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**REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 28 MARCH 2019**

**SUBJECT: QUARTER 3 (OCTOBER – DECEMBER 2018) 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) 2018/19.

**2. RECOMMENDATION**

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

- i) **note the performance of local indicators for Quarter 3 (October – December 2018) as presented in the summary report at APPENDIX 1; and**
- ii) **provide comment on the detailed analysis of the local indicators that have been highlighted as requiring further analysis as contained within APPENDIX 2.**

**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 1** identifies local indicators that are linked to the strategic priorities of 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

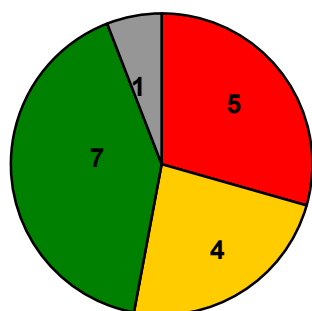
4.1 Indicators are assessed on their performance via a common performance monitoring Red, Amber, Green (RAG) traffic light rating system.

<b>RAG scoring based on the following criteria:</b>	
<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 information for quarter 3 is attached in **APPENDIX 1**. Moray has 17 local indicators 9 of which are green, 1 amber and 7 indicators showing their status as red.

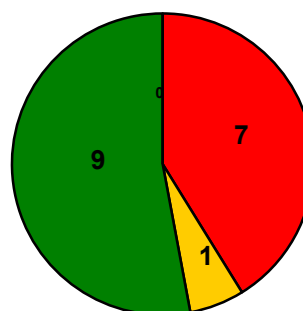
4.3 Of the 5 red indicators in Q2, 2 are now green and 3 remain red (one of these is L14 which is only updated yearly so no change was expected). There were 4 amber indicators in Q2 of which only 1 is still amber (L09 65+ Emergency Admissions), two are now green and one is red (L20 – NHS Sickness). Of the 7 green indicators in quarter 2, 5 remain green however two are now red (L19A - NHS Complaints responded to within 20 days and L41- Psychological Therapy within 18 weeks). Additionally there is now information on L21 – Council Sickness Absence which was grey below but is now red.

Summary of indicators  
Qtr 2 2018/19



■ RED ■ AMBER ■ GREEN ■ NO DATA

Summary of indicators  
Qtr 3 2018/19



■ RED ■ AMBER ■ GREEN ■ NO DATA

4.4 Indicators which are RED (not meeting local targets and outwith tolerances) at quarter 3 have been highlighted by the Performance Team with the relevant Service Managers. An investigation into the reasons why the indicator is red has been undertaken and potential remedial actions have been identified, discussed and implemented to improve performance where possible.

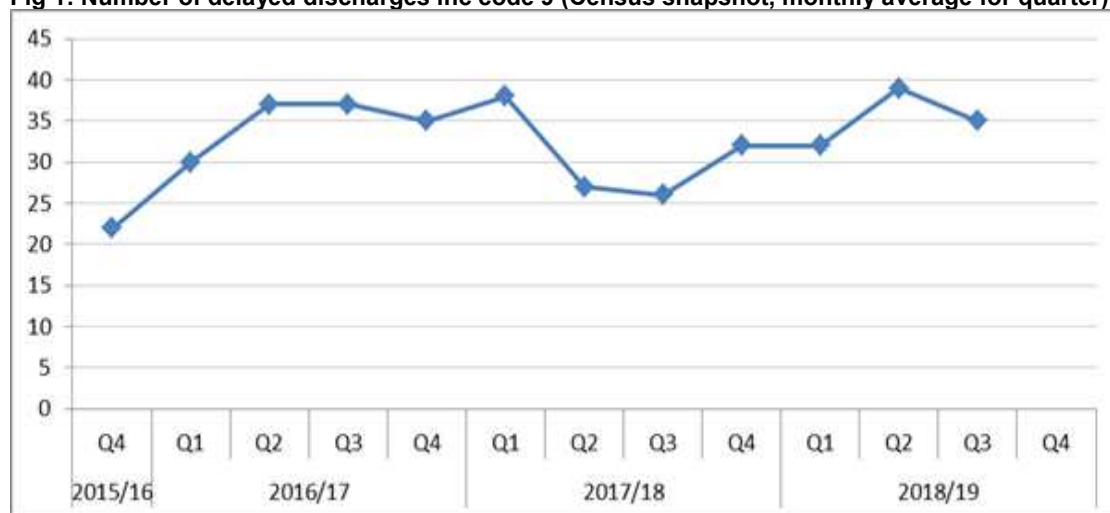
4.5 **APPENDIX 2** provides supplementary information which explains the background to current performance and the management action being undertaken to address the underlying issues.

## 5. **EXCEPTION REPORTING: DELAYED DISCHARGE**

5.1 At a meeting of this committee on 13 December 2018 the performance report for quarter 2, 2018/19 was presented (para 8 of the draft minute refers). At that time the Committee requested further detailed analysis of the high number of Delayed Discharges being reported, in addition to extended analysis of the other indicators highlighted as red.

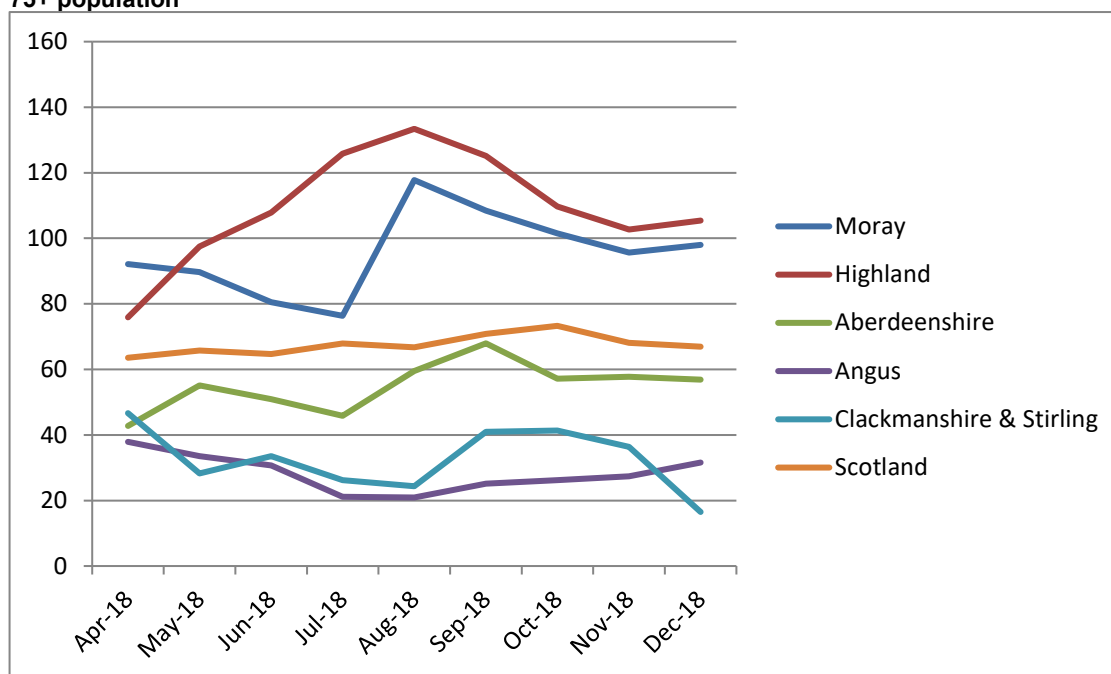
5.2 The number of Delayed Discharges (DDs) recorded at the census date has steadily increased since Q3 2017/18. While there has been a decrease in Q3 2018/19 (Fig 1) and further decreases that are evidenced in weekly management reporting that should translate to a further reduction in the Q4 figure there is still a concern as to why this figure has been so volatile.

**Fig 1: Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter)**



5.3 A breakdown of the monthly Bed Days Occupied due to Delayed Discharges has Moray showing as not particularly high or low. When adjusted for population in the 75+ age group (Fig 2) Moray shows as having a high proportion of bed days occupied per 1000 population. In December 2018 Moray had 98 bed days lost per 1000 75+ population compared to a Scottish average of 67 and Aberdeenshire (57), Angus (32) and Clackmanshire & Stirling (16).

**Fig 2: Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 75+ population**



5.4 Currently Moray has a higher proportion of 75+ clients occupying beds as delayed discharges as shown in Fig 3. While there is volatility in this figure across comparators, more recently Moray has shown as higher than the Scottish Average and has placed in the top two highest rate since July 2018.

**Fig 3: % of Delayed Discharge bed days occupied by 75+ clients**

% of DDs over 75	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Moray	75%	71%	71%	76%	79%	76%	80%	89%	82%
Highland	72%	76%	81%	85%	77%	74%	68%	73%	75%
Aberdeenshire	73%	79%	72%	68%	75%	79%	72%	73%	70%
Angus	82%	81%	63%	65%	84%	70%	74%	66%	80%
Clackmashire & Stirling	79%	67%	73%	58%	59%	75%	68%	66%	42%
Scotland	69%	68%	68%	70%	68%	70%	69%	69%	70%

5.5 As has been described in previous reports there have been initiatives where Whole System Weekly Huddles are taking place to discuss each patient individually, and teams within Health and Social Care Moray are working to ensure that those in hospitals are being highlighted to the relevant teams prior to a discharge date being known to facilitate those teams to plan more efficiently.

5.6 Key actions from these meetings include:

- Looking at patients who have been at hospital over 21 days to ensure progression;
- Checking those awaiting transfer to a community hospital to ensure the appropriateness;
- Reviewing Forres patients with the GP from that area via video link to see if it is appropriate they return to Forres under the Forres Multi Disciplinary Team (MDT).
- The Hospital Discharge Team check and monitor those admitted who have existing services in place to facilitate flow and ensure safe and timely discharge.

5.7 Whilst this practice has experienced some success, it was not able to mitigate two long term care providers (Mears and H1) handing back a large number of

care packages in Q2 of 2018/19. This resulted in Internal Homecare services being required to absorb all care packages in the Speyside area and becoming the sole providers for this year. The consequence of absorbing the additional service users with no additional staff resource has placed increased pressure on Internal Homecare services across Moray where recruitment and sickness absence is already an area for concern.

- 5.8 Efforts to streamline the Internal Homecare process have been made whereby patients in hospital, assessed as requiring long term care (Tier 3), are now passed directly to the brokerage team and no longer dealt with by the Independent Living Team (ILT) who specialise in Tier 2 care. Whilst beneficial for the patient, resulting in a much more consistent care experience, it has resulted in those waiting for care, to be held in hospital as opposed to with the ILT. This has highlighted an issue where Tier 3 care, primarily provided for by external providers, is more difficult to source at an appropriate level, due to there being no contractual obligation for them to accept the patient.
- 5.9 Currently Service Managers are carrying out three streams of work to address the issues identified in 5.8 above:
- Provider Services are further developing the role of the ILT and how they work with patients in hospital requiring care.
  - A long term sickness, that has impacted on the Brokerage team, is being investigated and cover is being sought.
  - Commissioning are revisiting the Homecare contract with external providers with a view to addressing the highlighted issue.
- 5.10 Delayed Discharges continue to be a key focus of the evolving Strategic Plan and consideration is being given to the wider context of Health and Social Care Moray and the related indicators that influence performance in this area.

## **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**

The report highlights the difficulties being experienced in staff recruitment and sickness absence and the subsequent impact on service delivery, with particular regard to Delayed Discharge. Further detailed analysis is being undertaken and management are exploring additional approaches and solutions to address this issue

**(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 its purpose is to underpin the strategic direction for the service and there will be no differential 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
- Caroline Howie, Committee Services Officer
- Service Managers, Health and Social Care Moray
- Corporate Manager

**7. CONCLUSION**

**7.1 This report requests the Audit, Performance and Risk Committee comment on performance of local indicators and actions summarised in the highlight report (APPENDIX 2).**

Author of Report: Bruce Woodward, Senior Performance Officer

Background Papers:

Ref: