

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

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

(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.

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

(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

With regards to overall 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 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: Stephen Whiston
Email: stephen.whiston@nhs.scot

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

