

APPENDIX 1 – ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP –  
PERFORMANCE REPORT – FQ3 (OCT-DEC 2023/24)



**Area Committee**

**Date of Meeting:** tbs

**Title of Report:** Health & Social Care Partnership - Performance Report - FQ3 (Oct - Dec 2023/24)

**Presented by:** tbc

**The Committee is asked to:**

- Note performance for FQ3 (October - December 2023/24) and performance against the previous quarter
- Note supporting performance commentary across 8 key service areas
- Note performance update on the National Health & Wellbeing Outcomes and Ministerial Steering Group Integration Indicators (**Appendix 1**)
- Note System Pressure Report for December 2023 (**Appendix 2**)
- Note Delayed Discharge Sitrep as of 15 January 2024 (**Appendix 3**)

**EXECUTIVE SUMMARY**

This report details performance for FQ3 (October – December) 2023/24, the performance outputs are taken from the new Integrated Performance Management Framework (IPMF) Reporting Dashboard with the focus on the eight key service areas. Overall performance for FQ3 notes an overall decrease in the number of measures reporting as on target against 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 new 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.

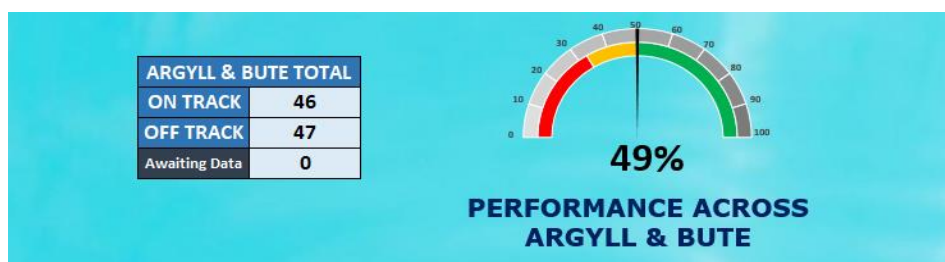
# APPENDIX 1 – ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP – PERFORMANCE REPORT – FQ3 (OCT-DEC 2023/24)

## 2. DETAIL OF REPORT

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

## 3. RELEVANT DATA & INDICATORS

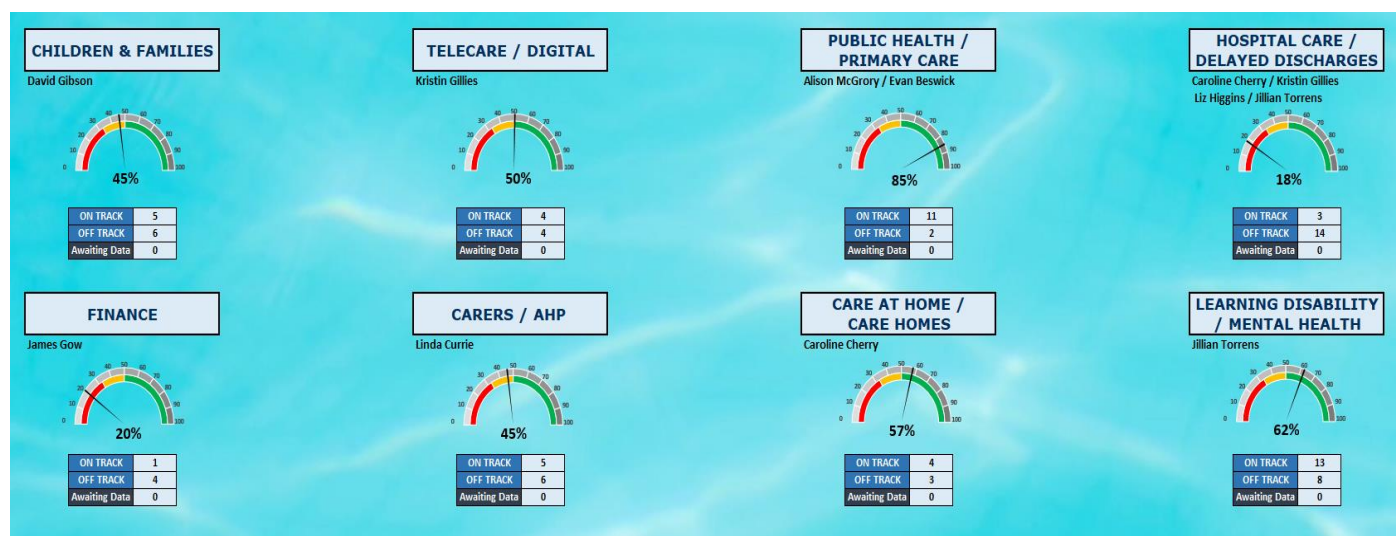
### 3.1 FQ3 (October- December) 23/24 Performance Summary



Overall performance for FQ3 notes that 49% of KPI's are scoring against target, with 46 reporting as on-track and 47 off-track, this is a slight decrease (-6%) against previous FQ2 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.



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### **3.2.1 Children & Families**

Across 11 KPIs, C&F services performance notes 5 (45%) on track, with 6 (55%) off track against the targets set in Q3 23/24. This is an increase from 27% on track reported (+18%) variance on the previous quarter performance. It is recognised that some of this is an artefact of phasing of targets and other elements are due to data collection issues. Work is continuing to rectify these issues to give a more accurate picture of actual 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 21% above target performance and increase above target from Q2 23/24 of 3%. There is a positive trend over time well above the set target.
- Increasing the number of public sector staff receiving VAWG basic training is on track, noting 39% above target, an improvement on Q2 which was 30% off target. The performance in Q2 and Q3, matches expectation, with the expected drop in numbers being trained over the summer period (Q2), and the subsequent catch-up in Q3, with the resumption of training.

#### **Performance below target & areas for improvement:**

- Performance around reducing numbers of care experienced children looked after living in residential care commissioned out with A&B has declined due to noted increased this quarter to 50% above target, of all children looked after. The number of children cared for in 'external placements' is small and any resultant % changes, positive or negative, should be treated with extreme caution. Experience and analysis would now lead us to believe that we have reached the long-term low for those placed out with.
- Performance with regards to the number of children seen within 18 weeks for Child & Adolescent Mental Health Services remains off track, with FQ3 noting 68.5% against a 90% target. This is a decrease of 9% on previous quarter's performance. Viewed over the longer term the trend is decreasing performance in this area.
- Performance to reduce the % of young people referred to the Emotional, Health and Wellbeing Pathway remains off track noting 71% against a 100% target, however this is an improvement of 21% over Q2. The trend over the longer term is decreasing performance in this area.

### **3.2.2 Telecare and Digital**

Benchmarked performance across the 8 Key Performance Indicators against target notes a slight decrease (1) in the number of KPI's reporting on-track with Q2 noting (5) 63.0% on track against FQ3 reporting (4) 50.0%. 4 KPI's remain off –track against target for FQ3.

#### **Performance on or above target:**

- The number of new Telecare service agreements continues to exhibit growth.

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- The number of 'Near Me' clinic appointments has remained stable and on target.
- The digitalisation of telecare equipment has surpassed expectations, achieving the year-end target last quarter and further growing by 8%.
- Both the usage of Just Checking equipment and Buddi hubs has rebounded after a period of lower performance in the last quarter.

### **Performance below target & areas for improvement:**

- Despite efforts, the number of outstanding annual telecare reviews continues to be below the target. However, Q3's figures provide a more accurate reflection of the actual outstanding reviews, and efforts are underway to address this issue.
- Silver Cloud referrals fell short of the target this quarter, with 4 fewer referrals than the previous quarter.
- Some (1) freedom of information requests were not completed on time in the last quarter.

### **3.2.3 Public Health and Primary Care**

Q3 performance notes 11 (85%) KPIS on track, with 2 (15%) reporting off track. This is a slight decrease from 92% on track in Q2. Across the Public Health KPIs, Health performance notes 5 (100%) are on track set against the targets in Q3 2023/24. 8 KPI covering Primary Care notes 6 (75%) on track, with 2 (25%) off track.

### **Performance on or above target:**

- Increasing the monthly number of quit dates has increased by 10% on Q2 and sitting above target, currently 11 against a target of 10.
- Monitoring contracts and KPIs of all PH commissioned contracts is exactly on target of 100%. This follows a 100% trend from Q3 2022/23.
- Increasing the number of engagement activities delivered in communities and supported through the living well shows a quarterly increase. It has increased by 18% on Q2, currently 26 against a target of 1.
- Increasing the number of people in A&B attending Money Counts, Behaviour change shows a quarterly increase. It has increased by 9% on Q2 and above a rolling target, currently 58 against a target of 51.
- Increasing the number of referrals to community link workers supported by "We are with you" has increased by 24% on Q2 and above target, currently 148 against a target of 101.

### **Performance below target & areas for improvement:**

- All Public Health targets are being achieved.

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- During Quarter 3, the delivery of winter vaccinations fell short of the established target, achieving only 62% coverage for Covid and 55% for Influenza among eligible recipients. It should be noted that Scotland wide has only achieved 57% and 53% coverage for Covid and Influenza respectively during the winter 23/24 program.
- Only 93% of practices have access to Community Treatment Assessment Centre services.

### **3.2.4 Hospital Care & Delayed Discharge**

Across all 17 measures, 3 (18%) are reported as on track 11. This is a decrease from Q2 where 6 (35%) reported as on track. Q3 Hospital Care performance notes 1 (9%) on track, with 10 (91%) off track against the targets. This is a decrease from 36% on track reported last quarter. The one KPI showing on track is the number of unplanned admissions to hospital reported due to a Fall. This KPI is impacted by data lag, and Q3 only includes Oct & Nov data.

Across 6 KPIs, Delayed Discharge Q3 performance notes 2 (33%) on track, with 4 (67%) off track against the targets. This is a decrease from 50% on track reported in Q2 performance.

#### **Performance on or above target:**

- The occupied bed days for people delayed in hospital due to AWI (Adults with Incapacity) has reduced significantly by 57% on Q2. It now stands at 283 against a target of 589.
- The occupied bed days for people delayed in hospital awaiting care home placement continues to meet target. It shows further improvement with 13% decrease on Q2 bed days. It now stands at 1029 against a target of 1632.

#### **Performance below target & areas for improvement:**

- Unplanned admissions to hospital for 65+ remain above target, and although down slightly on Q2.
- Compared with previous quarter, the average length of stay has increased by 33% (from 6 days to 8). Average crude Length Of Stay (LOS) in each A&B hospital ranged between 6-13 days. The Number of Falls being reported in hospital setting shows a 23% decrease on Q2, and now only slightly above target. Performance on outpatient waiting times continues to be off track, although both KPIs are down slightly on Q2. Waiting times for cancer appointments at the 31 and 62 day targets have increased to 10, from zero in Q2. Instance of medication errors, tissue viability and infections have all increased this quarter and are all above target.
- The number of people delayed in hospital is off track in Q3. The number of people delayed has risen by 22% on Q2, it now stands at 161 against a target of 132.
- Reduce the overall length of stay in hospital (Delayed Discharge Bed Days) continues off target. There has been improvement with a 32% decrease on Q2, which stands at 3343 against a target of 3025.
- The number of people delayed in hospital due to care at home availability continues off target. It shows a 26% increase on Q2 and stands 122 against a target of 80.

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- Increase the number of inpatients 18+ who are discharged without delay is slightly of target in Q3 with a 7% decrease on Q2. It now stands at 1154 against target of 1222.

### **3.2.5 Finance**

Across 5 KPIs, Financial services performance notes 1 (20%) on track, with 4 (80%) off track against the targets set in Q3 23/24. This is the same % reported on track reported as the previous quarter performance.

#### **Performance on or above target:**

There is currently one KPI's on or above target

- The performance on reducing the % of clients with high-cost packages of care KPI is improving and noting 6% above target performance.

#### **Performance below target & areas for improvement:**

- Performance around the reduction in value of assessed unmet need for care at home remains off track with costs increased this quarter on previous quarter.
- Performance with regards to reducing the cost of hospital stays because of delayed discharge remains off track, with FQ3 noting 33% above target, an increase of 9% on previous quarter's performance.
- Performance on reducing the cost on pharmacy expenditure remains off track, with FQ2 noting 11% above target, an improvement by a decrease of 5% above target on the previous quarter.
- Performance on reducing the costs of agency nursing staff in A&B hospitals remains off track, with FQ3 noting 6% above target, matching the % above target on the 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. This is a decrease from 64% on track reported (-19%) 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 4% 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.
- The number of AHP community patients discharged this quarter has increased significantly – 14% - well above the target set.

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- The rate of New Outpatient AHP referrals seen as a proportion of all referrals seen continues to be on track. The current rate of 29% well above target set (25%).

### **Performance below target & areas for improvement:**

- Although Outpatient referral waits are currently off-track, they have improved this quarter. There is a slight improvement of 1% this quarter of those Outpatients waiting more than 4 weeks for MSK (Muscular Skeletal), and a significant improvement of 12% for Outpatients waiting over 12 weeks for AHP services.
- AHP Outpatient completed waits slightly down on last quarter – this is due to significant drop-off in patients discharged in December 2023. This is likely to be down to the holiday period impacted with reduced staffing levels.
- Community AHP referral waits breaching over 12 week waits have significantly increased this quarter – up 87% – although slightly lower than Q1.
- Young Carers Statements Completed have decreased this quarter. As mentioned previously, this target will need to be revised due to the unique aspects of gathering information from Young Carers.

### **3.2.7 Care at Home and Care Home**

Across 7 KPIs, Care at Home/Care Homes performance notes 4 on track, with 3 off-track against the targets. The overall picture has improved, as only 2 KPIs were on track in Q2 (29%). As before, proxy data has been used in Q3 for the 2 on track KPIs (49 and 50), as it was not possible to obtain data from Eclipse.

### **Performance on or above target:**

- The number of Older People who waited > 6 months for their homecare monitoring review has improved and is on target.
- There has been a big drop in unplanned admissions to A&B hospitals from a care home, which now stands at 26 against a target of 36, this is on target.

### **Performance below target & areas for improvement:**

- Performance on % of Older People receiving nursing care home service continues a plateau of 8 to 9% below target.
- The % of Older People in receipt of Care at Home receiving >15 hours per week has improved by 1% and is now 2% below target.
- Occupancy rates across A&B care homes continue to improve, and now stand just 1% below target.

### **3.2.8 Learning Disability & Mental Health**

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Across 21 KPI, Learning Disability / Mental Health/ Adult Support & Protection / Alcohol & Drugs Partnership performance notes 13 (62%) on track, with 8 (38%) off track against the targets set. This is a decrease from 71% 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 Q3. Since the last quarter it has risen by 23 (48%) to 71.
- Post Diagnostic Support referrals has increased again this quarter rising from 62 to 75 (+21%).
- The number of HSCP staff completing Adult Support Protection Training has significantly increased this quarter – up from 95 to 172 (+81%) – and is now on target.

### **Performance below target & areas for improvement:**

- The number of people with needs assessed via Universal Adult Assessments by the A&B Dementia teams has dropped below target this quarter. This has decreased from 24 to 8 over the quarter (-67%).
- The number of people waiting more than 12 weeks for a new Mental Health Outpatient service continues to increase over recent quarters. At Q3 2023/24 there were 532 waiting, an increase of 21% on previous quarter.
- ASP duty to inquire completion times saw a significant decrease, falling further below target from 58% to 32%, with only a third being completed within the designated 5 days.
- ASP investigation times also fell off target, dropping from 77% to 60% completion within the specified 15 days. The review of case conferences within 3 months of the initial meetings failed to meet targets, dipping from 100% to 50%

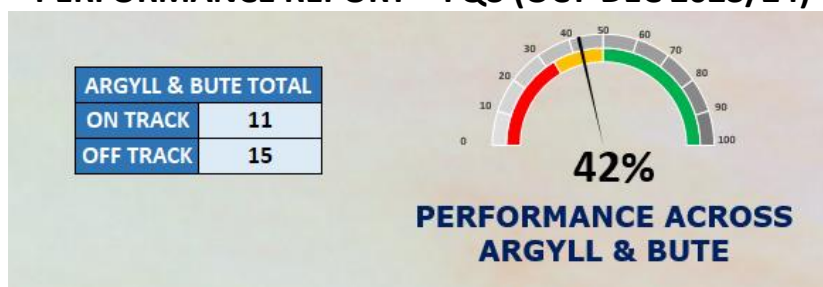
## **4. NATIONAL HEALTH & WELLBEING OUTCOMES (HWBOI) and MINISTERIAL STEERING GROUP (MSG) INTEGRATION INDICATORS**

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.



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The latest data in relation to 26 HWBOI and MSG Indicators reports 42% on track, with 11 on track and 15 off track. An overview of A&B HSCP’s latest performance against the 26 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 at FQ4.

### 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 indicators used to inform the HSCP E&D work.

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### 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. 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 is 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 committee should note that this report has been considered at both the Clinical and Care Governance Committee for scrutiny and the Integration Joint Board is asked to note FQ3 (October-December) 2023/24 performance as detailed in the IPMF Dashboard

### 13. DIRECTIONS

Directions required to Council, NHS Board or both.	<b>Directions to:</b>	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

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Appendix 1 – HWBOI & MSG Integration Indicators – Latest Available (as at 30 Jun 2023, due to national data lag the next update will be available for FQ4)

National Indicator No.	Measure Type	No	Measure Detail	Target	Actual	Status
1	HWBOI Outcomes	1	<a href="#">% of adults able to look after their health very well or quite well</a>	90.9%	90.8%	R
2	HWBOI Outcomes	2	<a href="#">% of adults supported at home who agree they are supported to live as independently</a>	78.8%	75.0%	R
3	HWBOI Outcomes	3	<a href="#">% of adults supported at home who agree they had a say in how their support was provided</a>	70.6%	66.9%	R
4	HWBOI Outcomes	4	<a href="#">% of adults supported at home who agree that their health &amp; care services seemed to be well co-ordinated</a>	66.4%	66.0%	R
5	HWBOI Outcomes	5	<a href="#">% of adults receiving any care or support who rate it as excellent or good</a>	75.3%	68.6%	R
6	HWBOI Outcomes	6	<a href="#">% of people with positive experience of their GP practice</a>	66.5%	77.6%	G
7	HWBOI Outcomes	7	<a href="#">% of adults supported at home who agree their support had impact improving/maintaining quality of life</a>	78.1%	76.7%	R
8	HWBOI Outcomes	8	<a href="#">% of carers who feel supported to continue in their caring role</a>	29.7%	38.0%	G
9	HWBOI Outcomes	9	<a href="#">% of adults supported at home who agree they felt safe</a>	79.7%	76.4%	R
National Indicator No.	Measure Type	No	Measure Detail	Target	Actual	Status
11	HWBOI Data	1	<a href="#">Rate of premature mortality per 100,000 population</a>	466	386	G
12	HWBOI Data	2	<a href="#">Rate of emergency admissions per 100,000 population for adults</a>	11629	11916	R
13	HWBOI Data	3	<a href="#">Emergency Admissions bed day rate</a>	112637	112371	G
14	HWBOI Data	4	<a href="#">Readmission to hospital within 28 days per 1,000 admissions</a>	107	91	G

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15	HWBOI Data	5	<a href="#">Proportion of last 6 months of life spent at home or in a community setting</a>	89.8%	92.6%	G
16	HWBOI Data	6	<a href="#">Falls rate per 1,000 population aged 65+</a>	22.6	30	R
17	HWBOI Data	7	<a href="#">% of SW care services graded 'good' '4' or better in Care Inspectorate inspections</a>	75.8%	80.0%	G
18	HWBOI Data	8	<a href="#">% of adults with intensive needs receiving care at home</a>	64.6%	72.2%	G
19	HWBOI Data	9	<a href="#">No of days people [75+] spent in hospital when ready to be discharged, per 1,000 population</a>	748	764	R
National Indicator No.	Measure Type	No	Measure Detail	Target	Actual	Status
19	MSG	1.1	<a href="#">Number of emergency admissions - A&amp;B</a>	8505	8559	R
20	MSG	2.1	<a href="#">Number of unplanned bed days acute specialties - A&amp;B</a>	63655	77477	R
21	MSG	2.2	<a href="#">Number of unplanned bed days MH specialties - A&amp;B</a>	12475	9388	G
22	MSG	3.1	<a href="#">Number of A&amp;E attendances - A&amp;B</a>	16120	20683	R
23	MSG	3.2	<a href="#">% A&amp;E attendances seen within 4 hours - A&amp;B</a>	95.0%	83.3%	R
24	MSG	4.1	<a href="#">Number of DD bed days occupied - A&amp;B</a>	7528	11944	R
25	MSG	5.1	<a href="#">% of last six months of life by setting community &amp; hospital - A&amp;B</a>	89.8%	90.8%	G
26	MSG	6.1	<a href="#">% of 65+ population at Home (unsupported) - A&amp;B</a>	92.3%	92.6%	G

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**Appendix 2- System Pressures Reporting- December 2023**

Argyll and Bute Systems Pressures Summary Report – Jan 2024 Update													
Key Metric	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Trend
Overall Emergency Admissions to A&E (LIH)	645	595	721	718	750	846	821	892	757	679	654	661	↑
A&B Hospitals – Inpatient Admissions (Month)	409	371	458	367	420	395	413	446	414	370	369	410	↑
A&B Hospitals – Inpatient Discharges (Month)	386	371	430	343	393	382	389	418	396	340	356	383	↓
A&B Hospitals – Occupied Bed Days	3435	2713	3096	3121	3131	2932	2830	3259	2969	3124	2868	3060	↑
A&B Hospital Stays – bed occupancy %	77.9%	66.4%	75.4%	75.4%	81.7%	71.5%	75.0%	77.9%	79.1%	74.5%	70.5%	72.4	↑
A&B Hospitals – Average Length of Stay (days)	8.2	6.8	4.7	7.4	11.9	7.8	5.8	5.7	6.4	5.1	5.2	9.7	↑
Delayed Discharges – Total Delays	47	36	27	29	39	35	40	45	34	40	38	28	↓
Delayed Discharges – Total Bed Days Lost	1663	1613	1074	956	1340	1560	1966	2227	1918	1633	1453	1094	↓
Care Home – Bed Occupancy	81%	82%	83%	82%	81%	81%	82%	82%	83%	85%	84%	89%	↑
Care Home Bed Vacancies	33	31	20	24	34	39	29	29	31	25	25	14	↑
Unmet Need – People Waiting	70	63	45	42	43	49	53	55	59	73	71	82	↑
Unmet Need – Hours of Care	716	639	507	370	344	338	460	420	508	676	541	711	↑

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**Appendix 3- Delayed Discharge Sitrep – 15<sup>th</sup> January 2024**

