

NHS WESTERN ISLES

BOARD MEETING

Meeting date: 30 October 2024

Item: 8.2 (24/137)

Title: Standards & Hospital Performance Report Q1 - 2024-25

Responsible Executive/Non-Executive: Martin Malcolm, Head of Public Health Intelligence.

Report Author: Nicola Walsh, Health Intelligence Analyst

1 Purpose

This is presented to Board Members for:

| | |
|------------|---|
| Assurance | X |
| Awareness | |
| Decision | |
| Discussion | |

This report relates to a:

| | |
|---|---|
| Annual Operating / Delivery Plan | X |
| Emerging issue | |
| Government policy/directive | |
| Legal requirement | |
| Local policy | |
| NHS Board / Integration Joint Board Strategy or Direction | |

This aligns to the following NHSScotland quality ambition(s):

| | |
|----------------|---|
| Safe | |
| Effective | X |
| Person Centred | |

Please select the level of assurance you feel this report provides to the Board / Committee and briefly explain why:

| | |
|--|---|
| Significant | x |
| Moderate | |
| Limited | |
| None | |
| Not yet assessed | |
| Comment | |
| Specify: Provides update on key performance indicators as per the NHS national standards together with update on hospital activity trends. | |

Please indicate which of the Boards Priorities the paper relates to:

| | |
|--|---|
| Financial Sustainability / Recovery Plan | |
| Capital | |
| Hospital Based Services Model – Rural General Hospital / Community | |
| Workforce Health & Wellbeing | |
| Health Inequalities | |
| Sustainability of Community Health & Social Care Model | |
| Primary Care Transformation Programme | |
| Digital Transformation / Digital Health | |
| Public Protection Priorities | |
| Women and Children’s Services | |
| Climate Emergency and Sustainability | |
| None of the above | |
| Other – please explain | x |
| Comments: KPIs across corporate performance | |

The report is directly linked to a Recovery Driver(s) within the Annual Delivery Plan:

| | | |
|------|---|---|
| RD01 | Primary & Community Care - Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community. | x |
| RD02 | Urgent & Unscheduled Care – Access to urgent and unscheduled care, including scaling of integrated frailty services to reduce admissions to hospital. | x |
| RD03 | Mental Health - Improve the delivery of mental health support and services, reflecting key priorities set out in the Mental Health and Wellbeing Strategy. | x |
| RD04 | Planned Care - Recovering and improving the delivery of planned care. | x |
| RD05 | Cancer Care - Delivering the National Cancer Action Plan (Spring 2023-2026). | x |
| RD06 | Health Inequalities and Population Health - Enhance planning and delivery of the approach to tackling health inequalities and improving population health. | x |
| RD07 | Women and Children’s Health - Take forward the actions in the Women’s Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life. | x |
| RD08 | Workforce - Implementation of the Workforce Strategy. | x |
| RD09 | Digital Services Innovation Adoption - Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficient and patient outcomes. | |
| RD10 | Climate - Climate Emergency and Environment. | x |
| RD11 | Finance & Sustainability – Approach to achieving financial balance and aligning with S&V financial improvement programme of work. | x |
| RD12 | Value Based Health & Care – Approach to embracing and adopting Value Based Health and Care. | x |
| RD13 | Integration & population Need – Boards are asked to set out the key actions to respond to population needs and how you will work in partnership to address and respond to these needs. | |
| RD14 | Regional & National – Approach to working regionally and nationally across services through collective and collaborative approaches to planning and delivery, where required. | |
| - | None of the above | |

This aligns to the following NHS Western Isles Corporate Objective(s):

| | | |
|------|---|---|
| CO1 | To provide person-centred care, focusing on the evidence based health needs of our increasingly diverse population, identifying and taking every opportunity to improve our patients' health, experience and outcomes | |
| CO2 | To protect individuals from avoidable harm to continually assessing and managing risk, learning, and improving the reliability and safety in everything we do. | X |
| CO3 | To champion efficiency and effectiveness in our services that delivers minimum possible waiting times. | X |
| CO4 | To pro-actively stimulate and intensify our research and application of effective innovation to improve how we care for patients today and into the future. | |
| CO5 | To promote and support people to live longer healthier lives | |
| CO6 | To specifically target early years, health inequalities, vulnerable and underrepresented and more difficult to engage with groups. | |
| CO7 | To continually improve and modernise our integrated healthcare services and assurance systems. | X |
| CO8 | To value, support the wellbeing of, and develop and sustain a compassionate, confident, competent, flexible and responsive workforce. | |
| CO9 | To deliver our commitment to partnership working to deliver national standards, targets and guarantees. | X |
| CO10 | To have a sustained focus on prevention, anticipation, support self-management and care at home. | X |
| CO11 | To ensure that all resources are deployed to the best effect, achieving desired outcomes, values for money and progressive approach to sustainability. | |
| - | None of the above | |

2 Report summary

2.1 Situation

Local Delivery Plan Reporting Summary & Activity Report Q1 2024-25

The Board is provided with Q1 LDP performance together with trend information to date on patient activity.

2.2 Background

This report compares the Boards HEAT target performance in Q1 24-25 against each standards trajectory and gives summary of IP and DC activity for NHS Western Isles.

2.3 Assessment

The Board is provided with Q1 LDP performance together with trend information to date on patient activity.

Section 1 CURRENT LDP STANDARDS

Measures

- 6a GP Access - Advance booking - GP
- 12 GP Practice Team
- 7 Faster Access to CAMHS
- 8 Cancer Waiting Times
- 9 Suspicion of cancer referrals (31 days)
- 11 Financial Performance
- 15 Alcohol Brief Interventions
- 16 Smoking Cessation
- 17 RTT Drugs & Alcohol
- 19 Deliver 18 weeks RTT
- 20 18 weeks Referral to Treatment for Psychological Therapies
- 27 Sickness Absence Rate
- 55 A & E waits to be a maximum of 4 hours
- 91 IP: maximum 12 week Treatment Time Guarantee
- 92a New OP: maximum 12 weeks from referral (excluded from TTG)
- 92b New OP: maximum 16 wks from referral (excluded from TTG)
- 98 Early Access to Antenatal Care (SIMD)
- 101 IVF Treatment
- 129a Dementia - Post-Diagnostic Support
- 13a SAB bacterium Hospital Associated
- 13b SAB bacterium Community Associated
- 14a Clostridioides Difficile Infections Healthcare Associated
- 14b Clostridioides Difficile Infections Community Associated
- 129b Dementia - Post-Diagnostic Support

Table 1. Standards not meeting target in June 2024:

| Domain | Status | Measures | Target | Performance | Plan |
|---------------|--------|--|--------|-------------|------|
| Acute | 8 | Suspicion-of-cancer referrals (62 days) | 95% | 73% | Yes |
| | 19 | 18 weeks Referral to Treatment | 90% | 77% | Yes |
| | 91 | IP: maximum 12 week Treatment Time Guarantee | 100% | 71% | Yes |
| | 92a | New Outpatients Waiting over 12 weeks | 95% | 64% | Yes |
| | 92b | New Outpatients Waiting over 16 weeks | 100% | 72% | Yes |
| | 13a | SAB bacterium Hospital Associated | 3.2 | 30.7 | Yes |
| | 14b | Clostridioides Difficile Infections Community Associated | 3.4 | 30.1 | Yes |
| Public Health | 15 | Alcohol Brief Interventions | 80 | 67 | Yes |
| Mental Health | 129 | Dementia: Diagnosed | 33 | 4 | No |
| Primary Care | 12 | Access to GP Practice Team | 90 | 56%-83% | N/A |
| | 6a | Advance booking – GP | 90% | 76% | N/A |
| Corporate | 27 | Sickness Absence | 4% | 7.60% | Yes |

There are 10 measures from 23 that have not met the performance target, performance assessments templates have been completed and included in the report for these.

Section 3 Western Isles Hospital

A&E attendances at Western Isles Hospital rose from Q1 2021 to Q1 2024, peaking at 1,827 in 2023. Despite increased visits, the admission rate dropped from 31.5% to 22.8%, suggesting fewer severe cases or improved emergency care efficiency.

From Q1 2021 to Q1 2024, Western Isles Hospital saw stable inpatient numbers, Daycases fluctuated more, dropping in 2022 before rising to 505 in 2024. Elective admissions declined overall, while emergency admissions remained consistent

Between Q1 2021 & Q1 2024, General Surgery at Western Isles Hospital experienced a steady decline in inpatient numbers, from 222 to 156, while daycases increased significantly from 262 to 318, reflecting perhaps a shift toward outpatient care. Trauma inpatients showed some fluctuation, ultimately decreasing from 147 to 108, but daycases steadily rose from 27 to 51. Urology daycases saw a more pronounced drop, starting at 63 in 2021 and falling to 39 by Q1 2024, indicating a reduction in outpatient procedures within this specialty.

Appointment locations are not determined until they are scheduled, so the waiting list is not split by island. The TTG Inpatient and Daycase Waiting List (2021-2024) there is little variation, numbers peaked in Q1 2022 but have returned to consistent level in Q1 2023 and 2024. However the new outpatient waiting list for acute and medical specialties showed a steady increase. Starting at around 1,000 patients in 2021, the list grew significantly by 2023, reaching over 1,500. By 2024, the list peaked at 1,647 in June.

In April to June 2024, Western Isles Hospital's bed occupancy ranged from 60% to 100%, with the highest occupancy at 90-94% for 2 days. The total occupied bed days were 5,616, with an average of 61.7 beds occupied during this period higher than the last 3 years. Individual ward data shows that Medical 2 and Medical1 had notable occupancy issues, with 77 and 90 days exceeding 100% occupancy, respectively, while Erisort Ward and Maternity Ward had no days exceeding 100%. This data highlights fluctuating demands across different wards and periods.

From April to June 2021 to 2024, Western Isles Hospital experienced an increase in new outpatient attendances from 1,533 to 1,879 and repeat attendances peaked at 4,476 in 2023 and remain at a comparable level. The ratio of return to new attendances reached a high of 2.42 in 2023. The percentage of missed appointments for new patients rose to 8% in 2024.

Section 4 Uist and Barra Hospital

Q1 2021 to Q1 2024 Uist and Barra Hospital experienced notable variations in its operations across various metrics. A&E attendances increased from 473 in 2021 to 621 in 2024, with a stable admission rate of around 6%. Inpatient activity showed an initial rise from 131 to 159 but decreased to 138 in 2024. Daycase procedures fluctuated significantly, peaking at 36 in 2023 before dropping to 14 in 2024.

The hospital's bed occupancy data reflected periods of both high and low utilization. Occupied bed days peaked at 1,148 in 2021 but decreased to 803 in 2024. Average daily occupancy rates were often below 60%, with 48 days in 2024 under 60% occupancy, highlighting substantial periods of lower bed usage.

Outpatient data showed an increase in return appointments from 443 in 2021 to 499 in 2024, while new appointments initially rose but fell to 235 in 2024. The return-to-new outpatient ratio varied significantly, peaking at 2.12 in 2024, suggesting a higher proportion of return visits compared to new ones. The percentage of missed appointments for new patients increased to 6.8% by 2024, while for return patients it stabilized at 6.8%.

Cancellation rates were variable, with patient cancellations ranging from 5.3% to 7.7% and hospital-wide cancellations fluctuating more widely, from 4.4% to 14.6%. Conversion rates from new outpatient appointments to inpatient/day case admissions remained steady between 13.2% and 15.89%, indicating a consistent need for more intensive care despite varying appointment patterns

Section 5 St Brendan's Hospital

St. Brendan's Hospital saw A&E attendances rise from 56 in April 2021 to 83 in April 2024. Inpatient activity was modest, peaking at 41 in 2022 and falling to 30 in 2023, with no daycases recorded. Occupied bed days fluctuate however the average occupancy is consistently between from 1.0 and 1.4 beds. In 2024, occupancy was mostly below 60%, with 65 days under 60% and 3 days at full capacity, indicating fluctuating but generally low bed utilization.

Mainland activity showed minimal variation. Inpatient and Daycases episodes experienced slight fluctuations, with inpatient counts hovering around 500-560 and daycases ranging between 67 and 122. Elective and emergency inpatient episodes showed little overall change, with emergency episodes peaking in 2023. Outpatient ratios remained relatively stable. Outpatient appointments fluctuated modestly, ending at 2,431 in 2024, close to 2021 levels. Overall, the data suggests stable trends with minor variations in service utilisation.

2.3.1 Quality/ Patient Care

The reported standards form part of the Local Delivery Plan and aligned to the Quality Strategy and 20/20 Vision.

2.3.2 Workforce

Some measures relating to staff engagement are included in local scorecard performance monitoring.

2.3.3 Financial

There is no financial impact in relation to the information presented in the report.

| | |
|---|------------------|
| Name – Director of Finance / Finance Manager | Signature |
| | |
| Comment from the Director of Finance / Finance Manager | |
| | |

2.3.4 Risk Assessment/Management

The report does not refer to specific risk assessment/mitigations.

2.3.5 Equality and Diversity, including health inequalities

State how this supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Board’s Equalities Outcomes.

An impact assessment has not been completed because it is not relevant to the content of the report presented.

2.3.6 Climate Emergency and Sustainability Development

State how this report will support or impact on the Scottish Government’s policy on Global Climate Emergency and Sustainability Development DL(2021)38, against the 5 themes:

| | | |
|----------------------------------|--------------------------------|--|
| 1 | Sustainable Buildings & Land | |
| 2 | Sustainable Travel | |
| 3 | Sustainable Goods and Services | |
| 4 | Sustainable Care | |
| 5 | Sustainable Communities | |
| Describe other relevant impacts: | | |

None of the above.

2.3.7 Other impacts

No other relevant impacts.

2.3.8 Communication, involvement, engagement and consultation

The Board is not required to carry out any involvement or engagement with external stakeholders in relation to this report.

2.3.9 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Discussed with General Managers
- OSDT – Operational Service Delivery Team
- Corporate Management Team 17.09.24

2.4 Recommendation

- **Assurance** – Obtaining assurance from the information presented.

3 List of appendices

The following appendices are included with this report:

Item 8.2.1 (24/138) – Appendix 1 – Standards and Hospital Performance Report

END