

Integration Joint Board

Agenda item:

Date of Meeting:

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

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

The Integrated Joint Board is asked to:

- Consider the current Covid19 activity within Argyll & Bute, NHS Highland and Greater Glasgow and Clyde
- Consider the HSCP performance progress regarding remobilisation of activity in line with NHS Highland performance target for 2021/22 agreed with Scottish Government to 70%-80% of 2019/20 activity

1. BACKGROUND

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 positive COVID19 cases for the last 7 day period (8-14th may 2021) The data is shown by Local Authority and Health Board areas to illustrate prevalence, the overall Scotland wide data provides the national backdrop.

	Latest 7 Day Total	Last 7 day rate per 100,00 population	Total
Scotland	1903	34.8	229,774
NHS Highland	18	5.6	5178
Argyll & Bute	1	1.2	1453

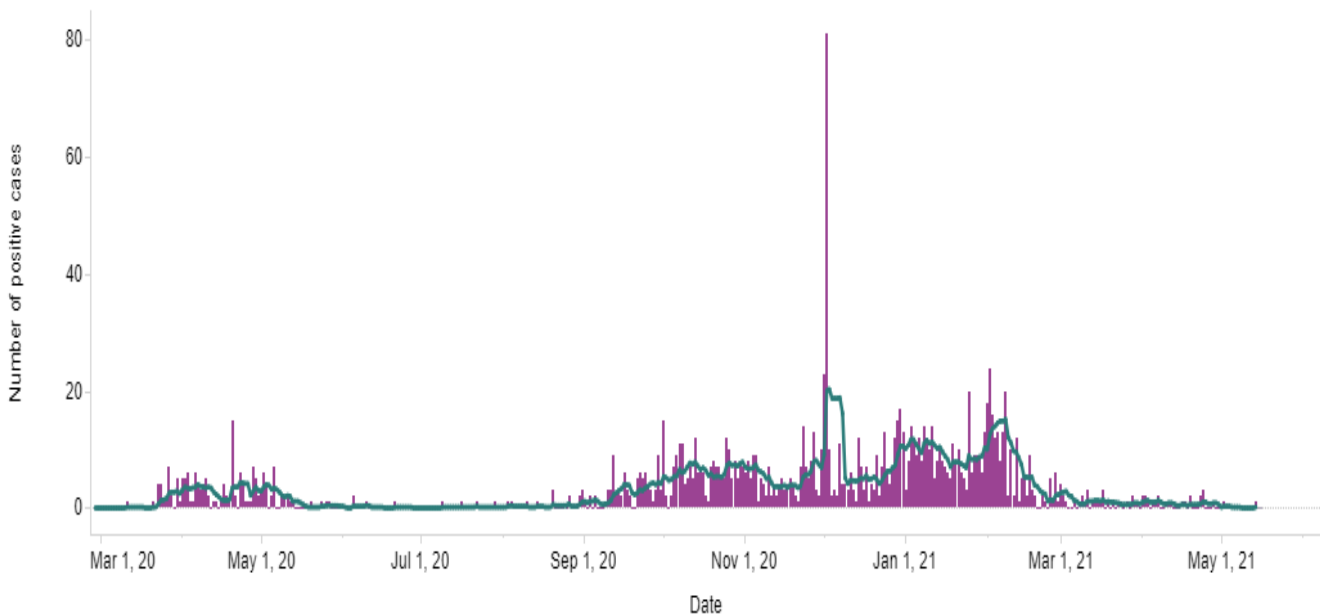
(Data Source- PHS COVID19 Data 8- 14th May)

The Argyll & Bute trend analysis with regards to positive COVID19 cases for May 2021 identifies a continued reduction in the 7 day moving average with a number of days reporting no infections, overall numbers remain very low.

What information would you like to see? Select location:

Daily figure 7 day moving average
 Most recent data incomplete

Positive cases by specimen date in Argyll & Bute



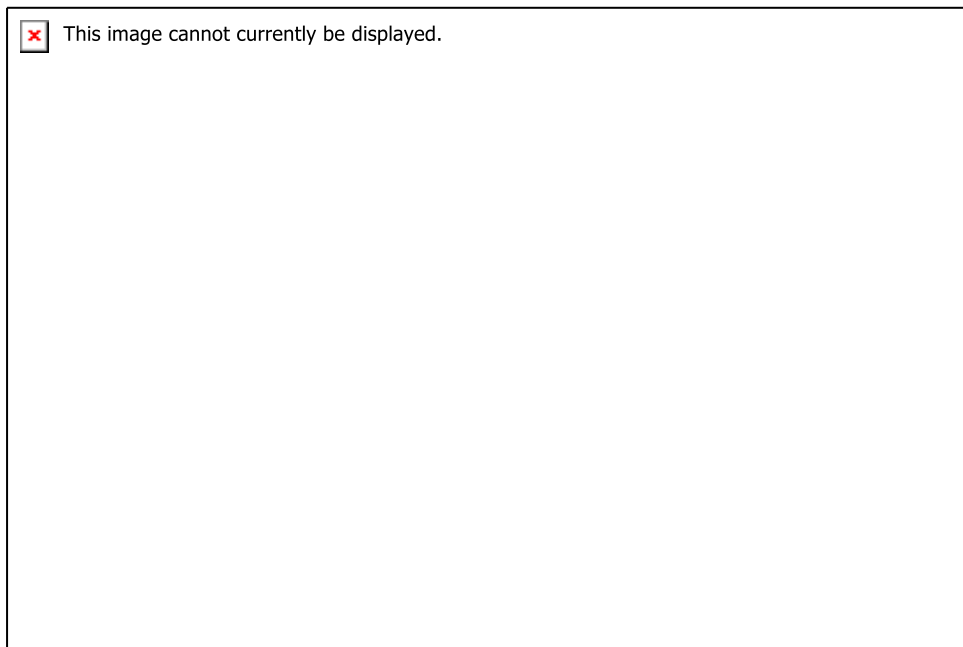
(Data Source- PHS COVID19 Data -March 2020- May2021)

3.1 Immunisation Performance

The graph below identifies the estimated percentage of people in Argyll & Bute who have had Dose 1 and Dose 2 as a percentage of the population data for each age band. Public

Health Scotland (PHS) continue to work on data completeness and quality assurance at source and the focus is on identifying the general percentage trends in order to view overall progress. There are a number of variables which will affect data counts and the table below offers a snapshot for the period the 25th May.

Trends identify good progress with regards to the percentage who have received both doses in 65- 80+years' age groups. Progress is being made alongside this with Dose1 across the 50-64 years age groups with an increasing trend in Dose 2 recipients.



(Data Source-NHS open data. COVID-19 Vaccination in Scotland - Datasets - Scottish Health and Social Care Open Data (nhs.scot) Accessed 25th May 2021)

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 2nd May 2022

	April Cumulative (to W/E 2nd May)			Weekly Activity Trend (6 Sep 2020 to 2nd May 2021)
	Target	Actual	%Var	
TTG				
TTG Inpatient & Day Case Activity (All Elective Admissions)	40	31	-23%	
REFERRALS				
Total Outpatient Referrals	803	732	-9%	
Total Urgent Suspicion of Cancer Referrals Received	28	47	68%	

OUT PATIENTS		Target	Actual	%Var	
Total New OP Activity Monitoring	652	593	-9%		
Total Return OP Activity Monitoring	904	1260	39%		
Total AHP New OP Activity Plan	556	791	42%		
Total AHP Return OP Activity Plan	1312	2508	91%		

DIAGNOSTICS		Target	Actual	%Var	
Total Endoscopy Activity Monitoring	50	67	34%		
Total Radiology Activity Monitoring	462	449	-3%		

CANCER		Target	Actual	%Var	
Total 31 Days Cancer - First Treatment Monitoring	9	2	-78%		

UNSCHEDULED CARE		Target	Actual	%Var	
Total A&E Attendances Monitoring (LIH)	408	592	45%		
Total A&E Attendance (AB Community Hospitals)	1244	1754	41%		
Total % A&E 4 Hr (LIH)					
Total Emergency Admissions IP Activity Monitoring (LIH)	165	157	-5%		
Emergency Admissions IP Activity Monitoring (AB Community Hospitals)	148	167	13%		

		April Cumulative (to W/E 2nd May)			Weekly Activity Trend (6 Sep 2020 to 2nd May 2021)
		Target	Actual	%Var	
ADULT SOCIAL CARE					
Total Number of Adult Referrals	716	916	28%		
Total Number of UAA Assessments	224	258	15%		
Total Adult Protection Referrals	24	22	-8%		
Total New People in Receipt of Homecare	36	26	-28%		
Total New Care Home Placements	16	14	-13%		
Total No of Delayed Discharges	10	9	-10%		

COMMUNITY HEALTH		Target	Actual	%Var	
Total Mental Health – New Episodes	80	47	-41%		
Total Mental Health – Patient Contact Notes	584	797	36%		
Total DN – New Episodes	92	118	28%		
Total DN – Patient Contact Notes	4032	4203	4%		
Total AHP - New Episodes	276	321	16%		
Total AHP - Patient Contact Notes	2523	2735	8%		

CHILDREN & FAMILIES SOCIAL CARE		Target	Actual	%Var	
Total Number of Child Request for Assistance Referrals	196	231	18%		
Total Number of New Universal Child Assessments	88	80	-9%		
Total Number of Children on CP Register	38	31	-18%		

(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)

Assessment:

The information presented shows good progress with regards to the scale of mobilisation of our services in the HSCP with increasing activity across our health and care system. Some points to note

- Improvement in delayed discharge performance as at 2 May
- 15% increase in performance against target with regards to new Universal Adult Assessments
- Increasing emergency activity in A&E and admissions in our hospitals
- Outpatient referral rates remain lower than our activity plans

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 14th April 2021

Performance against the February 2021 position shows

- 9.3% reduction in percentage 12 week breaches for Consultant Outpatient activity,
- Mental Health breaches are down 3.8%, however still remain high with regards to breaches overall performance.
- Overall number of people on the Outpatient Waiting List notes a 5% reduction for this month against February position.

All Specialties	Total on List	% Breaches	% of Referrals Booked	% of Referrals Unvetted
Main Specialty				
Consultant Outpatient	1088	26.5%	40.3%	5.2%
Scopes *	121	34.7%	42.1%	0.0%
MSK **	788	59.1%	21.7%	2.3%
AHP	495	30.1%	34.7%	4.4%
Mental Health	754	73.2%	8.1%	0.7%
Nurse Led Clinics	120	19.2%	58.3%	0.0%
Other/Non MMI	670	17.6%	23.9%	4.5%
TOTAL OPWL	4036			

A breach is classed as waiting over 12 weeks

* Scopes breach is over 6 weeks

** MSK breach is over 4 weeks

(Data Source- Outpatient Waiting List Breaches as at 14th April 2021)

5.2 Virtual New & Return Outpatient Performance

The table below illustrate the scale of virtual new and return consultant outpatient performance for Lorn & Islands Hospital and Community Hospitals in Argyll and Bute.

Month End Virtual Consultant Outpatient Activity				
Reporting Period	Lorn & Islands Hospital New	Lorn & Islands Hospital Return	Community Hospitals New	Community Hospitals Return
Cumulative as at 2 nd May	593	1260	220	443
Cumulative as at 30 th May	981	1841	392	657
Variance	+ 388	+581	+172	+114

(Data Source- NHS Highland Remobilisation Plan Data- Virtual New and Return Outpatient Activity/May 2021)

With regards to Inpatient and Day Case Treatment Time guarantee performance in the Lorn & Island Hospital the graph in appendix 1 shows a continued reducing trend in the percentage of people waiting more than 12 weeks for their Treatment

HSCP Waiting Times Performance Assessment:

As part of our remobilisation planning, services are working hard to reduce waiting times and ensure return patients are being followed up within timescales. Additional remobilisation funding has been secured and will significantly help by allowing Waiting List initiative clinics to be organised and provide additional appointments across all specialities.

This has seen in summary:

- Inpatient /Day Case Treatment Time Guarantee(TTG) performance notes an overall 11.1% reduction in total percentage breaches this month compared with the previous month, data at the 8th April noted 17.3% total breaches dropping to 6.2% at the 6th May
- Inpatient /Day Case (TTG) performance notes a 44% reduction in the in total current and future breaches over 12 weeks from 8th April to the 6th May
- Inpatient /Day Case (TTG) notes 100% reduction in un-booked patients at 6-7 weeks and 8-12 weeks for the period 8th April to 6th May

Across the HSCP our main priorities are:

- Increasing the amount of local eye injection clinics for Ophthalmology patients.
- Utilising Advanced Physio Practitioners to support our Orthopaedic service and reduce the waiting times for patients.
- Working in Partnership with local Community Optometrist to provide shared care with the NHSGGC Consultant Ophthalmology service and develop a virtual Ophthalmology service fit for the future.
- Creating a centralised appointing service to improve patient pathways and ensure equity of access to care across all our hospital sites.
- Create a “Clean room” with sufficient airflow within LIH to repatriate ENT services back to Argyll and Bute as these were stopped due to Covid19 risk of aerosol generating procedure required for Naeso Endoscopes.

5.1 Greater Glasgow & Clyde Outpatient and Treatment Times Guarantee Activity Performance-

NHS GG&C have reported the following progress against their remobilisation plan for the patients referred to its hospitals as at the end of March 2021 and is summarised in Table below:

	Actual Activity (July 2020 to March 2021)	Target (July 2020 to March 2021)	Difference	Status
New Outpatient Referrals received	230,229	258,455	-28,266	-10.9%
New Outpatient Activity	154,993	139,065	15,928	11.5%
TTG Inpatient/Day Case Activity	32,732	32,561	171	0.5%

(Data Source- GG&C Phase 2 Remobilisation Performance Report April 2021)

NHS GG&C are undertaking a range of service review and design actions to progress their mobilisation plans similar to NHS Highland and Argyll and Bute notably:

- **Clinical Prioritisation** – Focus on Priority 1 and 2 patient care for all specialty patients. Full clinical review of longest waiting P2 patients with active plan developed to accommodate. P2 orthopaedic care is being supported in part at Golden Jubilee National Hospital
- **Remote Consultation** –approximately 50% of new outpatient appointments are carried out remotely at present. Building on the success of this is a key aim whilst accepting that face-to-face consultations will continue to be required for a range of patients. “Near Me” consultations also continue to be undertaken.

5.3 NHS Scotland Health Board KPIs Remobilisation Performance

The graph in Appendix 2 illustrates the national position on Outpatient Waiting times for NHS Boards as at May 2021.

Assessment: NHS Highland Board have 48% proportion of Outpatients waiting more than 12 weeks as at May 2021, statistically this is below the overall proportion for Scotland at 50%

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

NHS Highland remobilisation plan has received additional funding from the Scottish Government and this includes direct funding to the HSCP.

6.2 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 as part of our mobilisation plans.

6.3 Clinical Governance

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

7. EQUALITY & DIVERSITY IMPLICATIONS

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

8. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

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

9. RISK ASSESSMENT

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

10. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Public and user updates are available nationally at the Scottish Government COVID 19 website as well as HSCP and NHS Highland communications

11. CONCLUSION

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

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

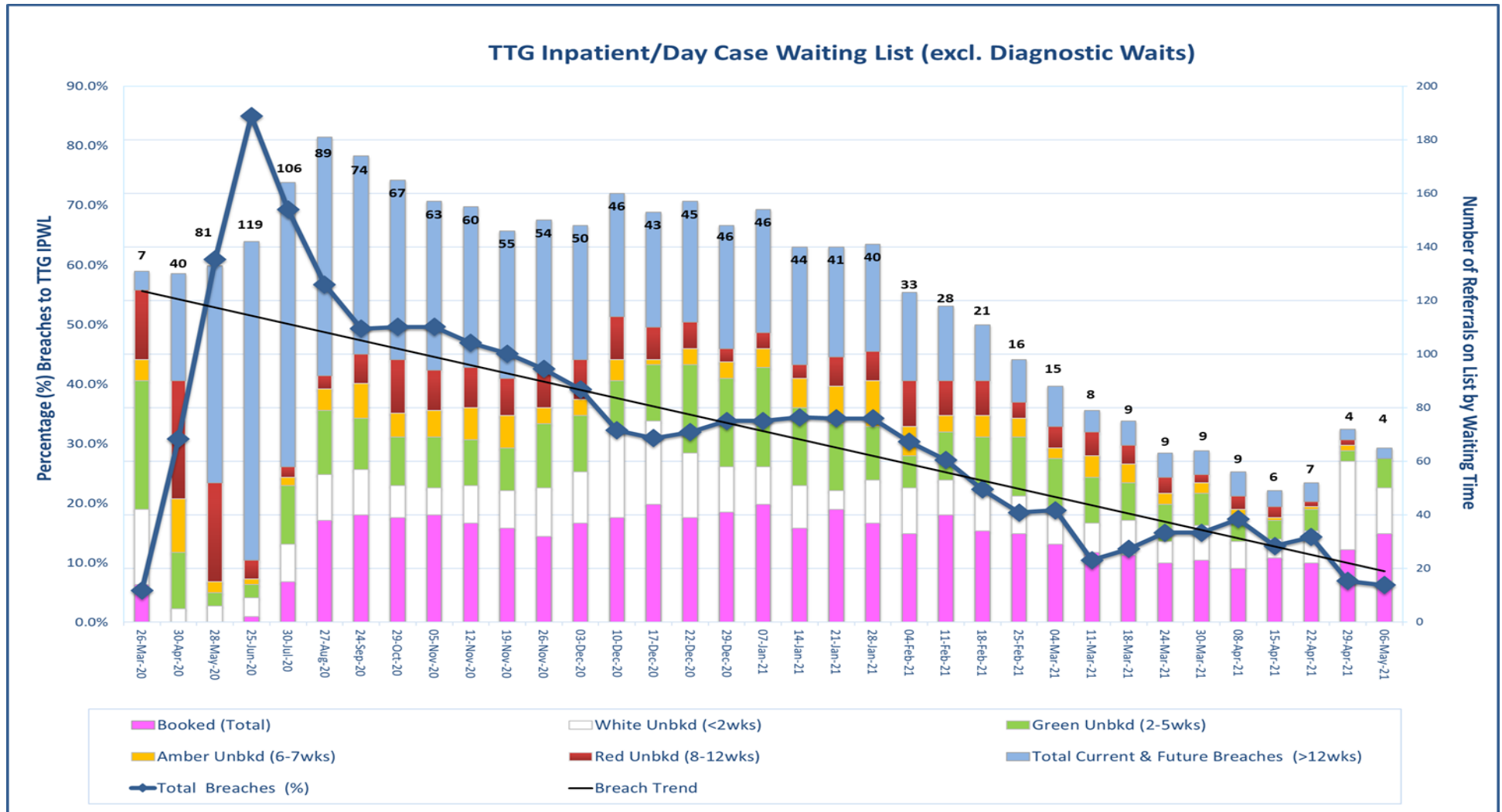
12. DIRECTIONS

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

Author Name: Stephen Whiston
Email: stephen.whiston@nhs.scot

Appendix 1- Lorn & Islands Hospital –Inpatient/Day Case Waiting Lists Summary – to 6th May 2021



Appendix 2

NHS Scotland Board Level Outpatient Waiting times Key Performance Indicators- May 2021

