



REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 19 SEPTEMBER 2019

SUBJECT: QUARTER 1 (APRIL – JUNE 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 1 (April – June 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 1 (April – June 2019) as presented in the summary report at APPENDIX 1; and
- ii) the detailed analysis of the local indicators that have been highlighted and actions being undertaken to address poor performance as contained within Section 5.

3. BACKGROUND

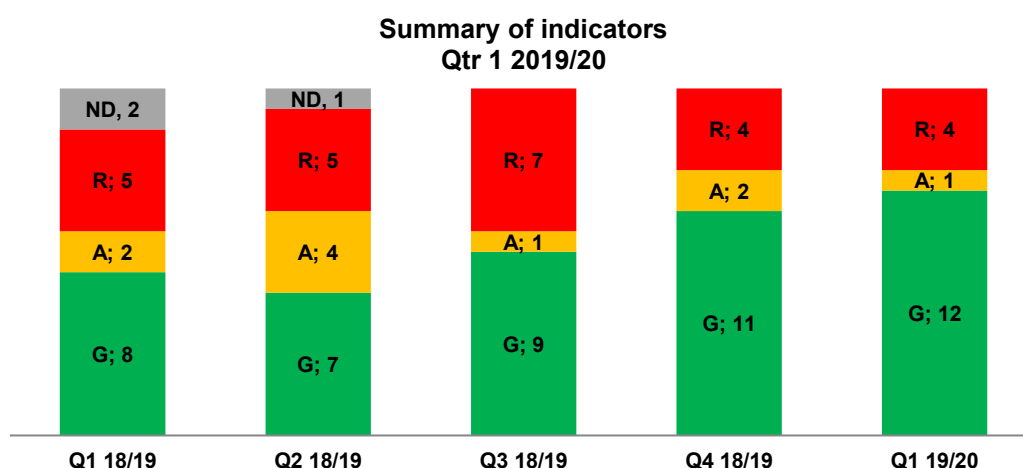
- 3.1 The purpose of this report is to ensure the MIJB fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and on the programme of work as set out in its Strategic Plan.
- 3.2 **APPENDIX 1** identifies local indicators that are linked to the strategic 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 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>	
GREEN	If Moray is performing better than target.
AMBER	If Moray is performing worse than target but within 5% tolerance.
RED	If Moray is performing worse than target by more than 5%.
▲ – ▼	Indicating the direction of the current trend.

- 4.2 The performance information for quarter 1 is attached in **APPENDIX 1**. Moray has 17 local indicators 12 of which are green, 1 amber and 4 indicators showing their status as red. Over this past year the overall performance has been improving as there are now 12 indicators showing as green compared to this same period last year which had 8.



- 4.3 Table 1 below shows that of the 4 red indicators in Q4, 1 is now green and 1 is now amber while 2 remain red. There were 2 amber indicators in Q4 of which one is now red (L12 A&E Attendance Rates per 1,000 population (All Ages)) and the other is green (L09 65+ Emergency Admissions). Of the 11 green indicators in quarter 4, 8 remain green, one is now red (L19A – Number of complaints received and % responded to within 20 working days – NHS), the rest remain green. This has resulted in a net improvement in the number of green indicators.

Table 1

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

4.4 Indicators which are RED (not meeting local targets and outwith tolerances) at quarter 1 have been highlighted by the Performance Team with the relevant Service Managers. An investigation into the red indicators has been undertaken and where possible potential remedial actions have been identified. **Section 5** provides exception reporting and supplementary information which explains the background to current performance and where possible the management action being undertaken to address the underlying issues.

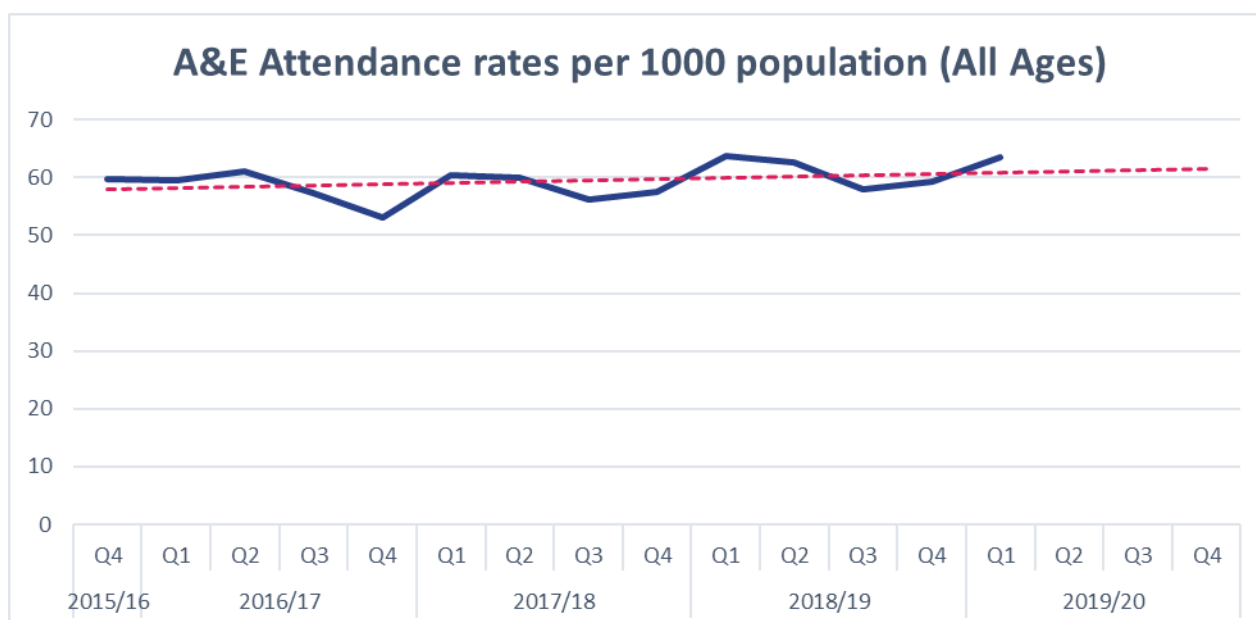
5. PERFORMANCE ANALYSIS

5.1 **Number of Alcohol Brief Interventions (ABIs) being delivered** - The implementation plan for Grampian Alcohol and Screening Brief Intervention Strategy is currently being worked on with the intention of being published in late 2019. In summary the following actions have been identified with the expectation that improvement in this measure can only be expected in Q4 at the earliest:

- Undertake tests of change with wider primary care team members, housing services, care providers, emergency department practitioners.
- Provide one to one support to general practice to make the links between long term condition self-management, alcohol screening and brief intervention.
- Provide support to partners developing alcohol screening and brief intervention approaches in their organisations or groups
- Increase trainer capacity.
- Undertake a test of change for embedding systematic alcohol screening within the acute health care sector.
- Scale up tests of change undertaken in previous years.

- Embed alcohol screening and brief intervention across criminal justice social work and improve coverage within police custody.
- Plan evaluation of sustainability of current approach.

5.2 L12 - A&E Attendance rates per 1,000 population (All Ages) – Under the current RAG system this measure is currently red as it has increased more than 5% from quarter to quarter (59.4 to 63.5). However there is a seasonal fluctuation in this measure and Q1 tends to have an increase and while the figure for this quarter is lower than the same quarter last year (63.8) there is an increasing trend. This trend is in line with what would be expected in Moray as the 65+ population increases faster than the rest of Scotland. It continues to be monitored closely and any significant deviations from this trend will be investigated.



5.3 L19A – Number of complaints received and % responded to within 20 working days – NHS - Indicator 19A (NHS Complaints currently showing as consistently red) and 19B (Moray Council complaints currently showing as consistently green) refer to the complaints received by Health and Social Care Moray (HSCM), split in accordance with respective NHS Grampian and Moray Council policies and systems.

5.4 L41 - Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral – Due to the low numbers in this measure for this quarter it is not possible to provide any further analysis. Adult mental health have carried a full time psychology vacancy since July 2018; despite 4 rounds of recruitment an appointment has not been made. Another round of recruitment is about to commence.

In primary care, a full time member of staff left in December 2018 and following a lengthy recruitment process someone has now been appointed on a temporary part time basis – 18 hours until February 2020 – as the funding position is unclear beyond March 2020. In addition a 0.8 whole time equivalent member of staff in primary care has been off on long term sick leave since 28 June.

6. REVIEW OF LOCAL INDICATORS

The Performance Team will be undertaking a review of local indicators in order to establish if they remain an appropriate and representative indication of our emerging strategic priorities. There will be a review of the targets that have been set and determining if those without require targets or should be presented as information only. In order for the indicators to be meaningful they will be aligned with the HSCM Strategy. Progress on this will be reported upon finalisation of the strategy.

7. 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 within the Mental Health Services in Moray.

(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
- Caroline Howie, Committee Services Officer
- Service Managers, Health and Social Care Moray
- Corporate Manager

8. CONCLUSION

8.1 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

Ref: