

**Community Services Committee**

**Date of Meeting: 7 March**

**Title of Report:** Health & Social Care Partnership- Performance Report- FQ2  
(July - Sept 2023/24)

**Presented by:** TBC

**The Committee is asked to:**

- Acknowledge performance for FQ2 (July - September 2023/24) and improvement against the previous quarter, which is the second full quarter of data for the Integrated Performance Management Framework (IPMF).
- Acknowledge supporting performance commentary from Heads of Service and Service Leads
- Acknowledge performance update on the National Health & Wellbeing Outcomes and Ministerial Steering Group Integration Indicators (**Appendix 1**)
- Note System Pressure Report for August 2023 (**Appendix 2**)
- Note Delayed Discharge Sitrep for August 2023 (**Appendix 3**)

**1. EXECUTIVE SUMMARY**

This report details performance for FQ2 (July – September) 2023/24, the performance outputs are taken from the new Integrated Performance Management Framework (IPMF) reporting Dashboard with the focus on the eight key service areas.

Overall performance for FQ2 notes an increase in performance measures reporting as on target against the previous quarter. Some commentary does note discrepancy with some indicators and this is expected over the period of implementation of the IPMF.

The report details performance against each of the service areas and the 93 supporting Key Performance Indicators. Analysis of the KPI's is supported by performance commentary from the Heads of Service and Service Leads. It should be noted that where risks and issues are identified these are supported by operational governance to ensure mitigation and action. It should be further noted that the performance scrutiny is undertaken by the Clinical and care Governance Committee to ensure any actions required are noted to the IJB.

National Health & Wellbeing Indicators performance is included alongside performance and trend overview with regards to System Pressures and the National Delayed Discharge Sitrep.

The use of the new performance Dashboard within SharePoint is designed to offer a more focussed approach to the access and analysis of data, offering scope for self-service.

## 2. INTRODUCTION

The Integrated Performance Management Framework and associated Performance Dashboard has been collaboratively developed with the Strategic Leadership Team.

The format of the IPMF Performance Dashboard covers all the areas previously reported to both the Clinical & Care Governance Committee and Integration Joint Board and recognises the need to ensure that local performance and improvement activity is reported within the new digital dashboard.

This report includes an overview of the previous Health & Wellbeing Outcome Indicators and Ministerial Steering Group- Integration measures.

To support the use of the Dashboard, HSCP Performance & Information Team analysts have been identified for each of the Heads of Service and Service Leads to support and check performance across the eight key service areas. This bespoke and individual analyst input and support will be available during each quarter going forward and will work to build more robust performance reporting with management commentary.

Performance at this stage is monitored as either red or green to support performance delivery within the new system.

## 3. DETAIL OF REPORT

The report details the HSCP (Health and Social Care Partnership) performance for Financial Quarter 2 (July - Sept 2023/24) highlighting key performance trends across the 93 Key Performance Indicators.

In addition, the report includes performance updates from Heads of Service and Service Leads across the eight service areas. Also included is an update with regards to System Pressures (**Appendix 2**) and Delayed Discharges (**Appendix 3**).

### Children & Families

The number of children recorded as looked after away from home is influenced by the high rate of young people coming to us under the National Transfer Scheme for Unaccompanied Asylum-Seeking Children. This currently does not have a separate indicator in the IPMF which may be addressed after annual review. If considered separately the young people being transferred from Kent through this scheme and the number of young people resident in Argyll & Bute in residential care is in fact two thirds of what it was 2 years ago. Work needs to be carried out to report on this KPI in a more sophisticated fashion and removal of young people transferred to us under the NTS will demonstrate we are comfortably on track.

Progress on 'money matters' training has been slow but steady. It requires to be recognised that Q2 is reporting the period which covers the summer holidays and training activity routinely quietens at this time.

Progress on CAMHS (Children & Adolescent Mental Health Services) waiting lists has been slow but steady.

There is a significant amount of training in relation to Violence Against Women and Girls. Q2 reflects the quieter summer holiday period. It may be in the future we will need to consider clearer phasing of targets within training related KPIs (Key Performance Indicators). We are also addressing the effective counting of those undertaking such training via e-modules. The Autumn training period will see this KPI on target.

Progress on this KPI relating to Community Payback Orders has been impacted by an increase in Court activity coupled with absence and vacancies within the Justice Social Work team. These gaps in staffing have, to some extent, been filled over the last few weeks and we should see an improvement on performance in this area.

Across 11 KPI, C&F services performance notes 2 (18%) on track, with 9 (82%) off track against the targets set in Q2 23/24. This is a decrease from 27% on track reported (-9%) variance on the previous quarter performance.

**Performance on or above target:**

- Number of care experienced children placed at home or in Kinship or Fostering Care is on track, noting 17% above target performance.
- The percentage of panel Reports completed for Scottish Children's Reporter Administration (SCRA) with 28 Days noted an increase to 100% against 80% target.

**Performance below target & areas for improvement:**

- Performance around reducing numbers of care experience children looked after living in residential care commissioned out with A&B has declined due to noted increased this quarter from 5% to 7% of all children looked after. The number of children cared for in 'external placements' is small and as such consideration must be given when reviewing a percentage shift across a small population.
- With regards to the number of children seen within 18 weeks for Child & Adolescent Mental Health Services remains off track, with FQ2 noting 79.3% against a 90% target. This is however an increase of 17.2% on previous quarter's performance and demonstrates steady longer-term progress in this area.
- The percentage of 27-30 month reviews completed out with agreed time period remains off track, with FQ2 noting 30.8% against 90% target, an increase of 5.8% on the previous quarter.

**Telecare and Digital**

The process for reviews was changed this year to incorporate the offer of a postal review prior to face to face or telephone. We can say that 580 clients were sent a postal review, 411 returned and were marked as complete. 169 were sent to

Carr Gomm/TEC Team either at the request of the client after a postal review or because the form was not returned and 130 have been completed. Therefore, a total of 541 reviews have been undertaken this year.

The transition to Eclipse has impacted on tracking reviews and as such we have identified a risk that our information is not yet accurate and complete. We have noted outstanding reviews as a risk, currently addressing this manually and managing the ongoing risk.

The TEC Team is actively promoting Just Checking where possible but relies on requests from operational staff for the equipment to go in. Opportunities for systems training are being heavily promoted. Just Checking has an opportunity to play an active and standardised part of the Assessment process, especially for those on the Unmet Need list however we require increased engagement from staff across the HSCP to take this forward and will be pursuing this.

Buddi Hubs are an excellent means of ensuring a service user is discharged from hospital with a means of calling for help if required without there needing to be a full Telecare set up in place. While usage of the Hubs has dropped over Q2 we are continuing to promote this with staff teams.

Benchmarked performance across the 8 Key Performance Indicators against target notes a significant increase in the number of KPI's reporting on-track with Q1 noting (3) 37.5% on track against FQ2 reporting (5) 62.5% on-track and increase of (25%) 3 KPI's remain off –track against target for FQ2.

**Performance on or above target:**

- Digitalisation of Telecare Devices: Substantial progress has been made and the 25% end-of-year target has almost been achieved in FQ2.
- 'Near Me' Clinics: A significant 18% increase from the last quarter suggests that virtual appointments are becoming more widely accepted and may be a lasting trend beyond the decline post-COVID.
- SilverCloud: referrals remain on target with a 6% increase in referrals from last Quarter.
- A 5% increase in new telecare clients from last quarter
- 100% of Responses to Freedom of Information requests have continued to meet the statutory timescales.

**Performance below target & areas for improvement:**

- There has been an issue surrounding licensing of Just Checking equipment which has prevented new equipment going out during Q2. There has also been no new Buddi equipment issued.
- Telecare referrals being completed on time is an ongoing issue, the ability to keep track of outstanding referrals via a CMS has been lost during the migration to Eclipse but this is currently being tracked manually with a planned resolution within Eclipse.

Telecare has robust supporting governance to plan and resolve risks and consider issues.

## **Public Health and Primary Care**

Smoking Cessation measured by 'Increase the number of quit dates', noted the 67% variance Q2 from Q1. Data in Q1 was incomplete as only 1 month data indicating not on target. Work is ongoing to see if the data can be collected and if so, this would change the variance in Q2 and possibly the overall target performance in Q1.

Monitoring Contracts and KPIs of all PH commissioned services. Noted this should always be 100%.

Increasing the number of engagement activities delivered: On target in Q2. Discussion around target of 1. Noted this is new measurement and no one knew what to expect when target set. Planning a review of the target when we have more experience at end of year.

Increase number of people attending training in money matters/behaviour training is on target.

Increase number of referrals to community link workers. This is on target with baseline but slightly lower number of referrals in Q2 from Q1. This isn't significant and expected to be slightly lower with holiday season.

Primary Care is on target for all current Key Performance Indicator's (KPI). Vaccine delivery on target for Autumn/Winter campaign with positive feedback from communities. Transfer of vaccinations from GP practices now complete with no need to continue monitoring this.

Ongoing excellent performance around oral health improvement, as described above.

Our dashboard data for Community Treatment Assessment Centres (CTAC) establishment not accurate as we have two practices outside rural flexibility receiving no CTAC. Flagged with performance team to adjust performance monitoring. Work ongoing to establish data collection for CTAC activity.

Community Link Worker service up and running according to business case.

Ongoing contingency measures in general practice 2C practices (managed by HSCP). Further work required to measure/monitor this in a more detailed way.

Maintaining Level 1 provision across all General Practice, with communication out to practices to support ongoing monitoring during the winter pressures period.

Work is required to scope dental KPIs for next iteration of developing our use of the IPMF.

Benchmarked performance across the 13 Key Performance Indicators against target notes a sustained increase in the number of KPI's reporting on-track with Q2 noting (13) on track against FQ1 reporting (11) on-track. Across 5 KPI's, Public Health performance notes 5 (100%) are on track set against the targets in Q2 2023/24. This is an increase of 20% on the previous quarter performance.

### **Performance on or above target:**

- Increasing the monthly number of quit dates is on target in Q2. There is a variance of 67%. It is noted that the "actual" reported in Q1 was incomplete as only had 1 month's data.
- Monitoring contracts and KPIs of all PH commissioned contracts is 100% on track in Q2. This follows a 100% trend from Q3 of 2022/23.

- Increasing the number of engagement activities delivered in communities is on target in Q2 and shows an increase in performance each quarter. There is a variance of 10% in Q2 from Q1.
- Increasing the people in A&B attending training in Money Counts, Behaviour change is on target in Q2 and shows an increase in attendance each quarter. There is a variance of 21% in Q2 from Q1.
- Increasing the number of referrals to community link workers is on track in Q2. Referrals have dropped slightly this quarter with a (-3%) variance. (see feedback below)
- In the current fiscal year, primary care in Argyll and Bute has effectively introduced several new services, achieving notable success.
- In the five most deprived areas—Helensburgh, Campbeltown, Dunoon, Rothesay, and Oban—GP practices now can refer their patients to a community link worker for either in-person or remote appointments.
- Community treatment centres (CTAC) are now accessible throughout Argyll and Bute, extending their availability to include island communities.
- The ChildSmile programs have returned to levels seen before the impact of the COVID-19 pandemic in both the toothbrushing and fluoride application programmes.
- The HSPC has taken over the delivery of both scheduled and non-scheduled vaccination programs in all non-rural areas, alleviating some pressure from practices. Monitoring the autumn and spring booster programs has presented challenges due to the timing misalignment with IPMF publications. However, progress and performance can be observed on the Discovery platform, indicating that Argyll and Bute are performing above the national average in the delivery of seasonal vaccinations.
- Analysts and the primary care team have initiated collaboration to establish more meaningful KPIs. These aim to effectively monitor the performance of services in the upcoming fiscal year.

#### **Performance below target & areas for improvement:**

- Q2 reported no KPI below target and all Public Health & Primary Care KPI recorded as on or above target.

#### **Hospital Care & Delayed Discharge**

Falls remains a key cross service focus for the HSCP. There is a new falls lead in post and a specific focus on promoting meaningful activity within hospital settings for older people.

Discharge without delay has a focus on reducing length of stay within hospital, looking at processes which may slow down length of stay in hospital.

Adults With Incapacity, which can delay discharge has challenges, not least gaps in Mental Health Officer staffing and capacity. This continues to be a live issue.

Across 17 KPI's, Hospital Care performance notes 7 (41%) on track, with 10 (59%) off track against the targets set in Q2 23/24. This is an increase from 27% on track reported (+14%) variance on the previous quarter performance. Discharge performance notes 3 (50%) on track, with 3 (50%) off track against the targets set in Q2 23/24. There is no variance from (50%) reported on track on the previous quarter performance.

#### **Performance on or above target:**

- Reducing the number of people delayed in hospital is on track, with a (-11%) variance on Q1. We are 100% on target on this quarter performance.
- Reducing the number of occupied bed days for people delayed in hospital awaiting a care home placement is on track. Note an increase of (11%) bed days on previous quarter performance.
- The number of inpatients 18+ who are discharged without delay is on track, with a (-1%) variance on Q1.
- Reducing the average Length of Stay for inpatients in A&B hospitals is on track, having dropped by 25% since Q1, and is exactly on target.
- Unplanned admissions to hospital reported as a result of a Fall in Q1 (Q2 is proxy data) dropped back below target, showing an 11% improvement.
- Medication errors in hospital remain below target. Waiting times for cancer appointments at the 31 and 62 day targets have dropped to zero, following a continuing trend.

#### **Performance below target & areas for improvement:**

- Overall length of stay (bed days) in hospital is below target and showing a (14%) increase from Q1. (37%) below Q2 target.
- The number of occupied bed days for people delayed in hospital due to AWI has fallen below target in Q2 with a (23%) increase in bed days from Q1. (10%) above Qtr 2 target.
- Reducing the number of people delayed in hospital due to care at home availability has slightly improved since Q1 (-14%). (16%) above Q2 target. Unplanned admissions to hospital for 65+ remain slightly above target and showing a 2% increase on Q1.
- The number of Falls being reported in hospital setting shows a 20% increase in performance on Q1.
- Instances of tissue viability continues to be above target and is up by 24% in Q2.
- Outpatient waiting times continues to be off track, with breaches >12 weeks up 22% and long waits >52 weeks up 151%.

## Care at Home and Care Home

Staffing levels affect occupancy in Argyll and Bute Council registered Care Homes, we may have the beds but insufficient staff available. Occupancy of care home beds overall in Argyll and Bute remains high.

The issue for reviews overall is being scrutinised by the social work short life working group, these have been de-prioritised because of staffing pressures but alternative models need to be developed.

There is specific work with care homes and hospitals (as part of unscheduled care) to reduce unplanned admissions.

Across 7 KPIs, Care at Home/Care Homes performance notes 2 on track, with 5 off track against the targets set in Q2 23/24. This is an overall increase of 29% as all KPI in Q1 were reported as off track.

### Performance on or above target:

- Percentage of Priority 1 & 2 referrals for a Care at Home service completed within the target response timescales
- Percentage of Older people in receipt of a Care at Home service with a Universal Adult Assessment completed at their 6 week point  
(Please note that both these indicators will be further developed as part of the annual KPI review process, this is a result of the move to Eclipse Case Management and a different process to count and record assessments and referrals. The annual KPI review will begin in FQ3 2023/24)

### Performance below target & areas for improvement:

- The % of Older People who waited > 6 months for their homecare monitoring review to be completed has continued to increase slightly – Q2 is 2% up on Q1 – and is now 22% above target.
- Performance on % of Older People receiving nursing care home service has remained static over a year and is still 9% below target.
- The % of Older People in receipt of Care at Home receiving >15 hours per week have dropped again by 1% and is now 3% below target.
- Occupancy rates across A&B care homes continue to improve (4% up on Q1) but still 5% below target.

## Learning Disability & Mental Health

There continues to be increased activity across all services with workforce challenges presenting as the biggest factor in terms of meeting and improving on overall performance.

The Acute and Complex Care Senior Management Team (SMT) are keen to focus on better understanding the directorate's KPIs and our performance in relation to these. The IPMF was the focus of their SMT meeting on 6 November 2023 and each KPI was discussed at length with a view to developing an action plan to improve performance. They have pulled together a list of issues to discuss with the planning and performance team in relation to the KPIs and hope that these will underpin an initial data cleanse and improve their overall data capture and use.

The SMT have had the first of their regularly scheduled support meetings with their allocated data analysts on 29th Nov 2023. This was useful in terms of drilling down into the data that sits behind the dashboards, and this will be used to underpin service developments and improvements. The SMT also plan to compile variance reports for each KPI that is showing as red. This will start in quarter 3.

Across 21 KPI, Learning Disability / Mental Health/ ASP (Adult Support and Protection) / ADP performance notes 14 (67%) on track, with 7 (33%) off track against the targets set. This is an increase from 52% on track reported (+15%) variance on the previous quarter's performance.

**Performance on or above target:**

- There has been a gradual increase recently in the number of people with dementia supported by a Care at Home service. Since the last quarter it has risen by 11 (30%) to 48.
- The Dementia teams have also increased the number of people with needs assessed via Universal Adult Assessments. This has increased from 15 to 24 over the quarter (+60%).
- The number of referrals received for Post Diagnostic Support has also significantly increased this quarter rising from 26 to 62 (+138%).

**Performance below target & areas for improvement:**

- The number of people waiting more than 12 weeks for a new Mental Health Outpatient service has been increasing slightly over recent quarters. At Q2 2023/24 there were 440 waiting, an increase of 5% on previous quarter.

**Carers & Allied Health Professionals (AHP's)**

The number on Young Carers (YC) statements was lower this quarter. Q2 2023/24 brings in the school holiday period when YC will have been away, but also at a time when increased number of activities were taking place over the summer months for YC. The teams were busy with group work, YC festival and residential trips. We need to look at the Target next year for Young Carers Statements but looking at the figures for the year the average is 39.75 which is over the 34 quarterly target.

Across 11 KPI, Carers / AHP services performance notes 7 (64%) on track, with 4 (36%) off track against the targets set. This is an increase from 36% on track reported (+28%) variance on the previous quarter performance.

**Performance on or above target:**

- The number of Unpaid Carers Supported / Registered across A&B's Carers Centres continues to increase. As reported last quarter, there has been a change to the data collection from the Carers Centres. For consistency the numbers used to define performance are those that are currently registered by the Carers Centres. In the new financial year the Target will be revised to reflect this change in reporting.

- There has been a slight increase in the number of completed Adult Carer Support Plans this quarter and this is now on target.
- AHP Outpatient Completed Waits have increased 5% this quarter.
- The rate of New Outpatient AHP referrals seen as a proportion of all referrals seen continues to be on track. The current rate of 30% well above target set (25%).

#### **Performance below target & areas for improvement:**

- Young Carers Statements Completed have decreased recently although up on last quarter. Relative to retrospective quarterly data in 2021/22 and 2022/23 the current quarterly figure is consistent or slightly higher. This target will need to be revised due to the unique aspects of gathering information from Young Carers.
- AHP Outpatient Referral Waits breaching 4 weeks for MSK (Muscular Skeletal) have increased again this quarter – up 19% from last quarter. Those breaching 12 weeks is also off-track this quarter.

#### **Finance**

Some attrition has resulted in improvement on the indicator for High-Cost Care Packages.

The HSCP introduced 'smarter commissioning' early in 2023 to address unmet need, the objective of this was to better manage care at home resources and productivity. It was also designed to help commissioned service providers improve recruitment and retention and their sustainability. The main objective from our perspective was to better meet the assessed care needs of older adults. Therefore, a reduction in unmet need is a positive.

The number of discharges with delay has increased and therefore the indicator reflects this. Spend is related to delays and it is a current management priority to manage down delays.

Spend on prescribing / drugs is red as prices have increased and costs have increased. This is of significant concern and work will commence to better understand the price and volume effect. There is currently a national data system issue which means that there is uncertainty at present, but it appears this is a major area of overspending within the HSCP.

It is hoped that spend on agency staffing will reduce, this will be driven by the move away from off-contract providers (agency nursing) and hopefully improved recruitment. It will take some time to get a sufficient data set over time to properly establish whether this is having an impact. The new staffing legislation in early 2024 should also help reduce the hourly rate (to no more than 150%) of a payroll post. Data set to be checked to ensure that it is the full quarterly cost that is reported.

Across 5 KPIs, Financial services performance notes 1 (20%) on track, with 4 (80%) off track against the targets set in Q2 23/24. This is a decrease from 40% on track reported (-20%) variance on the previous quarter performance.

**Performance on or above target:**

- There is currently 1 KPI on or above target.
- The performance on reducing the percentage of clients with high-cost packages of care KPI is improving at 3% above target performance.

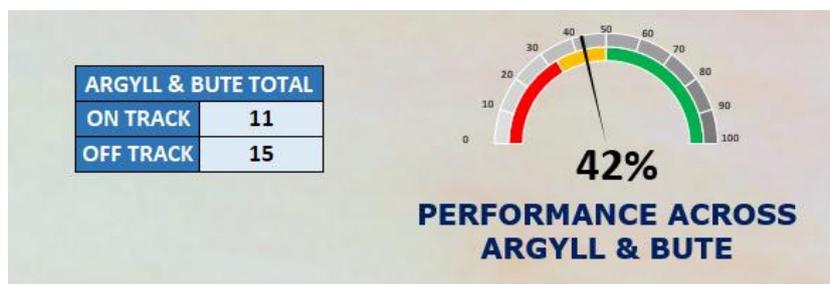
**Performance below target & areas for improvement:**

- Reduction in value of assessed unmet need for care at home remains off track with costs increased this quarter on previous quarter.
- Performance with regards to reducing the cost of hospital stays as a result of delayed discharge remains off track, with FQ2 noting 24% above the target, and an increase of 13% on previous quarter’s performance.
- The cost on pharmacy expenditure remains off track, with FQ2 noting 16% above target, matching 16% above target on the previous quarter.

**NATIONAL HEALTH & WELLBEING OUTCOMES (HWBOI) and MINISTERIAL STEERING GROUP (MSG) INTEGRATION INDICATORS**

The National Health and Wellbeing Outcomes provide a strategic framework for the planning and delivery of health and social care services. This suite of outcomes serves to focus on improving the experiences and quality of services for people using those services, carers, and their families. These indicators form the basis of the annual reporting requirement for Health and Social Care Partnerships across Scotland.

The national indicators will be updated and reported within A&B HSCP’s Integrated Performance Management Framework to provide the national performance position alongside the local service Key Performance Indicators suite.



The latest data in relation to 26 HWBOI and MSG Indicators reports 42% on track, with 11 on track and 15 off track.

An overview of A&B HSCP’s latest performance against the 26 measures is reported in Appendix 1. It should be noted that reporting periods vary across the suite of national indicator measures, with some measures reported quarterly affected by national reporting data lag. The next update for this data will be reported at FQ3.

#### **4. RELEVANT DATA AND INDICATORS**

#### **5. CONTRIBUTION TO STRATEGIC PRIORITIES**

The monitoring and reporting against Key Performance Indicators using the Integrated Performance Management Framework and Dashboard ensures the HSCP is able to deliver against key strategic priorities. This in-turn is aligned with the Strategic Plan and key objectives.

#### **6. GOVERNANCE IMPLICATIONS**

##### **6.1 Financial Impact**

Financial performance is evidenced within the IPMF Dashboard ensuring best value as well as evidencing the impact and performance against organisational budget savings.

##### **6.2 Staff Governance**

Key performance indicators within the IPMF ensure that staff governance requirements continue to be progressed and developed include health and safety, wellbeing and new service redesign and working practices.

##### **6.3 Clinical and Care Governance**

Clinical Governance and patient safety remain at the core of prioritised service delivery against the new IPMF Dashboard and National Health & Wellbeing Outcomes Indicators. The new governance structure supporting the IPMF ensures that the Clinical & Care Governance Committee remain central to performance improvement. The development of the IPMF is focussed on moving away from previous traditional styles of reporting to a fully collaborative approach with Head of Service and Service Lead commentary.

#### **7. PROFESSIONAL ADVISORY**

Data used within the performance dashboard is fully accessible in SharePoint with data trends and forecasting are identified to give wider strategic context. This provides the HSCP professional advisors with self –service performance information to inform their role in maintaining professional standards and outcomes.

#### **8. EQUALITY & DIVERSITY IMPLICATIONS**

The Integrated Performance Management Framework captures relevant indicators used to inform the HSCP E&D work.

#### **9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE**

Data use and sharing within this report and IPMF performance dashboard is covered within the Argyll and Bute Council & NHS Highland Data Sharing Agreement

#### **10. RISK ASSESSMENT**

Risks and mitigations associated with performance data sources and reporting are managed and identified within the monthly Performance & Improvement Team- Work Plan. Performance reports are used by operational management to identify service delivery risk and to inform mitigation action accordingly.

### 11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Performance reporting is available for the public is via Argyll and Bute Council and NHS Highland websites. The IPMF dashboard utilises SharePoint to support manager and staff access across the HSCP.

### 12. CONCLUSIONS

The committee is asked to consider and acknowledge FQ2 (July-September) 2023/24 performance as detailed in the IPMF Dashboard.

### 13. DIRECTIONS

Directions required to Council, NHS Board or both.	<b>Directions to:</b>	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

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**Appendix 1 – HWBOI & MSG Integration Indicators – Latest Available (as at 30 Jun 2023, due to national data lag the next update will be available for FQ3)**

National Indicator No.	Measure Type	No	Measure Detail	Target	Actual	Status
1	HWBOI Outcomes	1	<a href="#">% of adults able to look after their health very well or quite well</a>	90.9%	90.8%	R
2	HWBOI Outcomes	2	<a href="#">% of adults supported at home who agree they are supported to live as independently</a>	78.8%	75.0%	R
3	HWBOI Outcomes	3	<a href="#">% of adults supported at home who agree they had a say in how their support was provided</a>	70.6%	66.9%	R
4	HWBOI Outcomes	4	<a href="#">% of adults supported at home who agree that their health &amp; care services seemed to be well co-ordinated</a>	66.4%	66.0%	R
5	HWBOI Outcomes	5	<a href="#">% of adults receiving any care or support who rate it as excellent or good</a>	75.3%	68.6%	R
6	HWBOI Outcomes	6	<a href="#">% of people with positive experience of their GP practice</a>	66.5%	77.6%	G
7	HWBOI Outcomes	7	<a href="#">% of adults supported at home who agree their support had impact improving/maintaining quality of life</a>	78.1%	76.7%	R
8	HWBOI Outcomes	8	<a href="#">% of carers who feel supported to continue in their caring role</a>	29.7%	38.0%	G
9	HWBOI Outcomes	9	<a href="#">% of adults supported at home who agree they felt safe</a>	79.7%	76.4%	R
National Indicator No.	Measure Type	No	Measure Detail	Target	Actual	Status
11	HWBOI Data	1	<a href="#">Rate of premature mortality per 100,000 population</a>	466	386	G
12	HWBOI Data	2	<a href="#">Rate of emergency admissions per 100,000 population for adults</a>	11629	11916	R

13	HWBOI Data	3	<a href="#">Emergency Admissions bed day rate</a>	11263 7	112371	G
14	HWBOI Data	4	<a href="#">Readmission to hospital within 28 days per 1,000 admissions</a>	107	91	G
15	HWBOI Data	5	<a href="#">Proportion of last 6 months of life spent at home or in a community setting</a>	89.8%	92.6%	G
16	HWBOI Data	6	<a href="#">Falls rate per 1,000 population aged 65+</a>	22.6	30	R
17	HWBOI Data	7	<a href="#">% of SW care services graded 'good' '4' or better in Care Inspectorate inspections</a>	75.8%	80.0%	G
18	HWBOI Data	8	<a href="#">% of adults with intensive needs receiving care at home</a>	64.6%	72.2%	G
19	HWBOI Data	9	<a href="#">No of days people [75+] spent in hospital when ready to be discharged, per 1,000 population</a>	748	764	R
<b>National Indicator No.</b>	<b>Measure Type</b>	<b>No</b>	<b>Measure Detail</b>	<b>Target</b>	<b>Actual</b>	<b>Status</b>
19	MSG	1.1	<a href="#">Number of emergency admissions - A&amp;B</a>	8505	8386	G
20	MSG	2.1	<a href="#">Number of unplanned bed days acute specialties - A&amp;B</a>	63655	70189	R
21	MSG	2.2	<a href="#">Number of unplanned bed days MH specialties - A&amp;B</a>	12475	9344	G
22	MSG	3.1	<a href="#">Number of A&amp;E attendances - A&amp;B</a>	16120	20285	R
23	MSG	3.2	<a href="#">% A&amp;E attendances seen within 4 hours - A&amp;B</a>	95.0%	83.3%	R
24	MSG	4.1	<a href="#">Number of DD bed days occupied - A&amp;B</a>	7528	11098	R

25	MSG	5.1	<a href="#">% of last six months of life by setting community &amp; hospital - A&amp;B</a>	89.8%	90.8%	G
26	MSG	6.1	<a href="#">% of 65+ population at Home (unsupported) - A&amp;B</a>	92.3%	92.6%	G

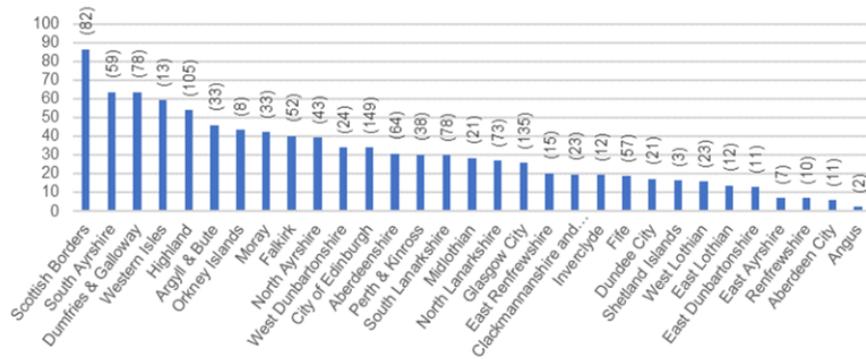
## Appendix 2- System Pressures Reporting- October 2023

Argyll and Bute SYSTEMS PRESSURES REPORT – Oct 2023 Update											
Key Metric	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Trend	Analysis
Overall Emergency Admissions to A&E (LIH)	645	595	721	718	750	846	821	892	757		LIH: A&E New and Unplanned during the month.
Hospital Stays – bed occupancy	87	99	111	99	106	86	112	99	99		As at month snapshot
Hospital Stays – bed occupancy %	68%	75%	83%	75%	80.9%	67.7%	84%	76.2%	76.7%		
DWD – Inpatients with Planned Date of Discharge (PDD) Breaches	68.5%	52.8%	76.9%	72.9%	64.6%	70.0%	65.3%	76.7%	77.7%		A&B NHS Highland data A&B GGC data may be available due to new submission process Jul 23 Last week of month
Number of Inpatients with PDD recorded	108	125	130	129	127	90	124	94	97		
DWD - Inpatients Discharged without Delay	93	88	106	83	89	75	91	99	73		A&B NHS Highland data @ Last week of month
DWD- Inpatients discharged from Delay	8	9	4	5	8	5	5	3	2		
DWD – Inpatients added to Delays	7	5	5	4	8	1	2	1	0		
Delayed Discharges – Total Delays	47	36	27	29	39	35	40	45	34		As at monthly Census Point
Delayed Discharges – Total Bed Days Lost	1663	1613	1074	956	1340	1560	1966	2227	1918		
Care Home – Bed Occupancy	81%	82%	83%	82%	81%	81%	82%	82%	83%		% occupancy
Care Home Bed Vacancies	33	31	20	24	34	39	29	29	31		
Unmet Need – People Waiting	70	63	45	42	43	49	53	55	55		Normal seasonal 8-wk average down 36% on same period last year
Unmet Need – Hours of Care	716	639	507	370	344	338	460	420	431		

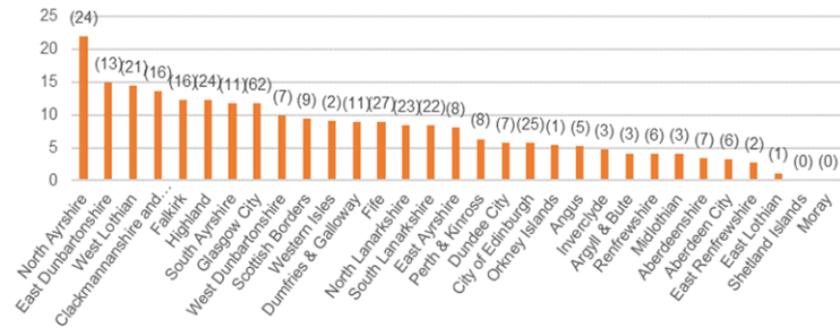
Appendix 3- Delayed Discharge Sitrep – 23<sup>rd</sup> October 2023

## Delayed Discharge Sitrep – Local Authority Comparisons – 23 October 2023

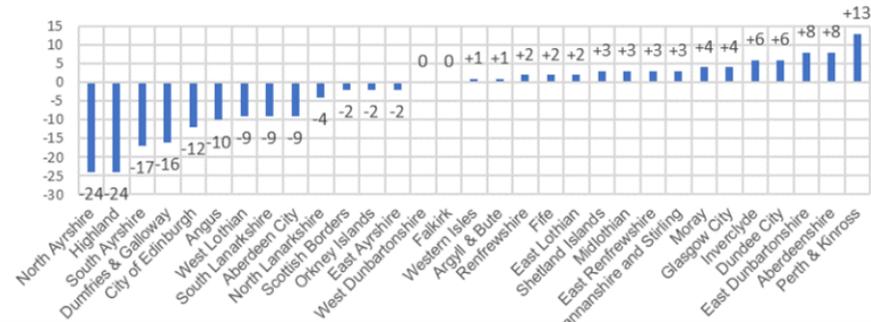
Standard Delays by Local Authority, Rate per 100,000 18+ population  
(Number of delays shown in brackets)



AWI Delays by Local Authority, Rate per 100,000 18+ population  
(Number of delays shown in brackets)



Change in standard delays over last four weeks  
Scotland changed from 1,387 to 1,309 over this period



Change in AWI delays over last four weeks  
Scotland changed from 375 to 374 over this period

