Oban, Lorn and the Isles Area Committee

Date of Meeting: 10 December 2025

Title of Report: Health & Social Care Partnership - Performance Report – FQ1 2025/26 (April - June)

Presented by: Kristin Gillies Head of Strategic Planning, Performance & Technology

The Board is asked to:

- Note revised suite of 77 Key Performance Indicators within the Integrated Performance Management Framework for 2025/26
- Note performance for FQ1 2025/26 (April – June 2025)
- Note Delayed Discharge Sitrep as of 30 Jun 2025 (**Appendix 1**)
- Note latest performance against the National Health & Wellbeing Outcomes and Ministerial Steering Group Integration Indicators (**Appendix 2**)

EXECUTIVE SUMMARY

This report details performance for the Financial Quarter (FQ) 1 2025/26 (April - June), the performance outputs are taken from the Integrated Performance Management Framework (IPMF) Reporting Dashboard with the focus on twelve key service areas, with a revised set of KPI being implemented after annual review, ahead of the 2025/26 reporting year.

Overall performance for FQ1 notes of 77 measures reported as on target (53%). The report details performance against each of the service areas and the 77 supporting IPMF Key Performance Indicators. Latest HSCP Activity Summary Dashboard and trajectory analysis across current reporting year is included, as is the latest performance from the National Delayed Discharge Sitrep and the National Health & Wellbeing Indicators performance. The use of the new performance Dashboard within SharePoint is designed to offer a more focused approach to the access and analysis of data, offering scope for self-service.

2. RECOMENDATIONS

The committee are asked to note FQ1 25/26 performance which is scrutinised at Clinical and Care Governance Committee and further reviewed by the IJB.

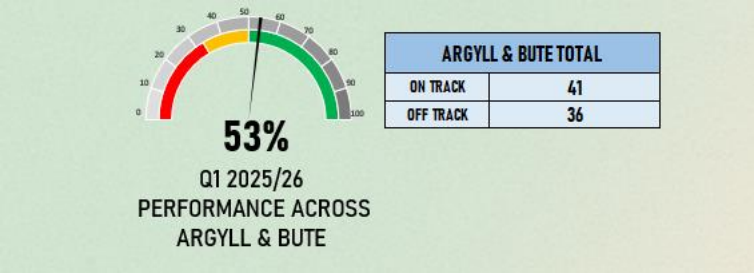
3. DETAIL OF REPORT

The report details the HSCP (Health and Social Care Partnership) performance for FQ 1 2025/26 (April - June), highlighting key performance trends across the 77 KPIs (Key Performance Indicators).

For 2025/26, the quarter 1 snapshot national update on Delayed Discharges (Appendix 1), alongside the latest performance on the National Health and Wellbeing Outcomes Indicators (Appendix 2).

4. RELEVANT DATA & INDICATORS

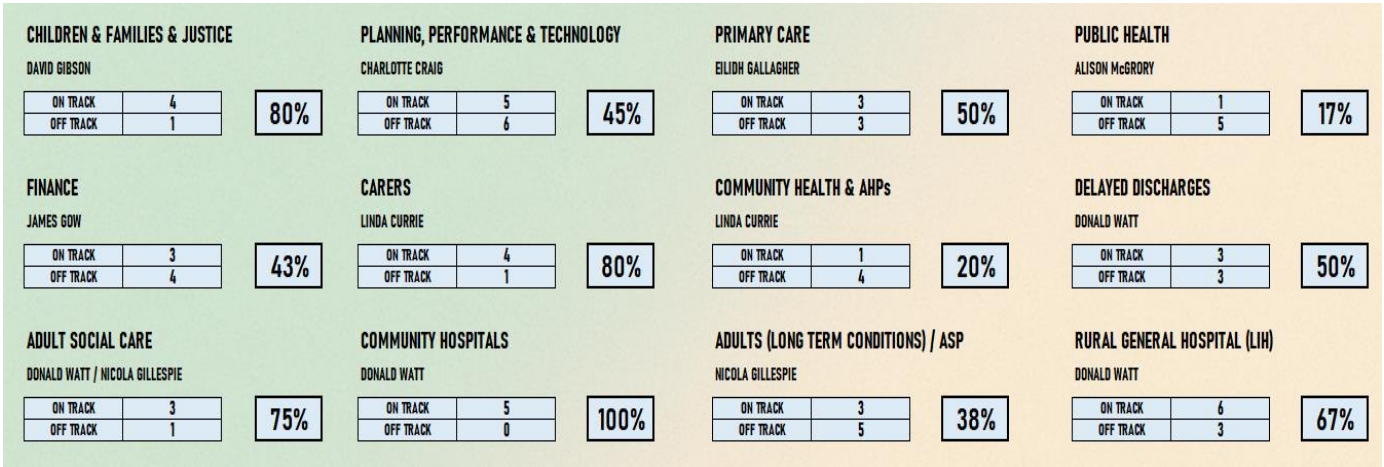
4.1 FQ1 2025/26 (April – June) Performance Summary



Overall performance for FQ1 notes that 77 KPI's are scoring against target, with 41 (53%) reporting as on-track. The KPI's report performance against the target and include the target, actual and variance and is a mix of both quantitative and qualitative indicators. The use of the green, amber and red graphics within the Dashboard is used to give an overview of the HSCP's total performance for each of the twelve services and 77 KPI's. The use of only green and red for the KPI's is used to focus delivery with regards to sustaining performance on or above target.

4.2 Analysis of Key Performance

This analysis identifies performance across the 12 service reporting categories within the Integrated Performance Management Framework (IPMF).



4.2.1 Children & Families

Across 5 KPIs, Children & Families and Justice performance notes 4 (80%) on track, with1 (20%) off track, against the targets set for Q1 25/26.

Performance on or above target:

- Improve the percentage of Child Protection Register (CPR) cases that have an allocated Social Worker met the 100% target this FQ1
- Children & Adolescent Mental Health Services (CAMHS) tier 3 seen within 18 weeks of referral, 90% target was met in FQ1.

- Improve the number of teams that have delivered 85% or more of the Universal Health Visiting Pathway (UHVP) met the target this quarter.
- Health assessments started within 4 weeks of coming into care-exceeded the target of 96% (100%)

Performance below target & areas for improvement:

- Percentage of Justice Social Work reports submitted by 12 noon, 2 days before court was below the target of 90%, reported at 80% this quarter.

4.2.2 Strategy, planning, performance and digital

Performance across 11 Key Performance Indicators (KPIs) for Strategic Planning, Performance & Technology Services shows 5 KPIs (45%) on track, with 6 KPIs (55%) reported as off track against the targets set for FQ1 25/26.

Performance on or above target:

- Increase the number of new clients to Telecare services – exceeded the target of 200 (215).
- Increase the number of Telecare service reviews completed – exceeded the target of 85 (125).
- Increase the number of patients utilising 'Near Me' clinics – exceeded the target of 800 (972).
- Increase the utilisation of 'Connect Me' for blood pressure monitoring within primary care – exceeded the target of 42 patients (124).
- Percentage of Transformation & Improvement projects on track – exceeded the target of 85% (100%).

Performance below target & areas for improvement:

- Increase in new referrals to Silvercloud – below the target of 70 (32).
- Waiting times for cancer appointments at the 31 and 62 day targets – above the target of 0 breaches (7).
- Reduce new outpatient waiting times breaches >12 weeks – above the target of 46% (47%).
- Reduce outpatient waiting list long waits >52 weeks – above the target of 0.0% (7.2%).
- HSCP FOI requests responded to within 20 working days – below the target of 100% (94%).
- IT support requests resolved – below the target of 100% (34%).

Scottish government has an acute focus on planned care, unscheduled care and CAMHS and this is being addressed by a weekly high level huddle board wide with direct reporting to the minister and sign off locally by management supporting an increased focus on booking and waiting list management.

4.2.3 Primary Care

Performance across 6 Key Performance Indicators (KPIs) for Primary Care shows 3 KPIs (50%) on track, with 3 KPIs (50%) reported as off track against the targets set for FQ1 25/26.

Performance on or above target:

- 80% of children who received Fluoride Varnish treatment did not require referral for further dental treatment – exceeded the target of 80% (84%).
- Vaccination delivery against National trends during autumn, winter and spring booster programmes – met the target of 61% (Scotland wide percentage)
- Percentage of HSCP run GP practices enacting contingency measures – no practices enacted contingency measures, actual 0 against a threshold of 14

Performance below target & areas for improvement:

- Percentage of planned activity carried out to deliver National Oral Health Improvement Programmes against Service Plan – below the target of 100% (85%).
- Utilisation of HSCP Dental Clinic appointments – below the target of 75% (58%).
- Minimum 95% uptake for 6 in 1 vaccination in children by age 1 – below the WHO target of 95% (94%).

4.2.4 Public Health

Performance across 6 Key Performance Indicators (KPIs) for Public Health shows 1 KPIs (17%) on track, with 5 KPIs (83%) reported as offtrack against the targets set for FQ1 25/26.

Performance on or above target:

- Mitigate health inequalities through increasing the number of referrals to community link workers supported by “With You” ensuring health and wellbeing support is targeted to areas of rural and socio-economic need. The target was set at 150, and we increased the number of referrals to 174, exceeding the target by 24 (16%) above target.

Performance below target & areas for improvement:

- Increase number of successful quits, supported by NHS smoking cessation advisors or jointly through shared care with Pharmacy, by people in the 40% most deprived areas in Argyll and Bute, reporting undertaken a quarter in arrears – We set a target of 20, and we achieved 14 (30%) below target.
- Report on the number of people in A&B attending training to deliver Community Reinforcement and Family Training (CRAFT) to families – We set a target of 15 and the actual reported in FQ1 was 0.
- Increase the number of people in Argyll and Bute attending training in the following areas, Money Counts, Behaviour Change, Speakeasy, Mental Health and Suicide Prevention - We set a target of 120 and the actual was 39, approximately 67.5% below target.
- Number of instances working with Scottish Government or National Agencies on National Strategy and Policy Development. The target was set at 13, and we achieved 8, falling short of the target by approximately 38.5%.
- Report on the number of engagements relating to planning with people with lived or living experience of alcohol/or drugs – We set a target of 4, and we achieved 2 engagements, falling short of the target by 2 (50%).

4.2.5 Finance

Across 7 KPIs, Financial services performance notes 3 (43%) on track, with 4 (57%) off track against the targets set for Q1 25/26.

Performance on or above target:

- Monitor Older People (OP) - Internal Residential Budget Spend % variance reported at 95% against 100% target
- Monitor Older People (OP) - External Residential Budget Spend % Variance reported at 95% against 100% target
- Monitor Older People (OP) - Homecare Budget Spend was noted at 92% against 100% target

Performance below target & areas for improvement:

- Monitor Lorn & Islands Hospital overall budget is noted as off track and 7.9% over budget at FQ1.
- Monitor NHS saving recovery to ensure this remains on track. For Q1 the actual spend is 35% of the annual budget, which suggests as the financial year progresses this may go off track.
- Monitor Social Work savings recovery to ensure this remains on track. For Q1 the actual spend is 49% of the annual budget, which suggests as the financial year progresses this may go off track.
- Monitor the HSCP total budget to ensure this remains on track currently off track as at quarter end by £2m (0.3%)

4.2.6 Carers

Performance across 5 Key Performance Indicators (KPIs) for Carers shows 4 KPIs (80%) on track, with 1 KPI (20%) reported as off track against the targets set for FQ1 25/26.

Performance on or above target:

- Increase the number of Adult Carer Support Plans completed across A&B Carers Centres exceeded the target of 120 (127).
- Increase the number of Unpaid Adult Carers supported across A&B Carers Centres exceeded the target of 2700 (3107).
- Increase the number of Unpaid Young Carers supported across A&B Carers Centres exceeded the target of 783 (812).
- Increase the number of ACSP reviews completed by the various Carers Centres exceeded the target of 1800 (1839).

Performance below target & areas for improvement:

- Increase the number of Young Carer Statements completed across A&B Carers Centres below the target of 39 (29).

4.2.7 Allied Health Professionals

Performance across 5 Key Performance Indicators (KPIs) for Allied Health Professionals shows 1 KPIs (20%) on track, with 4 KPIs (80%) reported as off track against the targets set for FQ1 25/26.

It should be acknowledged that nationally waiting time breaches are measured against a zero target and it is a clear indicator of how many actual people are waiting. Local trajectory reporting allows monitoring of progress and improvements to reduce the number of patients on waiting lists across varied health specialties.

Performance on or above target:

- Increase the number of monthly AHP Outpatient Completed Waits exceeded the target of 945 (1017).

Performance below target & areas for improvement:

- Reduce New Outpatient Referral waits breaching > 4 weeks for Musculoskeletal (MSK) reported above the target of 0 (812).
- Reduce New Outpatient Referral waits breaching >12 week waits for AHP services reported above the target of 0 (477).
- Reduce P1 and P2 Community Patient Referral waits breaching > 4 weeks for AHP Services noted above the target of 0 (60).
- Reduce P3 and P4 Community Patient Referral waits breaching >12 week waits for AHP services shows above the target of 0 (970).

4.2.8 Delayed Discharges

Performance across 6 Key Performance Indicators (KPIs) for Delayed Discharges shows 3 KPI (50%) on track, with 3 KPIs (50%) reported as off track against the targets set for FQ1 25/26.

It should be acknowledged nationally Delayed Discharges are measured against a zero target. Local targets have been set to monitor progress and improvements to reduce the number of patients showing as a Delayed Discharge.

Performance on or above target:

- The target to reduce the number of people delayed at monthly census point was 34, and we achieved 32, exceeding the target by 2.
- The target to reduce the number of delays in hospital awaiting a care home placement at monthly census point was 10, and we achieved 8, exceeding the target by 2.
- The target to reduce the number of people delayed with assessment code at monthly census point was 10, and we had an actual of 7, exceeding the target by 3.

Performance below target & areas for improvement:

- The target to reduce the overall length of stay in hospital at monthly census point was 634, and our actual was 644, approximately 1.58% over the target.
- The target to reduce the number of people delayed in hospital with AWI code at monthly census point was 4, and our actual was 5, just slightly missing the target by 1.
- The target to reduce the number of people delayed in hospital at monthly census point due to care at home availability was 10, and our actual performance was 15, exceeding the target by 50%.

4.2.9 Adult Social Care

Performance across 4 Key Performance Indicators (KPIs) for Adult Social Care shows 3 KPIs (75%) on track, with 1 KPI (25%) reported as off track against the targets set for FQ1 25/26.

Performance on or above target:

- Increase the percentage of Older People who had their homecare monitoring review completed within 6 months - Performance surpassed the target with an actual of 84%, against a target of 60%.
- Increase the occupancy rates across A&B Care Homes – We achieved 95%, exactly matching the target.
- Reduce the number of hours of unmet need for care at home - The target was to reduce hours to 500, and we achieved 417 hours, exceeding the reduction goal by approximately 16.6%.

Performance below target & areas for improvement:

- Reduce unplanned admissions to A&B hospitals directly from a care home - The new target set for this KPI was 18. Our actual was 24, exceeding the target by 33%.

4.2.10 Community Hospitals

Performance across 5 Key Performance Indicators (KPIs) for Community Hospitals shows 5 KPIs (100%) on track in FQ1 2025/26.

Performance on or above target:

- Reduce the rate of unplanned admissions to Community Hospitals for 65+ population - The target was to reduce admissions to 450, and we achieved 449.
- Reduce the average length of stay for inpatients in A&B Community Hospitals – We aimed to reduce the average LOS to 7.5 days and achieved 6.9, exceeding the target.
- A&E attendances meeting the 4 hrs wait target. The national target for attendances meeting the 4 hours target is 95%, we achieved 96%.
- Maintain A&B Community Hospitals Bed occupancy rates below 80% target – The target was to maintain bed occupancy below 80%, and actual occupancy was 61.8%.
- Reduce the number of falls being reported in a Community Hospital setting in A&B – The target was to reduce falls to 38, and the actual number was 12.

Performance below target & areas for improvement:
None

4.2.11 Adults with Long Term Conditions / Adult Support & Protection / Alcohol Drugs Partnership

Performance across 8 Key Performance Indicators (KPIs) for Adults with Long Term Conditions Services shows 3 KPIs (38%) on track, with 5 KPIs (62%) reported as off track against the targets set for FQ1 25/26.

It should be acknowledged that nationally waiting time breaches for New Mental Health Outpatients (12 weeks) and Psychological Therapy (18 Weeks) are measured against a zero target. Local

targets have been set to monitor progress and improvements to reduce the number of patients on waiting lists across varied health specialties

Performance on or above target:

- Reduce the number of people monthly waiting for psychological therapy services (>18 weeks) – exceeded the target of 175 (34).
- Mental Health urgent care referrals response timescales <2 hours – met the target of 90% (100%).
- Mental Health social circumstances report overdue – met the target of 33% (33%).

Performance below target & areas for improvement:

- Reduce the number of clients on the Dynamic Support Register with category Amber/Red – above the target of 10 (18).
- Reduce the number of people waiting for a new Mental Health outpatient service (>12 weeks) – above the target of 390 (757).
- Increase the % of Adult Support Protection screening duty to inquire assessments completed within 5 working days – below the target of 70% (40%).
- Increase the % of Adult Support Protection investigations completed within 15 working days – below the target of 70% (32%).
- Drug & Alcohol completed waiting times from referral to first treatment (LDP) – below the target of 90.0% (83.3%).

4.2.12 Rural General Hospitals (Lorn & Island Hospital)

Performance across 9 Key Performance Indicators (KPIs) for Rural General Hospitals (LIH) shows 6 KPIs (67%) on track, with 3 KPIs (33%) reported as off track against the targets set for FQ1 25/26.

Performance on or above target:

- Reduce the rate of unplanned admissions to LIH 65+ population. We aimed to reduce unplanned admissions to 345. We achieved 315, approximately 9% under the target.
- Reduce the total number of unplanned bed days in LIH. We aimed to reduce the total days to 3323 and successfully achieved 2810, 15.4% below the target.
- Maintain LIH Bed Occupancy Rates below 90% target. We set a target to maintain bed occupancy below 90% and we maintained performance at 74.6%, 17.1% below the target.
- Reduce the number of LIH A&E Attendances that result in an unplanned admission. We set a target to reduce attendances to 19.2%, and we achieved 16.8%.
- Reduce the number of falls being reported in a hospital setting in LIH. We set a target to reduce falls to 26, and only 7 were reported this quarter.
- Reduce the number of instances of tissue viability in Lorn & Islands Hospital. We set a target to reduce the number of instances to 4, with only 1 being reported this FQ.

Performance below target & areas for improvement:

- Reduce the Average Length of Stay for inpatients in LIH – Target is to reduce the average LOS to 5 days and we reported 7 day this quarter.

- 95% of A&E attendances to meet the 4-hour wait target. This KPI has a national target of 95% and we achieved 92% in FQ1.

4.2.13 National Health & Wellbeing Outcome Indicators & Ministerial Steering Group Integration Indicators

The National Health and Wellbeing Outcomes provide a strategic framework for the planning and delivery of health and social care services. This suite of outcomes serves to focus on improving the experiences and quality of services for people using those services, carers, and their families. These indicators form the basis of the annual reporting requirement for Health and Social Care Partnerships across Scotland.

The national indicators will be updated and reported within A&B HSCP's Integrated Performance Management Framework to provide the national performance position alongside the local service Key Performance Indicators suite.

The latest data in relation to 26 HWBOI and MSG Indicators reports 50% on track, with 13 on track and 13 off track. An overview of A&B HSCP's latest performance against the 26 measures is reported in Appendix 1. It should be noted that reporting periods vary across the suite of national indicator measures, with some measures reported quarterly affected by national reporting data lag.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

The monitoring and reporting against Key Performance Indicators using the Integrated Performance Management Framework and Dashboard ensures the HSCP is able to deliver against key strategic priorities. This in-turn is aligned with the Strategic Plan and key objectives.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

Financial performance is evidenced within the IPMF Dashboard ensuring best value as well as evidencing the impact and performance against organisational budget savings.

6.2 Staff Governance

Key performance indicators within the IPMF ensure that staff governance requirements 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 remain at the core of prioritised service delivery against the new IPMF Dashboard and National Health & Wellbeing Outcomes Indicators. The new governance structure supporting the IPMF ensures that the Clinical & Care Governance Committee remain central to performance improvement. The development of the IPMF is focussed on moving away from previous traditional styles of reporting to a fully collaborative approach with Head of Service and Service Lead commentary.

7. PROFESSIONAL ADVISORY

Data used within the performance dashboard is fully accessible in SharePoint with data trends and forecasting are identified to give wider strategic context. This provides the HSCP professional advisors with self –service performance information to inform their role in maintaining professional standards and outcomes.

8. EQUALITY & DIVERSITY IMPLICATIONS

The Integrated Performance Management Framework captures relevant indictors used to inform the HSCP E&D work.

8.1 PROTECTED CHARACTERISTICS

Performance detailed within this report acknowledges the rights of the Child (UNCRC), Islands. Fairer Scotland, Socio-economic Duty, Equalities - protected characteristics.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Data use and sharing within this report and IPMF performance dashboard 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.

10.1 STRATEGIC, OPERATIONAL OR CLIMATE RISK

Performance reports are used by operational management to identify service delivery risk and to inform mitigation action accordingly.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Performance reporting is available for the public via Argyll and Bute Council and NHS Highland websites. The IPMF dashboard utilises SharePoint to support manager and staff access across the HSCP.

12. CONCLUSION

The Integration Joint Board is asked to considerer and acknowledge FQ1 2025/26 (Apr - June) performance as detailed in the IPMF Dashboard

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	

14. PREVIOUS REVIEW OF THE REPORT

Meeting	Title of report	Date	Output (if relevant)

REPORT AUTHOR AND CONTACT

Author Name: Douglas Hunter- Senior Manager Performance & Improvement
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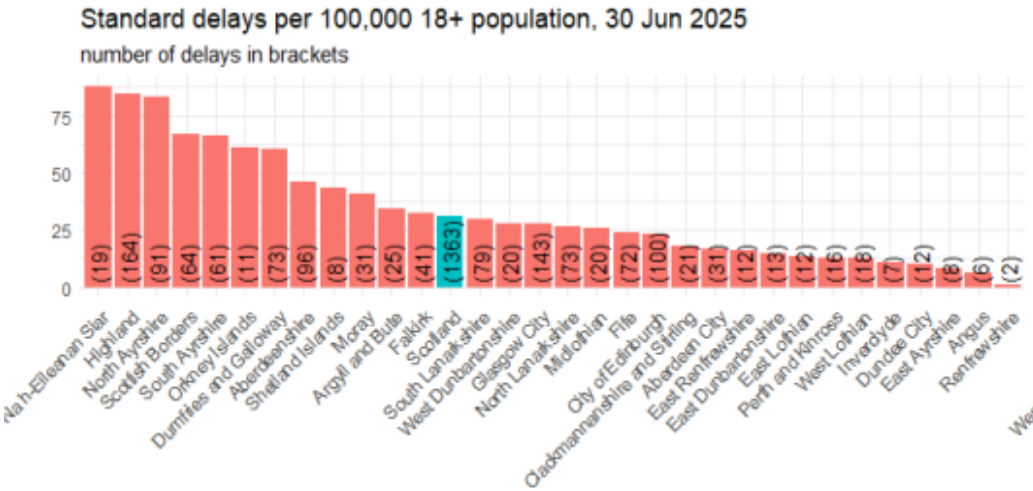
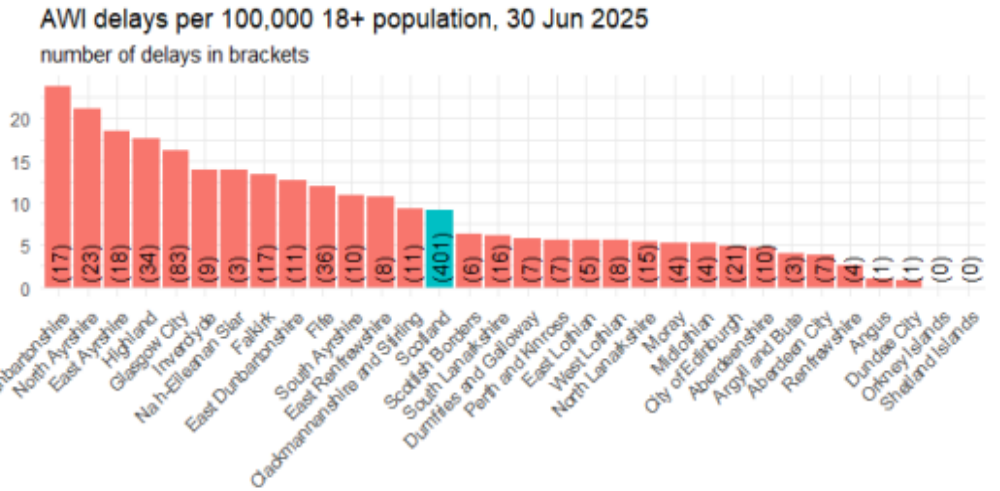
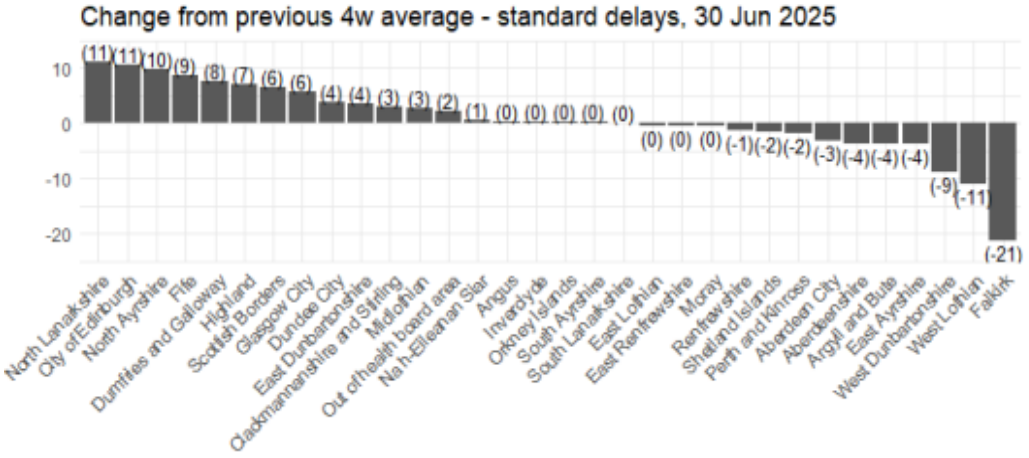
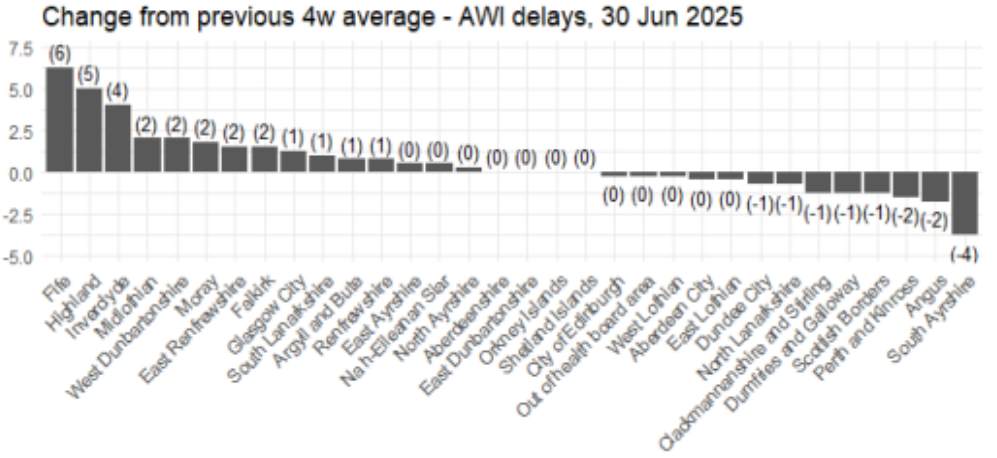
Appendix 1 - Delayed Discharge Sitrep – 30th June 2025

Delayed Discharges SitRep - Local authority comparisons - 30 June 2025









Appendix 2 – HWBOI & MSG Integration Indicators.

Core Suite of Integration Indicators

HWBOI-Outcomes

Data notes 55.5% (5 of 9) HWBOI Outcomes measures reporting as above the national Scotland Rate. It is worth noting that performance will be influenced and vary in line with the total number of respondents participating in this voluntary survey. As such, caution should be noted with regards to previous comparison and trends. Benchmarking performance against 7 comparator HSCPs is noted below.

Core Suite of Integration Indicators	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Scotland
1 - Percentage of adults able to look after their health very well or quite well	93.0%	93.2%	93.2%	90.8%	90.8%	92.0%	92.0%	*90.7%*
2 - Percentage of adults supported at home who agreed that they are supported to live as independently as possible	79.0%	79.9%	79.9%	75.0%	75.0%	73.0%	73.0%	*72.4%*
3 - Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76.0%	72.5%	72.5%	66.9%	66.9%	53.0%	53.0%	*59.6%*
4 - Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	72.0%	73.7%	73.7%	66.0%	66.0%	59.0%	59.0%	*61.4%*
5 - Total % of adults receiving any care or support who rated it as excellent or good	79.9%	78.3%	78.3%	68.6%	68.6%	74.0%	74.0%	*70.0%*
6 - Percentage of people with positive experience of the care provided by their GP practice	84.8%	84.5%	84.5%	77.6%	77.6%	84.0%	84.0%	*68.5%*
7 - Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	74.2%	76.5%	76.5%	76.7%	76.7%	67.0%	67.0%	*69.8%*
8 - Total combined % carers who feel supported to continue in their caring role	32.7%	35.0%	35.0%	38.0%	38.0%	38.0%	38.0%	*31.2%*
9 - Percentage of adults supported at home who agreed they felt safe	82.9%	78.7%	78.7%	76.4%	76.4%	67.0%	67.0%	*72.7%*

HWBOI – Outcomes - Benchmarking

Indicator	Title	Argyll & Bute	HSCP A	HSCP B	HSCP C	HSCP D	HSCP E	HSCP F	HSCP G	Scotland
NI - 1	Percentage of adults able to look after their health very well or quite well	92.0%	91.1%	92.0%	93.0%	92.5%	92.2%	93.5%	90.8%	90.7%
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as	73.0%	74.1%	74.7%	71.9%	76.5%	71.9%	77.4%	67.2%	72.4%
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	53.0%	62.4%	63.9%	60.5%	61.9%	59.5%	63.4%	57.9%	59.6%
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	59.0%	55.6%	67.1%	65.9%	74.4%	65.7%	62.1%	56.0%	61.4%
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	74.0%	65.2%	76.3%	75.7%	65.6%	68.7%	72.6%	64.8%	70.0%
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	84.0%	62.1%	71.1%	80.4%	67.9%	68.6%	73.7%	72.3%	68.5%
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	67.0%	70.1%	76.1%	73.6%	76.0%	69.3%	76.2%	66.1%	69.8%
NI - 8	Total combined % carers who feel supported to continue in their caring role	38.0%	33.7%	35.8%	32.0%	34.6%	28.2%	28.0%	32.8%	31.2%
NI - 9	Percentage of adults supported at home who agreed they felt safe	67.0%	63.7%	79.6%	78.2%	79.9%	70.0%	71.9%	66.8%	72.7%

HWBOI- Performance Data

Data notes 66.7% (6 of 9) HWBOI Performance measures reporting as above the national Scotland Rate. Note Indicators 17 and 19 are reported at FY 24/25 with measures 11, 12, 13, 14, 15, 16, 18 reported as at Calendar year 2024 as a proxy for 2024/25 due to the national data for 2024/25 being incomplete. This is in line with guidance issued by Public Health Scotland which was communicated to all Health and Social Care Partnerships. Using more complete calendar year data for 2024 should improve the consistency of reporting between Health and Social Care Partnerships.

Core Suite of Integration Indicators	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Scotland
11 - Premature mortality rate per 100,000 persons*	393	403	398	386	398	410	410	442
12 - Emergency admission rate (per 100,000 population)*	12,938	12,402	10,702	12,004	11,968	12,204	12,064	*11,559*
13 - Emergency bed day rate (per 100,000 population)*	112,235	108,088	91,065	106,155	118,552	120,888	120,636	*113,627*
14 - Readmission to hospital within 28 days (per 1,000 population)*	83	80	96	89	84	85	84	*103*
15 - Proportion of last 6 months of life spent at home or in a community setting*	90.0%	90.8	92.4	90.8%	89.6%	89.7%	90.0%	*89.2%*
16 - Falls rate per 1,000 population aged 65+*	26.2	26.0	24.3	29.2	27.6	28.4	26.6	*22.5*
17 - Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	74.2%	85.0%	87.0%	80.0%	79.0%	77.3%	84.2%	*81.9%*
18 - Percentage of adults with intensive care needs receiving care at home*	68.4%	70.8.0%	72.3%	72.1%	72.2%	68.3%	68.8%	*64.7%*
19 - Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	640	540	343	570	804	912	882	*952*
20 - Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency*	22.0%	22.0%	N/A	N/A	N/A	N/A	N/A	*N/A*

HWBOI- Performance Data – Benchmarking

Indicator	Title	Argyll & Bute	HSCP A	HSCP B	HSCP C	HSCP D	HSCP E	HSCP F	HSCP G	Scotland
NI - 11	Premature mortality rate per 100,000 persons	410	390	357	400	428	330	358	407	442
NI - 12	Emergency admission rate (per 100,000 population)	12,064	12,560	9,710	9,214	10,438	8,338	9,981	13,127	11,559
NI - 13	Emergency bed day rate (per 100,000 population)	120,636	94,390	104,376	102,850	105,962	87,123	125,062	110,293	113,627
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	84	119	91	116	95	77	120	122	103
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	90.0%	92.2%	89.1%	90.3%	87.9%	91.1%	88.2%	89.2%	89.2%
NI - 16	Falls rate per 1,000 population aged 65+	26.6	25.4	23.0	14.6	23.8	17.7	16.3	23.6	22.5
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	84.2%	71.3%	82.5%	84.8%	76.4%	81.1%	70.6%	84.6%	81.9%
NI - 18	Percentage of adults with intensive care needs receiving care at home	68.8%	63.1%	62.0%	54.8%	70.3%	60.6%	59.5%	70.4%	64.7%
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	882	166	238	1,876	639	980	1,605	814	952
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Ministerial Steering Group Indicators

MSG Indicators 1.1, 1.2 and 2.1 are reported at Calendar Year 2024 as a proxy form 2024/25. This is in line with guidance issues by Public Health Scotland which was communicated to all Health and Social Care Partnerships/ MSG Indicators data notes that all MSG measures have sustained higher activity or have increased in the last reporting year. Activity around Emergency Admissions, Unplanned Bed Days, A&E attendances and Delayed Discharge Bed Days all noted performance exceeding pre –Covid levels. This highlights the necessity to consider approaches to alleviate systems pressures around Urgent and Unscheduled Care and expedite hospital flow, particularly around A&E Admissions and Delayed Discharges.

Ministerial Steering Group Indicators	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
MSG 1.1 - Number of emergency admissions* CY	8,374	8,231	6,917	7,820	7,928	8,933	8,879
MSG 1.2 - Number of Admissions from A&E* CY	5,244	4,945	3,668	5,040	4,957	5,097	5,502
MSG 2.1 - Number of unplanned bed days acute specialties* CY	65,794	64,008	53,390	67,255	77,094	77,882	80.655
MSG 2.2 - Number of unplanned bed days MH specialties	13,747	13,204	11,208	9,049	9,212	11,575	11.380
MSG 3.1 - Number of A&E attendances	13,985	14,171	10,091	15,646	16,774	17,740	22,456
MSG 3.2 - % A&E attendances seen within 4 hours	93.4%	91.7%	93.1%	88.9%	83.9%	83.0%	83.0%
MSG 4.1 - Number of DD bed days occupied	9,530	7,863	5,354	7,742	11,929	12,757	14,042
MSG 5.1 - % of last six months of life by setting community & hospital	90.0%	89.6	90.80%	90.80%	89.60%	89.40%	N/A
MSG 6.1 - % of 65+ population at Home (unsupported)	92.1%	92.1%	92.5%	92.6%	93.2%	93.4%	N/A

Data notes 67% (6 of 9) HWBOI Outcomes measures reporting as above the national Scotland Rate. It is worth noting that performance will be influenced and vary in line with the total number of respondents participating in this voluntary survey. As such, caution should be noted with regards to previous comparison and trends