



REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 30 JANUARY 2020

SUBJECT: QUARTER 2 (JULY – SEPTEMBER 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 2 (July – September 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 2 (July – September 2019) as presented in the summary report at APPENDIX 1; and
- 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 the Strategic Plan.
- 3.2 **APPENDIX 1** identifies local indicators for the MIJB and the functions delegated by NHS Grampian and Moray Council, to allow wider scrutiny by this Committee.

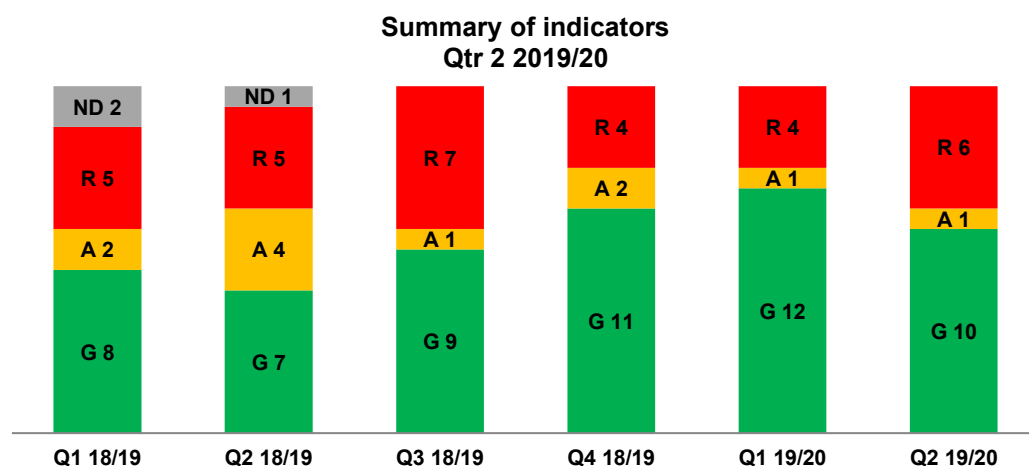
4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 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>	
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 indicators for quarter 2 is attached in **APPENDIX 1**. Moray has 17 local indicators. Ten of the indicators are green, 1 is amber and 6 indicators are showing as red.

Figure 1



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

Figure 2 – RAG History

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

* Positive Direction

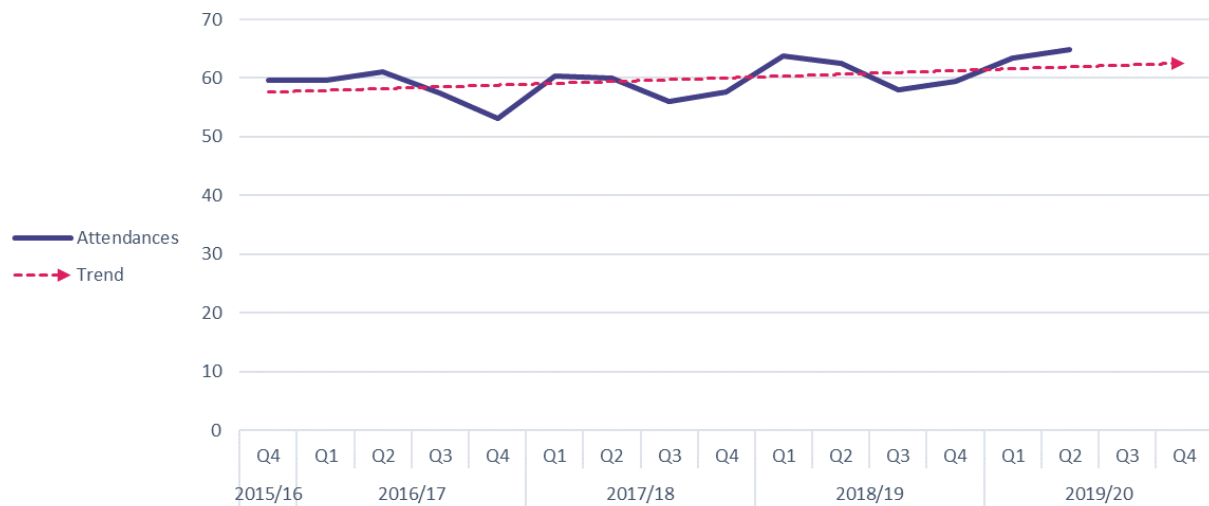
4.4 The target for L11 – Number of delayed discharges including code 9 was reduced from 35 to a more challenging 25 to be more in line with Scottish and comparator performance (for information Code 9 refers to those patients who are delayed for reasons beyond the control of the partnership such as awaiting the Guardianship process to complete, discharge to a specialist facility or for those who an interim move is not possible or appropriate).

4.5 **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 **L12 - A&E Attendance rates per 1,000 population (All Ages)** – The attendance rate per 1,000 population was expected to decrease seasonally in Q2 however it has increased and has been increasing since Q3 2018/19. This continues an ongoing increasing trend over the last 3 years.

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



- 5.1.1 Rates of A&E attendances are higher than would be expected and whilst this increase in attendances is affecting all ages it is particularly noticeable in the 35+ age group. Despite the increasing trend in A&E attendances there is, however, no change in the proportion of emergency admissions from A&E.
- 5.1.2 11% of attendances were recorded as inappropriate and were redirected. There is an encouraging downward trend in the number of attendances whose conditions are not true accidents or emergencies, but they still make up 21% of all attendances and the need to educate people of the help that can be provided by other professions such as pharmacies, opticians, dentists etc is subject to ongoing promotion by NHS Grampian through their “know who to turn to” communications..
- 5.1.3 While A&E attendances are increasing in real terms there has been little change in minor injuries however more are being classified as ‘major’ which suggests attendances are increasing in complexity. A High Intensity User (HIU) is someone who attends 5 times or more in a year and there is a particularly large concentration of HIUs in Elgin with all six intermediate zones having rates at or above the 90th Percentile. Two of those six have the highest rate of HIUs in Grampian with 7.7 per 1000 population. There is a strong association with proximity to A&E and people from less affluent areas.
- 5.2 **L15 - Smoking cessation in 40% most deprived after 12 weeks** – There is a general annual downturn in those accessing Smoking Advice Service in Moray. Aberdeen City, Aberdeenshire and the rest of Scotland follow the same pattern.

Figure 4 - Smoking cessation in 40% most deprived communities after 12 weeks



- 5.2.1 No specific reasons have been identified for Moray other than there is a reduction in the pool of smokers within the 40% most deprived communities 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.
- 5.2.2 To increase reach and provide a holistic, person centred approach, the healthpoint and Smoking Advice Service is merging, increasing the reach of smoking advisors in Moray and working alongside the range of support services available which include pharmacies. Advisors are available within the Community (based within GP practices, throughout Moray) and Dr Gray's Hospital, including: pre-assessment, Mental Health and Maternity services. This is a part of wider Partnership working that aims 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.
- 5.2.3 Once a need is identified practitioners can signpost clients to the most appropriate supporting service which includes smoking cessation. MeOC has been imbedded within Acute/Primary Care; the Community; the Third Sector and Local Authority.
- 5.2.4 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:
- Meetings with champions to discuss smoking cessation and the Grampian quit rates; including distribution of tobacco resources to community pharmacy teams.
 - Delivery of smoking cessation training (20 attendees).
 - Community Pharmacy's encouraged to sign up to Action on Smoking and Health (ASH) Charter.

- Pharmacy visits.
- Recruitment of public health practitioner (tobacco and pharmacy) until March 2020 to support smoking training and development within community pharmacies.

5.3 **L18 - Number of Alcohol Brief Interventions (ABI) being delivered** – In quarter 2 there were 171 ABIs delivered in Moray which is below the target of 259.

5.3.1 The Grampian Alcohol Screening and Brief Intervention Strategy was presented at the Moray Alcohol and Drug Partnership (MADP) and it was agreed that the local health improvement team would lead on developing an action plan. The team have substantially increased the number of staff available to do training. The increase reflects an increase in the numbers delivered in primary care and is reflective of the engagement strategy that has been adopted in Moray.

5.3.2 The 4 Area Public Health Co-ordinators (APHCs) have now all been trained in the delivery of ABI. Each of the APHCs are aligned to 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. Two ABI training sessions were delivered in the quarter, one in Linkwood with 10 Participants and another at Moray coast with 10 participants. The participants included nurses, health care assistants, GP's and a Pharmacist.

5.3.3 An ABI Action Plan for Moray is being developed in line with the pan Grampian ABI strategy and is currently still in draft and expected to be signed off in early 2020.

5.4 **L19A Number of complaints received and % responded to within 20 working days - NHS** –During the last quarter, a total of **16** complaints were recorded within Datix.

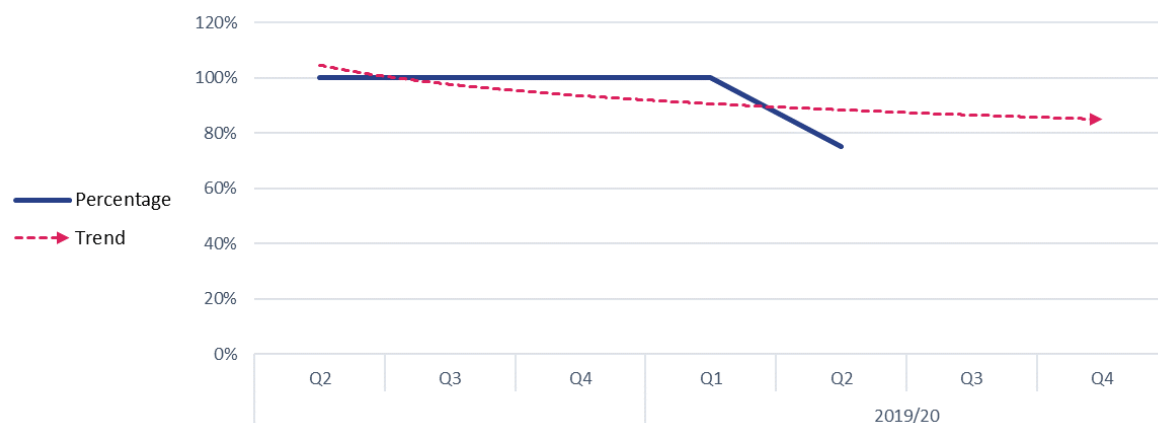
5.4.1 On review of those taking longer than 20 days, it is apparent that this was due to the complexity of the complaint, with multi-disciplinary and more than one service being involved in the investigation. On two occasions the complaint had been assigned to the incorrect manager which incurred a delay in responding. Complainants had been notified of the extended time required for the investigation.

Figure 5 - Number of complaints received and % responded to within 20 working days - NHS



- 5.5 L19B Number of complaints received and % responded to within 20 working days - Council** – This has consistently been at 100% for the previous 3 quarters but is now at 75% with 2 out of 8 complaints taking longer than 20 days to respond to: One due to the complexity of the case and the other as due to a management vacancy that has now been addressed. Learning outcomes have been noted from these complaints and actions are underway to mitigate similar future incidents. Detailed analysis of the complaints is reported to the Clinical and Care Governance Committee of the Moray IJB.
- 5.6 L21 - Council Sickness Absence (% of Calendar Days Lost)** – Council sickness absence has not improved since commencement of recording this measure. Against the generic Council target of 5.9% this measure has consistently presented at around 8% and in quarter 2 is at its highest level of 8.8%.

Figure 6 - Council Sickness Absence (% of Calendar Days Lost)



- 5.6.1** Due to the changes in organisation structure there is some work to be undertaken to realign the data from Moray council systems. This will need to be addressed before further analysis per department can be made.
- 5.6.2** Of the total absences 37% of the days lost were from short term absences however the majority 63% were from long term absences.
- 5.6.3** Provider Services have experienced a high level of sickness absence and have investigated in more detail as they record absence of Care workers on their Staffplan system. Their recorded average rate of absence across the four main Provider Services departments was 8.9% for the quarter. This is split as follows:
- Short Term Assessment and Reablement Team – 7.5%
 - Care at Home – 5.6%
 - Day Services – 12.5%
 - Challenging and Complex Needs – 10%
- 5.6.4** This information is being used operationally within Provider Services to:
- Evaluate operational capacity and efficiency
 - Logistical planning of resources (workforce)
 - Forecasting and future planning in supporting staff

- 5.7 **L41 – Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral** – The adult mental health psychology team have now recruited to a 1.0 whole time equivalent (wte) clinical psychologist and are in the process of confirming a start date. Given the length of time this vacancy has been carried, there are a significant number of people waiting to be seen, which has been identified as a risk for the service. Long term sickness has had an impact on primary care psychology service. There is uncertainty around government funding for the service which is due to end March 2020. At present, there is no indication that any additional funding will be made available beyond that so a decision was made to close the waiting.
- 5.7.1 Referrals into secondary care are being reviewed and active management of waiting lists is taking place. The primary care service has closed their waiting lists meantime until the position on funding is clarified. The withdrawal of admin support to the psychological primary care team has resulted in inaccurate data reporting as clinical staff are having to prioritise seeing patients over data entry. Psychotherapy has continued to adhere to the 18 week target for seeing patients.

6. **SUMMARY OF IMPLICATIONS**

(a) **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Moray Partners in Care 2019-2029”**

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
- 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 Section 5.

Author of Report:	Bruce Woodward, Senior Performance Officer
Background Papers:	Available on request
Ref:	