

Integration Joint Board

Date of Meeting: 15 September 2021

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

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

The Integrated Joint Board is asked to:

- 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 as at 1st August 2021
- Consider Waiting Times Performance and continued progress made with regards to reducing Consultant Outpatient breaches at 12 weeks

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. 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 as below:

1. The establishment of a clinical priority matrix – as detailed below, at the present time NHSGG&C & NHS Highland are focusing on the P1 & P2 category:

- Priority level 1a Emergency and 1b Urgent – operation needed within 24 hours
- Priority level 2 Surgery/Treatment – scheduled within 4 weeks
- Priority level 3 Surgery/Treatment – scheduled within 12 weeks
- Priority level 4 Surgery/Treatment – may be safely scheduled after 12 weeks.

NHS Boards can decide to pause non urgent or elective services (P3 & P4) to ensure they retain capacity to cope with Covid19 emergency need and NHS Highland implemented this in August at Raigmore.

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. REMOBILISATION PERFORMANCE

The tables below summarises and illustrates the HSCP service remobilisation performance against agreed SGHD target (70-80%) as at 1st August 2021 across Health and Social care showing significant progress being made.

HSCP Remobilisation Cumulative Performance to 1st August 2021

	July Cumulative (to W/E 1st Aug)			Weekly Activity Trend (6 Sep 2020 to 1st August 2021)
	Target	Actual	%Var	
TTG				
TTG Inpatient & Day Case Activity (All Elective Admissions)	41	39	-5%	
REFERRALS				
Total Outpatient Referrals	770	590	-23%	
Total Urgent Suspicion of Cancer Referrals Received	30	38	27%	
OUT PATIENTS				
Total New OP Activity Monitoring	517	559	8%	
Total Return OP Activity Monitoring	904	1322	46%	
Total AHP New OP Activity Plan	556	742	33%	
Total AHP Return OP Activity Plan	1312	2131	62%	
DIAGNOSTICS				
Total Endoscopy Activity Monitoring	46	52	13%	
Total Radiology Activity Monitoring	438	503	15%	
CANCER				
Total 31 Days Cancer - First Treatment Monitoring	8	10	25%	
UNSCHEDULED CARE				
Total A&E Attendances Monitoring (LIH)	408	758	86%	
Total A&E Attendance (AB Community Hospitals)	1244	2276	83%	
Total % A&E 4 Hr (LIH)				
Total Emergency Admissions IP Activity Monitoring (LIH)	133	151	14%	
Emergency Admissions IP Activity Monitoring (AB Community Hospitals)	148	187	26%	

	July Cumulative (to W/E 1st Aug)			Weekly Activity Trend (6 Sep 2020 to 1st August 2021)
	Target	Actual	%Var	
ADULT SOCIAL CARE				
Total Number of Adult Referrals	716	577	-19%	
Total Number of UAA Assessments	224	197	-12%	
Total Adult Protection Referrals	24	23	-4%	
Total New People in Receipt of Homecare	36	48	33%	
Total New Care Home Placements	16	11	-31%	
Total No of Delayed Discharges	10	25	150%	
COMMUNITY HEALTH				
Total Mental Health – New Episodes	80	60	-25%	
Total Mental Health – Patient Contact Notes	584	646	11%	
Total DN – New Episodes	92	142	54%	
Total DN – Patient Contact Notes	4032	4395	9%	
Total AHP - New Episodes	276	331	20%	
Total AHP - Patient Contact Notes	3096	2964	-4%	
CHILDREN & FAMILIES SOCIAL CARE				
Total Number of Child Request for Assistance Referrals	196	155	-21%	
Total Number of New Universal Child Assessments	88	57	-35%	
Total Number of Children on CP Register	38	32	-16%	

(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)

Remobilisation Performance 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

- Overall reduction in the numbers of patient referrals on Inpatient Day Cases Waiting List from 181 August 2020 to 71 as at 5th August 2021
- Overall reduction in the percentage on Inpatient Day Cases Waiting List breaches from 89 (56.7%) August 2020 to 0 (0.0%) 5th August 2021
- Overall long waiters reported as 586 (12.9%) of overall Outpatient Waiting List as at 2nd August 2021, reduction from 877 (19.5%) 9th Jun 2021
- Delayed Discharges note a 150% increase in August (25) against target (10) alongside an increase in attendances at A&E across all hospitals in Argyll & Bute
- Assessment activity for both Adult Care (12%) and Children and Families (35%) notes a decrease, this may be attributable to the summer holiday period and a similar trend reduction in overall number of referrals for Adult Care (19%) and Children & Families (21%)

5. WAITING TIMES PERFORMANCE

The tables below identify the length of wait associated with each of the specialities for new and returning outpatients as at 4th August 2021

A&B Total All Specialities	New Outpatient Waiting List				
	Extracted 4th August 2021				
	Total on List	% Breaches of each Group OPWL	Long Waits (over26)	Length of Wait (weeks)	
Over 12				Under 12	
Main Specialty					
Consultant Outpatient	1181	19.1%	107	225	956
AHP	619	20.0%	43	124	495
Mental Health	652	54.1%	218	353	299
Nurse Led Clinics	128	14.8%	7	19	109
Other/Non MMI	704	21.3%	24	150	554
TOTAL OPWL	3284	26.5%	399	871	2413

Main Specialty	Total on List	% Breaches of each Group OPWL	Long Waits (over26)	Length of Wait (weeks)	
				Over 6	Under 6
Scopes *	155	50.3%	9	78	77

Main Specialty	Total on List	% Breaches of each Group OPWL	Long Waits (over26)	Length of Wait (weeks)	
				Over 4	Under 4
MSK **	1094	66.7%	109	730	364

(Data Source- New Outpatient Waiting List- 4th August2021)

Waiting times Performance Assessment:

- Consultant Outpatient breaches note a 7.4 % reduction compare to April data
- Scopes – the HSCP is still trying to catch up on the list for 20/21 following the impact of Covid while, at the same time, receiving a higher number of referrals into the service. There has also been a requirement to use Locums due to sickness absence in Lorn and Islands hospital, and not all of them do colonoscopies. The team are currently trying to catch up and improve the waiting times going forward.
- Mental Health breaches are down to 54.1% from 73.2% in April. This equates to a 26% overall reduction, however still remain high with regards to breaches overall performance
- There is work ongoing within Mental Health to review the waiting lists as there have been some data quality issues. This review is due to be complete by end of September and will provide the HSCP with a clear picture of true waiting times.

5.2 Virtual Outpatient Performance

The table below illustrates monthly virtual new and return consultant outpatient performance for Lorn & Islands Hospital and Community Hospitals in Argyll and Bute.

Monthly Virtual Consultant Outpatient Activity				
Reporting Period	Lorn & Islands Hospital New	Lorn & Islands Hospital Return	Community Hospitals New	Community Hospitals Return
July	269	767	53	382
August	276	847	56	377
Variance	+7	+80	+3	-5

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

Virtual Outpatient Performance Assessment:

- For the most part virtual outpatient activity continues to show an increase against new and returns for both Community Hospitals and Oban & Islands Hospital
- August retuning outpatients appointments in Oban & Islands Hospital notes a 10% increase, this is offset with a slight decrease of 1% in retuning outpatients for Community Hospitals
- Combined new virtual appointments for July and August note a 4% increase

Across the HSCP our main priorities are:

- Maintaining outreach services to A&B despite the ongoing service pressures being experienced Nationally and utilising waiting times funding to reduce waiting times
- 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.

5.3 Greater Glasgow & Clyde Outpatient Activity Performance

Performance continues to be positive in that the number of new outpatients seen (39,642) during the period April – May 2021 exceeded the trajectory of 38,706 by 2.4% with NHSGGC seeing 936 more new outpatients than planned. During the same period NHSGGC received 63,738 new outpatient referrals.

New Outpatient Activity and Number of New Outpatient Referrals Received

New Outpatients	Apr - May 21 Actual	Apr - May 21 Trajectory	Difference	Staus	June 21 Target	March 22 Target
New OP Referrals Received	31,864	37,118	-5,254	GREY	N/A	N/A
New OP Activity - (including Virtual - telephone, NHS Near Me,...)	39,642	38,706	936	2.4%	58,057	230,555

(Data Source- NHS GG&C Board Performance Report June 2021)

GG&C Performance Assessment:

- Remote consultation - already approximately 50% of appointments are carried out remotely at present. Face to Face consultations will continue to be required for a range of patients. Teams are currently reviewing the potential for increasing the use of Near Me technology in place of telephone consultations.
- Active Clinical Referral Triage (ACRT) – 57% of referrals from Primary Care into Secondary Care are managed through ACRT. Targeted work continues at specialty level to increase this approach aligned to revised patient pathways.

5.3 NHS Scotland Health Board KPIs Remobilisation Performance

The graph in **Appendix 1** illustrates the national position on Outpatient Waiting times for NHS Boards **as at 2nd August**.

NHSH Board Treatment Time Guarantee Performance Assessment:

- Treatment Time Guarantee over 12 weeks for Highland Board as a percentage of Scotland 6.33% in August, this is a reduction from 6.38% in July
- Treatment Time Guarantee over 26 weeks for Highland Board as a percentage of Scotland 6.95% in August, this is a reduction from 7.03% in July

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 the HSCP services continues to make 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- NHS Scotland Board Level Outpatient Waiting times Key Performance Indicators- 2nd August 2021

Board Level KPIs Summary

*** This report is intended for Management Information Only**
*** Data sourced from SG**

		2 August 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		60,708	42,020	78.7%	890	197	25,756	0	197,959	100,760
	Ayrshire & Arran	3,778	2,555	86.0%	122	57	2,022	0	22,936	13,606
	Borders	1,298	954	75.1%	39	17	587	0	4,897	2,686
	Dumfries & Galloway	426	149	82.6%	33	1	961	0	3,305	1,042
	Fife	1,016	535	82.7%	6	0	1,159	0	8,549	3,276
	Forth Valley	1,351	727	82.4%	16	3	1,162	0	7,958	3,477
	Grampian	8,691	6,867	81.0%	28	8	1,724	0	17,255	9,168
	Greater Glasgow & Clyde	17,414	12,095	75.9%	197	20	6,556	0	60,992	31,185
	Highland	3,812	2,908	88.4%	24	5	1,306	0	7,688	3,644
	Lanarkshire	6,467	4,590	70.4%	213	34	4,042	0	14,477	5,218
	Lothian	9,875	6,713	75.9%	209	51	4,339	0	40,047	22,485
	Orkney	102	45	96.7%	0	0	121	0	406	215
	Shetland	114	41	95.3%	0	0	171	0	296	148
	Tayside	5,733	3,639	88.5%	2	1	1,509	0	8,881	4,472
	Western Isles	148	0	92.8%	1	0	97	0	256	129
Grampian	as % of Scotland	14.43%	16.42%		3.15%	4.06%	6.69%		8.72%	9.10%
Highland	as % of Scotland	6.33%	6.95%		2.70%	2.54%	5.07%		3.88%	3.62%
Tayside	as % of Scotland	9.52%	8.70%		0.22%	0.51%	5.86%		4.49%	4.44%