, being aware of current performance and challenges and the work underway to improve services for the citizens in Ayrshire and Arran. Therefore the IJB will be in an informed position to monitor performance and direct further interventions if future performance does not improve in line with plans.
3.3	**Measuring Impact**
	Performance measures are tracked through the NHS Pentana Performance Framework and through the established programme management approach for the whole programme of Unscheduled Care improvement. The IJBs will receive regular updates on progress.
4.	**IMPLICATIONS**

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

Community Benefits:	n/a

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

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

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