Report

Performance Report

Edinburgh Integration Joint Board

29 March 2019

Executive Summary

1. This report provides an overview of the activity and performance of the Edinburgh Health and Social Care Partnership and certain set aside functions of the Edinburgh Integration Joint Board. It provides an overview of performance covering key local indicators and national measures to the end of January 2019.

Recommendations

2. The Integration Joint Board is asked to:

    i.   note and discuss the performance of Edinburgh Health and Social Care Partnership and Edinburgh Integration Joint Board against a number of indicators for the period to January 2019

    ii. agree the objectives for the Ministerial Strategic Group indicators for 2019-20

Background

3. There are nine National Health and Wellbeing Outcomes which provide a strategic framework for the planning and delivery of health and social care services. They focus on the experiences and quality of services for people using those services, carers and their families. There are 23 Core Integration Indicators set out by the Scottish Government which monitor performance against these nine outcomes.

4. The Health and Social Care Partnership also reports on a suite indicators covering six areas of activity set out by the Ministerial Strategic Group for Health and Community Care as a means of measuring progress under integration.

5. Objectives for these indicators for 2019-20 are to be submitted to the Ministerial Strategic Group, however, it is for the Partnership to determine their own objectives and outline how these will be achieved.

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6. In addition, the Health and Social Care Partnership monitors performance against a suite of local indicators to provide information that the partnership requires in the local context.

7. A performance report is considered by the Health and Social Care Partnership Executive Management Team each month. This report is based on the performance report considered by the Executive Management Team on 28 February 2019.

8. Data in this report are collated from a variety of sources. Appendix 1, the local performance information, comes from the Data, Performance and Business Planning team within Strategy and Communications in the City of Edinburgh Council and the Performance Manager for the Edinburgh Health and Social Care Partnership in NHS Lothian. Appendix 2 comes from the Local Intelligence Support Team (LIST) within in NHS National Services Scotland Information Services Division (ISD).

Main report

Future work

9. The Governance Review considered at the meeting of the IJB on 14 December 2018 recommended the establishment of a Performance and Delivery Committee. This committee will provide a forum for in depth monitoring and scrutiny of performance and provide assurance to the IJB that it is meeting the commitments that it has made.

10. A series of workshops are planned to take place in the spring of 2019 to develop an integrated performance framework for the IJB. The initial workshop will bring together analysts from the City of Edinburgh Council, NHS Lothian, NHS National Services Scotland Information Services Division Local Intelligence Support Team (ISD LIST) to capture the scope of current reporting, agree on what the future framework would look like and agree on how to engage operational staff in the workstream.

Performance – local indicators

11. Performance on the local indicators to the end of January is shown in the performance report (see appendix 1). Key points are shown below:

12. **Assessment waiting list**: the number of people waiting for assessment at the end of the month had been falling since the recent peak of 1,790 in August 2018 to 1,196 in December 2018. This rose slightly by the end of January 2019 to 1,245. In the last 18 months, there has been a reduction of 37% since the peak of 1,978 in September 2017.

13. **Carers assessments:** The number of Adult Carer Support Plans and Carer Assessment and Support Plans completed in January 2019 (100) is the highest number completed in a month since the implementation of the Carers (Scotland) Act 2016 last April.

14. The average **time waiting for an assessment** reduced from 98 days in February 2017 to 39 days in August 2018, however, this has increased to 50 days by January 2019.

15. The number of **people delayed awaiting discharge from hospital** was 192 at the end of January 2019. Although this reflects an increase from the December figure of 170, it is a reduction from the 271 patients delayed at the September census (the highest number at census in 2018). It should be noted that in line the revised trajectory, from September 2018 onwards, the target and figure now include X codes and patients coded 100 – those with complex codes or awaiting reprovisioning. This reflects more accurately the impact of delayed discharge on hospital capacity.

16. The total number of **people awaiting a package of care in the community** was 615 at the end of January 2019, reduced from 720 in September 2018 (the last reported figure to the IJB) and the maximum of 851 in April 2018.

17. The number of people with an **overdue review** continues to reduce with 4,096 people waiting for a review at the end of January 2019. This is 26% lower than last January (5,525 people). Data quality work has been undertaken recently which will have reduced the number waiting. The average number of reviews undertaken each month has also increased. In the last six months the number of completed reviews was 617 per month on average compared with 584 in the preceding six months.

18. The **percentage of people with an open service with a review in the last 12 months** was 72.6% in January 2019. This proportion has followed an upward trend throughout 2018. This means that an increasing proportion of people receiving social care support from the Partnership have had their support reviewed in the last 12 months to ensure that the support is appropriate for their needs.

Performance – Ministerial Strategic Group indicators

19. Trends on acute hospital activity related to the Ministerial Strategic Group for Health and Community Care (MSG) indicators to the end of January 2019 are contained in appendix 2.

20. **A&E compliance with 4-hour standard** remains below the standard of 95%, but is improved on the position in September where 79% of patients aged 15+ and 66% aged 75+ were seen within four hours rising to 84% and 73%

respectively in January. This does however show a deterioration in performance from November where 89% of 15+ and 83% 75+ were seen within four hours. A new minor injuries unit at the Royal Infirmary opened in January 2019. It will be important to note the impact of this new facility on A&E activity and performance in the coming months.

21. **Unscheduled admissions** – the objective is to maintain the baseline level. The number of unscheduled admissions fell in January compared with December (4,003 in January compared with 5,035 in December).

22. **Delayed discharge** – The number of days lost in the month was relatively stable for most of 2018 (an average of 6,950 days per month from January to October), however the number of lost days fell sharply in November (5,677 days) and December (4,660 days). Data are not yet available for January, however, this reduction in lost bed days reflects the decrease in the number of patients delayed awaiting discharge from hospital noted in paragraph 14 above.

Ministerial Strategic Group indicators – 2019-20 objectives

23. Performance trends to date against the six Ministerial Strategic Group indicators in 2018-19 has been considered along with information about changes in provision and population to determine a realistic set of objectives for the 2019-20 against the baseline position of 2017-18 (the latest data for which full year data are available). The details of the objectives for the Partnership are detailed in appendix 3, which also contains details of how these objectives will be achieved.

24. The headline objectives for the six indicators are:

	2018-19 objective (on 2016-17 baseline)	2019-20 objective (on 2017-18 baseline)
Emergency admissions	Maintain number	1% reduction
Unplanned bed days (acute)	1% reduction	3% reduction
Unplanned bed days (geriatric long stay)	1% reduction	7% reduction
Unplanned bed days (mental health)	1% reduction	7% reduction
A&E attendances	1% reduction	2% increase
Delayed discharge bed days	5% reduction	5% reduction
Percentage of last six months of life spent in a large hospital	Shift from 13.5% to 12.5%	Shift from 13.1% to 12%
Percentage of 75+ population in a large hospital	Move from 2% towards 1.6%	Shift from 1.9% to 1.6%

Key risks

25. The IJB Risk Register identifies and assesses risks that impact the ability of the IJB to deliver its Strategic Plan. Monitoring performance assists the IJB in ensuring that the controls that are in place to mitigate these risks are effective.

Financial implications

26. There are no direct financial implications arising from this report.

Implications for Directions

27. There are no direct implications for Directions arising from this report

Equalities implications

28. There are no equalities implications arising from this report.

Sustainability implications

29. There are no sustainability implications arising from this report.

Involving people

30. A number of transformation projects, which will improve performance, are being supported by staff from the City of Edinburgh Council and NHS Lothian.

Impact on plans of other parties

31. None

Background reading/references

Annual Performance Report

Governance review

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Appendices

Appendix 1	Edinburgh Health and Social Care Performance Report – January 2019
Appendix 2	Ministerial Strategic Group for Health and Community Care indicator update – January 2019
Appendix 3	Ministerial Strategic Group for Health and Community Care indicators 2019-20 objectives

PERFORMANCE REPORT   JAN 19

KEY

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text in red	control chart
text in green	data table

INDEX	City	By Locality
Referrals in the month	page 1-1	page 1-2
Referrals in the month	page 1-2	
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KEY

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text in red	control chart
text in green	data table

Chart axis does not start at zero

CITY WIDE REFERRALS BY OUTCOME

A count of people on Swift referred to any social care team in the month. Each person is counted once per month, even if they have been referred more than once in that month.

Type of referral

- New
- No Further Action
- On-going referrals
- Previous year's data
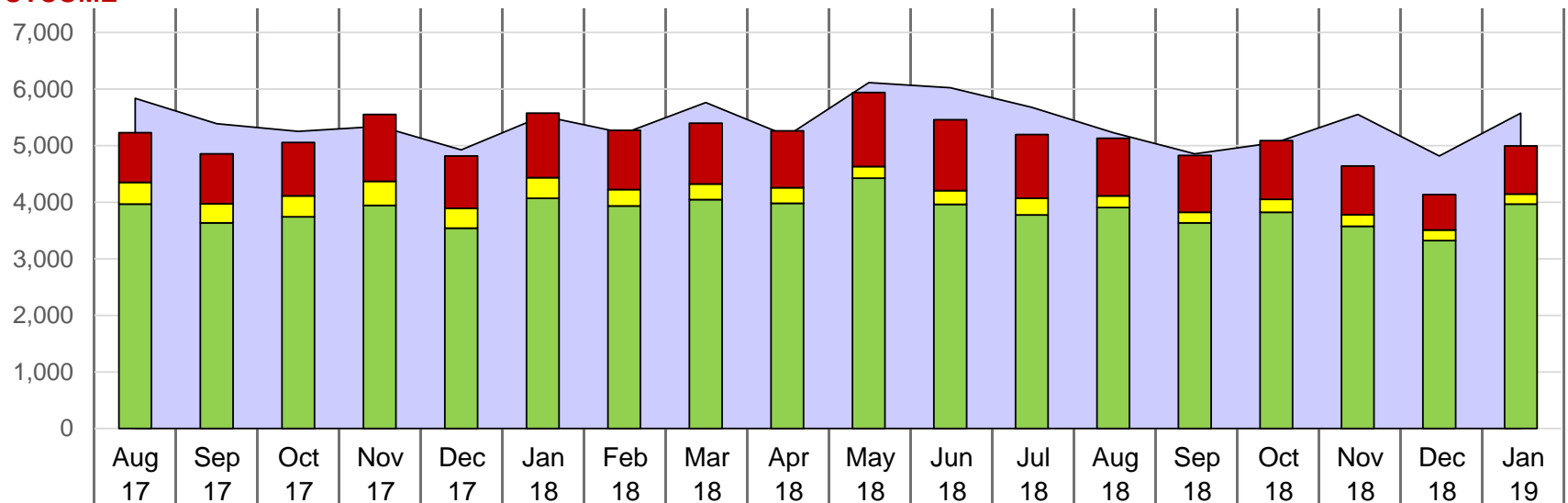
CITY WIDE REFERRALS CONTROL CHART

People on Swift referred to any social care team in the month. Each person is counted once per month, even if they have been referred more than once in that month.

- ● 8 above average

- ● 8 below average

- O Beyond control limit
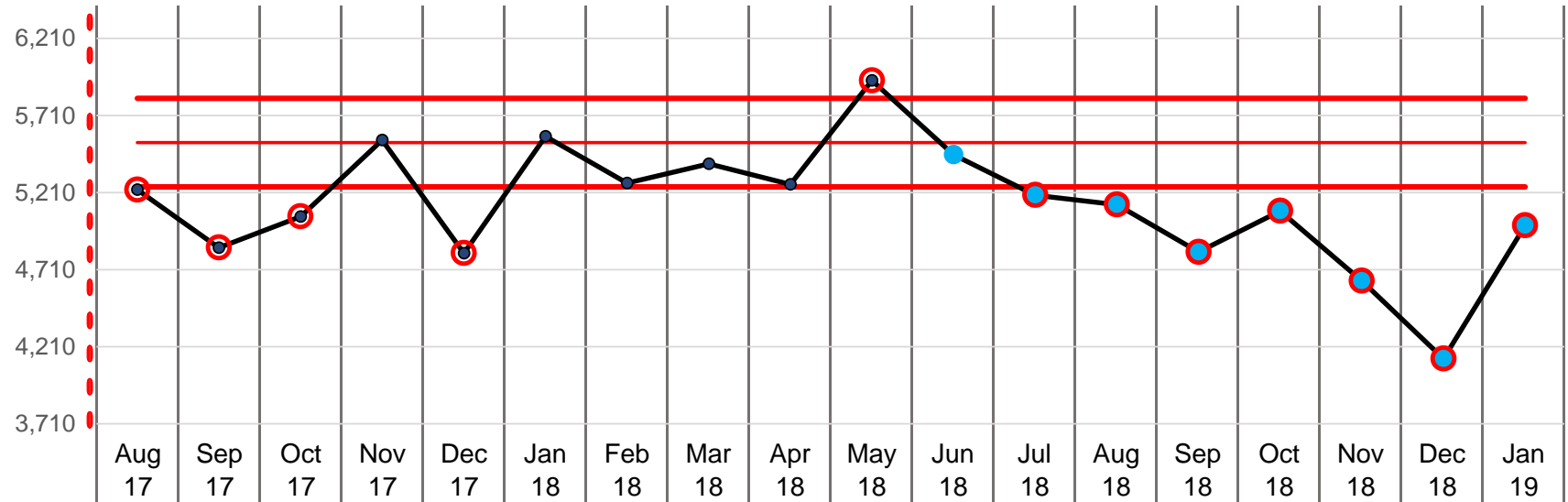
Control chart limits based on the 18 month period ending Feb 17

REFERRALS BY LOCALITY

People on Swift referred to any social care locality team in the month. Any person referred to more than one locality in a month is counted once in each locality, but only once in the total. People with more than one referral to the same locality count as one.
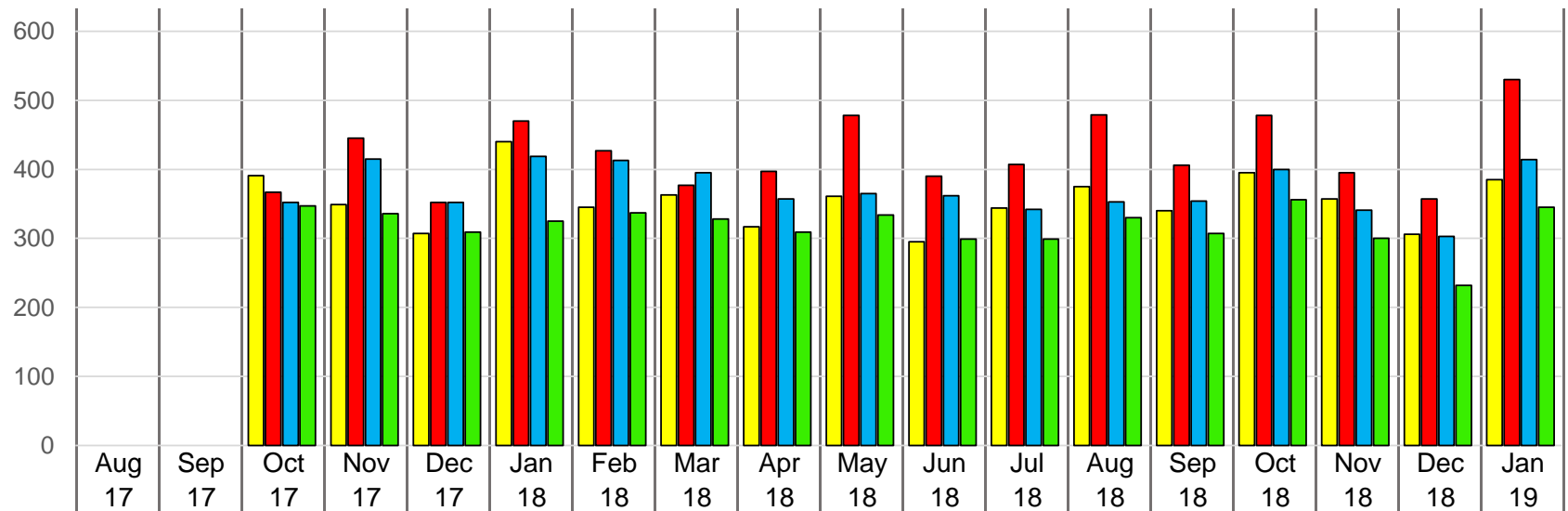
- NE
- NW
- SE
- SW

TABLE OF DATA

|	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19
New Referrals	881	879	943	1,182	926	1,143	1,048	1,078	1,008	1,309	1,252	1,123	1,021	1,003	1,040	859	622	851
No Further Action	382	341	367	424	347	361	290	272	274	204	241	295	206	186	231	204	189	181
Other Referrals	3,965	3,632	3,744	3,945	3,543	4,071	3,934	4,047	3,981	4,424	3,962	3,775	3,904	3,635	3,819	3,574	3,321	3,964
Total referrals recorded	**5,228**	**4,852**	**5,054**	**5,551**	**4,816**	**5,575**	**5,272**	**5,397**	**5,263**	**5,937**	**5,455**	**5,193**	**5,131**	**4,824**	**5,090**	**4,637**	**4,132**	**4,996**
Casenotes without Referrals	69	157	196	97	107	164	115	114	94	96	105	80	140	55	135	87	99	139
Grand Total	**5,297**	**5,009**	**5,250**	**5,648**	**4,923**	**5,739**	**5,387**	**5,511**	**5,357**	**6,033**	**5,560**	**5,273**	**5,271**	**4,879**	**5,225**	**4,724**	**4,231**	**5,135**
Previous year's referrals	**5,834**	**5,388**	**5,252**	**5,342**	**4,926**	**5,523**	**5,218**	**5,759**	**5,171**	**6,113**	**6,024**	**5,676**	**5,228**	**4,852**	**5,054**	**5,551**	**4,816**	**5,575**
Locality Referrals NE	na	na	391	349	307	440	345	363	317	361	295	344	375	340	395	357	306	385
NW	na	na	367	445	352	470	427	377	397	478	390	407	479	406	478	395	357	530
SE	na	na	352	415	352	419	413	395	357	365	362	342	353	354	400	341	303	414
SW	na	na	347	336	309	325	337	328	309	334	299	299	330	307	356	300	232	345
Locality Total	na	na	1,457	1,545	1,320	1,654	1,520	1,509	1,412	1,557	1,359	1,403	1,555	1,421	1,640	1,400	1,204	1,684

KEY

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text in green	data table

Chart axis does not start at zero

INDIVIDUALS WAITING FOR ASSESSMENT

A count of people on Swift waiting for an assessment. The indicator is split into those with social care assessment or review activity in the past 12 months and those without

Legend:
- With activity in year
- Without activity in year
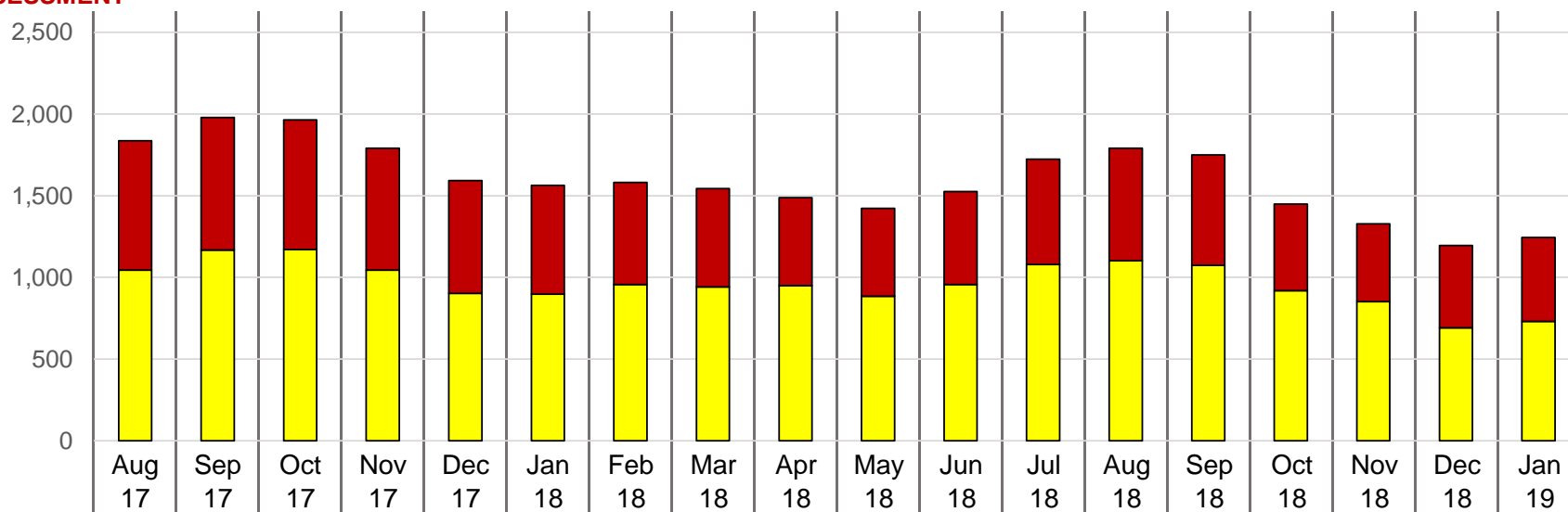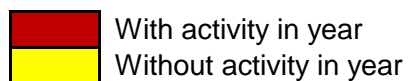
INDIVIDUALS WAITING FOR ASSESSMENT CONTROL CHART

A count of people on Swift waiting for an assessment.
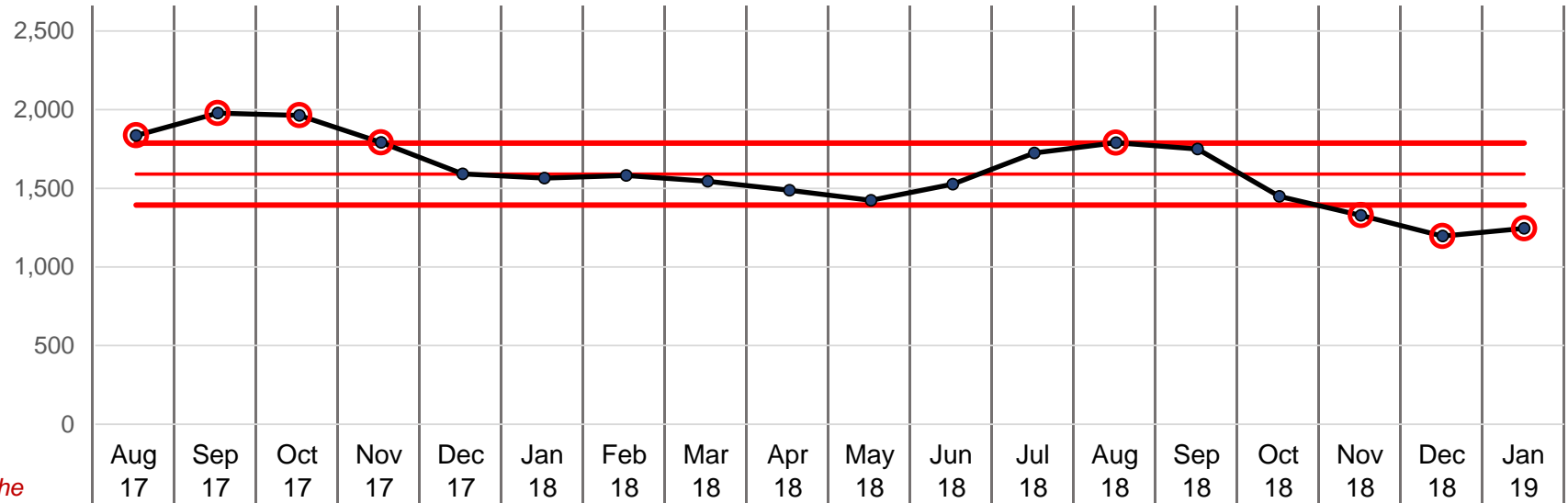
O Beyond control limit

Zoom in

Control chart limits are based on the 11 month period ending on Sep 17

AVERAGE WAITING TIME FOR ASSESSMENT (DAYS)

The average length of time a person is on the waiting list for assessment.
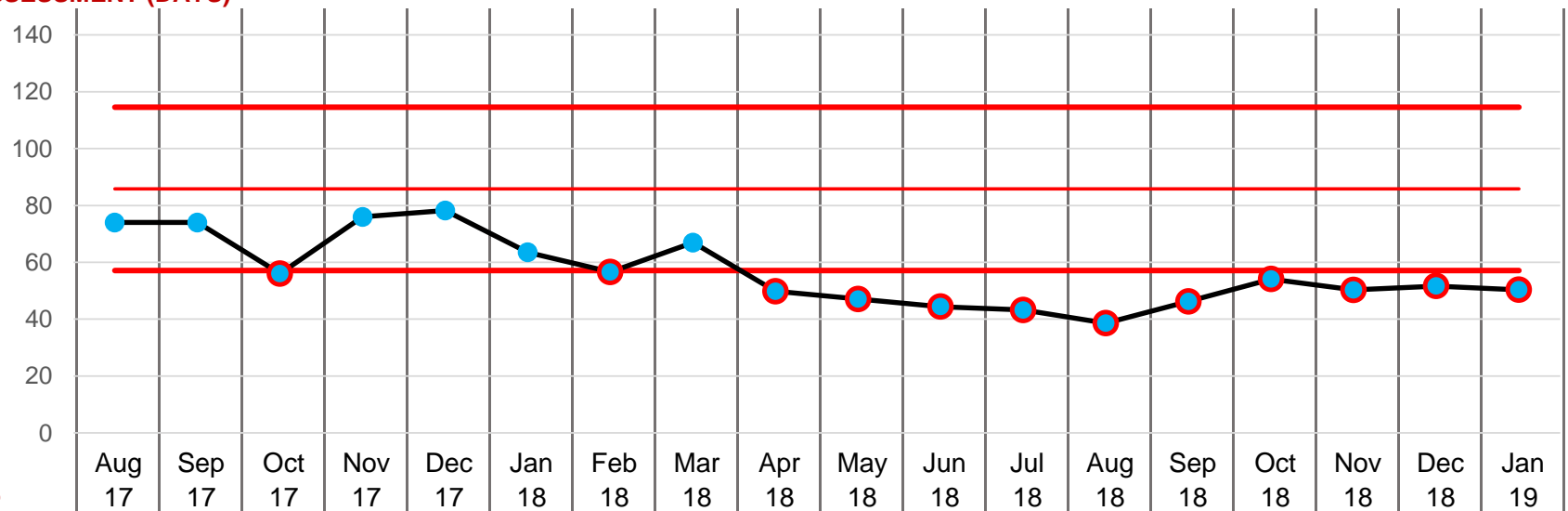
● 18 below average

O Beyond control limit

Control chart limits are based on the 12 month period ending on Mar 17

THE PERCENTAGE OF ASSESSMENTS OUTWITH TIMES

The percentage of cases awaiting assessment by sector practice teams on Swift on the last day of the month, which are outwith standard priority time-scales (14 days for Priority A, and 28 days for Priority B)

- ● 16 below average

- O Beyond control limit
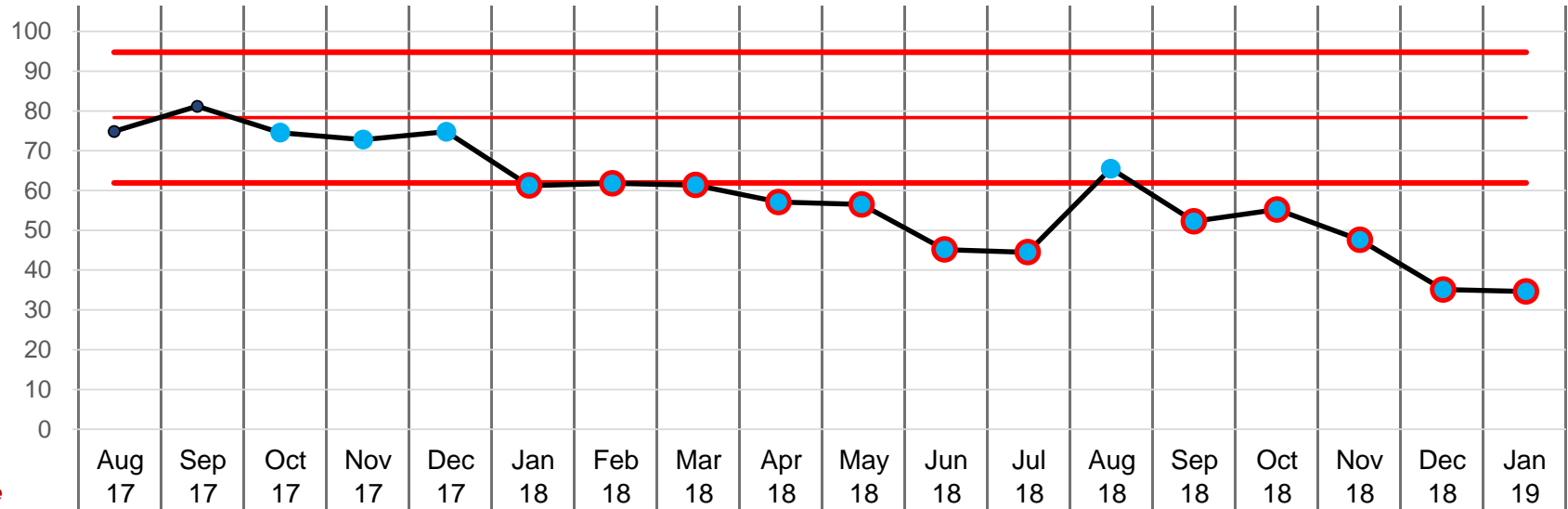
Control chart limits are based on the 12 month period ending on Mar 17

NUMBER OF ASSESSMENTS COMPLETED

The total number of assessments of all types carried out by all social care teams with an end date in the month.

- ● 18 below average

- O Beyond control limit
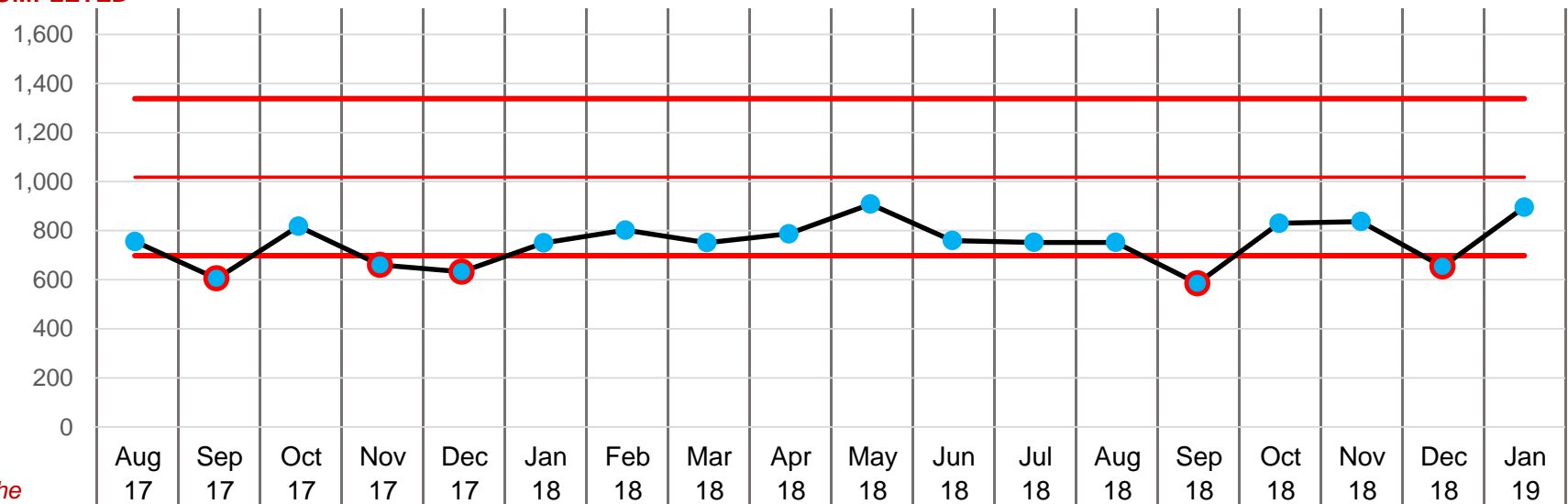
Control chart limits are based on the 12 month period ending on Mar 17

NUMBER OF CARERS ASSESSMENTS COMPLETED

The number of people who have a completed carers assessment during the month

● 16 above average

O Beyond control limit

Control chart limits are based on the 5 month period ending on Mar 17
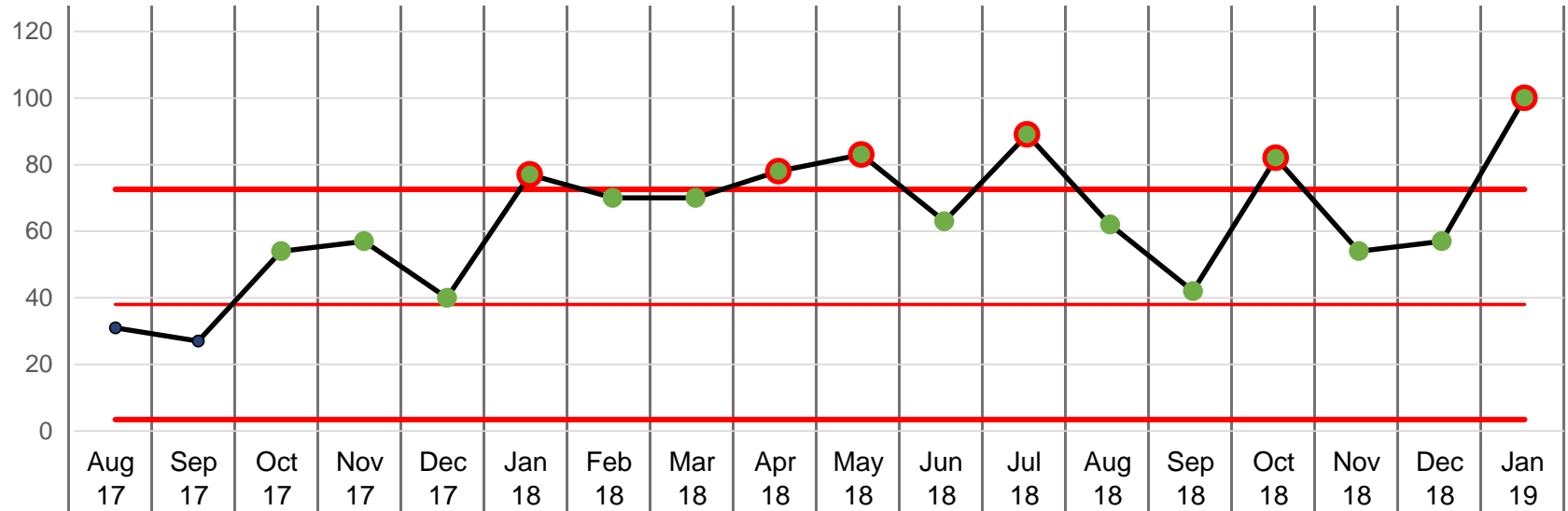
AVERAGE ASSESSMENT COMPLETION TIME

The average time from the assessment start date to the assessment end date (in days) for all assessments carried out by social care teams in the month.

● 18 below average

Control chart limits are based on the 6 month period ending on Mar 17
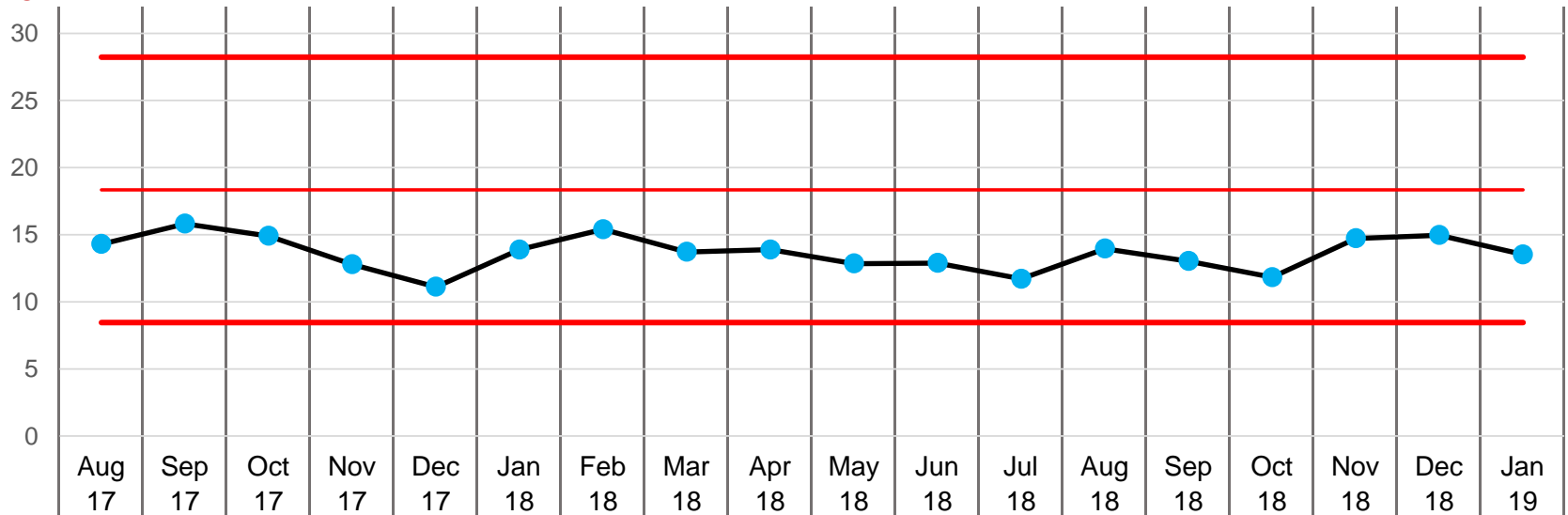
ASSESSMENTS WAITING BY LOCALITY

A count of people on Swift waiting for an Assessment by locality.

Legend:
- NE (yellow)
- NW (red)
- SE (blue)
- SW (green)
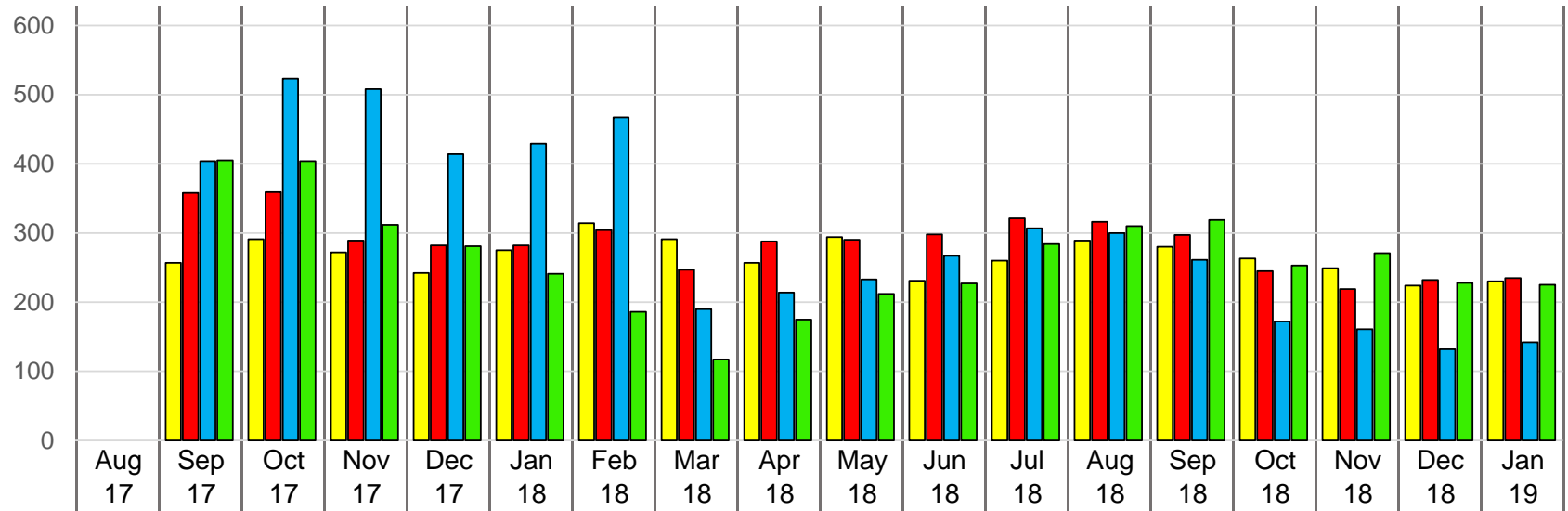
AVERAGE WAITS BY LOCALITY

The average length of time a person is on the waiting list for assessment.

Legend:
- NE (yellow)
- NW (red)
- SE (blue)
- SW (green)
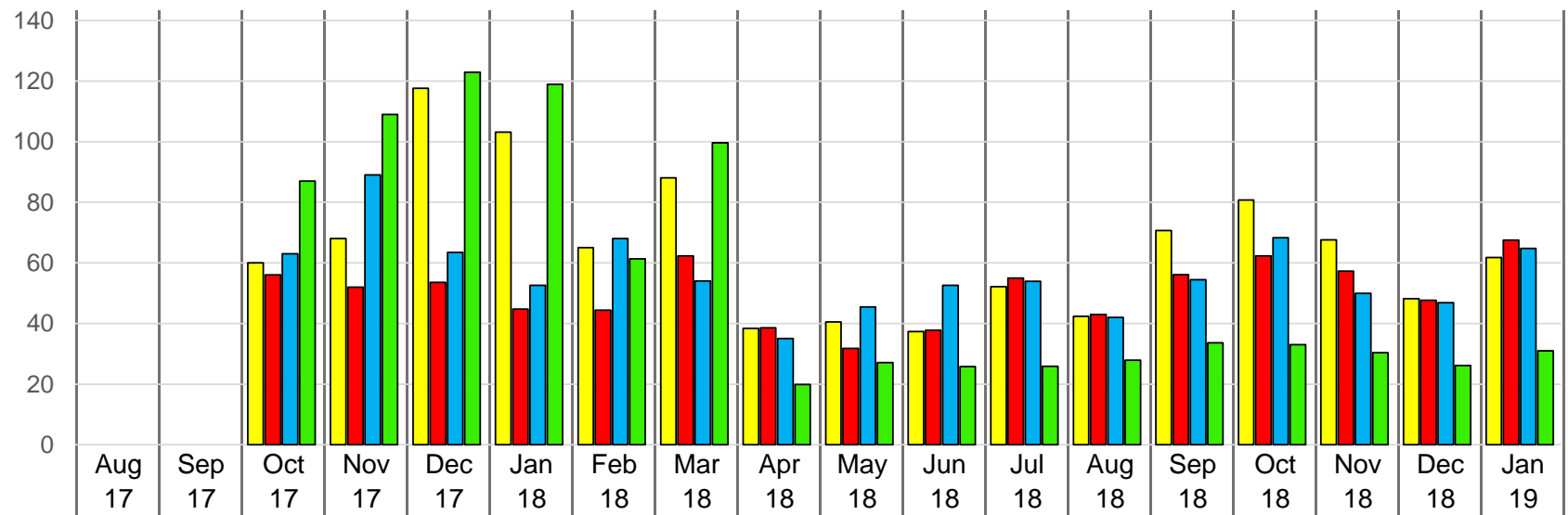
THE PERCENTAGE OF ASSESSMENTS OUTWITH TIMES BY LOCALITY

The percentage of cases awaiting assessment by sector practice teams on Swift on the last day of the month, which are outwith standard priority time-scales (14 days for Priority A, and 28 days for Priority B).

Legend:
- NE (yellow)
- NW (red)
- SE (blue)
- SW (green)

NUMBER OF ASSESSMENTS COMPLETED BY LOCALITY

The total number of assessments of all types carried out by all social care teams with an end date in the month.

Legend:
- NE (yellow)
- NW (red)
- SE (blue)
- SW (green)

NUMBER OF CARERS ASSESSMENTS COMPLETED BY LOCALITY

The total number of assessments of all types carried out by all social care teams with an end date in the month.

Legend:
- NE (yellow)
- NW (red)
- SE (blue)
- SW (green)
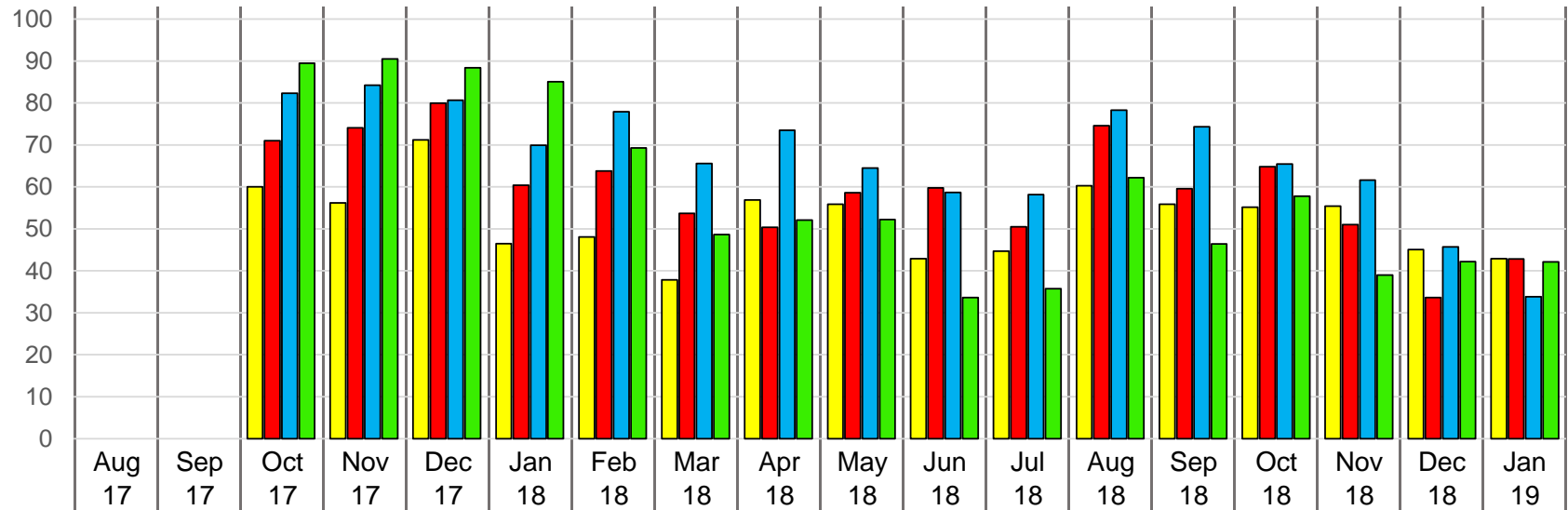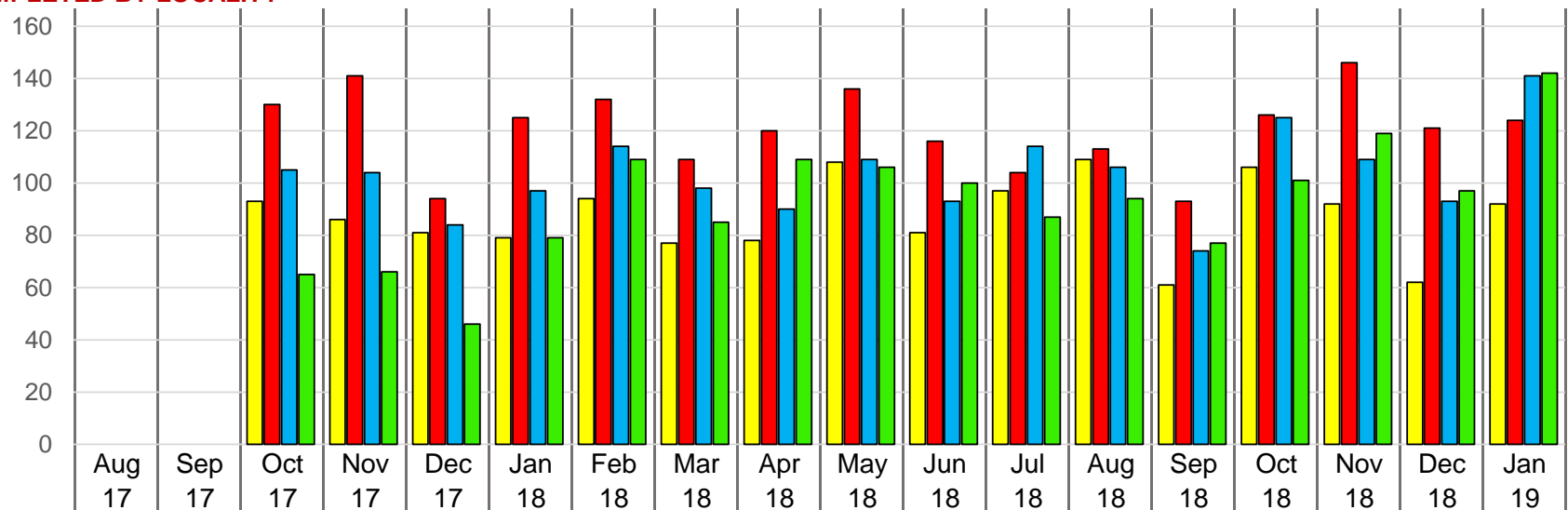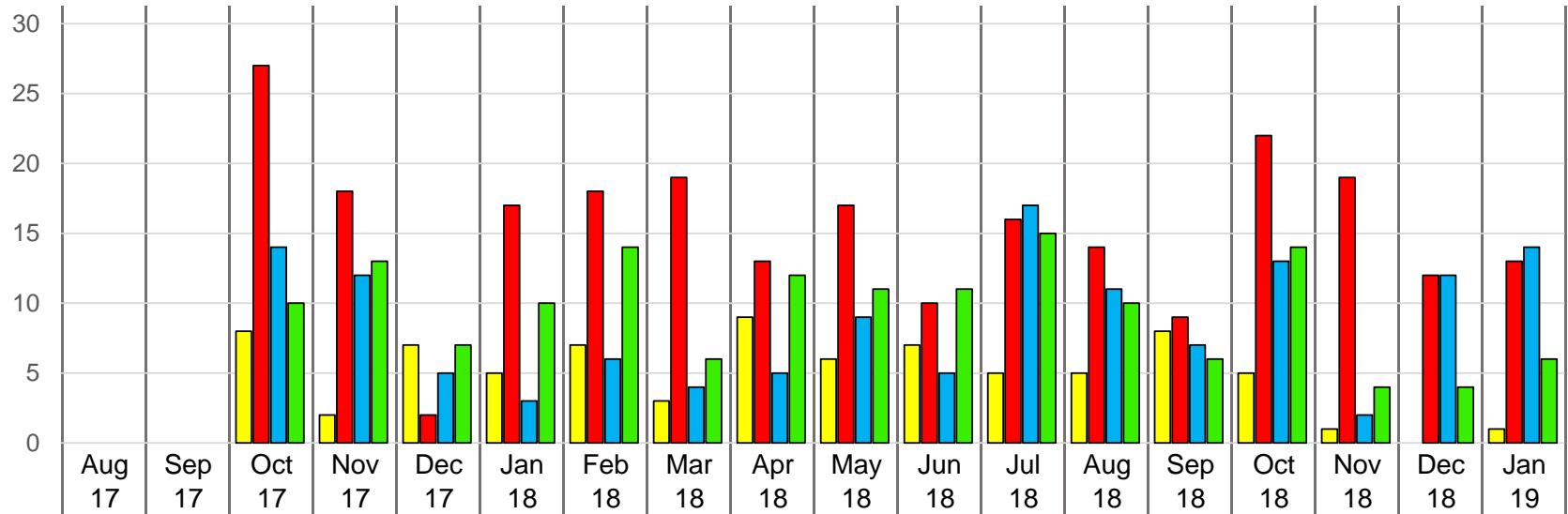
AVERAGE ASSESSMENT COMPLETION TIMES BY LOCALITY

The average time from the assessment start date to the assessment end date (in days) for all assessments carried out by social care teams in the month.

Legend:
- NE (yellow)
- NW (red)
- SE (blue)
- SW (green)
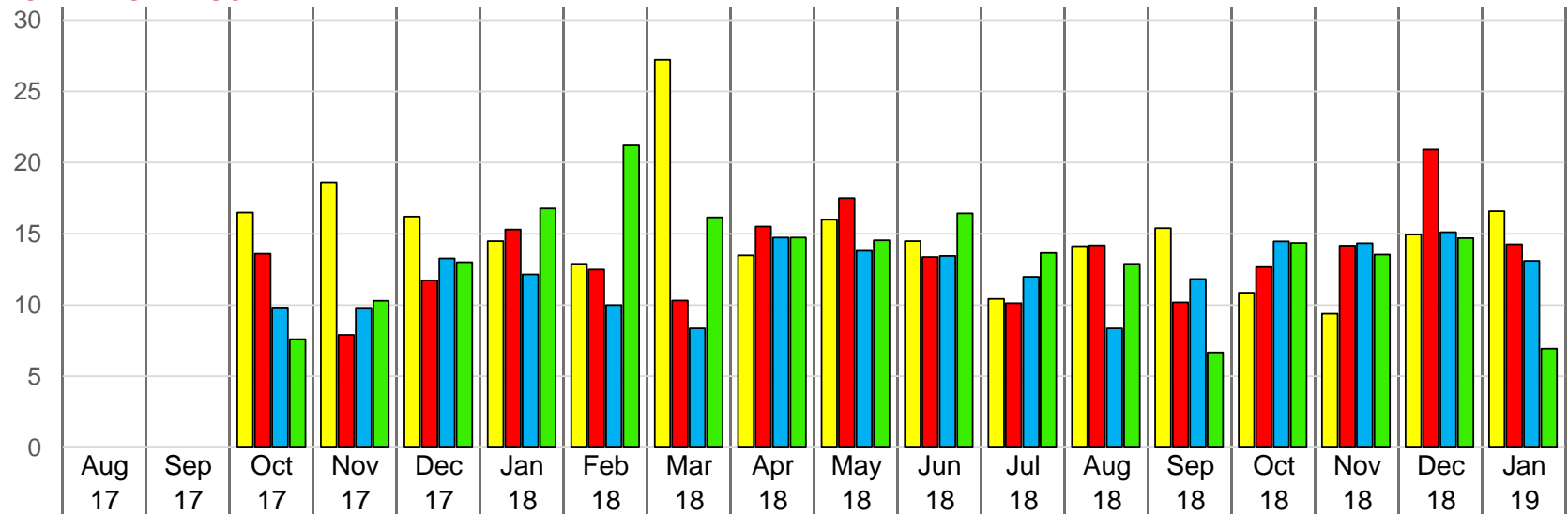
TABLE OF DATA

|		Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19
Waiting With HSC activity in the year		792	811	793	746	689	666	626	603	538	538	570	645	688	675	530	476	505	515
Without HSC activity in the year		1,044	1,167	1,171	1,045	903	898	956	941	950	885	956	1,079	1,102	1,074	918	852	691	730
Total waiting for Assessment		1,836	1,978	1,964	1,791	1,592	1,564	1,582	1,544	1,488	1,423	1,526	1,724	1,790	1,749	1,448	1,328	1,196	1,245
Average assessment waiting time		74	74	56	76	78	64	57	67	50	47	44	43	39	46	54	50	52	50
The % of assessments outwith times		74.9	81.2	74.6	72.8	74.8	61.2	61.8	61.4	57.1	56.5	45.1	44.5	65.5	52.3	55.2	47.6	35.1	34.6
Number of assessments completed		756	605	818	660	632	750	802	751	787	908	760	752	752	585	830	837	653	896
Carers assessments completed		31	27	54	57	40	77	70	70	78	83	63	89	62	42	82	54	57	100
Avge assessment completion time		14.3	15.8	14.9	12.8	11.1	13.9	15.4	13.7	13.9	12.8	12.9	11.7	14.0	13.0	11.8	14.7	15.0	13.5
Assessments waiting	NE	na	257	291	272	242	275	314	291	257	294	231	260	289	280	263	249	224	230
by locality	NW	na	358	359	289	282	282	304	247	288	290	298	321	316	297	245	219	232	235
	SE	na	404	523	508	414	429	467	190	214	233	267	307	300	261	172	161	132	142
	SW	na	405	404	312	281	241	186	117	175	212	227	284	310	319	253	271	228	225
	Locality Total	na	1,424	1,577	1,381	1,238	1,247	1,273	856	934	1,029	1,023	1,172	1,215	1,157	933	900	816	832
Average waits	NE	na	na	60	68	118	103	65	88	38	41	37	52	42	71	81	68	48	62
by locality	NW	na	na	56	52	54	45	44	62	39	32	38	55	43	56	62	57	48	68
	SE	na	na	63	89	63	53	68	54	35	45	53	54	42	54	68	50	47	65
	SW	na	na	87	109	123	119	61	100	20	27	26	26	28	34	33	30	26	31
	Locality Total	na	na	65	81	89	73	55	74	33	35	37	44	37	50	59	48	39	52
% assessments outwith	NE	na	na	60	56	71	46	48	38	57	56	43	45	60	56	55	55	45	43
times	NW	na	na	71	74	80	60	64	54	50	59	60	51	75	60	65	51	34	43
	SE	na	na	82	84	81	70	78	66	74	65	59	58	78	74	65	62	46	34
	SW	na	na	89	90	88	85	69	49	52	52	34	36	62	46	58	39	42	42
	Locality Total	na	na	77	78	80	65	66	50	58	58	50	48	69	58	60	50	41	41
Number of assessments	NE	na	na	93	86	81	79	94	77	78	108	81	97	109	61	106	92	62	92
completed	NW	na	na	130	141	94	125	132	109	120	136	116	104	113	93	126	146	121	124
	SE	na	na	105	104	84	97	114	98	90	109	93	114	106	74	125	109	93	141
	SW	na	na	65	66	46	79	109	85	109	106	100	87	94	77	101	119	97	142
	Locality Total	na	na	550	539	391	479	543	480	513	563	484	449	474	348	513	513	396	533

More-

SECTION 2 - ASSESSMENTS

		Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19
Carers assessments completed	NE	na	na	8	2	7	5	7	3	9	6	7	5	5	8	5	1	na	1
	NW	na	na	27	18	2	17	18	19	13	17	10	16	14	9	22	19	12	13
	SE	na	na	14	12	5	3	6	4	5	9	5	17	11	7	13	2	12	14
	SW	na	na	10	13	7	10	14	6	12	11	11	15	10	6	14	4	4	6
	Locality Total	na	na	59	45	21	35	45	32	39	43	33	53	40	30	54	26	28	34
Average assessment completion time	NE	na	na	17	19	16	14	13	27	13	16	14	10	14	15	11	9	15	17
	NW	na	na	14	8	12	15	13	10	16	18	13	10	14	10	13	14	21	14
	SE	na	na	10	10	13	12	10	8	15	14	13	12	8	12	14	14	15	13
	SW	na	na	8	10	13	17	21	16	15	15	16	14	13	7	14	14	15	7
	Locality Total	na	na	12	11	13	15	16	14	15	15	16	13	13	14	14	16	17	13

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KEY	
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Chart axis does not start at zero	

DELAYED DISCHARGE

The total number of people waiting for discharge on the last Thursday of each month.

(Figures prior to Sep 18 do not include those waiting with complex needs)

- - - New Target

Assisted discharges
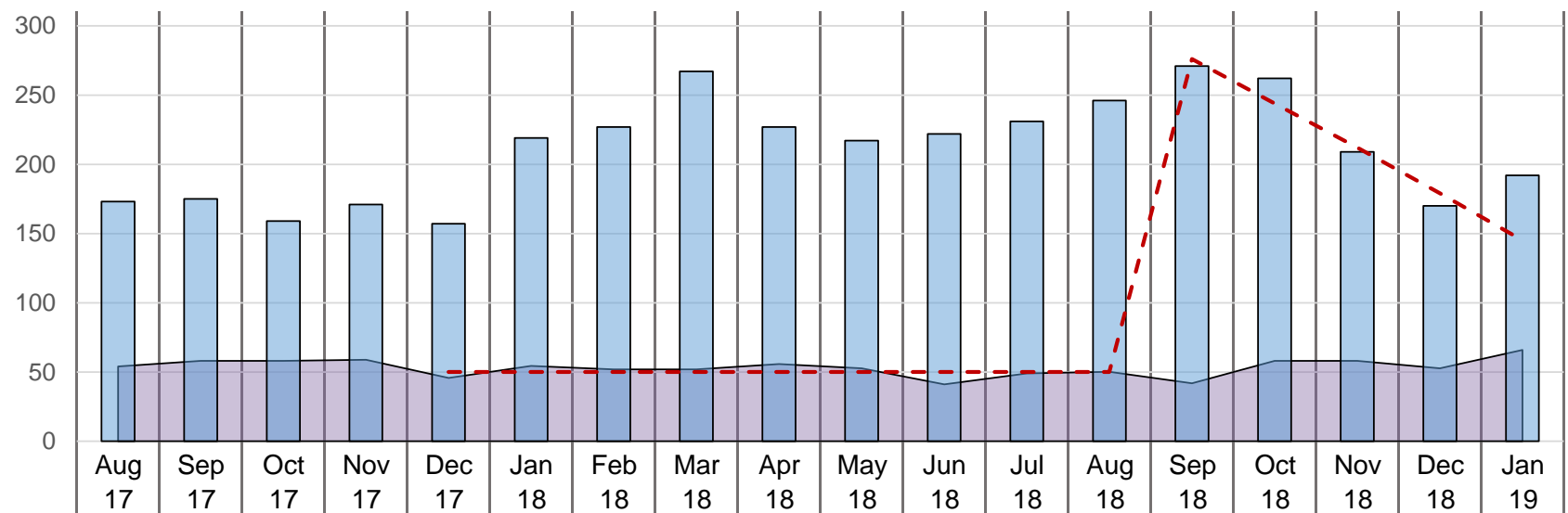
AWAITING A PACKAGE OF CARE

The total number of people waiting for a care package (excluding reablement) at the end of each month.

Hospital
Community
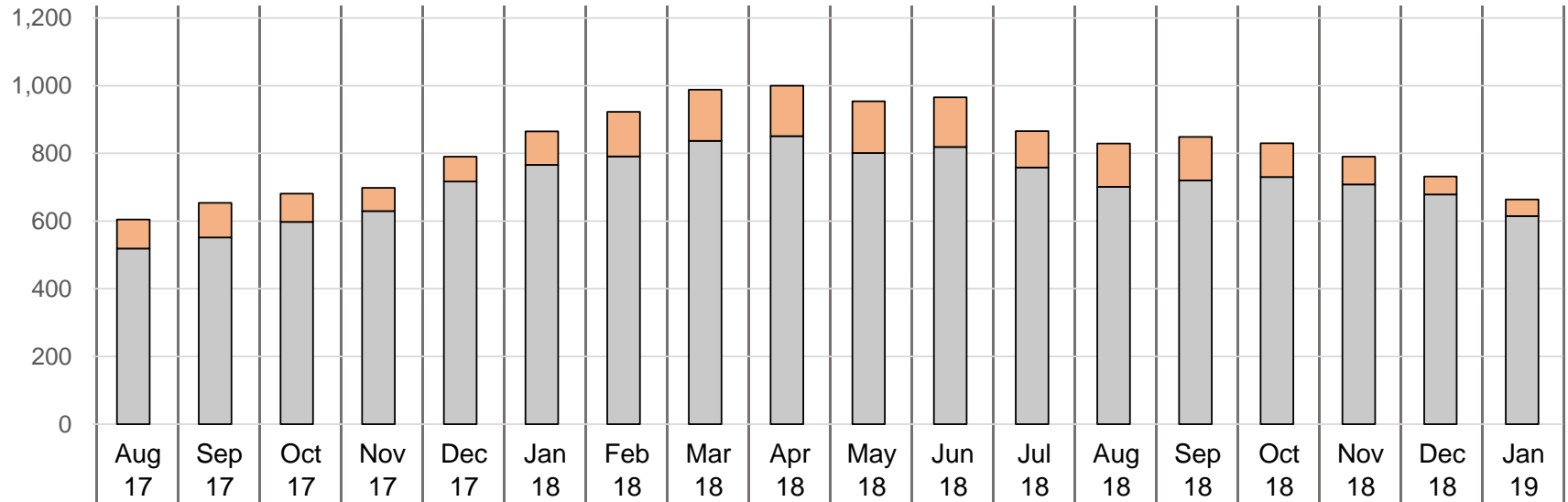
DRUG TREATMENT WAIT

The percentage of people receiving treatment for drug and alcohol abuse who are seen within three weeks.

Figures are collated quarterly

••••••• Target (90%)

	Mar 16	Jun 16	Sep 16	Dec 16	Mar 17	Jun 17	Sep 17	Dec 17	Mar 18	Jun 18	Sep 18	Dec 18
Values:	na	79	79	85	88	88	84	82	86	88	87	86
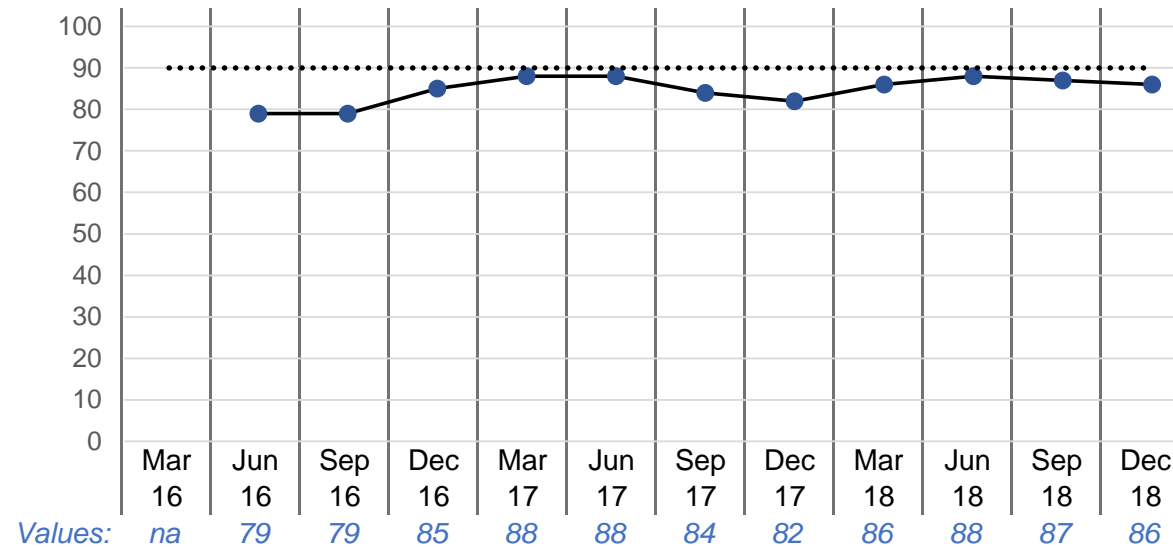
GP RESTRICTED LIST

The number of GP practices in Edinburgh that are not accepting new registrations, or have restrictions on registrations.

- ‥O‥ Number of GP practices

- ● 13 below average

- O Beyond control limit
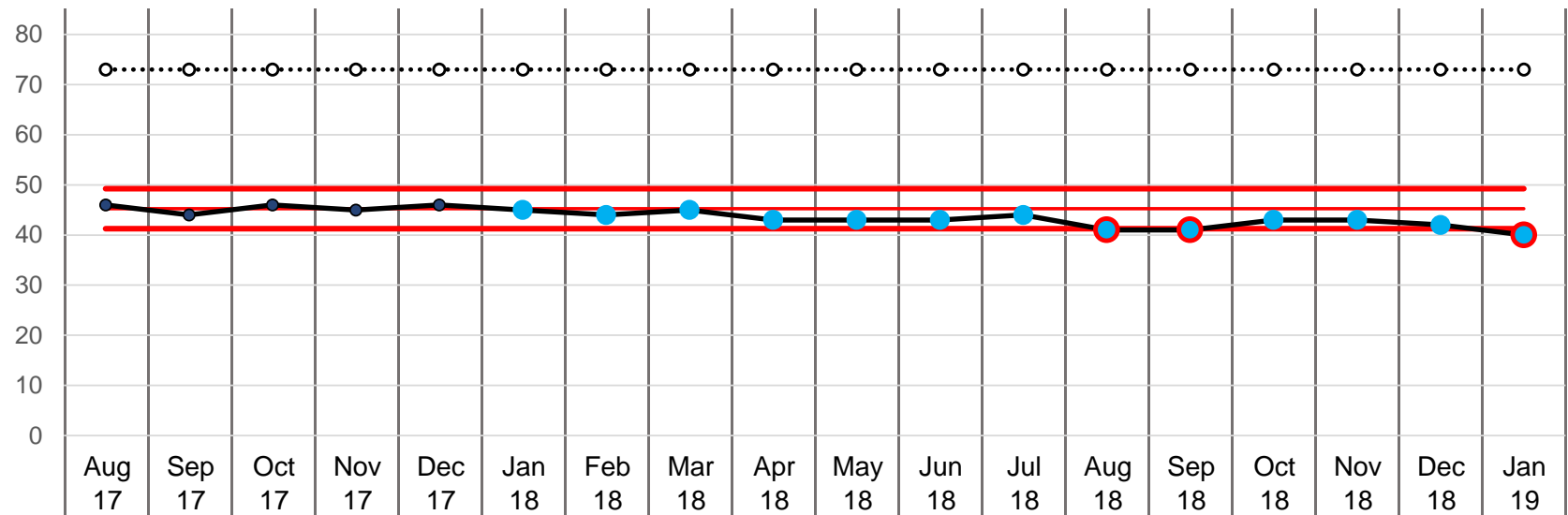
Control chart limits are based on the 4 month period ending on Dec 17

DELAYED DISCHARGE BY LOCALITY

The total number of people waiting for discharge on the last Thursday of each month.

- NE
- NW
- SE
- SW

AWAITING A PACKAGE OF CARE BY LOCALITY

The total number of people waiting for a care package (excluding reablement) at the end of each month.

Legend:
- Hospital
- NE Community
- NW Community
- SE Community
- SW Community

GP RESTRICTED LIST BY LOCALITY

The number of GP practices in Edinburgh that are not accepting new registrations, or have restrictions on registrations.

Legend:
- NE
- NW
- SE
- SW

TABLE OF DATA

	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19
Delayed discharge total	173	175	159	171	157	219	227	267	227	217	222	231	246	271	262	209	170	192
Target	na	na	na	na	50	50	50	50	50	50	50	50	50	276	244	212	179	145
Assisted discharges	54.0	58.0	58.0	58.8	45.6	54.4	51.8	51.9	55.8	52.6	41.1	49.0	50.1	41.8	58.0	58.1	52.6	65.9
Waiting in community for package	519	552	598	630	717	766	791	837	851	801	819	758	701	720	730	708	679	615
Waiting in Hospital	86	102	83	68	73	99	132	151	149	153	147	108	128	129	100	82	53	49
Drug wait: % meeting 3 week target	89	84	na	na	82	na	na	86	na	na	88	na	na	87	na	na	86	na
Target	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90	90
Delayed Discharges NE	32	26	27	24	39	45	70	46	42	59	59	62	61	63	58	37	37	44
by locality NW	51	50	55	48	66	58	71	73	65	55	55	69	86	79	84	54	45	53
SE	50	44	51	47	56	56	81	42	46	52	52	40	38	65	54	52	45	45
SW	39	38	38	38	58	67	1	62	58	55	55	57	58	62	63	62	42	48
Waiting in Community NE	99	110	118	125	136	125	138	151	159	163	193	186	168	163	170	160	150	117
by locality NW	159	161	161	174	209	238	235	239	241	216	215	215	227	245	223	220	227	210
SE	135	149	172	188	212	220	219	241	238	212	193	156	147	135	150	150	127	120
SW	126	132	147	143	160	183	199	206	213	210	218	211	159	177	187	178	175	168
Waiting in Hospital NE	15	12	8	10	6	16	19	25	35	37	43	26	33	19	25	15	12	11
by locality NW	25	38	27	16	21	31	40	47	41	39	36	34	41	39	20	20	11	11
SE	27	25	28	25	26	27	30	31	23	30	23	13	13	24	19	17	13	13
SW	19	27	20	17	20	25	43	48	40	47	45	31	41	42	36	30	17	14
GP Restricted List NE	12	12	12	12	12	11	11	12	11	11	11	11	10	10	11	11	10	10
by locality NW	11	8	11	11	11	11	11	11	10	10	10	10	9	8	9	9	9	9
SE	15	15	15	13	13	12	12	12	12	12	12	13	13	14	14	14	13	11
SW	8	9	8	9	10	11	10	10	10	10	10	10	9	9	9	9	10	10
Total Restricted	46	44	46	45	46	45	44	45	43	43	43	44	41	41	43	43	42	40
Total number of GP practices	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73	73

INDEX	City	By Locality
Balance of Care	page 4-1	
Proportion choosing DP/ISF	page 4-2	
Table of service data	page 4-2	

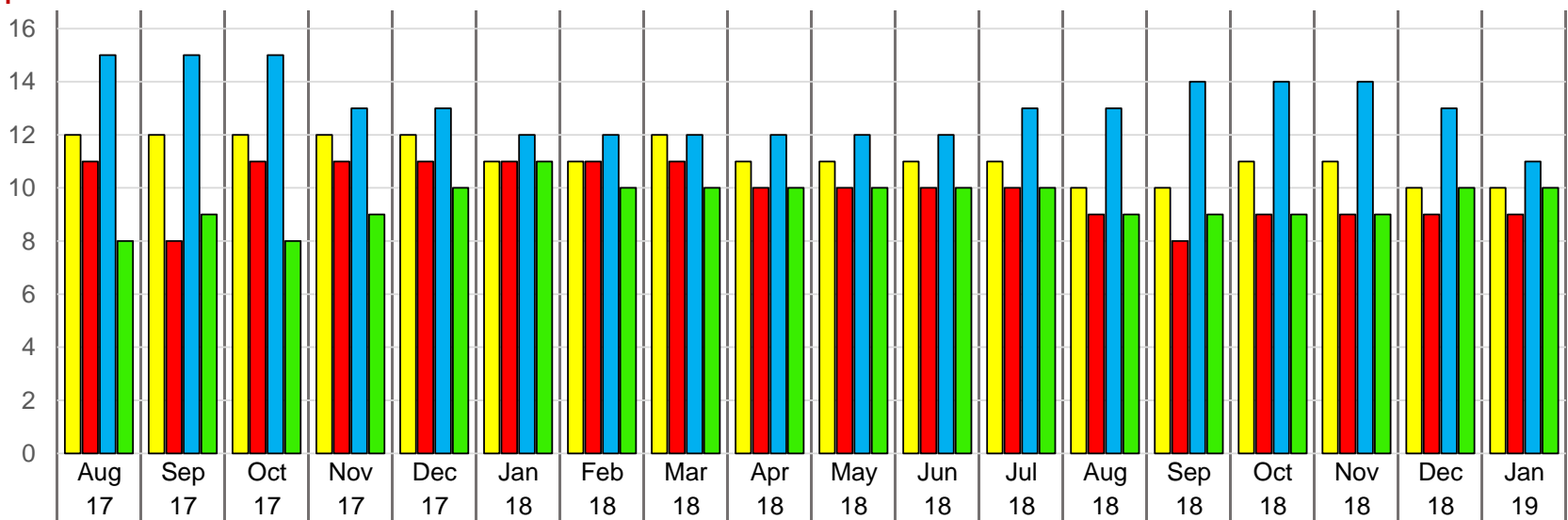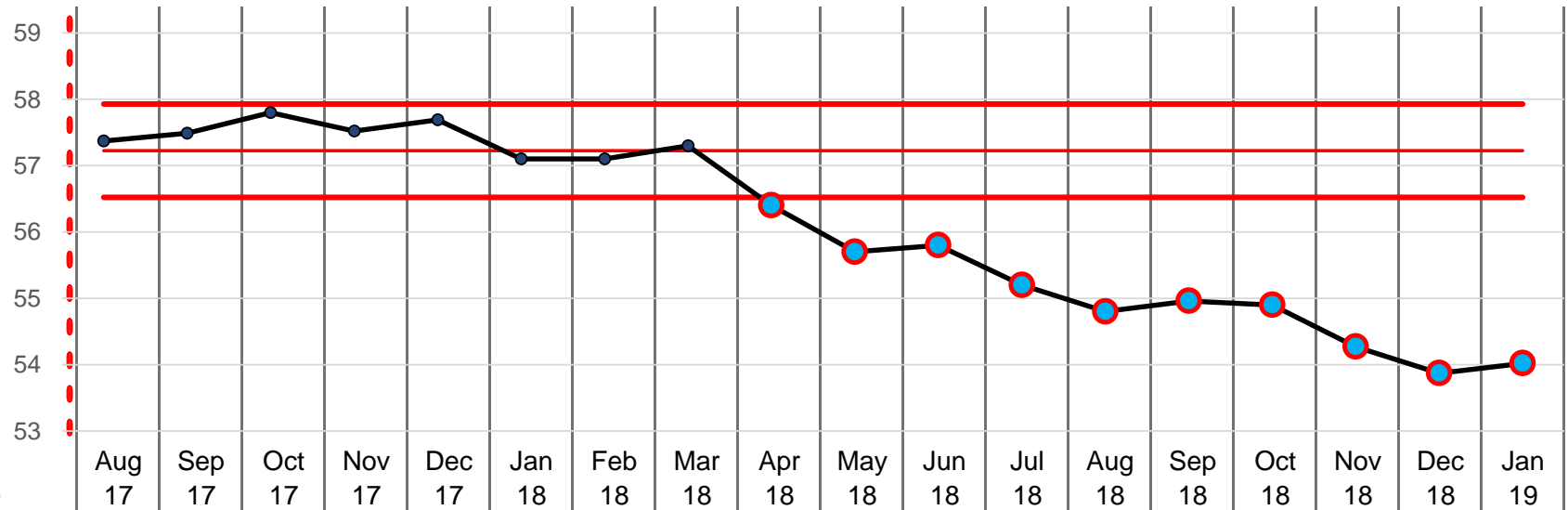| KEY	
text in black	bar chart
text in red	control chart
text in green	data table
Chart axis does not start at zero	

BALANCE OF CARE

The number of adults (aged 18+) receiving personal care at home or direct payments for personal care, as a percentage of the total number of adults receiving care.

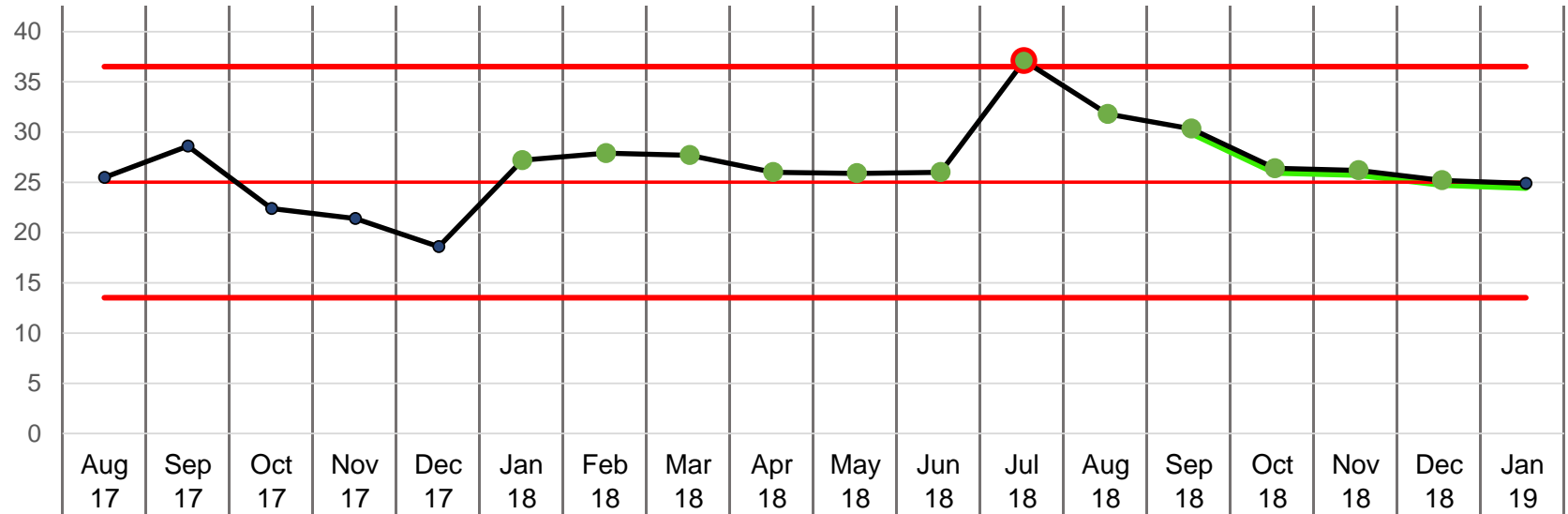● 10 below average

O Beyond control limit

Control chart limits are based on the 12 month period ending on Mar 17

PERCENTAGE OF PEOPLE CHOOSING DP OR ISF UNDER SDS LEGISLATION

The proportion of people choosing DP or ISF under SDS legislation.

● 12 above average

▬ Continuous reduction
O Beyond control limit

Control chart limits are based on the 5 month period ending on Sep 17

TABLE OF DATA

	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19
SERVICE Balance of Care	57.4	57.5	57.8	57.5	57.7	57.1	57.1	57.3	56.4	55.7	55.8	55.2	54.8	55.0	54.9	54.3	53.9	54.0
Proportion choosing DP or ISF	25.5	28.6	22.4	21.4	18.6	27.2	27.9	27.7	26.0	25.9	26.0	37.1	31.8	30.3	26.4	26.2	25.2	24.9

INDEX	City	By Locality
Reviews overdue	page 5-1	page 5-4
Reviews overdue (control chart)	page 5-2	
Reviews completed	page 5-2	page 5-5
Reviews within 14 days	page 5-3	page 5-5
Longest wait for review	page 5-3	page 5-6
People reviewed in year	page 5-4	page 5-6
Table of review data	page 5-7	

KEY	
text in black	bar chart
text in red	control chart
text in green	data table
Chart axis does not start at zero	

INDIVIDUALS WAITING FOR A REVIEW

A count of people on Swift waiting for a Review.

Figures are split into those with social care assessment or review activity in the past 12 months, and those without.

Legend:
- With activity in year (red)
- Without activity in year (yellow)
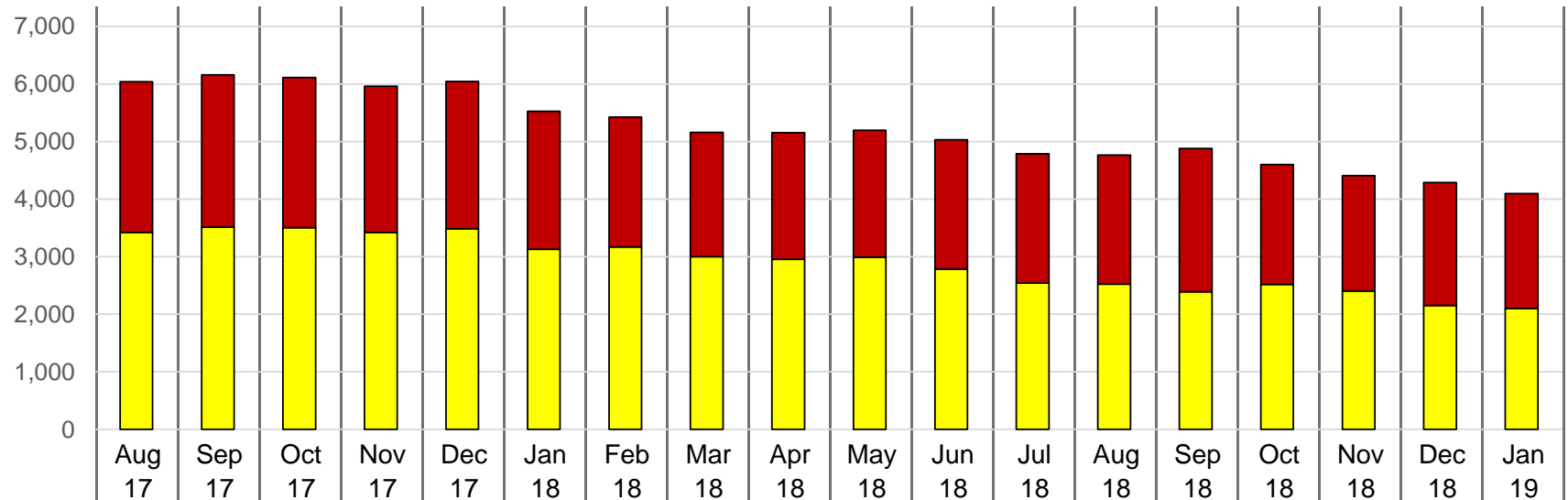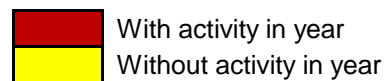
INDIVIDUALS WAITING FOR A REVIEW

A count of people on Swift waiting for a Review.

- 🔵 13 below average
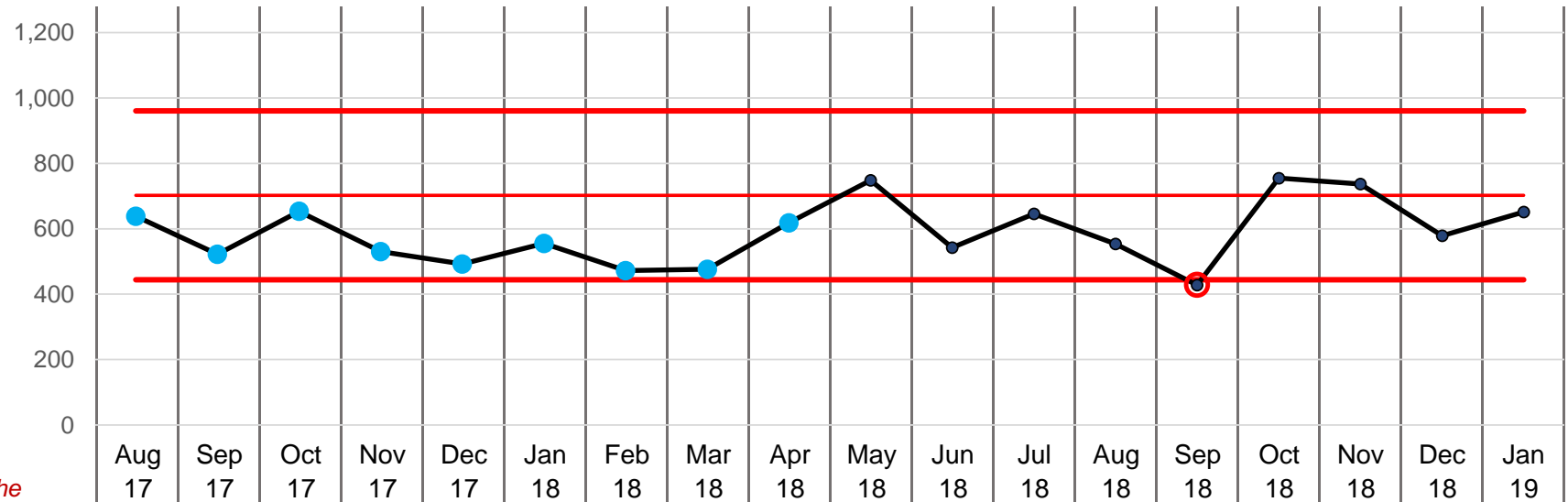- ━━ Continuous reduction
- ⭕ Beyond control limit
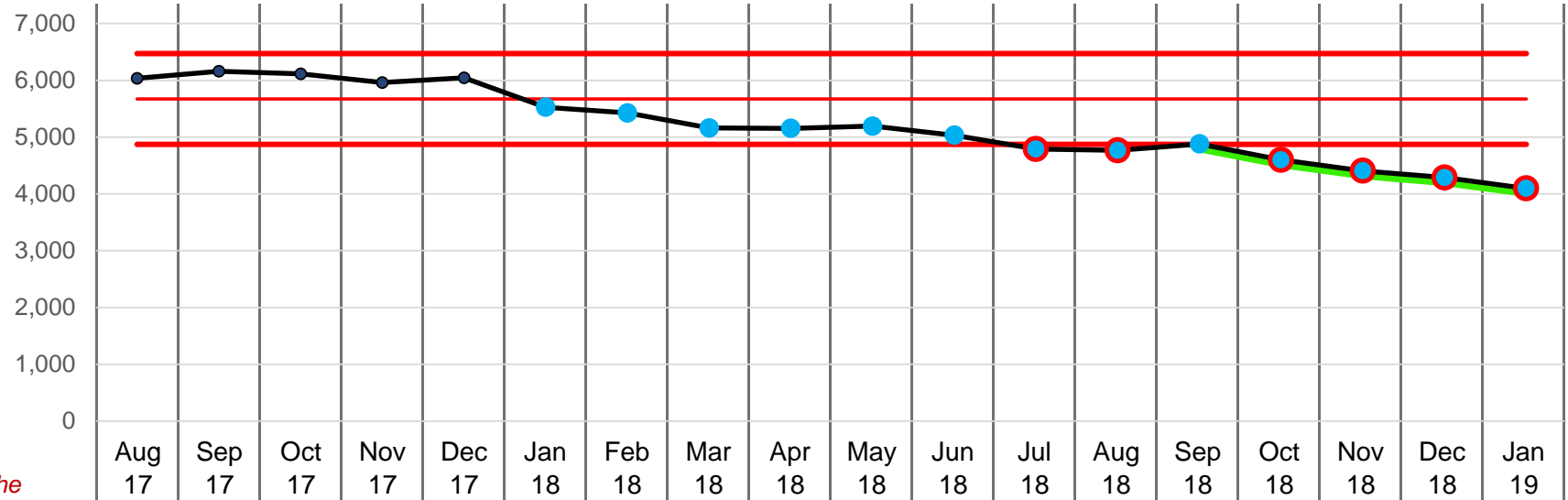
Control chart limits are based on the 12 month period ending on Mar 17

NUMBER OF REVIEWS COMPLETED

The number of reviews completed during the month that are recorded on Swift. This includes personal plan reviews.
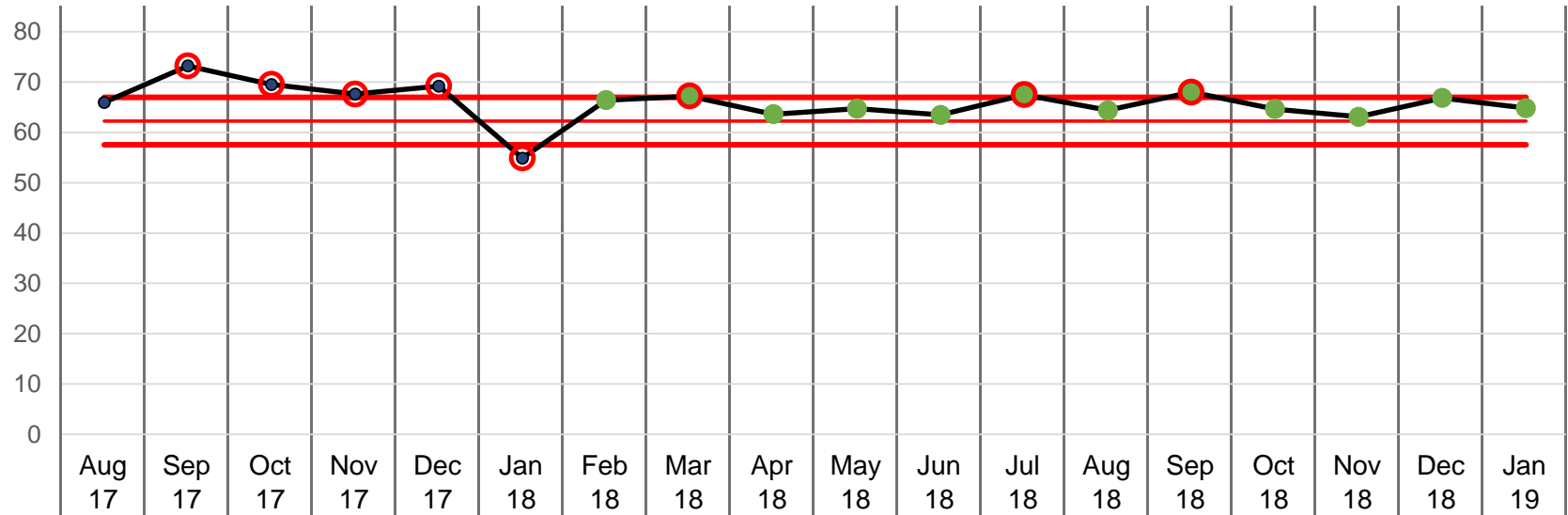
- 🔵 9 below average
- ⭕ Beyond control limit

Control chart limits are based on the 12 month period ending on Mar 17

THE PERCENTAGE OF REVIEWS COMPLETED WITHIN 14 DAYS OF DUE DATE

The number of reviews completed within the month which are completed no later than 14 days after the due date.

● 12 above average

O Beyond control limit

Control chart limits are based on the 12 month period ending on Mar 17
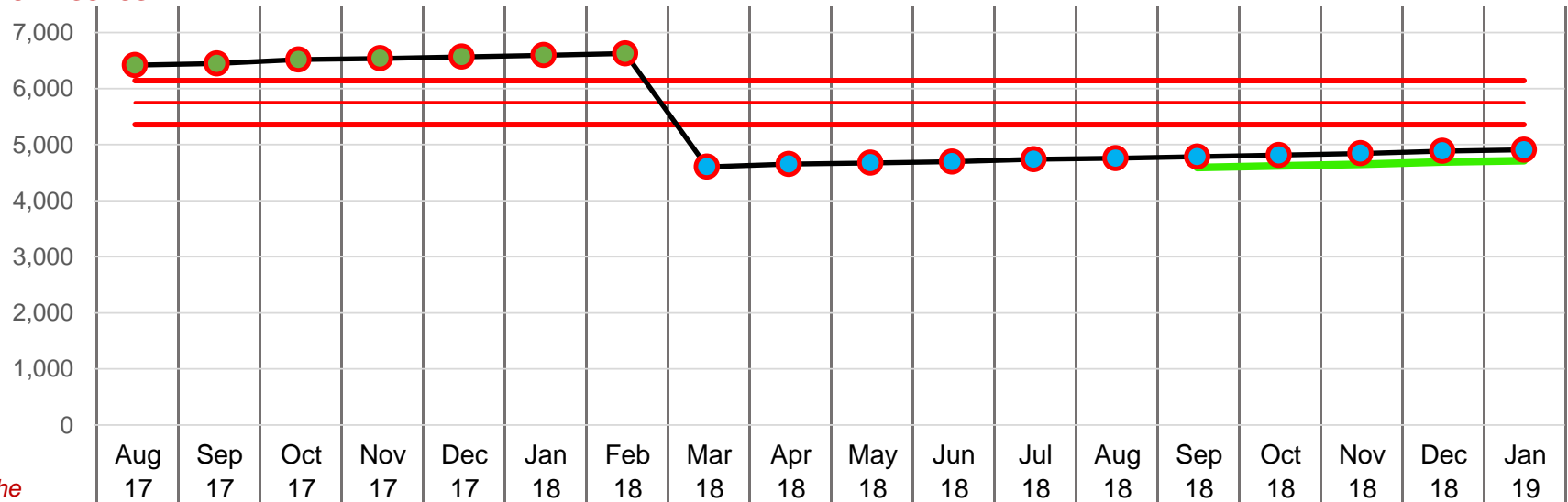

LONGEST WAIT FOR A REVIEW OR ASSESSMENT

The longest time since the last assessment or review for current clients.

● 7 above average
● 11 below average
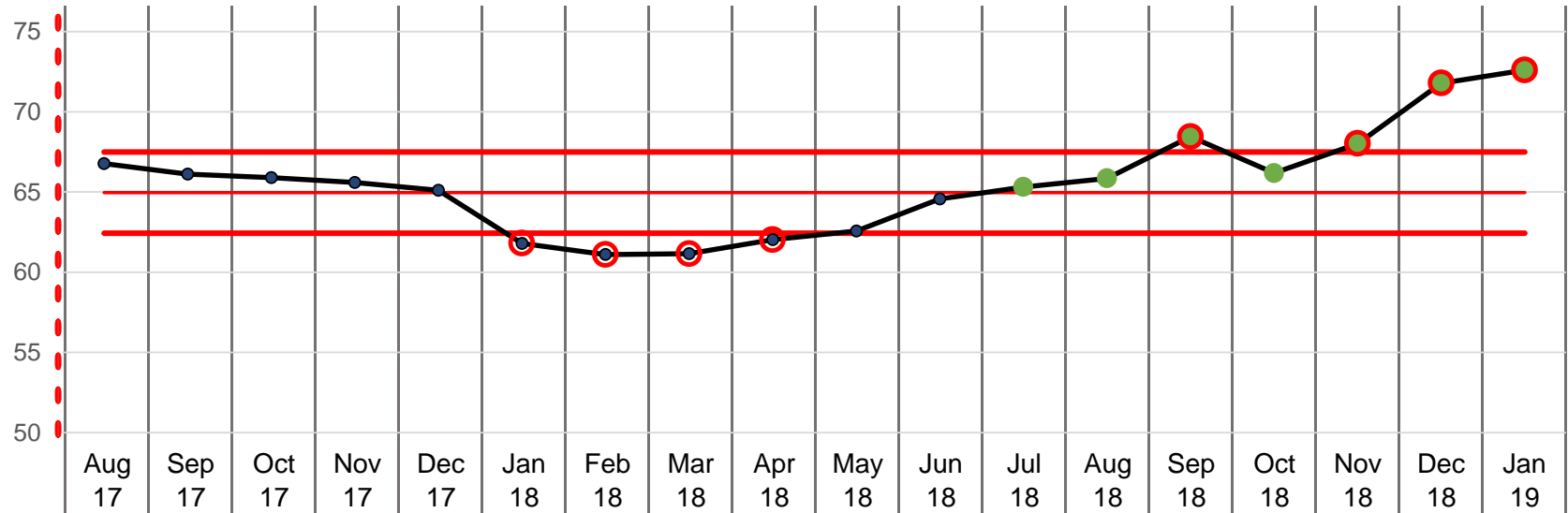▬ Continuous increase
O Beyond control limit

Control chart limits are based on the 18 month period ending on Oct 18

SERVICE USERS WITH REVIEWS IN THE LAST YEAR

The percentage of service users with reviews in the in the last year.
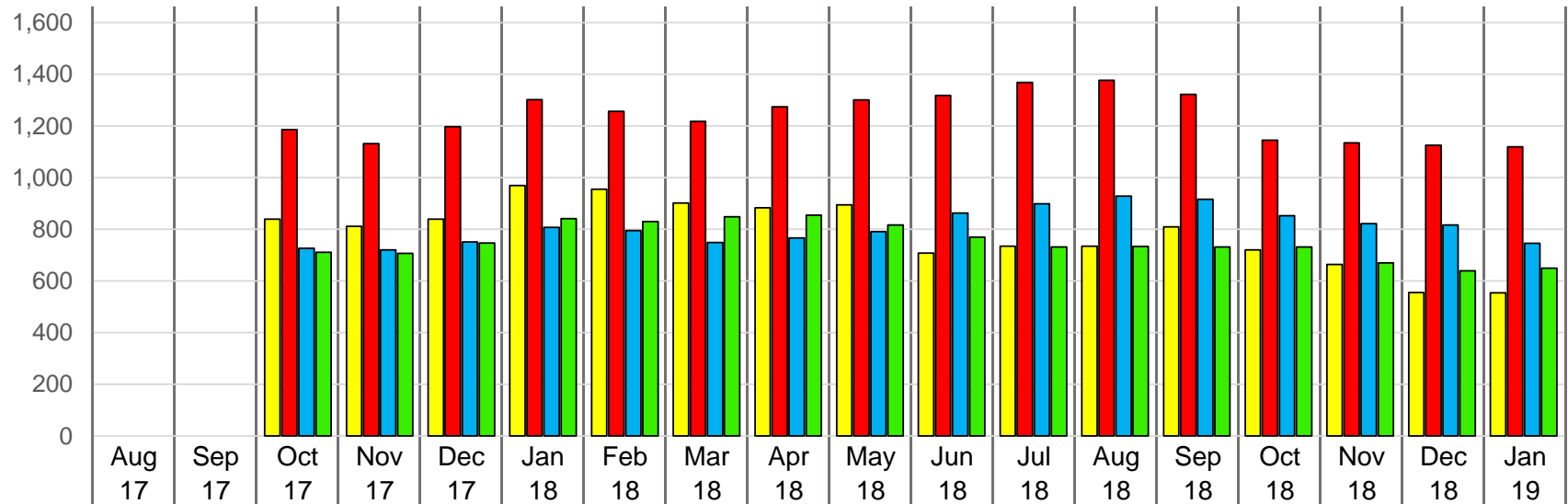
● 7 above average

O Beyond control limit

Control chart limits are based on the 18 month period ending on Oct 18

REVIEWS WAITING BY LOCALITY

A count of people on Swift waiting for a review by locality.

NE
NW
SE
SW

NUMBER OF REVIEWS COMPLETED

The number of reviews completed during the month that are recorded on Swift. This includes personal plan reviews.
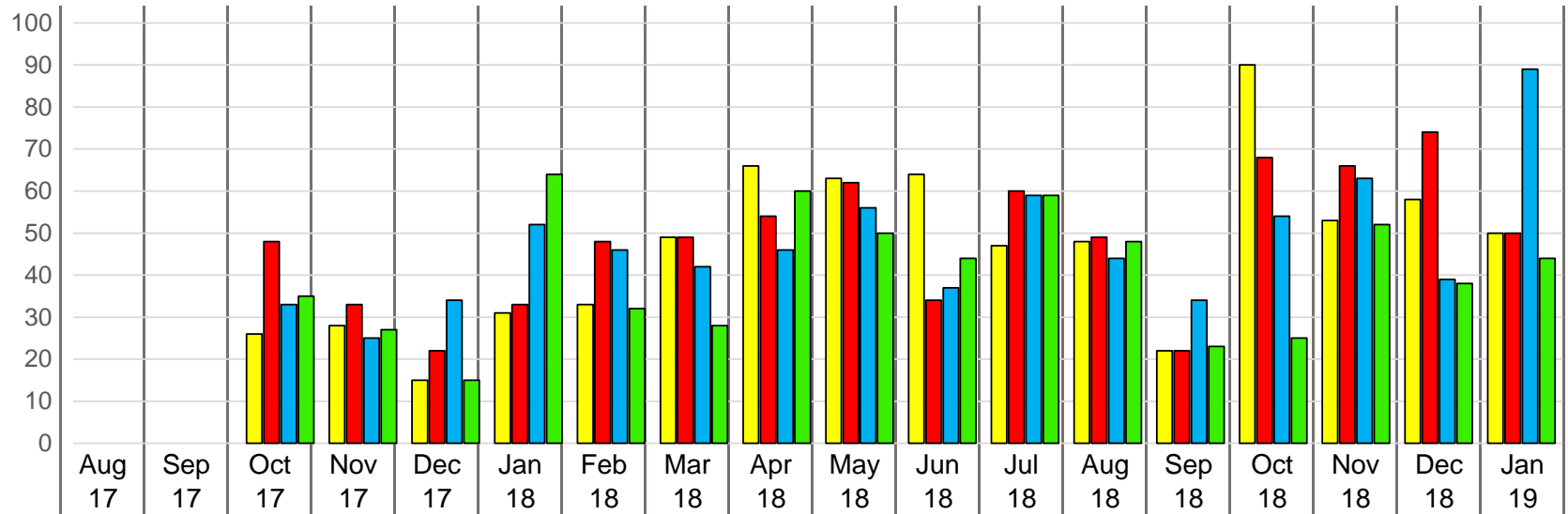
THE PERCENTAGE OF REVIEWS COMPLETED WITHIN 14 DAYS OF DUE DATE BY LOCALITY

The number of reviews completed within the month which are completed no later than 14 days after the due date.

LONGEST WAIT FOR A REVIEW OR ASSESSMENT BY LOCALITY

The longest time since the last assessment or review for current clients.

Legend:
- NE (yellow)
- NW (red)
- SE (blue)
- SW (green)
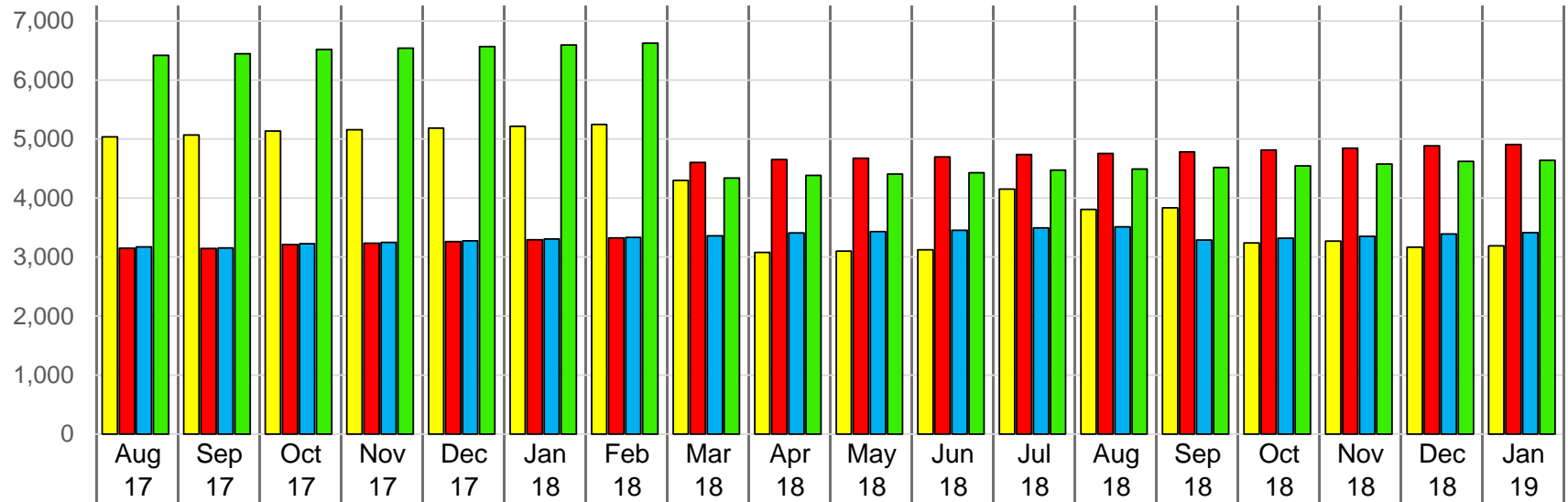
SERVICE USERS WITH REVIEWS IN THE LAST YEAR BY LOCALITY

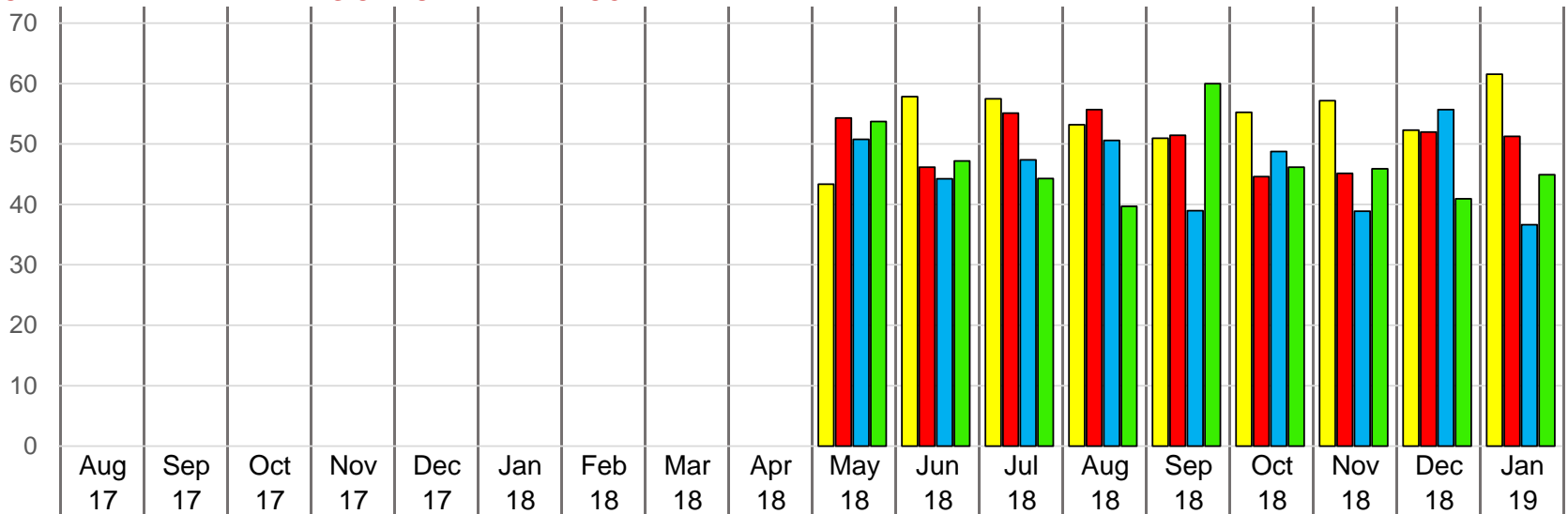The percentage of service users with reviews in the in the last year.

Legend:
- NE (yellow)
- NW (red)
- SE (blue)
- SW (green)

TABLE OF DATA

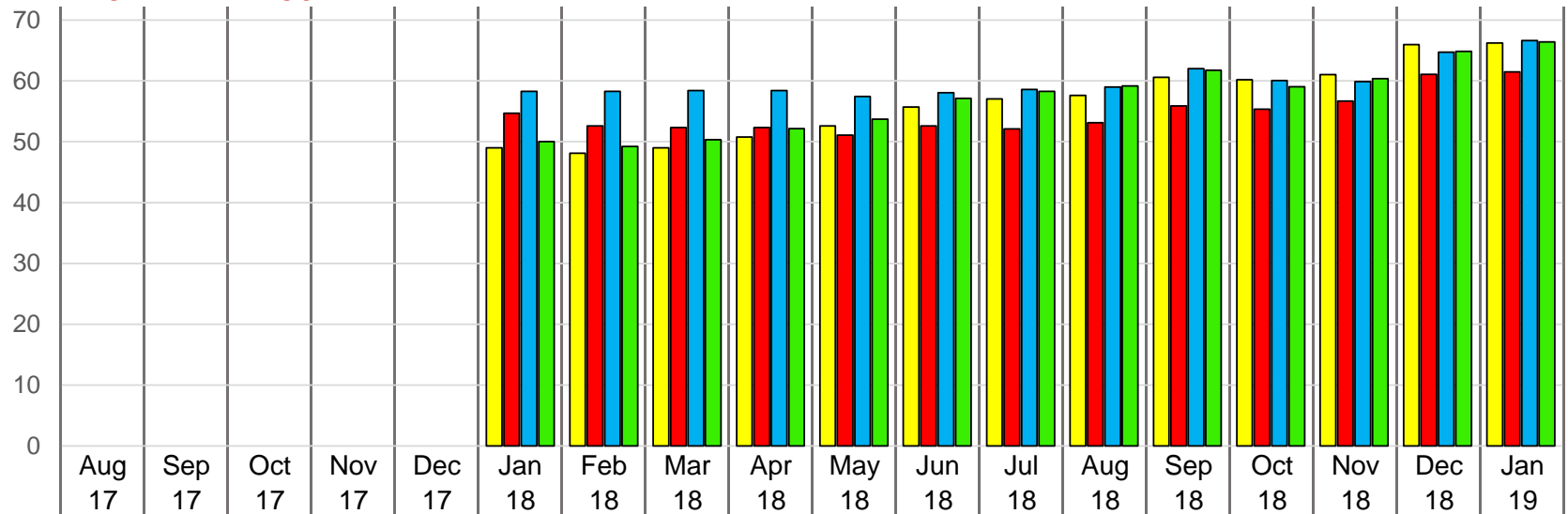|	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19
With HSC activity in the year	2,615	2,646	2,610	2,540	2,562	2,396	2,256	2,160	2,201	2,204	2,246	2,248	2,243	2,489	2,082	2,002	2,135	1,992
Without HSC activity in the year	3,422	3,513	3,503	3,422	3,484	3,129	3,169	3,001	2,954	2,990	2,787	2,542	2,523	2,392	2,518	2,404	2,152	2,104
Total waiting for Review	**6,037**	**6,159**	**6,113**	**5,962**	**6,046**	**5,525**	**5,425**	**5,161**	**5,155**	**5,194**	**5,033**	**4,790**	**4,766**	**4,881**	**4,600**	**4,406**	**4,287**	**4,096**
Reviews completed	638	522	653	530	492	555	472	476	618	748	542	646	554	428	755	737	579	651
% Reviews within 14 days	66.0	73.2	69.5	67.6	69.2	54.9	66.4	67.2	63.6	64.7	63.5	67.5	64.4	68.0	64.6	63.1	66.8	64.8
Longest wait for a review or assmt	6,418	6,447	6,516	6,538	6,566	6,595	6,626	4,604	4,652	4,674	4,695	4,738	4,756	4,784	4,812	4,843	4,885	4,906
% Service users with revs in the year	66.8	66.1	65.9	65.6	65.1	61.8	61.1	61.1	62.0	62.6	64.6	65.3	65.9	68.4	66.2	68.0	71.8	72.6
Reviews waiting by locality NE	na	na	839	811	839	969	955	902	883	894	708	734	734	809	720	664	555	554
NW	na	na	1,186	1,131	1,197	1,302	1,257	1,218	1,274	1,301	1,318	1,368	1,377	1,322	1,145	1,134	1,125	1,119
SE	na	na	726	720	751	807	795	749	766	791	863	899	928	916	852	822	816	746
SW	na	na	711	707	747	841	830	848	854	817	769	731	733	731	731	670	639	649
Old Teams	na	na	151	143	72	421	221	440	55	52	25	17	11	9	6	1	1	1
Reviews completed by locality NE	na	na	26	28	15	31	33	49	66	63	64	47	48	22	90	53	58	50
NW	na	na	48	33	22	33	48	49	54	62	34	60	49	22	68	66	74	50
SE	na	na	33	25	34	52	46	42	46	56	37	59	44	34	54	63	39	89
SW	na	na	35	27	15	64	32	28	60	50	44	59	48	23	25	52	38	44
Old Teams	na	na	65	128	86	178	64	205	297	305	237	240	205	111	265	269	229	249

INDEX	City	By Locality
Adult protection referrals	page 6-1	page 6-2
Adult protection open cases	page 6-2	page 6-3
Table of adult protection data	page 6-3	

| KEY	
text in black	bar chart
text in red	control chart
text in green	data table
Chart axis does not start at zero	

ADULT PROTECTION REFERRALS

The number of individuals with adult protection contacts in the month (where the contact reason is 'ASP duty to enquire' or 'ASP (Large Scale Enquiry)', or where no AP contact is recorded but the casenote type is 'ASP Duty to Enquire Summary Questionnaire'.

Previous year's data
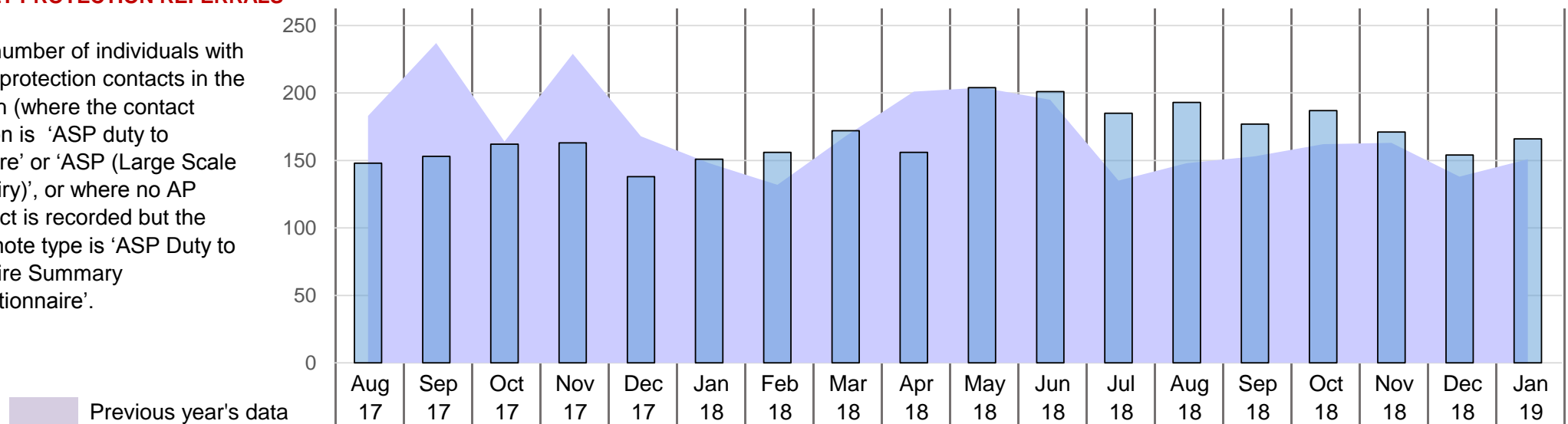
ADULT PROTECTION OPEN CASES

Cases with Adult Protection activity (IRD, investigation, case conference (initial or review)) in the month, with an outcome of 'to continue AP work' or with a case conference due in the future. Each person is counted once.

Previous year's data
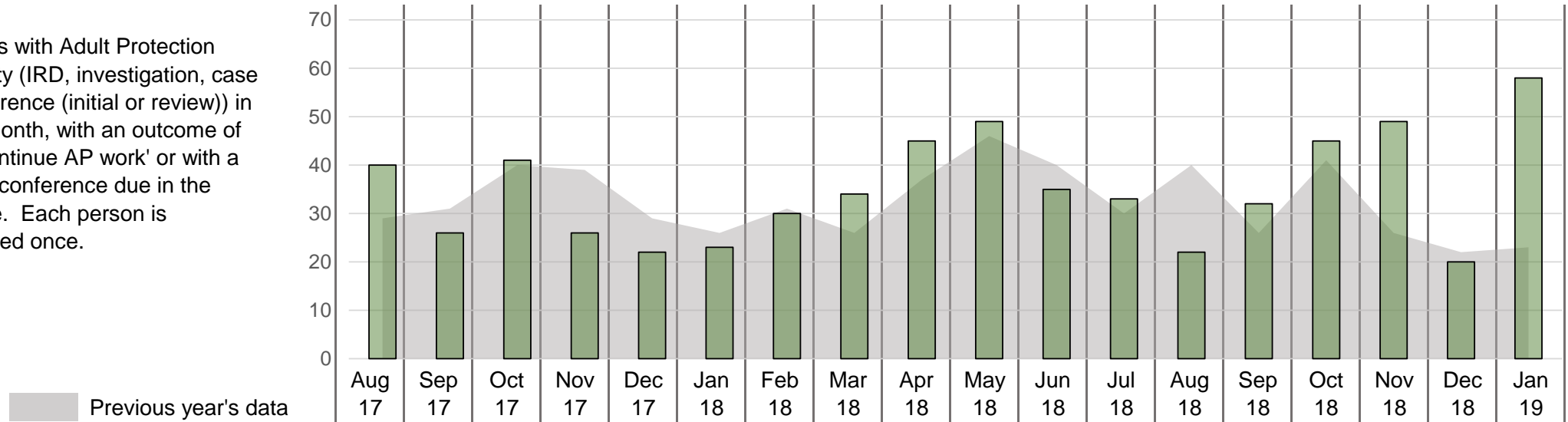
ADULT PROTECTION REFERRALS BY LOCALITY

The number of individuals with adult protection contacts in the month (where the contact reason is 'ASP duty to enquire' or 'ASP (Large Scale Enquiry)', or where no AP contact is recorded but the casenote type is 'ASP Duty to Enquire Summary Questionnaire'.
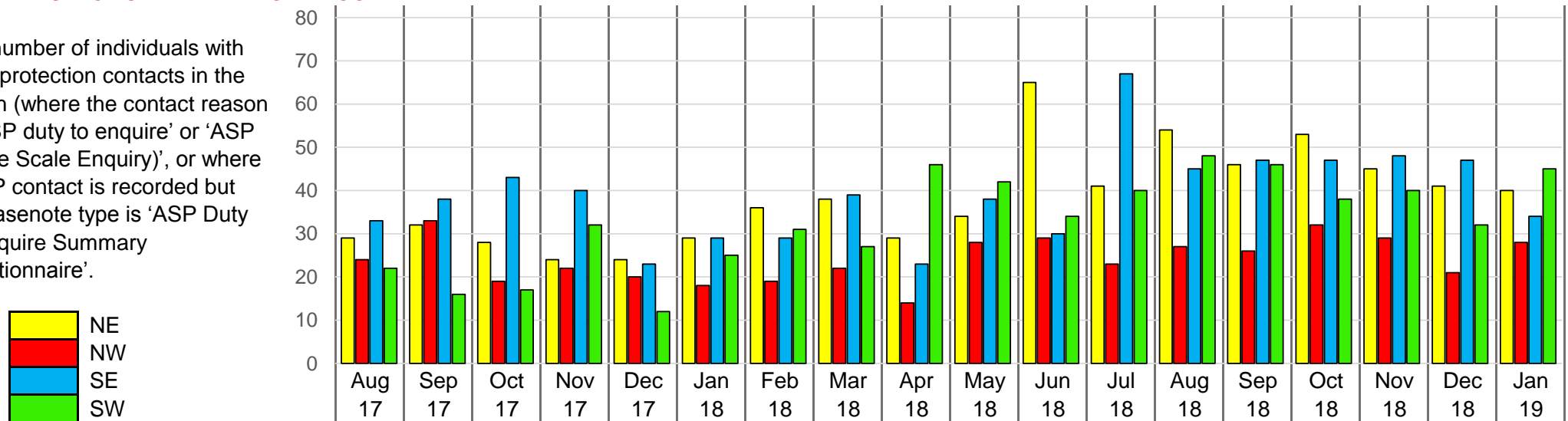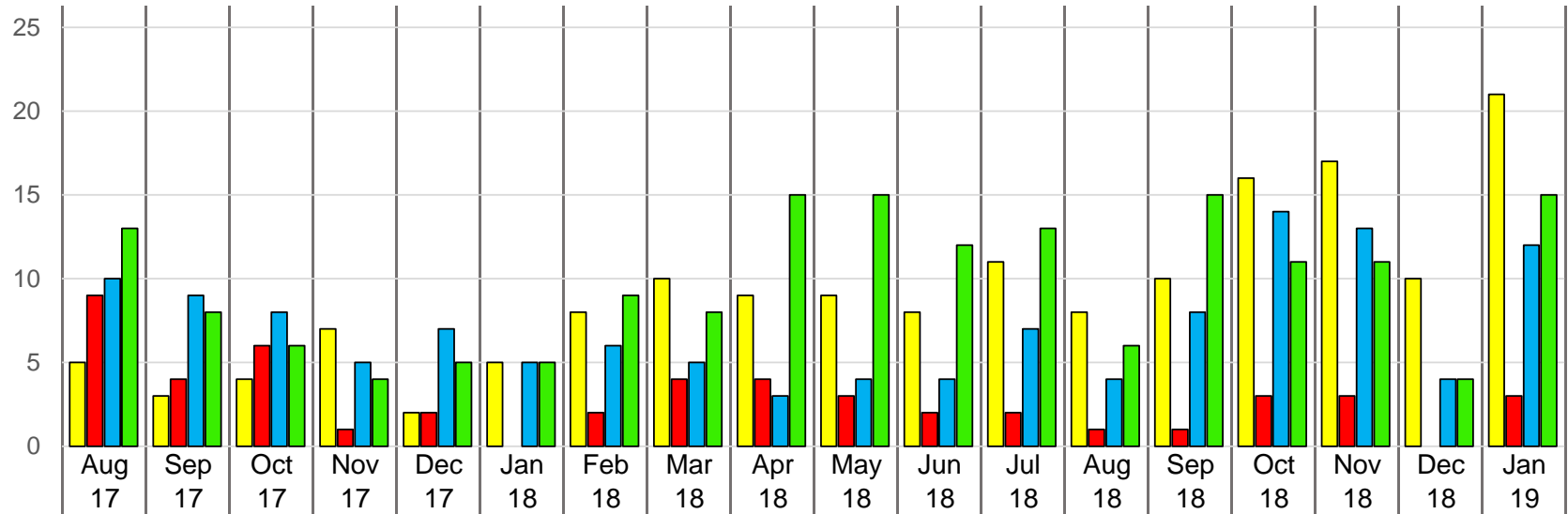
NE
NW
SE
SW

ADULT PROTECTION OPEN CASES BY LOCALITY

Cases with Adult Protection activity (IRD, investigation, case conference (initial or review)) in the month, with an outcome of 'to continue AP work' or with a case case conference due in the future. Each person is counted once.

Legend:
- NE (yellow)
- NW (red)
- SE (blue)
- SW (green)

TABLE OF DATA

	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19
Adult protection referrals	148	153	162	163	138	151	156	172	156	204	201	185	193	177	187	171	154	166
Previous year's referrals	183	237	164	229	168	148	132	168	201	204	195	135	148	153	162	163	138	151
Open adult protection cases	40	26	41	26	22	23	30	34	45	49	35	33	22	32	45	49	20	58
Previous year's cases	29	31	40	39	29	26	31	26	37	46	40	30	40	26	41	26	22	23
Adult protection referrals by locality NE	29	32	28	24	24	29	36	38	29	34	65	41	54	46	53	45	41	40
NW	24	33	19	22	20	18	19	22	14	28	29	23	27	26	32	29	21	28
SE	33	38	43	40	23	29	29	39	23	38	30	67	45	47	47	48	47	34
SW	22	16	17	32	12	25	31	27	46	42	34	40	48	46	38	40	32	45
Adult protection open cases by locality NE	5	3	4	7	2	5	8	10	9	9	8	11	8	10	16	17	10	21
NW	9	4	6	1	2	0	2	4	4	3	2	2	1	1	3	3	0	3
SE	10	9	8	5	7	5	6	5	3	4	4	7	4	8	14	13	4	12
SW	13	8	6	4	5	5	9	8	15	15	12	13	6	15	11	11	4	15

KEY

Return to homepage ⬅
Return to top (of page) ▲
Go to city-wide chart ⇨
Go to control chart ⇨
Go to locality-split chart ▶▶▶▶
Go to table of data ▤

Chart axis does not start at zero ❗

NHS AGENCY NURSING STAFF (HOURS)

NHS BANK STAFF (HOURS)

- ● 9 below average
- ━━ Continuous increase
- ○ Beyond control limit

*Control chart limits are based on the
6 month period ending on Sep 17*
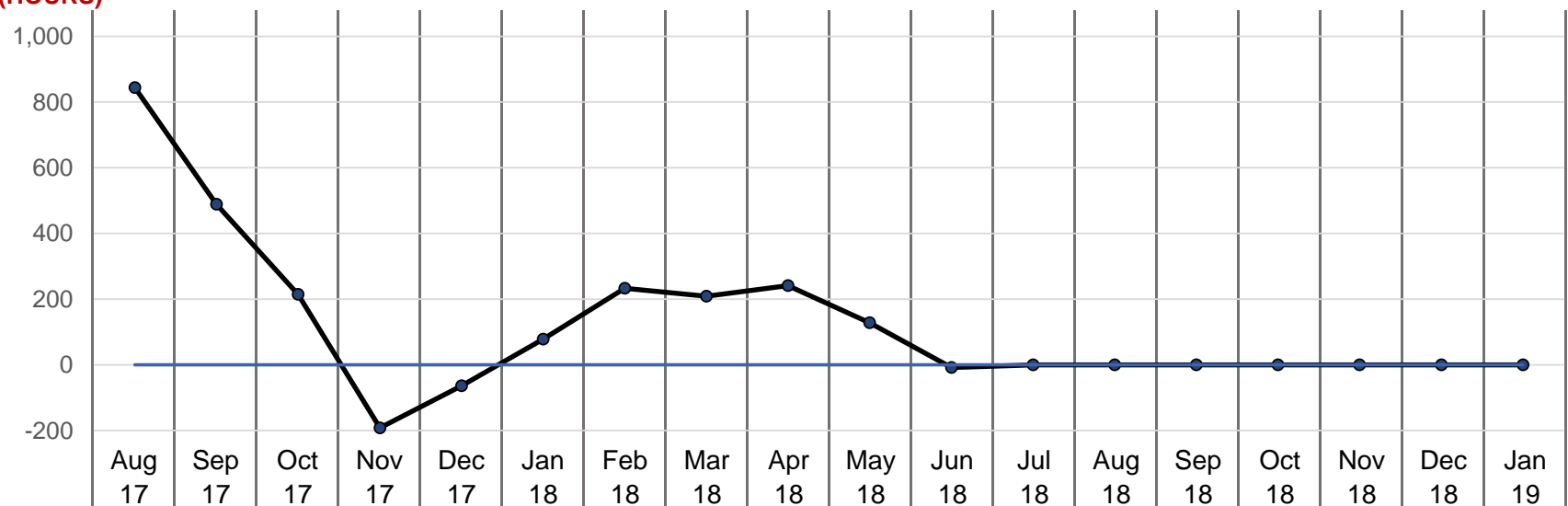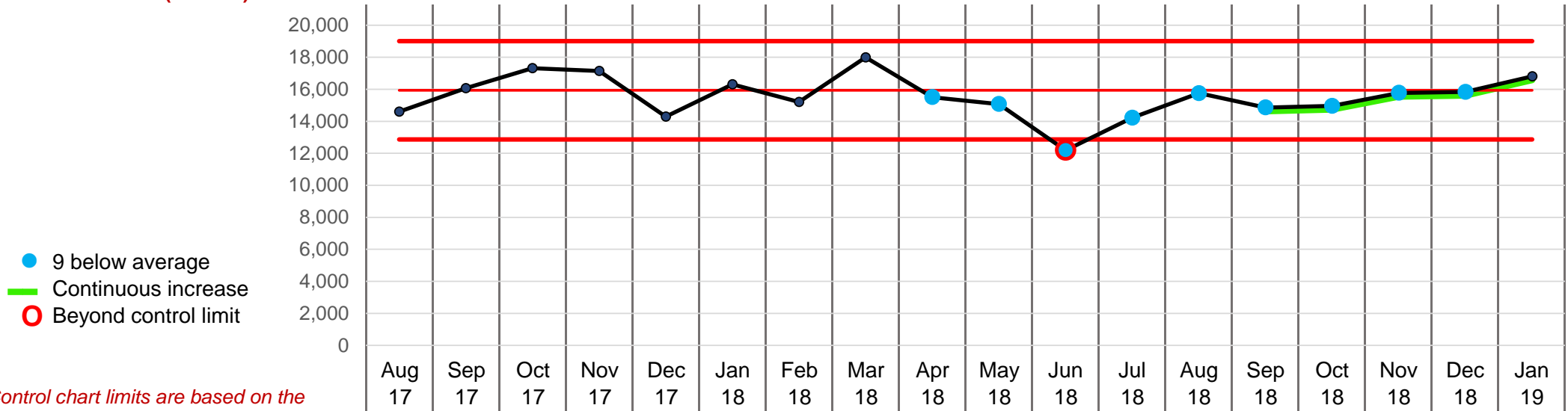
HSC CITY WIDE SICKNESS ABSENCE

The overall percentage of
sickness absence for Social
Care.

- ● 15 above average
- ━━ Continuous reduction
- ○ Beyond control limit

*Control chart limits are based on the
6 month period ending on Mar 17*
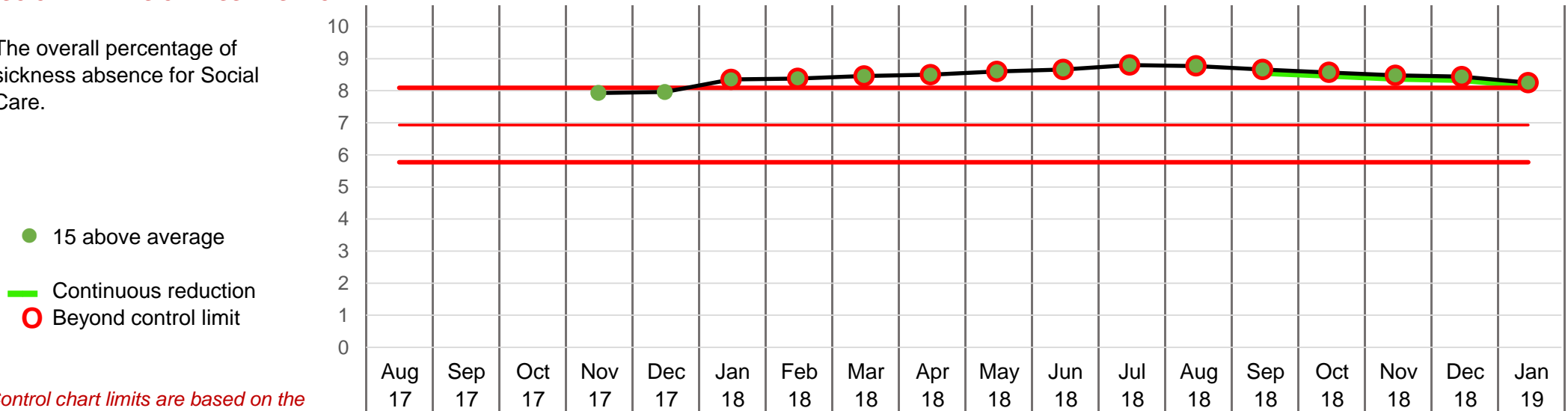
CITY WIDE NHS SICKNESS ABSENCE IN HOURS

O Beyond control limit

Control chart limits for this chart are based on the 6 month period ending on Sep 17
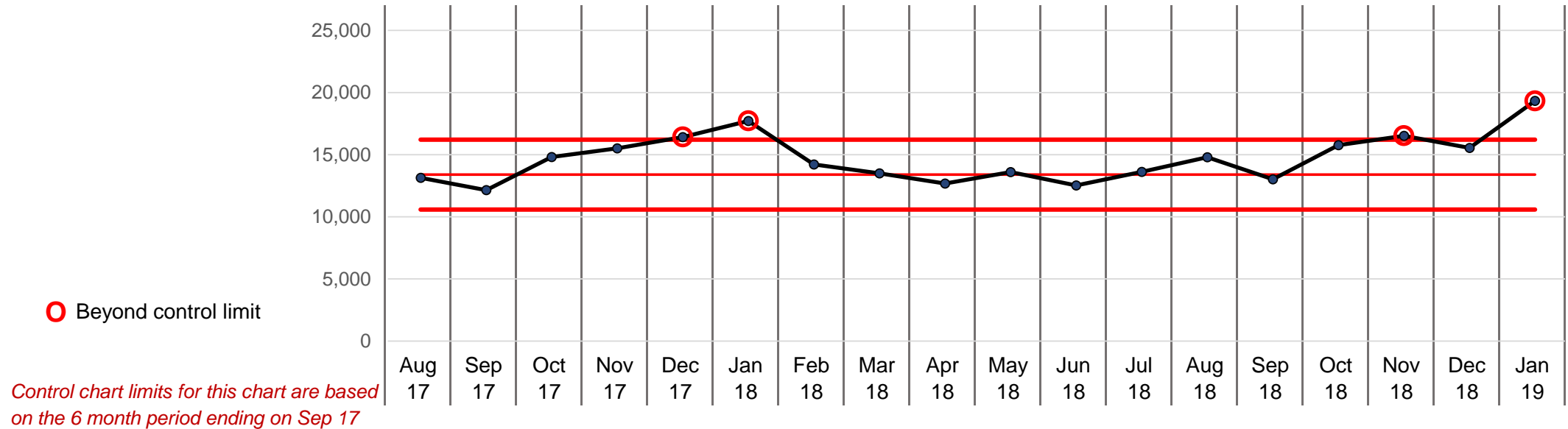
CITY WIDE NHS SICKNESS ABSENCE AS A PERCENTAGE
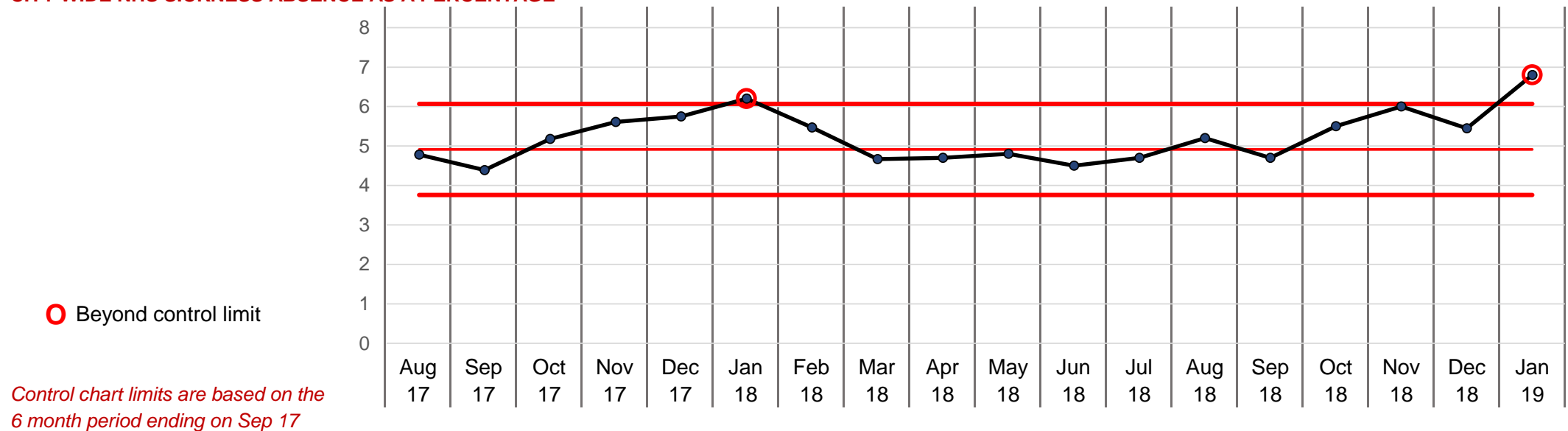
O Beyond control limit

Control chart limits are based on the 6 month period ending on Sep 17

TABLE OF DATA

	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19
NHS agency staff (hours)	844	489	214	-192	-64	78	233	209	241	128	-8	0	0	0	0	0	0	0
NHS bank staff (hours)	14,594	16,070	17,312	17,148	14,293	16,313	15,211	17,995	15,506	15,077	12,184	14,218	15,752	14,857	14,957	15,776	15,836	16,802
City Wide HSC Sickness Absence	na	na	na	7.93	7.96	8.35	8.38	8.46	8.5	8.6	8.66	8.8	8.77	8.66	8.57	8.48	8.44	8.25
NHS Sickness Absence Hours	13,140	12,144	14,807	15,517	16,420	17,715	14,208	13,491	12,678	13,608	12,520	13,624	14,802	13,028	15,773	16,521	15,537	19,330
NHS Sickness Absence percentage	4.8	4.4	5.2	5.6	5.8	6.2	5.5	4.7	4.7	4.8	4.5	4.7	5.2	4.7	5.5	6	5.45	6.8

Hospital Activity Indicators for Edinburgh residents receiving treatment at NHS Lothian hospital sites between December 2017 and January 2019.

Indicator	Age	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	MSG Targets
A&E attendances [1]	15+	10,589	8,016	8,299	8,308	10,192	8,500	8,262	10,491	8,621	10,609	8,393	8,362	10,185	8,396	1% reduction against 2016/17 median
	75+	2,156	1,476	1,495	1,520	1,718	1,523	1,375	1,866	1,505	1,802	1,477	1,441	1,918	1,596	
A&E 4 hour compliance	15+	69.3%	72.4%	76.5%	68.5%	75.2%	80.9%	81.9%	80.2%	81.5%	79.3%	87.4%	88.5%	84.3%	84.5%	95%
	75+	49.9%	51.4%	60.5%	47.6%	56.3%	68.9%	71.9%	69.2%	72.4%	65.7%	79.4%	82.7%	73.2%	73.4%	
A&E conversion rate [2]	15+	28.8%	28.7%	28.4%	26.5%	25.8%	26.2%	26.0%	25.9%	26.4%	25.8%	27.3%	28.0%	28.7%	28.3%	N/A
	75+	61.1%	63.9%	61.0%	60.3%	57.5%	54.8%	54.5%	54.6%	56.4%	57.0%	58.0%	60.5%	59.0%	59.0%	
Unscheduled admissions [3]	15+	3,740	2,821	3,003	2,756	3,383	2,782	2,781	3,479	2,838	3,487	2,876	2,984	3,735	2,947	Maintain current level
	75+	1,444	1,057	1,055	1,034	1,138	945	878	1,172	948	1,167	965	1,017	1,300	1,056	
OBDs for unscheduled admissions in acute [4]	15+	26,490	23,251	22,821	22,316	29,681	23,335	21,803	25,209	21,461	28,000	22,101	24,498	28,471	22,312	Reduced by 1% in 2018/19 against 2016/17
	75+	15,424	13,872	12,548	13,761	17,507	13,227	12,848	13,862	12,151	15,461	13,555	13,947	15,007	12,576	
	All Ages	26,722	23,473	23,080	22,538	30,040	24,034	22,058	25,460	21,657	28,269	22,230	24,622	28,693	22,447	
OBDs for unscheduled admissions for mental health [5]	18-64	5,503	5,406	5,012	5,518	5,352	5,519	5,349	5,562	5,646	5,370	5,262	4,338	N/A	N/A	1% reduction against 2016/17 median
	65+	3,667	3,780	3,327	3,587	3,320	3,406	3,184	3,415	3,277	3,021	2,728	2,310	N/A	N/A	
OBDs for unscheduled admissions into geriatric long stay [6]	All Ages	1,797	1,842	1,663	1,762	1,696	1,751	1,734	1,754	1,983	1,954	1,979	1,906	1,981	1,884	1% reduction against 2016/17 median
Delayed discharges OBDs excluding Code 9 [7]	18 +	5,561	6,435	6,480	7,571	7,075	7,019	6,564	7,023	6,990	7,188	7,157	5,677	4,660	N/A	5% reduction against 2017/18 median

NOTES

1. Data for A&E, unscheduled admissions and acute bed days are taken from the hospital flow dashboard currently in development (with data coming directly from TRAK), which is set up as a rolling one year trend. Based on activity of Edinburgh residents within NHS Lothian.
2. A&E conversion has been calculated as the number of people admitted to hospital following an A&E attendance / number of A&E attendances * 100.
3. The number of emergency (unplanned) admissions by Edinburgh residents into NHS Lothian hospitals
4. The number of Occupied Bed Days by Edinburgh residents in NHS Lothian hospitals after discharge. The days have been allocated to each month where the patient was in the hospital until they were discharged. Data includes all medical and surgical specialties and excludes Geriatric Long Stay and Mental Health.
5. Data has been extracted from the monthly MSG spreadsheet (based on ISD SMR04 dataset), as there are issues with reconciling the TRAK figures to SMR. Data is only available to November 2018.
6. OBDs within Geriatric Long Stay have been extracted from the NHS Lothian Specialty Activity Dashboard.
7. Data has been sourced from the Delayed Discharges monthly OBD publication. Excludes codes 9 and 100.

REVISION - Following the completion of a data quality assessment of delayed discharge data with NHS Lothian, ISD have revised figures for the period Sep 2017 to Jan 2018. NHS Lothian identified that a change in their computer system had introduced an error in reporting some records for the months Sep 2017 to Jan 2018. This has resulted in an average increase for NHS Lothian of 1,123 delayed bed days per month over this period. Figures for Feb 2018 remain unaffected. Revised figures are shown in red.

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Date Produced:

February 2019

Data Sources:

H&SCP Hospital Flow Dashboard based on TRAK Oracle data

NHS Lothian Specialty Activity Dashboard based on TRAK Oracle data

SMR04 Mental Health Dataset, ISD Scotland

Delayed Discharges OBDs publication, ISD Scotland

AE Attendance

L5+

75+

% A&E Attendance converted to Inpatients

L5+

75+

Unscheduled Admissions

L5+

75+
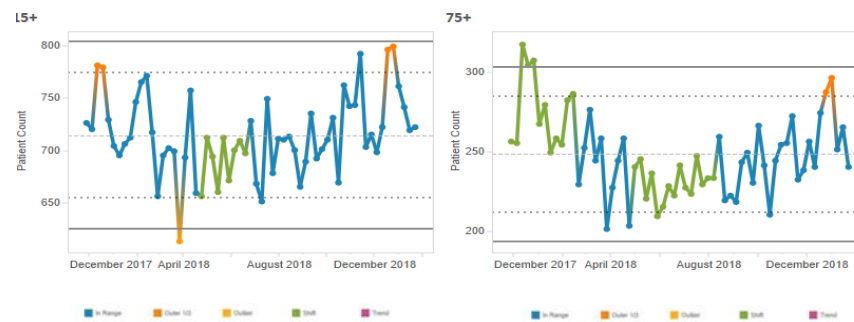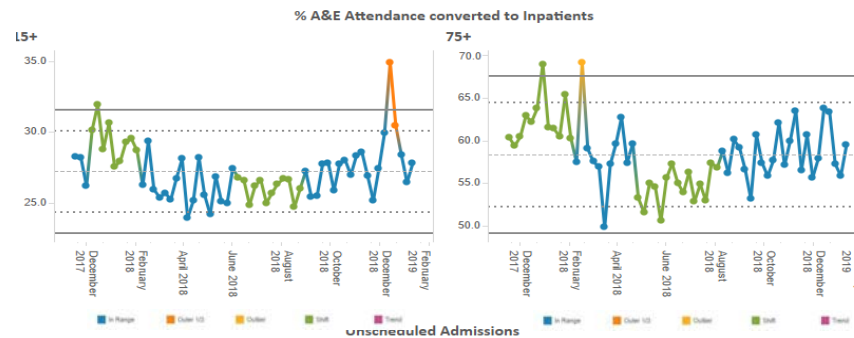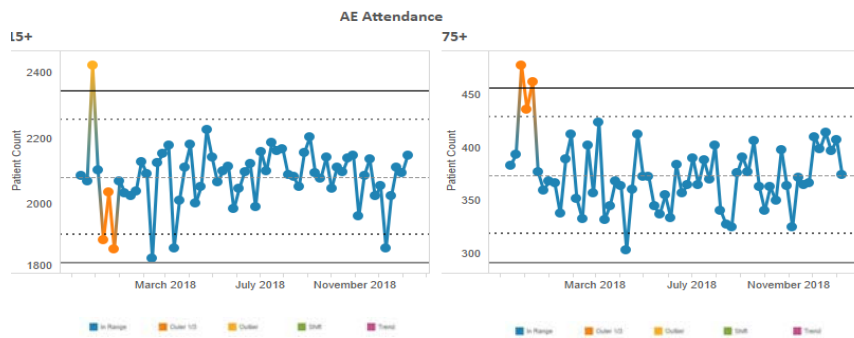
Number of Delayed Discharges All Ages

Number of Delayed Discharges 75+
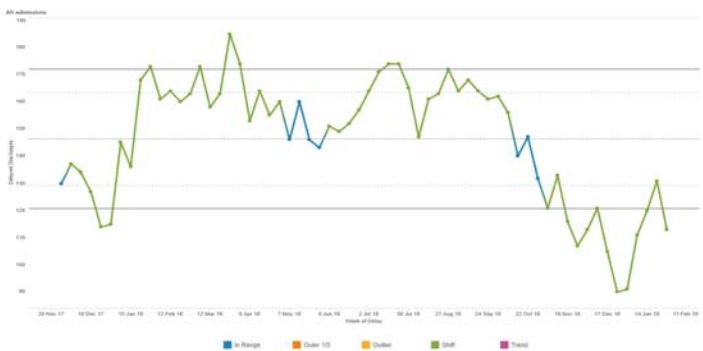
2. Number of Occupied Beds Days within Mental Health for patients aged 18 - 64 and 65 +

3. Number of Unplanned Occupied Beds Days within Geriatric Long Stay

4. Number of Occupied Beds Days by Delayed Discharge patients (excludes codes 9 and 100)

Template for MSG 2019/20 objectives

Health and Social Care Partnership: City of Edinburgh

Age Group for indicators 1 to 3: All Ages

1. Emergency admissions

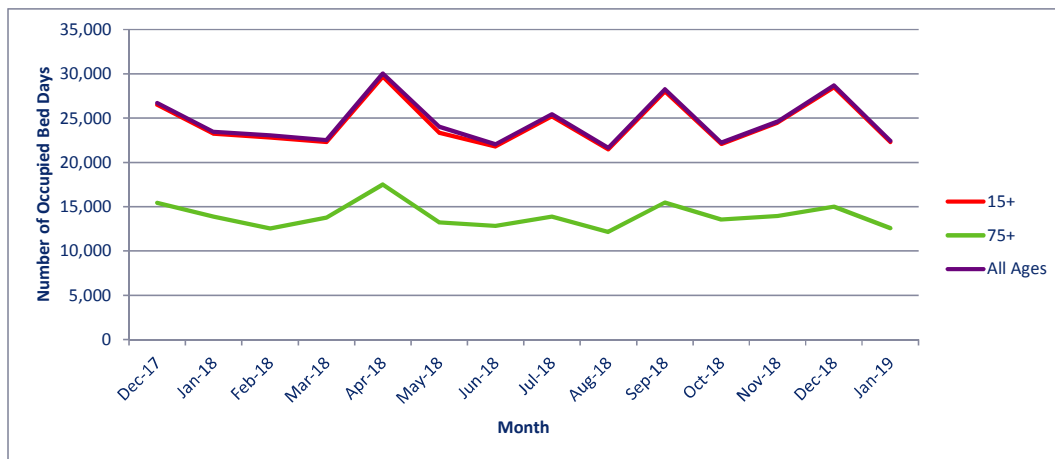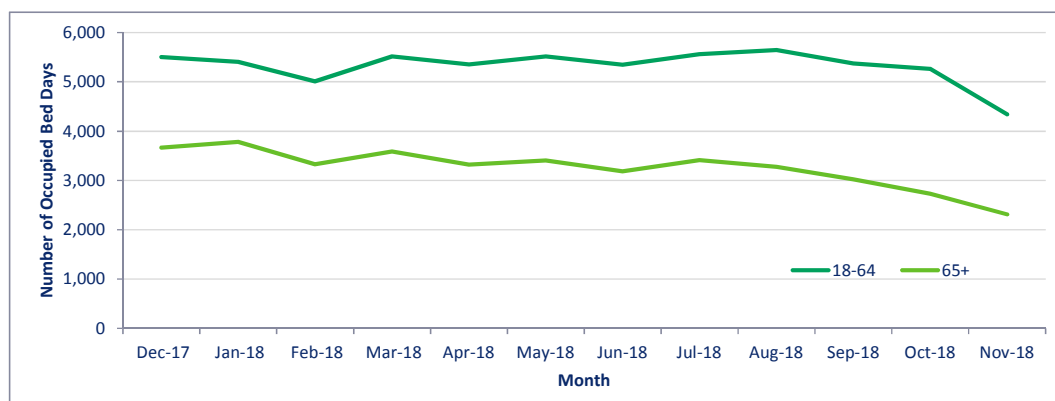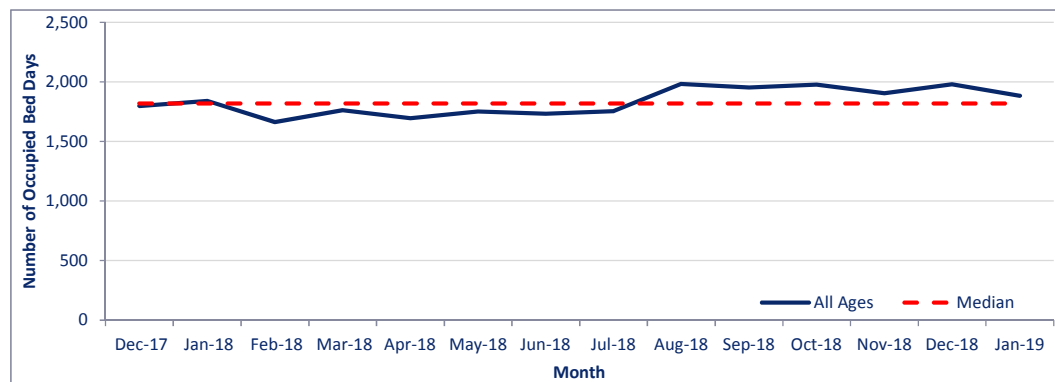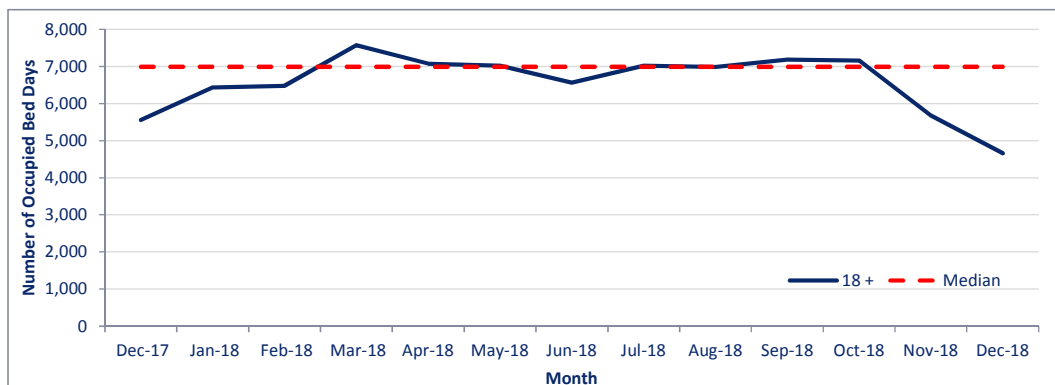|	Baseline year	Baseline total	% change	Expected 2019/20 total
	2017/18	39,617	-1%	39,221

2. Unplanned bed days

	Baseline year	Baseline total	% change	Expected 2019/20 total
Acute	2017/18	339,849	-3%	329,654
Geriatric Long Stay	2017/18	22,324	-7%	20,761
Mental Health	2017/18	124,359	-7%	115,654

3. A&E attendances

	Baseline year	Baseline total	% change	Expected 2019/20 total
	2017/18	142,078	2%	144,209

4. Delayed discharge bed days (18+)

	Baseline year	Baseline total	% change	Expected 2019/20 total
All reasons	2017/18	76,933	-5%	73,086
H&SC/patient and family related reasons	Baseline year	Baseline total	% change	Expected 2019/20 total
Code 9	Baseline year	Baseline total	% change	Expected 2019/20 total

Objective

How will it be achieved

1. Emergency admissions

EHSCP is developing a strategic transformational change programme to support delivery of EIJB aims as set out in its Strategic Plan. Central to this is the development of a new framework, the 3 Conversations Model, which is aimed at supporting prevention and earlier intervention. This has been used in more than 75 authorities and partnerships elsewhere in the UK and has an evidence base that supports its implementation.

Other elements of our programme includes:
• Supporting a review of our community facing services including the Hospital at Home (H@H) service.
• Taking forward a review of our bed based models including step up/ step down and intermediate care capacity.
• Continuing to develop service delivery through our Hub and Cluster model at a locality level.
• Implementation of our Primary Care Improvement Plan including the role of Link Workers
• Ensuring change programmes have a focus on shifting the balance of care.

In addition:
Stabilisation of primary care in general will support a positive step change in the number of emergency admissions and the subsequent demands on hospital services.

2. Unplanned bed days

EHSCP is developing a strategic transformational change programme to support delivery of EIJB aims as set out in its Strategic Plan. Part of this work aims to remodel current processes around prevention of admission to ensure a home first approach which will impact on a reduction in admissions to acute hospital based care.
• EHSCP involved in earlier conversations and assessment for people who are at perceived risk leaving hospital to prevent hospital based prescription of care or plans when people are in crisis.
• Developing the care at home capacity through partner providers and the community sustainability programme.
• Develop the specialist provider market within Mental Health Services to ensure that hospital based care is only used for acute needs.
Overall focus needs to look at alternative models to bed based assessment and care this will be addressed through the Partnership's transformation programme.

3. A&E attendances

The LTC team remit includes working to reduce the number of potentially preventative hospital admissions, falls prevention work and helping people to manage their LTCs.

The Primary Care quality improvement agenda will focus on and support reducing emergency activity:

• Extend Pan-Lothian Admission Avoidance Network which is being tested in two GP clusters in North Edinburgh.

• Continue to support a range of multi-disciplinary preventative services and initiatives – explored in Locality Improvement plans.

• Implement the strategic transformational change programme and 3 Conversations framework.

• Exploration of opportunities to work with SAS and GPs by looking at admission rates of those who have arrived by ambulance.

• Continuation of the development of the falls service.

• Support to carers through the delivery and implementation of our Carers Strategy.

• Commissioning of viable alternative community based models of care and support through both our bed based review and our ongoing partnership with 3rd and Independent Sector providers.

4. Delayed discharge bed days (18+)

There has been marked improvement in EHSCP Delayed Discharge figures over recent quarters. These improvements have been achieved through the following actions:
• Stretch Targets set for the Localities.
• Improvements in performance around delayed discharge and care at home provision resulting in reduction in delays and length of stay.
• A consistent Hub model- with increased pull through Hub Services to optimise independence post discharge.
• Clear pathways around care homes.
• Closer working relationships with acute colleagues around the management of people to get them home.
• Quality Improvement work with REAS and Acute Teams.
• Discharge to Assess in NW.
• Primary care improvement plan new models of working.
• Reduction in the unmet need for Care at Home.
• MATTS daily engagement across all Localities discussing pull from hospital.
• Investment in 'good conversations' training focused on an assets based approach.

Other work includes:
• Care at Home capacity investment in support of patient flow and reduced delays.
• Our broader review across Edinburgh of our bed-based models, such as Care Home and Housing models.
• Guardianship delays - Work is underway to identify MHO resource which will have a positive impact on the number of people waiting.
• A new resource has opened at St Stephens Court; this will increase supported accommodation places for a further 16 people who can be discharged from the Royal Edinburgh Hospital.
• Planning and implementation of the 3 Conversation model and the wider change programme.

The focus over the next 12 months will be on a Home First approach and how we remodel our services to create the opportunity to allow people to be discharged from hospital and assessed in their own homes. This is supported by preventative pathways where hospital placement is only used when someone is acutely unwell.

Notes

	5. Percentage of last six months of life spent in a large hospital				6. Percentage of 75+ population spent in large hospital			
	Baseline year	*Baseline percentage*	*Percentage point change*	*Expected 2019/20 %*	*Baseline year*	*Baseline percentage*	*Percentage point change*	*Expected 2019/20 %*
	2017/18	13.1%	-1.10%	12.0%	2017/18	1.9%	-0.3%	1.6%
Objective								
How will it be achieved	EHSCP is developing a strategic transformational change programme to support delivery of EIJB aims as set out in its Strategic Plan. Within it a review of our Community Nursing model that builds capacity and supports service delivery: • The Hospital at Home service will continue to support this agenda. • Our bed based review and consideration of a future model of service delivery will support our ambitions for the delivery of complex end of life care across several settings including home, Care Home and hospital based settings. • LIST is now linking in with the Lothian Palliative Care Managed Clinical Network as they are keen to understand more data around patient pathways which could lead to service improvements.				EHSCP is developing a strategic transformational change programme to support delivery of EIJB aims as set out in its Strategic Plan. Our overall programme seeks to support a significant shift in the balance of care and for the development and delivery of models of care and support which can support people to be cared for effectively at home or in a homely setting: • Support the development and implementation of IJB's Strategic Plan and the implementation of the IJB's agreed strategic change and transformation programme. • Support the development and implementation of the Mental Health Strategic Commissioning Plan. • Prevention of illness and addressing inequalities despite an increase in population, ageing and complexity of conditions.			
Notes								