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

Integration Joint Board

Date of Meeting: 2nd February 2023

Title of Report: Health & Social Care Partnership- Performance Report- FQ3 (Oct-Dec 2022/23)

Presented by: Douglas Hunter, Senior Manager Performance & Improvement

---

The board is asked to:

- Acknowledge performance against target with regards to the Outpatient & Inpatient Long Waiting Times for December and previous reported month.
- Note the performance with regards to the Treatment Time Guarantee (TTG) - Inpatient/Day Case Waiting List
- Note progress with the development of the Integrated Performance Management Framework(IPMF)
- Acknowledge Delayed Discharge performance and forecasting
- Acknowledge Social Care – Demand for Care at Home Services Performance
- Acknowledge progress against CAMHS & Psychological Therapies 18 week against Local Delivery Plan Standard

---

EXECUTIVE SUMMARY

Currently Health and Social Care services across Scotland are experiencing an extensive increase in the prevalence of Flu, Covid19 in addition to expected winter illness and pressures. The Scottish Government Health Department has directed HSCPs to focus on additional actions and performance measures to look at the impact of additional funding and address these pressures.

A National Response Group has been established to monitor and drive improvement with regards to the reduction of Delay Discharge across Scotland to support the acute inpatient pressure and enhance flow patient through hospitals. This group wishes HSCPs and Health Board to adopt five key action areas to address these pressures. HSCPs have therefore been asked to provide, monitor and report additional performance measures to inform and assess the impact support progress.

The 5 key areas of focus for Health and Social Care are:

- Delivering a different model of care for a short period, e.g. move to critical/life-saving care only and postponing planned activity.
- Opening / procuring additional capacity in social care e.g. intermediate care beds.
- Moving staff to areas of pressure across acute and community and care services.
- Increased engagement with 3rd sector providers commissioning enhanced services to address unmet care need and prevent admission
- Lighter touch governance arrangements with regard to criteria for discharge and inspections

1

The report also includes a specific performance focus with regard to Child and Adolescent Mental Health Services, and Mental Health Psychological Therapies. This is in response to the improvement in service escalation notice served from the SGHD to NHS Highland Board area and this therefore includes Argyll and Bute HSCP.

Key areas of improvement required are:

- Demonstrable progress supported by evidence against the Improvement Plans for CAMHS and Psychological Therapies and evidence to support any assurances against future progress.
- There is sustained evidence of delivering against these plans and the milestones are being reached.
- There is evidence that PT and CAMHS waiting lists are stabilising (across Argyll and Bute and North Highland) and this has been maintained for at least 2 consecutive quarters. This includes evidence that long waits are being reduced.

1. INTRODUCTION

This report identifies performance activity and success with regards to improving performance against reducing Long Waits, Delayed Discharges, Social Care- Demand for Care at Home Services, delivery of Treatment Time Guarantee for Argyll & Bute and Greater Glasgow and Clyde, Child & Adolescent Mental Health & Psychological Therapies. There is also an update to members with regards to the continued progress in the development of the new Integrated Performance Management Framework.

2. DETAIL OF REPORT

The report details the HSCP performance for Financial Quarter 3 Oct- December 2022/23 with regards to the Health & Social Care Partnership, Greater Glasgow & Clyde and NHS Highland.

3. RELEVANT DATA & INDICATORS

3.1 Long Waiting Times Performance

The table below details current performance against Long Waiting Times targets for September and December 2022 and is extracted from New Outpatient Breaches (>12 weeks) Report for Consultant and Nurse led clinics only. The RAG (Red, Amber & Green) status bar identifies performance against current and future targets and the trend arrows identify performance against the previous month only.

Performance Indicator	Target	September 2022 (Actual)	December 2022 (Actual)	RAG/ Trend
Eliminate two year waits for outpatients in most specialities by the end of August 2022	0	0	0	➡️
Eliminate 18 month waits for outpatients in most specialities by the end of December 2022	0	3	2	⬇️
Eliminate one year waits for outpatients in most specialities by the end of March 2023	0	4	5	⬆️
Eliminate two years waits for inpatient/day cases in the majority of specialities by September 2022	0	0	0	➡️
Eliminate 18 month waits for inpatient/day cases in the majority of specialities by September 2023	0	0	0	➡️
Eliminate one year for inpatient/day cases in the majority of specialities by September 2024	0	0	0	➡️
Total Waits	**0**	**7**	**7**	➡️

(MMI Data- September & December 2022)

The table below identifies the new Monthly Management Information (MMI) Specialities including consultant and nurse lead clinics- waits greater than 1 Year as at 2nd December 2022.

| Specialities	>1Yr	>18 Months	>2 yrs.	Total
Clinical Oncology	1	0	0	1
Gynaecology	0	1	0	1
Neurology	0	1	0	1
Orthodontics	2	0	0	2
Pain Management	2	0	0	2
Total Waits	**5**	**2**	**0**	**7**

(MMI Data- WE 2nd December 2022)

Performance Assessment:

- Performance with regards to long waits for December against the previous reported month notes a static position with regards to total number of waits, however there is slight increase in the waits more than 1 year.

- The breakdown of long waits notes 5 waits more than a year, for Clinical Oncology (1), Orthodontics (2) and Pain Management (2). Alongside this there are 2 waits more than 18 months for Gynaecology (1) and Neurology (1), there are no waits greater than 2 years reported.

3.2 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 8th December 2022 in Argyll and Bute at LIH, Oban

TTG Inpatient/Day Case Waiting List (excl. Diagnostic Waits)
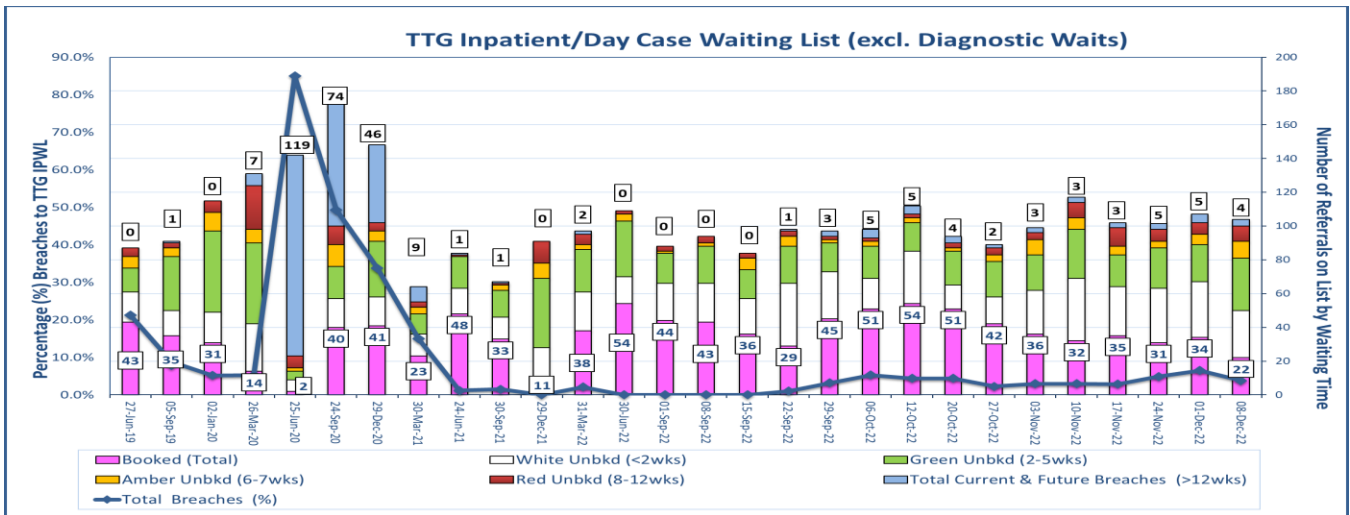
(TTG Performance Report- 8th December 2022)

Performance Assessment:

- Currently 4 breaches (3.8%) of the total waiting list with regards to TTG Inpatient/ Day Case waits greater than 12 weeks, this is an increase of (1.2%) for the same period in 10th November (2.6%)

- For 8th December (21.2%) booked appointment performance has seen a (6.2%) reduction at the same time on the previous month 10th November (27.4%)

- NHS Highland Board performance is noted in both **Appendix 1 & 2**

Greater Glasgow & Clyde

The graph below identifies Treatment Time Guarantee (TTG) Inpatient/Day case Activity (Jan – October 2022/ Trajectory to December 2022)
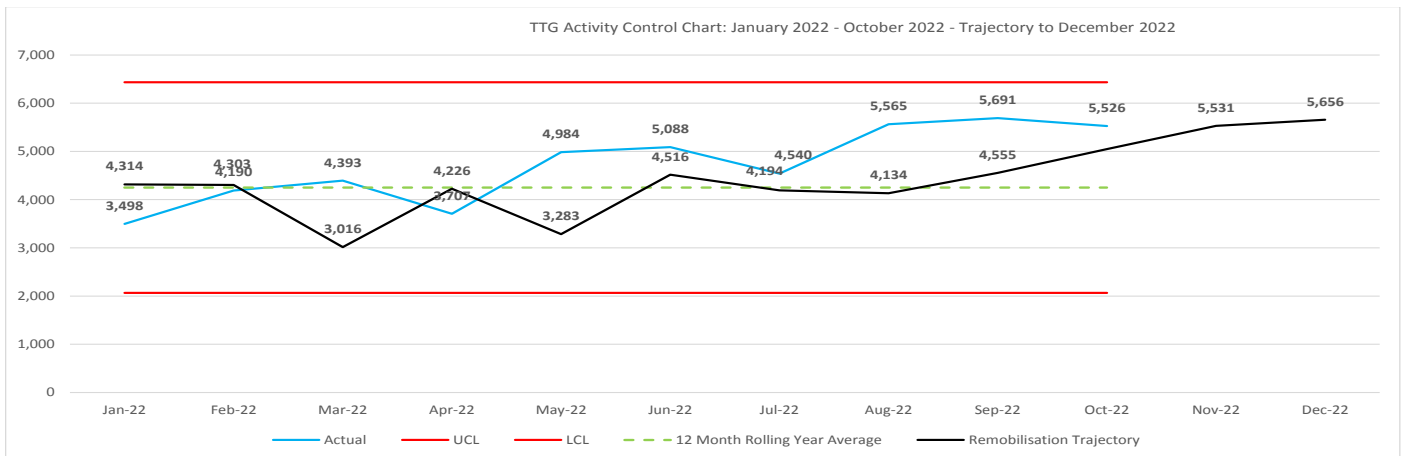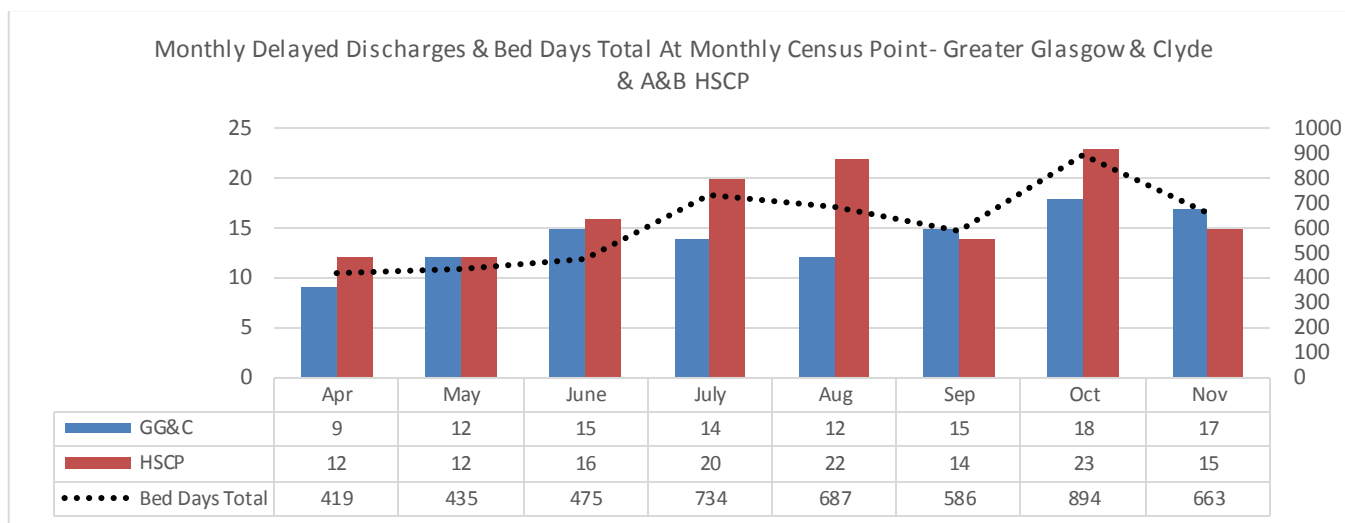

(Greater Glasgow & Clyde Performance Assurance Information- Jan- Oct 2022/ Trajectory to Dec 2022)

Performance Assessment:

- A total of 35,101 patients were seen during the period April - October 2022, above the Remobilisation target of 29,958. Above trajectory by 17%.

- Remobilisation target of 55,506 TTG patients to be seen by March 2023. Performance is forecast to continue to meet the Remobilisation target however, unscheduled care pressures requiring a reduction in elective activity may have an impact on this.

3.3 Delayed Discharge

The table below notes performance with regards to the total monthly delays and associated bed days occupied, the local target is 12 and the national target is 0 delays, the data below includes the breakdown of HSCP and Greater Glasgow & Clyde Hospital delays.

Monthly Delayed Discharges & Bed Days Total At Monthly Census Point- Greater Glasgow & Clyde & A&B HSCP

	Apr	May	June	July	Aug	Sep	Oct	Nov
GG&C	9	12	15	14	12	15	18	17
HSCP	12	12	16	20	22	14	23	15
Bed Days Total	419	435	475	734	687	586	894	663

(Weekly DD Census Reporting April- November 2022 Performance Data Dashboard)

The data forecasting table below identifies the current total delays at census point and projects this forward from July 2022 for the rest of the financial year with "worse" and "best" trend modelling.

Delayed Discharge- Monthly Census Delayed Discharge Forecast Trend Modelling
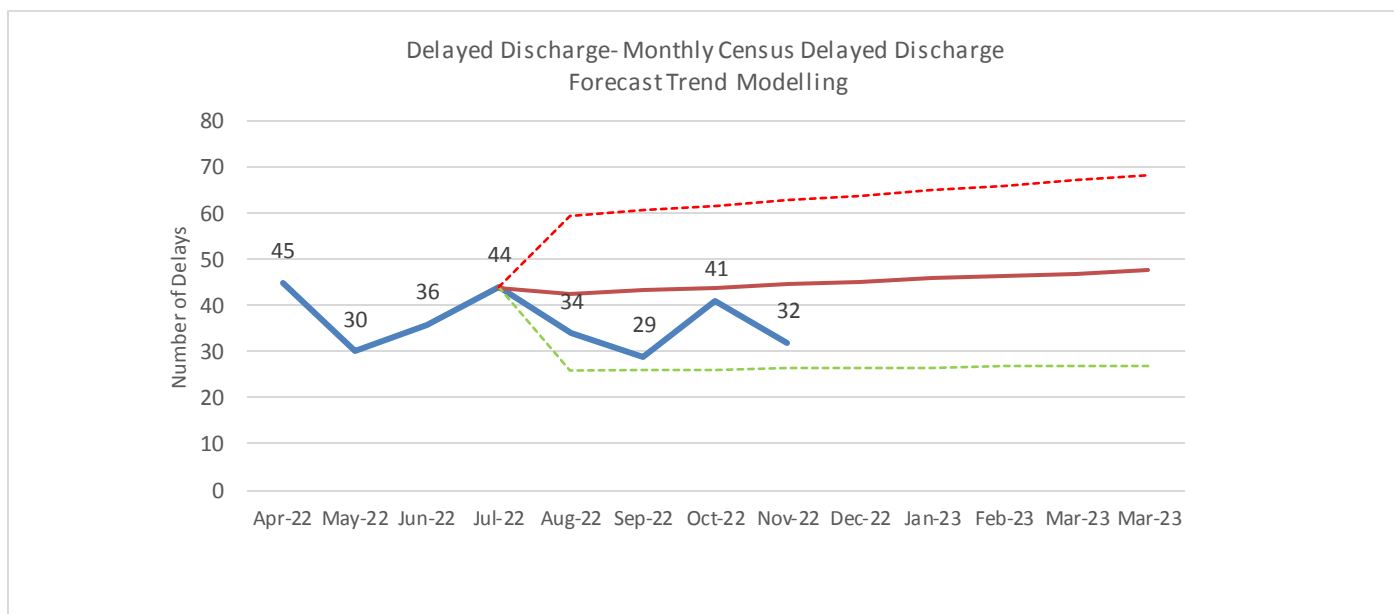
(Weekly DD Census Reporting April- September 2022- Excel Forecast Data Smoothing Algorithm)

Performance Assessment:

- Performance against the local monthly target of 12 remains consistently above, for both delays in Argyll & Bute Hospitals and Greater Glasgow Hospitals. Alongside this, the data notes an average monthly number of delays across the year of (31).

- From October (894) the beds days occupied at monthly census has seen a 30% decrease as at November (663), this remains above the average number of bed days for the year (612)

5

- Argyll & Bute specific delays have seen a slight increase in the average number of delays (17) , this is against an increase in the average number of delays for GG&C (14)

- Forecast performance from July notes performance tracking closer to the "best" modelling trend.

- Argyll & Bute HSCP Overall Delayed Discharge performance is detailed against the other HSCP's in Delayed Discharge Sitrep Report (**Appendix 3**)

3.4. CHILD & ADOLESCENT MENTAL HEALTH (CAMHS) & PSYCHOLOGICAL THERAPIES

3.4.1 CAMHS Waiting Time Performance

Completed Waits in 18 Weeks

The table below identifies the monthly percentage of patients receiving treatment within 18 weeks from Oct 2021 to Oct 2022. Local Delivery Plan Standard is 90 per cent of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral.

Completed Waits
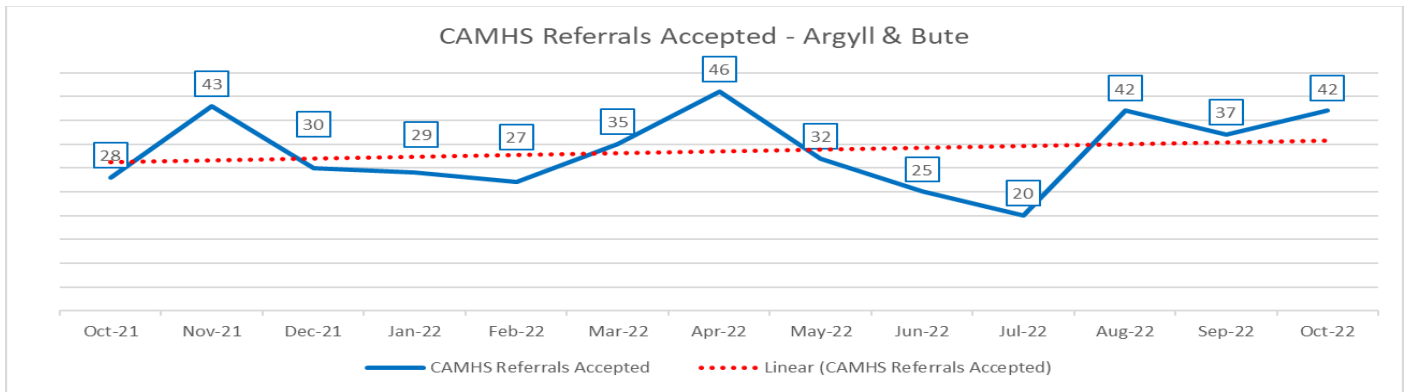% of CAMHS patients receiving treatment within 18 weeks - Argyll & Bute
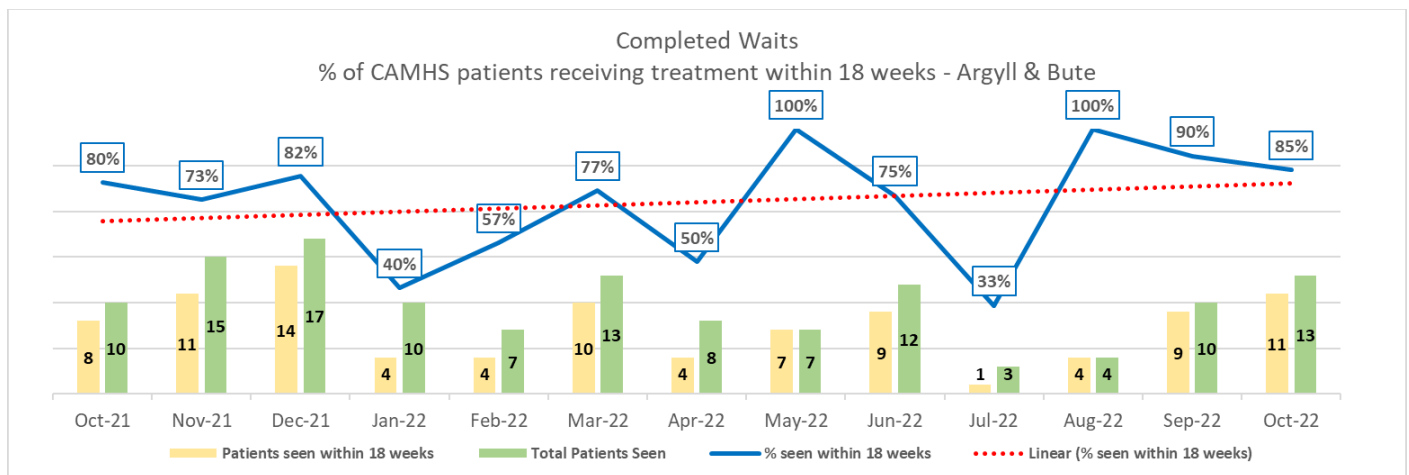
(TrakcarePMS & manual team data collection via NHS Highland)

Performance Assessment:

- The latest data for October notes that 85% of patients were seen within 18 weeks against the (90%) national target, this is despite a gently increasing overall yearly trend.

- Analysis of those waiting longer than 18 weeks against the total waits seen notes, 14.7% (19- 35 Weeks), 5.4% (36-52 weeks) and 5.4% (>52 weeks)

- It is worth noting that total number of patients seen against those seen within 18 weeks remains statistically small in number across the months and as such percentage data monthly can vary significantly.

- Across the 12 months reported period the national target of 90% has been achieved or bettered for 3 months (25%)

CAMHS Referrals Accepted

The table below identifies the monthly number of accepted CAMHS referrals October 2021 to October 2022

CAMHS Referrals Accepted - Argyll & Bute

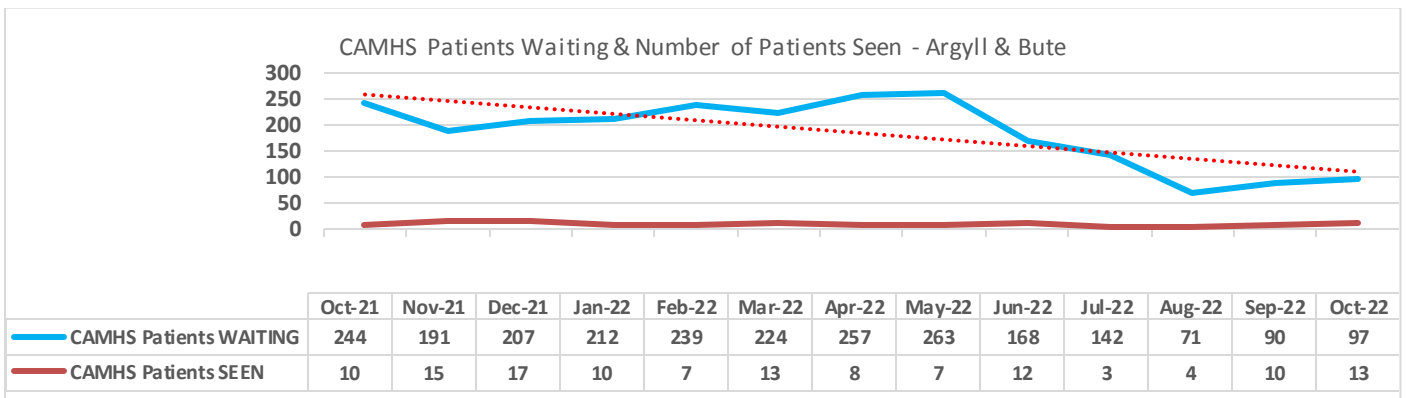|	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
CAMHS Referrals Accepted	28	43	30	29	27	35	46	32	25	20	42	37	42

(TrakcarePMS & manual team data collection via NHS Highland)

Performance Assessment:

- Data for October 2022 (9.6%) against October 2021 (6.4%) notes a (3.2%) increase in the percentage of the total number of referrals accepted

- The linear trend notes a slight increase across the year, with the average monthly referrals accepted (33.5)

CAMHS Patient Waits & Patients Seen

The table below identifies the number of patients waiting each month against those seen in the month, October 2021 to October 2022

CAMHS Patients Waiting & Number of Patients Seen - Argyll & Bute

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
CAMHS Patients WAITING	244	191	207	212	239	224	257	263	168	142	71	90	97
CAMHS Patients SEEN	10	15	17	10	7	13	8	7	12	3	4	10	13

(TrakcarePMS & manual team data collection via NHS Highland)
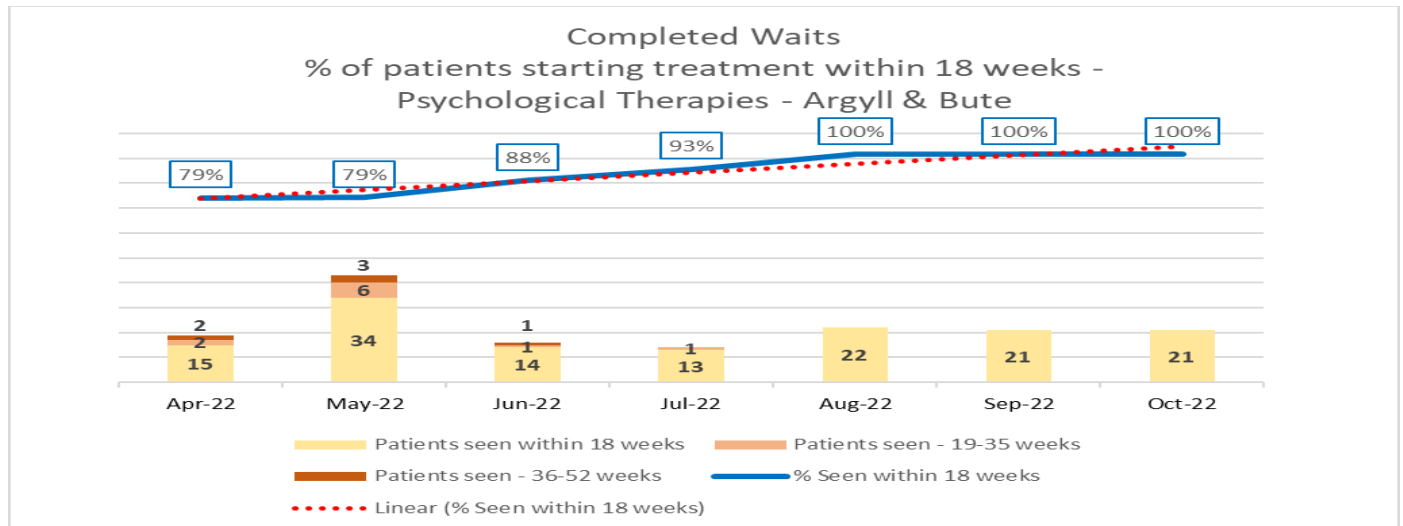
Performance Assessment:

- Overall the percentage of patients across the year waiting has reduced by 86% with October 2021(244) against October 2022 (97), this equates to 42% of the total CAMHS waits
- On average across the year there are 10 people waiting to be seen and the percentage of those who are seen within 18 weeks has seen a sustained increase across the year with a 35% increase comparing October 2021 data with October 2022
- The combination of a reduction in number of waits and sustained increase percentage of in those seen within 18 weeks demonstrates an improving situation

3.4.2 Psychological Therapies Waiting Time Performance

Completed Waits

The table below identifies the monthly percentage of Psychological Therapies patients starting treatment within 18 Weeks from April 2022 to October 2022. Local Delivery Plan Standard is 90 per cent of patients to commence Psychological Therapy based treatment within 18 weeks of referral.
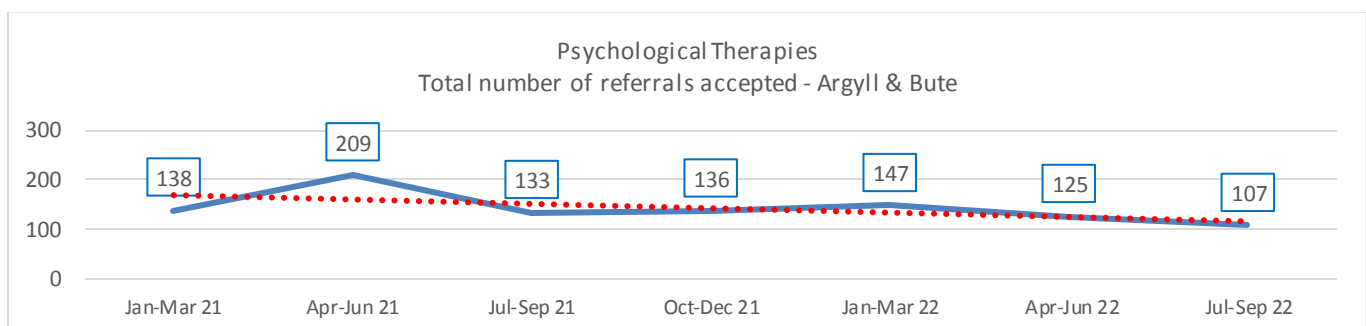

(TrakcarePMS & manual team data collection via NHS Highland)

Performance Assessment:

- From July to October 2022 the data notes sustained improving performance above the national 90% target, the overall trend from Aprill 22 notes an increasing number of patients starting treatment within 18 weeks

- August to October also notes a reduction in waits for paitents in excess of 19-35 weeks and 36-52 weeks

Referral Rate

The table below identifies the number of quarterly referrals accepted for Psychological Therapies from January 2021 to Sept 2022
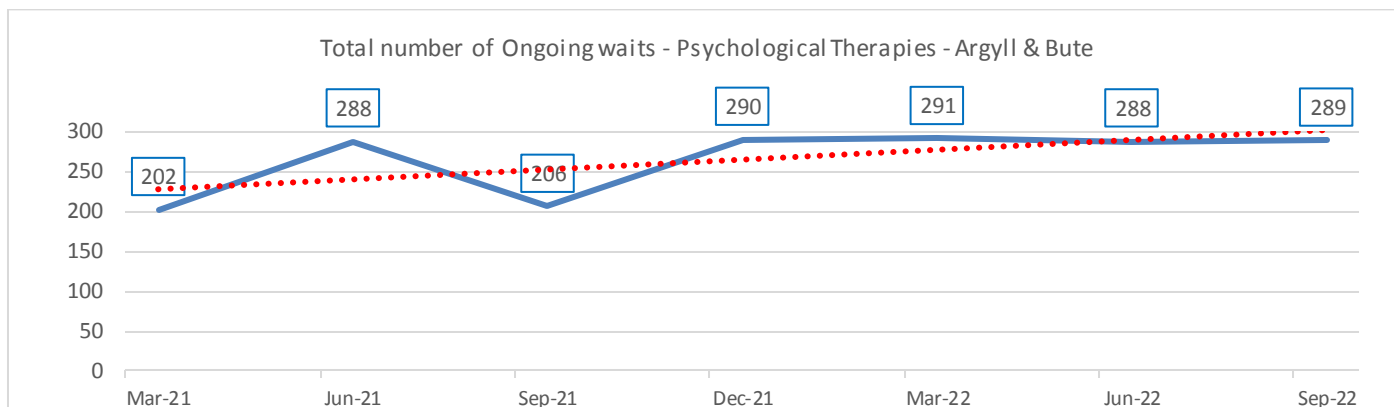

(TrakcarePMS & manual team data collection via NHS Highland)

Performance Assessment:

- Accepted referral rates note a decreasing trend across the quarters, this equates to a 65% reduction from (209) for April June 2021 to (107) for July-Sep 2022

Ongoing Waits

The table below identifies the quarterly number of patients waiting to start Psychological Therapies from March 2021 to September 2022

Total number of Ongoing waits - Psychological Therapies - Argyll & Bute

(TrakcarePMS & manual team data collection via NHS Highland)

Performance Assessment:

- The number of ongoing waits for Psychological Services notes and increasing trend form March 2021 to September 2022, this equates to a 35% increase

- There is evidence of performance plateauing from December 2021 onwards and a slight reduction of 0.3%, although minimal this data flattening may indicate a return to a more stable whole system

3.5 SOCIAL CARE – DEMAND FOR CARE AT HOME SERVICES

Background

Since Nov 2022, PHS have published a Demand for Care at Home Dashboard based on weekly data submissions provided by HSCP to Public Health Scotland, updated every 4 weeks.

This report is an assessment of the demand for Care at Home services provided by Health and Social Care Partnerships. The information shows the number of people waiting on an assessment for a package of care to allow them to live at home or in the community and also the number of hours of care that has been assessed but not yet delivered.

The information is presented by people waiting in hospital or waiting at home/community for the care at home service to be delivered. The time period presented is from 24/10/2022.

The data included in this publication is management information which Health and Social Care partnerships began submitting in August 2021. This data collection is still under development and requires further work on the consistency of the recording of the information across Health and Social Care Partnerships.
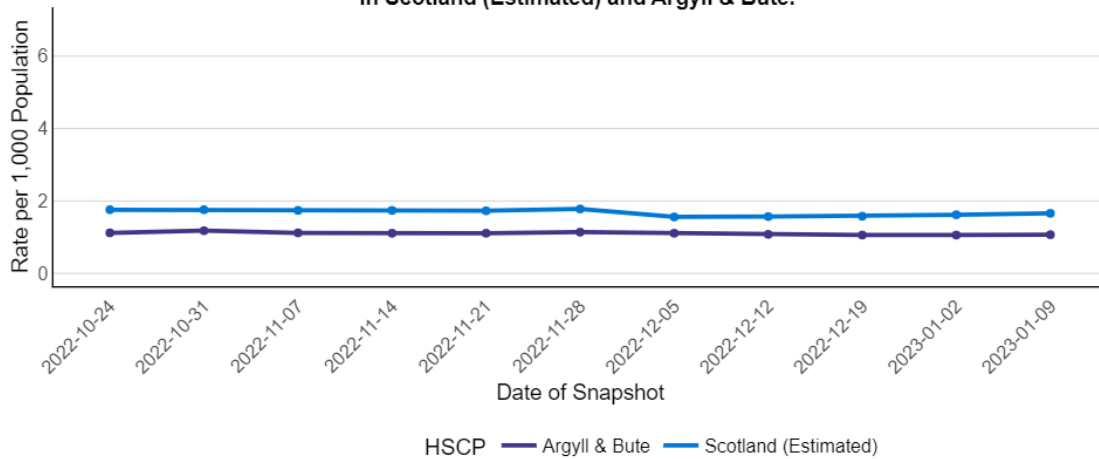
Number of People Waiting

The table below identifies the number of people assessed and waiting for a care at home package October 2022- January 2023

Total Number of people assessed and waiting for a care at home package in Argyll & Bute.
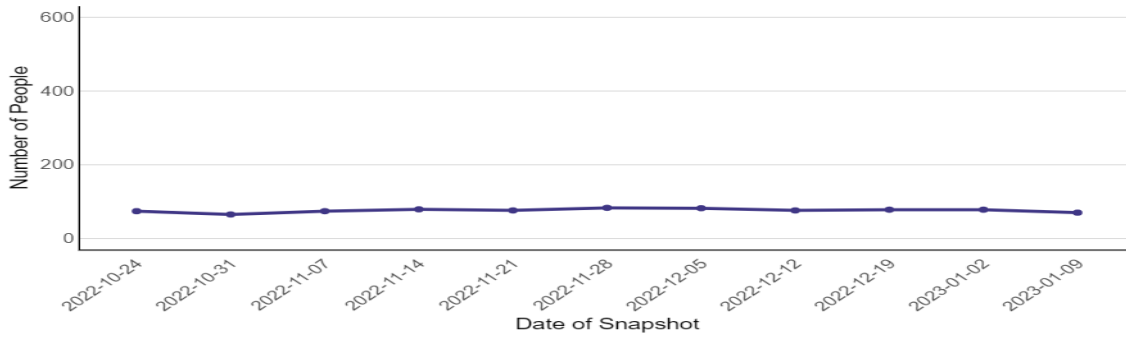
The table below identifies the number of people waiting for a social care assessment as a rate per 1,000 population aged 18+, the Scotland estimate is identified to give wider context.

Number of People waiting for a Social Care Assessment as a Rate per 1,000 Population aged 18 and over, in Scotland (Estimated) and Argyll & Bute.

HSCP —— Argyll & Bute —— Scotland (Estimated)

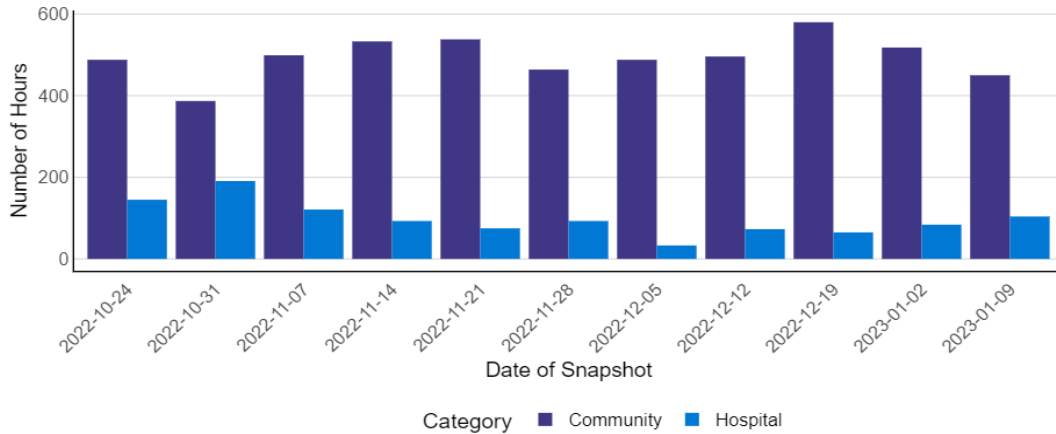(PHS- social care-careathomeweekly-app-MIrelease)

Performance Assessment:

- The number of people assessed and waiting for a care at home package is reporting consistent levels with a peak of 85 in 24 Oct, falling to 76 by 2nd January 2023, with the adult rate per 1000 noted as consistently below the Scotland (Estimated) rate

- Against the Scotland estimate Argyll & Bute have followed the general trend with regards to monthly performance, the rate per 1000 of population offers scope to see the real impact of waits within the context of the population count.

Unmet Care Need - Hours of Care at Home

The table below identifies the number of hours of Care at Home yet to be provided for assessed individuals

Number of Hours of Care at Home yet to be provided for Assessed Individuals in Argyll & Bute.

(PHS- socialcare-careathomeweekly-app-MIrelease)

The table below identifies the number of care hours yet to be provided for assessed individuals as a rate per 1,000 population aged 18 +

Number of Hours of Care at Home yet to be provided for Assessed Individuals as a Rate per 1,000 Population aged 18 and over, for Scotland (Estimated) and Argyll & Bute.
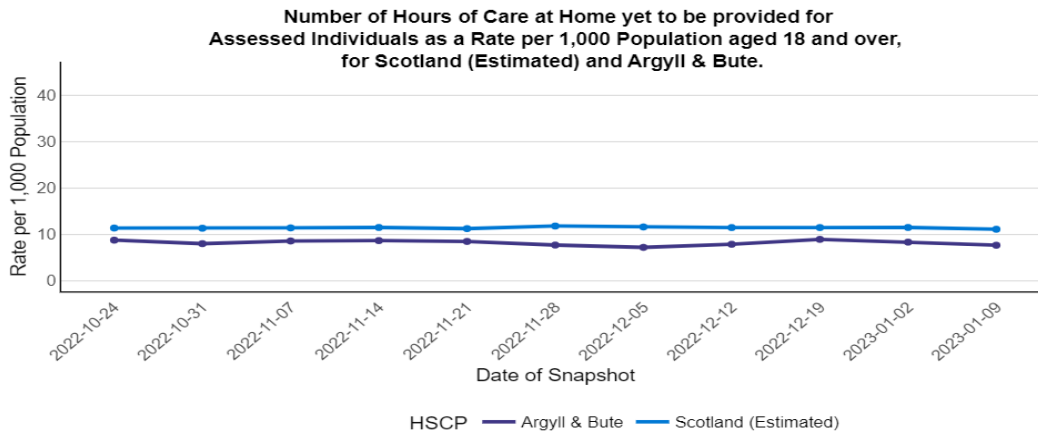
(PHS- socialcare-careathomeweekly-app-MIrelease)

Performance Assessment

- With regards to the number of hours yet to be provided for people in community reports a peak of 590 hours at 19 Dec 2022 falling to 450 by 9nd January 2023, with the adult rate of hours per 1000 noted as consistently below the Scotland (Estimated) rate.

4   HSCP Integrated Performance Management Framework (IPMF) Update

- Refinement of KPI's has taken place across November & December and further discussions will be taking place with analysts and Heads of Service & Service Leads to finalise targets through January 2023
- The project remains on course against project plan for a March go-live and first final draft will go to SLT for the end of February for comments and sign-off.
- In addition work is ongoing to establish the new reporting Dashboard with early exploration of the use of Microsoft Business Intelligence to support data visualisation.
- Early analysis of the returned KPI's can be separated into 6 Integrated Performance Clusters that will form the core of the IPMF, namely:

1. Finance
2. Children & Families
3. Community Care
4. Hospital Care
5. Public Health/Primary Care
6. Digital Transformation and Technology

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

Performance data is required in order to evidence service level performance and activity in line with cost and service efficiency as well as evidence the impact of additional funding provided to reduce waiting times.

6.2 Staff Governance

There has been a variety of staff governance requirements identified and continue to be progressed and developed include health and safety, wellbeing and new service redesign and working practices.

6.3 Care and Clinical Governance

Clinical Governance and patient safety remains at the core of prioritised service delivery against the National Health & Wellbeing Outcomes Indicators

7. PROFESSIONAL ADVISORY

Data used within this report is a snapshot of a month and data period, where possible data trends and forecasting are identified to give wider strategic context. This provides the HSCP professional advisors with performance information to inform their role in maintaining professional standards and outcomes.

8. EQUALITY & DIVERSITY IMPLICATIONS

The performance report captures relevant indictors used to inform the HSCP E&D work

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Data use and sharing within this report is covered within the Argyll and Bute Council & NHS Highland Data Sharing Agreement

10. RISK ASSESSMENT

Risks and mitigations associated with performance data sources and reporting are managed and identified within the monthly Performance & Improvement Team- Work Plan. Performance reports are used by operational management to identify service delivery risk and to inform mitigation action accordingly.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Not applicable with regard to this performance report, but access to this report for the public is via Argyll and Bute Council and NHS Highland websites.

12. CONCLUSION

The Board is asked to consider the performance status of the HSCP with regard to performance indicators presented covering waiting time performance and the detail of CAMHS and Psychological Therapies. It also includes a range of health and social care indicators responding to SGHD focus on systems pressures during this winter.

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

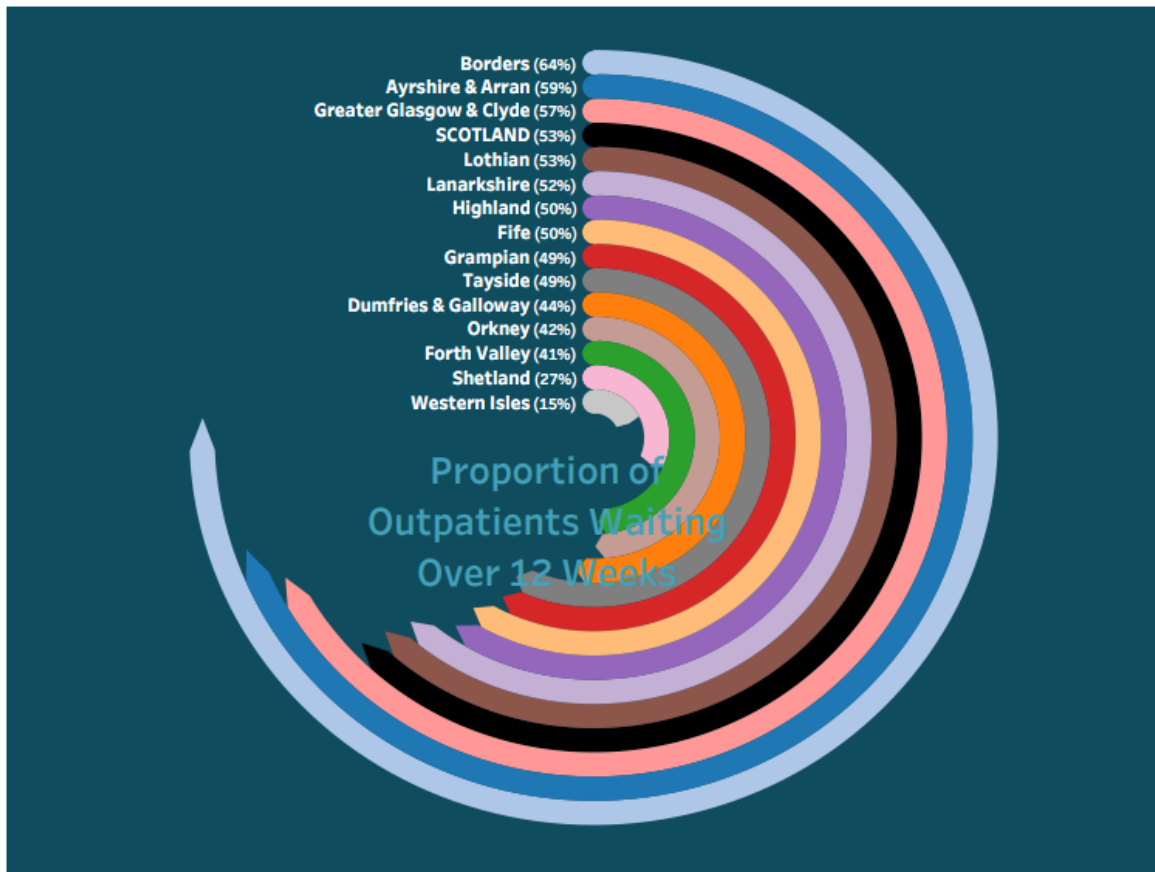**Author Name**: Douglas Hunter
Email: douglas.hunter@argyll-bute.gov.uk

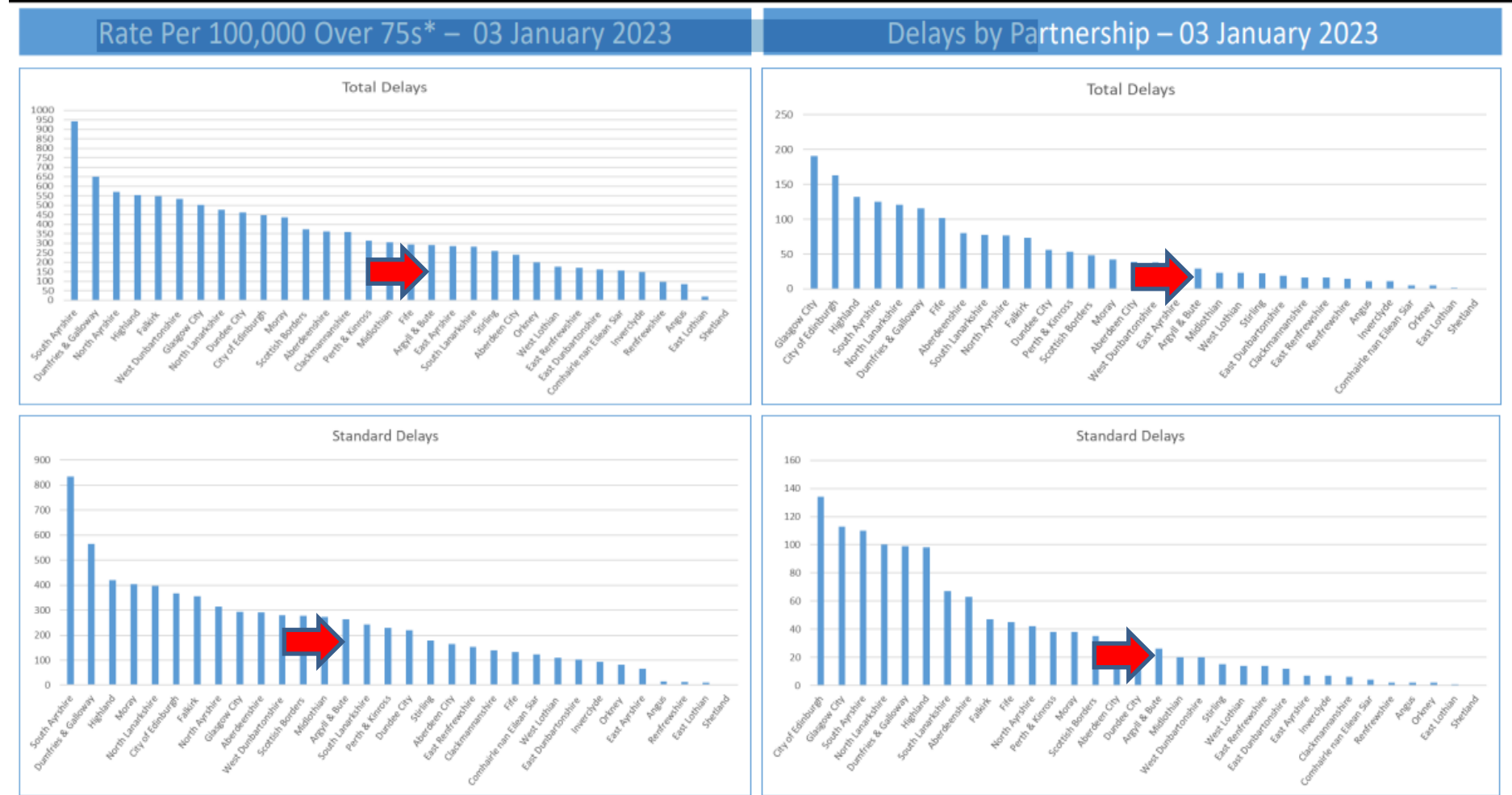# Appendix 1 - Board Level KPI's – 31st October 2022

Board Level KPIs Summary

	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	259,185	62.9%	3,433	1,455	26,101	0	97,385	69,001	133,538
Ayrshire & Arran	26,610	63.2%	325	217	1,838	0	5,825	4,321	15,692
Borders	6,915	67.6%	89	58	596	0	1,900	1,435	4,253
Dumfries & Galloway	4,883	74.3%	77	42	870	0	2,058	783	1,649
Fife	13,718	58.9%	168	53	1,233	0	2,746	1,205	6,184
Forth Valley	7,778	43.4%	279	140	1,101	0	1,969	896	2,528
Grampian	20,581	64.9%	157	38	1,844	0	13,402	9,773	11,216
Greater Glasgow & Clyde	82,598	61.1%	834	245	6,784	0	28,661	21,635	45,232
Highland	11,251	85.0%	45	11	1,288	0	5,117	3,802	5,979
Lanarkshire	27,694	49.1%	770	322	3,848	0	7,759	5,758	12,471
Lothian	42,931	62.3%	673	328	4,675	0	19,537	14,022	22,660
Orkney	376	86.7%	1	1	135	0	151	42	89
Shetland	312	90.5%	0	0	158	0	83	35	77
Tayside	13,312	85.9%	15	0	1,631	0	7,384	4,951	5,469
Western Isles	206	100.0%	0	0	100	0	157	57	37
Grampian as a % of Scotland		4.57%	2.61%	7.06%		13.85%	14.22%	7.94%	8.40%
Highland as a % of Scotland		1.31%	0.76%	4.93%		5.29%	5.53%	4.34%	4.48%
Tayside as a % of Scotland		0.44%	0.00%	6.25%		7.63%	7.21%	5.14%	4.10%

Appendix 2- Proportion of Outpatients Waiting Over 12 Weeks by Health Board (31st October 2022)

Proportion of Outpatients Waiting Over 12 Weeks

Borders (64%)
Ayrshire & Arran (59%)
Greater Glasgow & Clyde (57%)
SCOTLAND (53%)
Lothian (53%)
Lanarkshire (52%)
Highland (50%)
Fife (50%)
Grampian (49%)
Tayside (49%)
Dumfries & Galloway (44%)
Orkney (42%)
Forth Valley (41%)
Shetland (27%)
Western Isles (15%)

Delayed Discharge SitRep — 04 January 2023

Rate Per 100,000 Over 75s* – 03 January 2023

Delays by Partnership – 03 January 2023

*The daily SitRep data includes delayed discharges for all ages, however, rates have been calculated using the population estimates for 75+. As the vast majority of delays are for patients in this age group, this gives a reasonable estimation of standardised rates. However, demographic differences may affect rates in individual areas.