

Western Isles Health Board

Meeting: BOARD MEETING
Date: 27.06.18
Agenda Item: 10.3
Paper No:

Approval	
Discussion	✓
For noting	✓
Action	

Prepared by: Mr. Martin Malcolm, Head of Public Health Intelligence & Info. Services
Presented by: Mrs. Chrisanne Campbell, Director of Nursing Services

Title: WESTERN ISLES PERFORMANCE & PATIENT ACTIVITY REPORT, 2017/18 QUARTER 4

Purpose of paper:	<p>The Board is asked to:</p> <ul style="list-style-type: none"> Note the Local Delivery Plan (LDP) Performance Status for Q4 2017-18 and latest patient activity information.
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Executive Summary:	<p><i>Detailed summary of the full report highlighting the salient points.</i></p> <p>The Board is provided with Quarter 4 LDP performance together with trend information to date on patient activity.</p> <p>Section 1a) Lists Current LDP Standards</p> <p>Section 1b) Performance status on KPMs not meeting latest planned trajectory. The performance status update from delivery leads and plans for improvement for those KPMs listed below.</p> <p>LDP Standards not on trajectory:</p> <table border="1"> <thead> <tr> <th>STANDARD</th><th>Improvement Plan Submitted</th></tr> </thead> <tbody> <tr> <td>GP Advance Booking</td><td>Yes</td></tr> <tr> <td>All Cancer Treatment 62 days</td><td>Yes</td></tr> <tr> <td>Number of people on QoF Dementia Register</td><td>Yes</td></tr> <tr> <td>MRSA/MSSA Bacterium</td><td>Yes</td></tr> <tr> <td>Delivery of Alcohol Brief Interventions</td><td>Yes</td></tr> <tr> <td>Smoking Cessation</td><td>Yes</td></tr> <tr> <td>Psychological Therapies Waiting Times</td><td>Yes</td></tr> <tr> <td>Sickness Absence</td><td>No</td></tr> <tr> <td>New Outpatients waiting over 12 wks / 16 wks</td><td>Yes</td></tr> <tr> <td>Early Access to Ante-Natal Services</td><td>Yes</td></tr> <tr> <td>Dementia Post Diagnostic Support</td><td>Yes</td></tr> <tr> <td>*Detect Cancer Early</td><td>n/a</td></tr> </tbody> </table> <p>* There is no new data to report for Detect Cancer Early target which did not meet the standard at December 2016.</p>	STANDARD	Improvement Plan Submitted	GP Advance Booking	Yes	All Cancer Treatment 62 days	Yes	Number of people on QoF Dementia Register	Yes	MRSA/MSSA Bacterium	Yes	Delivery of Alcohol Brief Interventions	Yes	Smoking Cessation	Yes	Psychological Therapies Waiting Times	Yes	Sickness Absence	No	New Outpatients waiting over 12 wks / 16 wks	Yes	Early Access to Ante-Natal Services	Yes	Dementia Post Diagnostic Support	Yes	*Detect Cancer Early	n/a
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Section 1c) contains 2017/18 Quarter 4 Standards Status Summary.

Section 2) contains Patient Activity trends for key hospital settings.

Inpatient/Daycases:

- Little overall change in Inpatient/Daycase activity v. same period last year.
- Elective/Emergency admissions – increase in Emergencies.
- Further reduction in mainland Inpatient and Daycase episodes.
- Decline in total Occupied bed days
- 75% overall occupancy in majority days in quarter.

Outpatients:

- Decrease in return Outpatient appointments in October 2017 – March 2018 New Outpatient numbers remain fairly static.
- Increase in Outpatient Appointment Cancellations/Changes by hospital
- Mainland Outpatient activity has decreased but remains higher than seen in the same period 2014/15.

Bed Occupancy Report) The further bed occupancy analysis report shows:

WIH 100% occupancy for Nil days in quarter (80-89% occupied in 52 days in quarter)

At Ward Level though there are number wards with 100% daily occupancy:

- **APU** – 37 days
- **Clisham** – 90 days
- **Erisort** – 71 days
- **Med1 & Children** – 43 days
- **Med 2** – 31 days

UBH 100% occupancy for majority of days (53 days in quarter)

St. Brendans = 100% occupancy in 2 days in quarter (Under 60% in 72 days during quarter)

The above % occupancy is adjusted to take account of additional contingency beds being available. The level of contingency bed utilized during quarter:

Ward	Number of days in quarter where Staffed Beds adjusted for contingency beds
APU	1
Clisham Ward	90
Erisort Ward	56
Medical 1 + Children	23
Medical 2	21
Medical Assessment Unit	2
Surgical Ward	2
Uist & Barra	36

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Link to Corporate/ Strategic Objectives:	Local Delivery Plan 2017-18 and Corporate Plan
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Governance Impact:	<i>Describe the impact on all the relevant Governance Standards</i>
Financial Impact	<i>Include costs & funding source</i>
	Financial performance is monitored via Financial component of LDP.
Clinical Governance	<i>Demonstrate how the report impacts on monitoring and improving the quality of our services and safeguarding high standards of patient focused care and services.</i>
	The reported standards form part of the Local Delivery Plan which is aligned to the Quality Strategy and 20/20 Vision.
Staff Governance	<i>Demonstrate how the report impacts on improvements in relation to a system of corporate accountability for the fair and effective management of staff.</i>
	Some measures relating to staff engagement, etc. inc. and further expanded in local scorecard performance monitoring.
Patient & Public Involvement	<i>Include evidence of planned involvement</i>
	Performance forms part of national Scotland Performs publications
Best Value	<i>Please indicate which parts of the Best Value Framework are evidenced by this paper.</i>
	<i>Achievement of the Boards Local Delivery Plan is the key contract between it and the SG Health dept. to ensure efficient delivery of services.</i>

Link to the Quality Strategy:	Six Dimensions of the Quality Strategy		
Please indicate which of the six dimensions are supported in this paper -	Person-Centered	Providing care that is responsive to individual person preferences, needs and values and assuring that patient values guide all clinical decisions.	✓
	Safe	Avoiding injuries to patients from healthcare that is intended to help them.	✓
	Effective	Providing services based on scientific knowledge.	✓
	Efficient	Avoiding waste, including waste of equipment, supplies, ideas and energy.	✓
	Equitable	Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, or social economic status.	✓
	Timely	Reducing waits and sometimes harmful delays for both those who receive care and those who give care.	✓

Risk Assessment	Is a Risk Assessment included within the full report. <i>Please describe the outcome of any risk assessments relating to this, whether it is on the NHS Western Isles Risk Register and what is being done to minimise the risk.</i>			
	Yes	✓ (for areas of risk)	No	

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Principal Risks related to this paper: <i>(Including Risk Rating)</i>	Performance Risks identified in report (see Section 5) Risk no corrective action being taken to under performance in absence of Performance reviews and assessments completed.		
Fairness Assessment	Is a Fairness Assessment necessary and if so, include within the full report. <i>Requirements to impact assess all policies and functions and to include reference to impact assessment of the issue at hand.</i>		
(If No please explain why an assessment is not required)	Yes		No
	✓		
Parties consulted with:	Consulted with: ACOOs and General Managers	Date(s):	
Committees presented to:	Presented to: Single Operating Division MT Health Board	Date(s): For December 2017 meeting For December 2017 meeting	
Communicate the document with:	<i>e.g. Website / intranet / other staff or committee groups</i> Health Board/Press		

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