A&B HSCP | Transforming Together
Argyll & Bute Health & Social Care Partnership

Integration Joint Board   **Agenda item:**

Date of Meeting:

Title of Report: Integration Joint Board- Performance Report (January 2022)

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

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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 November 2021

- Acknowledge the impact on future performance reporting of the Covid19 Omicron variant

- Consider Waiting Times Performance and a further reduction in Consultant Lead Outpatient breaches >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

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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 and the progress made with regard to remobilising health and social care services in Argyll & Bute.

This month has seen further developments with regards to Covid19 and the rapid spread of the new Omicron variant. The Chief Operating Officer for NHS Scotland sent an Omicron Covid Variant update to Health & Social Care Partnerships across Scotland. The focus of this was to acknowledge the impact the variant would have for Health & Social Care provision amidst current winter pressures and detailing the key areas of focus for the HSCP with regards to prioritising the delivery of care to the most urgent and emergency care to support and maintain life and limb services. The three main areas of focus for service provision across Health & Social Care is as follows:

1.   Maintaining urgent and emergency care to maintain life and limb services
2.   Maximising capacity in our health and social care system.
3.   Supporting our workforce

2. INTRODUCTION

NHS Highland's (NHSH) 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. DETAIL OF REPORT

The report details performance for December 2021 with regards to the Health & Social Care Partnership, NHS Greater Glasgow & Clyde and NHS Highland.

4. RELEVANT DATA & INDICATORS

4.1 Remobilisation Performance

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

HSCP Remobilisation Tracker April to November 2021

A&B HSCP - Remobilisation Plan Tracker

Key Performance Indicators			Performance Overview								Cumulative Apr - Nov 2021	
Ref	Description	Target	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Target	Total
TTG												
TTG 1	TTG Inpatient & Day Case Activity (All Elective	44	34	36	39	41	36	35	24	38	352	283
REFERRALS												
R-1	Total Outpatient Referrals	803	807	780	846	705	780	706	818	896	6424	6338
R-2	Total Urgent Suspicion of Cancer Referrals Received	28	47	26	58	47	45	46	44	43	224	356
OUT PATIENTS												
OP-1	Total New OP Activity Monitoring	652	602	685	723	630	682	668	642	793	5216	5425
OP-2	Total Return OP Activity Monitoring	904	1319	1286	1454	1424	1446	1459	1479	1631	7232	11498
OP-3	Total AHP New OP Activity Plan	556	889	926	1020	874	964	953	893	992	4448	7511
OP-4	Total AHP Return OP Activity Plan	1312	2660	2691	2821	2368	2619	2549	2343	2527	10496	20578
DIAGNOSTICS												
DI-1	Total Endoscopy Activity Monitoring	50	67	88	66	58	65	61	63	62	400	530
DI-2	Total Radiology Activity Monitoring	462	485	509	581	560	503	508	468	528	3696	4142
CANCER												
CA-1	Total 31 Days Cancer - First Treatment Monitoring	9	3	4	7	10	2	4	3	1	72	34
UNSCHEDULED CARE												
UC-1	Total A&E Attendances Monitoring (LIH)	685	552	729	812	786	813	745	660	598	5480	5695
UC-2	Total A&E Attendance (AB Community Hospitals)	1244	1880	2152	2234	2276	1986	2190	1882	1882	9952	16482
UC-3	Total % A&E 4 Hr (LIH)	95%	98%	96%	96%	95%	91%	93%	92%	96%		
UC-4	Total Emergency Admissions IP Activity Monitoring	165	151	176	200	177	203	175	176	165	1320	1423
UC-5	Emergency Admissions IP Activity Monitoring (AB	148	178	180	176	204	192	182	188	203	1184	1503
ADULT CARE												
AC-1	Total Number of Adult Referrals	716	517	549	585	628	618	576	598	686	5728	4757
AC-2	Total Number of UAA Assessments	224	275	288	344	216	257	252	235	264	1792	2131
AC-3	Total Adult Protection Referrals	24	24	24	21	24	28	32	27	42	192	222
AC-4	Total New People in Receipt of Homecare	36	45	51	43	48	45	39	40	33	288	344
AC-5	Total New Care Home Placements	16	20	19	18	14	22	16	26	17	128	152
AC-6	Total No of Delayed Discharges Awaiting Care Home	5	4	4	5	7	8	13	12	10		
AC-7	Total No of Delayed Discharges Awaiting Homecare	5	8	7	12	13	13	9	15	15		
COMMUNITY HEALTH												
CH-1	Total Mental Health – New Episodes	80	52	60	59	64	76	69	38	41	640	459
CH-2	Total Mental Health – Patient Contact Notes	584	885	828	881	769	794	747	735	851	4672	6490
CH-3	Total DN – New Episodes	92	130	136	123	150	124	112	101	112	736	988
CH-4	Total DN – Patient Contact Notes	4032	4490	4428	4634	4883	5046	4715	4758	4628	32256	37582
CH-5	Total AHP - New Episodes	276	350	352	410	373	388	356	375	441	2208	3045
CH-6	Total AHP - Patient Contact Notes	3096	2895	3083	3354	3289	3247	3514	3365	3820	24768	26567
CHILDREN & FAMILIES SOCIAL CARE												
CF-1	Total Number of Child Request for Assistance	196	248	238	280	173	275	347	257	306	1568	2124
CF-2	Total Number of New Universal Child Assessments	88	85	109	101	59	125	88	96	108	704	771
CF-3	Total Number of Children on CP Register	38	31	28	29	32	31	32	37	36		

(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:

- The total number of outpatient referrals for November notes a 9%(896) increase against the previous monthly performance (818), with regards to the cumulative target (6424), November performance notes a reduction against target of 1% (6338)
- New Planned Outpatient Activity for Allied Health Professionals for November notes a further 10% increase against October activity levels
- With regards to the 4hr A&E waiting times target, Oban & Island Hospital noted a 1% increase for November (96%) against target (95%)
- Total number of Universal Adult Assessments for November (246) noted a 9% increase against target (224) and a 5% increase against October (235)

4.2 Waiting Times Performance

The tables below identifies the New Outpatient Waiting List and times by main speciality as at the 15th December 2021.

A&B Group Totals	Extracted 15th December 2021				
	New Outpatient Waiting List				
	Total on List	**% Breaches of each Group OPWL**	**Long Waits (over26)**	**Length of Wait (weeks)**	
Main Specialty				**Over 12**	**Under 12**
Consultant Outpatient	1158	22.2%	79	257	901
AHP	545	36.1%	74	197	348
Mental Health	632	67.1%	281	424	208
Nurse Led Clinics	160	6.9%	2	11	149
Other/Non MMI	820	30.5%	106	250	570
TOTAL OPWL	**3315**	**34.4%**	**542**	**1139**	**2176**

	Total on List	**% Breaches of each Group OPWL**	**Long Waits (over26)**	**Length of Wait (weeks)**	
Main Specialty				**Over 6**	**Under 6**
Scopes *	183	61.7%	15	113	70

	Total on List	**% Breaches of each Group OPWL**	**Long Waits (over26)**	**Length of Wait (weeks)**	
Main Specialty				**Over 4**	**Under 4**
MSK **	1402	69.1%	97	969	433

Waiting times Performance Assessment:

- Total number of New Outpatients for December notes a reduction of 126 against the previous October data- this equates to a 4% overall reduction.
- The percentage of Mental Health breaches over 12 weeks (67.1%) notes a 8.5% increase for December compared with previous data for October (58.7%)
- The total percentage breaches over 12 weeks (excluding Scopes & MSK) notes a 4.5% increase for December against the previous October total
- Consultant Lead Outpatients notes a further 4 % reduction in the number of waits more than 26 weeks (79) in December against October (82)
- A further 2.4% reduction in Consultant Lead breaches greater than 12 weeks
- Proportion of Outpatients Waiting Over 12 Weeks by Health Board is noted in **Appendix 2**

4.3 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**
October	383	1234	103	548
December	551	1624	146	741
Variance	+168	+390	+43	+193

(Data Source- NHS Highland Remobilisation Plan Data- Cumulative Virtual New and Return Outpatient December 2021)
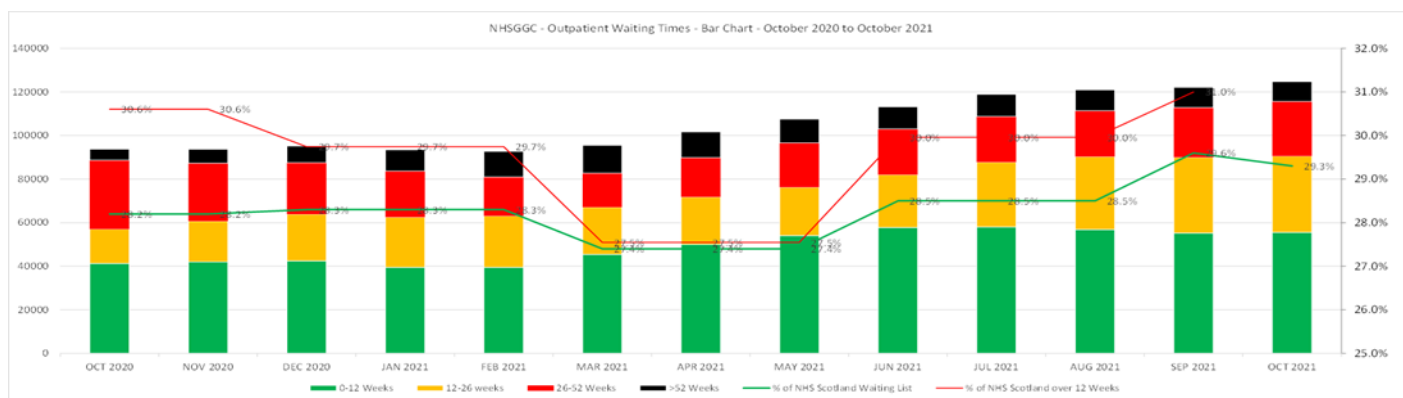
Performance Assessment:

- Combined cumulative Virtual Appointments note a 26% increase in December for both Lorn & Islands Hospital and Community Hospitals

- Lorn & Island Hospital Return appointments noted the largest cumulative increase of (390) against the previous month

- Individually, cumulative Virtual appointments for Lorn & Islands Hospital noted a 26% increase and Community Hospitals a 28% 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 November 2021.

NHS GG&C Waiting Times (October 2020-October 2021)

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

Performance Assessment:

- At the end of October 2021, 124,783 patients were on the new outpatient waiting list, of this total 69,169 were waiting > 12 weeks against the RMP4 target of 66,784. The number of patients waiting > 12 weeks reflects an underachievement of 4% against the RMP4 target.

- 30.0% of the total patients waiting across NHS Scotland for a first new outpatient appointment were NHSGGC patients at the end of October 2021

## 4.5   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 16th December 2021 in Argyll and Bute at LIH, Oban

TTG Inpatient/Day Case Waiting List (excl. Diagnostic Waits)
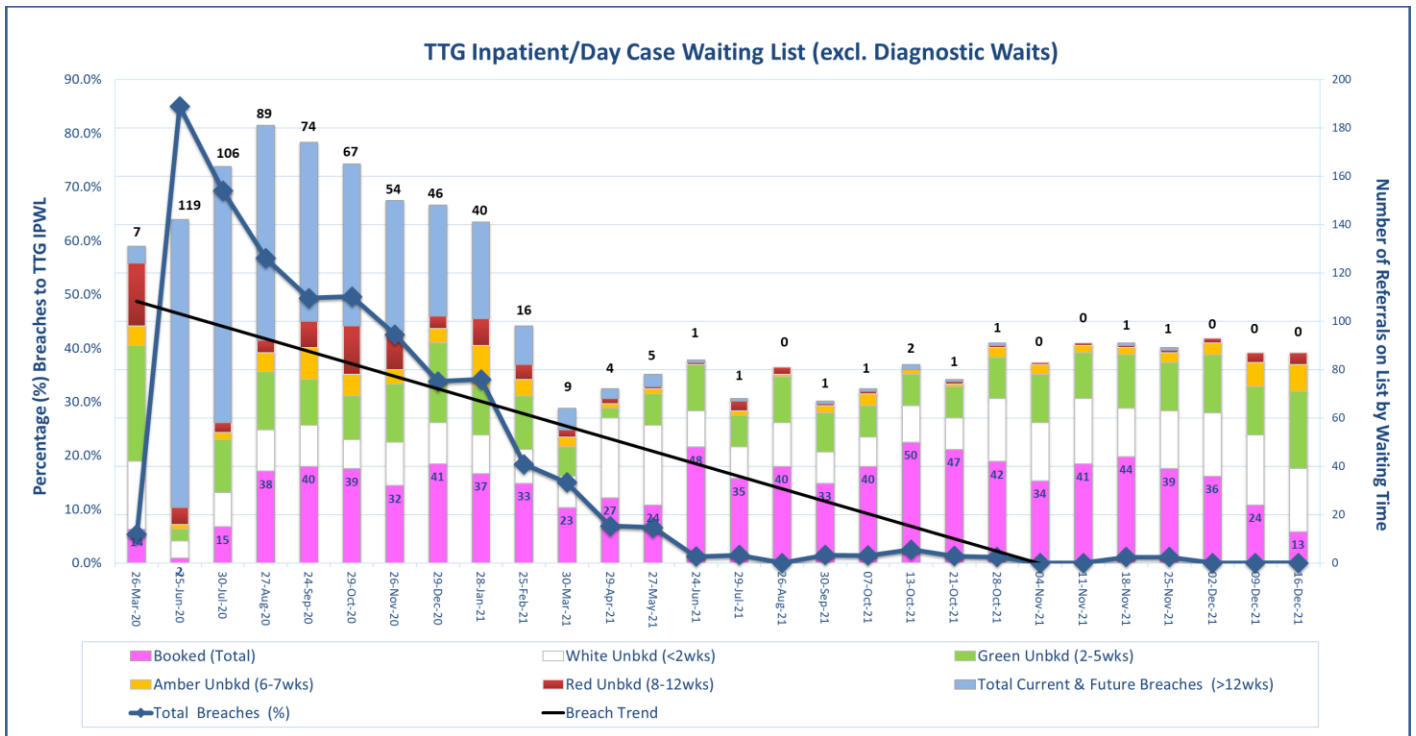
Greater Glasgow & Clyde- Treatment Times Guarantee (TTG) - Waiting Times

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

NHSGGC - TTG Waiting Times - Bar Chart - October 2020 to October 2021
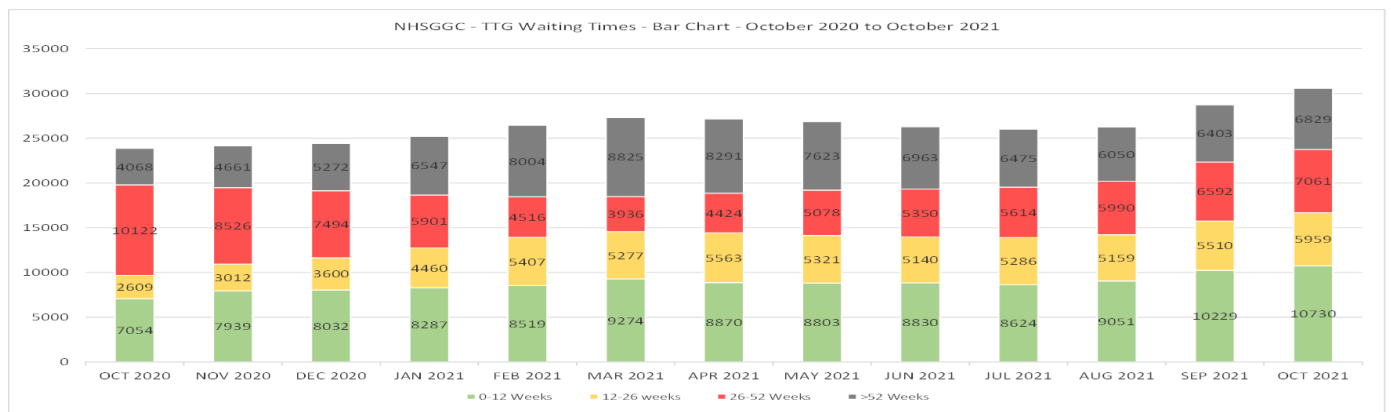
(Data Source - NHSGGC BOARD PERFORMANCE REPORT- November 2021)

Performance Assessment:

Argyll & Bute

- As at 16th December 2021, performance against target notes ZERO breaches.
- NHS Scotland Board Level Performance for TTG is identified in **Appendix 1**

Greater Glasgow & Clyde

- At the end of October 2021, there were 30,579 patients on the IPDC waiting list, of this total 19,849 patients were waiting over 12 weeks against a target of 18,284. The number of patients reflects a shortfall of 7% against the RMP4 target.

- 28.4% of the total NHSS patients waiting >12 weeks were on NHSGGC's waiting list by end of October 2021

5. CONTRIBUTION TO STRATEGIC PRIORITIES

This report monitors our performance against key performance indicators identified in the Strategic Plan.

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 of £590,840.

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. PROFESSIONAL ADVISORY

Data used within this report is a snapshot of a month and data period, where possible data trends are identified to give wider strategic context.

8. EQUALITY & DIVERSITY IMPLICATIONS

No discrimination is made on the access to services and nuances of access to service for other reasons is not contained within the data.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Data use and sharing within this report is covered within the A&B & NHS Highland Data Sharing Agreement

10. RISK ASSESSMENT

Risks and mitigations associated with data sources and reporting are managed and identified within the monthly Performance & Improvement Team- Work Plan

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Full access to this report for public is via A&B Council and NHS Highland websites

12. CONCLUSIONS

The Integration Joint Board is asked to consider the work to date with regards to improved performance against Remobilisation and Waiting Times targets. Consideration should also be given

to the potential impact of the new Omicron variant with regards to future performance reporting and prioritisation of service delivery.

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	

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Board Level KPIs Summary

13 December 2021

	OPWL - waiting over 12 weeks	Core 4 hour ED Performance (..	Patients Spending over 8 hours in core ED ..	Patients Spending over 12 hours in co..	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	214,236	69.5%	1,885	665	24,160	0	75,098	50,411	108,466
Ayrshire & Arran	23,930	72.3%	237	150	1,640	0	5,013	3,309	14,608
Borders	6,245	67.5%	74	49	538	0	1,587	1,180	3,751
Dumfries & Gallo..	3,750	83.5%	13	2	714	0	958	389	949
Fife	9,015	69.0%	79	12	1,190	0	1,391	551	3,243
Forth Valley	7,918	50.0%	132	20	1,103	0	1,307	555	3,524
Grampian	18,709	69.4%	125	25	1,755	0	10,130	7,400	9,751
Greater Glasgow ..	69,598	69.8%	314	28	6,170	0	21,539	14,692	36,074
Highland	10,041	82.3%	39	15	1,048	0	4,217	3,232	5,091
Lanarkshire	15,865	60.5%	309	50	3,765	0	7,921	5,400	6,467
Lothian	38,479	66.7%	561	313	4,424	0	13,347	8,917	20,338
Orkney	489	95.3%	0	0	128	0	132	61	136
Shetland	194	96.9%	0	0	163	0	150	71	82
Tayside	9,744	90.3%	2	1	1,439	0	6,611	4,344	4,351
Western Isles	247	96.4%	0	0	83	0	173	43	97
Grampian as % of Scotland	6.63%	3.76%	7.26%		13.60%		14.76%	8.73%	8.99%
Highland as % of Scotland	2.07%	2.26%	4.34%		5.66%		6.45%	4.69%	4.69%
Tayside as % of Scotland	0.11%	0.15%	5.96%		8.88%		8.66%	4.55%	4.01%

Appendix 2- Proportion of Outpatients Waiting Over 12 Weeks by Health Board (13/12/2021)

Borders (64%)
Ayrshire & Arran (61%)
Greater Glasgow & Clyde (56%)
Highland (55%)
Lothian (52%)
SCOTLAND (52%)
Grampian (50%)
Forth Valley (47%)
Fife (44%)
Tayside (44%)
Lanarkshire (43%)
Orkney (43%)
Dumfries & Galloway (37%)
Western Isles (24%)
Shetland (22%)

Proportion of Outpatients ..