Internal Audit Report 2017/2018
IJB Performance Reporting and KPIs

June 2018

Final

NHS Grampian

pwc

Contents

This report has been prepared by PwC in accordance with our engagement contract dated 1 August 2017.

Internal audit work was performed in accordance with PwC's Internal Audit methodology which is aligned to the Public Sector Internal Auditing Standards. As a result, our work and deliverables are not designed or intended to comply with the International Auditing and Assurance Standards Board (IAASB), International Framework for Assurance Engagements (IFAE) and International Standard on Assurance Engagements (ISAE) 3000.

Distribution List	
For action	Director of Finance
	IJB Chief Officers
For information	Audit Committee

1. Executive summary

Report classification	*Trend*	**Total number of findings**					
			Critical	High	Medium	Low	Advisory
Low Risk	N/A – No prior year reviews for comparison	Control design	-	-	-	2	-
		Operating effectiveness	-	-	-	1	-
		Total	-	-	-	**3**	-

Summary of findings

The scope of our review was to assess the design and operating effectiveness of the key controls within the Key Performance Indicator (KPI) reporting process for performance reporting by the Integration Joint Boards (IJBs). Our review focused on:

- Performance Indicators;

- Data Gathering;

- Performance Reporting.

Our view is that the current arrangements for performance reporting within the Integration Joint Boards creates a low risk for NHS Grampian (NHSG). The current processes and controls in place are well designed and operating effectively and the IJBs are meeting their reporting obligations. However it should be noted that the IJBs are relatively new and therefore, as with any new process, there are control improvement opportunities that can be identified. The IJBs are going through constant development and processes and controls will continue to develop as the IJBs mature.

In summary we have identified three 'low' risk findings in relation to control improvement opportunities and these result in this report being classified as 'low' risk.

The low findings are as follows:

- The survey data used to present National indicators are based on a government survey. The population used for this survey is based on a random selection of the public. On reviewing the participants less than 1% are users of the service and therefore the results may not accurately reflect the performance of the IJB and there are no local indicators to accurately show the experiences of users in this format.

- Indicators within Moray and Aberdeen City IJB do not have owners to drive improvements and offer explanations for underperformance.

- The format of the data presented does not accurately reflect performance and can lead to misinterpretation within Moray and Aberdeenshire.

The full details of our findings, and the agreed actions, can be found in **Section 3**.

Management comment

Moray Council

Action 3.01 - Along with the development of the Local PIs we are developing qualitative PIs across the IJB to more accurately reflect the service user experiences. These will be completed alongside the local indicators.

Action 3.02 is under development in Moray with the intention being that indicators will be fully owned by relevant individuals. The time scale for completion is 31 March 2019.

Action 3.03 has been noted. A commitment has been made to review and develop what is reported to the IJB for greater clarity. This is considered continuous improvement at this stage and will be monitored closely. This is also an area of interest for external audit. A Review of Standing Orders and Scheme of Administration report is being presented to the IJB on 28 June 2018 updating the remit of the IJB's Audit and Risk Committee to include greater scrutiny of performance renaming the committee to Audit, Performance and Risk.

Aberdeenshire Council

Aberdeenshire H&SCP welcomes the findings of the audit and is pleased to note that our approach to KPIs and the relationship with the NHS Board is broadly very positive. We note the recommendation under section 3.03 for Aberdeenshire HSCP regarding the presentation of performance against the 'Number of delayed discharges' (L11). Whilst this indicator has a specific target of 35, and the value reported was 38, it was recorded as having been met as it remained within previously agreed tolerances (whereby a score of less than 40 would be within acceptable tolerance levels). We will reassess our locally agreed targets and tolerance levels as part of our current review of our performance framework to ensure these remain valid.

Aberdeen City Council

The ACHSCP Executive Team welcome the findings of this audit and were happy with the involvement that we were able to have. We recognise that as our IJB develops so too will all our processes and controls in terms of how we collect, interpret and present our data. It is imperative that the data we are asked to collect allows us to not only tell the right narrative but also to further develop our services – this is why we highlighted some of the issues with national data from random surveys. We will continue to work with both our partner organisations to ensure we have the good clean data that maximises our ability to meet the health and social care needs of the population of Aberdeen City going forward.

2. Background and scope

Background

Through closer integration of Health and Social Care services, Scottish Ministers aim to improve people's experience of health and care services and the outcomes that the services achieve. To provide a framework for assessing performance, a series of National Health and Wellbeing Outcomes have been developed.

The National Health and Wellbeing Outcomes apply across Local Authorities, Health Boards and IJBs to ensure that all are clear about their accountability for delivery. There are nine national outcomes which focus on areas of service improvement to inform how services are planned to make a difference to the care people are receiving.

Each Integration Authority is required to publish an annual performance report setting out how the outcomes are being met. Progress against a core suite of Key Performance Indicators (KPIs), identified by the Integration Authorities in line with guidance from the Scottish Government, is reported along with narrative giving context on local performance.

Performance Indicators

The Scottish Government has set 23 national KPIs to be reported on by the IJBs. These are in place to show how well the IJBs are performing against the nine national outcomes. The data gathering processes for each of these indicators is also mandated by the Scottish Government and therefore all data captured and processed for these national indicators should be handled and presented in a consistent manner by each IJB.

Additionally, each IJB must set its own local indicators to report on how it is achieving the national outcomes and its own local outcomes. The local KPIs used by all the IJBs are under constant development and will continue to change in order to best show progress being made to achieve outcomes.

Within Aberdeenshire H&SCP each local indicator has an assigned owner. This is the person responsible for driving change and improvements in order to ensure targets are continuously being met.

Data Gathering

There are a number of systems and data sources drawn on by the IJBs in order to inform their performance reporting. These include systems and data hosted and provided local authorities, the health board or external published data such as Government surveys. Each of these systems can provide specific information that can be used by the IJB to present KPI results. As the data is either taken from published data or operational systems there is an audit trail to support the reported performance.

The data is obtained by the health intelligence team at NHS or members of the H&SP at the councils and sent on to the IJB to be prepared and presented for stakeholder review. The data presented shows how the IJB is performing and there are various methods to show how the data compares to targets, prior periods and national averages.

Data is gathered for each KPI at set frequencies ranging from quarterly to every two years. Trends are included within the reports to show how the indicator data has performed over time. The current performance of indicators has been included in appendix 4.

Performance Reporting

There are several reporting requirements of the IJB. Performance is reported a number of times throughout the year to the IJB, NHS Grampian and the respective council. On a monthly basis NHS Grampian holds a Senior Leadership Team meeting. This is an informal meeting to discuss all NHS Grampian operations and includes exception reporting review where NHS targets have not been met in the month. The exception report includes details of all indicators from the IJBs that impact NHS Grampian. All three Chief Officers of the IJBs are present at the meeting and therefore have the opportunity to discuss with the Health Board any matters concerning the IJBs.

Approximately every six weeks each individual IJB meets with NHS Grampian for a Performance Review meeting, although the frequency of these meetings can vary depending on performance and the criticality of issues. These meetings are attended by the Chief Officer of each IJB and the NHS Grampian Director of Finance. The NHS Grampian Head of Performance and a council representative also normally attends. The meeting discussion topics vary depending on the performance of the IJB at the time, and if there are any challenges or issues that have the potential to cause challenges.

There is formal reporting to the IJB on a quarterly basis from the Health and Social Care Partnership. Performance reports must be prepared for these meetings and presented to the IJB. Representatives from NHS Grampian are present at these meetings. These board meetings and reports are published on the IJB website.

Each IJB also prepares an annual report. This must be a full reflection of the performance of the IJB in the year and is published on the IJB's public facing website.

All data relied upon by the NHS Grampian reported by the IJB is taken from data obtained from NHS Grampian systems.

Scope and limitations of scope

Our approach focused on the following three areas:

1. **Performance Indicators**

2. **Data Gathering**

3. **Performance Reporting**

The scope of our review is outlined above and will be undertaken on a sample basis.

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgment in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Our agreed Terms of Reference are set out at **Appendix 2**.

3. Detailed current year findings

3.01 Government survey data – control design

Finding
The IJB must use both local and national indicators to show how the health and social care partnership is performing. The national indicators and how the corresponding data is gathered is determined by the Scottish Government.
It was noted the information used to show the results of the one of the national indicators tested 'Percentage of people with positive experience of the care provided by their GP practice' was gathered using a national survey. This survey is performed every two years on a sample of the population and part of the survey seeks to understand their views on the health and social care they have received. These questions can be used to show a number of different conclusions and statistics, part of which is if people have had a positive experience with their GP. Due to the random sample, the number of surveys completed by users of Health and Social Care Partnership was extremely low. For example in Aberdeen City less than 1% of those who participated in the survey would have used the Health and Social Care Partnership. This therefore is not the most appropriate measure to show the data for this indicator.
As the national indicators may not be truly reflective of the qualitative information of the users of the service Aberdeenshire IJB has prepared its own survey to determine these measures and present them through local indicators. The sample was selected from a population of people receiving two or more Health and Social Care services. This means that although fewer overall surveys are completed, the findings from the survey are more meaningful to the IJB. Moray and Aberdeen City IJB did not have such qualitative local indicators in place although Aberdeen City IJB have expressed an interest in performing a survey of this nature in the future.

Implications
• H&SCP may be drawing conclusions from inappropriate data.
• Stakeholders may be misled by indicator results which are not reflective of reality.

Action plan		
Finding rating	**Agreed action**	**Responsible person / title**
Low	• Local indicators showing qualitative outcomes will be determined. • Local surveys will be used to accurately reflect the experiences of the H&SCP users.	Aberdeen City IJB Chief Officer and Moray IJB Chief Officer *Target date:* 31 December 2018 *Reference number:*

IJB Performance and Reporting KPIs 2017/18 - 01

3.02 *Roles and responsibilities – control design*

Finding
The data gathering processes are performed by a number of different individuals in each IJB, council and NHS Grampian. A selection of indicators was sampled to ensure that all data gathering processes are assigned to a responsible person. As a result of testing it was noted that with regards to data gathering processes all roles and responsibilities are clear and all relevant individuals are aware of their responsibilities. These individuals are only responsible for gathering the correct data to present the indicators, they do not have responsibility for interpreting the results or driving through improvements. It was however noted that the IJBs would benefit from each indicator having a responsible person to drive improvements for that indicator and be responsible for any added commentary which may be required by management on these indicators. For example, if the indicator had not been meeting targets. In Aberdeenshire, a formal list has been compiled, assigning a responsible individual to each indicator. It is these individuals who co-ordinate processes, drive improvements and give reasons where targets have not been met. There are no such lists in Aberdeen City or Moray, although Moray has noted an interest in developing a list of this nature.

Implications
• Targets for indicators may not be met due to lack of clearly assigned ownership for driving improvements or changes.

Action plan		
Finding rating	*Agreed action*	*Responsible person / title*
Low	• A formal list of indicator owners will be prepared and maintained within each IJB.	Aberdeen City IJB Chief Officer and Moray IJB Chief Officer *Target date:* 31 March 2019 *Reference number:* IJB Performance and Reporting KPIs 2017/18 - 02

3.03 *Presentation of performance results – operating effectiveness*

Finding
A sample of indicators was selected in order to assess if the format of reporting was appropriate. The following exceptions were noted in relation to the format of reporting;

- Within Aberdeenshire a sample of five indicators were selected for testing. One of the indicators selected was the 'Number of delayed discharges', the target for this indicator was 35 for the monthly average over the quarter to September 2017. In the quarter two report, the value of this indicator was 38 and it had been noted that the target had been met. The target of 35 should have been the maximum number of delayed discharges and therefore any value greater than 35 would result in the target not being met. Therefore this was incorrectly presented due to error.

- Within Moray a sample of three indicators were selected for testing (a smaller sample was selected in Moray due to the number of indicators used). The report for quarter two was reviewed and for two of the samples there was a significant variance from the previous quarter, 38% and 29%, for bed days and delayed discharges respectively. The indicator is shown with a trend line to show how the indicator has varied over time. It has been noted that despite the significant variance the trend line shows almost a horizontal line. This shows that the axis scales used in preparation of the trend graph is inappropriate to accurately visualise the variances between reporting periods.

No issues were noted with the presentation of performance results in Aberdeen City.

Implications
• Results are not appropriately presented and may mislead stakeholders.

Action plan		
Finding rating	**Agreed action**	**Responsible person / title**
Low	• Targets will only be recorded as 'met' when they have been reached. • Where trend lines are used an appropriate scale will be used to accurately reflect variances in trends.	Aberdeenshire IJB Chief Officer and Moray IJB Chief Officer *Target date:* 31 December 2018 *Reference number:* IJB Performance and Reporting KPI's 2017/18 - 03

Appendix 1. Basis of our classifications

Individual finding ratings

Finding rating	*Assessment rationale*
Critical	A finding that could have a: • **Critical** impact on operational performance; or • **Critical** monetary or financial statement impact; or • **Critical** breach in laws and regulations that could result in material fines or consequences; or • **Critical** impact on the reputation or brand of the organisation which could threaten its future viability.
High	A finding that could have a: • **Significant** impact on operational performance; or • **Significant** monetary or financial statement impact; or • **Significant** breach in laws and regulations resulting in significant fines and consequences; or • **Significant** impact on the reputation or brand of the organisation.
Medium	A finding that could have a: • **Moderate** impact on operational performance; or • **Moderate** monetary or financial statement impact; or • **Moderate** breach in laws and regulations resulting in fines and consequences; or • **Moderate** impact on the reputation or brand of the organisation.
Low	A finding that could have a: • **Minor** impact on the organisation's operational performance; or • **Minor** monetary or financial statement impact; or • **Minor** breach in laws and regulations with limited consequences; or • **Minor** impact on the reputation of the organisation.
Advisory	A finding that does not have a risk impact but has been raised to highlight areas of inefficiencies or good practice.

Report classifications

The report classification is determined by allocating points to each of the findings included in the report

Findings rating	Points
Critical	40 points per finding
High	10 points per finding
Medium	3 points per finding
Low	1 point per finding

Report classification	Points
Low risk	6 points or less
Medium risk	7– 15 points
High risk	16– 39 points
Critical risk	40 points and over

Appendix 2. Terms of Reference

Background and audit objectives

Through closer integration of Health and Social Care services, Scottish Ministers aim to improve people's experience of health and care services and the outcomes that the services achieve. To provide a framework for assessing performance, a series of National Health and Wellbeing Outcomes have been developed.

The National Health and Wellbeing Outcomes apply across Local Authorities, Health Boards and Integration Authorities to ensure that all are clear about their accountability for delivery. There are nine national outcomes which focus on areas of service improvement to inform how services are planned to make a difference to the care people are receiving.

Each Integration Authority is required to publish an annual performance report setting out how the outcomes are being met. Progress against a core suite of Key Performance Indicators (KPIs), identified by the Integration Authorities in line with guidance from the Scottish Government, is reported along with narrative giving context on local performance.

Scope

We will review the design and operating effectiveness of key controls in place relating to performance management outcomes during the period 1 April 2017 to 31 December 2017. The sub-processes and related control objectives included in this review are:

Sub-Process	Objectives
Performance Indicators	• Performance indicators/statistical measures to report against each of the national outcomes have been set by each of the IJBs. • Roles and responsibilities have clearly been defined to allocate responsibility for data gathering against each of the performance indicators.
Data Gathering	• Systems are in place within each IJB to support data gathering for the indicators that they are responsible for. • There is a demonstrable link between the data gathered and the national outcomes to allow transparent reporting over performance, including trends to demonstrate where improvements in service delivery are being achieved. • The frequency and format of data gathering throughout the year has been agreed.
Performance Reporting	• A timetable of reporting performance has been set and agreed by each IJB. • There is a clear audit trail to support reported performance for the indicators. • NHS Grampian's Accountable Officer is able to derive assurance from the reporting mechanisms that are in place for the IJBs. IJB Performance is considered as part of the monthly NHS Grampian system wide performance management undertaken by the Senior Leadership Team of NHS Grampian.

Limitations of scope

This review will only consider a sample of performance indicators/national outcomes which the Integration Joint Boards are required to report against.

Audit approach

Our audit approach is as follows:

- Obtain an understanding of the key controls in through discussions with key personnel, review of systems documentation and walkthrough tests;

- Identify the key risks of the process;

- Evaluate the design of the controls in place to address the key risks; and

- Test the operating effectiveness of the key controls

Appendix 3. Limitations and responsibilities

Limitations inherent to the internal auditor's work

We have undertaken the review of the medicines homecare service, subject to the limitations outlined below.

Internal control

Internal control systems, no matter how well designed and operated, are affected by inherent limitations. These include the possibility of poor judgment in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Future periods

Our assessment of controls is for the period specified only. Historic evaluation of effectiveness is not relevant to future periods due to the risk that:

- the design of controls may become inadequate because of changes in operating environment, law, regulation or other; or
- the degree of compliance with policies and procedures may deteriorate.

Responsibilities of management and internal auditors

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We endeavour to plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we shall carry out additional work directed towards identification of consequent fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, do not guarantee that fraud will be detected.

Accordingly, our examinations as internal auditors should not be relied upon solely to disclose fraud, defalcations or other irregularities which may exist.

Appendix 4. Key Performance Indicators

Aberdeen City – National Indicators – May 2018

ISD's latest refresh of this data was December 2017, however please note that data is only updated to the end of the financial year available hence the newest data provided by ISD here is for 2016/17.

Data for the Core Suite of Integration Indicators, NI - 1 to NI - 23 are populated from national data sources and data is issued nationally. Indicators 1 to 10 are outcome indicators based on survey feedback and are updated bi-annually. Data for National Indicators 11 to 23 are derived nationally from organisational/system data and are updated more frequently. Data for indicators 10, 21, 22 and 23 are not yet available.

	Indicator	Title	Previous score 2013/14	Current score 2015/16	Scotland 2015/16	RAG
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	96%	96%	94%	G
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	80%	82%	84%	A
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	85%	78%	79%	R
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	83%	77%	75%	R
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	83%	82%	81%	A
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	87%	86%	87%	A
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	83%	80%	84%	A
	NI - 8	Total combined % carers who feel supported to continue in their caring role	44%	42%	41%	A
	NI - 9	Percentage of adults supported at home who agreed they felt safe	79%	83%	84%	G
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA	NA	

Indicator	Title	Previous score	Current score	Scotland	RAG
NI - 11	Premature mortality rate per 100,000 persons *(European age-standardised mortality rate per 100,000 for people aged under 75)*	464 *2015*	460 *2016*	440	G
NI - 12	Emergency admission rate (per 100,000 population)	10,189 *2015/16*	9,974 *2016/17*	12,294	G
NI - 13	Emergency bed day rate (per 100,000 population)	117,105 *2015/16*	110,352 *2016/17*	125,634	G
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	89 *2015/16*	93 *2016/17*	100	A
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	88% *2015/16*	89% *2016/17*	87%	G
NI - 16	Falls rate per 1,000 population aged 65+	19 *2015/16*	20 *2016/17*	22	A
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	79% *2015/16*	86% *2016/17*	84%	G
NI - 18	Percentage of adults with intensive care needs receiving care at home	53% *2014/15*	55% *2015/16*	62%	G
NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	1,765 *2015/16*	1,156 *2016/17*	842	G
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	27% *2015/16*	25% *2016/17*	25%	G
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA	NA	
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	NA	
NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	NA	

(Data indicators)

*** *Please note definitional changes were made to the recording of delayed discharge information from 1 July 2016 onwards. Delays for healthcare reasons and those in non hospital locations (e.g. care homes) are no longer recorded as delayed discharges. In this indicator, no adjustment has been made to account for the definitional changes during the year 2016/17. The changes affected reporting of figures in some areas more than others therefore comparisons before and after July 2016 may not be possible at partnership level. It is estimated that, at Scotland level, the definitional changes account for a reduction of around 4% of bed days across previous months up to June 2016, and a decrease of approximately 1% in the 2016/17 bed day rate for people aged 75+.*

RAG scoring based on the following criteria

🟩 (green)	*If Aberdeen City quarter has improved or stayed the same from previous, then "Green"*
🟨 (yellow)	*If Aberdeen City quarter has worsened by 5% or less of previous quarter, then "Amber"*
🟥 (red)	*If Aberdeen City quarter has worsened by more than 5% of previous quarter then "Red"*

Aberdeen City – Local Indicators – May 2018

KEY

I	Improved on previous reporting period by more than 2%
⩒	Worsened on pervious reporting period by more than 2%

Category	ID.	Indicator Description	Source	Performance Current Reporting Period	Target	Previous Reporting Period	Performance against Last Period	Trend line	Trend Period	Current Period
Responsive	L01	Number of Bed Days Occupied by Delayed Discharges per month (inc code 9) per 1000 18+ population	NHS - EDISON	8.6	-	7.7	⩒		5 Months	Oct-17
	L02	Number of delayed discharges inc code 9 (Monthly Census snapshot)	NHS - EDISON	50	-	45	⩒		5 Months	Oct-17
	L10	% people 65y+ with intensive care needs receiving care at home	SW	37%	-	35%	I		4 Quarters	Oct-Dec 17
	L11	Unmet need (hours) for social care	SW	522	-	562	I		2 Data Points	Jun-17
	L12	Uptake of self directed support (No. & % out of elligible clients)	SW	286 (9.99%	-	233 (7%)	I		2 Data Points	Jun-17
Effective	L03	A&E Attendance rates per 100,000 population (All Ages) (Monthly Average for rolling 12 month period)	NHS	1707	-	1693	⩒		5 Months	Dec-17
	L04	Smoking cessation in 40% most deprived after 12 weeks	NHS	135	-	73	I		5 Quarters	Apr-Jun 17
	L05	Number of Alcohol Brief Interventions being delivered	NHS	587	-	690	⩒		5 Quarters	Jul-Sep 17
	L06A	Number of complaints received and % responded to within 20 working days - NHS Aberdeen City	NHS	data available at the moment due to changes in data collection, this indicator should be available with the next upd						

Safe	L06A	Number of complaints received and % responded to within 20 working days - NHS Aberdeen City	NHS	data available at the moment due to changes in data collection, this indicator should be available with the next upd					
	L06B	Number of complaints received and % responded to within 20 working days - Aberdeen City Council H&SC	SW	19 (100%)	-	26 (92%)	I		4 Quarters	Oct-Dec 17
	L09	Number of new referrals to initial investigation under adult protection	SW	85	-	70	⩔		3 Quarters	Jul-Sep 17
	L13	Adult Services % Posts Vacant	SW	4.90%	-	5.01%	I		4 Quarters	Oct-Dec 17
	L14	Number of new community payback orders	SW	274	-	240	⩔		4 Quarters	Oct-Dec 17
	L15	Number of Criminal Justice Social Work reports to court	SW	405	-	323	⩔		4 Quarters	Oct-Dec 17
Well Led	L07	NHS Sickness Absence % of Hours Lost	NHS	4.7%	-	4.4%	⩔		5 Quarters	Jul-Sep 17
	L08	Council Sickness Absence (% of Calendar Days Lost)	SW	No update available						

Aberdeenshire – National Indicators– April 2018

ISD's latest refresh of this data was December 2017, however please note that data is only updated to the end of the financial year available hence the newest data provided by ISD here is for 2016/17.

Data for the Core Suite of Integration Indicators, NI - 1 to NI - 23 are populated from national data sources and data is issued nationally. Indicators 1 to 10 are outcome indicators based on survey feedback and are updated bi-annually. Data for National Indicators 11 to 23 are derived from organisational/system data and are updated quarterly. Data for indicators 10, 21, 22 and 23 are not yet available.

	Indicator	Title	Previous score 2013/14	Current score 2015/16	Scotland 2015/16	RAG
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	96%	96%	94%	G
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	83%	88%	84%	G
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	81%	80%	79%	A
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	78%	82%	75%	G
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	82%	83%	81%	G
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	84%	84%	87%	A
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	84%	89%	84%	G
	NI - 8	Total combined % carers who feel supported to continue in their caring role	42%	39%	41%	A
	NI - 9	Percentage of adults supported at home who agreed they felt safe	84%	84%	84%	G
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA	NA	

	Indicator	Title	Previous score		Current score		Scotland	RAG	
Data indicators	NI - 11	Premature mortality rate per 100,000 persons (European age-standardised mortality rate per 100,000 for people aged under 75)	349	2015	331	2016	440	G	
	NI - 12	Emergency admission rate (per 100,000 population)	8,533	2015/16	8,432	2016/17	12,294	G	*
	NI - 13	Emergency bed day rate (per 100,000 population)	87,987	2015/16	90,166	2016/17	125,634	A	*
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	77	2015/16	79	2016/17	100	G	*
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	89%	2015/16	89%	2016/17	87%	G	
	NI - 16	Falls rate per 1,000 population aged 65+	15	2015/16	15	2016/17	22	G	
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	78%	2015/16	90%	2016/17	84%	G	
	NI - 18	Percentage of adults with intensive care needs receiving care at home	53%	2014/15	53%	2015/16	62%	A	
	NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	1037	2015/16	677	2016/17	842	G	***
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	22%	2015/16	22%	2016/17	25%	G	
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA		NA		NA		
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA		NA		NA		
	NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA		NA		NA		

* Data updated or refreshed since last update report

*** Please note definitional changes were made to the recording of delayed discharge information from 1 July 2016 onwards. Delays for healthcare reasons and those in non hospital locations (e.g. care homes) are no longer recorded as delayed discharges. In this indicator, no adjustment has been made to account for the definitional changes during the year 2016/17. The changes affected reporting of figures in some areas more than others therefore comparisons before and after July 2016 may not be possible at partnership level. It is estimated that, at Scotland level, the definitional changes account for a reduction of around 4% of bed days across previous months up to June 2016, and a decrease of approximately 1% in the 2016/17 bed day rate for people aged 75+.

RAG scoring based on the following criteria	
If current Aberdeenshire position is better than current Scotland position	
🟩	*and Aberdeenshire value has improved or stayed the same then "Green"*
🟨	*and Aberdeenshire value has worsened by 5% or less of previous Aberdeenshire value then "Amber"*
🟥	*and Aberdeenshire value has worsened by more than 5% of previous Aberdeenshire value then "Red"*
If current Aberdeenshire position is worse than current Scotland position	
🟨	*and Aberdeenshire value has improved or stayed the same then "Amber"*
🟨	*and Aberdeenshire value has worsened by 5% or less of previous Aberdeenshire value then "Amber"*
🟥	*and Aberdeenshire value has worsened by more than 5% of previous Aberdeenshire value then "Red"*

Aberdeenshire –Local Indicators – April 2018

KEY						
Performance Against Target	✔	No concern. Meeting target	Performance Against Previous Period	I		Improved on previous reporting period by more than 2%
	!	On Review. Not meeting target but within tolerance		S		+/- 2% on previous reporting period
	✘	Of concern. Not meeting target, out-with tolerance. Included in exception report		W		Worsened on pervious reporting period by more than 2%

ID.	Indicator Description	Source	Performance		Target	Previous Period	Against Last Period	Trend line	Trend Period	Current Period
L01	Percentage of Adult Protection Cases screened within 24 hours of notification	Carefirst	✔	93.0%	85%	83.0%	I		5 Quarters	Oct-Dec 17
L02	Percentage of Adult Protection enquiries that proceed to Investigation	Carefirst	✔	41.0%	35%	51.0%	W		5 Quarters	Oct-Dec 17
L03	Rapid response service, Home Care Responders Referrals (median minutes between referral and visit)	Carefirst	No target	20	-	20	S		5 Quarters	Oct-Dec 17
L04	Percentage of all clients on SDS pathway	Carefirst	✔	90.0%	100%	88.0%	I		5 Quarters	Oct-Dec 17
L05	OT Assessments completed within timescales	Carefirst	✘	87.0%	95.0%	89.0%	W		5 Quarters	Oct-Dec 17
L06	Number of people receiving community alarm and/or telecare	Carefirst	✘	2757	3100	2736	S		5 Quarters	Oct-Dec 17
L07	Rate of emergency occupied bed days for over 65s per 1000 population	NHS	✔	2323	2360	2350	S		5 Quarters	Oct-Dec 17
L08	Emergency Admissions rate per 1000 population for over 65s	NHS - PMS	✔	188	193	189	S		5 Quarters	Oct-Dec 17
L09	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	NHS - PMS	✔	124	125	124	S		5 Quarters	Oct-Dec 17
L10	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population	NHS - EDISON	No target	22.0	-	18.0	W		5 Quarters	Oct-Dec 17
L11	Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter)	NHS - EDISON	✘	52	35	38	W		5 Quarters	Oct-Dec 17

ID.	Indicator Description	Source	Performance	Target	Previous Period	Against Last Period	Trend line	Trend Period	Current Period
L12	A&E Attendance rates per 1000 population (All Ages)	NHS	✖ 21.9	19.3	22.0	S		5 Quarters	Oct-Dec 17
L13	A&E Percentage of people seen within 4 hours, within community hospitals	NHS	✔ 99.8% (8573)	98.0%	99.8% (9207)	S		5 Quarters	Oct-Dec 17
L14	Percentage of new dementia diagnoses who receive 1 year diagnostic support	ISD	✖ 57.8%	70%	83.6%	W		3 Financial Years	Apr-Sep 16
L15	Smoking cessation in 40% most deprived after 12 weeks	NHS	No target 113	-	143	W		5 Quarters	Jul-Sep 17
L16	Percentage of clients receiving alcohol treatment within 3 weeks of referral	NHS	✖ 88.2%	90%	95.5%	W		5 Quarters	Oct-Dec 17
L17	Percentage of clients receiving drug treatment within 3 weeks of referral	NHS	✖ 89.0%	90%	78.8%	I		5 Quarters	Oct-Dec 17
L18	Number of Alcohol Brief Interventions being delivered	NHS	✖ 217	688	225	W		5 Quarters	Oct-Dec 17
L19A	Number of complaints received and % responded to within 20 working days - NHS	NHS	✖ 46.0% (24)	85%	60.% (25)	W		3 Quarters	Oct-Dec 17
L19B	Number of complaints received and % responded to within 20 working days - Council	SW	✔ 100.0% (14)	85%	89.% (9)	I		5 Quarters	Oct-Dec 17
L20	NHS Sickness Absence % of Hours Lost	NHS	❗ 4.9%	4.0%	4.5%	W		5 Quarters	Oct-Dec 17
L21	Council Sickness Absence (% of Calendar Days Lost)	SW	❗ 4.6%	4.0%	5.2%	I		5 Quarters	Oct-Dec 17
L22	Percentage of unpaid carers who feel supported to continue in their caring role	IBP Survey	No target 43%	No target	39%	I	-	2 Bi-Annual	2017

ID.	Indicator Description	Source	Performance		Target	Previous Period	Against Last Period	Trend line	Trend Period	Current Period
L23	Percentage of unpaid carers who are aware of short break/respite services available locally	IBP Survey	No target	51%	No target	-	-	-	1 Bi-Annual	2017
L24	Percentage of unpaid carers who state they have PoA or other AWI Measures in place	IBP Survey	No target	59%	No target	-	-	-	1 Bi-Annual	2017
L25	Percentage of unpaid carers who have a say in the services that are provided for the person they care for	IBP Survey	No target	65%	No target	-	-	-	1 Bi-Annual	2017
L26	Percentage of unpaid carers satisfied with the quality of services provided for the person they care for	IBP Survey	No target	47%	No target	-	-	-	1 Bi-Annual	2017
L27	Percentage of unpaid carers who feel well informed about the services provided to the person they care for	IBP Survey	No target	46%	No target	-	-	-	1 Bi-Annual	2017
L28	Percentage of service users who are satisfied overall with the social care services they receive	IBP Survey	✔	85%	85.0%	84%	S	⎯	2 Bi-Annual	2017
L29	Percentage of service users who are satisfied overall with their involvement in the design of their care	IBP Survey	⚠	82%	85.0%	84%	W	⎯	2 Bi-Annual	2017
L30	Percentage of service users who are satisfied with the health services that they receive	IBP Survey	✔	86%	85.0%	85%	S	⎯	2 Bi-Annual	2017
L31	Percentage of service users who feel they are treated with respect	IBP Survey	✔	98%	95.0%	99%	S	⎯	2 Bi-Annual	2017
L32	Percentage of service users who feel that people doing the assessment listened to what you had to say	IBP Survey	⚠	91%	95.0%	94%	W	⎯	2 Bi-Annual	2017
L33	Percentage of service users who are satisfied with the knowledge of people doing the assessment	IBP Survey	⚠	91%	95.0%	95%	W	⎯	2 Bi-Annual	2017
L34	Percentage of service users who have an Anticipatory Care Plan in place	IBP Survey	No target	37%	No target	-	-	-	2 Bi-Annual	2017
L35	Percentage of service users who have an Emergency Care Plan in place	IBP Survey	No target	41%	No target	-	-	-	2 Bi-Annual	2017

ID.	Indicator Description	Source	Performance	Target	Previous Period	Against Last Period	Trend line	Trend Period	Current Period
L36	Percentage of service users who had been asked about desired personal outcomes	IBP Survey	No target 89%	No target	-	-	-	2 Bi-Annual	2017
L37	Percentage of service users who are aware that they can grant PoA	IBP Survey	No target 91%	No target	-	-	-	2 Bi-Annual	2017
L38	Percentage of service users who have a PoA in place	IBP Survey	No target 70%	No target	-	-	-	2 Bi-Annual	2017
L39	Percentage of service users who feel that people who identified my social care needs worked together as a team	IBP Survey	88%	90.0%	91%	W	—	2 Bi-Annual	2017
L40	Percentage of service users who feel health and care services are well co-ordinated	IBP Survey	No target 86%	No target	-	-	-	2 Bi-Annual	2017

Note indicators shaded in grey have not been updated this quarter, this is due to updated data not being available at time of writing.

Moray – National Indicators – April 2018

ISD's latest refresh of this data was December 2017, however please note that data is only updated to the end of the financial year available hence the newest data provided by ISD here is for 2016/17.

Data for the Core Suite of Integration Indicators, NI - 1 to NI - 23 are populated from national data sources and data is issued nationally. Indicators 1 to 10 are outcome indicators based on survey feedback and are updated bi-annually. Data for National Indicators 11 to 23 are derived from organisational/system data and are updated quarterly. Data for indicators 10, 21, 22 and 23 are not yet available.

	Indicator	Title	Previous score 2013/14	Current score 2015/16	Scotland 2015/16	RAG
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	96%	96%	94%	G
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	81%	78%	84%	A
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	74%	72%	79%	A
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	71%	77%	75%	G
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	75%	78%	81%	G
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	85%	87%	87%	G
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	74%	86%	84%	G
	NI - 8	Total combined % carers who feel supported to continue in their caring role	44%	43%	41%	A
	NI - 9	Percentage of adults supported at home who agreed they felt safe	76%	81%	84%	G
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA	NA	

	Indicator	Title	Previous score	Current score	Scotland	RAG	
Data indicators	NI - 11	Premature mortality rate per 100,000 persons *(European age-standardised mortality rate per 100,000 for people aged under 75)*	399 *2015*	360 *2016*	440	G	
	NI - 12	Emergency admission rate (per 100,000 population)	8,673 *2015/16*	8,734 *2016/17*	12,294	A	*
	NI - 13	Emergency bed day rate (per 100,000 population)	94,533 *2015/16*	94,294 *2016/17*	125,634	G	*
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	76 *2015/16*	74 *2016/17*	99	G	
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	90% *2015/16*	90% *2016/17*	87%	G	
	NI - 16	Falls rate per 1,000 population aged 65+	17 *2015/16*	16 *2016/17*	22	G	*
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	78% *2015/16*	78% *2016/17*	83%	G	*
	NI - 18	Percentage of adults with intensive care needs receiving care at home	75% *2014/15*	67% *2015/16*	62%	R	
	NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	764 *2015/16*	1,095 *2016/17*	842	R	***
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	22% *2015/16*	21% *2016/17*	25%	G	
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA	NA		
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	NA		
	NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	NA		

*** *Please note definitional changes were made to the recording of delayed discharge information from 1 July 2016 onwards. Delays for healthcare reasons and those in non hospital locations (e.g. care homes) are no longer recorded as delayed discharges. In this indicator, no adjustment has been made to account for the definitional changes during the year 2016/17. The changes affected reporting of figures in some areas more than others therefore comparisons before and after July 2016 may not be possible at partnership level. It is estimated that, at Scotland level, the definitional changes account for a reduction of around 4% of bed days across previous months up to June 2016, and a decrease of approximately 1% in the 2016/17 bed day rate for people aged 75+.*

RAG scoring based on the following criteria

   	If Moray performance has improved or stayed the same then "Green"
   	If Moray performance has worsened by 5% or less then "Amber"
   	If Moray performance has worsened by more than 5% then "Red"

Moray –Local Indicators– April 2018

RAG scoring based on the following criteria			
Performance Against Previous Period	G		If Moray quarter has improved or stayed the same from previous, then "Green"
	A		If Moray quarter has worsened by 5% or less of previous quarter, then "Amber"
	R		If Moray quarter has worsened by more than 5% of previous Moray quarter then "Red"

ID.	Indicator Description	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	2495	2360	2531	G		5 Quarters	Oct-Dec 17
L08	Emergency Admissions rate per 1000 population for over 65s	182	193	180	A		5 Quarters	Oct-Dec 17
L09	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	130	125	128	A		5 Quarters	Oct-Dec 17
L10	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population	30	-	31	G		5 Quarters	Oct-Dec 17
L11	Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter)	26	35	27	G		5 Quarters	Oct-Dec 17
L12	A&E Attendance rates per 1000 population (All Ages)	56.1	19.3	59.9	G		5 Quarters	Oct-Dec 17
L13	A&E Percentage of people seen within 4 hours, within community hospitals	100.0% (595)	98%	100.0% (729)	G		5 Quarters	Oct-Dec 17
L14	Percentage of new dementia diagnoses who receive 1 year diagnostic support	75.0%	70%	90.7%	R		3 Financial Years	Apr-Sep 16

L15	Smoking cessation in 40% most deprived after 12 weeks	**44**	-	60	R		5 quarters	Apr-Jun 17
L16	Percentage of clients receiving alcohol treatment within 3 weeks of referral	**100.0%**	90%	98.6%	G		5 Quarters	Jul-Sep 17
L17	Percentage of clients receiving drug treatment within 3 weeks of referral	**100.0%**	90%	100.0%	G		5 Quarters	Jul-Sep 17
L18	Number of Alcohol Brief Interventions being delivered	**95**	257	65	G		5 Quarters	Oct-Dec 17
L19A	Number of complaints received and % responded to within 20 working days - NHS	**10.0% (10)**	-	57.0% (14)	R		3 Quarters	Oct-Dec 17
L19B	Number of complaints received and % responded to within 20 working days - Council	No data available at the moment, this indicator should be available with the next update						
L20	NHS Sickness Absence % of Hours Lost	**4.6%**	4.0%	4.0%	A		5 Quarters	Oct-Dec 17
L21	Council Sickness Absence (% of Calendar Days Lost)	No data available at the moment, this indicator should be available with the next update						
L41	Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral	**61.5%**	90%	100.0%	R		3 Quarters	Oct-Dec 17