



**REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 26 MARCH 2020**

**SUBJECT: QUARTER 3 (OCTOBER – DECEMBER 2019) PERFORMANCE REPORT**

**BY: CHIEF FINANCIAL OFFICER**

**1. REASON FOR REPORT**

- 1.1 To update the Audit, Performance and Risk Committee on the performance of the Moray Integration Joint Board (MIJB) as at Quarter 3 (October – December 2019/20).

**2. RECOMMENDATION**

- 2.1 **It is recommended that the Audit Performance and Risk Committee consider and note:**

- i) **the performance of local indicators for Quarter 3 (October – December 2019) as presented in the Moray Local Indicators at APPENDIX 2;**
- ii) **the analysis of the local indicators that have been highlighted and actions being undertaken to address performance that is outside of acceptable target ranges as contained within Section 5;**

**3. BACKGROUND**

- 3.1 The purpose of this report is to ensure the MIJB fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and on the programme of work as set out in its Strategic Plan.
- 3.2 **APPENDIX 2** identifies local indicators for the MIJB and the functions delegated by NHS Grampian and Moray Council, to allow wider scrutiny by this Committee.

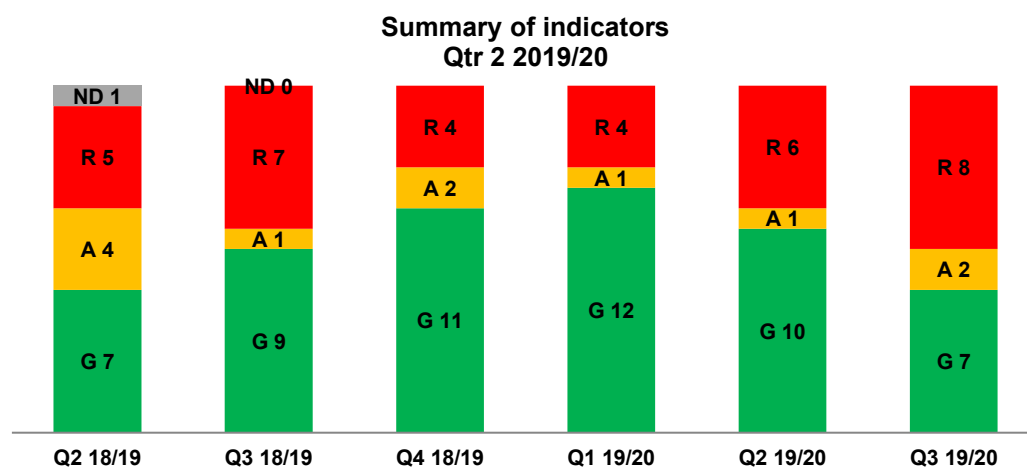
**4. KEY MATTERS RELEVANT TO RECOMMENDATION**

- 4.1 Local Indicators are assessed on their performance via a common performance monitoring Red, Amber, Green (RAG) traffic light rating system.

<i>RAG scoring based on the following criteria (Where there is no target, previous quarter is used):</i>	
<b>GREEN</b>	If Moray is performing better than target.
<b>AMBER</b>	If Moray is performing worse than target but within 5% tolerance.
<b>RED</b>	If Moray is performing worse than target by more than 5%.
<b>▲ – ▼</b>	Indicating the direction of the current trend.

- 4.2 The performance indicators for quarter 3 is attached in **APPENDIX 2**. Moray has 17 local indicators. Seven of the indicators are green, 2 are amber and 8 indicators are showing as red.

Figure 1



The table below (Figure 2) gives a summary of the historical movement of the RAG status by indicator since quarter 1 2018/19.

**Figure 2 – RAG History**

HSCM Indicator RAG over time									
ID.	Indicator Description	EPD*	Q1 (Apr-Jun 18)	Q2 (Jul-Sep 18)	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sept 19)	Q3 (Oct-Dec 19)
L07	Rate of emergency occupied bed days for over 65s per 1000 population	▼	A▼	A▼	G▼	G▼	G▼	G▼	G▲
L08	Emergency Admissions rate per 1000 population for over 65s	▼	G▼	G▲	G▼	G▼	G▼	G▲	G▲
L09	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	▼	A▼	RA	A -	A▼	G▼	G -	A▲
L10	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population	▼	RA	RA	G▼	G▼	G▼	G▼	RA
L11	Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter)	▼	RA	G -	G▼	G▼	G▼	G▼	RA
L12	A&E Attendance rates per 1000 population (All Ages)	▼	G▼	RA	G▼	A▲	RA	A▲	RA
L13	A&E Percentage of people seen within 4 hours, within community hospitals	▲	G -	G -	G -	G -	G -	G -	G -
L14	Percentage of new dementia diagnoses who receive 1 year post-diagnostic support	▲	ND	ND	ND	G - (2014/15)	G▼ (2015/16)	R▼ (2016/17)	G▲ (2017/18)
L15	Smoking cessation in 40% most deprived communities after 12 weeks	▲	R▼	G▲	R▼	G▲	G▲	R▼	R▼
L16	Percentage of clients receiving alcohol treatment within 3 weeks of referral	▲	G▲	G▼	G -	G -	G -	G -	G▼
L17	Percentage of clients receiving drug treatment within 3 weeks of referral	▲	G -	G▲	G -	G -	G -	G -	G -
L18	Number of Alcohol Brief Interventions being delivered	▲	R▼	R	R▼	R▼	RA	RA	R▼
L19A	Number of complaints received and % responded to within 20 working days - NHS	▲	G▲	R▼	R▼	G▲	R▼	RA	RA
L19B	Number of complaints received and % responded to within 20 working days - Council	▲	ND	G -	G -	G -	G -	R▼	G▲
L20	NHS Sickness Absence % of Hours Lost	▼	R▼	R▼	RA	G▼	G▲	G▼	A▲
L21	Council Sickness Absence (% of Calendar Days Lost)	▼	ND	ND	RA	R▼	A▲	RA	R▼
L41	Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral	▲	G▲	G▼	R▼	R▼	R▼	RA	R▼

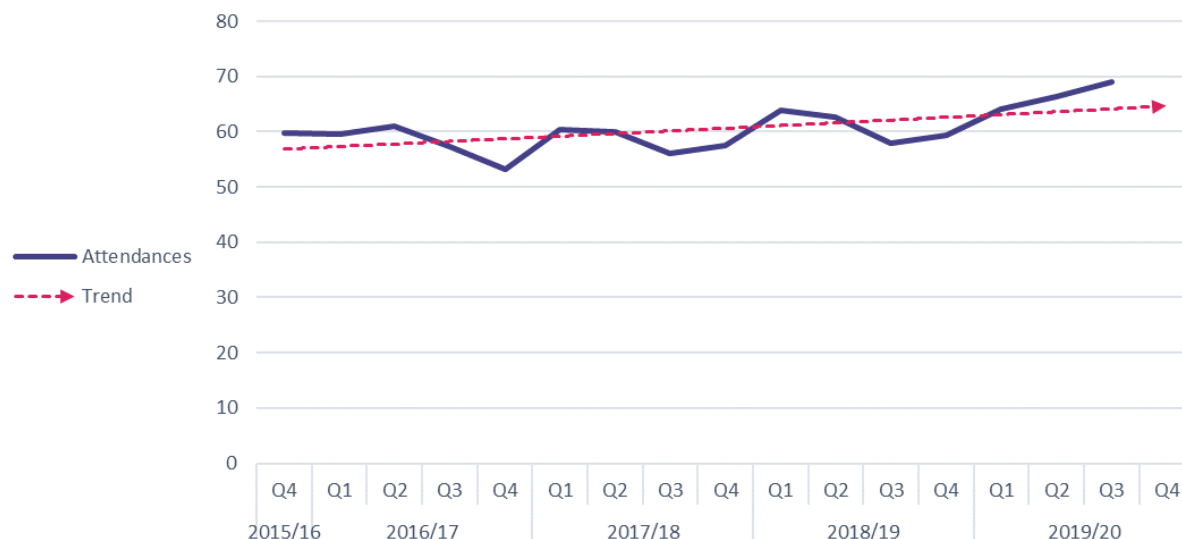
\* Expected Positive Direction

- 4.3 **Section 5** provides exception reporting and supplementary information which explains the background to current performance and management action being undertaken to address the underlying issues.

## 5. PERFORMANCE ANALYSIS

- 5.1 **L10 - Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population AND L11 - Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter)**  
L10 and L11 have both increased this quarter (Further analysis and actions are addressed in a separate Delayed Discharges report being presented at this meeting).
- 5.2 **L12 - A&E Attendance rates per 1000 population (All Ages)** – An expected seasonal reduction in this measure did not occur and the rate of A&E attendances are at their highest since 2015/16 and on an increasing trend.

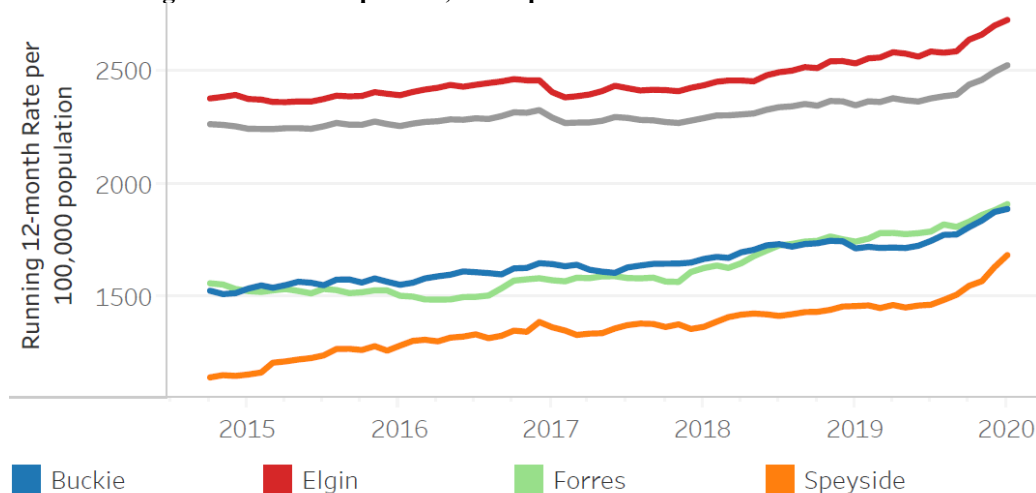
**Figure 3 - A&E Attendance rates per 1000 population (All Ages)**



As reported last quarter a small percentage of attendances were recorded inappropriately and were redirected. There is still a need to support people's awareness of the help that can be provided by other professions such as pharmacies, opticians, dentists etc. This is subject to ongoing promotion by NHS Grampian through their "know who to turn to" communications. These inappropriate attendances make up one fifth of the total.

Monthly data over the past 5 years shows that since 2018 there has been a steady increase in the numbers attending the Emergency Department (ED) at Dr Gray's Hospital. This has been the case across all localities and the recent increase has been driven mainly by patients from Elgin and Speyside.

**Figure 4 - ED Running 12 Month Rate per 100,000 Population**

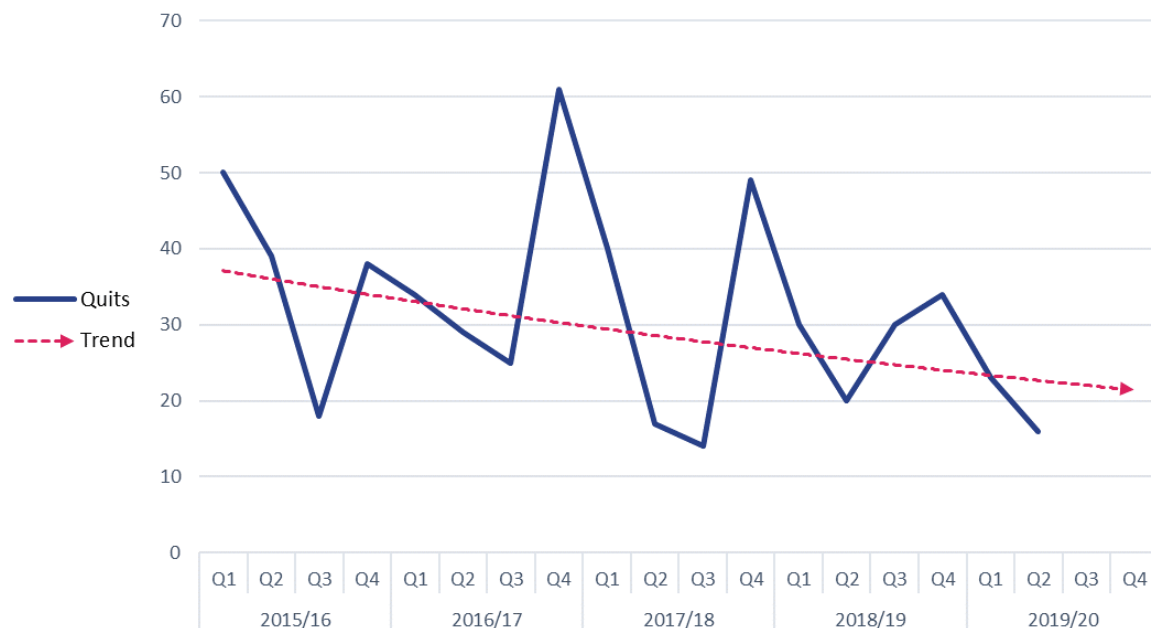


The increase in the 12 month rate per 100,000 population across Moray was 131 and Elgin and Speyside had increases in their rates of 157 and 174 respectively. This is a 12% increase in the rate per 100,000 of people from Speyside attending the ED in 2019 compared to 2018.

While this issue has been highlighted in previous reports this recent increase warrants further investigation with a recommendation of a report to come back to this committee at a later date highlighting detailed analysis and actions recommended or undertaken to address this.

### 5.3 L15 - Smoking cessation in 40% most deprived after 12 weeks – The decline in the number of quits is the same across Grampian and for the whole of Scotland and there has been a steady decline since 2012.

**Figure 5 - Smoking cessation in 40% most deprived communities after 12 weeks**



The pool of smokers within the 40% most deprived communities is reducing and as a result there are fewer people to come to services. Of those that are left, significant numbers are turning to e-cigarettes/vaping devices to help them quit and are not accessing services they traditionally might have.

To increase reach and provide a holistic, person centred approach the following measures have been implemented:

- The healthpoint and Smoking Advice Service have merged, increasing the reach of smoking advisors in Moray; delivering the service within Dr Gray's Hospital, GP Practices (outreach services), through campaigns/events within the community and working alongside the range of support services available which include pharmacies.
- Due to staff vacancy no dedicated advisor has been available to priority groups (Pre –Assessment, Mental Health and Maternity Services) within DGH (although this has been addressed in the interim by existing healthpoint staff) – an advisor has now been recruited.
- Wider Partnership collaborations aim to further embed and sustain the Making every Opportunity Count (MeOC) approach within Health and Social Care and partner organisations. MeOC is a 3-tiered approach and provides practitioners with a range of flexible tools including a DIY MOT self-check, which provides a framework for practitioners to support clients to identify any health and wellbeing concerns they may have. Once identified practitioners can signpost clients to the most appropriate supporting service which includes smoking cessation. MeOC is being imbedded within Acute/Primary Care; the Community; the Third Sector and Local Authority.

There has been an increase in the number of Pharmacy clients on the national smoking cessation database appearing in the 4 week follow up column. To support community pharmacies a range of smoking cessation work has been undertaken by the Pharmacy and Medicines Directorate across Grampian; Moray input includes:

- Recruitment of public health practitioner (tobacco and pharmacy) until March 2020 to support smoking training and development within community pharmacies
- Stop Smoking Training has been delivered to 20 staff in Moray, across 5 pharmacies, training sessions are ongoing – there are 26 Pharmacies in Moray
- Mail Drop of resources sent out to all pharmacies in Grampian - December 2019
- Workshop/Training event scheduled on Tuesday 3rd march in the evening for pharmacy staff. The workshop will cover three areas; Overview of service, PCR System and Behavioural support
- Community Pharmacy's encouraged to sign up to ASH Charter.

**5.4 L18 - Number of Alcohol Brief Interventions being delivered** – In quarter 3 there were 113 recorded ABIs in Moray which is below the target of 259.

The local health improvement team are now leading on an action plan. The team have substantially increased the number of staff available to do training.

There are 4 Area Public Health Co-ordinators (APHCs) trained in the delivery of ABIs who are now within the 4 localities in Moray and continue to offer bespoke sessions to GP practice staff (including refreshers). Training is also promoted within the community to partner organisations.

**5.5 L19A Number of complaints received and % responded to within 20 working days - NHS** –During the last quarter, a total of 11 complaints were recorded within Datix.

Specific narrative around the low percentage in this measure is not yet available due to data protection; however complexity of complaints is quoted as the reason for the length of time taken for the majority of cases. Where appropriate complainants had been notified of the extended time required for the investigation.

**Figure 6 - Number of complaints received and % responded to within 20 working days - NHS**



- 5.6 **L20 – NHS Sickness Absence (% of hours lost) AND L21 - Council Sickness Absence (% of Calendar Days Lost)** – Both sickness absence rates were above target in quarter 3. Actions underway to address these are presented in a separate report to this committee.
- 5.7 **L41 – Percentage of patients commencing Psychological Thereapy Treatment within 18 weeks of referral** – As reported previously there have been significant capacity issues in adult mental health but after a two year vacancy a new psychologist is now in post and this should begin to address and improve waiting times to be back in line with target over the coming months.

## 6. **SUMMARY OF IMPLICATIONS**

### (a) **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019**

Performance management reporting is a legislative requirement under section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014.

In addition to publishing an Annual Performance Report, the Moray Integration Scheme requires that the MIJB will “monitor the performance of the delivery of integrated services using the Strategic Plan on an ongoing basis” (para 5.2.2 of the Moray Integration Scheme refers).

### (b) **Policy and Legal**

None directly associated with this report.

### (c) **Financial implications**

None directly associated with this report.

### (d) **Risk Implications and Mitigation**

None directly associated with this report.

### (e) **Staffing Implications**

None directly associated with this report.

### (f) **Property**

None directly associated with this report.

### (g) **Equalities/Socio Economic Impact**

An Equality Impact Assessment is not required for the Performance Framework because there will be no impact, as a result of the report, on people with protected characteristics.

### (h) **Consultations**

Consultation on this report has taken place with the following staff who are in agreement with the content in relation to their area of responsibility:-

- Chief Officer, MIJB
- Chief Financial Officer, MIJB
- Committee Services, Moray Council
- Service Managers, Health and Social Care Moray
- Corporate Manager, MIJB

## **7. CONCLUSION**

### **7.1 This report requests the Audit, Performance and Risk Committee comment on performance of local indicators and actions summarised in Section 5.**

Author of Report: Bruce Woodward, Senior Performance Officer

Background Papers: Available on request

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