



Argyll & Bute Health

Performance Exception

Exception Reporting & Briefing Frequency

The Integrated Joint Board will receive this performance and exception report on a 6 weekly basis, this will be taken from a live snapshot of the current

#anagement Exception eporting	
Performance Indicator' %outcome (No of patients with early diagnosis & management of dementia	esponsi&le #anager' (orraine Pater&on
)arget* +, 0 Actual* +0-	. ate of Report* /O#
) escription of Exception (Consideration should be given when describing the nature of the exception with regards to previous trends, reasons for exception, external /internal influences on performance, previous action	

Additional Support Requirements Identified	
Improvement Forecast Date	Review Date
March 2017	monthly
# Management Exception Reporting	

Performance Indicator Outcome +
 Falls rate per 1,000 population for adults

Actions Identified to Address Exception and Improve Performance (Consideration should be given when describing actions to address performance with regards what requires to be done, who is going to do it and how will this improve performance)

The prevention of avoidable emergency admissions continues to be an area of focus for

#anagement Exception eporting

Performance Indicator' %outcome +
% of health & care resource spend on
hospital stays, patient admitted in an
emergency

esponsi&le #anager'

Allen Stevenson

)arget* ##4 Actual* #34

. ate of Report* /O# \$%1\$2

in hospital with target discharge dates identified shortly after admission. A recent example of this improvement work was highlighted as a result of an RPIW workshop in Oban where the team have been able to sustain lowering the number of days patients stay in hospital. Lessons learned from this activity need to be shared more effectively across all localities.

Actions Identified to Address Current Future Barriers

(Consideration should be given when describing barriers with regards to, how are the barriers going to be managed, who will take this work forward)

- We need to ensure our re-ablement model is working effectively across all our community teams. We are currently planning a review of our progress across our community teams which will help deliver increased consistency of approach to re-ablement.
- We need to ensure we share and spread the good outcomes from a recent RPIW in Oban which has delivered shorter length of stay for the patients admitted to hospital.
- We need to accelerate work towards shifting the balance of care from hospital to community and ensure we achieve the current 80% target. This will only be achieved if we accelerate our re-design work across localities.

Additional Support Requirements Identified

The actions described above need to be secured to deliver our desired outcome of shifting the balance of care.

This is a medium term focusing on m og o18(h)-4.33056(i)1.87(s.[5]1.169n0ilance of c(n)5.67474

#anagement Exception eporting	
Performance Indicator' %outcome + No of outpatient ongoing waits greater than12 wks	esponsi&le #anager' Lorraine Paterson
)arget* 0 Actual* 3+	. ate of Report* FQ2 16/17
)escription of Exception	

- Self management tools for patients are being examined and rolled out to patients
- The waiting list administration for the service has been centralised to Oban Lorn and Islands hospital to ensure equity of appointing across the HSCP as waiting times differed depending on the availability of the Consultant to visit that area Oban, Kintyre and Mid Argyll).
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#anagement Exception eporting

Performance Indicator' %outcome +

