

Bute and Cowal Area Committee

Agenda item: 8

Date of Meeting: 7 June 2022

Title of Report: Integration Joint Board Performance Report (May 2022)

Presented by: HSCP

The Committee is asked to:

- Consider the HSCP performance progress presented to the IJB on 25 May 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
- Note performance with regards to both Argyll & Bute and Greater Glasgow and Clyde current Treatment Time Guarantee for Inpatient/Day Case Waiting List and activity
- Note Scottish Government's advice on timescales for the publication of 2021/22 Annual Performance Report (APR).

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 committee 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 up to 31st March 2022.

The committee are also asked to note future performance reporting arrangements associated with the development and roll out of the HSCP's Integrated Performance Management Framework, and also Scottish Government's advice on timescales for the publication of 2021/22 Annual Performance Report (APR).

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 March 2022

HSCP Remobilisation Tracker April 2021 to March 2022

A&B HSCP - Remobilisation Plan Tracker															Cumulative Apr 2021 - Mar 2022	
Key Performance Indicators		Performance Overview													Target	Total
Description		Target	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22		
Ref	TTG															
TTG 1	TTG Inpatient & Day Case Activity (All Elective)	44	34	36	39	41	36	35	24	36	37	35	49	41	528	443
Ref	REFERRALS															
R-1	Total Outpatient Referrals	803	807	780	846	705	780	706	818	798	667	691	729	997	9636	9324
R-2	Total Urgent Suspicion of Cancer Referrals Received	28	47	26	58	47	45	46	44	43	44	29	42	55	336	526
Ref	OUT PATIENTS															
OP-1	Total New OP Activity Monitoring	652	602	685	723	630	682	668	642	810	525	600	661	634	7824	7862
OP-2	Total Return OP Activity Monitoring	904	1319	1286	1454	1424	1446	1459	1479	1631	1233	1419	1425	1526	10848	17101
OP-3	Total AHP New OP Activity Plan	556	889	926	1020	874	964	953	893	992	818	849	894	1066	6672	11138
OP-4	Total AHP Return OP Activity Plan	1312	2660	2691	2821	2368	2619	2549	2343	2527	2087	2014	2033	2455	15744	29167
Ref	DIAGNOSTICS															
DI-1	Total Endoscopy Activity Monitoring	50	67	88	66	58	65	61	63	62	55	15	52	51	600	703
DI-2	Total Radiology Activity Monitoring	462	485	509	581	560	503	508	468	528	463	410	469	699	5544	6183
Ref	CANCER															
CA-1	Total 31 Days Cancer - First Treatment Monitoring	9	3	4	7	10	2	4	3	1	4	3	4	3	108	48
Ref	UNSCHEDULED CARE															
UC-1	Total A&E Attendances Monitoring (LIH)	685	552	729	812	786	813	745	660	598	591	622	608	759	8220	8275
UC-2	Total A&E Attendance (AB Community Hospitals)	1244	1880	2152	2234	2276	1986	2190	1882	1882	1823	1793	1741	2022	14928	23861
UC-3	Total % A&E 4 Hr (LIH)	95%	98%	96%	96%	95%	91%	93%	92%	96%	96%	97%	92%	90%		
UC-4	Total Emergency Admissions IP Activity Monitoring	165	151	176	200	177	203	175	176	167	151	159	157	188	1980	2080
UC-5	Emergency Admissions IP Activity Monitoring (AB)	148	178	180	176	204	192	182	188	203	183	163	174	178	1776	2201

Ref	ADULT CARE															
AC-1	Total Number of Adult Referrals	716	517	549	585	628	618	576	598	686	573	583	592	758	8592	7263
AC-2	Total Number of UAA Assessments	224	275	288	344	216	257	252	235	264	174	196	209	261	2688	2971
AC-3	Total Adult Protection Referrals	24	24	24	21	24	28	32	27	42	28	19	36	32	288	337
AC-4	Total New People in Receipt of Homecare	36	40	39	32	46	28	29	29	24	28	38	35	52	432	420
AC-5	Total New Care Home Placements	16	22	22	20	14	24	17	27	18	21	9	13	37	192	244
AC-6	Total No of Delayed Discharges Awaiting Care Home	5	4	4	5	7	8	13	12	10	4	10	13	16		
AC-7	Total No of Delayed Discharges Awaiting Homecare	5	8	7	12	13	13	9	15	14	18	13	11	18		
Ref	COMMUNITY HEALTH															
CH-1	Total Mental Health – New Episodes	80	52	60	59	64	76	69	38	41	50	41	60	48	960	658
CH-2	Total Mental Health – Patient Contact Notes	584	885	828	881	769	794	747	735	851	757	689	685	794	7008	9415
CH-3	Total DN – New Episodes	92	130	136	123	150	124	112	101	112	93	105	91	82	1104	1359
CH-4	Total DN – Patient Contact Notes	4032	4490	4428	4634	4883	5046	4715	4758	4628	4677	4429	4054	4411	48384	55153
CH-5	Total AHP - New Episodes	276	350	352	410	373	388	356	375	441	337	311	374	384	3312	4451
CH-6	Total AHP - Patient Contact Notes	3096	2895	3083	3354	3289	3247	3514	3365	3820	3309	3350	2940	3763	37152	39929
Ref	CHILDREN & FAMILIES SOCIAL CARE															
CF-1	Total Number of Child Request for Assistance	196	248	238	280	173	275	347	257	306	326	287	176	248	2352	3161
CF-2	Total Number of New Universal Child Assessments	88	85	109	101	59	125	88	96	108	60	81	90	73	1056	1075
CF-3	Total Number of Children on CP Register	38	31	28	29	32	31	32	37	36	31	33	25	27		

(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:

- Cumulative total outpatient activity across new and return notes a (59%) increase against target
- Total urgent suspicion of cancer referrals received notes a (31%) increase in activity for March (55) against the previous month (42)
- Lorn & Islands Hospital total percentage of attendances at A&E seen within 4 hrs notes a (5%) reduction for March against target (95%)
- Total number of adult referrals note a (22%) increase for March against previous month
- Total number of assessments completed note a (20%) increase for March against previous month
- Cumulative total Endoscopy and Radiology activity notes a (11%) increase against target

- Total mental health patient contacts notes an increase a (16%) increase in March (794) against previous month (685)
- Total number of child requests for assistance notes a (41%) increase for March (248) against the previous month (176)
- Total new child universal assessments notes a (19%) reduction in March (73) against the previous month (90)
- The number of delayed discharges has increased for those awaiting both Homecare (18) and Care Homes (16)

4.2 Waiting Times Performance

The tables below identifies the New Outpatient Waiting List and times by main speciality as at the 23rd March 2022, Comparator data for February in red is used identify changes across specialities and waits.

A&B Group Totals	Extracted 23 rd March 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			
Consultant Outpatient	305(275)	938 (905)	1243 (1180)	53 (49)	24.5% (23.3%)
AHP	226(220)	370 (347)	596 (567)	109 (98)	37.9% (38.8%)
Mental Health	486 (470)	247 (194)	733 (664)	324 (316)	66.3% (70.8%)
Nurse Led Clinics	23 (23)	163 (148)	186 (171)	3 (1)	12.4% (13.5%)
Other/Non MMI	380 (356)	702 (577)	1082 (933)	154 (142)	35.1% (38.2%)
TOTAL OPWL	1420	2420	3840	643	37%
Previous Month	(1344)	(2171)	(3515)	(606)	(38.2%)

Main Specialty	Length of Wait (weeks)		Total on List	Long Waits (over26)	% Breaches of each Group OPWL
	Over 6	Under 6			
Scopes *	196	130	326	32	60.1%
Previous Month	(149)	(108)	(257)	(23)	(58.0%)

Main Specialty	Length of Wait (weeks)		Total on List	Long Waits (over26)	% Breaches of each Group OPWL
	Over 4	Under 4			
MSK **	1068	443	1511	252	70.7%
Previous Month	(1171)	(467)	(1638)	(280)	(71.5%)

Waiting Times Performance Assessment:

- Total new outpatient waiting list notes a reduction of percentage breaches of (1.2%) for February against the previous month
- Scopes note a 23% increase in those on the waiting list for February (326) against the previous month (257)
- Musculoskeletal physiotherapy waits note a reduction across all their waits for February, including a (8%) reduction of total number of waits on the list and a (1.5%) reduction in total percentage breaches.

- Total waits greater than 12 weeks has increased by (6%) against the previous month with an associated increase in those waiting less than 12 weeks of (11%)
- Overall percentage breaches note that Nurse lead clinics note a further reduction (1.1%) for February against the previous month, this also include reduction in Mental Health (4.5%), Allied Health Professionals (0.9%) and Other (3.1%)

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
January	640	1800	194	827
March	769	2030	230	987
Variance	+129	+230	+36	+160

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

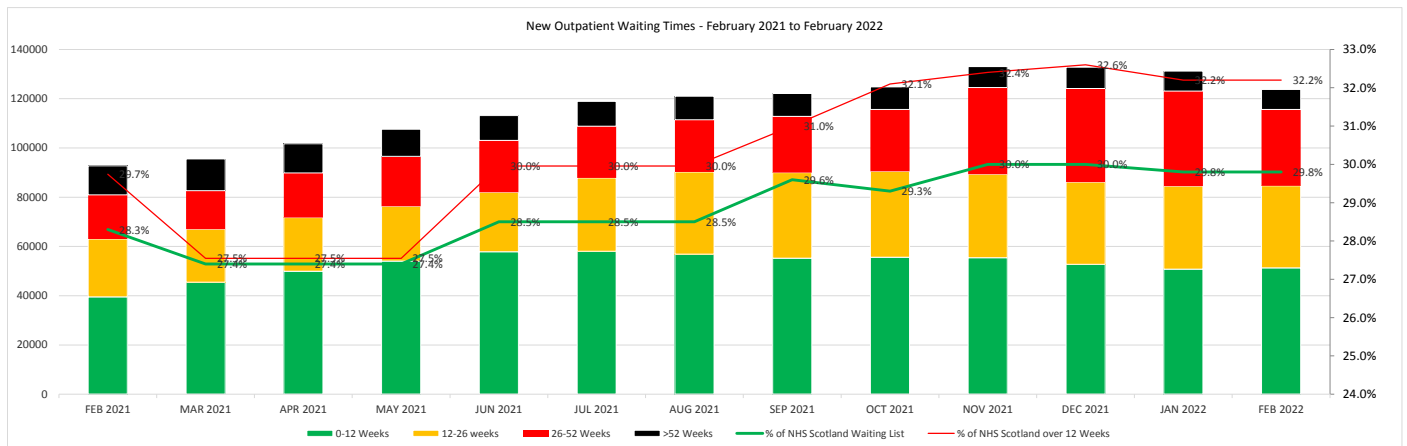
Performance Assessment:

- Cumulative Virtual Consultant Outpatient activity for Lorn & Islands Hospital notes a (15%) increase in virtual appointments for March against the previous month
- Cumulative Virtual Consultant Outpatient activity for Community Hospital notes a (19%) increase in virtual appointments for March 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 April 2022.

NHS GG&C Waiting Times (February 2021- February 2022)



(Data Source - NHS GREATER GLASGOW & CLYDE BOARD MEETING/ Performance Assurance information- April 2022)

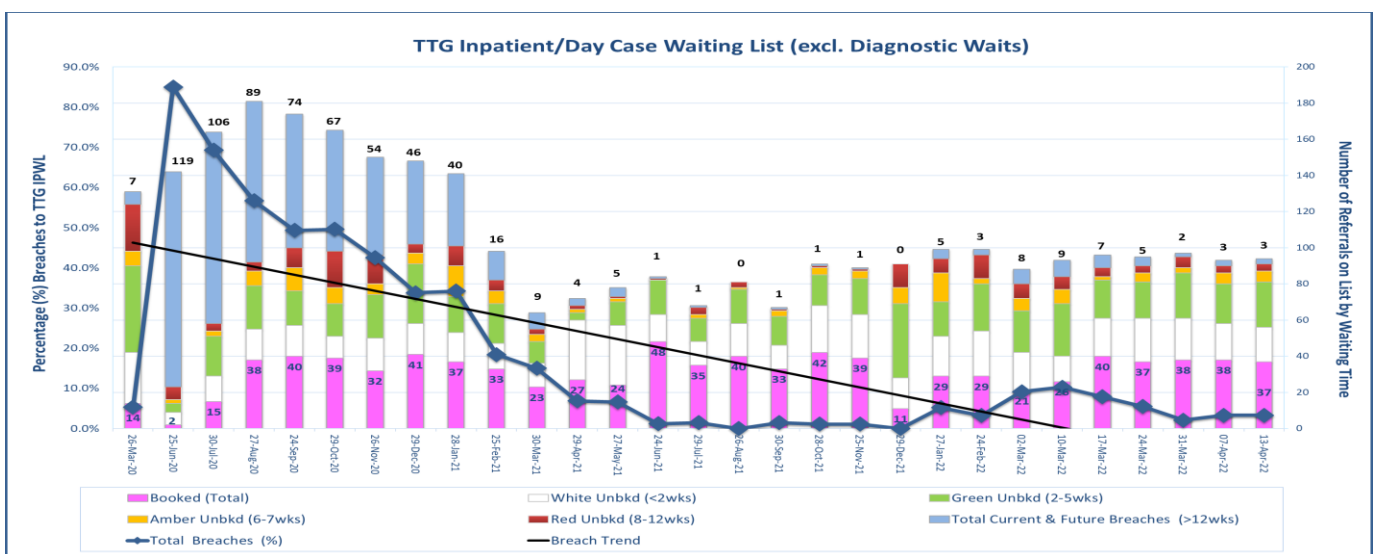
Performance Assessment:

- At the end of February 2022, 123,757 patients were on the new outpatient waiting list, of this total 72,469 were waiting >12 weeks against the RMP4 target of 70,000. The number of patients waiting >12 weeks is 3.5% above the RMP4 target.
- 29.8% of the total patients waiting across NHS Scotland for a first new outpatient appointment were NHSGGC patients at the end of February 2022.

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

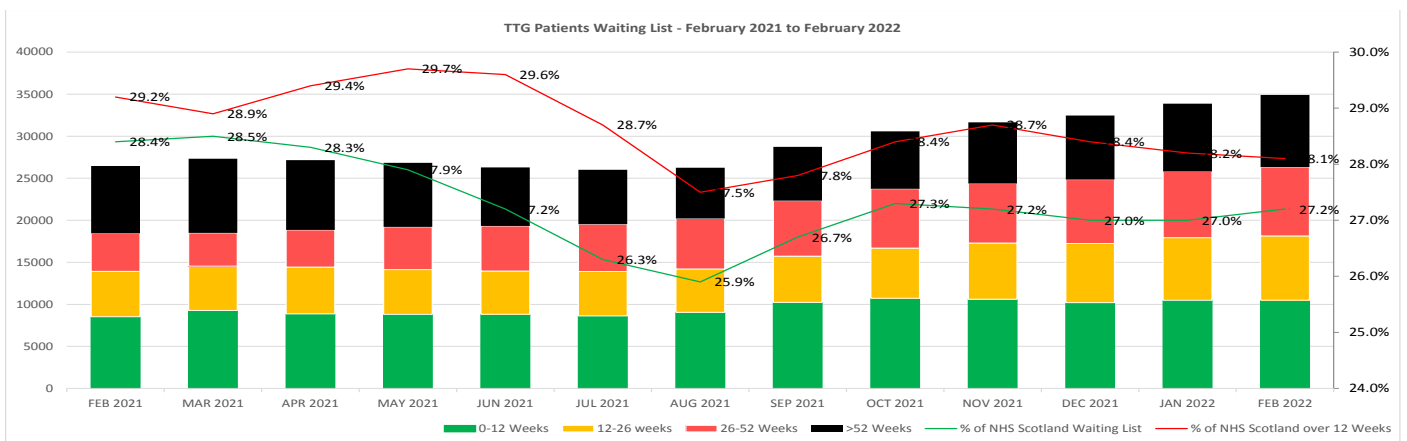
Argyll & Bute Inpatient/Day Case Activity

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 Feb 2021 to Feb 2022



(Data Source - NHS GREATER GLASGOW & CLYDE BOARD MEETING/ Performance Assurance information- April 2022)

Performance Assessment:

Argyll & Bute

- Total breaches > 12 weeks on the TTG waiting list note 3.3% as at 13th April with 40.2 % noted as booked.
- NHS Scotland Board Level Performance for TTG is identified in **Appendix 1**

Greater Glasgow & Clyde

- At the end of February 2022, there were 34,899 patients on the overall waiting list. Currently 24,401 patients waiting >12 weeks against a target of 19,154. Above target by 27%.
- Currently 28.1% of the >12 weeks national waiting list at the end of February 2022.

4.6 Future Performance Reporting Arrangements

The IJB is asked to note following future performance reporting arrangements:

- The HSCP's Integrated Performance Management Framework (IPMF) will be rolled out across the HSCP with a collaborative and consultative approach adopted across the Senior Leadership Team over 2022/23, in line with timescales agreed by SLT.
- IPMF governance will be applied through the Clinical and Care Governance Committee.
- Current IJB Performance Report will remain extant until the IPMF, its associated Key Performance Indicators (KPIs), and the governance & scrutiny arrangements are fully embedded within SLT.
- As per previous 2 years, using the mechanisms as laid out in the Coronavirus Scotland Act (2020), Schedule 6, Part 3, the Scottish Government have confirmed the 2021/22 Annual Performance Report (APR) will be due for publication by November 2022.

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.

REPORT AUTHOR AND CONTACT

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Board Level KPIs Summary

10 April 2022									
	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	213,293	66.4%	2,483	999	23,905	0	88,960	62,489	119,338
Ayrshire & Arran	24,769	68.0%	282	160	1,749	0	5,970	4,311	16,139
Borders	5,186	59.4%	130	90	557	0	1,547	1,170	3,488
Dumfries & Gallo..	4,298	81.7%	18	2	903	0	1,341	628	1,529
Fife	10,089	60.7%	156	41	1,215	0	1,972	890	4,771
Forth Valley	6,588	53.1%	84	14	1,106	0	1,675	793	2,698
Grampian	18,991	63.2%	169	36	1,642	0	11,840	8,617	10,660
Greater Glasgow ..	70,188	64.3%	558	133	5,836	0	25,754	18,659	40,753
Highland	9,747	78.1%	50	10	1,103	0	4,959	3,688	5,562
Lanarkshire	17,268	58.8%	427	130	3,545	0	9,100	6,541	8,769
Lothian	35,413	64.9%	598	383	4,395	0	16,491	11,493	19,774
Orkney	373	95.5%	0	0	89	0	112	59	175
Shetland	216	98.4%	0	0	139	0	97	58	87
Tayside	9,900	90.3%	11	0	1,529	0	7,262	5,212	4,829
Western Isles	269	95.9%	0	0	97	0	264	111	117
Grampian as % of Scotland		6.81%	3.60%	6.87%		13.40%	13.85%	8.90%	8.93%
Highland as % of Scotland		2.01%	1.00%	4.61%		5.61%	5.93%	4.57%	4.66%
Tayside as % of Scotland		0.44%	0.00%	6.40%		8.22%	8.38%	4.64%	4.05%

Appendix 2- Proportion of Outpatients Waiting Over 12 Weeks by Health Board (10/04/2022)

