A&B Transforming **HSCP** Together

Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Date of Meeting: 30 March 2022

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

Presented by: Douglas Hunter, Senior Manager Performance & Improvement

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
- Consider Waiting Times Performance and a further reduction in Consultant and Nurse Led 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

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 UB 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.

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 March 2022 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 2021 to January 2022

HSCP Remobilisation Tracker April 2021 to January 2022

	A&B HSCP - Remobilisation Plan Tracker														
	Key Performance Indicators					Perform	ance Ove	rview					Cumulativ	e Apr - Jan	2022
	Description	Target	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Target	Tot	tal
Ref	TTG														
TTG 1	TTG Inpatient & Day Case Activity (All Elective	44	34	936	9 39	41	936	35	24	936	37	936	440	3	854
Ref	REFERRALS														
R-1	Total Outpatient Referrals	803	807	6 780	846	0705	780	9706	818	9798	667	699	8030	7	606
R-2	Total Urgent Suspicion of Cancer Referrals Received	28	47	26	58	47	45	46	44	43	44	28	280	4	28
	OUT PATIENTS														
OP-1	Total New OP Activity Monitoring	652	602	685	723	630	682	668	642	810	525	594	6520	6	561
OP-2	Total Return OP Activity Monitoring	904	1319	1286	1454	1424	1446	1459	1479	1631	1233	1413	9040	14	144
OP-3	Total AHP New OP Activity Plan	556	889	926	1020	874	964	953	893	992	818	849	5560	9:	178
OP-4	Total AHP Return OP Activity Plan	1312	2660	2691	2821	2368	2619	2549	2343	2527	2087	2014	13120	24	679
Ref	DIAGNOSTICS														
DI-1	Total Endoscopy Activity Monitoring	50	67	88	66	58	65	61	63	62	55	15	500	6	500
DI-2	DI-2 Total Radiology Activity Monitoring		485	509	581	560	503	508	468	528	463	410	4620	5	015
Ref	CANCER														
CA-1	Total 31 Days Cancer - First Treatment Monitoring	9	3	4	7	10	2	4	3	1	4	3	90		41

Ref	UNSCHEDULED CARE																
UC-1	Total A&E Attendances Monitoring (LIH)	685	552	7	29	812	786	813	745	66	0	598	6 591	622		6850	6908
UC-2	Total A&E Attendance (AB Community Hospitals)	1244	1880	21	.52	2234	2276	1986	2190	188	2	1882	1823	1793	3	12440	20098
UC-3	Total % A&E 4 Hr (LIH)	95%	98%	96	5%	96%	95%	91%	93%	929	6	96%	96%	97%			
UC-4	Total Emergency Admissions IP Activity Monitoring	165	151	1	76	200	177	203	175	17	6	167	151	158		1650	1734
UC-5	Emergency Admissions IP Activity Monitoring (AB	148	178	1	80	176	204	192	182	18	8	203	183	163		1480	1849
Ref	ADULT CARE																
AC-1	Total Number of Adult Referrals	716	517	5	49 🧲	585	628	618	576	59	8	686	573	580		7160	5910
AC-2	Total Number of UAA Assessments	224	275	2	88	344	216	257	252	23	5	264	174	196		2240	2501
AC-3	Total Adult Protection Referrals	24	24	2	4	21	24	28	32	27	0	42	28	19		240	269
AC-4	Total New People in Receipt of Homecare	36	39	3	9	32	45	31	33	9 30		28	33	48		360	358
AC-5	Total New Care Home Placements	16	22	2	2	20	14	24	17	27	0	18	21	9		160	194
AC-6	Total No of Delayed Discharges Awaiting Care Home	5	4		4	5	7	8	13	12		10	4	10			
AC-7	Total No of Delayed Discharges Awaiting Homecare	5	8		7	12	13	13	9	15		15	17	13			
Ref	COMMUNITY HEALTH																
CH-1	Total Mental Health – New Episodes	80	52	6	60	59	64	6 76	69	8		41	50	41		800	550
CH-2	Total Mental Health – Patient Contact Notes	584	885	8	28	881	769	794	747	73	5	851	757	689		5840	7936
CH-3	Total DN – New Episodes	92	130	1	36	123	150	124	112	10	1	112	93	105		920	1186
CH-4	Total DN – Patient Contact Notes	4032	4490	44	28	4634	4883	5046	4715	475	8	4628	4677	4429)	40320	46688
CH-5	Total AHP - New Episodes	276	350	3	52	410	373	388	356	37	5	441	337	311		2760	3693
CH-6	Total AHP - Patient Contact Notes	3096	2895	30)83	3354	3289	3247	3514	336	5	3820	3309	3350)	30960	33226
Ref	CHILDREN & FAMILIES SOCIAL CARE																
CF-1	Total Number of Child Request for Assistance	196	248	2	38	280	173	275	347	25	7	306	326	287		1960	2737
CF-2	Total Number of New Universal Child Assessments	88	85	1	09 🚺	101	59	125	88	96		108	60 🛑	81		880	912
CF-3	Total Number of Children on CP Register	38	31	2	28	29	32	31	32	37		36	31	33			

(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:

- With regards to the number of patients seen within 4 hours waiting target at A&E (95%), January notes a 2% increase in performance (97%)
- Total new outpatient activity for Allied Health professionals for January 2022 notes a 53% increase against target (849) and 4% increase against the previous month
- The total number of children on the Child Protection Register for January 2022 (33) notes a 15% reduction against target (38)
- Total Outpatient Referrals for January 2022 notes a (13%) reduction against the overall target and a (3%) increase against the previous month

- Total referrals for Adult Care Assessment, notes a (23%) reduction against overall target and a further (1%) reduction against previous month.
- Total Radiology Activity Monitoring notes a (11%) reduction for January 2022 against target and a further (12%) reduction and the previous month.

4.2 Waiting Times Performance

The tables below identifies the New Outpatient Waiting List and times by main speciality as at the 16th February 2022, Comparator data for December 2021 in red is used identify changes across specialities and waits.

A&B Group Totals	Extracted 16th February 2022										
	New Outpatient Waiting List										
	Length of	Wait (weeks)	Total on List	Long Waits (over26)	% Breaches of each Group OPWL						
Main Specialty	Over 12	Under 12		(0.0.20)							
Consultant Outpatient	275 <mark>(257)</mark>	905 <mark>(901)</mark>	1180 (1158)	49 <mark>(79)</mark>	23.3% (22.2%)						
AHP	220 (197)	347 <mark>(348)</mark>	567 <mark>(545)</mark>	98 (74)	38.8% (36.1%)						
Mental Health	470 <mark>(424)</mark>	194 <mark>(208)</mark>	664 <mark>(632)</mark>	316 <mark>(281)</mark>	70.8% (67.1%)						
Nurse Led Clinics	23 <mark>(11)</mark>	148 <mark>(149)</mark>	171 <mark>(160)</mark>	1 (2)	13.5% <mark>(6.9%)</mark>						
Other/Non MMI	356 <mark>(250)</mark>	577 <mark>(570)</mark>	933 <mark>(820)</mark>	142 <mark>(106)</mark>	38.2% (30.5%)						
TOTAL OPWL Previous Month (15/12.2021)	1344 (1139)	2171 (2176)	3515 (3315)	606 (542)	38.2% (34.4%)						

	Length of	Wait (weeks)	Total on List	Long Waits (over26)	% Breaches of each Group OPWL	
Main Specialty	Over 6	Under 6				
Scopes * Previous Month (15/12/2021)	149 (113)	108 (70)	257 (183)	23 (15)	58.0% (61.7%)	

	Length of	Wait (weeks)	Total on List	Long Waits	% Breaches of	
Main Specialty	Over 4	Under 4	Total on List	(over26)	each Group OPWL	
MSK **	1171	467	1638	280	71.5%	
Previous Month (15/12/2021)	(969)	(433)	(1402)	(97)	(69.1%)	

Waiting Times Performance Assessment:

- Overall increase in waiting times performance shows the activity impact of the OMICRON variant across December to February 2022, this is also reflected with regards to wider remobilisation performance
- Length of wait under 12 weeks has seen a (0.3%) reduction against the previous December 20201 data
- Mental health Outpatient activity notes the highest number of waits over 12 weeks with a further (3.7%) increase against December 2021 data
- There has been an overall (9.9%) increase in the percentage breaches for all the specialities

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.

Cum	Cumulative Virtual Consultant Outpatient Activity											
Reporting Period	Lorn & Islands Hospital New	Lorn & Islands Hospital Return	Community Hospitals New	Community Hospitals Return								
December	551	1624	146	741								
January (2022)	640	1800	194	827								
Variance	+89	+176	+48	+86								

(Data Source- NHS Highland Remobilisation Plan Data- Cumulative Virtual New and Return Outpatient January 2022)

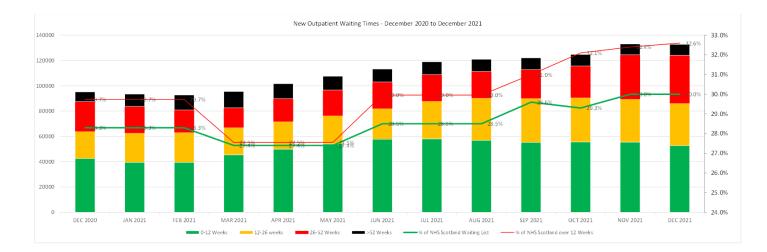
Performance Assessment:

- Data for January notes a 13 % increase with regards to the total number of new and return virtual appointments
- Return patients virtual appointments in Lorn & Islands Hospital notes the largest increase (10%) 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 February 2022.





(Data Source & Narrative- NHSGGC BOARD PERFORMANCE REPORT- February 2022)

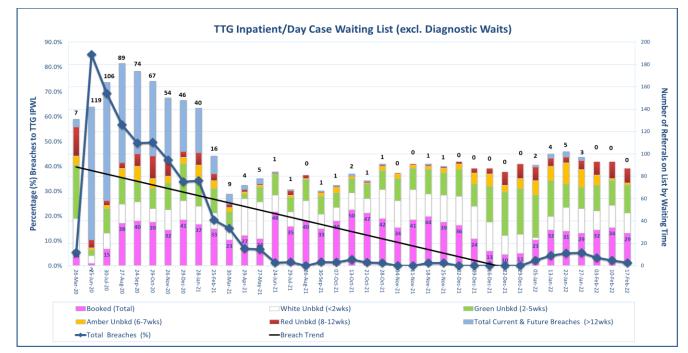
Performance Assessment:

- At the end of December 2021, 124,136 patients were on the new outpatient waiting list, of this total 71,373 were waiting > 12 weeks against the RMP4 target of 70,000. The number of patients waiting > 12 weeks is 2% above 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 December 2021.

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

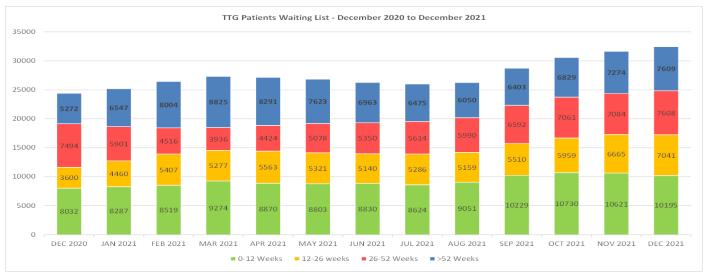
Argyll & Bute Inpatient/Day Case Activity

The graph below identifies current performance with regards to Inpatient /Day Case -12 week breaches and current overall performance as at 17th February 2022 in Argyll and Bute at LIH, Oban



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 December 2020 to December 2021



(Data Source - NHSGGC BOARD PERFORMANCE REPORT- February 2022)

Performance Assessment:

Argyll & Bute

• As at the 17th February 2022- percentage of total Treatment Time Guarantee (TTG) breaches over 12 weeks notes (1.1%) against ZERO breaches for December 2021

- With regards to overall total (TTG's) percentage patients booked 17th February 2022 notes (33.3%) which is an improvement of (21.2%) against (12.1%) in December 2021
- NHS Scotland Board Level Performance for TTG is identified in Appendix 1

Greater Glasgow & Clyde

• At the end of December 2021, there were 32,453 patients on the overall waiting list. Currently 22,258 patients waiting over 12 weeks against a target of 19,154. Above target by 16%

5. CONTRIBUTION TO STRATEGIC PRIORITIES

The monitoring and reporting of performance with regards to Argyll & Bute HSCP, Greater Glasgow & Clyde and NHS Highland ensures the HSCP is able to deliver against key strategic priorities.

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

EQIA not required

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

REPORT AUTHOR AND CONTACT

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Board Level KPIs Summary

				14 F	ebruary	2022			
	OPWL - waiting over 12 weeks	Core 4 hour ED Perform ance (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 ove 26 weeks
SCOTLAND	227,820	73.2%	1,448	526	23,979	0	85,477	56,450	118,914
Ayrshire & Arran	27,027	72.7%	193	118	1,720	0	5,802	3,893	16,908
Borders	6,329	60.5%	90	53	582	0	1,712	1,279	4,011
Dumfries & Gallo	4,644	78.8%	22	1	770	0	1,441	537	1,502
Fife	11,045	79.3%	12	1	1,221	0	1,993	728	4,465
Forth Valley	7,265	71.1%	30	8	1,061	0	1,764	687	3,089
Grampian	19,615	66.8%	93	10	1,724	0	11,136	7,988	10,187
Greater Glasgow	73,073	78.0%	189	48	5,930	0	23,983	16,312	39,080
Highland	10,517	85.1%	6	2	1,085	0	4,607	3,471	5,620
Lanarkshire	18,631	63.7%	295	62	3,768	0	8,943	5,934	8,532
Lothian	37,931	65.7%	513	223	4,397	0	15,629	10,328	20,320
Orkney	477	97.7%	0	0	87	0	119	58	256
Shetland	253		1		142		143	56	
Tayside	10,698	94.3%	4	0	1,394	0	7,318	4,797	4,747
Western Isles	304						268	87	112
Grampian as % of Scot	tland	6.42%	1.90%	7.19%		13.12%	14.22%	8.61%	8.57%
Highland as % of Scotl	and	0.41%	0.38%	4.52%		5.43%	6.18%	4.62%	4.73%
Tayside as % of Scotla		0.28%	0.00%	5.81%		8.62%	8.54%	4,70%	3.99%

Appendix 2- Proportion of Outpatients Waiting Over 12 Weeks by Health Board (14/02/2022)

