Integration Joint Board **Agenda item:**

Date of Meeting: 29th March 2019

Title of Report: Financial Quarter 2- Performance Exception Report

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

The Integrated Joint Board/Committee is asked to:

- Note overall scorecard performance for the FQ2 reporting period
- Consider and Note the HSCP performance against National Health and Well Being Outcome Indicators: 6,7 & 8 and the Ministerial Steering Group measures of integration for the HSCP
- Note the Head of Services performance commentary with regard to local actions to address exceptions against indicators 6,7 & 8
- Note the recent decision by the Senior Leadership Team to agree the MSG Performance Framework targets for 2019/20 and this will be presented to the IJB at its next meeting with reporting to commence in FQ3

1. EXECUTIVE SUMMARY

For Financial Quarter 2 (FQ2) there is a reduction in overall performance when compared to the previous quarter. Measures reported on track for Financial Quarter 1 (FQ1) were (38) compared to (34) reported on track for FQ2. For the second quarter the overall IJB scorecard performance is reporting an overall trend of red

Performance exceptions across Health & Wellbeing Outcome Indicators (**6,7,& 8**)- notes 64% (7 out of 11) measures reported as off-track

With regards to the FQ2 performance for the Ministerial Steering Group (MSG) measures; Unplanned Admission is reporting 4.9% off target, Unplanned Bed Days is reporting 8.6% off target, Accident & Emergency Attendance is reporting 5.1% off target and Delayed Discharges reporting 42.5% off target

Areas of improved performance for FQ2 are an increase in the percentage of adults supported at home who reported feeling safe, the percentage of adults who reported feeling safe at assessment, the percentage of children on the Child Protection Register (CPR) with a current risk assessment and percentage of staff who would recommend their workplace as a good place to work

2. INTRODUCTION

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.

3. RELEVANT DATA AND INDICATORS

3.1 Overall Scorecard Performance for FQ2

Compared to FQ1 there is a reduction in overall performance with FQ1 (38) measures reported as on-track against FQ2 which notes (34) on-track. For the second quarter the overall IJB scorecard performance is reporting a trend of red

Integrated Joint Board [IJB] Scorecard	Success Measures	65	R
	On track	34	⇨
Outcome 1 - People are able to improve their health FQ2 18/19	No of indicators	14	A
	On track	7	⇨
Outcome 2 - People are able to live in the community FQ2 18/19	No of indicators	17	A
	On track	12	⇨
Outcome 3 - People have positive service-user experiences FQ2 18/19	No of indicators	6	A
	On track	4	⇨
Outcome 4 - Services are centered on quality of life FQ2 18/19	No of indicators	9	R
	On track	3	⇩
Outcome 5 - Services reduce health inequalities FQ2 18/19	No of indicators	2	R
	On track	0	⇨
Outcome 6 - Unpaid carers are supported FQ2 18/19	No of indicators	1	R
	On track	0	⇨
Outcome 7 - Service users are safe from harm FQ2 18/19	No of indicators	6	A
	On track	3	⇨
Outcome 8 - Health and social care workers are supported FQ2 18/19	No of indicators	4	R
	On track	1	⇨
Outcome 9 - Resources are used effectively in the provision of health and social care services, with FQ2 18/19	No of indicators	6	A
	On track	4	⇨

Key areas of improved reported performance for 6, 7 & 8 are:

- Percentage of adults supported at home who agree they felt safe- national biannual measure
- Percentage of Adult Care users reporting they feel safe at assessment
- Percentage of Children on Child Protection Register with a current Risk Assessment
- Percentage of staff who say they would recommend their workplace as a good place to work

(**Appendix 1** gives the detail of each of the 65 measures and their associated performance for FQ2)

As requested by the Integration Joint Board (IJB) **Appendix 2** identifies the most recent SOURCE performance data with regards to Argyll & Bute HSCP, benchmarked partnership performance against comparable IJBS for the 9 HWBOI's and their 23 sub-indicators.

3.2 Exceptions Performance Report for Outcome Indicators 6, 7 & 8

The table below summarises the exception report for the 7 performance measures across indicators 6, 7 and 8 which are off track, including performance against the previous quarter and Head of Service Performance Narrative identifying actions to improve.

	Performance Indicator & Source Definitions	Target	Actual (FQ2)	Benchmark Performance Against Previous Quarter (FQ1)	Head of Service Actions to Improve Performance
6	Percentage of carers who feel supported to continue in their caring role ***As this is a biennial (every two years) measure, it may need to be reported in the measurement year and the year after however the Guidance states: "While national user feedback will only be available every 2 years, it is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often."***	37%	33%	33%	Lorraine Paterson (Please note that there will be additional reported Carers measures included within the new IJB Scorecard (Mar 2019) and as such this should give a more accurate overview of local Carers activity and support) **Actions to Improve Performance:** The implementation of the Argyll and Bute HSCP Carers Strategy will see an improved focus on carers assessments and availability for support. Scottish Government funding has been made available to support this work, available from 1st April 2019. Proposed additional carers measures will include: 1.Number of carers (split by locality) 2. Number of carers split between adult and young carers 3. Number of carers offered an assessment 4. Number of carers who had an assessment

	Performance Indicator & Source Definitions	Target	Actual (FQ2)	Benchmark Performance Against Previous Quarter (FQ1)	Head of Service Actions to Improve Performance
7	Percentage of Children on Child Protection Register with no Change of Social Worker ***Percentage of children on the Child Protection Register at end of quarter who have had no change of Social Worker from date of registration.*** ***Improved outcomes for children on the CPR have been shown to be related to stability of relationship with social worker.***	80%	57%	60%	Alex Taylor **Actions to Improve Performance:** Every effort is made to maintain the continuity of the child's social worker in Child Protection and Looked After cases. However, this is not always possible when staff leave the service, transfer to other services or are on long term sick leave. An overarching service review of the management and staffing structure will address the resilience, sustainability and stability of front services.
7	Percentage of Children on Child Protection Register with a completed Child Protection Plan ***The percentage of children on the Child Protection Register (CPR) with a completed Child Protection Plan (CP)***	100%	95%	100%	Alex Taylor **Actions to Improve Performance:** This is monitored on a weekly basis by the Head of Service and the Locality Managers at which point prompt corrective action is taken if performance falls below 100%. A reduction in performance with regards to the Helensburgh & Lomond locality directly affected the overall target of 100% for this quarter. Corrective action has been taken and the overall performance trend for FQ3 suggests at this stage that 100% performance will be recovered.
7	Percentage of Child Protection investigations with Inter Agency Referral Tripartite Discussion(IRTD) within 24 hours ***The percentage of Child Protection (CP) investigations where there is an inter-agency planning meeting (Initial Referral Tripartite Discussion - IRTD) within 24 hours***	95%	87%	64%	Alex Taylor **Actions to Improve Performance:** This indictor is monitored closely by the Head of Service and the Child Protection Committee. Weekend referrals and complex investigations can lead to delays in completing an IRTD. In this event a Safe Plan is agreed between partners to ensure the safety of the child / children.
8	Percentage of PRDs completed (HR2 - PRDs A&B Council) ***Percentage of PRDS completed across Adult Care, Children & families and Planning & Performance***	90%	45%	41%	Alex Taylor **Actions to Improve Performance:** Historically the PRDs for Children and Families staff are completed during FQ4.

Performance Indicator & Source Definitions		Target	Actual (FQ2)	Benchmark Performance Against Previous Quarter (FQ1)	Head of Service Actions to Improve Performance
8	Social Work staff attendance ***Full Time Equivalent Days(FTE) lost across Adult Care, & Children & Families Services***	3.8 Days	5.4 Days	5.4 days	Phil Cummings **Actions to Improve Performance:** Staff and managers continue to ensure robust use of return to work and absence management policies across the HSCP. Work is ongoing to combine the attendance reporting across the HSCP with regards to joint NHS and LA attendance rates for FQ3. This will give a more comprehensive overview with new targets and baseline performance data.
8	Percentage of NHS sickness absence days ***NHS Highland Balanced Scorecard***	4%	5.67%	4.89%	Lorraine Paterson **Actions to Improve Performance:** Increased focus on the application of the relevant policies to support staff at work and allocation of appropriate leave. Implement formal recording of RTWI for NHS staff. The move to the electronic ESS system will support this improvement work.

(Please note that a period of 4/5 months data lag is in place with regards to reporting of FQ2 data **Appendix 3** identifies the latest availability of data and it completeness at the time of this report. Longest data delays are due to data processing and validation from sources outside the HSCP Performance and Information Team.)

3.4 MSG Measures Performance Reporting FQ2 (19/20)

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 four agreed target areas with MSG.

Quarterly overall MSG performance for FQ2 notes:

- Unplanned Admissions: 4.9% off target
- Unplanned Bed Days: 8.6% off target
- A&E Attendance: 5.1% off target
- Delayed Discharges: 42.5% off target

MSG Indicator	Objective	Target Q2 18/19	Actual Q2 18/19	A&B Actual	A&B Target	GG&C Actual	GG&C Target	Variance & Performance Analysis for FQ2
Unplanned Admissions	Expected FY 2018/19 target 8332 - based on 5% reduction in overall total compared to FY17/18	4151	4358	2072	*2017*	2917	*2134*	Quarterly performance is 4.9% off target. 53% (2917) unplanned admissions reported in Greater Glasgow and Clyde health board hospitals, and 2.04% (89) unplanned admissions in other health board hospitals
Unplanned Bed Days	Expected FY 2018/19 target 56687 - based on 0.6% reduction in overall total compared to FY17/18	28335	30788	14865	*14196*	15601	*14139*	Quarterly performance is 8.6% off target 53% (15601) unplanned bed days reported in Greater Glasgow and Clyde health board hospitals, and 1.04% (322) unplanned admission bed days in other health board hospitals
A& E Attendance	Expected FY 2018/19 target 16194 - based on sustained levels in overall total compared to FY17/18 **	8098	8509	3305	*3466*	4808	*4632*	Quarterly performance is 5.1% off target 57% (4808) A&E attendances reported in Greater Glasgow and Clyde health board hospitals, and 4.7% (396) A&E attendances reported in other health board hospitals
MSG Indicator	**Objective**	**Target Q2 18/19**	**Actual Q2 18/19**	**A&B Actual**	**A&B Target**	**GG&C Actual**	**GG&C Target**	**Variance & Performance Analysis for FQ2**
Delayed Discharge Bed Days Occupied	Expected FY 2018/19 target 7037 - based on 10% reduction in overall total compared to FY 17/18	3520	5015	4099	*2890*	916	*630*	Quarterly performance is 42.5% off target 81.7% (4099) Delayed Discharge bed days occupied reported in Argyll and Bute (NHS Highland) health board hospitals

** Please note that ISD only count the attendances at Lorn & Islands Hospital for this data set as a consultant led unit.

The Senior Leadership Team have recently agreed the new Ministerial Steering Group (MSG) performance framework for 2019/20 and as such this will be

presented to the Integration Joint Board at its next meeting and reported from Financial Quarter 3 (FQ3) onwards with an update on performance targets and baselines as appropriate.

4. GOVERNANCE IMPLICATIONS

4.1 Financial Impact

There are a number of National Health & Wellbeing Outcome Indicators (NHWBOI's) which support the quality and financial performance of the HSCP including productivity, value for money and efficiency.

4.2 Staff Governance

A number of the National Health & Wellbeing Outcome Indicators (NHWBOI's) indicators under outcomes 9 are pertinent for staff governance purposes

4.3 Clinical Governance

A number of the National Health & Wellbeing Outcome Indicators (NHWBOI's) support the assurance of health and care governance and should be considered alongside that report

5. EQUALITY & DIVERSITY IMPLICATIONS

The National Health & Wellbeing Outcome Indicators (NHWBOI's) help provide an indication on progress in addressing health inequalities

6. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

None

7. RISK ASSESSMENT

None

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

None

9. CONCLUSIONS

It is recommended that the Integration Joint Board/committee:

Note overall scorecard performance for the FQ2 reporting period with regards to the National Health and Well Being Outcome Indicators: 6,7 & 8 and the Ministerial Steering Group measures of integration for the HSCP

10. DIRECTIONS

	Directions to:	tick

Directions required to Council, NHS Board or both.	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

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Appendix 1- IJB Performance Scorecard (FQ2 18/19)

Outcome 1 - People are able to look after and improve their own health and wellbeing and live in good health for longer				
Measure	**RAG**	**Target**	**Actual**	**Lead Manager**
% of adults able to look after their health very well or quite well	GG	93.0 %	93.0 %	Lorraine Paterson
Rate of emergency admissions per 100,000 population for adults	R	12,256	12,617	Lorraine Paterson
Rate of premature mortality per 100,000 population	G	425.0	380.0	Lorraine Paterson
AC1 - % of Older People receiving Care in the Community	R	86.0 %	76.1 %	Phil Cummins
AC15 - No waiting more than 12 weeks for homecare service after assessment authorised	G	6	6	Phil Cummins
A&B - % of Learning Disability Service Users with a PCP	R	90 %	87 %	Phil Cummins
CA15B - % Looked After & Accommodated Children in Family Placements	G	75 %	77 %	Alex Taylor
CA17 - No of External Looked After & Accommodated Children	G	10	8	Alex Taylor
No of alcohol brief interventions in line with SIGN 74 guidelines	R	511	18	Lorraine Paterson
NHS-H7 - Proportion of new-born children breastfed	R	33.3 %	31.9 %	Alex Taylor
No of ongoing waits >4 weeks for the 8 key diagnostic tests	R	0	95	Lorraine Paterson
% of MMR1 uptake rates at 5 years old	G	95.0 %	96.9 %	Alex Taylor
% <18 type 1 Diabetics with an insulin pump	G	25 %	44 %	Alex Taylor
% >18 type 1 Diabetics with an insulin pump	R	12 %	7 %	Lorraine Paterson
Outcome 2 - People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community				
Measure	**RAG**	**Target**	**Actual**	**Lead Manager**
A&B - Number of people 65+ receiving homecare - Quarterly Stats	G	1,180	1,255	Phil Cummins
% of adults supported at home who agree they are supported to live as independently	R	81.0 %	79.0 %	Phil Cummins
% of adults supported at home who agree they had a say in how their support was provided	G	76.0 %	76.0 %	Phil Cummins
Emergency Admissions bed day rate	G	121,516	107,548	Lorraine Paterson
Proportion of last 6 months of life spent at home or in a community setting	G	88.0 %	90.0 %	Phil Cummins
% of adults with intensive needs receiving care at home	G	61.0 %	67.0 %	Phil Cummins
AC14 - Total No. of Enhanced Telecare Packages	G	500	936	Stephen Whiston
AC2 - % of Mental Health Clients receiving Care in the Community	R	98 %	97.6 %	Phil Cummins
AC21 <=3 weeks wait between Substance Misuse referral & 1st treatment	G	90.0 %	91.7 %	Lorraine Paterson
AC5 - Total No of Delayed Discharge Clients from A&B	R	12	25	Phil Cummins
CPC01.4.4 - % Waiting time from a patient's referral to treatment from CAMHS	G	90 %	92 %	Alex Taylor
% of patients wait no longer than 4 hours in A&E	G	95.0 %	98.6 %	Lorraine Paterson

% of patients who wait no longer than 18 weeks for Psychological therapies	G	90 %	94 %	Lorraine Paterson
No of days people spend in hospital when ready to be discharged, per 1,000 population	G	772 Days	634 Days	Phil Cummins
% of health & care resource spend on hospital stays, patient admitted in an emergency	G	24.0 %	22.0 %	Phil Cummins
Readmission to hospital within 28 days per 1,000 admissions	G	101	87	Phil Cummins
Falls rate per 1,000 population aged 65+	R	22	26	Lorraine Paterson

Outcome 3 - People who use health and social care services have positive experiences of those services, and have their dignity respected

Measure	RAG	Target	Actual	Lead Manager
% of adults receiving any care or support who rate it as excellent or good	G	80.0 %	80.0 %	Lorraine Paterson
% of adults supported at home who agree that their health and care services seemed to be well co-ordinated	R	74.0 %	72.0 %	Lorraine Paterson
% of people with positive experience of their GP practice	G	83.0 %	85.0 %	Lorraine Paterson
AC16 - No of abbreviated customer service questionnaire sent to AC users- bi-monthly	G	5	12	Phil Cummins
No of patients with early diagnosis & management of dementia	R	890	793	Lorraine Paterson
% of SW care services graded 'good' '4' or better in Care Inspectorate inspections	G	83 %	86 %	Alex Taylor

Outcome 4 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Measure	RAG	Target	Actual	Lead Manager
% of adults supported at home who agree their support had impact improving/maintaining quality of life	R	80.0 %	74.0 %	Phil Cummins
AC11 - Average working days between Referral & Initial AP Case Conference	R	15 Days	31 Days	Phil Cummins
CA72 - % LAAC >1yr with a plan for permanence	R	81 %	77 %	Alex Taylor
CA34 - % of Care Leavers with a Pathway Plan	G	74 %	84 %	Alex Taylor
No of outpatient ongoing waits >12 weeks	R	0	397	Lorraine Paterson
% of outpatients on the waiting lists with medical unavailability	G	0.1 %	0.0 %	Lorraine Paterson
% of outpatients on the waiting lists with social unavailability	G	4.0 %	1.2 %	Lorraine Paterson
% of patients on the admissions waiting lists with medical unavailability	R	2.0 %	2.2 %	Lorraine Paterson
% of patients on the admissions waiting lists with social unavailability	G	15.7 %	14.2 %	Lorraine Paterson

Outcome 5 - Health and social care services contribute to reducing health inequalities

Measure	RAG	Target	Actual	Lead Manager
No of treatment time guarantee completed waits >12 weeks	R	0	2	Lorraine Paterson
No of treatment time guarantee ongoing waits >12 weeks	R	0	7	Lorraine Paterson

Outcome 6 - People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being

Measure	RAG	Target	Actual	Lead Manager
% of carers who feel supported to continue in their caring role	R	37.0 %	33.0 %	Lorraine Paterson
Outcome 7 - People using health and social care services are safe from harm				
Measure	**RAG**	**Target**	**Actual**	**Lead Manager**
% of adults supported at home who agree they felt safe	G	83.0 %	83.0 %	Lorraine Paterson
AC17 - % of AC users reporting they feel safe at assessment	G	70 %	81 %	Phil Cummins
CP15 - % of Children on Child Protection Register with no Change of Social Worker	R	80 %	57 %	Alex Taylor
CP7 - % of Children on Child Protection Register with a current Risk Assessment	G	100 %	100 %	Mark Lines
CP16 - % of Children on Child Protection Register with a completed CP plan	R	100 %	95 %	Alex Taylor
CP17 - % of CP investigations with IRTD within 24 hours	R	95 %	87 %	Alex Taylor
Outcome 8 - People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide				
Measure	**RAG**	**Target**	**Actual**	**Lead Manager**
Health & Social Care Partnership % of PRDs completed	R	90 %	45 %	Alex Taylor
Social Work staff attendance	R	3.8 Days	5.4 Days	Phil Cummins
% of NHS sickness absence	R	4.00 %	5.67 %	Lorraine Paterson
% of staff who say they would recommend their workplace as a good place to work	G	67.0 %	71%	Lorraine Paterson
Outcome 9 - Resources are used effectively and efficiently in the provision of health and social care services				
Measure	**RAG**	**Target**	**Actual**	**Lead Manager**
CJ61 - % Criminal Justice Social Work Reports submitted to Court on time	G	92 %	97 %	Alex Taylor
CJ63 - % Community Payback Orders cases seen without delay - 5 days	G	80.0 %	83.0 %	Alex Taylor
CJ65 - Average hrs per week taken to complete Community Payback Order Unpaid Work/CS Orders	G	6.0 Hours	6.7 Hours	Alex Taylor
SCRA43 - % of Scottish Children's Reported Administration reports submitted on time	R	75 %	71 %	Alex Taylor
% of Scottish Morbidity Record 01 returns received	G	95.0 %	98.0 %	Lorraine Paterson
% of new outpatient appointments Did Not Attend rates	R	6.9 %	9.2 %	Phil Cummins

Appendix 2- A&B HSCP Benchmark HWBOI Performance

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

Indicator	Title	Argyll & Bute	Angus	East Lothian	Highland	Midlothian	Moray	Scot Borders	Stirling	Scotland
NI - 1	Percentage of adults able to look after their health very well or quite well	93%	95%	94%	94%	92%	93%	94%	94%	**93%**
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	79%	76%	71%	86%	86%	83%	83%	84%	**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%	71%	68%	79%	80%	75%	74%	73%	**76%**
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	72%	71%	66%	76%	71%	73%	75%	76%	**74%**
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	80%	77%	75%	83%	71%	80%	83%	79%	**80%**
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	85%	78%	80%	87%	76%	80%	88%	86%	**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	74%	77%	75%	86%	73%	79%	80%	81%	**80%**
NI - 8	Total combined % carers who feel supported to continue in their caring role	33%	34%	36%	38%	32%	39%	36%	38%	**37%**
NI - 9	Percentage of adults supported at home who agreed they felt safe	83%	80%	81%	84%	79%	84%	86%	88%	**83%**

NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	***NA***
Indicator	**Title**	**Argyll & Bute**	**Angus**	**East Lothian**	**Highland**	**Midlothian**	**Moray**	**Scot Borders**	**Stirling**	**Scotland**
NI - 11	Premature mortality rate per 100,000 persons	380	384	372	373	389	372	324	360	**425**
NI - 12	Emergency admission rate (per 100,000 population)	12,617	11,061	10,310	10,632	11,535	9,197	12,360	10,045	**12,256**
NI - 13	Emergency bed day rate (per 100,000 population)	108,848	111,971	119,497	105,551	122,408	94,835	134,644	106,374	**122,595**
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	87	103	105	107	114	83	104	102	**102**
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	90%	90%	86%	90%	87%	90%	87%	87%	**88%**
NI - 16	Falls rate per 1,000 population aged 65+	26	21	19	15	20	15	22	20	**22**
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	77%	84%	85%	86%	89%	85%	81%	95%	**85%**
NI - 18	Percentage of adults with intensive care needs receiving care at home	67%	51%	64%	50%	70%	65%	62%	66%	**61%**
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	625	419	775	1,300	1,422	936	855	566	**762**
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23%	28%	24%	21%	25%	22%	23%	21%	**24%**
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	***NA***
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	***NA***
NI - 23	Expenditure on end of life care, cost in last 6 months per death	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	*NA*	***NA***

*Improvement Service Benchmarking Family Groupings for Children, Social Work and Housing Indicators

Appendix 3- Data Lag & Latest Data Availability

IJB Reporting Dates	Data Lag	FQ Reports	Latest Data Availability & Completeness
Wednesday 27th March 2019	4/5 months – please note that the bulk of the data lag is due to National Data Validation required from the National Information Services Division , this is out-with the control of the team	FQ2 (July- Sep 17/18)	FQ3 (Oct- Dec) – 60% completeness across the 9 HWBOI's
Wednesday 29th May 2019	4/5 months	FQ3 (Oct – Dec 17/18)	
Wednesday 7th August 2019	4/5 months	FQ4 (Jan – Mar 18/19)	