



**MORAY INTEGRATION JOINT BOARD**  
**AUDIT, PERFORMANCE AND RISK COMMITTEE**

Thursday, 27 September 2018

**Inkwell Main, Elgin Youth Café**

**SUPPLEMENTARY AGENDA**

The undernoted reports have been added to the Agenda for the meeting of the **Integration Joint Board Audit, Performance and Risk Committee** on **Thursday, 27 September 2018 at 13:00..**

**AGENDA**

- |          |   |               |
|----------|---|---------------|
| <b>6</b> | <b>Quarter 1 (April - June 2018) Performance Report</b> | <b>3 - 10</b> |
|          | Report by the Chief Officer                             |               |

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**REPORT TO: INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 29 SEPTEMBER 2018**

**SUBJECT: QUARTER 1 (APRIL – JUNE 2018) PERFORMANCE REPORT**

**BY: CHIEF 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 1 (April – June) 2018/19.

## **2. RECOMMENDATION**

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

- i) **consider and note the performance of local indicators, linked to strategic priorities for Q1 (April – June 2018) in APPENDIX 1 and detailed analysis contained within APPENDIX 2; and**
- ii) **approve the proposal for a future report outlining the issues pertinent to Moray around unscheduled care.**

## **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 the Strategic Plan.

3.2 **APPENDIX 1** identifies local indicators that are linked to the strategic priorities for the MIJB and the delegated responsibilities by NHS Grampian and Moray Council for the wider Community Planning Partnership, to allow wider scrutiny by this Committee across publicly accountable indicators.

3.3 The development of the performance management framework and associated reporting of indicators is in progress and it is the intention that **APPENDIX 1** will be reviewed in line with the development of the MIJB Strategic Plan for

2019-22 and proposals for monitoring reports will be reported prior to the end of March 2019.

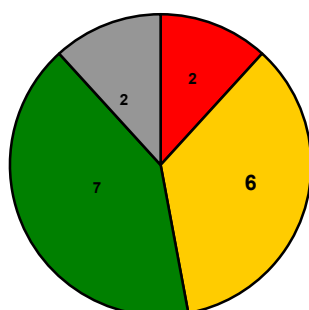
#### 4. KEY MATTERS RELEVANT TO RECOMMENDATION

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

<b><i>RAG scoring based on the following criteria:</i></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.

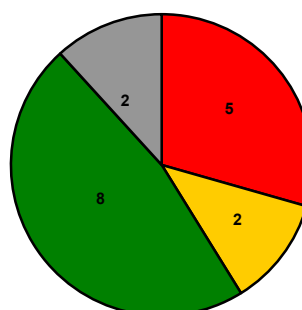
4.2 Moray currently has 17 local indicators with 5 indicators showing their status as red and 2 amber. There are 8 indicators which are green and there are 2 that have no available data at this time but which should be available for the next quarter. Refer to **APPENDIX 1** for the indicators and **APPENDIX 2** for analysis on the red indicators.

Summary of indicators  
Qtr 4 2017/18



■ RED ■ AMBER ■ GREEN ■ NO DATA

Summary of indicators  
Qtr 1 2018/19



■ RED ■ AMBER ■ GREEN ■ NO DATA

4.3 Indicators which are currently a RED status (not meeting local targets and outwith tolerances) are reviewed and analysed by the Adult Services Performance Management Group who then identify where closer monitoring or action is required.

4.4 Due to the trend and the red status of the indicators surrounding unscheduled care (A&E attendance, Over 65 years emergency admissions and bed days occupied by delayed discharges 18+ population) and the related complexity it is proposed that the monthly Unscheduled Care meeting held between Health and Social Care Moray and Dr Gray's staff undertake further analysis, assessment and explanation of the issues being experienced in Moray which can then be presented to a future meeting of this Committee.

## **5. 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**

MIJB Strategic Risk Register Risk 1: To monitor service performance against an agreed set of performance measures and to ensure appropriate information is presented to IJB to allow it to deliver this function.

### **(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:-

- Legal Services Manager (Licencing & Litigation)
- Caroline Howie, Committee Services Officer
- Chief Financial Officer, MIJB
- Service Managers

- MIJB Corporate Manager

## **6. CONCLUSION**

- 6.1 This report requests the Audit, Performance and Risk Committee comment on performance of local indicators and actions summarised in the highlight report and approve the recommendations for a future report.**

Author of Report: Jeanette Netherwood  
Background Papers:  
Ref:



Moray Health and Social Care Partnership: Performance at a Glance Quarter 1 (April to June 2018)  
Local Indicators

Item 6  
Appendix 1

RAG scoring based on the following criteria		
Performance Against Previous Period	G	If Moray is performing better than target
	A	If Moray is performing worse than target but within 5% tolerance
	R	If Moray is performing worse than target by more than 5%
	▲ - ▼	Indicating direction of current trend

ID.	Indicator Description	Source	Performance Current Quarter	Target	Previous Quarter	Against Previous Quarter	Trend line	Trend Period	Current Quarter
L07	Rate of emergency occupied bed days for over 65s per 1000 population	NHS	<b>2380</b>	2360	2444	A▼		5 Quarters	Apr-Jun 18
L08	Emergency Admissions rate per 1000 population for over 65s	NHS - PMS	<b>191</b>	193	186	G▲		5 Quarters	Apr-Jun 18
L09	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	NHS - PMS	<b>132</b>	125	129	R▲		5 Quarters	Apr-Jun 18
L10	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population	NHS	<b>42</b>	-	38	R▲		5 Quarters	Apr-Jun 18
L11	Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter)	NHS	<b>32</b>	-	32	G -		5 Quarters	Apr-Jun 18
L12	A&E Attendance rates per 1000 population (All Ages)	NHS	<b>63.8</b>	-	57.6	R▲		5 Quarters	Apr-Jun 18
L13	A&E Percentage of people seen within 4 hours, within community hospitals	NHS	<b>100.0% (825)</b>	98%	100.0% (624)	G -		5 Quarters	Apr-Jun 18
L14*	Percentage of new dementia diagnoses who receive 1 year post-diagnostic support	ISD	<b>96.7%</b>	70%	90.7%	G		3 Financial Years	Apr-Dec 16
L15	Smoking cessation in 40% most deprived areas after 12 weeks (number of individuals)	NHS	<b>49</b>	-	14	G▲		5 Quarters	Jan-Mar 18
L16	Percentage of clients receiving alcohol treatment within 3 weeks of referral	NHS	<b>98.0%</b>	90%	100.0%	G▼		5 Quarters	Apr-Jun 18
L17	Percentage of clients receiving drug treatment within 3 weeks of referral	NHS	<b>100.0%</b>	90%	95.3%	G▲		5 Quarters	Apr-Jun 18
L18	Number of Alcohol Brief Interventions being delivered (includes ABIs in priority and wider settings where data can be aligned to HSCPs)	NHS	<b>193</b>	259	Previous data not comparable	R		1 Quarter	Apr-Jun 18
L19A	Number of complaints received and % responded to within 20 working days - NHS	NHS	<b>50.0% (8)</b>	-	68.0% (19)	R▼		5 Quarters	Apr-Jun 18

RAG scoring based on the following criteria		
Performance Against Previous Period	<b>G</b>	If Moray is performing better than target
	<b>A</b>	If Moray is performing worse than target but within 5% tolerance
	<b>R</b>	If Moray is performing worse than target by more than 5%
	<b>▲ - ▼</b>	Indicating direction of current trend

ID.	Indicator Description	Source	Performance Current Quarter	Target	Previous Quarter	Against Previous Quarter	Trend line	Trend Period	Current Quarter
L19B	Number of complaints received and % responded to within 20 working days - Council	SW	<b>100% (6)</b>	-	Previous data to be obtained	<b>G -</b>	◆	1 Quarter	Apr-Jun 18
L20	NHS Sickness Absence % of Hours Lost	NHS	<b>4.9%</b>	4.0%	5.8%	<b>A▼</b>		5 Quarters	Apr-Jun 18
L21	Council Sickness Absence (% of Calendar Days Lost)	SW	No data available at the moment						
L41	Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral	NHS	<b>93.5%</b>	90%	95.5%	<b>G▼</b>		5 Quarters	Apr-Jun 18

\* Not updated this time



## MIJB PERFORMANCE HIGHLIGHT REPORT

### 1. Local Indicators - Red

**L09 - Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population**

**L10- Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population**

**L12- A&E Attendance rates per 1000 population (All Ages)**

These indicator trends have been increasing since December 2017 with the A&E attendance rates at their highest since March 2015. In addition to these indicators, L08 Emergency Admissions rate per 1000 population for over 65's is also increasing and if it continues at the same rate will be red in the next quarter.

These indicators reflect related processes. The analysis and explanation of the reasons for the results are complex, requiring input from a number of services to provide a common understanding of the issues for Moray.

These indicators are reviewed and monitored regularly. Action is taken through daily discharge meetings to promote patients returning to their home or the most appropriate place once they are medically fit. Monthly meetings are held with a focus on Unscheduled Care and the 6 Essential Actions comprising staff from HSCM and Dr Gray's who highlight and make recommendations to management teams for areas for action. It should be noted that the levels currently being experienced are similar to that of previous winter levels highlighting the pressure the whole system is under. Further detailed analysis will be undertaken to identify the particular issues for Moray and any specific actions will be highlighted in future reports.

**L18- Number of Alcohol Brief Interventions being delivered (*includes ABIs in priority and wider settings where data can be aligned to HSCPs*)**

NHS Grampian has a target of delivering 6,658 interventions per year. This figure is divided across the partnerships based on GP practice adult population size. Based on population size it is anticipated that 1,028 ABIs would be delivered in Moray each year (approx. 257 per quarter).

Whilst Moray has not achieved the indicative target allocated, in previous years Aberdeenshire and Moray did not achieve the targets allocated, but the target for Grampian as a whole was achieved.

Progress has been made and services report that work is undertaken in a wide variety of settings such as GP practices and local Pharmacies. One issue that has been highlighted is that the mechanism for recording this work is not always accessible. This will be investigated further.

An ABI strategy and action plan for the next 3 years is currently being developed which will further address this PI.

## **L19A-Number of complaints received and % responded to within 20 working days - NHS**

The number of complaints received has reduced however the timescales for response are not being met. On further investigation it was concluded that at the time of the extract (9<sup>th</sup> August 2018), only one complaint remained outstanding which would have given percentage response within 20 working days of 87.5%. All other complaints that were outstanding at 20 days were resolved within 30 working days.