

Integration Joint Board

Agenda item: 9

Date of Meeting: 24 November 2021

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

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

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
- Acknowledge performance with regards to both Argyll & Bute and Greater Glasgow and Clyde current Treatment Time Guarantee for Inpatient/Day Case Waiting List and activity

1. EXECUTIVE SUMMARY

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:

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.

Protection of essential services (including critical care capacity, maternity, emergency services, mental health provision and vital cancer services)

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)

Realistic medicine remaining at the core (application of realistic medicine, incorporating the six key principles)

Review of long waiting patients (long waits are actively reviewed (particularly priority level four patients)

Patient Communication (patients should be communicated with effectively ensuring they have updated information around their treatment and care)

3. DETAIL OF REPORT

Remobilisation Performance

The tracker below summarises the HSCP service remobilisation performance against agreed SGHD target (70-80%) for April to September 2021

Table 1 - HSCP Remobilisation Tracker April to September 2021

Key Performance Indicators		Performance Overview							Cumulative Monthly Performance April - Sep 2021	
Description		Target	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21		
Ref	TTG									
TTG 1	TTG Inpatient & Day Case Activity (All Elective)	44	● 34	● 36	● 39	● 41	● 36	● 35	264	● 221
Ref	REFERRALS									
R-1	Total Outpatient Referrals	803	● 807	● 780	● 846	● 705	● 780	● 706	4818	● 4624
R-2	Total Urgent Suspicion of Cancer Referrals	28	● 47	● 26	● 58	● 47	● 45	● 46	168	● 269
	OUT PATIENTS									
OP-1	Total New OP Activity Monitoring	652	● 668	● 685	● 723	● 630	● 682	● 668	3912	● 4056
OP-2	Total Return OP Activity Monitoring	904	● 1319	● 1286	● 1454	● 1424	● 1446	● 1459	5424	● 8388
OP-3	Total AHP New OP Activity Plan	556	● 889	● 926	● 1020	● 874	● 964	● 953	3336	● 5626
OP-4	Total AHP Return OP Activity Plan	1312	● 2660	● 2691	● 2821	● 2368	● 2619	● 2549	7872	● 15708
Ref	DIAGNOSTICS									
DI-1	Total Endoscopy Activity Monitoring	50	● 67	● 88	● 66	● 58	● 65	● 61	300	● 405
DI-2	Total Radiology Activity Monitoring	462	● 485	● 509	● 581	● 560	● 503	● 508	2772	● 3146
Ref	CANCER									
CA-1	Total 31 Days Cancer - First Treatment Monitoring	9	● 3	● 4	● 7	● 10	● 2	● 4	54	● 30
Ref	UNSCHEDULED CARE									
UC-1	Total A&E Attendances Monitoring (LIH)	685	● 552	● 729	● 812	● 786	● 813	● 745	4110	● 4437
UC-2	Total A&E Attendance (AB Community Hospitals)	1244	● 1880	● 2152	● 2234	● 2276	● 1986	● 2190	7464	● 12718
UC-3	Total % A&E 4 Hr (LIH)	95%	● 98%	● 96%	● 96%	● 95%	● 91%	● 93%	95%	● 95%
UC-4	Total Emergency Admissions IP Activity	165	● 151	● 176	● 200	● 177	● 203	● 175	990	● 1082
UC-5	Emergency Admissions IP Activity Monitoring (AB)	148	● 178	● 180	● 176	● 204	● 192	● 182	888	● 1112

Ref	ADULT CARE										
AC-1	Total Number of Adult Referrals	716	● 516	● 549	● 582	● 631	● 622	● 582		4296	● 3482
AC-2	Total Number of UAA Assessments	224	● 275	● 286	● 342	● 215	● 245	● 249		1344	● 1612
AC-3	Total Adult Protection Referrals	24	● 24	● 24	● 21	● 24	● 28	● 32		144	● 153
AC-4	Total New People in Receipt of Homecare	36	● 44	● 51	● 42	● 52	● 47	● 39		216	● 275
AC-5	Total New Care Home Placements	16	● 17	● 17	● 20	● 18	● 20	● 13		96	● 105
AC-6	Total No of Delayed Discharges Awaiting Care	5	● 4	● 4	● 5	● 7	● 8	● 13			
AC-7	Total No of Delayed Discharges Awaiting	5	● 8	● 7	● 12	● 13	● 13	● 9			
Ref	COMMUNITY HEALTH										
CH-1	Total Mental Health – New Episodes	80	● 52	● 60	● 59	● 64	● 76	● 69		480	● 380
CH-2	Total Mental Health – Patient Contact Notes	584	● 885	● 828	● 881	● 769	● 794	● 747		3504	● 4904
CH-3	Total DN – New Episodes	92	● 130	● 136	● 123	● 150	● 124	● 112		552	● 775
CH-4	Total DN – Patient Contact Notes	4032	● 4490	● 4428	● 4634	● 4883	● 5046	● 4715		24192	● 28196
CH-5	Total AHP - New Episodes	276	● 350	● 352	● 410	● 373	● 388	● 356		1656	● 2229
CH-6	Total AHP - Patient Contact Notes	3096	● 2895	● 3083	● 3354	● 3289	● 3247	● 3514		18576	● 19382
Ref	CHILDREN & FAMILIES SOCIAL CARE										
CF-1	Total Number of Child Request for Assistance	196	● 248	● 237	● 280	● 172	● 275	● 347		1176	● 1559
CF-2	Total Number of New Universal Child Assessments	88	● 85	● 109	● 101	● 59	● 127	● 87		528	● 568
CF-3	Total Number of Children on CP Register	38	● 31	● 28	● 29	● 32	● 31	● 32			

(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)

3.1 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:

- Total Urgent Suspicion of Cancer Referrals received noted a 39% increase against target for September. The increase is evident from May onwards and may in part be attributable to people accessing services following a reduction in Covid19 restrictions.
- New outpatient referrals still remain cumulatively below target in Argyll and Bute and the reason for this is multifactorial including patient hesitancy, tighter triage in acute care due to P1-P4 prioritisation. This has resulted in increased pressure on primary care with increased demand reported supporting patients who are awaiting treatment.
- Remobilisation activity in new and return outpatients shows continued good progress which in September there bring a 38% increase in outpatient returns. This increase is as a result of additional capacity obtained from additional waiting list funding from SGHD and the success of the HSCP working with NHSGG&C to enhance outreach activity and reduce waiting times. A total of £590,840 funding has been obtained for 2021/22
- With regards to Universal Adult Assessments, September noted an 11% increase against target in the number of assessments completed. This is offset with a reduced number of new referrals, which could in part be attributable to less footfall at locality social work offices and a change in referrals patterns as a result of the ongoing effects of the Covid19 virus.
- Mental Health remobilisation activity with regards to contact with services noted a 22% increase for September against target, this is against an increase in the number of new episodes of care. Anecdotally, this is reflective of an overall slowing of direct referrals but increased workload amidst current services.
- Total number of new Universal Child Assessments notes a 1% reduction against target for September, this is against a 31% increase for the previous month
- Both Allied Health Professionals and District Nursing performance with regards to remobilisation, continues to trend above target.

4. Waiting Times Performance

The tables below identifies the New Outpatient Waiting List and times by main speciality as at the 6th October 2021.

A&B Group Totals		Extracted 6th October 2021			
		New Outpatient Waiting List			
Main Specialty	Total on List	% Breaches of each Group OPWL	Long Waits (over26)	Length of Wait (weeks)	
				Over 12	Under 12
Consultant Outpatient	1222	24.6%	82	301	921
AHP	707	24.9%	54	176	531
Mental Health	624	58.7%	221	366	258
Nurse Led Clinics	159	5.7%	5	9	150
Other/Non MMI	729	24.1%	57	176	553
TOTAL OPWL	3441	29.9%	419	1028	2413

Main Specialty	Total on List	% Breaches of each Group OPWL	Long Waits (over26)	Length of Wait (weeks)	
				Over 6	Under 6
Scopes *	157	54.1%	13	85	72

Main Specialty	Total on List	% Breaches of each Group OPWL	Long Waits (over26)	Length of Wait (weeks)	
				Over 4	Under 4
MSK **	1143	71.0%	121	812	331

4.1 Waiting times Performance Assessment:

- Comparison with previous August reported data for the total percentage breaches on the new outpatient waiting list notes a 3.4% increase. Further breakdown of this notes a 15% increase in waits over 12 weeks with static performance for those under 12 weeks. Some of this impact is due to the timing/frequency of clinics
- Nurse Lead Clinics note a 9.1% reduction in overall percentage breaches for October against August data and may be attributable to being managed outwith consultant clinic waits.
- Long waits over 26 weeks have increased slightly from August (399) by 5% to 419 in October, teams are focusing on long waits as well as validating lists to ensure appointments are still required.
- Proportion of Outpatients Waiting Over 12 Weeks by Health Board is noted in **Appendix 2**

The IJB should also note that the increasing overall numbers of new and return outpatients on waiting list will have the potential to increase demand in Primary Care services as well as A&E hospital attendances over the winter.

There is also a risk that the net effect of an increase in unscheduled care activity this winter (flu and Covid19 generated) could also worsen outpatient waiting times and further enhance pressure on primary and care services across Argyll & Bute.

4.2 Virtual Outpatient Performance

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

Cumulative Virtual Consultant Outpatient Activity				
Reporting Period	Lorn & Islands Hospital New	Lorn & Islands Hospital Return	Community Hospitals New	Community Hospitals Return
September	371	1173	94	517
October	383	1234	103	548
Variance	+12	+61	+9	+31

(Data Source- NHS Highland Remobilisation Plan Data- Cumulative Virtual New and Return Outpatient Set & October 2021)

4.3 Performance Assessment:

- Combined cumulative Virtual appointments note a 5% increase in October for both Lorn & Islands Hospital and Community Hospitals
- Lorn & Island Hospital Return appointments noted the largest cumulative increase of (61) against the previous month
- Individually, cumulative Virtual appointments for Lorn & Islands Hospital noted a 6% increase and Community Hospitals a 5% increase against the previous month

4.4 Greater Glasgow & Clyde Outpatient remobilisation Performance

This report notes the current Greater Glasgow and Clyde Performance with regards to targets identified with their Remobilisation Plan (RMP3) for October 2021.

New Outpatient Activity and Number of New Outpatient Referrals Received

New Outpatients	Apr - Sept 21 Actual	Apr - Sept 21 Trajectory	Difference	Status	Oct - Dec 21 Trajectory	RMP3 Year End Target
New OP Activity - (including Virtual - telephone, NHS Near Me,...)	117,540	116,360	1,180	1.0%	60,201	230,555
New OP referrals Received	183,925	-	-	GREY	-	-

(Data Source & Narrative- NHSGGC BOARD PERFORMANCE REPORT- October 2021)

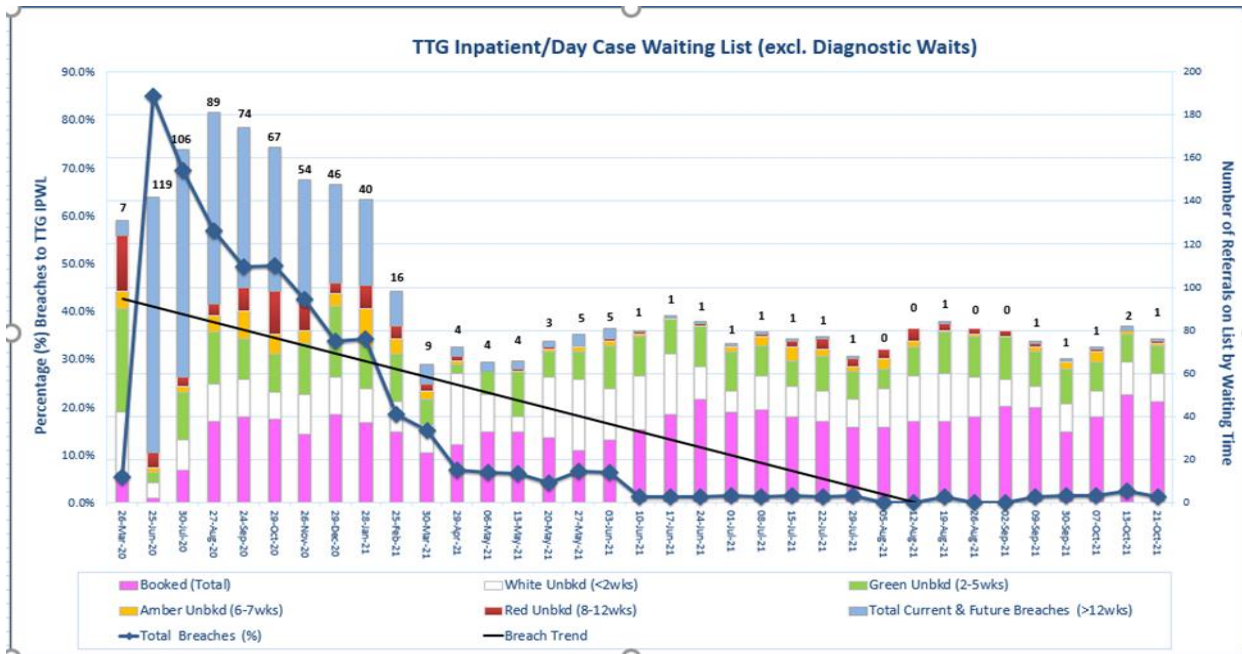
4.4.1 Performance Assessment:

- Current performance (117,540) exceeds the RMP3 trajectory of 116,360 by 1% with NHSGGC seeing 1,180 more new outpatients than anticipated.
- Whilst positive progress is being made in relation to the number of patients seen, there has been a considerable increase (40%) in the total number of outpatients on the new outpatient waiting list, increasing from 85,788 new outpatients in August 2020 to 120,401 new outpatients reported in August 2021.
- In response to the increasing COVID-19 pressures, GG&C have limited their elective activity to create capacity to respond to emergency cases whilst balancing treating the most urgent surgical patients, including cancer patients

4.4.2 Treatment Time Guarantee (TTG) - Inpatient/Day Case Waiting List

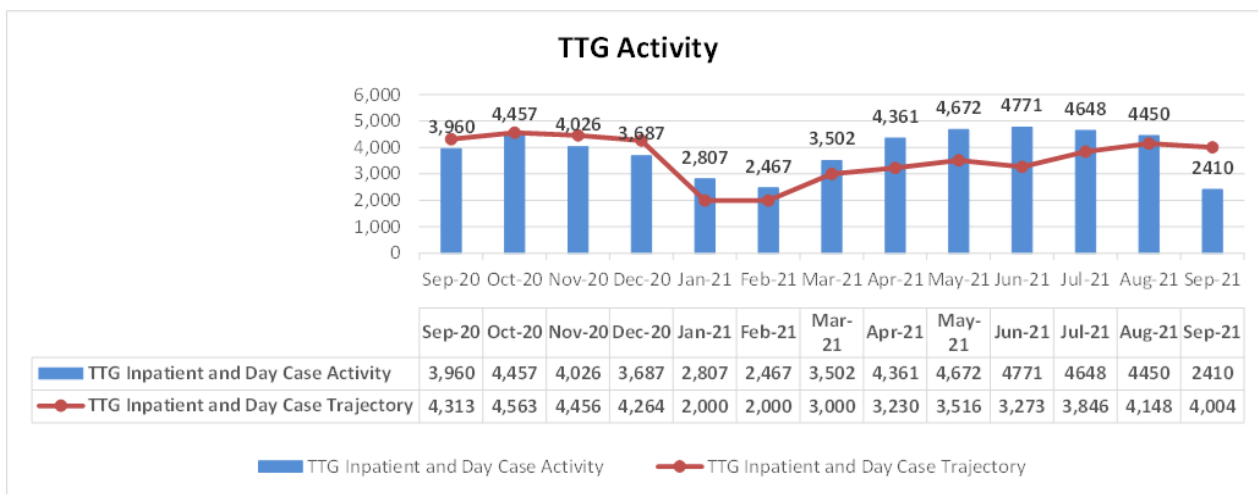
Argyll & Bute Inpatient/Day Case Activity

The graph below identifies current performance with regards to Inpatient /Day Case -12 week breaches and current overall performance as at 21st October 2021 in Argyll and Bute at Lorn & Islands Hospital, Oban.



Greater Glasgow & Clyde- Inpatient/Day Case Activity & Trajectory

The graph below notes current performance with regards to TTG Inpatient and Day Case Activity against trajectory from September 2020 to September 2021



(Data Source - NHSGGC BOARD PERFORMANCE REPORT- October 2021)

4.4.3 Performance Assessment:

Argyll & Bute

- Performance with regards to the percentage total breaches (>12 weeks) has remained at 1.3% from June 2021, the data trend notes a flat trajectory, this is against a slight up-tick in total unbooked appointments for October
- Unbooked performance across (<2 weeks), (2-5 weeks) and (6-7 weeks) notes a slight increase against a reduction in 8-12 weeks for October
- Overall breach trend notes a flat trajectory from August onwards indicating we are meeting demand locally.

Greater Glasgow & Clyde

- The period April – September 2021, NHSGGC saw an overall total of 3,295 more TTG patients than planned. Whilst this was positive progress against the RMP3 trajectory, it should be noted that there has been an increase (6.5%) in the number of eligible TTG patients on the waiting list increasing from 24,641 in August 2020 to 26,250 in August 2021.
- Also worth noting is the 11% reduction in the number of TTG patients waiting > 12 weeks reducing from 19,331 in August 2020 to 17,199 in August 2021. This reduction reflects the ongoing work to manage the longest waiting patients alongside those with the highest clinical priority where possible

For members reference NHS Scotland Board Level Performance for TTG is presented in **Appendix 1**.

5 RELEVANT DATA AND INDICATORS

The performance report collates and reports on data which measures performance against national outcomes and performance measures across the partnership.

6 CONTRIBUTION TO STRATEGIC PRIORITIES

This document is required annually by Scottish Government.

7. GOVERNANCE IMPLICATIONS

7.1 Financial Impact

NHS Highland remobilisation plan has received additional funding from the Scottish Government and this includes direct funding to the HSCP of £590,840.

7.2 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.

7.3 Clinical Governance

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

8. EQUALITY & DIVERSITY IMPLICATIONS

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

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

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

10. RISK ASSESSMENT

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

11. 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

12. 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.

13. 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 – 25th October 2021

Board Level KPIs Summary

* This report is intended for Management Information Only

* Data sourced from SG

		25 October 2021								
		OPWL - waiting over 12 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)	TTG - patients waiting over 12 weeks	TTG - patients waiting over 26 weeks	OPWL - waiting over 26 weeks
SCOTLAND		219,183	69.4%	1,999	691	24,509	0	69,288	46,259	104,949
	Ayrshire & Arran	24,745	71.9%	228	117	1,909	0	4,550	2,947	14,302
	Borders	5,974	71.9%	56	32	566	0	1,513	1,103	3,227
	Dumfries & Galloway	3,657	81.4%	15	4	752	0	755	252	735
	Fife	9,418	70.2%	77	15	1,085	0	1,280	496	3,238
	Forth Valley	8,424	51.8%	134	39	1,113	0	1,403	666	3,436
	Grampian	18,688	74.4%	62	7	1,607	0	9,476	7,037	9,345
	Greater Glasgow & Clyde	69,263	65.5%	528	104	6,398	0	19,580	13,614	33,843
	Highland	10,353	83.8%	36	5	1,104	0	4,188	3,073	4,869
	Lanarkshire	16,099	66.5%	308	76	3,778	0	7,159	4,973	5,539
	Lothian	41,558	65.2%	553	291	4,426	0	11,892	7,790	21,667
	Orkney	539	96.2%	0	0	106	0	155	50	223
	Shetland	193	95.9%	1	0	121	0	120	42	69
	Tayside	10,019	86.7%	1	1	1,471	0	6,342	3,971	4,348
	Western Isles	236	95.9%	0	0	73	0	159	0	101
Grampian	as % of Scotland		3.10%	1.01%	6.56%		13.82%	15.29%	8.53%	8.90%
Highland	as % of Scotland		1.80%	0.72%	4.50%		6.11%	6.68%	4.72%	4.64%
Tayside	as % of Scotland		0.05%	0.14%	6.00%		9.25%	8.63%	4.57%	4.14%

Appendix 2- Proportion of Outpatients Waiting Over 12 Weeks by Health Board

