



remobilisation of services against 6 key principles within a Covid19 operating environment:

1. **The establishment of a clinical priority matrix 1P-P4** (detailed above)
2. **Protection of essential services** (including critical care capacity, maternity, emergency services, mental health provision and vital cancer services)
3. **Active waiting list management** (Consistent application of Active Clinical Referral Triage (ACRT) and key indicators for active waiting list management, including addressing demand and capacity issues for each priority level)
4. **Realistic medicine remaining at the core**

(Data Source- PHS Covid19 data as at 10<sup>th</sup> March 2021)

### 3.1 Covid19 Vaccination Performance

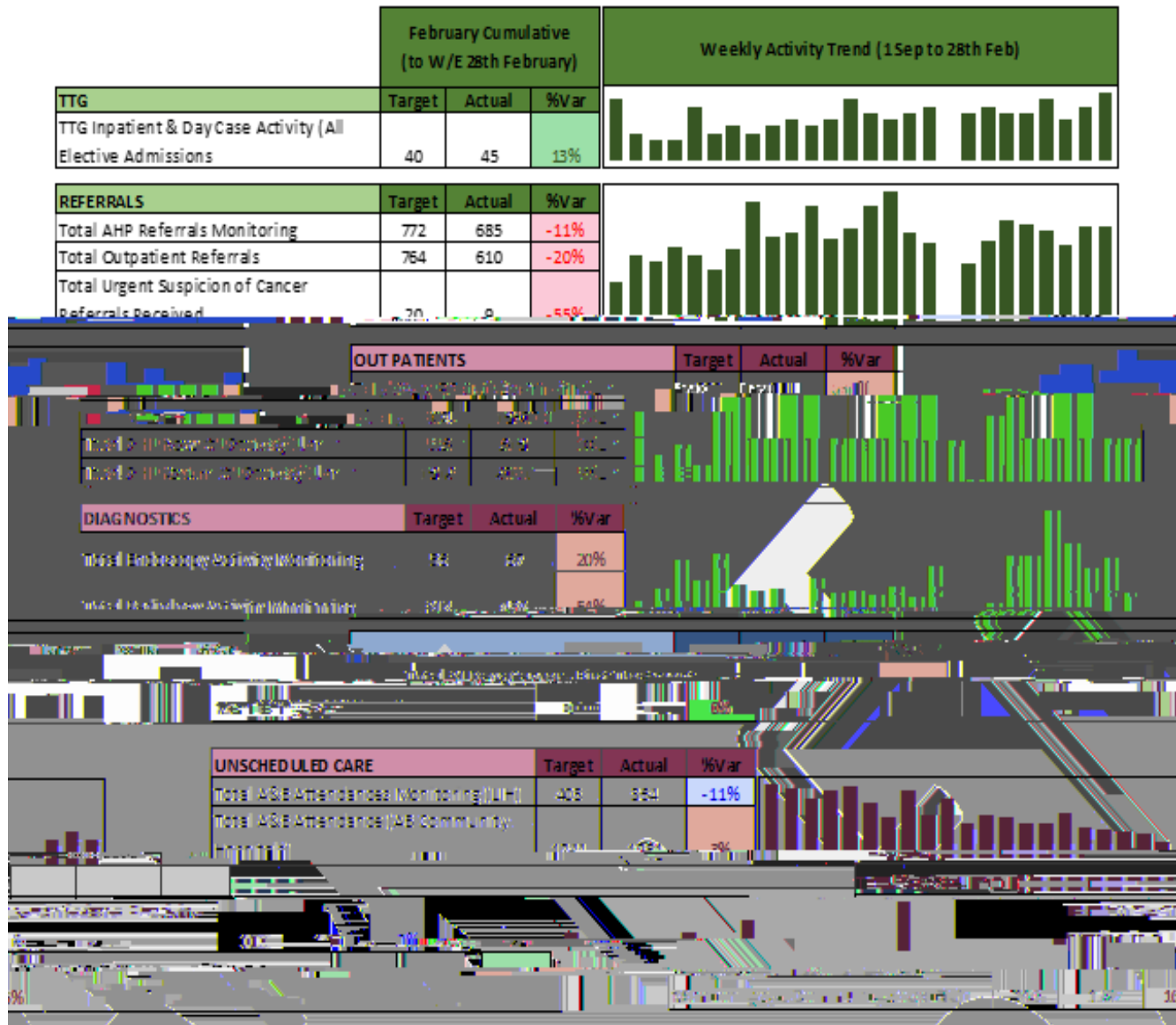
With regards to Immunisation performance the latest data up to the 14<sup>th</sup> March notes:

**A&B dose 1** = 37,221 this equates to 51% of the total population having had their first dose

**A&B dose 2** = 3,057 this equates to 4.2% of the total population having had their

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# Argyll and Bute HSCP Remobilisation Cumulative Performance to 28<sup>th</sup> February 2022



(Please note that not all MH community and AHP activity is captured due to data lag and some services are not yet on automated systems)

## 5. WAITING TIMES PERFORMANCE

The table below identifies the length of wait associated with each of the specialities alongside the totals and booking status as at 10<sup>th</sup> February 2021

Performance against December 2020 data notes an overall 3.9% reduction in the total percentage Outpatients Waiting more than 12 weeks. Overall the data suggests a continuing slow reduction in waiting times with a slight increase in March outpatient booking activity.

Main Specialty	Total on Waiting List	Length of Wait (weeks)				Appointment Status		
		Over 26	12 to 26	Under 12	% > 12 Weeks	Booked	Unbooked	% Un Booked
Consultant Outpatients Total	1095	205	187					





The 2021/22 plan is being considered by the NHS Highland Board at its meeting on the 30<sup>th</sup> March and

Argyll & Bute HSCP's activity remobilisation performance targets have been incorporated into the NHS Highland plan for 2021/22. These have been formulated on the basis of assumed levels of capacity and demand, using financial year 2019/20 as a baseline. The HSCP has assumed demand will remain consistent with that seen in 19/20 (pre pandemic) across all specialties and settings.

For in house provisioned services i.e. the Medical, Surgical and Oral Surgery specialties delivered across Argyll & Bute and from within Lorn & Islands Hospital we anticipate 90% remobilisation capacity, this applies to planned elective inpatient/day case procedures, outpatients and endoscopy.

NHS GGC have committed to delivering 80% capacity based on 2019/20 activity targets across outpatient outreach services, throughout all four quarters.

The Radiology department in LIH has benefited from capital funding and now has a permanent second ultrasound machine, as such additional clinics can be run when necessary and 100% capacity has been assumed across non-obstetric ultrasound, CT





# Appendix 1

## Board Level KPI's & Percentage of Treatment Time Guarantee Waiting >12 Weeks as at February 2021

### Current Week Performance Table

1 February 2021

Trust	TTG - haemodialysis	TTG - peritoneal	Cont'd hour EOI	Cont'd hour	Cont'd hour	Cont'd hour	Cont'd hour	Cont'd hour	Cont'd hour
Ayrshire & Arran	3,438	2,357	83.3%	0	4	4,239	1,430	10.2%	
Dumfries & Galloway						856	219	91.3%	
Fife						1,287	691	90.3%	
Highland						661	470	89.3%	
Shetland						57	36	98.4%	0
Tayside	1,546	12,832	86.2%	12	3	4,298	741	17.3%	
West of Scotland	2,412	2,524	87.5%	12	3	6,564	2,749	10.5%	
West of Scotland						91	513	33.0%	
West of Scotland						1,120	1,098	95.3%	

