



INTEGRATION JOINT BOARD

Report Title	Performance Monitoring
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1: Purpose of the Report

1.1. The purpose of this report is to provide:

- The most current data in respect of Aberdeen City Health and Social Care Partnership's (ACHSCP's) performance against the National Core Suite of indicators;
- Detail on progress against other high level IJB performance measures
- Assurances of actions to be taken to support improvement in areas of poorer performance;
- Detail on progress in respect of implementing the Aberdeen City HSCP Performance Framework; and
- Clear demonstration of alignment of performance to the Aberdeen City HSCP Strategic Plan 2016 - 2019

2: Summary of Key Information

Introduction

2.1. The Strategic Plan of Aberdeen City HSCP sets out high level and long term priorities supporting the partnership's ambition to be a well-led organisation that supports people to live healthy, independent lives, providing person-centred care when needed. Currently performance against these ambitions is measured both through a 'Core Suite' of national indicators and a set of local measures determined by the partnership as



INTEGRATION JOINT BOARD

sentinel markers of performance and progress.

Aberdeen City HSCP Performance against National Indicators

2.2. Appendix 1 draws from the national published data to show how progress in Aberdeen City:

- Compares with the other 31 Scottish Partnerships and Scotland overall
- Changes from the previous year or previous period

2.3. Benchmarking is a useful way of identifying where improvement is required and when used alongside annual trend data, it can begin to demonstrate the true extent of progress against peer organisations. For example, Aberdeen City has made considerable progress in reducing emergency related hospital bed days. This achievement is even more marked when considering the growth in the elderly population whilst having the lowest acute hospital bed base in mainland Scotland.

2.4. The national information is provided each quarter but can be between four and six months old when it is published. For this reason the report makes reference to more recent data drawn from other publications or local management information. Indicators drawn from the bi-annual GP survey are considerably out of date and will not be updated until the new survey is conducted later this year.

Delayed Discharge

2.5. The Partnership's performance has been particularly noteworthy against this nationally relevant and important measure. Delayed discharge has been a significant contemporary issue facing health and social care. In Aberdeen City there has been a marked improvement in the number of individuals who have been delayed inappropriately, i.e. remaining in hospital after been assessed as medically fit for discharge to their own home or other community setting. Appendix 1 highlights improvement of 34.5% between 2015/16 and 2016/17. Whilst this is a considerable achievement in one year, the annual benchmarking figures indicated that delayed discharge performance in Aberdeen City was still below the national average and ranked 26th out of 32 Scottish Partnerships. However, as previously stated, these national indicators can be as much as 4 – 6



INTEGRATION JOINT BOARD

months out of date, and more current data in the form of the monthly delayed discharge census shows that Aberdeen City performance has continued to improve significantly, to the extent that it is now better than the national average for the first time.

Emergency Admissions and Readmissions

- 2.6. Emergency admissions for people over 65 years continues to show an improving trend, with a 3.5% reduction in the number of admissions last year and a 6% reduction in associated bed days. This has placed Aberdeen City as 7/32 and 19% better than the national average. More recent management information shows the continued improvement in reducing emergency hospital care against the backdrop of an ageing population. Since March 2017 there has been a further 2% drop in the rate of emergency admissions and a 5% reduction in the rate of hospital bed days since March 2017.
- 2.7. Readmissions to hospital within 28 days can indicate issues with the availability and quality of community services after discharge and tend to be highest amongst the most deprived populations. Readmissions in Aberdeen City have been stable for the past 5 years against an increasing trend in Scotland. A small improvement in the past year in Aberdeen means that it is now ranked 12 / 32, almost 9% better than the national average.

Rating of Care Services

- 2.8. Since 2015/16, there has been a 9% improvement in the rating of care services following Care Inspectorate inspections. This places Aberdeen City 9/ 32 Partnerships and almost 3% better than Scotland. This improvement is measured by the number of services evaluated as 'good' or better in regulatory inspections carried out by the Care Inspectorate.
- 2.9. Within the Aberdeen City Strategic Plan there is a clear statement about our 'Improvement Principles and Ambitions'. This positive performance being reported clearly supports the fact that we are committed to improving the experiences of individuals who use services and their personal outcomes. There is also a commitment to the continuing improvement of all services so that they are recognised as being effective, person centred and of high



INTEGRATION JOINT BOARD

quality, as our regulatory inspection evaluations demonstrate.

Supporting Improvement in Poorer Performing Areas.

2.10. As already described, a significant shift has occurred in what was the Partnership's worse performing area – individuals being delayed from being discharged from hospital when medically fit to do so. This has been a notable, improved shift in performance and an area where agreed, concerted effort signalled by the IJB's leadership, has led to change in working practice and improvement in outcomes for people. However, there is a need to continue to strive to identify ways to maintain this performance, especially heading into the winter period when there are annual spikes in emergency hospital admissions.

2.11. The appendices to this report include graphs on all 20 national performance measurements. Of these there are areas that are;

Performance areas that have improved locally but still below the Scottish average, these include;

- % of adults supported at home who agreed that they are supported to live as independently as possible;
- % adults who agreed they felt safe; and
- % adults with intensive care needs and receiving support at home.

Performance areas that have seen poorer performance locally (although may still be above the Scottish average), these include;

- % of adults supported at home who agreed they had a say in how their help, care and support was provided. (also below national average)
- % of adults supported at home and who agreed that their health and social care services seemed to be well co-ordinated.(still above national average)
- % of those adults receiving any care or support who rated it as excellent or good (circa the national average)
- % of people with positive experience of the care provided by their GP practice. (slightly poorer than national average)
- % adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life. (below national



INTEGRATION JOINT BOARD

average)

- % carers who felt supported to continue in their caring role. (above national average)
- Falls rate per 1,000 population aged 65+ (better than national average)

2.12. Although there are no significant decreases in performance these remain relevant performance measures and ones that will continue to relate and be used to demonstrate impact and improvement relating to the delivery of key activities under the Transformation Programme. Business cases for projects of work ensure that relevant outcome measures from the Performance Framework are included in the case for change and in the evaluation programme for individual projects.

Progress against other key IJB measures

2.13. In maintaining oversight of performance overall, the partnership monitors a range of other indicators which have been chosen locally. These are Safe; Effective; Caring; Responsive and Well-led care (Appendix 2). These are considered to be sentinel markers which give insight into system performance, rather than individual operational measures of performance.

2.14. This local reporting and monitoring is drawn from management information and is more up to date in comparison with information provided nationally. A commentary is provided here where there is notable change.

Safe

2.15. An objective within community planning is to increase awareness of adult support and protection and the measure of this is the number of referrals to adult protection. This is considered an indication of good partnership working and cohesion towards safe communities and appropriate support. However determining 'appropriateness' in relation to such referrals is difficult to do and an intelligent and sensitive way to capture the right data is still being pursued. Meantime in relation to those aspects that we are able to measure, i.e. the number of new referrals to initial investigation have been reducing for some time, with a 34% drop in the last quarter. This measure needs to be reviewed so that consideration can be given as to the impact of this reduction as it is a crude measure for a complex range of



INTEGRATION JOINT BOARD

activity.

Well Led

- 2.16. Positive staff experiences are associated with good quality care and enhancing the experience and motivation of our workforce is an important improvement outcome for the partnership. Process measures and qualitative data are used to assess progress, such as feedback from the Heart Awards and the Innovation Conference – both of which were received very positively.
- 2.17. The Employee Engagement Index (EEI) measures employees' engagement with their jobs or day-to-day work. Captured through the national iMatter questionnaires, this provides responsive and team based feedback on staff experience and helps to identify where improvement may be needed. In 2017, the partnership reported a 78% EEI, slightly higher than the 75% achieved in NHS Grampian overall. Another indication of staff engagement and participation is the use of the ideas management platform "Our Ideas". Since its introduction last year, the number of new users has increased to 450 and to date 10 new ideas have been generated and implemented. Sickness absenteeism, an indication of staff motivation, remains variable in social care however but fairly steady amongst NHS staff, and also below the average levels for Grampian.

Effective

- 2.18. Many of the indicators of effective care are covered by the national 'core suite', as set out in the previous section of this report.
- 2.19. Prevention and harm reduction activities also form part of effective care and here there has been a 31% reduction in the number of alcohol brief interventions in the first quarter of 2017/18. Although this in itself is not a particularly positive figure, what is positive is the increased focus on brief interventions generally within the health promoting activities of the partnership. Clear efforts are being made to reach people in wider settings to raise awareness, signposting them to health and care support.



INTEGRATION JOINT BOARD

Responsive

2.20. Minimising the number and wider effects of and for individuals delayed in their discharge from hospital is an indication of system responsiveness. The monthly census shows there to have been a dramatic reduction in the number of 'standard' delays from 53 in March to 38 in August 2017. The average length of 'standard' delay for patients has remained constant at 23-23 days but the biggest improvement is the reduction in the average length of 'code 9' delays which dropped from 158 to 73 days. Code 9 delays relate to those individuals who are assessed as lacking capacity and so require legal frameworks to be in place around decisions of their ongoing treatment, care and support. There has been an increase in the proportion of individuals taking up self-directed support from 7% to 10%, and levels of 'unmet' need for social work care has reduced by 22% in the last three months – both measures indicating increased responsiveness and clearly helped by the concerted efforts as part of the partnership's Improvement Plan.

Summary

2.21. Both the high level national and local indicators used to assess performance of the partnership point to continued system improvement in most areas. Reducing the number of individuals who experience a delay in their discharge from hospital and avoiding individuals having to be admitted on an emergency basis; improvements in meeting the demands for social care and self-directed support; and improvement in care services following Care Inspectorate Inspections all provide an optimistic picture of progress.

Progress on implementing the Performance Framework (Tiered Intelligence)

2.22. As mentioned in previous reports, we aim to introduce a system of information and intelligence at all 'tiers' of the organisation. In so doing, staff will be able to use data from health and social care to plan, manage and improve services. Clearly this requires the combination of health and social care data and to do this the partnership is implementing 'Tableau' software, a system which allows the bringing together of data from different information systems. It is a highly interactive and visual tool which will help users to access data more easily than they have in the past. Work is



INTEGRATION JOINT BOARD

ongoing to ensure the appropriate data sharing and governance arrangements are established to enable 'tiered intelligence' to operate fully.

2.23. A Grampian wide Steering Group has been established to drive forward the implementation of Tableau at scale, with senior leadership and wide representation from all Sectors.

Appendices

- A. Analysis of the National Core Suite of Indicators
- B. High level locally determined metrics of system-wide performance

3: Equalities, Financial, Workforce and Other Implications

3.1 Performance monitoring, development and improvement are crucial aspects of business management. The systems which enable data and information sharing are evolving and a significant amount of work is being conducted behind the scenes to implement safe and secure arrangements.

4: Management of Risk

Identified risk(s):

This links with the following risk identified in the strategic risk register:

- Failure of the IJB to function, make decisions in a timely manner.
- There is a risk that the outcomes expected from hosted services are not delivered and that the IJB does not identify non-performance through its systems. This risk relates to services that Aberdeen IJB hosts on behalf of Moray and Aberdeenshire, and those hosted by those IJBs and delivered on behalf of Aberdeen City.
- There is a risk that the governance arrangements between the IJB and its partner organisations (ACC and NHSG) are not robust enough to provide necessary assurance within the current assessment framework – leading



INTEGRATION JOINT BOARD

to duplication of effort and poor relationships.

- There is a risk that the IJB and the services that it directs and has operational oversight of fail to meet performance standards or outcomes as set by regulatory bodies.

How might the content of this report impact or mitigate the known risks:

The provision of data, information and intelligence to support performance improvement and governance is crucial. This enables to IJB and committees with the necessary assurance that the Partnership is performing to the highest standards and fulfilling the national outcomes.

Since the last report in spring 2017, the Partnership has committed investment for analytical and intelligence resources, enabling performance reporting to continue and to be developed throughout the Partnership.

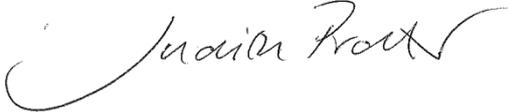
5: Recommendations

It is recommended that the Integration Joint Board:

1. Notes the performance and progress of the partnership against the high level indicators of system-wide performance;
2. Notes the information governance pressures and challenges in sharing operational and performance data within the partnership, and the efforts that are being made achieve this within data protection legislation;
3. Tasks the Head of Strategy and Transformation with reporting performance quarterly over the year; bi-annually to the IJB and bi-annually to the Audit and Performance Systems Committee; and
4. Requests a review of the Performance Framework in response to the review of the National Core Suite of measures undertaken by Sir Harry Burns when this is published.



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6: Signatures	
	Judith Proctor (Chief Officer)
	Alex Stephen (Chief Finance Officer)