APPENDIX 1 ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP

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 report (35%) reported as on track. Q3 Hospital Care performance and confirmed from 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 Coagainst the targets. This is

Performance on or above

- The occupied bed days for people delayed in nospital.
 has reduced significantly by 57% on Q2. It now stands at 283 against a target or 569.
- 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

Performance below target & areas

- Unplanned admissions to hospital for 65+ remain above target, and aimough as more 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 betweq0.0W*nBT/F6

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 –

The latest data in relation to 26 HWB

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 to:	tick
Directions required to Council, NHS Board or both.	No Directions required	Х
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

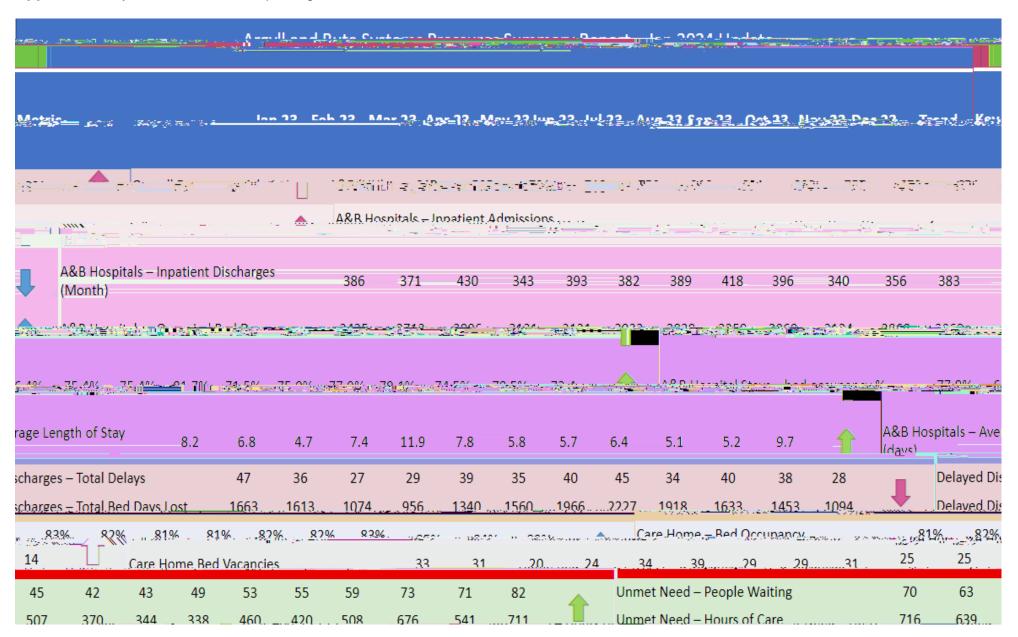
REPORT AUTHOR AND CONTACT

Author Name: Douglas Hunter- Senior Manager Performance & Improvement

Email: douglas.hunter@argyll-bute.gov.uk

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National Indicator No.	Measure Type	No	Measure Detail	Target	Actual	Status
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		2.1				R
		2.2				G
		3.1				R
		3.2				R
		4.1				R
		5.1				G
		6.1				G

APPENDIX 1 ARGYLL AND BUTE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT FQ3 (OCT-DEC 2023/24) **Appendix 2-** System Pressures Reporting- December 2023



Appendix 3- Delayed Discharge Sitrep – 15th January 2024

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