



Integration Joint Board

31st May 2018

This Report relates to
Item 11 on the Agenda

2017/18 Quarter 3 Integration Joint Board Performance Update

(Paper presented by Ananda Allan)

For Noting

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List of Background Papers	The Public Bodies (Joint Working)

	<p>(Scotland) Act 2014</p> <p>The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014</p> <p>Health and Social Care Integration Public Bodies (Joint Working) Scotland Act 2014 – Core Suite of Integration Indicators</p> <p>Scottish Government Guidance for Health and Social Care Integration Partnership Performance Reports</p> <p>Integration Scheme between NHS Dumfries And Galloway and Dumfries and Galloway Council</p> <p>Dumfries and Galloway IJB Health and Social Care Strategic Plan (including Locality Plans – Annandale & Eskdale; Nithsdale; Stewartry and Wigtownshire)</p> <p>Integration Joint Board Paper “<i>Performance Management Arrangements for the Integration Joint Board</i>” 14th July 2016</p> <p>Health and Social Care Senior Management Team Area Committee and Locally Agreed Indicators Paper – August 2016</p> <p>Integration Joint Board Paper “<i>Performance Management</i>” 22nd September 2016</p> <p>Performance and Finance Committee Paper “<i>Measuring Performance Under Integration</i>” March 2017</p> <p>Performance and Finance Committee Paper “<i>Ministerial Strategic Group Integration Indicators Performance Update</i>” 23rd February 2018</p>
Appendices	Appendix 1 - Quarter 3 Performance Report

SECTION 1: REPORT CONTENT

Title/Subject: 2017 / 18 Quarter 3 IJB Performance Update

Meeting: Integration Joint Board

Date: 31st May 2018

Submitted By: Vicky Freeman

Action: For Noting

1. Introduction

- 1.1 Section 42 of the 2014 Public Bodies (Joint Working) (Scotland) Act requires that Performance Reports be prepared by the Partnership.
- 1.2 The framework and flow of reporting have been previously agreed by Dumfries and Galloway Integration Joint Board (IJB) (please see background papers above).
- 1.3 This is the seventh quarterly performance report to the Integration Joint Board. It provides information for the period 1st October 2017 to 31st December 2017 on performance against a range of indicators. These indicators relate to the commitments contained within the Integration Joint Board's Strategic Plan for Health and Social Care which, in turn, relate to the nine national outcomes.

2. Recommendations

- 2.1 **The Integration Joint Board is asked to:**
 - **Note the Quarter 3 Performance Report, 1 October 2017 to 31 December 2017.**

3. Background

- 3.1 This report follows on from work previously undertaken to develop the performance management arrangements for the Dumfries and Galloway Health and Social Care Partnership.
- 3.2 In February 2017 the Ministerial Strategic Group (MSG) asked Integration Authorities to set trajectories for progress against 6 key areas of health and social care. In February 2018 the IJB agreed at the Performance and Finance Committee in February 2018 that these 6 indicators would be incorporated into the quarterly performance reports and reported every three months.

4. Main Body of the Report

- 4.1 Please see Quarter 3 Performance Report – 1 October 2017 to 31 December 2017 (Appendix One).

4.2 The IJB requested that performance trajectories be included within the quarterly performance reporting. Trajectories have been developed in accordance with historic activity, national priorities and managerial professional opinion. Discussions with operational managers regarding performance trajectories are ongoing.

4.2.1 The Scottish Government has requested that each Health Board submit an Annual Operational Plan for 2018-19. This plan replaces the Local Delivery Plan.

4.2.2 The guidance for the Annual Operational Plan states that the minimum aim for waiting times measures is to return to/at least maintain the waiting times at 31st March 2017 levels. Trajectories have been set on this basis for the following indicators:

- B6 12 weeks first outpatient appointment
- B19 Emergency department waiting times

4.2.3 The MSG indicator trajectories were calculated using the methodology set out in *“Measuring Performance Under Integration”* (March 2017). These highlight the predicted activity as well as a desired trajectory. Trajectories have been set on this basis for the following indicators:

- A19 Number of days people aged 75 or older spent in hospital when ready for discharge
- B4 Treatment time guarantee (TTG)
- B11 Psychological therapies waiting times
- E1 Emergency admissions per month
- E2 Unscheduled hospital bed days for acute specialities
- E3 Emergency Department monthly attendances
- E4 Bed days occupied by all people experiencing a delay in their discharge from hospital

4.2.4 For indicators E5 “Percentage of last 6 months of life by setting” and E6 “Balance of care: person years in community or institutional settings”, the aim is to match or exceed the best performance in the last 3 years.

4.2.5 In those areas of performance where Dumfries and Galloway activity currently meets or exceeds the target, the target has been set as the trajectory. This is relevant to 6 indicators.

4.2.6 No trajectories are currently set for ‘Data Only’ indicators.

4.3 Indicators which have particular points to note:

4.3.1 **A19 Number of days people aged 75 or older spent in hospital when ready for discharge (p.9)** and **E4 Bed days occupied by all people**

experiencing a delay in their discharge from hospital (p.40) – The number and rate of delayed discharges is lower than expected for both people aged 75 and older and for all ages. If this performance is sustained for a full year, trajectories will be recalculated.

- 4.3.2 **B4 Treatment time guarantee (TTG) (p.12)** – The December 2017 figure of 88.3% is higher than both the predicted position for Dumfries and Galloway and the national rate for Scotland. The figure is higher than at March 2017, (the aim set by Scottish Government - please see paragraph 4.1.2), therefore an improvement trajectory has been set at 90%.
- 4.3.3 **B6 Percentage of patients waiting less than 12 weeks for a new appointment (not included)** – This indicator is not included in this quarterly report due to a technical issue in the way these figures are calculated being identified. This is currently being addressed and national figures will reflect the true values in the next quarterly publication.
- 4.3.4 **B10 Child and Adolescent Mental Health Services (CAMHS) waiting times (p. 15)** – In October 2017, unusual circumstances caused an unexpected mismatch between capacity and demand. This meant that the appointments available were unable to fully meet the demand for CAMHS treatment, and fewer people were treated within 18 weeks. There is evidence of recovery since then.
- 4.3.5 **B11 Psychological therapies waiting times (p. 16)** – The figures published for September 2017 have been amended. In the 3 months ending December 2017, 73.1% of people were seen within 18 weeks. This is below the target of 90% but slightly above the desired trajectory value of 72.5%.
- 4.3.6 **B19 Emergency department waiting times (p. 18)** – The proportion of people attending the emergency departments in Dumfries and Galloway seen within 4 hours was 90.9% in the 3 months ending December 2017. The target is 95%. Unprecedented winter pressures affected emergency departments throughout the UK during this period.
- 4.3.7 **C1 Adults assessing Telecare as a percentage of the total number of adults supported to live at home (p.19)** – The figures for September 2017 and December 2017 represent the improved definition used in the new computer system, Mosaic.
- 4.3.8 **B12 Rate of Clostridium Difficile infections (p. 30)** – The rate of C Difficile infections has increased to 0.42 cases per 1,000 occupied bed days against a target of 0.32. The rate for Scotland was 0.28 cases per 1,000 occupied bed days.
- 4.3.9 **B13 Rate of Staphylococcus Aureus (SAB) (MRSA/MSSA) bacteraemias (p. 31)** – The rate of MRSA/MSSA infections has increased to 0.39 cases per 1,000 occupied bed days against a target of 0.24. The rate for Scotland was 0.33 cases per 1,000 occupied bed days.
- 4.3.10 **B18 Sickness Absence Rate (p.35)** – NHS sickness absence was 4.9% in the 3 months ending December 2017 against a target of 4%. Sickness absence amongst Adult Social Care staff was 6.0% in the same time period.

This figure for Adult Social Care staff represents a reduction of 25% on the levels of sickness absence seen in March 2017.

- 4.4 There are further performance indicators in development, against which progress can be reported.
- 4.4.1 Work has started in conjunction with the Integrated Organisational Development Steering Group (which includes representatives from the Local Authority, Health Board and Third and Independent sectors) to develop workforce performance indicators. It is intended that the focus of these indicators will be the workplace culture and how it is changing. These indicators will build on the cultural diagnostic survey that the health and social care partnership recently undertook.
- 4.4.2 Undertaking work to tackle and reduce health inequalities is a key priority for the Health and Social Care Partnership. In order to take forward the development of performance indicators for health inequalities (within the jurisdiction of the Health and Social Care Partnership) a Short-Life Working Group has been established. This Group is tasked with scoping and developing the proposed health inequalities indicator for the Health and Social Care Partnership, including undertaking an options appraisal of indicators, producing a work programme to support implementation of the indicator, overseeing the governance pathway for agreeing the indicator and supporting the monitoring and future performance reporting of the preferred indicator. The Group has undertaken an option appraisal and is in the process of identifying a suitable indicator.
- 4.4.3 A Short-Life Working Group has been established to develop a suitable performance indicator for prescribing. Different measures of prescribing performance are still under discussion.

5. Conclusions

The 2017/18 Quarter 3 report is the third instalment of performance reporting for the Health and Social Care Partnership this financial year.

SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

6. Resource Implications

6.1. None

7. Impact on Integration Joint Board Outcomes, Priorities and Policy

7.1. Robust performance management arrangements are critical to the delivery of the Strategic Commissioning Plan.

8. Legal & Risk Implications

8.1. Regular performance reporting by the Integration Joint Board is a legislative requirement.

9. Consultation

9.1. IJB Workshop – 20th May 2016

9.2. Performance Management Group – 17th June 2016

9.3. All members seminar – Mid December 2016

10. Equality and Human Rights Impact Assessment

10.1. None

11. Glossary

IJB	Integration Joint Board
MSG	Ministerial Strategic Group