A&B HSCP | Transforming Together
Argyll & Bute Health & Social Care Partnership

Integration Joint Board

Date of Meeting: 29ᵗʰ May 2024

Title of Report: Health & Social Care Partnership - Performance Report – FQ4 2023/24 (Jan - Mar)

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

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The Board is asked to:

- Acknowledge performance for FQ4 2023/24 (January - March) and performance against the previous quarter
- Acknowledge supporting performance commentary across 8 key service areas
- Acknowledge performance update on the National Health & Wellbeing Outcomes and Ministerial Steering Group Integration Indicators (**Appendix 1**)
- Note System Pressure Report for March 2024 (**Appendix 2**)
- Note Delayed Discharge Sitrep as of 15 April 2024 (**Appendix 3**)

EXECUTIVE SUMMARY

This report details performance for FQ4 2023/24 (January – March), the performance outputs are taken from the Integrated Performance Management Framework (IPMF) Reporting Dashboard with the focus on the eight key service areas. Overall performance for FQ4 notes an overall increase in the number of measures reporting as on target 49 (53%) against 43 (46%) in the previous quarter. The report details performance against each of the service areas and the 93 supporting Key Performance Indicators. Analysis of the KPI's is supported by performance commentary. National Health & Wellbeing Indicators performance is included alongside performance and trend overview with regards to System Pressures and the National Delayed Discharge Sitrep. The use of the performance dashboard within SharePoint is designed to offer a more focussed approach to the access and analysis of data, offering scope for self-service.

1. INTRODUCTION

The Integrated Performance Management Framework and associated Performance Dashboard has been collaboratively developed with the Strategic Leadership Team. The format of the IPMF Performance Dashboard covers all the areas previously reported to both the Clinical & Care Governance Committee and Integration Joint Board and recognises the need to ensure that local performance and improvement activity is reported within the new digital dashboard.

This report includes an overview of the previous Health & Wellbeing Outcome Indicators and Ministerial Steering Group- Integration measures. To support the use of the dashboard, HSCP Performance & Information Team analysts have been identified for each of the Heads of Service and Service Leads to support and check performance across eight key service areas. This bespoke and individual analyst input and support will be available during each quarter going forward and will work to build more robust performance reporting with management commentary.

2. DETAIL OF REPORT

The report details the HSCP (Health and Social Care Partnership) performance for Financial Quarter 4 2023/24 (January – March) highlighting key performance trends across the 93 KPIs (Key Performance Indicators). In addition, the report includes performance updates across eight service areas. The latest performance against the National Health and Wellbeing Outcomes Indicators is reported (Appendix 1). Also included is an update on System Pressures (Appendix 2) and Delayed Discharges (Appendix 3).

3. RELEVANT DATA & INDICATORS

3.1 FQ4 2023/24 (January – March) Performance Summary

Overall performance for FQ4 notes that 53% of KPI's are scoring against target, with 49 reporting as on-track and 44 off-track, this is a slight increase (+7%) against previous FQ3 performance. 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 total performance for each of the eight services and 93 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.

3.2 Analysis of Key Performance

This analysis identifies performance across the 8 service reporting categories within the Integrated Performance Management Framework (IPMF) and performance commentary is provided as part of Head of Service and Service Leads one-to-one sessions with analysts.
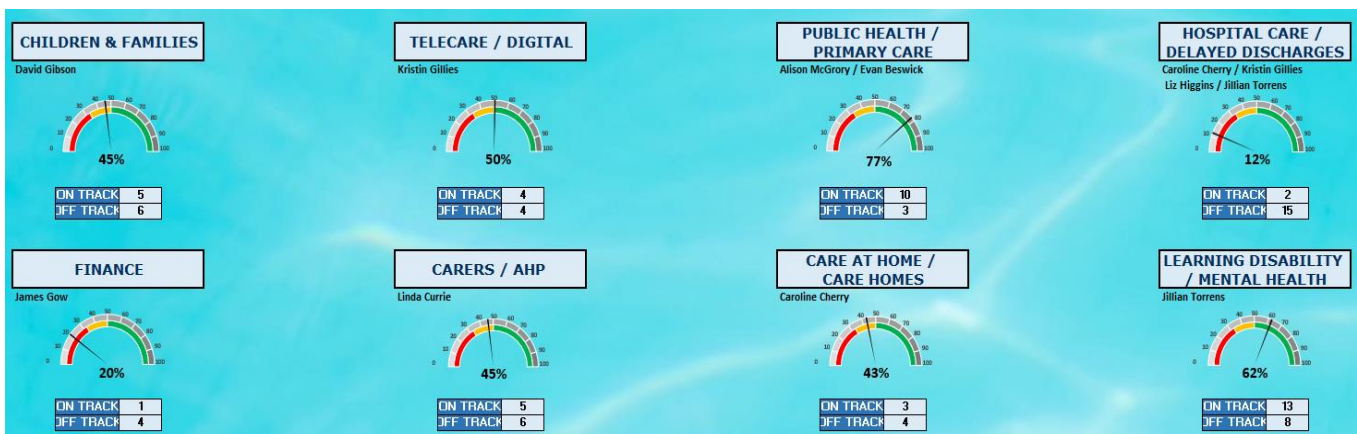
3.2.1 Children & Families

Across 11 KPI, C&F services performance notes 3 (27%) on track, with 8 (73%) off track against the targets set in Q4 23/24. This is a decrease from 36% on track reported (-9%) variance on the previous quarter performance.

Performance on or above target:

- Increasing the number of care experienced children placed at home or in Kinship or Fostering Care is on track, noting 24% above target performance.

- VAWG training is as achieving 250 staff trained against a target of 100 being trained.

Performance below target & areas for improvement:

- Performance around reducing numbers of care experience children looked after away from home has failed to meet target of 94, with 109 residing out with the home, 69% of all care experienced children, with no improvement on the previous quarter.

- Performance with regards to the number of children accepted onto the Emotional and Wellbeing Pathway is below the target of 100%, with 81% accepted. This is an improvement on Q3 where performance was 71%.

- It is noted that recording issues on Eclipse has resulted in several KPI's not accurately reflecting performance on the ground, this will be addressed in the 2024/25 version of the IPMF, which is currently under development.

3.2.2 Telecare and Digital

Benchmarked performance across 8 Key Performance Indicators (KPIs) for Telecare and Digital Services shows an increase in the overall Quarter 4 performance, with 6 KPIs (75%) remaining on track compared with 5 (50%) on track at Quarter 3. 2 KPIs (25%) are reported as off track against target for FQ4.

Performance on or above target:

- The number of new Telecare service agreements continues to exhibit growth, indicating a promising trend.

- The number of 'Near Me' clinic appointments has continued to rise, now showing a clear increasing trend after a post-COVID slump.

- The digitalisation of telecare equipment has further increased by 6% to reach 40%, surpassing the 25% target.

- The utilisation of Buddi hubs has increased by 43% this quarter.

- Freedom of Information requests are now back to being completed on time at a rate of 100%, after falling off target last quarter.

Performance below target & areas for improvement:

- The number of Telecare annual reviews overdue continues to decline, remaining below target.

- Silver Cloud referrals have decreased a further 6%.

- Only one installation of the Just Checking system was completed during this quarter

3.2.3 Public Health and Primary Care

Public Health and Primary Care Quarter 4 performance notes 10 (77%) measures on track, no change from Quarter 3. Public Health have achieved 100% target performance across all 5 KPIs in Q4 of 2023/24. Out of the 8 Key Performance Indicators (KPIs) for Primary Care services, 3 (37.5%) are currently off track, while 5 (62.5%) are on track to meet their set targets. This overall performance aligns with Q3, however, there have been changes in which specific KPIs are meeting or not meeting their targets.

Performance on or above target:

- IPMF No 63: In Q4, we increased the number of quit dates set by achieving 20, exceeding the target of 10, representing an 82% increase from Q3. Noted we were on target in Q2, exceeded by one in Q3 with a significant change in Q4.

- IPMF No 64: Our actual performance of monitoring contracts and KPIs has consistently matched the target of 100% for each quarter of 2023/24, remaining at 100%.

- IPMF No 65: In Q4, we achieved 31 engagement activities, significantly exceeding the target of 1, marking a continuous improvement throughout each quarter of 2023/24 and a 19% increase from Q3.

- IPMF No 66: We successfully achieved the rolling training target of 68 with an actual count of 69. Our actual performance has shown steady increase in each quarter of 2023/24, representing a 19% improvement compared to Q3.

- IPMF No 67: In Q4, we achieved 163 referrals to community link workers, exceeding the target of 101. Our performance has seen a consistent trend above the target each quarter, and we improved by 10% compared to Q3.

- The "ChildSmile: Enroll 100% of eligible nurseries into Daily Toothbrushing Programme" demonstrated exceptional performance, reaching 97%, well above the 80% target.

- The Fluoride Varnish Programme remains consistent, still implemented in 29% of eligible schools for P1-P3 pupils.

- Vaccination transfer from GP practices has been successfully accomplished.

- "Community Link Workers within Primary Care settings established within areas with the highest level of deprivation" achieved full compliance, meeting the target of 100%.

- Significant progress was observed in the reduction of instances of 2C practices entering contingency measures, with a remarkable 96% improvement from Q3. The number decreased from 56 occurrences to only 2 during Q4.

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Performance below target & areas for improvement:

- All Public Health targets are being achieved.

- Vaccination delivery during autumn, winter, and spring booster programs for COVID-19 reached 58%, below the targeted 80%. It's noteworthy that the Scottish National average achieved only 56.6% coverage.

- The establishment of Community Treatment Assessment Centres (CTAC) across Argyll and Bute fell short of the 100% target, reaching 93%. This includes 2 practices outside of rural flexibility arrangements that have yet to offer this service.

- The metric assessing practices operating at Level zero within the Practice Escalation policy, with no reduction in services, attained 93%, slightly under the 100% target.

3.2.4 Hospital Care & Delayed Discharge

Hospital Care & Delayed Discharge Quarter 4 performance notes 4 (24%) measures on track, an increase from 12% in Quarter 3. Across 11 Hospital Care KPIs, performance notes 1 (9%) on track, with 9 (82%) off track against the targets. In terms of the 6 Delayed Discharge KPIs, there was an improvement in Quarter 4 with 3 (50%) on track, compared to 33% in Quarter 3.

Performance on or above target:

- Number of unplanned admissions to hospital reported as a result of a fall. This has been reported as on track however it is acknowledged this is likely to be due to lag with the full quarter data. This measure will be subject to review at year end.

- Reduce the number of bed days for people delayed due to AWI. Whilst staying on target, there has been an increase in actual occupied bed days during Q4 of 35% from Q3. The actual stands at 381 against a target of 589.

- Reduce the number of occupied bed days for people delayed awaiting a care home placement. Continuing to stay on target each quarter of 2023/24, we've seen an increase in actual occupied bed days during Q4 of 19% compared to Q3. The actual stands at 1227 against a target of 1632.

- Increase the number of inpatients 18+ who are discharged without delay. Q4 shows an improvement of 15% from Q3, and we're back on target after being slightly off track in Q3. The actual stands at 1328 against a target of 1222.

Performance below target & areas for improvement:

- There has been an unusually large increase in unplanned admissions to hospital, with the Q4 total up 15% on Q3.

- Reduce the Average Length of Stay (ALOS) for inpatients in A&B Hospitals - Although we missed the target, there was a 13% improvement from Q3, achieving an ALOS of 7 against a target of 6.

- A&E Attendances in LIH meet the 4 hours wait target - Throughout each quarter of 2023/34, we consistently fell short of the 95% target, with our performance being sustained at 90% for Quarter 4.

- The Number of Falls being reported in a hospital setting shows a 38% decrease on Q3. The biggest contributor to this was Mid Argyll, which in March reported 20 falls – over twice the average for that hospital.

- Waiting times for cancer appointments at the 31 and 62-day targets are down by 71% from the Q3 peak, but still some way above the zero target.

- Outpatient waiting time breaches >12 weeks are down 9% on Q3, but long waits (>52 weeks) are up by 9%.

- Instances of infections and medication errors increased for the 2nd quarter in a row, whereas instances of tissue viability decreased by 6% (but still 41% above target).

- Reduce the number of people delayed in hospital In Q4, we were off track again, with actual increasing by 4% from Q3. The actual stands at 167 against a target of 132

- Reduce the overall length of stay in a hospital (delayed discharge bed days) It is noted that despite remaining off target in Q4, there has been a trend of improvement in slightly reducing the overall stay over quarters 2, 3 and 4. The actual stands at 3212 against a target of 3025.

- Reduce the number of people delayed in hospital due to care at home availability. There has been a consistent trend of staying off target each quarter in 2023/24, with a slight 3% reduction from Q3. The actual is 118 against a target of 80.

3.2.5 Finance

Across 5 KPIs, Financial services performance notes 3 (60%) on track, with 2 (40%) off track against the targets set in FQ4 23/24. This is an improvement in the % reported on track for the previous quarter performance.

Performance on or above target:

- The performance on reducing the % of clients with high-cost packages of care KPI is improving and below target and 1% improvement on last quarter.

- Performance around the reduction in value of assessed unmet need for care at home is 27% improvement on previous quarter

- Performance on reducing the costs of agency nursing staff in A&B hospitals is above track, with FQ4 noting 21% compared to the previous quarter. This represents a reduction of circa £50k per month on spend.

Performance below target & areas for improvement:

- Performance with regards to reducing the cost of hospital stays due to a delayed discharge remains off track, with FQ4 noting 28% above target, a decrease of 4% on previous quarter's performance.

- Performance on reducing the cost on pharmacy expenditure remains off track, with FQ4 noting 32% variance in expenditure on previous quarter.

3.2.6 Carers & Allied Health Professionals (AHP's)

Across 11 KPI, Carers / AHP services performance notes 5 (45%) on track, with 6 (55%) off track against the targets set form FQ4 23/24. No variance on the previous quarter performance.

Performance on or above target:

- The number of Unpaid Carers Supported / Registered across A&B's Carers Centres continues to increase – up 5% on last quarter.

- There has been another slight increase this quarter in the number of completed Adult Carer Support Plans – continues to be on target.

- Community Patient Discharges have again increased this quarter – up 10% on last quarter.

Performance below target & areas for improvement:

- Referral waits are currently off-track, although Outpatients waiting over 12 weeks for AHP services has continually decreased over recent quarters.

- AHP Outpatient completed waits again slightly down on last quarter.

- Young Carers Statements Completed have increased this quarter although still off-track. The target for this measure, and other Carers and AHP KPIs, are going to be revised in the new IPMF which begins next quarter (Q1 2024/25).

3.2.7 Care at Home and Care Home

Across 7 KPIs, Care at Home/Care Homes performance notes 3 on track (43%), with 4 off reporting as track against target for FQ4 23/24. The overall picture has declined slightly, as 4 KPIs were reported as on track in Q3. However, there is a noted data lag in recording of Unplanned Admissions to Hospital directly from a Care Home. As before, proxy data has been used in Q4 as it is not currently possible to obtain this data from Eclipse. Annual review of these KPIs from 2024/25 should resolve this.

Performance on or above target:

- Unplanned admissions to A&B hospitals from a care home are showing a drop of 42% against Q3, although it is likely this number is underreported.

Performance below target & areas for improvement:

- The number of Older People who waited >6 months for their homecare monitoring review increased by 21% from Q3.

- Occupancy rates across A&B care homes dropped in Q4 for the first time in a year, by 1%.

- Performance on % of Older People receiving nursing care home service continues on a plateau of 8 to 9% below target. Note there are concerns from the service about the legitimacy about this target.

3.2.8 Learning Disability & Mental Health

Across 21 KPIs Learning Disability / Mental Health performance notes 15 (71%) on track, with 6 (29%) off track against the targets set for FQ4 23/24. This is an increase from 62% on track reported (+9%) variance on the previous quarter's performance.

Performance on or above target:

- People with dementia supported by a Care at Home service continues to increase in Q4. Since the last quarter it has risen by 20 (28%) to 91.

- The number of people with needs assessed via Universal Adult Assessments by the A&B Dementia teams has increased this quarter and now on target. This has increased from 21 to 27 over the quarter (+29%).

- The number of HSCP staff completing Adult Support Protection Training has again significantly increased this quarter – up from 171 to 260 (+52%) – and remains on target.

- ASP training for HSCP staff continued to perform well compared to previous quarters, exceeding the 2023/24 yearly target by 20%.

- ASP investigation completion times improved significantly, with 100% completed within the specified 15 days, an increase from 60% the previous quarter.

Performance below target & areas for improvement:

- Post Diagnostic Support referrals after recent quarterly increases has decreased this quarter from 75 to 39 (-48%).

- ASP duty to inquire completion times experienced a notable decrease, falling further below target from 32% to 26%, with only a quarter being completed within the designated 5 days.

- The review of case conferences within 3 months of the initial meetings failed to meet the target again, remaining at 50% completion on time.

4. NATIONAL HEALTH & WELLBEING OUTCOMES (HWBOI) and MINISTERIAL STEERING GROUP (MSG) 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 27 HWBOI and MSG Indicators reports 37% on track, with 10 on track and 17 off track. An overview of A&B HSCP's latest performance against the 27 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. The next update for this data will be reported after Jul 2024.

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 FQ4 2023/24 (January - March) 2024 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

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Appendix 1 – HWBOI & MSG Integration Indicators.

Core Suite of Integration Indicators

Core Suite of Integration Indicators	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	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%		90.9%
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%		78.8%
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%		70.6%
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%		66.4%
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%		75.3%
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%		66.5%
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%		78.1%
8 - Total combined % carers who feel supported to continue in their caring role	32.7%	35.0%	35.0%	38.0%	● 38.0%		29.7%
9 - Percentage of adults supported at home who agreed they felt safe	82.9%	78.7%	78.7%	76.4%	● 76.4%		79.7%
11 - Premature mortality rate per 100,000 persons	393	403	398	386	● 398		442
12 - Emergency admission rate (per 100,000 population)	12,938	12,403	10,701	12,004	11,969	● 12,107	11,614
13 - Emergency bed day rate (per 100,000 population)	112,235	108,094	91,064	106,155	118,552	●118,488	110,257
14 - Readmission to hospital within 28 days (per 1,000 population)	82	82	95	91	85	● 85	104
15 - Proportion of last 6 months of life spent at home or in a community setting	89.6%	90.6%	92.2%	91.2%	89.4%	● 89.7%	89.2%
16 - Falls rate per 1,000 population aged 65+	26	25	27	29	28	● 28	23
17 - Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	74.2%	85.0%	87.0%	80.0%	● 79.0%		75.8%
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%	64.8%
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	902
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

Indicators 1-9. The results of the 2024 HACE survey will be published by the Scottish Government on 28 May 2024, and will be updated and included in the PHS Core suite publication on 2 July 2024.

Indicators 12,13,14,15,16,18 Calendar year 2023 is used here as a proxy for 2023/24 due to the national data for 2023/24 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 2023 should improve the consistency of reporting between Health and Social Care Partnerships.

PHS has not provided information for indicator 20 beyond 2019/20 because detailed PLICS cost information is not available. PHS previously published information to calendar year 2020 using costs from 2019/20 as a proxy but, given the impact of the COVID-19 pandemic on activity and expenditure, PHS no longer consider this appropriate.

Ministerial Steering Group Integration Indicators

Ministerial Steering Group Indicators	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
MSG 1.1 - Number of emergency admissions*	8,374	8,231	6,917	7,820	7,925	🔴 8,159
MSG 1.2 - Number of Admissions from A&E*	5,244	4,945	3,668	5,040	4,957	🔴 5,074
MSG 2.1 - Number of unplanned bed days acute specialties*	65,794	64,008	53,390	67,255	77,102	🟢 75,400
MSG 2.2 - Number of unplanned bed days MH specialties *	13,382	12,841	10,843	8,684	8,847	🔴 10,998
MSG 3.1 - Number of A&E attendances	13,985	14,171	10,091	15,646	16,774	🔴 17,460
MSG 3.2 - % A&E attendances seen within 4 hours	93.4%	91.7%	93.1%	88.9%	83.9%	🟢 83.2%
MSG 4.1 - Number of DD bed days occupied	9,530	7,863	5,354	7,742	11,944	🔴 12,720
MSG 5.1 - % of last six months of life by setting community & hospital*	90.0%	89.6	90.80%	90.8%	89.6%	🔴 89.6%
MSG 6.1 - % of 65+ population at Home (unsupported)	92.1%	92.1%	92.5%	92.6%	🟢 93.2%	

Indicators 1.1,1.2, 2,1, 2.2,5.1 Calendar year 2023 is used here as a proxy for 2023/24 due to the national data for 2023/24 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 2023 should improve the consistency of reporting between Health and Social Care Partnerships.

Appendix 2- System Pressures Reporting - April 2024

Argyll and Bute Systems Pressures Summary Report – April 2024 Update													
Key Metric	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan-24	Feb-24	Mar-24	Trend
Overall Emergency Admissions to A&E (LIH)	721	718	750	846	821	892	757	679	654	661	730	680	727	⬆
A&B Hospitals – Inpatient Admissions (Month)	458	367	420	395	413	446	414	370	370	411	477	450	433	⬇
A&B Hospitals – Inpatient Discharges (Month)	430	343	393	382	389	418	396	340	357	384	443	436	410	⬇
A&B Hospitals – Occupied Bed Days	3096	3121	3131	2932	2830	3259	2970	3124	2868	3060	3229	3048	3163	⬆
A&B Hospital Stays – bed occupancy %	73.3%	75.8	76.6	74.6	69.8	79.0	74.7	76.5	72.1	74.6	78.1	78.4	76.4%	⬆
A&B Hospitals – Average Length of Stay (days)	6.1	7.4	6.8	6.3	6.3	6.3	6.3	7.2	6.0	6.6	6.1	5.9	6.2	⬆
Delayed Discharges – Total Delays	27	27	40	30	39	42	35	42	36	31	32	33	30	⬆
Delayed Discharges – Total Bed Days Lost	497	414	677	615	834	812	695	996	649	598	625	446	655	
Care Home – Bed Occupancy	83%	82%	81%	81%	82%	82%	83%	85%	84%	89%	81%	89%	88%	⬆
Care Home Bed Vacancies	20	24	34	39	29	29	31	25	25	14	33	17	18	⬆
Unmet Need – People Waiting	45	42	43	49	53	55	59	73	71	82	70	62	71	⬆
Unmet Need – Hours of Care	507	370	344	338	460	420	508	676	541	711	716	516	542	⬆

Appendix 3- Delayed Discharge Sitrep – 15ᵗʰ April 2024

Delayed Discharge Sitrep – Local Authority Comparisons – 15 April 2024
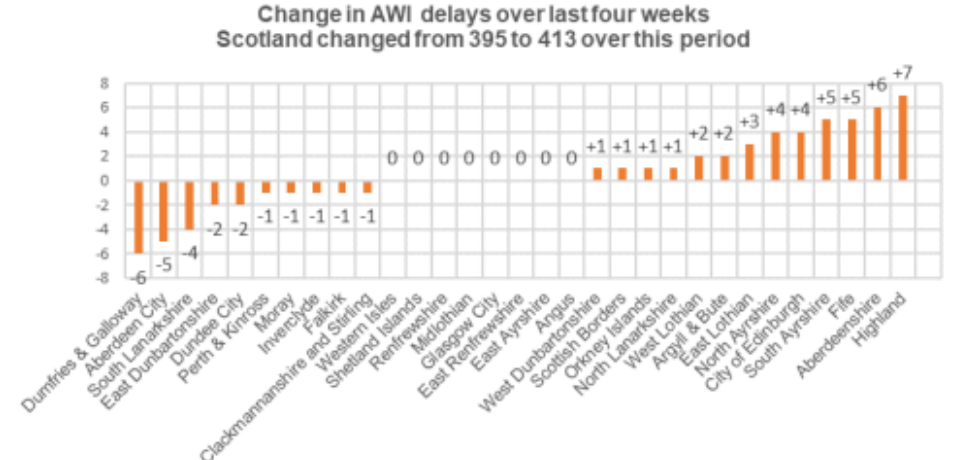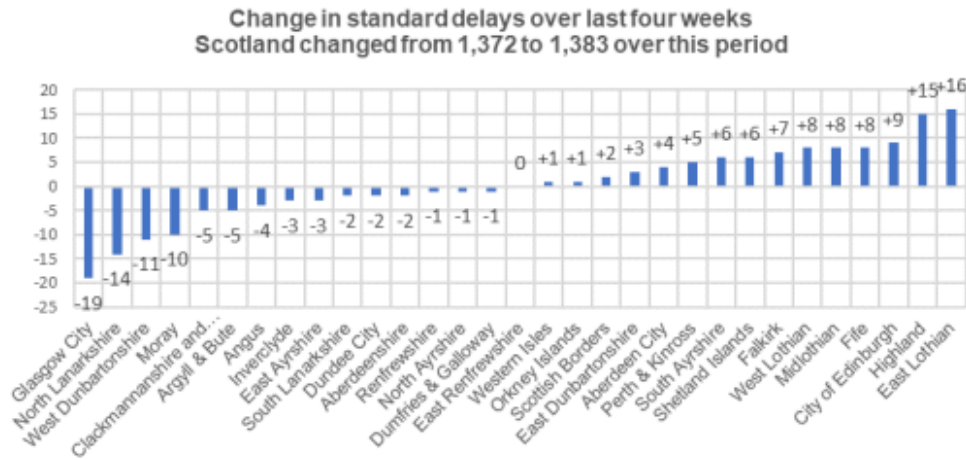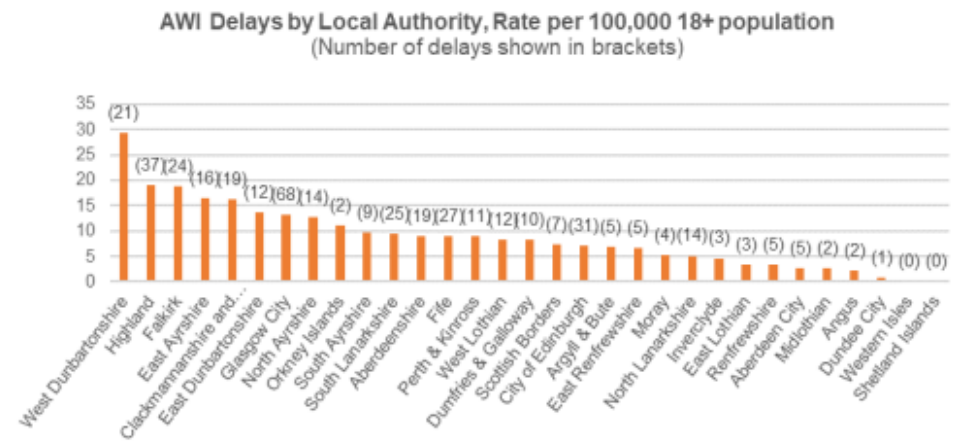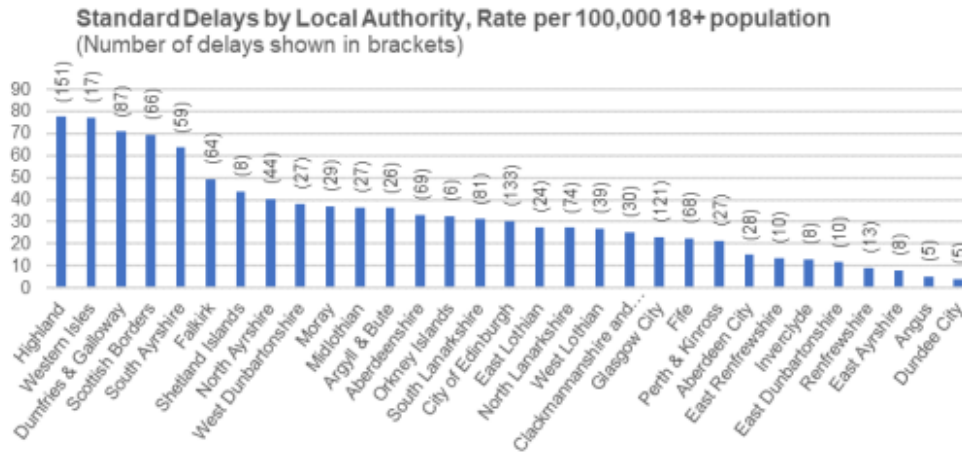
4 week period runs from 18 March 2024 to 15 April 2024

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