Board Meeting 22.06.22
Agenda Item: 11.2
Purpose: For Assurance

Local Delivery Plan Reporting Summary and Activity Report

Q4 2021/22

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Performance & Activity Report: 2021/22 QUARTER 4

1) Target Performance: Local Delivery Plan (LDP) Trajectories and Local Delivery Plan

This report contains a review of Western Isles NHS performance status against the current Local Delivery Plan (LDP) standards for 2020/21(previously HEAT targets/standards). The LDP standards are those targets retained from previous years as ongoing performance measures and reported as part of SG Scotland Performs framework. They are intended to provide assurance on sustaining delivery, which will only be achieved by evolving services in line with the 2020 Vision.

The report is based around following three sections:

a) Current LDP Standards
b) LDP Key Performance Measures (KPMs) monitoring update for 2021/22 – Q4 Jan-Mar
c) Exception report on KPMs not meeting latest planned trajectory.

a) Current LDP Standards

LDP Standards

- To increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25%.
- At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation so as to ensure improvements in breast feeding rates and other important health behaviours.
- NHS Boards to operate within their agreed revenue resource limit; operate within their capital resource limit; meet their cash requirement.
- Deliver faster access to mental health services by delivering 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS) services; and 18 weeks referral to treatment for Psychological Therapies.
- To deliver expected rates of dementia diagnosis, and, all people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan.
- Eligible patients will commence IVF treatment within 12 months of referral.
- Further reduce the rate of healthcare associated infections of staphylococcus aureus bacteraemia (including MRSA) and of Clostridium difficile infections in patients aged 15 and over. Board deemed an exception if incidence rate is above upper 95% confidence limit in current quarter OR above third standard deviation upper warning limit for current quarter of long-term trend analysis.

- NHS Scotland to deliver universal smoking cessation services to achieve a number of successful quits, at 12 weeks post quit, in the 40% most deprived within board SIMD areas (60% for island health boards).

- 95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat, and 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral.

- 90% of planned/elective patients to commence treatment within 18 weeks of referral.

- Provide 48-hour access or advance booking to an appropriate member of the GP Practice Team.

- 98% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment.

- 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.

- NHS Boards to achieve a sickness absence rate of 4%.

- 95% of all patients referred for first outpatient appointment must wait no longer than 12 weeks from referral (all sources). In addition to this, long waits for outpatient appointments are unacceptable and NHS Boards must also eradicate waits over 16 weeks, which is the longstop.

- 100% of inpatients and daycases are to be seen within the 12-week Treatment Time Guarantee.

- NHS Boards and Alcohol and Drug Partnerships (ADPs) will sustain and embed alcohol brief interventions (ABI) in the three priority settings (primary care, A&E, antenatal). In addition, they will continue to develop delivery of alcohol brief interventions in wider settings.

b) Performance Review and Improvement Plans

A summary of performance status to date and plans for improvement is provided below for those KPMs which are identified above as not meeting their planned trajectory – highlighted Red in RAG status.

Standards not meeting target in December 2021:

NO.	INDICATOR
8	Percentage urgent suspected cancer referrals treated within 62 days
6a	% patients able to book an appointment with a GP more than 3 days ahead
14a	Hospital Associated - Number of Clostridium difficile Infections in patients per 100000 total occupied bed days in all aged 15+
15	Alcohol Brief Interventions
27	% sickness absence level
91	IP: % seen within maximum 12 week Treatment Time Guarantee
97	Detect Cancer Early
129A	Dementia: Improving Post Diagnostic Support
92a	New OP: % seen within 12 weeks of referral (excluded from Treatment Time Guarantee)
92b	New OP: % seen within 16 weeks of referral (excluded from Treatment Time Guarantee)

LOCAL DELIVERY PLAN STANDARD MEASURES 2021/22 – QUARTER 4

The LDP Standards are intended to provide assurance on sustaining delivery, which will only be achieved by evolving services in line with the 2020 Vision.

All measures reported to QUARTER 4 unless otherwise stated. Some of these figures are local and provisional and may be subject to amendment.

STANDARD	*Associated Key Measures*	Latest Period	Latest Status	Comments
Advance booking – GP Percentage of patients, who indicate that they were able to book an appointment with a GP more than 3 days ahead.	***Able to book an appointment with a GP more than 48 days in advance or 48-hour access to an appropriate member of the GP Practice Team. Biennial patient satisfaction survey.last published May-22***	*Mar-22*	**R**	Standard: 90% **Actual: 72%** Variance:-20.0%
48 Hr Access – GP Practice Team At least 90% of patients respond that they were able to obtain a consultation with a GP or appropriate healthcare professional within 2 working days of initial contact.		*Mar-22*	**G**	Standard: 90% **Actual: 94%** Variance: 5.6%
Faster access to specialist CaMHS Deliver 18 weeks from referral to treatment for specialist CaMHS services.	***90% of patients to be seen within 18 weeks.***	*Mar-22*	**G**	Standard:90% **Actual: 100%** Variance: +11.1% *27 of 27 pts seen within 18 weeks*
Suspicion-of-cancer referrals (62 days) % of urgent referrals (inc. via A&E) with suspicion of cancer seen within 62 days of treatment starting.	***The maximum wait from urgent referral with a suspicion of cancer, to treatment is 62 days; the maximum wait from decision to treat to first treatment for all patients diagnosed with cancer is 31 days.***	*Mar-22*	**R**	Standard: 95% **Actual: 56%** Variance: -41.1% *18 of 32 seen within 62 days*
All Cancer Treatment (31 days) % of cancer patients treated within 31 days of diagnosis.		*Mar-22*	**G**	Standard: 95% **Actual: 100%** Variance: 5.3 *14 of 14 seen within 31 days*
Financial Performance NHS boards to operate within their agreed revenue resource limit; operate within their capital resource limit; meet their cash requirement.	***No trajectories required for this financial performance target as monitored and reported in Monthly Finance returns.***	*Mar-21*	**G**	Plan break even Expected Breakeven

STANDARD	*Associated Key Measures*	Latest Period	Latest Status	Comments
MRSA/MSSA Bacterium To further reduce healthcare associated infections of staphylococcus aureus bacteraemia (including MRSA) case Hospital Associated (Rate per 100,000 Total Occupied Bed Days) and Community Associated (rate per 100000 population)	***Measure is flawed as it is looking for a 10% reduction based on a year with only 1 case*** ***Target: 10% reduction on 2018/19 baseline by 2021/22***	*Mar-22*	G	*Local figures for March* Target 3.2 Hospital Associated SAB : 0.0 (0 Cases)
			G	Target 16.8 Community Associated SAB : 0 (0 case)
Clostridioides Difficile Infections To further reduce healthcare associated infections of Clostridium Difficile in patients aged 15 and over Hospital Associated (Rate per 100,000 Total Occupied Bed Days) and Community Associated (rate per 100000 population)	***Board deemed an exception if incidence rate is above upper 95% confidence limit in current quarter OR above third standard deviation upper warning limit for current quarter of long term trend analysis.***	*Mar-22*	R	*Local figures for March* Target Rate 3.2 Hospital Associated CDI : 16.5 (1 case)
			R	Target Rate 3.4 Community Associated CDI : 30.7 (2 cases)
E. Coli Bacteraemias Reduction of 50% on 2018/19 baseline by 2023/24 with initial reduction of 25% by 2021/22. Healthcare Associated (Rate per 100,000 Total Occupied Bed Days) and Community Associated (rate per 100000 population)	***Board deemed an exception if incidence rate is above upper 95% confidence limit in current quarter OR above third standard deviation upper warning limit for current quarter of long term trend analysis.***	*Mar-22*	G	*Local figures for March* Target Rate 43.3 Healthcare Associated E.coli : 17.6 (1 case)
			G	Target Rate 53.2 Community Associated E.coli : 30.7 (2 cases)
Alcohol Brief Interventions Number of alcohol brief interventions delivered in SIGN settings.	***To maintain delivery of 317 ABIs; 80% of which should be in priority settings and 20% in wider settings.***	*Mar-22*	-	*National Program was paused in Q3 2020/21*
Smoking Cessation Delivery of universal smoking cessation services to achieve a number of successful quits at 12 weeks post quit in the 60% most deprived within-island board SIMD areas.	**To achieve 30 successful quits at 12wks post-quit for people residing in the three most deprived local quintiles.** *Reporting Dec-Feb as not 12 week post 31st March yet*	*Feb-21*	G	Plan: 30 **Actual: 30** Variance: 0%
Referral to Treatment: Drugs and Alcohol 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.	***The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.***	*Mar-22*	G	Standard: 90% **Actual: 95.5%*** Variance:6.1%

				21 of 22 seen within 3 weeks

STANDARD	*Associated Key Measures*	Latest Period	Latest Status	Comments
18 weeks Referral to Treatment 90% of planned/elective patients are to commence treatment within 18 weeks of referral.	***The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.***	*Mar-22*	R	Standard: 90% **Actual: 86%** Variance: -4.4% *414 patients seen ≤18 wks* *66 patients seen >18 wks*
Faster access to Psychological Therapies Deliver 18 weeks referral to treatment for Psychological Therapies.	***NHS Boards to achieve a rate of 90%.***	*Mar-22*	R	Standard: 90% **Actual: 87.5%** Variance: -2.8% *42 of 48 patients seen within 18 weeks*
Sickness Absence % Hrs lost due to sickness absence.	***NHS Boards to achieve a sickness absence rate of 4%.***	*Mar-22*	R	Standard: 4.0% **Actual: 4.81%** Variance: 20.3% Lost Hours: 7013.82
Emergency Department Waiting Times – 4 hours The percentage of patients seen waiting no more than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment.	***Standard is 95% with stretch target of 98%*** ***Based on all new and unplanned attendances at all hospitals in Board.***	*Mar-22*	G	Standard: (95%) 98% **Actual: 95.4%** Variance against 95%: 0.4%
12 week Treatment Time Guarantee for Inpatients The proportion of inpatient and day cases that were seen within the 12 week Treatment Time Guarantee.	***100% compliance required.***	*Mar-22*	R	Standard: 100% **Actual: 52.01%** Variance: -48% 239 of 498 patients waited more than 12weeks
New Outpatients Waiting over 12 weeks The percentage of patients waiting no more than 12 weeks from referral (all sources) to a first outpatient appointment.	***95% with stretch 100%.***	*Mar-22*	R	Plan: 95.0% **Actual 78.88%** Variance: -17.0% *844 of 1070 pts seen within 12 wks*
New outpatients Waiting over 16 weeks		*Mar-22*	R	Plan: 100%

Percentage of patients waiting no more than 16 weeks from referral (all sources) to a first outpatient appointment.	***100% compliance required. Waits over 16 weeks must be eradicated.***			**Actual 82.99%** Variance: -17.0% *888 of 1070 pts seen in 16wks*

STANDARD	*Associated Key Measures*	Latest Period	Latest Status	Comments
Detect Cancer Early NHS Scotland is to achieve a 25% increase in the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 2014/15. A 25% increase on baseline performance in 2010/11 equates to 29% diagnosed at Stage 1 by 2014/15.	***Data based on combined sets of 2 calendar years. Performance should be at least 29%. 2019-20 is the latest update available. Published 26 October 2021***	*2019-20*	R	Plan: 29% **Actual: 22.4** Variance: 22.8% *30 of 134 diagnosed and treated at Stage 1*
Early Access to Antenatal Services At least 80% of pregnant in each SIMD quintile will have booked for antenatal care by the 12th week of gestation.	***Performance is calculated for each of the 5 quintiles and the lowest performing quintile will be reported.***	*Mar-22*	G	Plan: 80% **Local Figure: 84.6%** Variance: 5.7%
IVF Treatment Waiting Times Eligible patients will commence IVF treatment within 12 months. The target will be based on the proportion of patients who were screened at an IVF centre within 12 months of the decision to treat.	***A proportion of WI patients are treated in Glasgow and will be included in waiting times for GG&C.***	*Dec-21*	G	Plan: 90% **Actual 100%** Variance: 11.1% March data not released yet
Dementia: Post-Diagnostic Support -All newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support co-ordinated by a link worker, including the building of a person-centered support plan.	***Newly diagnosed dementia cases in a performance year who are offered the service, as a percentage of the overall estimate of newly diagnosed dementia cases within that performance year. % of those referred for PDS who received a minimum of a year's support*** *No update from PHS on Projected diagnoses targets so still using 2021 target.*	*Mar-22*	R	Projected diagnoses for performance year 2021 : 133 Diagnosed Jan - Mar : 10 Diagnosed Apr – Mar: 55 30.3% of quarterly estimate 33 41.1% of the annual estimate
-Projected number of individuals diagnosed			G	Percentage receiving PDS: 100%

WI Balanced Scorecard Indicator:
PI8: Referral for Suspicion of Cancer – 62 days.

Executive Lead:
Nurse Director

QOM/HEAT/LOCAL Target:
95% of all urgent suspected cancer referrals are treated within 62 days.

Responsible Officer:
Ronnie Murray,
Planning & Performance Manager

Trajectory Performance to date:

Quarter Ending	Actual	Planned Value	Deviation (%)
Jun-21	71%	95%	-25.3%
Sep-21	66%	95%	-30.7%
Dec-21	83%	95%	-12.3%
Mar-22	56%	95%	-41.1%

Supporting Analysis (where available):
This calculation includes figures for WI patients treated in mainland boards.

Quarter Ending	Patients Seen
Jun-21	19 of 24
Sep-21	25 of 38
Dec-21	20 of 25
Mar-22	18 of 32

1. Performance Narrative (include key reasons for under performance status)

The 62 day target performance is hugely reliant on the performance of other mainland boards, particularly NHS Highland where most of our pathways, including Colorectal and Urology are linked to.

Urology breaches in this quarter are due to waiting for MRI and Bone Scans.

2. Planned Performance Improvements:

1. *A cancer services steering group has been established to look at cancer pathways and discuss issues affecting performance.*
2. *A weekly report of cases being tracked is submitted to the Scottish Government. There is also a monthly call with Margaret Kelly, National Cancer Framework Consultant to discuss any issues affecting performance boards.*
3. *Regular SLA meetings with service managers at NHS Highland need to be re-established in order to address issues affecting performance.*

3. Key Groups/Committees consulted:

1. *Cancer Steering Group*
2. *Performance Group*
3. *SLA*

Completed by: *Ronnie Murray*	Date Completed: *16.05.22*
Section below to be completed following SOD/CMT review	
Date SOD/CMT Reviewed:	**Decision:** Noted/Further information required (detail below :)

WI Balanced Scorecard Indicator:
P91: **IP maximum 12 week Treatment Time Guarantee**

Executive Lead:
Nurse Director

QOM/HEAT/LOCAL Target:
100% seen within maximum 12 week Treatment Time Guarantee

Responsible Officer:
Ronnie Murray,
Planning Manager

Trajectory Performance to date:

Quarter Ending	Actual	Planned Value	Deviation (%)
Oct-21	61.8%	100	-99.4%
Nov-21	61.3%	100	-99.4%
Dec-21	58.2%	100	-99.4%
Mar-22	52.0%	100	-99.5%

Supporting Analysis (where available):
This calculation includes figures for WI patients treated in mainland boards.

Month	IP Seen
Jan-22	254 of 511
Feb-22	269 of 509
Mar-21	239 of 498

1. Performance Narrative (include key reasons for under performance status)

Patients are no longer listed for planned surgery according to the 12week Treatment Time Guarantee. Patients are now listed for planned surgery according to Clinical Priority.

The Treatment Time Guarantee is currently unachievable with around 500 patients waiting for planned surgery.

Due to several suspensions in elective activity (particularly Inpatient activity), waiting lists have grown at an alarming rate since March 2020.

2. Planned Performance Improvements:

1. *Ensure that patients are clinically prioritised and listed appropriately.*
2. *Arrange Waiting List Initiatives where possible.*
3. *Attend Theatre Scheduling and Theatre Utilisation Group meetings to ensure any issues affecting Theatre performance are addressed.*

3. Key Groups/Committees consulted:

1. *Performance Group*
2. *SOD*
3. *SLA*

Completed by: *Ronnie Murray*

Date Completed: *16.05.22*

Section below to be completed following SOD/CMT review

Date SOD/CMT Reviewed:

Decision: Noted/Further information required (detail below :)

WI Balanced Scorecard Indicator:
PI.19 : Deliver 18 weeks RTT.

Executive Lead:
Nurse Director

QOM/HEAT/LOCAL Target:
95% of combined admitted and non-admitted pathways to be treated within 18 weeks of referral

Responsible Officer:
Ronnie Murray,
Planning & Performance Manager

Trajectory Performance to date:

Month Ending	Actual	Planned Value	Deviation (%)
Oct-21	90%	90%	0.0%
Nov-21	87%	90%	-3.1%
Dec-21	93%	90%	3.7%
Mar-21	86%	90%	-4.4%

Supporting Analysis (where available):

Month	Performance	<=18	>18
Jan-22	92%	412	38
Feb-22	87%	354	53
Mar-22	86%	414	66

2. Performance Narrative (include key reasons for under performance status)
Despite the impact of Covid-19 related disruptions to the service, the 18wk RTT performance is very encouraging. There is only a very small deviation to the planned value at March 21.

2. Planned Performance Improvements:

1. *Validate Waiting Lists to ensure that they are accurate and up-to-date.*
2. *Arrange Waiting List Initiatives to shorten waiting times.*
3. *Cleanse 18-wk RTT data to ensure accuracy of reporting.*

3. Key Groups/Committees consulted:

1. *Performance Group*
2. *SLA*
3. *SOD*

Completed by: *Ronnie Murray*

Date Completed: *16.05.22*

Section below to be completed following SOD/CMT review

Date SOD/CMT Reviewed:

Decision: Noted/Further information required (detail below :)

WI Balanced Scorecard Indicator:
PI92b: Number of outpatients waiting over 16 weeks at month end census.

Executive Lead:
Nurse Director

QOM/HEAT/LOCAL Target:
HS: Boards must eradicate all waits over 16 weeks (longstop target linked to 12 week target).

Responsible Officer:
Ronnie Murray,
Planning & Performance Manager

Trajectory Performance to date:

Month Ending	Actual	Planned Value against 16 week target	Deviation (%) against 16 week target
Jun-21	79.98	100.0	-20.02%
Sep-21	85.06	100.0	-14.9%
Dec-21	80.39	100.0	-19.6%
Mar-22	82.99	100.0	-17.0%

Supporting Analysis (where available):

Month	OP seen
Jan-21	745 of 878
Feb-21	818 of 981
Mar-21	888 of 1070

1. Performance Narrative (include key reasons for underperformance status)

Our Outpatients performance continues to improve following Covid-19 related suspensions in activity.

The current performance (82.99%) almost matches pre Covid-19 performance – and this is particularly pleasing given the disruption to the service since March 2020 and that many appointment times have been increased to 30mins to allow for additional cleaning in between patients

Waiting List Initiatives will continue to be undertaken in specialities such as ENT and Dermatology.

ACRT will also be further rolled out to ensure that patients are on appropriate pathways.

2. Planned Performance Improvements:

1. *Liaise with both local and visiting clinicians in order to schedule clinics and to manage waiting lists.*
2. *Continue to implement ACRT and to engage with patients in new and innovative ways.*
3. *Arrange Waiting List Initiatives where possible.*

3. Key Groups/Committees consulted:

1. *Performance Group*
2. *SOD*
3. *SLA*

Completed by: *Ronnie Murray*

Date Completed: *16.05.22*

Section below to be completed following SOD/CMT review

Date SOD/CMT Reviewed:

Decision: Noted/Further information required (detail below :)

WI Balanced Scorecard Indicator:
PI20. 18 weeks Referral to Treatment for Psychological Therapies

Executive Lead:

QOM/HEAT/LOCAL Target:

Deliver 18 weeks referral to treatment for Psychological Therapies.
NHS Boards to achieve a rate of 90%.

Responsible Officer:
Mike Hutchison

Trajectory Performance to date:

Quarter Ending	Actual	Planned Value	Deviation (%)
Jun-21	100	90.0	11.1%
Sep-21	0	90.0	-100.0%
Dec-21	78.5	90.0	-12.8%
Mar-22	87.5	90.0	-2.8%

Supporting Analysis (where available):

Data from Topas, beating the blues cCBT service and Ieso

Month	Patients Seen	<=18Wks	> 18 Wks	% Within 18 Weeks
Jan-22	20	15	5	75.00%
Feb-22	13	12	1	92.30%
Mar-22	15	15	0	100.0%

1. Performance Narrative (include key reasons for under performance status)

Challenges continue around the lack of PT capacity and admin, exacerbated by inability to recruit to 2 full time psychology posts (Band 7 CAAP and Band 8b clinical psychologist)

2. Planned Performance Improvements: As referred to in the AOP

1. Get agreement on advertising vacant psychology posts as suitable for remote/hybrid working, in order to increase chances of recruitment

2. Approve and recruit designated psychology admin who will:

- Answer phone calls and queries from patients and staff, re Psychology, and passing messages on
- Input appointment data on Topas
- Keep all paper files up to date and in order (e.g. creating new files and discharging/storing old ones)
- Type up and posting clinical correspondence
- Deal with psychology post and inputting referrals on Topas
- Input data on staff systems (e.g. STSS) for psychology staff

3. Improve interface between primary and secondary care psychology, alongside planned developments to Primary Care Mental Health services, in order to reduce inappropriate referrals to secondary MH psychological services

3. Key Groups/Committees consulted:

1.
2.
3.

Completed by: MH pp

Date Completed: 24/05/2022

Section below to be completed following SOD/CMT review

Date SOD/CMT Reviewed:

Decision: Noted/Further information required (detail below :)

WI Balanced Scorecard Indicator: PI Community associated infections CDI	**Executive Lead:** **Fiona Mckenzie**
QOM/HEAT/LOCAL Target: Target: 10% reduction on 2018/19 baseline by 2021/22	**Responsible Officer:** Janice Mackay
Trajectory Performance to date:	**Supporting Analysis (where available):**

Rolling Year to	Actual	Planned Value	Cases
Jun-21	0	34	0
Sep-21	29.7	3.4	2
Dec-21	16.5	3.4	0
Mar-22	30.7	3.4	2

Month	Cases
Jan-22	*0*
Feb-22	*1*
Mar-22	*1*

1. Performance Narrative (include key reasons for

- **Faecal samples are being sent for testing from t diarrhoea**
- **Positive CDI tests remain low in NHS Western Isles but 4 cases within 1 month between February and March have affected the trajectory performance**

2. Planned Performance Improvements:

1. A critical incident report is completed by a multi-disciplinary team for all patients who test positive for CDI in NHS Western Isles.
All lessons learnt from these reports are circulated with the appropriate staff groups within NHS Western Isles to ensure the findings are appropriately acted on and lessons shared. The lessons learnt are also sent to the Board's Learning review group to be included on their Agenda

2. The Infection Prevention and Control Team (IPCT) will continue to educate all staff groups on appropriate stool sampling and the true definition of diarrhoea.

3. Antimicrobial Management team will lead on work aimed at Primary Care and antimicrobial prescribing

3. Key Groups/Committees consulted:

1. ICC
2. SOD
3. AMT

Completed by: Janice Mackay	Date Completed: 02/06/2022
Section below to be completed following SOD/CMT review	
Date SOD/CMT Reviewed:	**Decision:** Noted/Further information required (detail below:)

WI Balanced Scorecard Indicator: PI Healthcare associated infections CDI	**Executive Lead:** **Fiona Mckenzie**
QOM/HEAT/LOCAL Target: Target: 10% reduction on 2018/19 baseline by 2021/22	**Responsible Officer:** Janice Mackay
Trajectory Performance to date:	**Supporting Analysis (where available):**

Rolling Year to	Actual	Planned Value	Cases
Jun-21	0	3.2	0
Sep-21	29.7	3.2	0
Dec-21	16.5	3.2	1
Mar-22	16.5	3.2	1

Month	Cases
Jan-22	*0*
Feb-22	*1*
Mar-22	*0*

1. Performance Narrative (include key reasons for under performance status)

- **Faecal samples are being sent for testing from those who meet the national definition of diarrhoea**
- **Positive CDI tests remain low in NHS Western Isles but 4 cases within 1 month between February and March have affected the trajectory performance**

2. Planned Performance Improvements:

1. A critical incident report is completed by a multi-disciplinary team for all patients who test positive for CDI in NHS Western Isles. All lessons learnt from these reports are circulated with the appropriate staff groups within NHS Western Isles to ensure the findings are appropriately acted on and lessons shared. The lessons learnt are also sent to the Board's Learning review group to be included on their Agenda

2. The Infection Prevention and Control Team (IPCT) will continue to educate all staff groups on appropriate stool sampling and the true definition of diarrhoea.

3. The Antimicrobial Management Team will lead on work aimed at Primary Care and antimicrobial prescribing

3. Key Groups/Committees consulted:

1. ICC
2. SOD
3. AMT

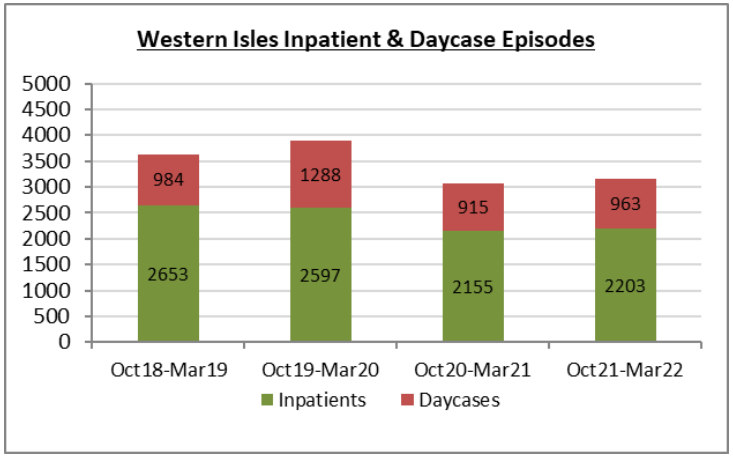
Completed by: Janice Mackay	Date Completed: 02/06/2022
Section below to be completed following SOD/CMT review	
Date SOD/CMT Reviewed:	**Decision:** Noted/Further information required (detail below:)

Patient Activity – Oct 2018 to March 2022 and trends

2.1 INPATIENT AND DAYCASE ACTIVITY WITHIN WESTERN ISLES *(Excludes Obstetrics and Psychiatry Specialties)*

a) All Western Isles Hospitals

i)



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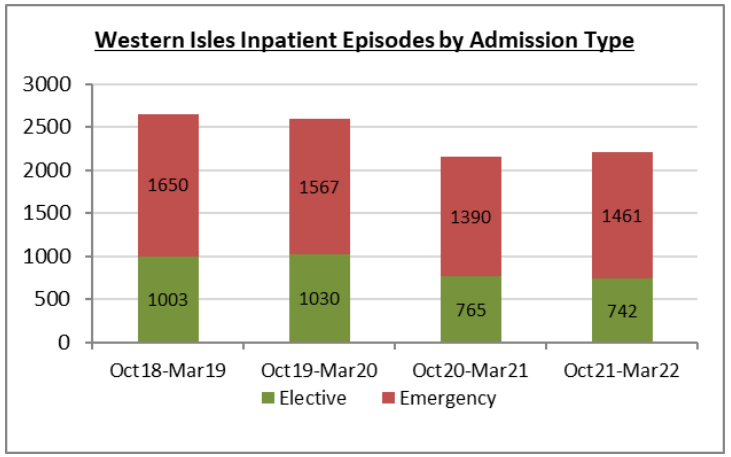
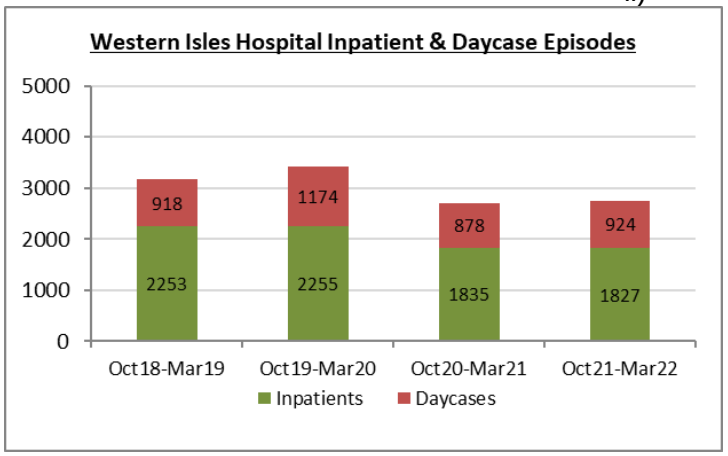


b) Western Isles Hospital

i)



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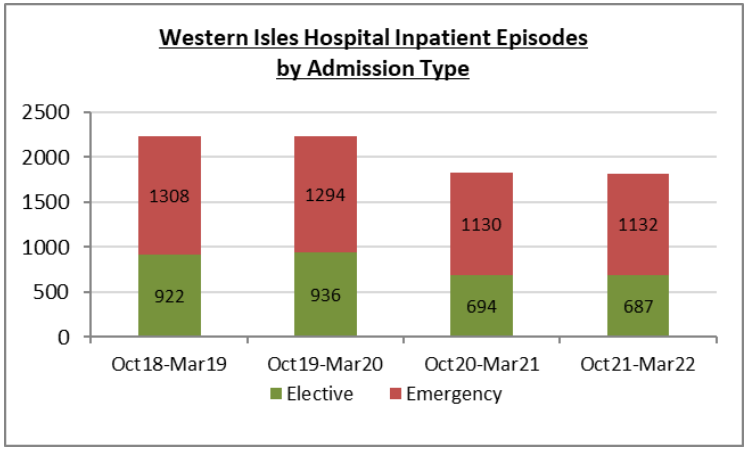
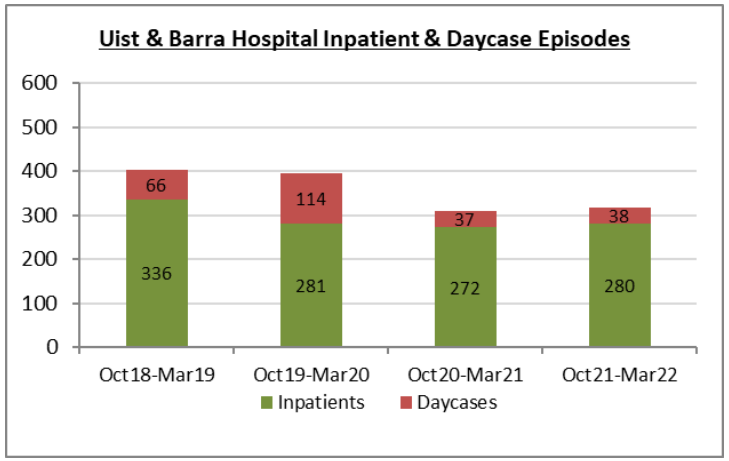


c) Uist & Barra Hospital

i)



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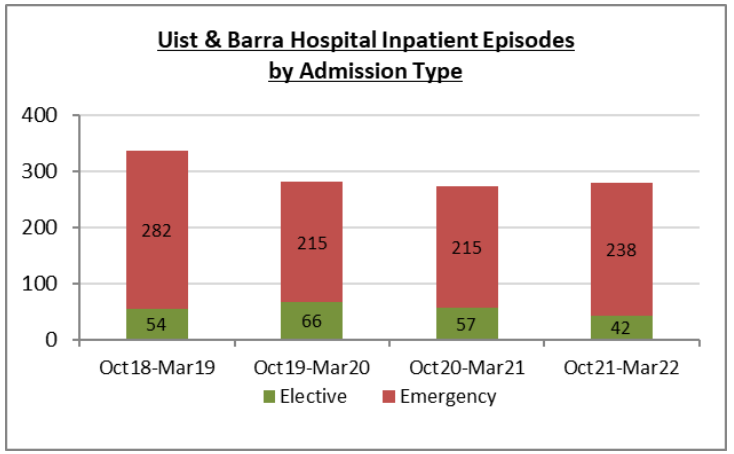
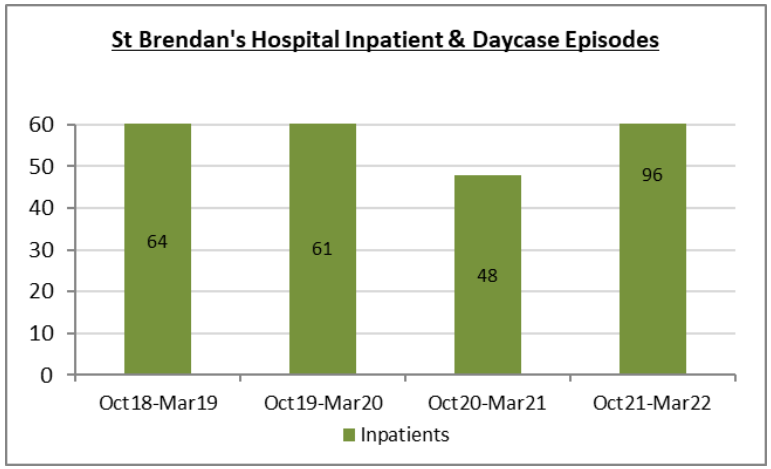
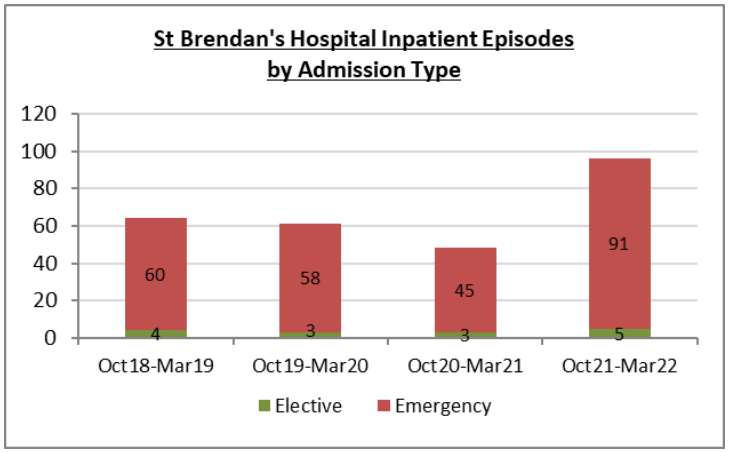


d) St Brendan's Hospital

i)



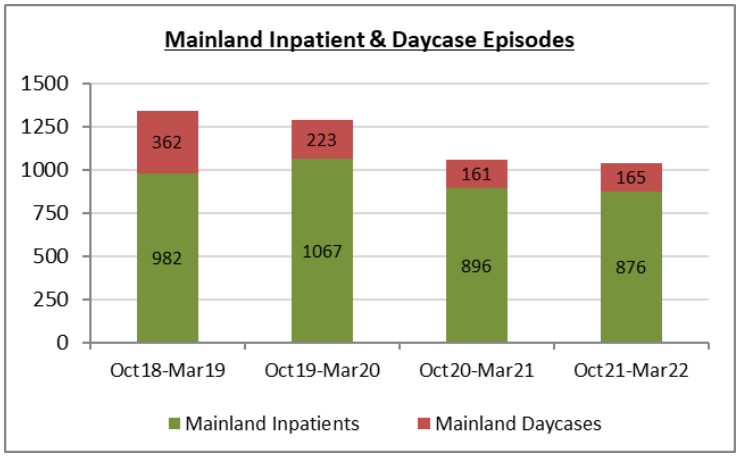
ii)



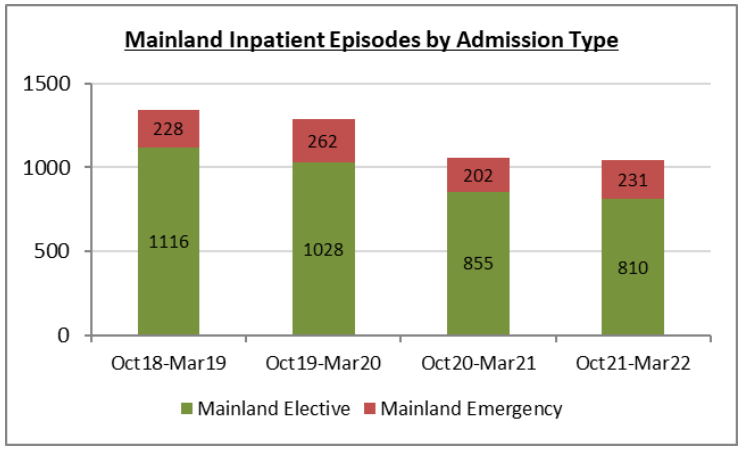
2.2 INPATIENT AND DAYCASE ACTIVITY OUTWITH WESTERN ISLES

All Mainland Locations

i)

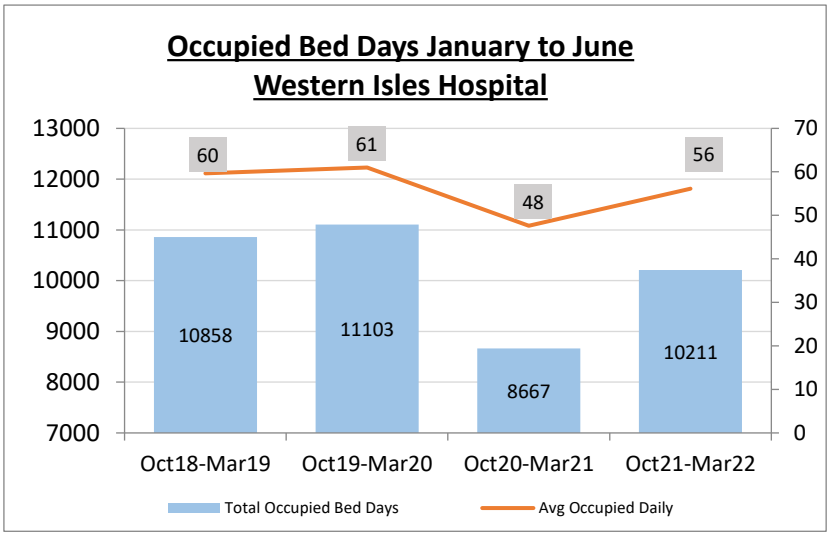


ii)

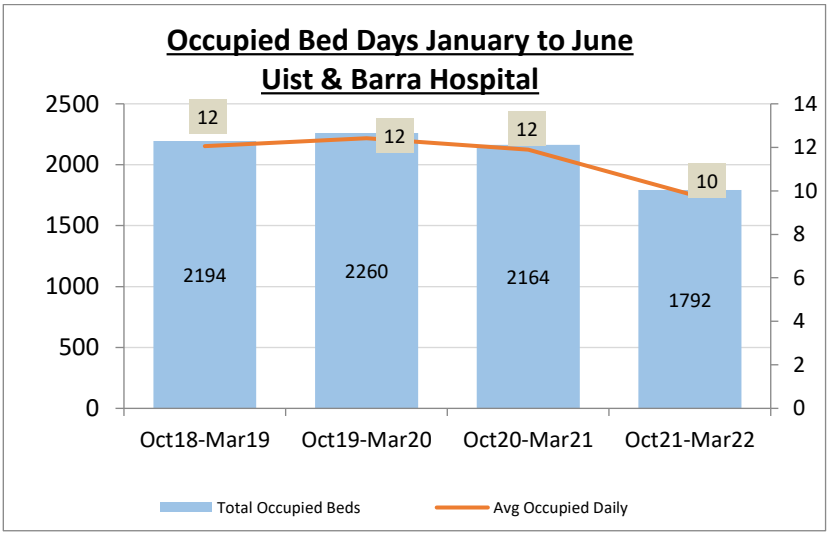


2.3 OCCUPIED BED DAYS AT WESTERN ISLES

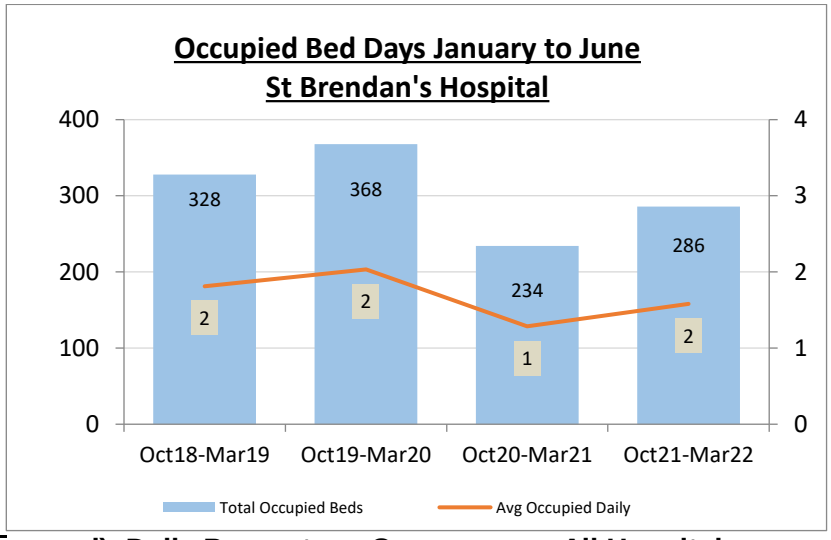
a) Western Isles Hospital



b) Uist & Barra Hospital



c) St Brendan's Hospital



d) Daily Percentage Occupancy – All Hospitals

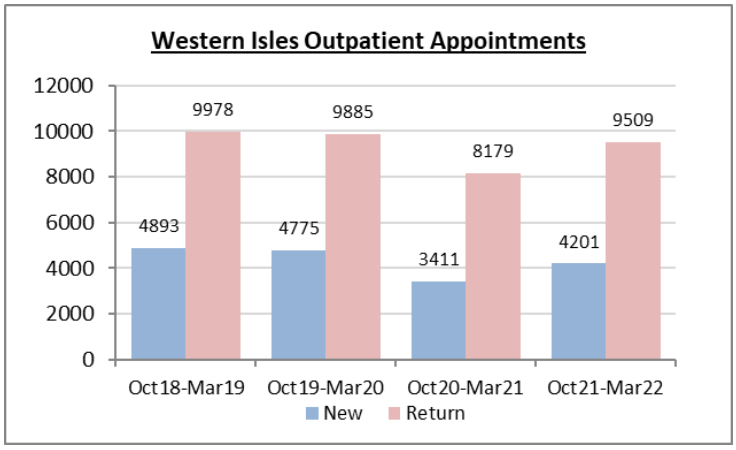
% OCCUPANCY	Western Isles Hospital	Uist & Barra Hospital	St Brendan's Hospital
	NUMBER OF DAYS DURING Oct to Mar 2022	NUMBER OF DAYS DURING Oct to Mar 2022	NUMBER OF DAYS DURING Oct to Mar 2022
100	0	0	7
95-99	0	0	0
90-94	0	0	0
85-89	0	5	0
80-84	0	7	0
75-79	2	15	0
70-74	20	0	0
65-69	30	9	29
60-64	28	10	0
<60	10	44	54

2.4 OUTPATIENT ACTIVITY WITHIN WESTERN ISLES

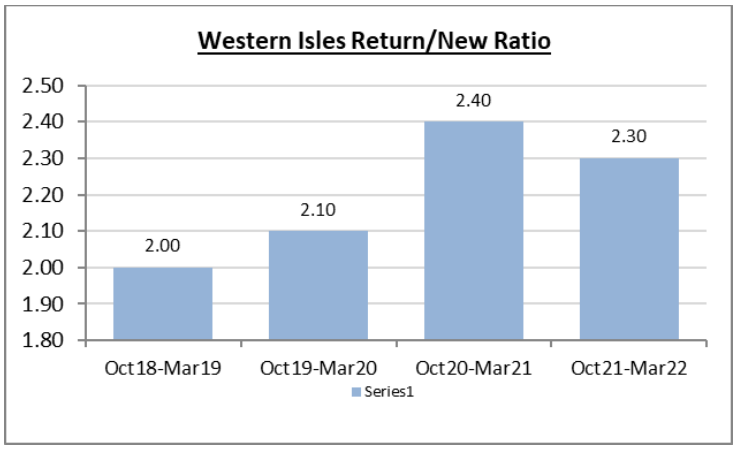
All Western Isles Locations

N.B. AHP Referrals and Appointments - R and T5 Specialties' are excluded.

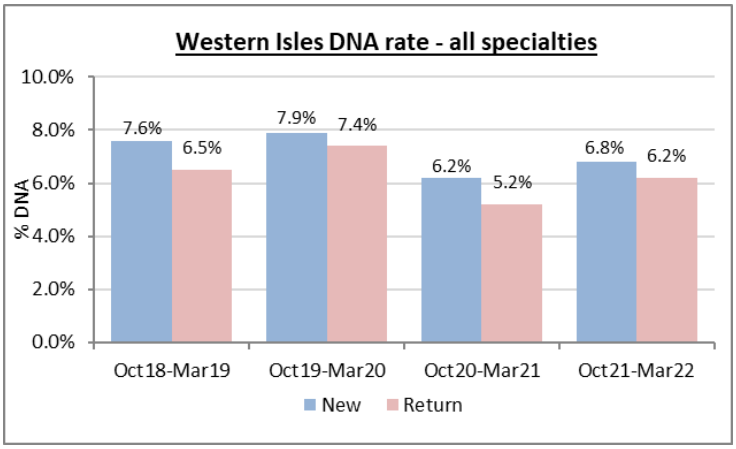
i) Outpatient Appointments



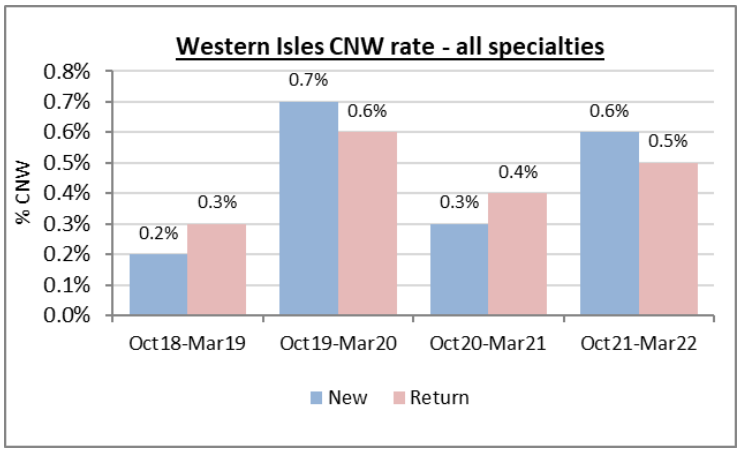
ii) Return to New Ratio



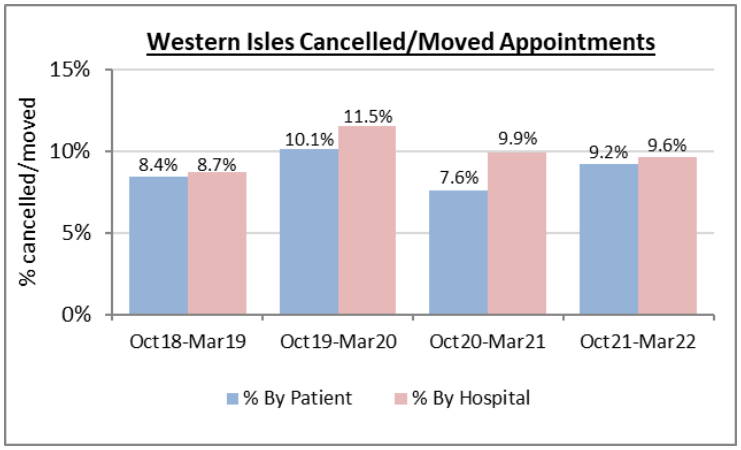
iii) % DNA



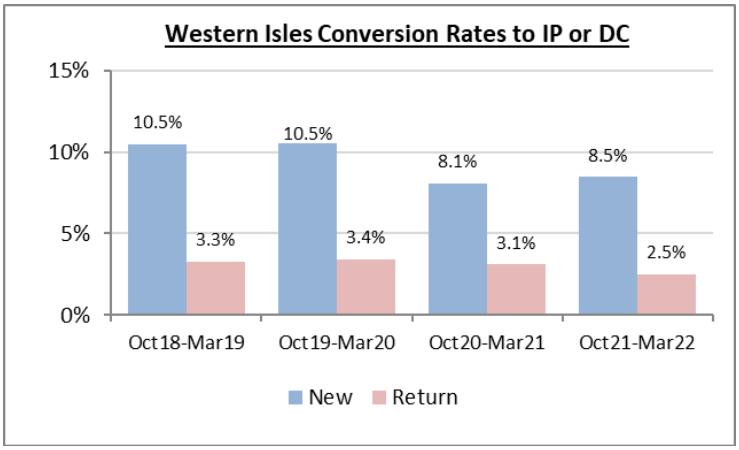
iv) **% CNW**



v) **% cancelled/moved appointments**



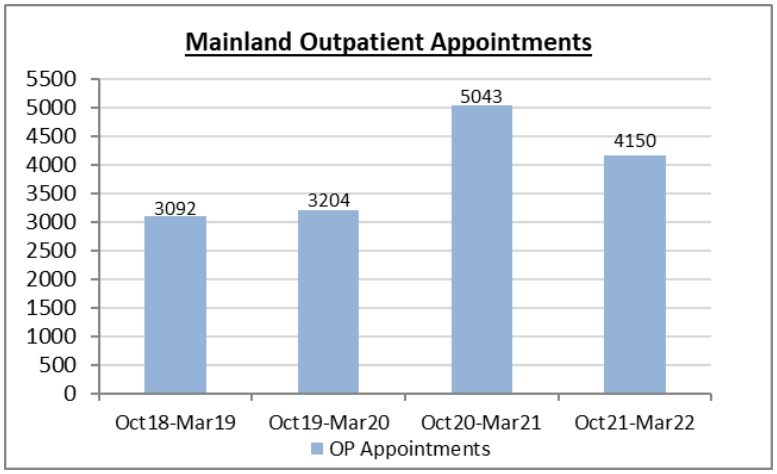
vii) **% Conversion to IP or Daycase**



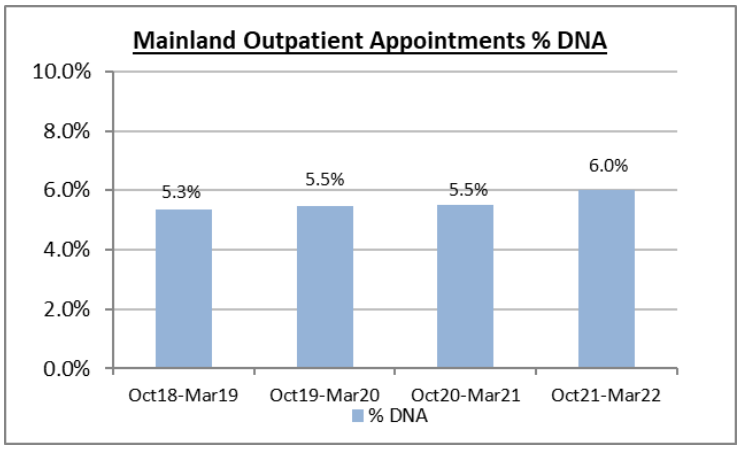
2.5 OUTPATIENT ACTIVITY OUTWITH WESTERN ISLES

All Mainland Locations

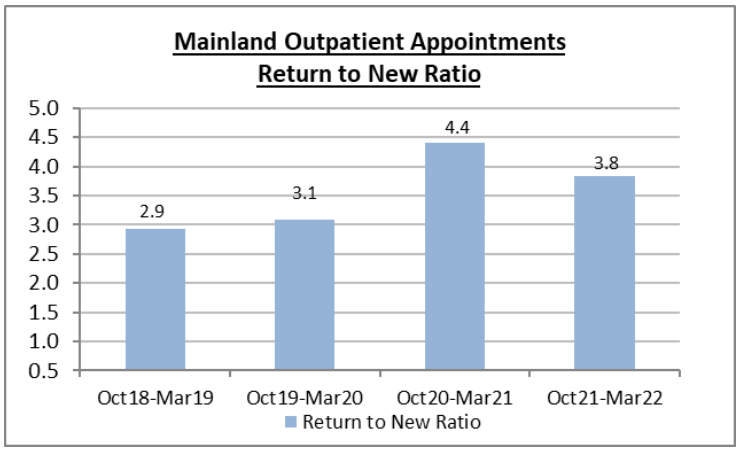
i)



ii)



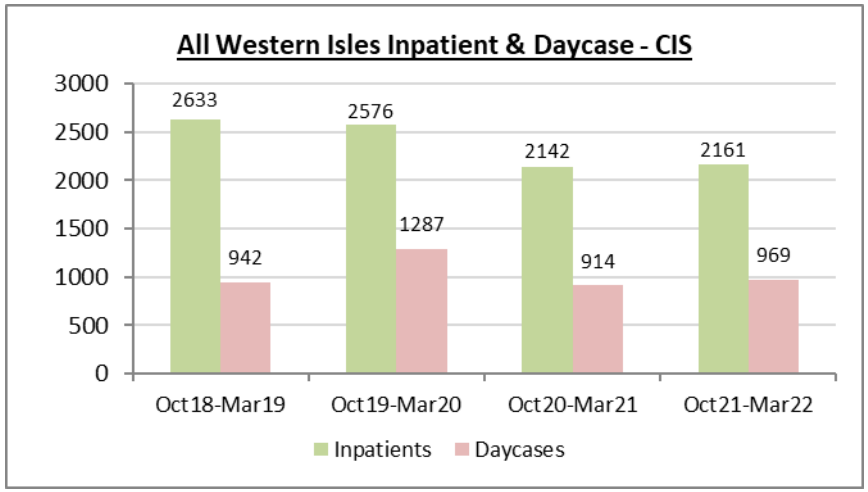
iii)



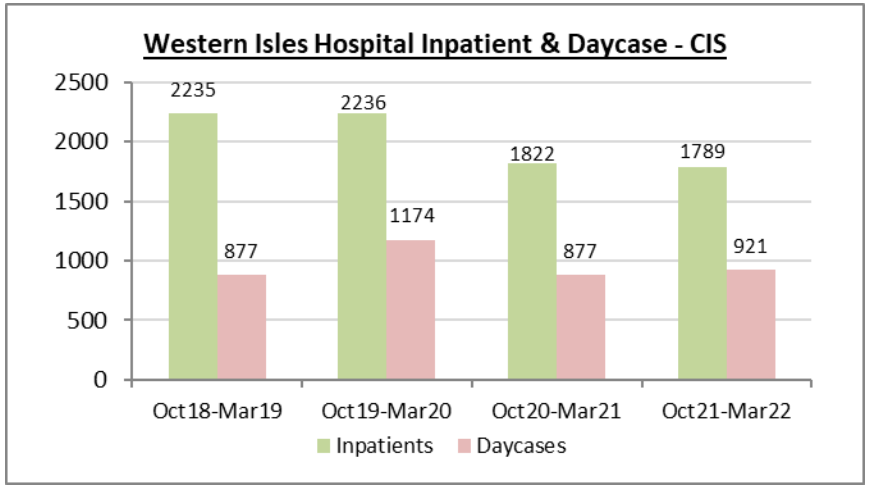
2.6 INPATIENT AND DAYCASE CONTINUOUS INPATIENT STAYS WITHIN WESTERN ISLES

a) All Western Isles Hospitals

i)

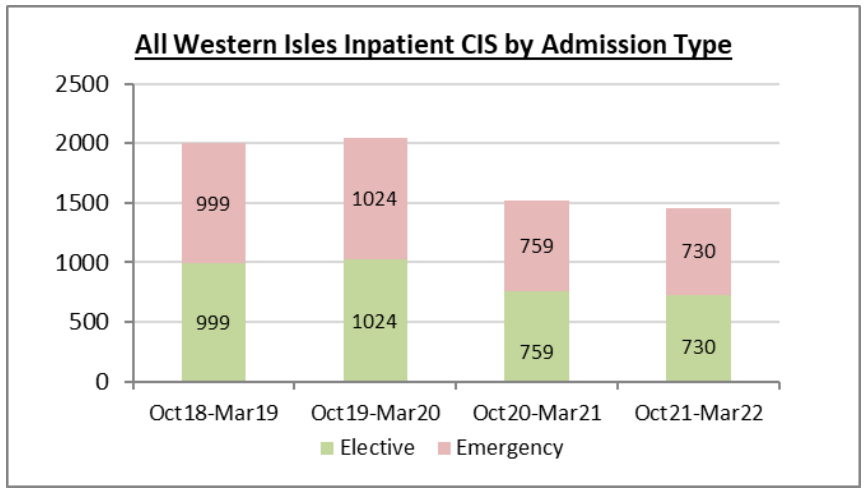


ii)

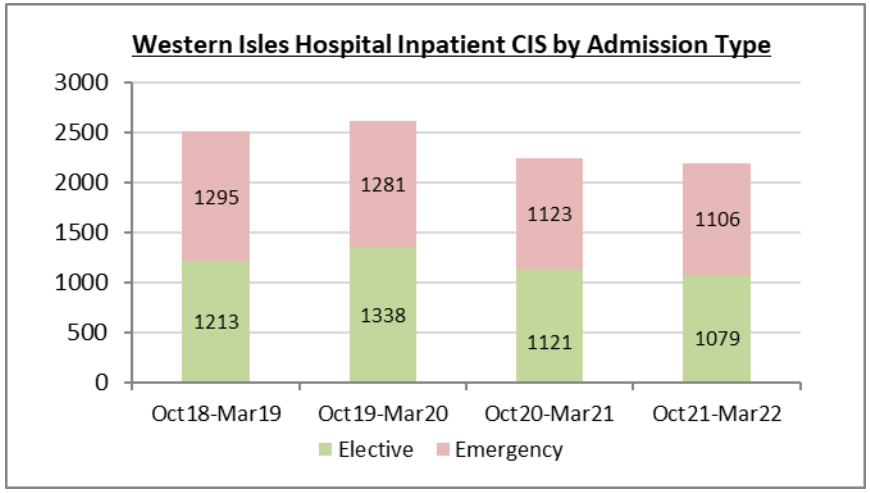


b) Western Isles Hospital

i)

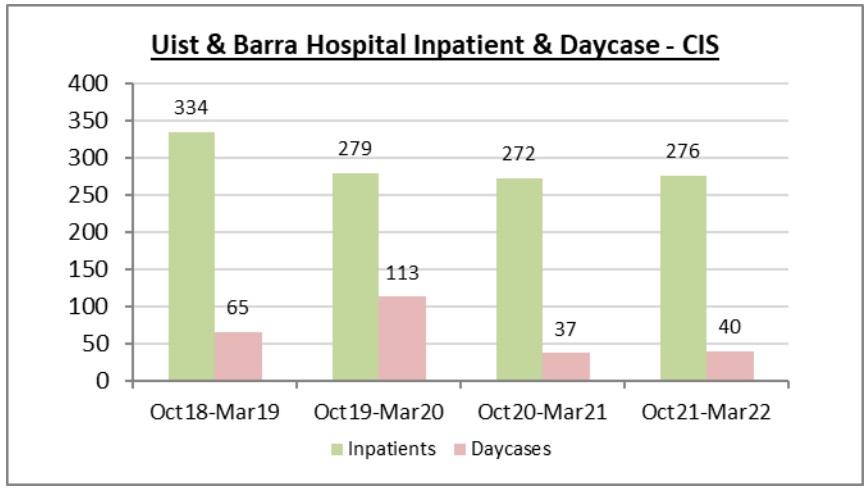


ii)

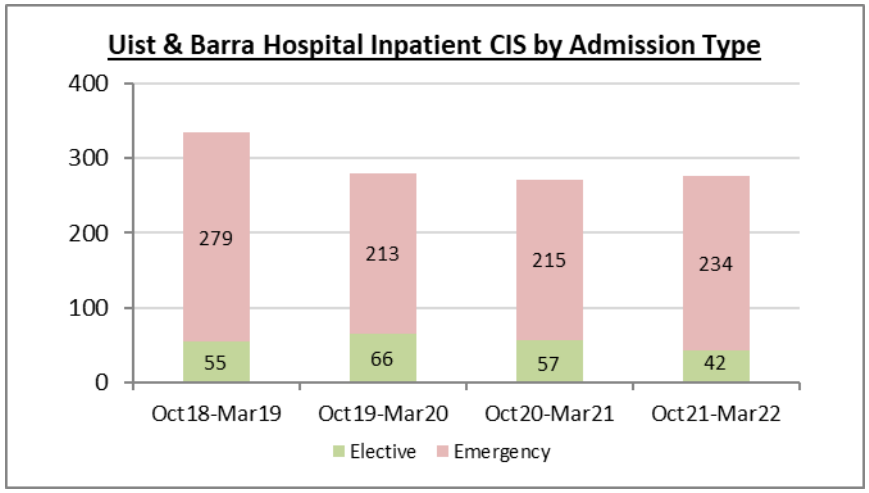


c) Uist & Barra Hospital

i)

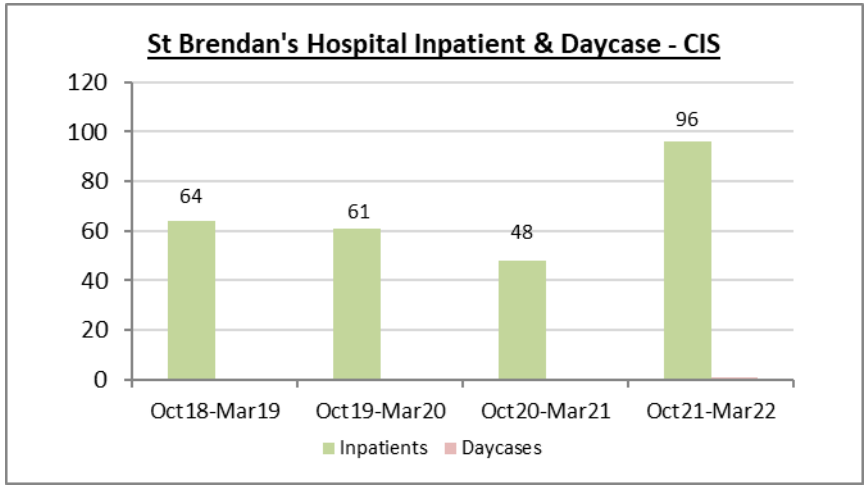


ii)

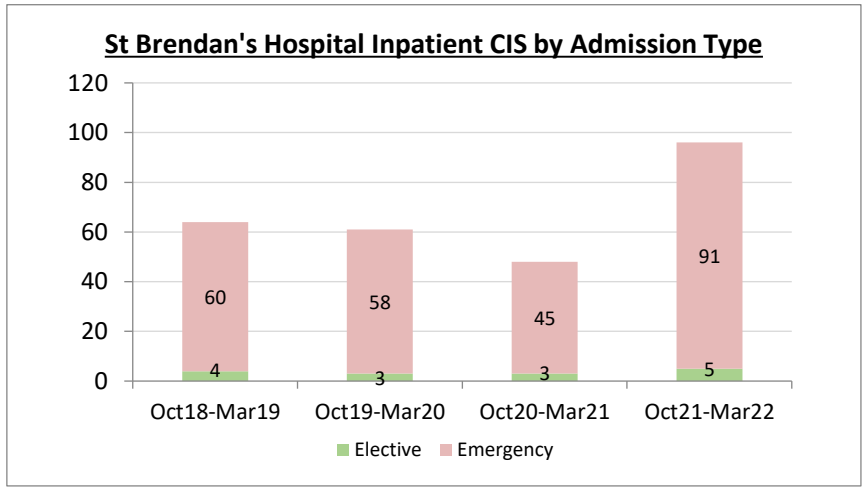


d) St Brendan's Hospital

i)



ii)



APPENDIX

INPATIENTS AND DAYCASES BY SPECIALTY

a) All Western Isles Locations - all specialties excluding Obstetrics and Psychiatry

Data relates to periods 01 October to 31 March incl. for each year

SPECIALTY	Inpatients					Daycases					IP & DC
	Oct18-Mar19	Oct19-Mar20	Oct20-Mar21	Oct20-Mar21	IP TOTAL	Oct18-Mar19	Oct19-Mar20	Oct20-Mar21	Oct20-Mar21	DC TOTAL	TOTAL
Clinical Oncology							1		2	3	3
Ear, Nose & Throat (ENT)	4				4	53	35		7	95	99
General Medicine	1321	1338	1089	1154	4902	51	3	2	1	57	4959
General Surgery	418	414	416	319	1567	287	644	517	577	2025	3592
GP Obstetrics	1	1	1		3						3
GP Other than Obstetrics	396	333	317	374	1420	7	6	9	12	34	1454
Gynaecology	55	32	26	30	143	51	33	55	33	172	315
Ophthalmology	1	1	3		5	346	324	186	148	1004	1009
Oral and Maxillofacial Surgery	1	1	2	1	5	15	11	10	14	50	55
Oral Surgery		2			2	7	6		1	14	16
Paediatrics	126	93	41	82	342	2	1			3	345
Renal Medicine								1		1	1
Respiratory Medicine			1		1			2	2	4	5
Trauma and Orthopaedic Surgery	295	334	246	206	1081	72	111	50	117	350	1431
Urology	3	1			4	126	161	97	86	470	474
Grand Total	**2621**	**2550**	**2142**	**2166**	**9479**	**1017**	**1336**	**929**	**1000**	**4282**	**13761**

b) Western Isles Hospital only - all specialties excluding Obstetrics and Psychiatry

Data relates to periods 01 October to 31 March incl. for each year

SPECIALTY	Inpatients					Daycases					IP & DC
	Oct18-Mar19	Oct19-Mar20	Oct20-Mar21	Oct20-Mar21	IP TOTAL	Oct18-Mar19	Oct19-Mar20	Oct20-Mar21	Oct20-Mar21	DC TOTAL	TOTAL
Clinical Oncology							1		2	3	3
Ear, Nose & Throat (ENT)	4				4	53	35		7	95	99
General Medicine	1321	1338	1088	1154	4901	51	3	2	1	57	4958
General Surgery	416	411	416	319	1562	228	530	487	548	1793	3355
GP Other than Obstetrics		1			1						1
Gynaecology	55	32	26	30	143	51	33	55	33	172	315
Ophthalmology	1	1	3		5	346	324	186	148	1004	1009
Oral and Maxillofacial Surgery	1	1	2	1	5	15	11	10	14	50	55
Oral Surgery		2			2	7	6		1	14	16
Paediatrics	126	93	41	82	342	2	1			3	345
Renal Medicine								1		1	1
Respiratory Medicine			1		1			2	2	4	5
Trauma and Orthopaedic Surgery	293	333	246	206	1078	72	111	50	117	350	1428
Urology	3	1			4	126	161	97	86	470	474
Grand Total	**2220**	**2213**	**1823**	**1792**	**8048**	**951**	**1216**	**890**	**959**	**4016**	**12064**