



## **AUDIT & PERFORMANCE COMMITTEE**

**13TH SEPTEMBER 2021**

### **KEY STRATEGIC PERFORMANCE INDICATOR UPDATE REPORT FOR THE PERIOD TO JUNE 2021 (OR LATEST AVAILABLE)**

**Report by the Chief Officer (Report No. G/21/106)**

#### **PURPOSE OF REPORT**

The purpose of this report is to update the Audit & Performance Committee on performance against the core set of integration performance indicators for the period to 30 June 2021 (or latest available).

#### **1. RECOMMENDATION(S)**

It is recommended that the IJB Audit & Performance Committee:

- Notes the Health and Social Care Partnership's (HSCP) performance to date.

#### **2. SITUATION / BACKGROUND / MAIN ISSUES**

On the 2 August 2021 the Audit and Performance Committee approved the IJB's Annual Performance Report for 2020/21 which covered the period to 31 March 2021. This report is the first update to the Committee in relation to performance against the core set of indicators in 2021/22. Appendix 1 contains a detailed performance table with the relevant comparisons.

Further performance updates will be brought to the Audit Performance Committee as follows, using the latest available data at each stage:

- 13<sup>th</sup> December 2021 – 6 Monthly performance update including broader narrative on achievements to date.
- - 7<sup>th</sup> March 2022 – Quarter 3 performance update largely focussed on the core indicator set.

### 3. OVERVIEW

When compared to 2020/21, of the 7 indicators for which data exists, 4 are within the target range, 2 are over 3% out with target and 1 is over 6% out with the target.

Compared to Scotland, there are currently only 6 indicators for which data exists, 4 are within target and 2 are beyond 6% from the target range. As reported previously we are keen to develop further comparators via benchmarking family groups and work in this regard in being taken forward.

Indicators which are out with target when compared to performance in 2020/21:

- 1) NI12 – Rate of emergency admissions per 100,000 population for adults. Performance against this indicator is currently down 3.72% from that achieved in 2020/21 however performance still remains higher than that seen in previous reporting years. Within this reporting year our performance remains higher than Scotland by 3.52%.
- 2) NI19 – Number of days people spend in hospital when they are ready to be discharged per 1000 population. Performance against this indicator is 3.7% below that achieved in 2020/21. Performance remains significantly above historical levels and notably 165.92% above Scotland.
- 3) MSG 3 – A&E attendances per 100,000 population. Similar to those indicators referenced above performance against this indicator is now below that achieved in 2020/21; in this instance 6.67% below. Performance is still well above that achieved in previous years. No comparative data is available for Scotland overall.

Indicators which are out with target when compared to Scotland within the current reporting year:

- 4) NI14 – Emergency readmissions to hospital within 28 days of discharge per 1000 discharges

This indicator has been investigated thoroughly in recent months and was the subject of a separate report to the Audit and Performance Committee. Performance comparisons to Scotland are not representative due to variances in recording practices.

Comparing to our own previous performance however shows that this indicator is within the target range with an improvement of 2.97% from 2020/21.

- 5) NI 16 – Rate per 1000 population of falls that occur in the population (65+) who are admitted as an emergency to hospital.

Performance against this indicator is broadly stable when compared to 2020/21 however is 7.84% below Scotland overall.

Work is currently being undertaken to investigate the pattern of falls within Perth and Kinross so that we can gain a better understanding of where falls are occurring and the extent to which those people that have had a fall are in receipt of Health and Social Care support. The outcome of this investigation will be reported to the Audit and Performance Committee on completion.

Analysis of performance continues to be required to be interpreted bearing in mind the extraordinary pressures of the COVID-19 pandemic. In 2020/21 there was significant variance in demand for services as well as large scale investment in community based services.

Where large positive gains were made last year it may be challenging to maintain that level of 2020/21 performance as services continue to remobilise from the pandemic with rising demands from patients and service users with more complex presentations. It has not yet been possible to update the table to include movement in performance across Scotland, as now included in the APR. This will however be done for future reports.

Our work to develop wider performance reporting over 2021/22 is as follows:-

- Hosted Services: We are engaging with Tayside HSCP colleagues to systemise the process around the routine sharing of performance reporting in relation to Hosted Services. We have created a standard template approach which we will share and develop further with colleagues across Tayside to assist with this approach.
- Performance Framework: As we develop our local strategies for the delivery of core Health and Social Care services we are ensuring that performance management and reporting forms an integral part of the approach. This will see the development of specific and relevant performance indicators for each strategy.
- Patient/Service User/Carer feedback: We will work to develop a partnership wide approach to gathering feedback to strengthen our understanding of qualitative performance.

These developments will lead to wider reporting of Hosted services performance, and as strategies are developed and approved via the Strategic Planning Group additional performance indicators will be included in our routine reporting to the Audit and Performance Committee.

#### **4. CONCLUSION**

Performance at this early stage of the reporting year is generally good. However we continue to investigate where performance appears to be out with target and where performance can be better compared, for example against benchmarking family groups.

**Author(s)**

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**APPENDICES**

1. Perth and Kinross Health and Social Care Partnership, Key Strategic Performance Indicator table (latest available data)