

Integration Joint Board

Agenda item:

Date of Meeting:

Title of Report: Integration Joint Board- Performance Report (March 2021)

Presented by: Stephen Whiston - Head of Strategic Planning & Performance

The Integrated Joint Board is asked to:

- Note the continued suspension of reporting against the HSCP Health & Wellbeing Outcome Indicators
- Note the current Covid19 activity within Argyll & Bute, NHS Highland and Greater Glasgow and Clyde
- Note the HSCP performance progress regarding remobilisation of activity in line with NHS Highland performance target for 2020/21 agreed with Scottish Government to 70%-80% of 2019/20 activity
- Note the extension to the reporting timescales for the Annual Performance Report and review guidance with regards to the Strategic Commissioning Plan and Integration Scheme

1. BACKGROUND

Reporting against the HSCP Health & Wellbeing Outcome Indicators continues to be affected by the recent re-escalation of Covid19 pandemic requiring health and care services remain on an “emergency” footing. Thus there continues to be a performance reporting and data lag at both a governmental and local partnership level affecting many of the HSCP Health & Wellbeing Outcome Indicators.

The remobilisation of services across both health and social care is a Scottish Government priority and frontline staff and managers are working hard to achieve this across the Health & Social Care Partnership. Our priority is on ensuring that key services and access as far as possible for people is managed and delivered locally and safely within the Covid19 pandemic operating context.

This report therefore provides the IJB with an update on the impact on service performance with regards to Covid19 pandemic and the progress made with regard to remobilising health and social care services in Argyll & Bute.

2. INTRODUCTION

NHS Highland’s (NHS) Remobilisation plan focuses on the areas agreed as priorities with the Scottish Government and includes information on 10 work streams and associated projects. Alongside this the Framework for Clinical Prioritisation has been

established to support Health Boards with prioritising service provision and framing the remobilisation of services against 6 key principles within a Covid19 operating environment:

1. **The establishment of a clinical priority matrix 1P-P4** (detailed above)
2. **Protection of essential services** (including critical care capacity, maternity, emergency services, mental health provision and vital cancer services)
3. **Active waiting list management** (Consistent application of Active Clinical Referral Triage (ACRT) and key indicators for active waiting list management, including addressing demand and capacity issues for each priority level)
4. **Realistic medicine remaining at the core** (application of realistic medicine, incorporating the six key principles)
5. **Review of long waiting patients** (long waits are actively reviewed (particularly priority level four patients))
6. **Patient Communication** (patients should be communicated with effectively ensuring they have updated information around their treatment and care)

3. COVID 19 OVERVIEW

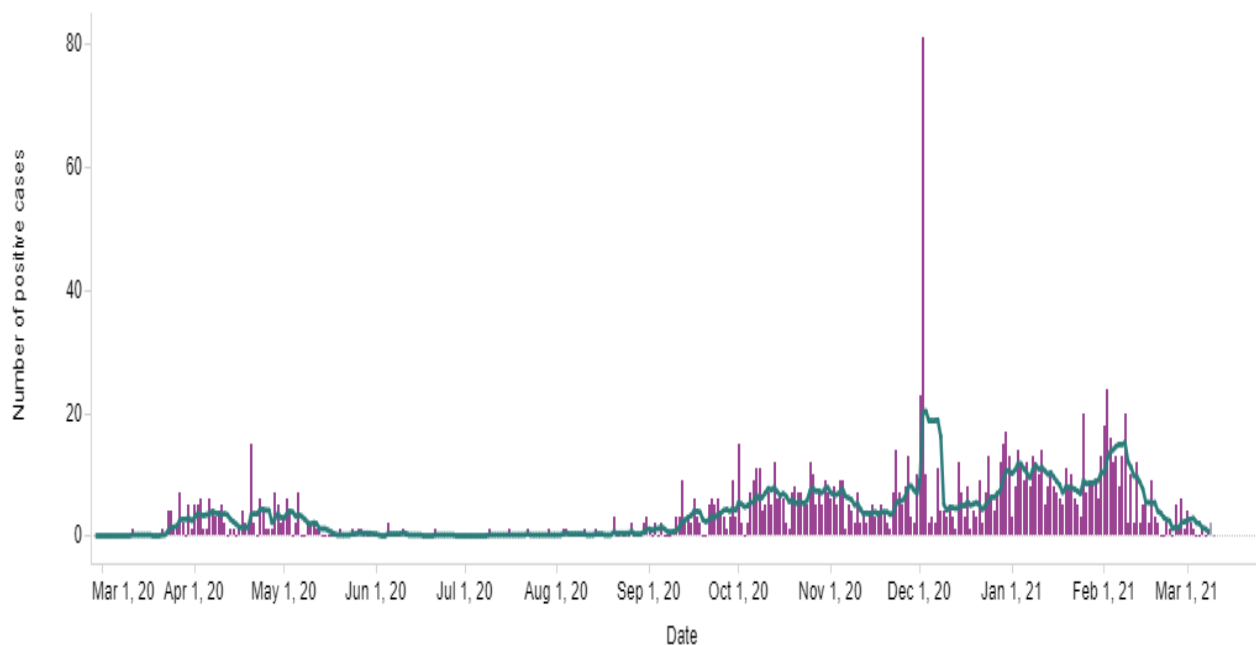
The data in the table below identifies the most recent Covid19 prevalence as at the 12th March and in particular aligns the data with testing, deaths and tier status. The data is shown by HSCP, Local Authority and Health Board areas to illustrate prevalence, the overall Scotland wide data provides the national backdrop.

National / Board / LA	Cases Daily	Cases (Last 7 Days)	Total Positive Cases	Tests Daily	Tests (Last 7 days)	Total Tests	Tests Positive % (L7d)	Deaths (Last 7 days)	Total Deaths
Scotland	591	3,524	207,747	26,761	131,308	4,771,667	3.10%	76	7,483
NHS Highland	8	100	4,793	1,334	6,874	237,712	1.70%	4	168
NHS GG&C	183	1,035	64,596	5,975	31,302	1,192,923	3.90%	19	2,151
A&B HSCP	0	5	1,410	314	1,604	70,516	0.70%	0	71
Highland Council	8	95	3,301	1001	5,175	164,165	2.00%	4	97
Glasgow City	119	727	38,261	3,168	16,521	624,333	5.00%	8	1116

(Data Source – Public Health Scotland Daily COVID 19 @ Data 12/03/2021)

The Argyll & Bute trend analysis with regards to positive COVID19 cases for March 2020 to March 2021 identifies a further reduction in the 7 day moving average in infections, and overall numbers remain low.

Positive cases by specimen date in Argyll & Bute



Figures for the most recent dates are likely to be incomplete due to the time required to process tests and submit records.

(Data Source- PHS Covid19 data as at 10th March 2021)

3.1 Covid19 Vaccination Performance

With regards to Immunisation performance the latest data up to the 14th March notes:

- **A&B dose 1** = 37,221 this equates to 51% of the total population having had their first dose
- **A&B dose 2** = 3,057 this equates to 4.2% of the total population having had their second dose

4. REMOBILISATION PERFORMANCE

The tables below summarises and illustrates the HSCP service remobilisation performance against agreed SGHD target (70-80%) across Health and Social care showing significant progress being made.

Argyll and Bute HSCP Remobilisation Cumulative Performance to 28th February 2022

	February Cumulative (to W/E 28th February)			Weekly Activity Trend (1 Sep to 28th Feb)
TTG	Target	Actual	%Var	
TTG Inpatient & DayCase Activity (All Elective Admissions)	40	45	13%	
REFERRALS	Target	Actual	%Var	
Total AHP Referrals Monitoring	772	685	-11%	
Total Outpatient Referrals	764	610	-20%	
Total Urgent Suspicion of Cancer Referrals Received	20	9	-55%	
OUT PATIENTS	Target	Actual	%Var	
Total New OP Activity Monitoring	560	591	6%	
Total Return OP Activity Monitoring	904	1380	53%	
Total AHP New OP Activity Plan	556	613	10%	
Total AHP Return OP Activity Plan	1312	2091	59%	
DIAGNOSTICS	Target	Actual	%Var	
Total Endoscopy Activity Monitoring	56	67	20%	
Total Radiology Activity Monitoring	312	480	54%	
CANCER	Target	Actual	%Var	
Total 31 Days Cancer - First Treatment Monitoring	0	1	0%	
UNSCHEDULED CARE	Target	Actual	%Var	
Total A&E Attendances Monitoring (LIH)	408	364	-11%	
Total A&E Attendance (AB Community Hospitals)	1244	1281	3%	
Total % A&E 4 Hr (LIH)				
Total Emergency Admissions IP Activity Monitoring (LIH)	148	145	-2%	
Emergency Admissions IP Activity Monitoring (AB Community Hospitals)	148	172	16%	

	February Cumulative (to W/E 28th February)			
ADULT SOCIAL CARE	Target	Actual	%Var	
Total Number of Adult Referrals	716	954	33%	
Total Number of UAA Assessments	224	273	22%	
Total Adult Protection Referrals	24	36	50%	
Total New People in Receipt of Homecare	36	48	33%	
Total New Care Home Placements	16	19	19%	
Total No of Delayed Discharges	10	12	20%	

COMMUNITY HEALTH	Target	Actual	%Var	
Total Mental Health – New Episodes	80	48	-40%	
Total Mental Health – Patient Contact Notes	584	766	31%	
Total DN – New Episodes	92	122	33%	
Total DN – Patient Contact Notes	4032	4151	3%	
Total AHP - New Episodes	276	325	18%	
Total AHP - Patient Contact Notes	2523	2523	0%	

CHILDREN & FAMILIES SOCIAL CARE	Target	Actual	%Var	
Total Number of Child Request for Assistance Referrals	196	156	-20%	
Total Number of NUCA Assessments	88	92	5%	
Total Number of Children on CP Register	38	39	3%	

(Please note that not all MH community and AHP activity is captured due to data lag and some services are not yet on automated systems)

5. WAITING TIMES PERFORMANCE

The table below identifies the length of wait associated with each of the specialities alongside the totals and booking status as at 10th February 2021

Performance against December 2020 data notes an overall 3.9% reduction in the total percentage Outpatients Waiting more than 12 weeks. Overall the data suggests a continuing slow reduction in waiting times with a slight increase in March outpatient booking activity.

Main Specialty	Total on Waiting List	Length of Wait (weeks)				Appointment Status		
		Over 26	12 to 26	Under 12	% > 12 Weeks	Booked	Unbooked	% Un Booked
Consultant Outpatients Total	1095	205	187	703	35.8%	405	690	63%
Mental Health Total	745	493	135	171	77%	68	677	90.9%
AHP OTHER Total	410	72	40	298	27.3%	127	283	69.0%
Nurse Led Clinics Total	120	17	13	90	25%	72	48	40%
All OP WL Total	2931	776	461	1694	42.2%	834	2097	71.5%

New Outpatient Waiting List Summary position as at 10th February 2020

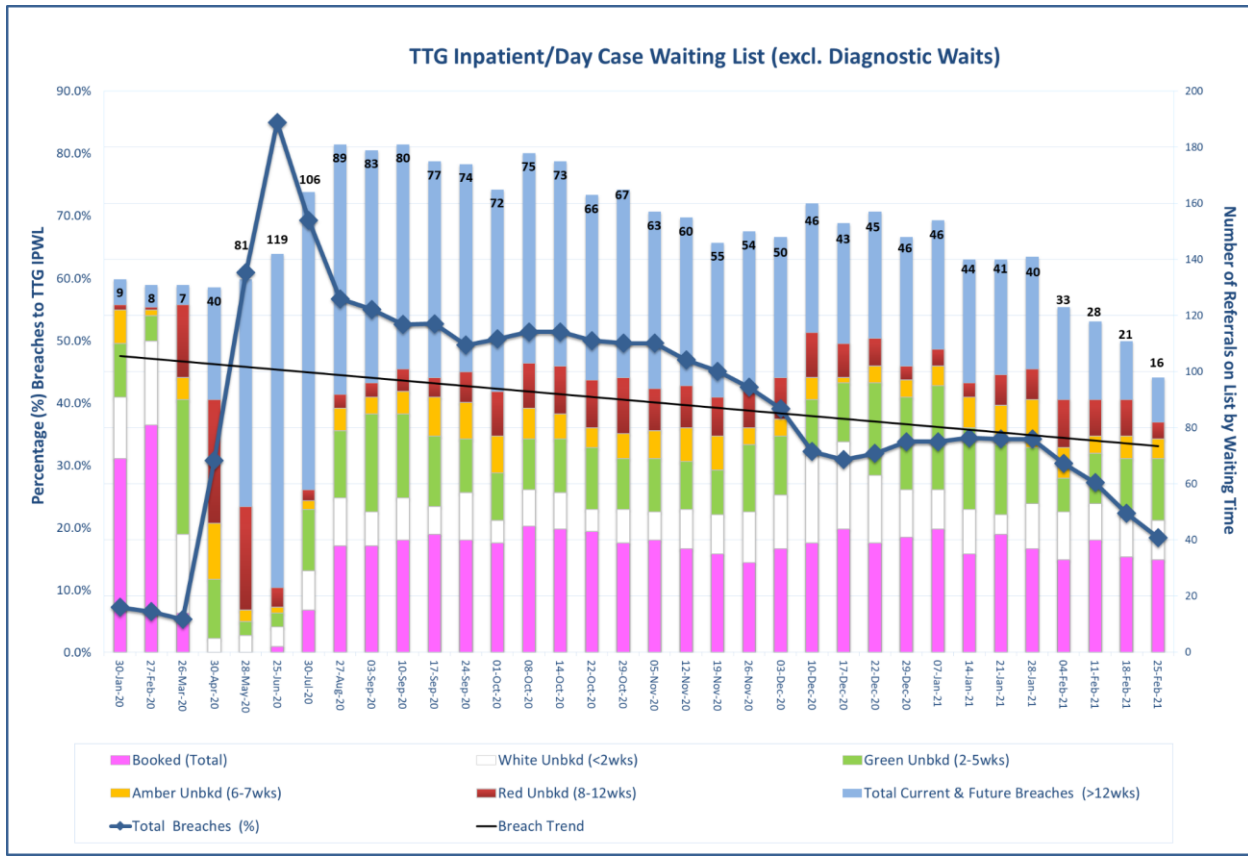
The Tables below illustrate the scale of virtual new and return consultant outpatient performance for Lorn & Islands Hospital and Community Hospitals in Argyll and Bute undertaken to the 21st February 2021:

Cumulative activity at 21st February 2020 Virtual Consultant Outpatient				
Speciality	LIH New	LIH Return	Community Hospitals New	Community Hospitals Return
Cardiology	2	181	9	190
Clinical Oncology	1	10	0	0
Dermatology	4	52	0	7
ENT	97	11	17	22
Endocrinology & Diabetes	1	51	5	101
General Medicine	24	574	19	190
General Surgery	9	65	2	8
Gynaecology	28	43	28	15
Haematology	4	218	0	0
OMFS & Oral Surgery	199	12	0	0
Orthopaedics	9	60	10	8
Ophthalmology	0	0	1	9
Paediatrics	15	128	62	261
Paediatrics community	0	0	41	107
Respiratory Medicine	6	117	0	0
Urology Virtual	0	148	0	0
Total	399	1670	194	918

(Data Source- NHS Highland Remobilisation Plan We 3rd January 2021)

Virtual patient appointments data for the Lorn & Islands Hospital notes a combined 29% increase in new and returning appointments and this trend continues with a combined 28% increase for Community Hospitals against December data.

With regards to Inpatient and Day Case performance in the Lorn & Island Hospital the graph below shows continuous improvement in the percentage of people waiting longer more than 12 weeks for their Treatment Time Guarantee (TTG).



For the Boards reference Appendix 1 presents NHS Scotland Board Level KPI's including Outpatient and Percentage of Treatment Time Guarantee Waiting >12 Weeks as at February 2021. Member's attention is directed to NHS GG&C performance as our secondary care provider for the majority of our population.

6. ANNUAL PERFORMANCE & STRATEGIC COMMISSIONING PLAN UPDATE

Annual Performance Reviews

The Scottish Government has moved legislation last week to extend the Coronavirus Scotland Act (2020) through to the 30th September 2021. This means that IJBs will be able to extend the date of publication of Annual Performance Reviews through to November, using the same mechanisms as last year, which is laid out in the Coronavirus Scotland Act (2020), Schedule 6, Part 3.

7. SERVICE REMOBILISATION PLANS 2021/22

NHS Highland's (NHS) Remobilisation plan sets out the journey in its response to Covid19 and recovering performance in the context of the NHS Scotland Covid19 Framework for Decision Making of *Re-mobilise, Recover and Re-design* and the subsequent correspondence received from the Scottish Government regarding remobilisation.

This plan takes us through 2021-2022 and focuses on the areas agreed as priorities with the Scottish Government. A significant amount of work has been completed to this effect since the last remobilisation plan was submitted to the government (31 July 2020).

The 2021/22 plan is being considered by the NHS Highland Board at its meeting on the 30th March and

Argyll & Bute HSCP's activity remobilisation performance targets have been incorporated into the NHS Highland plan for 2021/22. These have been formulated on the basis of assumed levels of capacity and demand, using financial year 2019/20 as a baseline. The HSCP has assumed demand will remain consistent with that seen in 19/20 (pre pandemic) across all specialties and settings.

For in house provisioned services i.e. the Medical, Surgical and Oral Surgery specialties delivered across Argyll & Bute and from within Lorn & Islands Hospital we anticipate 90% remobilisation capacity, this applies to planned elective inpatient/day case procedures, outpatients and endoscopy.

NHS GGC have committed to delivering 80% capacity based on 2019/20 activity targets across outpatient outreach services, throughout all four quarters.

The Radiology department in LIH has benefited from capital funding and now has a permanent second ultrasound machine, as such additional clinics can be run when necessary and 100% capacity has been assumed across non-obstetric ultrasound, CT and Barium examinations.

8 GOVERNANCE IMPLICATIONS

8.1 Financial Impact

The Covid19 pandemic and its impact has seen a national allocation of funding monies in-line with need and submitted remobilisation plans.

8.2 Staff Governance

There has been a variety of staff governance requirements throughout this pandemic which have been identified and continue to be progressed and developed include health and safety, wellbeing and new working practices within national Covid19 restrictions

8.3 Clinical Governance

Clinical Governance and patient safety remains at the core of prioritised service delivery in response to the pandemic and subsequent remobilisation.

9. EQUALITY & DIVERSITY IMPLICATIONS

Service delivery has been impacted by the Covid19 pandemic and ongoing and new EQIA will be required to be undertaken as appropriate.

10. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Data use and sharing is daily via national Scottish Government and Public Health Scotland websites meeting GDPR requirements.

11. RISK ASSESSMENT

Risk assessments are in place across the HSCP to ensure staff and service user safety within Covid19 guidance and as appropriate tier restrictions.

12. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Public and user updates are available nationally at the Scottish Government COVID 19 website alongside advice and updates on both the Council and NHS Highland Internet sites.

13. CONCLUSION

The remobilisation of services within Argyll and Bute has made good progress operating within a Covid19 compromised operating context.

The remobilisation planning for 2021/22 has taken this into account and the performance targets agreed with the SGHD and are aligned with NHSGG&C remobilisation rates and are included in NHS Highland remobilisation plan for 2021/22

The IJB are asked to note and consider this update on the impact of the Covid19 pandemic on the HSCP performance and its subsequent remobilisation of services.

14. DIRECTIONS

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

REPORT AUTHOR AND CONTACT

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Appendix 1

Board Level KPI's & Percentage of Treatment Time Guarantee Waiting >12 Weeks as at February 2021

Current Week Performance Table

	1 February 2021								
	TTG - patients waiting over 12 weeks	TTG - patients waiting over 26 weeks	Core 4 hour ED Performance (week)	Patients Spending over 8 hours in core ED (week)	Patients Spending over 12 hours in core ED (week)	Core ED Attendances (week)	Delayed Discharges (total)	OPWL - waiting over 12 weeks	OPWL - waiting over 26 weeks
SCOTLAND	57,932	40,863	85.5%	380	99	16,503	0	186,697	98,931
Ayrshire & Arran	3,438	2,352	83.7%	84	44	1,238	0	21,139	12,354
Borders	1,064	758	71.8%	36	15	440	0	3,422	1,482
Dumfries & Galloway	556	219	91.3%	4	0	450	0	3,797	1,150
Fife	1,287	691	90.9%	2	0	759	0	8,399	3,095
Forth Valley	1,681	1,039	88.3%	14	0	812	0	8,869	3,919
Grampian	8,533	6,631	80.8%	16	2	1,133	0	15,375	8,503
Greater Glasgow & Clyde	17,230	12,752	86.5%	85	11	4,202	0	53,986	30,911
Highland	3,412	2,521	87.5%	12	3	711	0	6,564	2,749
Lanarkshire	5,803	4,287	84.8%	58	5	2,759	0	13,673	5,448
Lothian	9,210	6,133	82.2%	69	19	3,000	0	38,103	22,199
Orkney	57	36	98.4%	0	0	63	0	524	267
Shetland	98	59	100.0%	0	0	90	0	513	332
Tayside	4,770	2,985	95.3%	0	0	803	0	11,917	6,378
Western Isles	100	0	97.7%	0	0	43	0	400	132

