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Argyll and Bute Council
Comhairle Earra-Ghàidheal Agus Bhòid

Customer Services
Executive Director: Douglas Hendry

Kilmory, Lochgilphead, PA31 8RT
Tel: 01546 602127 Fax: 01546 604435
DX 599700 LOCHGILPHEAD

7 December 2018

SUPPLEMENTARY PACK 1

COMMUNITY SERVICES COMMITTEE - **COUNCIL CHAMBERS, KILMORY, LOCHGILPHEAD** on **TUESDAY, 11 DECEMBER 2018** at **9:30 AM**

I enclose herewith **item 25 (ARGYLL AND BUTE HSCP - NATIONAL HEALTH AND WELLBEING OUTCOMES PERFORMANCE REPORTING FRAMEWORK AND EXCEPTION REPORTING ARRANGEMENTS - FQ1 2018/19)** which was marked to follow on the Agenda for the above meeting.

Douglas Hendry
Executive Director of Customer Services

ITEM TO FOLLOW

25. ARGYLL AND BUTE HSCP - NATIONAL HEALTH AND WELLBEING OUTCOMES PERFORMANCE REPORTING FRAMEWORK AND EXCEPTION REPORTING ARRANGEMENTS - FQ1 2018/19 (Pages 3 - 24)

Report by Head of Strategic Planning & Performance, Argyll and Bute HSCP

Community Services Committee

Councillor Jim Anderson
Councillor Robin Currie
Councillor Lorna Douglas
Councillor Graham Hardie
Councillor Jim Lynch
Councillor Yvonne McNeilly (Chair)
Councillor Iain Paterson
Councillor Elaine Robertson
Margaret Anderson
William Hamilton
Councillor Rory Colville
Councillor Mary-Jean Devon
Councillor Kieron Green (Vice-Chair)
Councillor Anne Horn
Councillor Julie McKenzie
Councillor Barbara Morgan
Councillor Alan Reid
Councillor Andrew Vennard
William Shaw
Alison Palmer

Contact: Fiona McCallum Tel: 01546 604392

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Argyll & Bute Health & Social Care Partnership

Community Services Committee

Date of Meeting: 11 December 2018

Title of Report: Argyll & Bute HSCP- National Health and Wellbeing Outcomes Performance Reporting Framework and Exception Reporting Arrangements

Presented by: Stephen Whiston, Head of Strategic Planning & Performance

The Community Services Committee is asked to:

- Consider the HSCP performance report in line with the current national reporting requirement
- Note the on-going review of the performance indicators

1. Introduction

The National Health and Wellbeing Outcomes (NHWBO) provide a strategic framework for the planning and delivery of health and social care services. These suites of outcomes, together, focus on improving the experiences and quality of services for people using those services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals.

2 National Context

Currently there are 9 key National Health and Wellbeing Outcomes (NHWBO) and 23 sub-indicators which form the basis of the reporting requirement by the HSCP. The data for the 23 sub-indicators will be provided to the partnership and in addition current outstanding methodologies attached to a small number of the indicators will be finalised in order that reporting can take place. There is also an expectation that the HSCPs' will add in their own performance measures to support the 23 core indicators and currently the implementation of the carers act is one such area.

The HSCP also reports on a suite of integration performance targets as set by the Ministerial Steering Group for integration.

The Ministerial Strategic Group for Health and Community Care (MSG) has agreed that for 2017/18 it will direct Integration Authorities to monitor progress across the following domains:

- Reduce unplanned (Emergency) admissions – by increasing anticipatory care activity in the community and in primary care
- 10% reduction in occupied bed days for unscheduled care (emergency);
- A&E performance;- meet the 4 hour target and reduce unnecessary attendance

- Delayed discharges – reduce the amount of time (occupied bed days) patients are delayed in hospital
- End of life care – increase the provision of patient end of life care in the community
- The balance of spend across institutional and community services by 2021 have the majority of the health budget being spent in the community

3. Pyramid Performance Scorecard

The pyramid report uses a balanced scorecard design, indicators on performance are limited to either red or green, noting either on or off track against agreed targets and indicative trend. The Pyramid system offers scope for full management commentary in relation to establishing granularity in relation to trends/projected pathways and detail on action in hand to meet targets.

The scorecard information is drawn from NHS and Social care data system and sources and there remains issues of congruency of timely validation information which is restricting availability of current performance information for the relevant NHWBO indicator

The performance information review is examining how this can be improved.

4. Performance Exception Reporting & Briefing Frequency

The Integrated Joint Board will receive an exception report on a quarterly basis generally focusing on 2 NHWBO indicators and the developing MSG targets this will be taken from a live snapshot of the current overall HSCP performance; focussing on those measures showing as below target performance. The officer/management leads designated as responsible for the service performance will identify and progress action to address any underperformance identified, using an exception reporting approach.

This report will also be shared with its host bodies as detailed in the table below:

Group	Briefing Frequency
Argyll and Bute Council – Community services Committee	Quarterly
NHS Board	Quarterly
Community Planning Partnership *	Quarterly
Area- Community Planning Groups*	Quarterly

Note * Reports relating to Single outcome agreement

5 Governance Implications

5.1 Contribution to IJB Objectives

The PPMF is in line with the IJB objectives as detailed in its strategic plan.

5.2 Financial

There are a number of NHWBO indicators which support the quality and financial performance of the HSCP including productivity, value for money and efficiency.

5.3 Staff Governance

A number of indicators under outcome 8 are pertinent for staff governance purposes

5.4 Planning for Fairness:

The NHWBO indictors help provide an indication on progress in addressing health inequalities.

5.5 Risk

Ensuring timely and accurate performance information is essential to mitigate any risk to the IJB governance, performance management and accountability.

5.6 Clinical and Care Governance

A number of the NHWBO indicators support the assurance of health and care governance

5.7 Public Engagement and Communication

A number of the NHWBO indicators support user and patient experience/assessment of the HSCP services

Stephen Whiston
Head of Strategic Planning and Performance

Appendices

Appendix 1 - IJB Performance Report

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A&B HSCP | Transforming Together

Argyll & Bute Health & Social Care Partnership

Integration Joint Board **Agenda item:**

Date of Meeting: **28 November 2018**

Title of Report: **Argyll & Bute HSCP- Performance Report - National Health and Well Being Outcome indicators**

Presented by: **Stephen Whiston, Head of Strategic Planning & Performance**

The Integration Joint Board |(IJB) is asked to:

- Endorse the work completed and the work in Pyramid (train) to review the current performance reporting in line with ongoing National Review of current Health & Wellbeing Outcome Indicators (NHWBOI's)
- Endorse the review and approach to scorecard rationalisation
- Consider and Note the HSCP performance against National Health and Well Being Outcome Indicators: 3 and 4 and the Ministerial Steering Group measures of integration for the HSCP
- Note the Head of Services Performance Commentary with regards to local actions to address exceptions against indicators 3 and 4

1. Background

The national health and wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services. These suites of outcomes, together, focus on improving the experiences and quality of services for people using those services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals. Currently there are 9 key National Health and Wellbeing Outcomes (NHWBOI's) and 23 sub-indicators and additional measures which form the foundation of the reporting requirement for the HSCP.

2. National Review of Health & Wellbeing Outcome Indicators (NHWBOI's)

In 2017 Professor Sir Harry Burns was tasked by the Scottish Government to review at a National level the NHWBOI's and reporting across all the HSCP's in Scotland (**Review of Targets & Indicators for Health & Social Care in Scotland (2017), (https://beta.gov.scot/publications/review-targets-indicators-health-social-care-scotland/pages/28/).**

This review process identified a number of key issues which will be revisited in 2019 as part of a wider national data set and performance outcomes approach.

A summary of the key areas for change are:

- If the aim is to improve healthy life expectancy and wellbeing of individuals, then different indicators have impact on different aspects of the life course.
- If an effective group of indicators, which would assist continuing improvement, are to be developed, we need to see the drivers of wellbeing as part of a complex system.
- It is important that frontline staff, managers accountable for performance and the people who use services coproduce the activities which they can then use to drive improvement.
- Scottish public services are effective and efficient. A new approach to improving those services can deliver further success in comparison to many other systems.

3. IJB Scorecard Review- Next Steps

In response to this National review and feedback from the IJB and the SLT the Performance & Information Team has been leading on further development and review of the IJB performance scorecard through engagement with the Integrated Joint Board (IJB) and Senior Leadership Team (SLT).

A summary of key themes were:

- *Pyramid is clunky to use and can be complicated to navigate with regards to finding data*
- *The current measures noted within the IJB Scorecard do not fully represent the objective, challenges and performance that localities would want to focus on*
- *There was a degree of repetition of measures across the nine Health & Wellbeing Indicators, which is not logical and is confusing*
- *The removal of duplicate reported measures would be a good starting point in refining the current scorecard*
- *There was confusion across the Heads of Service with regards to what information details activity reporting and/or performance reporting within the Pyramid system*
- *The layout of some of the graphic and visual content of Pyramid is not consistent or overly complex across measures. For example the identification of trend arrows within the outputs was misleading.*
- *Pyramid was good in that it could report across the partnership and maintained a corporate link to the wider performance agenda of both the LA and NHS Highland*
- *It was recognized that the Child Protection Committee had extended their use of their scorecard within Pyramid and this group had moved from hard copy paper reporting to using Pyramid to report performance electronically and this was seen as good practice.*
- *There was a significant amount of historic commentary or activity data which was no longer relevant and should be updated, archived or removed.*

- *The pyramid system should house all performance data for the HSCP removing the need for two IT platforms i.e. NHS Intranet activity/performance information and Pyramid.*

A work plan to undertake the review was produced and the following summarises the programme and timetable to undertake this work:

- Engagement and user feedback sessions with Heads of Service-August- Sept 2018
- Initial rationalisation and removal of duplicated measures across the IJB Scorecard to October 2018 which will be reported covering quarter 1 2018/19
- Scope of redesign presented and agreed with Strategic Leadership Team - November 2018
- Project Initiation Document completed and project group established- November 2018
    - A&B Council corporate Pyramid build Team briefed
    - Drivers identified for inclusion i.e. new 3 year Strategic Plan. Carers act new indicators etc.
    - Legacy and expired pyramid performance information scoped and achieved/removed
- IJB briefed re initial review and plan as part of HSCP performance report- November 2018
- Draft revised scorecard build completed - December 2018
- IJB development session on revised performance scorecard Jan 2019
- SLT and IJB approval re new performance scorecard March/May 2019
- New score card build finalised on Pyramid June 2019- to report 4th quarter 2018/19 performance
- Switch over to new scorecard on Pyramid from June 2019

4. HSCP Performance for Financial Quarter 1 2018/19

As outlined above taking account of the feedback from IJB members and the engagement sessions with Heads of Service and managers has identified the removal of duplicated measures across the scorecard. This has resulted in a reduction from the original 102 indicators to 66, **Appendix 1** details the duplicate indicators which have been removed from the relevant NHWBO indicator.

Taking account of this change the following summary scorecard report for the 66 measures to the IJB for quarter 1 2018/19 is detailed overleaf

The scorecard for FQ1 notes that from the 66 scorecard success measures that 39 are showing as ontrack against their individual targets.

The scorecard utilises , red, amber and green to highlight the performnace shift against each of the outcomes against the previous quarters performance. For example if the indicator for the outcome is showing red then the overall shift across the indicator is reduced from the previous quarter. If the indicator notes amber colour then there is no performance shift against the previous quarter and if it is showing green then there has been a improvement in perfromnace against the previous quarter.

FQ1 2018/19– IJB Performance Report Scorecard

Integrated Joint Board [IJB] Scorecard			
	Success Measures	66	R
	On track	39	⇨

Outcome 1 - People are able to improve their health FQ1 18/19	No of indicators	14	A
	On track	8	⇨
Outcome 2 - People are able to live in the community FQ1 18/19	No of indicators	17	A
	On track	11	⇨
Outcome 3 - People have positive service-user experiences FQ1 18/19	No of indicators	6	A
	On track	4	⇨
Outcome 4 - Services are centered on quality of life FQ1 18/19	No of indicators	9	A
	On track	6	⇨
Outcome 5 - Services reduce health inequalities FQ1 18/19	No of indicators	2	R
	On track	0	⇩
Outcome 6 - Unpaid carers are supported FQ1 18/19	No of indicators	1	R
	On track	0	⇨
Outcome 7 - Service users are safe from harm FQ1 18/19	No of indicators	6	A
	On track	4	⇨
Outcome 8 - Health and social care workers are supported FQ1 18/19	No of indicators	5	R
	On track	2	⇨
Outcome 9 - Resources are used effectively in the provision of health and social care services, with FQ1 18/19	No of indicators	6	A
	On track	4	⇨

Members should note that statistically the reduction in measures from FQ4 to FQ1 does not advantage the perfromance reporting for this quarter and should not be view as an attempt to massage the data or manipulate performance reporting.

In essence the HWBOI's continue to be reported alongside their respective sub-indicators and the duplication of these across the scorecard has been removed. In effect the perfromance remains the same for the HWBOI's as they are still reported but not duplicated across each of the outcome measures. The removal of duplicated performance reporting has also seen the removal of the Customer Service Reporting which is again duplicated within the report and reported outwith the scorecard.

The focus of this report is on Outcome Measures 3 and 4 :

- Outcome 3 – People have positive service – user experiences. 4 of the 6 indicators are on performance track
- Outcome 4 – Services are centered on quality of life. 6 of the 9 indicators are on performance track

Section 5 provides a summary exception report on the indicators which are off track.

For members reference, Appendix 2 provides the IJB with a benchmark assessment of the HSCPs performance compared to Scotland for its information. The report shows 12 out of the 19 indicators (with data) the HSCP is performing above the Scotland average.

Finally appendix 3- details the current HSCP Performance reporting timetable and frequency to the IJB and respective stakeholders. This will be reviewed as part of the process outlined above.

5. Exceptions Performance Report for Outcome Indicators 3 and 4

The table below summarises the exception report for the 5 performance measures across indicators 3 and 4 which are off track, including performance against the previous quarter and Head of Service Performance Narrative identifying actions to improve.

<table>
<tr><th colspan="2">Performance Indicator & Source Definitions</th><th>Target</th><th>Actual</th><th>Benchmark Performance Against Previous Quarter</th><th>Head of Service Actions to Improve Performance</th></tr>
<tr><td>3</td><td>Percentage of adults supported at home who agree that their health and care services seemed to be well coordinated.

(Based on agreement with the statement (Q36e) in the biennial health and care experience survey: "My health and care services seemed to be well coordinated". The number of people who agree or strongly agree divided by the total number answering.)</td><td>74%</td><td></td><td>72%
(This is a 2 year national postal questionnaire)</td><td>Head of Service Adults (West)
Data trend over the last 6 financial years notes a reducing trend in satisfaction, however recognition need to be drawn to the fact that this is a 2 year GP Postal Questionnaire and as such the reported percentage of satisfaction is directly related to the response rate associated with the questionnaire. This is a nationally gathered and reported questionnaire.

<table><tr><th>Financial years</th><th>% Satisfaction</th></tr><tr><td>13/14</td><td>84%</td></tr><tr><td>14/15</td><td>84%</td></tr><tr><td>15/16</td><td>81%</td></tr><tr><td>16/17</td><td>81%</td></tr><tr><td>17/18</td><td>72%</td></tr><tr><td>18/19</td><td>72%</td></tr></table>
Implementation of single community IT system April 2019 for health community teams will significantly improve ability to coordinate and communicate more effectively.

Implementation of single points of access for community teams across Argyll and Bute is progressing with improvements in access to services, communication, and triage and</td></tr>
</table>

<table>
<tr><th colspan="2">Performance Indicator & Source Definitions</th><th>Target</th><th>Actual</th><th>Benchmark Performance Against Previous Quarter</th><th>Head of Service Actions to Improve Performance</th></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td>planning of services to avoid duplication.-Local Area Managers responsible for community teams.
Application of a named lead professional for care co-ordination within teams-Community Team Leads.
Co-location of community teams.-SLT and local managers. Community Services Steering Group as part of the Adult Transforming Together programme will direct these initiatives to improve care co-ordination.

Local Short Life working groups to implement and drive change locally.
Further embedding of all Community Standards within the community teams.

This work is overseen by the Community Services Steering group.

Continued focus and support from the Council and Health IT departments to ensure new systems in place on time.
Timely education and training for staff in the new system.
Council and health estates department support for co-location, including IT and telecoms.</td></tr>
<tr><td>3</td><td>Number of patients with early diagnosis & management of dementia

(890 derived as prediction by Government as being the expected number of dementia diagnosis. Using Eurocode</td><td>890</td><td></td><td>806</td><td>Head of Service Adults (West)

Performance data for FQ4 and FQ1 notes a progressive reduction in the number of patients with an early diagnosis of dementia

<table>
<tr><th colspan="3">FQ4 17/18</th><th colspan="3">FQ1 18/19</th></tr>
<tr><th>Jan</th><th>Feb</th><th>Mar</th><th>April</th><th>May</th><th>June</th></tr>
<tr><td>833</td><td>824</td><td>806</td><td>800</td><td>795</td><td>791</td></tr>
</table>
</td></tr>
</table>

	Performance Indicator & Source Definitions	Target	Actual	Benchmark Performance Against Previous Quarter	Head of Service Actions to Improve Performance
	definition)				Dementia Registers are held by GP Practices. Locality Dementia Teams regularly liaise with GP Practices to ensure registers are up to date and that the diagnostic code is appropriately used in communications to ensure the recording of diagnosis. Statistics for diagnosis rates in Scotland show NHS Highland recording 2973 in April 2017 and 2946 in April 2018 with a variance of -0.19%. There is an apparent national trend in decreasing diagnosis rates. As part of the Transforming Together agenda a review of the dementia services to develop a dementia strategy and improved dementia care in Argyll & Bute for inpatient and community services is being progressed. This work includes a gap analysis and development of what the future pathways in the service will be. This will include diagnostic pathways and will inform these rates. Dementia Services Short Life Work Group is a sub group of the Mental Health & Dementia Steering Group which has been set up as part of the transforming of services to ensure future sustainability of services and delivery of the Quality & Finance plan. Data gathering and analysis, in particular relation to national data, with consideration given to rationale. E.g. Is prevention work starting to impact on the disease? (Lorraine Paterson)
4	Percentage of adults supported at home who agree their support had impact improving and maintaining	80%		80% (This is a 2 year national postal questionnaire)	**Head of Service Adults (East)** Data trend over the last 6 financial years notes a reducing trend in reporting quality of life, however recognition need to be drawn to the fact that this is a 2 year GP Postal Questionnaire and as such the reported percentage improving quality of life is directly related to the response rate associated with the questionnaire. This is a nationally gathered and reported questionnaire.

<table>
<tr><th>Performance Indicator & Source Definitions</th><th>Target</th><th>Actual</th><th>Benchmark Performance Against Previous Quarter</th><th>Head of Service Actions to Improve Performance</th></tr>
<tr><td>quality of life

(Based on agreement with the statement (Q36h) in the biennial health and care experience survey: "The help, care or support improved or maintained my quality of life". The number of people who agree or strongly agree divided by the total number answering)</td><td></td><td></td><td></td><td>
<table>
<tr><th>Financial years</th><th>% Satisfaction</th></tr>
<tr><td>13/14</td><td>86%</td></tr>
<tr><td>14/15</td><td>86%</td></tr>
<tr><td>15/16</td><td>87%</td></tr>
<tr><td>16/17</td><td>87%</td></tr>
<tr><td>17/18</td><td>74%</td></tr>
<tr><td>18/19</td><td>74%</td></tr>
</table>

In Argyll and Bute there is difficulty achieving the target of 80%, this can be attributed to numbers waiting for care home placement and care at home. There is focused work on-going around reviewing existing care packages and incorporating reablement as core to care at home service delivery.

The work of the Community and Care Homes and Housing Transformation Steering groups is focused on delivery of services to ensure we can maintain quality of life and independence at home for as many of our community as possible. There is recognition that we need to focus attention of the outcomes we collect and report on that demonstrate the impact of this, we are looking at our Falls data and other outcome measures that will evidence work to increase levels of independence e.g. Indicator of Relative Need.

Establishment of the Community Services Steering Group to oversee implementation of the Community Standards across Argyll and Bute.

Implementation of the Carers Act.</td></tr>
</table>

<table>
<tr><th colspan="2">Performance Indicator & Source Definitions</th><th>Target</th><th>Actual</th><th>Benchmark Performance Against Previous Quarter</th><th>Head of Service Actions to Improve Performance</th></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td>Focus on prevention, reablement and self-management including use of TEC and engagement with third sector and local leisure services. Development of a self-management strategy.

Ongoing work to establish targeted input around those who are frail and fall.

Care at home commissioning process based on outcomes and not time and task.</td></tr>
<tr><td>4</td><td>Number of outpatient ongoing waits >12 weeks

(This is a data snapshot that records at month-end where a patient has not had an appointment booked Data is derived from a Zen OP report downloaded into spreadsheet and includes periods of unavailability as per New Ways rules. MMI Specialties only (Excludes Mental Health. Obstetrics and AHP) This is one element of the 18 week TTG standard (OP, Diagnostic & IP)</td><td>0</td><td></td><td>411</td><td>Head of Service Adults (West)

Data across FQ4 and FQ1 shows a reducing trend in the overall number of outpatient waits greater than 12 weeks.

<table>
<tr><th colspan="3">FQ4 17/18</th><th colspan="3">FQ1 18/19</th></tr>
<tr><th>Jan</th><th>Feb</th><th>Mar</th><th>April</th><th>May</th><th>June</th></tr>
<tr><td>506</td><td>529</td><td>411</td><td>276</td><td>251</td><td>258</td></tr>
</table>

• LIH: Ongoing issues with Dermatology, ENT, Ophthalmology, Gynaecology and Oral Surgery.
• Local action plan developed in conjunction with planning. Initiative clinics have taken place and further being negotiated with GG&C. AHP and triage to support ENT waits involving Audiology. Health Improvement support from Dermatology Nurse Consultants to support service. Increase in use of electronic photographic advice for GP's to Dermatology, which reduces referrals into the service locally.
• Kintyre: ENT - 20 weeks. November clinic full. January clinic full. Next available clinic March 2019. We receive 6 clinics per year
• Oban Gen Medicine - 31 weeks - Changes to service have created longer wait. 4 sessions a month (2 days) now 2 sessions (1 day) every alternate month</td></tr>
</table>

<table>
<tr><th colspan="2">Performance Indicator & Source Definitions</th><th>Target</th><th>Actual</th><th>Benchmark Performance Against Previous Quarter</th><th>Head of Service Actions to Improve Performance</th></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td>

Oban Gen Medicine - 15 weeks. Cardiology referrals to be submitted to Glasgow rather than Oban to allow waiting list to clear. Thereafter only general referrals to be submitted. We receive 4 sessions per month (2 days)
Orthopaedics - 18 weeks - Changes to service have created longer wait. No longer monthly service. Changed to every alternate month
Mid Argyll: We currently have higher than normal wait times in both orthopaedic and ophthalmology. Planning and performance have agreed funding and dates are being secured to hold 2 ophthalmology initiative clinics which should reduce our wait time.

</td></tr>
<tr><td>5</td><td>Number of treatment time guarantee completed waits >12 weeks

(TTG is enshrined in law NHS Highland is obliged to have commenced agreed treatment within 12 weeks of date of agreement
For admissions only)</td><td>0</td><td></td><td>0</td><td>Head of Service Adults (West)
<table>
<tr><th colspan="3">FQ4 17/18</th><th colspan="3">FQ1 18/19</th></tr>
<tr><th>Jan</th><th>Feb</th><th>Mar</th><th>April</th><th>May</th><th>June</th></tr>
<tr><td>3</td><td>0</td><td>0</td><td>0</td><td>2</td><td>3</td></tr>
</table>
This is a NHS Highland BS measures which is not reported locally -Data across FQ4 and FQ1 shows an erratic trend in performance against target (0)</td></tr>
<tr><td>5</td><td>Number of treatment time guarantee ongoing waits >12 weeks

As above. Reported</td><td>0</td><td></td><td>0</td><td>
<table>
<tr><th colspan="3">FQ4 17/18</th><th colspan="3">FQ1 18/19</th></tr>
<tr><th>Jan</th><th>Feb</th><th>Mar</th><th>April</th><th>May</th><th>June</th></tr>
<tr><td>0</td><td>0</td><td>0</td><td>1</td><td>1</td><td>4</td></tr>
</table>
</td></tr>
</table>

Performance Indicator & Source Definitions	Target	Actual	Benchmark Performance Against Previous Quarter	Head of Service Actions to Improve Performance
from Local data Warehouse Snapshot at month end)				• LIH: Oral Surgery – demand greater than clinic/theatre capacity. Discussion held with Dental lead to review current referral pathway

6 MSG Measures Performance Reporting FQ1 (18/19)

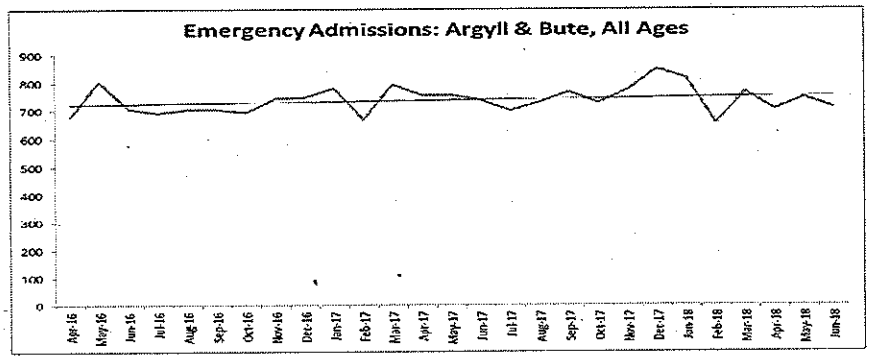
The Ministerial Steering Group (MSG) performance measures have been developed in addition to the National HWBOI's. The function of these performance measures is to examine macro performance activity trends relating to improved outcomes through the integration of service delivery across the HSCP. The data below notes the Argyll & Bute and Greater Glasgow & Clyde split with regards to the performance total against our agreed targets with MSG. These indicators are an overview of our performance and also contribute to our overall performance with regards to the commissioning of services within the GG&C hospitals.

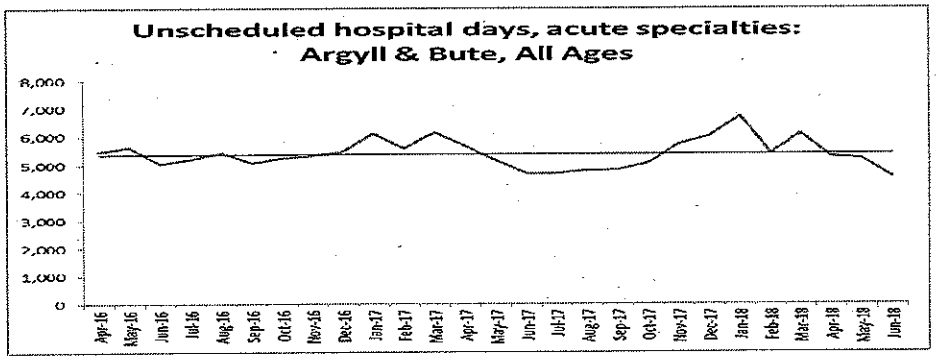
MSG Indicator	Objective	Target Q1 18/19	Actual Q1 18/19	A&B Actual	* A&B Target	GG&C Actual	*GG&C Target	Performance Variance Analysis for FQ4 & FQ1
Unplanned Admissions	Expected FY 2018/19 target 8332 - based on 5% reduction in overall total compared to FY17/18	2074	[redacted]	998	*1003*	[redacted]	*1071*	Quarterly performance is 2.2% off target 53% (1121) unplanned admissions reported in Greater Glasgow and Clyde health board hospitals
Unplanned Bed Days	Expected FY 2018/19 target 56687 - based on 0.6% reduction in overall total compared to FY17/18	14166	[redacted]	7002	*7069*	[redacted]	*7097*	Quarterly performance is 5.0% off target 53% (7875) unplanned bed days reported in Greater Glasgow and Clyde health board hospitals
A& E Attendance	Expected FY 2018/19 target 16194 - based on sustained levels in overall total compared to FY17/18 (Please note that ISD only count the attendances at Lorn & Islands Hospital for this data set as a consultant led unit)	4046	[redacted]	[redacted]	*1730*	[redacted]	*2316*	Quarterly performance is 3.6% off target 57% (2408) A&E attendances reported in Greater Glasgow and Clyde health board hospitals
Delayed Discharge Bed Days Occupied	Expected FY 2018/19 target 7037 - based on 10% reduction in overall total compared to FY 17/18	1755	[redacted]	[redacted]	*1490*	[redacted]	*265*	Quarterly performance is 25.0% off target 81.6% (1791) Delayed Discharge bed days occupied reported in Argyll and Bute (NHS Highland) health board hospitals

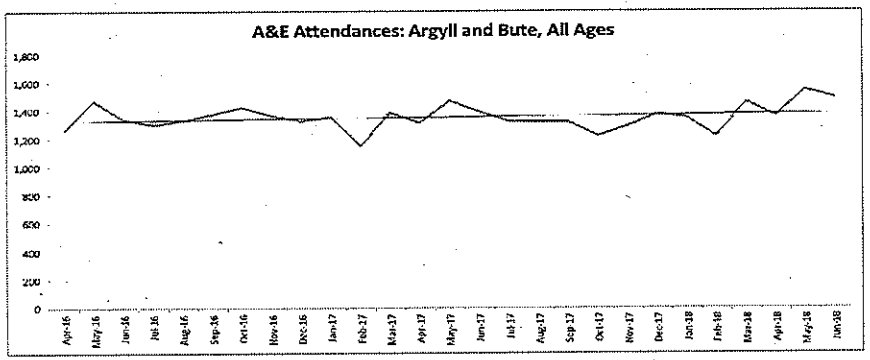
* Targets by Board of Activity are indicative based on expected % of activity applied to overall A&B HSCP target

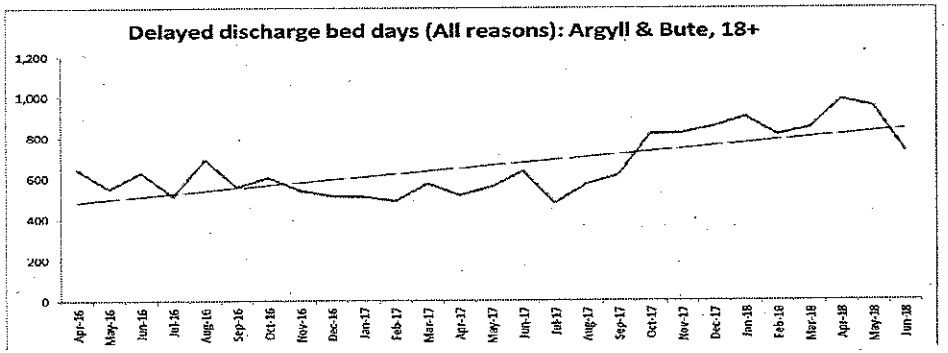
6.1 MSG Performance indicators Trends

The graphs below show the total monthly performance activity and include a trend line measure for the four MSG indicators April 2016 –to June 2018. Delayed discharges is showing a worsening trend whilst the other 3 are generally showing no improvement.









7. Governance Implications

7.1 Contribution to IJB Objectives

The PPMF is in line with the IJB objectives as detailed in its strategic plan.

7.2 Financial

There are a number of NHWBO indicators which support the quality and financial performance of the HSCP including productivity, value for money and efficiency.

7.3 Staff Governance

A number of indicators under outcomes 9 are pertinent for staff governance purposes

7.4 Planning for Fairness:

The NHWBO indictors help provide an indication on progress in addressing health inequalities.

7.5 Risk

Ensuring timely and accurate performance information is essential to mitigate any risk to the IJB governance, performance management and accountability.

7.6 Clinical and Care Governance

A number of the NHWBO indicators support the assurance of health and care governance and should be considered alongside that report

7.7 Public Engagement and Communication

A number of the NHWBO indicators support user and patient experience/assessment of the HSCP services and planning processes

Appendix 1- Duplicate Health & Wellbeing Outcome Measures

The table below details the duplicated measures which have been removed across the 9 Health & Wellbeing Outcome Indicators.

HWBOI's	1	2	3	4	5	7	9	Total
% of adults supported at home who agree that their health and care services seemed to be well co-ord			1				1	2
% of adults supported at home who agree they had a say in how their support was provided		1	1					2
% of health & care resource spend on hospital stays, patient admitted in an emergency		1		1		1	1	4
% of SW care services graded 'good' '4' or better in Care Inspectorate inspections			1	1		1		3
AC21 <=3 weeks wait between SM referral & 1st treatment		1			1			2
Emergency Admissions bed day rate		1		1		1		3
Falls rate per 1,000 population aged 65+		1		1		1	1	4
No of days people spend in hospital when ready to be discharged, per 1,000 population		1	1	1			1	4
Proportion of last 6 months of life spent at home or in a community setting		1	1				1	3
Rate of emergency admissions per 100,000 population for adults	1	1		1	1	1		5
Rate of premature mortality per 100,000 population	1				1			2
Readmission to hospital within 28 days per 1,000 admissions		1	1			1	1	4
Total	**2**	**9**	**6**	**6**	**3**	**6**	**6**	**38**

In addition duplicated measures were removed that were identified within the Customer Service, these already reported to the IJB in other reports

Appendix 2- A&B HSCP Benchmark HWBOI Performance for FQ1 2018/19

The table below identifies the most recent SOURCE performance data with regards to Argyll & Bute HSCP and the Scotland wide performance against the 9 HWBOI's and their 23 sub-indicators.

Indicator	Title	Current score	Scotland
NI - 1	Percentage of adults able to look after their health very well or quite well	93%	93%
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible		81%
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76%	76%
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated		74%
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	80%	80%
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	85%	83%
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		80%
NI - 8	Total combined % carers who feel supported to continue in their caring role		37%
NI - 9	Percentage of adults supported at home who agreed they felt safe	83%	83%
NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA
NI - 11	Premature mortality rate per 100,000 persons	380	425
NI - 12	Emergency admission rate (per 100,000 population)		12,256
NI - 13	Emergency bed day rate (per 100,000 population)	107,548	121,516
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	87	101
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	90%	88%
NI - 16	Falls rate per 1,000 population aged 65+		22
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections		85%
NI - 18	Percentage of adults with intensive care needs receiving care at home	67%	61%
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	625	762
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	22%	24%
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA
NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA

Appendix 3- HSCP Performance Reporting Timetable

The table below identifies key reporting dates and stages for current IJB and HSCP wide performance reporting. Note the outcome indicators to be reported on will change following the conclusion of the review and agreement of the IJB.

IJB Dates	Reporting Period	Draft Papers to HSP&P	Paper for SLT	Papers for Admin	Pre-Agenda Meeting	Reported Outcomes	Community Services Committee	NHS Board-Deadline
28th November 2018	FQ1 18/19 (Apr - Jun)	31st October	5th November	12th November	16th November	3 &4	11th December	15th Jan 2019
Wednesday 30th January 2019 No Report								
Wednesday 27th March 2019	FQ2 18/19 (Jul – Sep)	28th February 2019	Early Mar TBC	TBC	Mid-March TBC	5, 6,7 & 8	14th March 2019	14th May 2019
Wednesday 29th May 2019	FQ3 18/19 (Oct – Dec)	30th April 2019	Early May TBC	TBC	Mid May TBC	9	TBC	9th July 2019
Wednesday 7th August 2019	FQ4 18/19 (Jan – Mar)	28th June 2019	Early Jul TBC	TBC	Mid July TBC	1 & 2	TBC	10th Sept 2019
Wednesday 2nd October 2019 No Report								
Wednesday 27th November 2019	FQ1 19/20 (Apr - Jun)	31st October 2019	Early Nov TBC	TBC	Mid Nov TBC	3,4, & 5	TBC	No dates available

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