

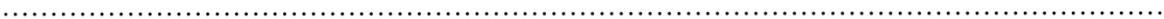


AUDIT AND PERFORMANCE SYSTEMS COMMITTEE

Report Title	Performance Monitoring
Lead Officer	Sally Shaw, Head of Strategy and Transformation
Report Author (Job Title, Organisation)	Jillian Evans - Head of Health Intelligence (NHSG) Alison MacLeod – Lead Strategy and Performance Manager
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1: Purpose of the Report
<p>1.1. The purpose of this report is to provide:</p> <ul style="list-style-type: none"> • The most current data in respect of Aberdeen City Health and Social Care Partnership’s (ACHSCP’s) performance against the National Core Suite of Integration Indicators; • Detail on progress against other high level IJB performance measures • Clear continued demonstration of alignment of performance to the Aberdeen City HSCP Strategic Plan 2016 – 2019

2: Summary of Key Information
<p>Introduction</p> <p>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 integration indicators and a set of local measures determined by the partnership as sentinel markers of performance and progress.</p> <p>Aberdeen City HSCP Performance against National Integration Indicators</p> <p>2.2. Appendix 1 shows Aberdeen City HSCP’s performance against the Core</p>





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Suite of National Integration Indicators. The information is drawn from the most recent national published data available which relates to the latest full financial year only and shows how progress in Aberdeen City:

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

It should be noted that data for indicators N10 and N21 – N23 is not yet available.

2.3. The national information is updated each quarter often with just a refresh of existing data to the most recent financial year end, meaning that National data can be quite outdated. For this reason our report also makes reference to more recent data drawn from other ISD publications and local Health Intelligence reports with data extracted from local systems, all of which are more current than the annual Nation Integration Indicator data.

2.4. The following sections provide commentary on those indicators previously agreed as worthy of exception reporting.

Delayed Discharge (N19)

2.5. The Partnership's performance has shown consistent improvement over the past two years. This national indicator looks specifically at delays affecting people over 75 years. Appendix 1 highlights improvement of 53% between 2015/16 and 2016/17 for bed days occupied by delays. Considerable improvements have been seen in delayed discharges however it should be noted that some of the improvements reflected in the 53% improvement could be due to definitional changes in the year 2016/17. Delays due to healthcare reasons and those in non-hospital locations (e.g. care homes) were no longer recorded as delayed discharges from June 2016 and no adjustment has been made to account for the definitional changes in the dataset.

2.6. Notwithstanding the changes in definitions, 53% 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 31 Scottish partnerships. However, as previously stated, reporting of these national indicators can be quite out



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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. By October 2017, management information indicates that Aberdeen City ranked 23rd out of the 31 Scottish partnerships for bed days occupied by those aged 75 years and over who are fit to be discharged from hospital.

Emergency Admissions and Readmissions (N12, N13, N14)

- 2.7. Emergency admissions have continued to reduce since 2015/16 in the overall population and amongst older people. In the most recent reporting period to September 2017, there has been a further improvement of over 2% in emergency admission and an even bigger improvement of 6% in use of bed days associated with emergency admissions.
- 2.8. 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 decrease in performance saw Aberdeen City move from 12 / 31 to 13 / 31 in 2016/17, but Aberdeen City still remains 7% better than the national average and this is an area we anticipate to further improve with the roll out of transformation projects such as Integrated Neighbourhood Care Aberdeen (INCA) and Acute Care at Home.

Premature Mortality (N11)

- 2.9. Premature mortality has improved slightly from 464 per 100,000 population in calendar year 2015 to 460 per 100,000 population in 2016 (NB: this data is available in calendar and not financial year). This level of improvement is less than that seen across Scotland and life expectancy in Aberdeen City is comparatively lower when compared to the national average. Changes in the long term trends in life expectancy are occurring generally in the UK and a focused analysis is being conducted locally to gain greater insights behind this and what the impact might be. The outcome of this analysis will be reported in future performance reports.

Falls (N16)

- 2.10. Aberdeen City tends to compare well when looking at the rate of falls in the



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over 65 year population. It is currently 10/31 when compared with other Scottish partnerships, however there has been a 3% deterioration in performance during the quarter July to September 2017, and the reasons for this are being explored and will be reported once available.

Progress against other key IJB measures

- 2.11. 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 and are detailed in Appendix 2. These are considered to be sentinel markers which give insight into system performance, rather than individual operational measures of performance.
- 2.12. 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

- 2.13. The number of complaints received has reduced from 26 to 19 perhaps indicating increasing satisfaction with services provided. The percentage of those complaints received responded to within 20 working days has increased from 92% to 100%. The percentage of vacant posts in Adult Services has reduced from 5.01% to 4.90%. A very slight improvement but achieved in what remains a very challenging environment for the recruitment and retention of Adult Social Care staff. Other measures in the Safe category such as the number of referrals to Adult Protection, the number of new Community Payback Orders and the number of Criminal Justice Social Work Reports submitted to Court have all increased however it could be argued that all of these increases are in fact evidence of Adult Social Care carrying out the work they are remitted to do and ultimately keeping the citizens of Aberdeen safe. Increased referrals to Adult Protection can mean that staff and others feel more confident to make referrals as a result of training or awareness-raising.

Well Led

- 2.14. We are identifying ways to capture and report on staff experiences using qualitative data, and some of these have been reported previously (e.g.



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employee engagement index). Sickness absence is a measure of staff health and well-being and we have seen a 0.3% increase in absence amongst NHS staff during the quarter July to September 2017. We are working with Aberdeen City Council to obtain similar absence data for Adult Social Care staff and it is hoped this can be included in the next version of this performance report.

Effective

- 2.15. Many of the indicators of effective care are covered by the national 'core suite', as set out in the previous section of this report. The increase in the smoking cessation after 12 weeks is very welcome and the activity which brought this about is being examined to see if lessons can be learned and shared in other areas of work.

Responsive

- 2.16. 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 36% reduction in the number of 'Standard' delays from October 2016 to October 2017, and a 30% reduction in the beds days lost due to these delays. The number of 'Code 9' (complex) delays increased by 10% from October 2016 to October 2017, however this was associated with a 3% reduction in the number of bed days and a 29% reduction in the average length of stay for 'Code 9' delays from October 2016 to October 2017. Despite the reduction in the number of 'Standard' delays and corresponding bed days the average length of delay for 'Standard' delays has increased by 58% from 24 to 38 days and this is an area of focus for the Delayed Discharge Working Group.

Summary

- 2.17. Both the high level national and local indicators used to assess performance of the partnership point to a mixed picture in relation to performance. Of the total of 33 measures reported, 16 have shown improvement and one has remained static. Much of the data is historical however and as our transformation programme is implemented, we expect to see greater improvements and a clear trajectory towards becoming a consistently high performing partnership.



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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 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.



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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 the IJB and committees to have the necessary assurance that the partnership is performing to the highest standards and fulfilling the national outcomes.

Regular review of performance prompts analysis and mitigating action where appropriate. Since performance was last reported to the IJB in October 2017 a Performance management and Evaluation Group has been established and is tasked with developing a clear, consistent and appropriate performance management and evaluation framework which provides a mechanism for assurance and monitoring of the management and delivery of integrated and delegated services enabling the appropriate scrutiny of performance; informing continuous improvement; and enabling the partnership to be recognised at a local and national level as high performing. The group will provide assurances to the IJB and the Audit and Performance systems Committee that resources are being used appropriately and progress towards achieving the strategic priorities is being made.

5: Recommendations

It is recommended that the Audit and Performance Systems Committee:

1. Notes the performance and progress of the partnership against the high level indicators of system-wide performance;
2. Notes that the Head of Strategy and Transformation will report performance quarterly over the year; bi-annually to the IJB and bi-annually to the Audit and Performance Systems Committee.