PERTH & KINROSS INTEGRATION JOINT BOARD

Wednesday 23 March 2016

JOINT PERFORMANCE FRAMEWORK

PURPOSE OF REPORT
The report describes to the Board the development of the Joint Performance Framework and arrangements for delivering performance reporting to the Integrated Joint Board (IJB). The framework will demonstrate, at scheduled intervals, the IJB's continuous progress in achieving its vision and planned outcomes.

1.   **BACKGROUND**

The Statutory Instrument - Public Bodies (Joint Working) (Scotland) Act ASP 9, laid out the functions of an integrated Health and Social Care partnership that included, amongst other things, the integration scheme, delegated functions, implementation, strategic planning, and performance reporting.

Specifically, section 42 of the above Act stated that:

"Each integration authority must prepare a performance report for the reporting year.

- A performance report is a report setting out an assessment of performance during the reporting year to which it relates in planning and carrying out the integration functions for the area of the local authority.

- An integration authority must publish each performance report before the expiry of the period of 4 months beginning with the end of the reporting year

- The Scottish Ministers may by regulations prescribe the form and content of performance reports."

The Scottish Ministers did prescribe the form and the content of performance reports with Statutory Instrument 2014 No. 326 – The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014.

This Statutory Instrument, along with the Scottish Governments National Performance Framework model, constitutes the design of the Joint Performance Framework.

2   **Reporting Sources**

The Joint Performance Framework is being developed using datasets that are described below. These datasets collectively will enable the IJB to understand how well it is meeting its aims and objectives. The dataset will be reviewed annually to ensure that the dataset accurately captures all appropriate activity.

Paragraphs 2.1 to 2.4 below describes the different sources that high level reporting will be generated from. Paragraph 3.1 describes a proposed reporting cycle for the IJB.

2.1   The National Health and Wellbeing Outcomes (**ref appendix 1**) are the framework through which the Perth and Kinross Partnership will report against to demonstrate that partnership activity is contributing positively to these Health and Wellbeing Outcomes:

A suite of twenty three qualitative and quantitative key indicators have been identified by the Scottish Government as key indicators (**ref appendix 2**) against the nine Health and Wellbeing Outcomes.

2.2   Whilst the quantitative indicators are derived from the core data capture systems and are available at regular intervals throughout the year, the qualitative indicators are based on the "Health and Care Experience Survey" which is the Bi-Annual survey that recently went live in late November 2015 and will be reported on in summer 2016.

It is expected that the Health and Social Care Integration Partnerships will develop local surveys similar to the "Health and Care Experience Survey" to fill the bi-annual gap.

2.3   The National Performance Framework (**ref Appendix 4**) has been developed by the Scottish Government as a tiered model with 3 levels of reporting. This will enable partners to jointly drive and track progress towards the delivery of agreed outcomes through better integration. The three levels are:

a) Level 1 - High level outcomes used to drive health and social care quality nationally over time, where progress is reported nationally on a small set of

selected indicators.

We will report the detail for this level using the nine National Health and Wellbeing Outcomes and the 23 statutory Indicators and an agreed dataset from the extended key performance indicators (ref appendix 5)

b) Level 2 - Publicly accountable indicators and targets for Health Boards, Community Planning Partnerships and Health and Social Care Partnerships/Integration Authorities. These are used to drive short to medium term improvement and agreed to impact significantly and positively on the Level 1 outcomes.

We will report the detail for this level through:

- The Health and Social Care Integration Partnership Annual Performance Report **(ref appendix 3)**
- Locality Priority Performance Reports
- Integrated Resource Framework
- Heat Targets
- Balance of Care (Institutional consumption v Community consumption)
- Scottish Government 98% indicator
- Capacity and Flow model **(ref appendix 6)**

c) **Level 3 -** Extensive range of indicators/measures used for local improvement and performance management, including core sets of specific indicators for national programmes. This will also include information from self-evaluation and external scrutiny activity.

We will report the detail for this level through:

- The indicators developed for Clinical and Care Governance
- Social Care Quality Assurance Frameworks
- Local BMIP – Business Management Improvement Plans
- Transformation Programmes
- Change Fund measures
- Integrated Care Fund measures
- Reshaping Care for Older People (RCOP) measures

185

- Risk Management

- Locality & Service Area Budget finance reporting,

- Finance reporting by themes –Intervention, prevention etc

- Internal and external scrutiny and audit reports

- The extended suite of indicators **(ref Appendix 5)**

d) At a locality level we are developing management and operational dashboards for health and social care teams to access. These will support them in their daily activities and also enable locality teams to continually review and improve their systems, pathways and practice.

2.4   Additional Indicators

In the last few years Perth and Kinross Partnership has developed the Integrated Resource Framework (IRF) datasets in conjunction with the Scottish Government. In addition to that dataset supporting decision making within the Strategic plan the dataset additionally has enabled us to develop and test three new measures to support the high level analysis of activity for the IJB.

Balance of Care

> This is a comparison of the cost of consumption of institutional environments (Hospitals and Care Homes) with the cost of consumption in community environments (total consumption of Community Care services and the ex-Community Health Partnership consumption of services). These comparisons can also report at a Locality level. Over a period of time they will demonstrate at a high level the success, or not, in shifting the balance of care away from institutional and back into the community.

Scottish Government 98% indicator

> This indicator demonstrates the percentage of people over the age of 65 who, at a census week, are within an institutional environment (hospital /care home) when compared to the number of people living in the community. A balanced Health and Social care environment can achieve 98% as the number of people living in the community at any census moment.

The movement of this percentage over the next few years will be an important target for the IJB to monitor

Capacity and Flow modelling (ref appendix 6)

The Perth and Kinross partnership has developed a model mapping activity around a flow diagram that represents the continual flow of people from the community into hospital and back into the community. This can be represented at a locality level and will support analysis of the joint Health and Social Care activities and dependencies.

In particular, it will enable an understanding of our ability to deliver effective intervention and prevention strategies

3.0   High Level reporting and reporting cycles

3.1   The following are the suggested reports to be submitted to the Integrated Joint Board:

Reporting in respect of Risk Management	(2 monthly / annually)
Reporting in respect of the Clinical and Care Governance	(2 monthly /annually)
Reporting in respect of the Social Care Quality Assurance Framework	(2 monthly /annually)
Reporting in respect of the priorities within the Strategic Plan	(2 monthly / annually)
Reporting in respect of Finance monitoring	(2 monthly / annually)
Reporting in respect of the 98% indicator	(6 monthly / annually)
Reporting in respect of the Balance of Care	(6 monthly / annually)
Reporting in respect of Capacity and Flow	(6 monthly / annually)
Reporting in respect of Community Planning Partnership	(6 monthly / annually)
Reporting in respect of delegated/hosted services	(6 monthly / annually)
Reporting in respect of the Annual Performance Report	(Annually)
Reporting in respect of the Health and Well Being outcomes	(Annually)
Reporting in respect of the 23 key indicators	(Annually)
Reporting in respect of the Chief Social Workers Annual Report	(Annually)
Reporting in respect of the Integrated Resource Framework	(Annually)
Strategic Needs Assessment /Locality profiles	(Annual refresh)

4.0   Other reporting Activity

4.1   In conjunction with Dundee and Angus partnerships, the Joint Performance and Improvement team are developing the National Performance Framework model and the interpretation of the Statutory Instrument (Content of Performance Reports) to ensure a similarity of Performance Frameworks and reporting across the three Partnerships. In addition, we are collectively working on an agreed dataset of extended key indicators (**ref Appendix 5**).

4.2 To enable the IJB to make a comparison on performance after the end of the first completed financial year 2016/17, it is anticipated that the Joint Performance and Improvement team will commence the build of a 2015/16 baseline of indicators.

5 **Recommendations**

It is recommended that the board:

5.1 Note the progress of the development of the Joint Performance Framework.

5.2 Notes the suggested reporting cycles described within this report.

5.3 Notes the suggested suite of indicators in the appendices as defining the scope of the reporting.

5.4 Agree that the partnership will develop a qualitative survey to fill the bi-annual gap in the "Health and Care Experience Survey".

5.5 Recognise the Joint Performance and Improvement Team as the resource responsible for maintaining and continually developing the Joint Performance Framework.

5.6 Recognise the collaboration with Dundee and Angus Partnerships in developing a common reporting platform with an agreed suite of indicators.

5.7 Remit to the Chief Finance Officer to bring back to the next meeting a proposed reporting cycle and core suite of indicators

Contact Officers **Name: Sandy Strathearn**
Service Manager Business Improvement, Perth and Kinross Council
Tel: 01738 476730
Email: sstrathearn@pkc.gov.uk

Name: Alison Wood
Head of Corporate Services & Business Support Perth and Kinross CHP
Tel 01738 459551 or ext 59551
Email: Alisonwood2@nhs.net

Appendices next page

6.0 **Appendices**

Appendix 1 - National Health and Wellbeing outcomes
Appendix 2 – National Health and Wellbeing Outcomes - Key Indicators
Appendix 3 - Annual Performance Report
Appendix 4 – National Performance Framework
Appendix 5 – Extended key indicators
Appendix 6 – Capacity and Flow model

Appendix 1 - National Health and Wellbeing outcomes

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.

Outcome 2: People, including those with disabilities, 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.

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

Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of service users.

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

Outcome 6: People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.

Outcome 7: People who use health and social care services are safe from harm.

Outcome 8: People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.

Outcome 9: Resources are used effectively in the provision of health and social care services,

Appendix 2 – National Health and Wellbeing Outcomes - Key Indicators

The agreed suite of key core indicators to be collected annually and that collectively demonstrate how well integration activity contributes to continually improving the nine outcomes

Qualitative Indicators:
There are 10 indicators based on survey feedback, to emphasise the importance of a personal outcomes approach and the key role of user feedback in improving quality.

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 local survey information that is collected more often.

1. Percentage of adults able to look after their health very well or quite well.
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible.
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
5. Percentage of adults receiving any care or support who rate it as excellent or good
6. Percentage of people with positive experience of care at their GP practice.
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
8. Percentage of carers who feel supported to continue in their caring role.
9. Percentage of adults supported at home who agree they felt safe.
10. Percentage of staff who say they would recommend their workplace as a good place to work.

Quantitative Indicators:
There are 13 Indicators derived from organisational/system data primarily collected for other reasons. These indicators will be available annually or more often.

11. Premature mortality rate.
12. Rate of emergency admissions for adults.
13. Rate of emergency bed days for adults.
14. Readmissions to hospital within 28 days of discharge.
15. Proportion of last 6 months of life spent at home or in community setting.
16. Falls rate per 1,000 population in over 65s.
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.
18. Percentage of adults with intensive needs receiving care at home.
19. Number of days people spend in hospital when they are ready to be discharged.
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.
21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home.
22. Percentage of people who are discharged from hospital within 72 hours of being ready.
23. Expenditure on end of life care.

Appendix 3 - Annual Performance Report

The Public Bodies (Joint Working) (Scotland) Act requires the IJB to publish an Annual Performance Report, the contents of which are described in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014.

The annual performance report requires to be submitted within 4 months of the end of the financial year it is reporting on.

Future reports will require a comparison between the reporting year and the five preceding reporting years (or, where there have been fewer than five preceding reporting years, all preceding reporting years). In particular, comparison over the years will be, for example, the changing proportion of the Integration Authority's total budget spent on each locality, financial planning set asides, overspend, the shifts in the Balance of Care and the changing movement of the key performance indicators being tracked within the Joint Performance Framework.

a) Areas / Content of the Annual Performance Report

All the following sections will compare their elements of the annual performance report with any preceding reporting years if available. The full annual report will report on the following:

a1) Performance reporting in respect of the Health and Wellbeing Outcomes

The Perth and Kinross Partnership will be required to report on how well the key indicators, both qualitative and quantitative, collectively demonstrate that partnership services are contributing positively to the Health and Wellbeing Outcomes:

a2) Performance reporting in respect of the Integration Delivery Principles

"The integration planning and delivery principles are the lens through which all integration activity should be focused to achieve the national health and wellbeing outcomes.

The principles set the ethos for delivering a radically reformed way of working and inform how services should be planned and delivered in the future. They are intended to be the driving force behind the changes in culture and services required over the coming years to deliver these reforms successfully and improve outcomes." *Source Scottish Government*

Reporting of the principles should identify that they are:

- Integrated from the point of view of service-users.

- Take account of the particular needs of different service-users.

- Take account of the particular needs of service-users in different parts of the area in which the service is being provided.

- Take account of the particular characteristics and circumstances of different service-users.

- Respect the rights of service-users.

- Take account of the dignity of service-users

- Take account of the participation by service-users in the community in which service-users live.

- Protect and improve the safety of service-users.

- Improving the quality of the service.

- Planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care).

a3) Performance Reporting in respect of Finance should evaluate:

- Health care services provided to hospital inpatients.

- Health care services other than those provided to hospital inpatients.

- Social care services provided to service users who are provided with a care home service or adult placement service.

- Social care services provided to support unpaid carers in relation to needs arising from their caring role.

- Where one or more key care group has been identified in relation to the local authority area, health care services and social care services provided to service users within each of those key care groups.

a4) Performance reporting in respect of Localities

"A performance report must include an assessment of performance in planning and carrying out functions in localities, including—

- A description of the arrangements made for the consultation and involvement of groups in decisions about localities.

- An assessment of how the arrangements have contributed to provision of services in pursuance of integration functions in accordance with the integration delivery principles in each locality.

- A performance report must set out, for of each locality identified in the strategic plan, the proportion of the total amount paid to, or set aside for use by, the integration authority spent during the reporting year in relation to the locality."

A key driver for assessing performance at a locality level will also be the interpretation of the IRF dataset which contains the annual consumption of health and social care services at an (unidentifiable) person level and from which we will identify variation between localities

a5) Performance Reporting in respect of Best Value in planning and carrying out integration functions

"A performance report must include an assessment of performance in relation to best value, including information about how the planning and delivery of services in pursuance of integration functions have contributed to securing best value."

a6) Performance reporting in respect of scrutiny and Inspection of services

If, during the reporting year, a scrutiny body has made recommendations as a result of carrying out an inspection of the planning or delivery of a service provided in pursuance of integration functions in the area of the local authority, the performance report must include:-

- A list of the recommendations.
- Details of the actions taken to implement the recommendation.

a7) Performance reporting in respect of reviews of the Strategic Plan and actions taken

If, during the reporting year, the integration authority has carried out a review of the strategic plan, the performance report must include:-
- A statement of the reasons for carrying out the review.
- A statement as to whether, following the review, a revised strategic plan was prepare by the integration authority.

- Where a revised strategic plan was prepared, a description of the changes made.

a8) Performance reporting in respect of IJB recommendations and actions taken

If, during the reporting year, a report prepared by an integrated joint board (IJB) has included a recommendation as to how integration functions should be carried out, the performance report must include a list of all such recommendations and the integration authority's response to each recommendation.

Appendix 4 – The National Performance Framework

The diagram below illustrates how various sets of outcomes and indicators/measures relate to each other. It does not represent a governance structure.
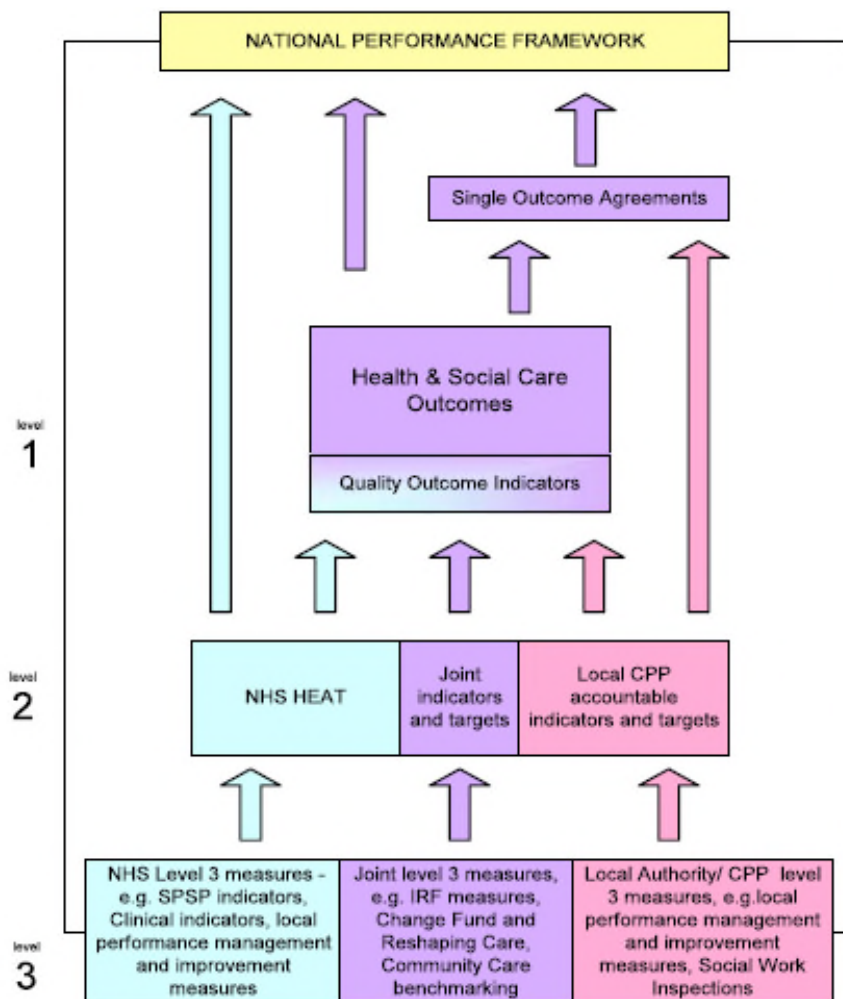
Appendix 5 – extended key indicators (green highlighted indicators are the 23 key performance indicators)

The Joint Performance and Improvement Team (Perth and Kinross Health and Social Care support staff) are collectively developing the performance framework and identifying the extended suite of indicators that will complement the nine Health and Wellbeing outcomes 23 key indicators identified by the Scottish Government.

Below is the current extended list that will primarily be used within the dashboards for operational locality teams.

No	National Health and Wellbeing Outcomes	Indicator	Source
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	% 65 who live at home	PKC HCC BMIP/Key Monitoring
		% 65+requiring no further service following Reablement	PKC HCC BMIP/Key Monitoring
		% achieving goals set out in their Outcome Focussed Assessment	PKC HCC BMIP/Key Monitoring
		% of adults able to look after their health very well or quite well	Health Care Experience Survey
		Antenatal Access HEAT Target	ISD HEAT Target Reporting
		CAMHS (26 weeks referral to treatment) HEAT Target	ISD HEAT Target Reporting
		Delayed Discharge (nobody will wait more than 14 days to be discharged from hospital into a more appropriate setting, once treatment is completed) HEAT Target	ISD HEAT Target Reporting
		Dementia- to deliver expected rates of diagnosis and provide 1 year post diagnostic support by a link worker including a person centred plan HEAT Target	ISD HEAT Target Reporting
		Detect Cancer Early HEAT Target	ISD HEAT Target Reporting
		Emergency Admission Rate	ISD - Inpatient and Day Case Activity
		Emergency Bed Days for people aged 75+ HEAT Target	ISD HEAT Target Reporting
		IVF Waiting Time HEAT Target	ISD HEAT Target Reporting
		Percentage of people who need help with their drug/alcohol problem will wait no longer than 3 weeks for treatment	CHP Performance Report

#	Outcome	Indicator	Source
		Premature Mortality Rate	NRS Scotland
		Psychological Therapies Waiting Times HEAT Target	ISD HEAT Target Reporting
		Smoking Cessation (12 weeks post quit) HEAT Target	ISD HEAT Target Reporting
		The percentage of patients who meet all 4 elements of the Stroke bundle at PRI *(reaching the stroke unit by day 1, receiving swallow screening by day 1, receiving brain imaging within 24 hours of admission, receiving aspirin by day 1)*	CHP Performance Report
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.	% 65+requiring no further service following Reablement	PKC HCC BMIP/Key Monitoring
		% achieving goals set out in their Outcome Focussed Assessment	PKC HCC BMIP/Key Monitoring
		% home care service users 65+ receiving care evening/overnight	PKC HCC BMIP/Key Monitoring
		% home care service users 65+ receiving personal care	PKC HCC BMIP/Key Monitoring
		% HWAS Clients achieving goals set out in Outcome Focused Assessment	PKC HCC Key Monitoring
		% of adults supported at home who agree that they are supported to live as independently as possible	Health Care Experience Survey
		% of adults with intensive care needs receiving care at home	PKC HCC BMIP/Key Monitoring
		% of people admitted to hospital from home during the year, who are discharged to a care home	To be confirmed
		% of people discharged from hospital within 72 hours of being ready	To be confirmed
		% of people who access SDS - Option 1	PKC HCC BMIP/Key Monitoring
		% of people who access SDS - Option 2	PKC HCC BMIP/Key Monitoring
		% of people who access SDS - Option 3	PKC HCC BMIP/Key Monitoring
		% of people who access SDS - Option 4	PKC HCC BMIP/Key Monitoring
		% of young people supported by Transitions Team	PKC HCC BMIP/Key Monitoring
		Bed Days Lost to Delayed Discharge 65+	CHP Performance Report
		Delayed Discharge (nobody will wait more than 14 days to be discharged from hospital into a more appropriate setting, once treatment is completed) HEAT Target	ISD HEAT Target Reporting
		Delayed discharge bed days	ISD - Delayed discharges
		Dementia - to deliver expected rates of diagnosis and provide 1 year post diagnostic support by a link worker including a person centred plan HEAT Target	ISD HEAT Target Reporting
		Detect Cancer Early HEAT Target	ISD HEAT Target Reporting

#	Outcome	Indicator	Source
		Emergency Admission Rate	ISD - Inpaitent and Day Case Activity
		Emergency Bed Days for people aged 75+ HEAT Target	ISD HEAT Target Reporting
		End of Life care	ISD - End of life care
		Homecare - 65+ % Difference between Planned Hours and Actual Hours	PKC HCC Key Monitoring
		Homecare - 65+ Actual hours (No.)	PKC HCC Key Monitoring
		Homecare - 65+ Actual hours per 1000 pop	PKC HCC Key Monitoring
		Homecare - 65+ Actual service users (No.)	PKC HCC Key Monitoring
		Homecare - 65+ Actual service users per 1000 pop	PKC HCC Key Monitoring
		Homecare - All actual hours supplied (No.)	PKC HCC Key Monitoring
		Homecare - All actual service users (No.)	PKC HCC Key Monitoring
		Homecare - Receiving personal care 65+ (%)	PKC HCC Key Monitoring
		no of bed days lost to delayed discharge	PKC HCC BMIP/Key Monitoring
		No of Community Alarm Users	PKC HCC Key Monitoring
		No of Service users 65+ with Technology Enabled Care (Telecare) (excluding community alarms)	PKC HCC BMIP/Key Monitoring
		Percentage of people aged 65+ who live in housing, rather than a care home or a hospital setting	RCOP indicator - need to establish details
		Proportion of people aged 75 and over living at home who have an Anticipatory Care Plan shared with Out-of-Hours staff	RCOP indicator - need to establish details
		Readmissions Rates at 7 & 28 Days	CHP Performance Report
		Waiting times between request for a housing adaptation, assessment of need, and delivery of any required adaptation	RCOP indicator - need to establish details
3	People who use health and social care services have positive experiences of those services, and have their dignity	% of adults receiving any care or support who rate it as excellent or good	Health Care Experience Survey
		% of adults supported at home who agree that their health and care services seemed to be well co-ordinated	Health Care Experience Survey
		% of people discharged from hospital within 72 hours of being ready	To be confirmed
		% of people with positive experience of accessing their GP practice	Health Care Experience Survey
		4 Hour A & E Waiting Times HEAT Target	

No	Outcome	Indicator	Data Source
	respected.	Annual carers experience survey responses	PKC HCC Carers Survey Annual Report (to be confirmed)
		Annual Social Care user survey responses	PKC HCC Service User Survey Annual Report (to be confirmed)
		Care Inspection Reports - service user experience responses	To be confirmed
		End of Life care	ISD - End of life care
		Number of Complaints received by Community Care - Level 1	PKC HCC Key Monitoring
		Number of Complaints received by Community Care - Level 2	PKC HCC Key Monitoring
		Proportion of care services graded as 'good' or above in Care Inspectorate inspections	To be confirmed
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	Health Care Experience Survey
		% of people who access SDS - Option 1	PKC HCC BMIP/Key Monitoring
		% of people who access SDS - Option 2	PKC HCC BMIP/Key Monitoring
		% of people who access SDS - Option 3	PKC HCC BMIP/Key Monitoring
		% of people who access SDS - Option 4	PKC HCC BMIP/Key Monitoring
		Annual carers experience survey responses	PKC HCC Carers Survey Annual Report
		Annual Social Care user survey responses	PKC HCC Service User Survey Annual Report
		CAMHS (26 weeks referral to treatment) HEAT Target	ISD HEAT Target Reporting
		Care Inspection Reports - service user experience responses	To be confirmed
		Delayed discharge bed days	ISD - Delayed discharges
		Dementia- to deliver expected rates of diagnosis and provide 1 year post diagnostic support by a link worker including a person centred plan HEAT Target	ISD HEAT Target Reporting
		Emergency Admission Rate	ISD - Inpatient and Day Case Activity
		Measure of dependency: before and after re-Reablement.	RCOP indicator - need to establish details
		No of Community Alarm Users	PKC HCC Key Monitoring

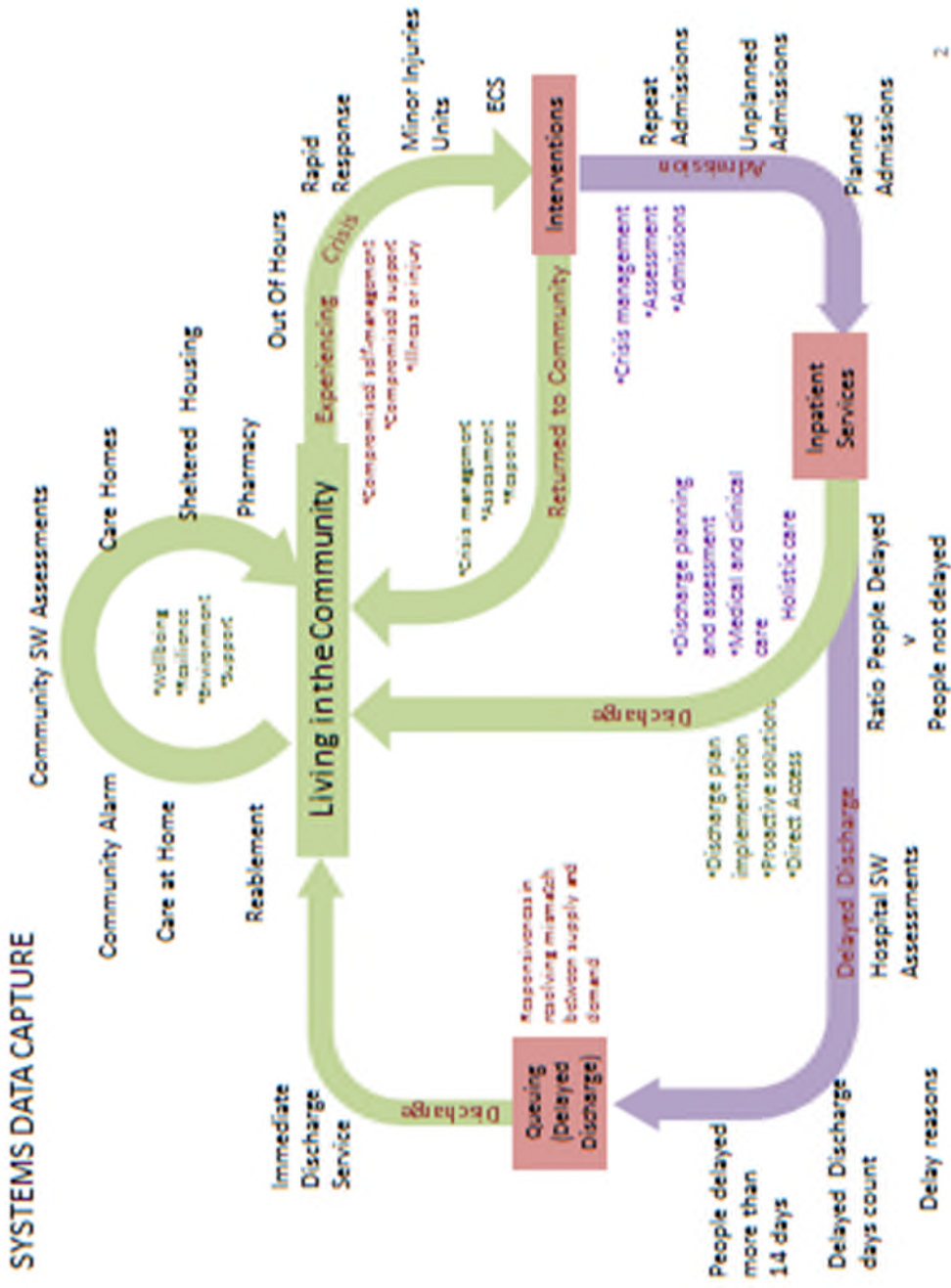| No.	Outcome	Indicator	Data Source
		No of Service users 65+ with Technology Enabled Care (Telecare)	PKC HCC BMIP/Key Monitoring
		No. exiting Drug & Alcohol Team referred within 6 months	PKC HCC BMIP/Key Monitoring
		Psychological Therapies Waiting Times HEAT Target	ISD HEAT Target Reporting
		Readmissions Rates at 7 & 28 Days	CHP Performance Report
		Respite care for older people per 1000 population	RCOP indicator - need to establish details
5	Health and social care services contribute to reducing health inequalities.	Emergency Admission Rate	ISD - Inpatient and Day Case Activity
		Antenatal Access HEAT Target	ISD HEAT Target Reporting
		No current routinely collected indicators, however locality profile information may be of use	To be confirmed
		Percentage of people who need help with their drug/alcohol problem will wait no longer than 3 weeks for treatment	CHP Performance Report
		Premature Mortality Rate	NRS Scotland
		Prisoner Healthcare- Number of patients (including admissions) by GP	CHP Performance Report
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.	% of adults with intensive care needs receiving care at home	PKC HCC BMIP/Key Monitoring
		% of carers who feel supported to continue in their caring role	Health Care Experience Survey
		Annual carers experience survey responses	PKC HCC Carers Survey Annual Report (to be confirmed)
7	People using health and social care services are safe from harm.	% Adult protection cases screened within 24 hours of notification	PKC HCC BMIP/Key Monitoring
		% ASP case conferences held within agreed timescales	PKC HCC BMIP/Key Monitoring
		% ASP on-going case conference reviewed within 3 months	PKC HCC BMIP/Key Monitoring
		% of adults supported at home who agree they felt safe	Health Care Experience Survey

	Annual carers experience survey responses	PKC HCC Carers Survey Annual Report (to be confirmed)
	Annual Social Care user survey response	PKC HCC Service User Survey Annual Report (to be confirmed)
	C Difficile Infections HEAT Target	
	Children, Young People and Families- The % of CHP staff who have had appropriate level of Child Protection Training	CHP Performance Report
	Children, Young People and Families- The % of named person(s) and school nurses who receive case supervision from Nurse Advisors (Child Protection) 4 times per annum	CHP Performance Report
	Falls	To be confirmed
	Falls Prevention (% compliance within CHP inpatient areas)	CHP Performance Report
	Hand Hygiene Compliance	
	MRSA/MSSA Reductions HEAT Target	
	New C-Diff Infections across CHP inpatient areas	
	Nutrition (% compliance within CHP inpatient areas)	CHP Performance Report
	Pressure Ulcer Prevention (% compliance within CHP inpatient areas)	CHP Performance Report
	Proportion of people who have been determined as safer as a result of intervention	PKC HCC BMIP/Key Monitoring
	Readmission to hospital within 28 days	To be confirmed
	Suicide rate	NRS Scotland
	The % of report requests from SCRA to the 'named person' or school nurse are responded to within the timescale specified	CHP Performance Report
	The % of report requests to the named person for reviews in relation to looked after children are responded to within the timescale specified	CHP Performance Report
8	% Completed ERDs (Community Care)	PKC HCC BMIP/Key Monitoring
People who work in health and social care services feel engaged with the work they do and are supported to	% of CHP staff who have had an eksf review within the last 12 months	CHP Performance Report
	% of staff who say they would recommend their workplace as a good place to work	To be confirmed
	Annual staff survey responses - need to identify existing questions that meet outcome	PKC Annual Staff Survey

		Measure	Source
	continuously improve the information, support, care and treatment they provide.	Care Inspection Reports - service user experience responses	To be confirmed
		Health & Safety - stress related incidents	PKC HCC BMIP/Key Monitoring
		NHS Scotland Staff Survey	NHS Tayside (nationwide)
		Sickness Rate (Community Care)	PKC HCC BMIP/Key Monitoring
9	Resources are used effectively and efficiently in the provision of health and social care services	% of health and care resources spent on hospital stays where patient admitted in an emergency	To be confirmed
		% of total hours lost due to sickness	CHP Performance Report
		A measure of the balance of care (e.g. split between spend on institutional and community-based care)	RCOP indicator –
		Cost of emergency inpatient bed days for people over 75 per 1000 population over 75	RCOP indicator - need to establish details
		Expenditure on End of Life care	To be confirmed
		Financial Performance HEAT Target	
		No of beds lost to delayed discharge	PKC HCC BMIP/Key Monitoring
		No of people delayed in hospital more than 14 days	PKC HCC BMIP/Key Monitoring
		Per capita weighted cost of accumulated bed days lost to delayed discharge.	RCOP indicator - need to establish details
		Pharmacy Cost Minimisation Initiatives: Total Cost Reduction from P & K CHP	CHP Performance Report
		Readmission to hospital within 28 days	To be confirmed
		Supplementary Staffing- Cost in £- Bank (Total cost for financial year running total)	CHP Performance Report
		Supplementary Staffing- Cost in £- non-Medical overtime (Total cost for financial year running total)	CHP Performance Report
		Supplementary Staffing- Cost in £-Agency (Total cost for financial year running total)	CHP Performance Report
		Total Cumulative Travel Costs	CHP Performance Report

Appendix 6 - Capacity and Flow Model

SYSTEMS DATA CAPTURE

Each of the service areas around the model has weekly activity that is captured.

This allows us to run the model to identify pressures and blockages in the system as the weeks progress