Performance & Self-Assessment Workshop
Wednesday 8th March

IJB Performance & Self-Assessment Workshop
Wednesday 8th March 2023
UWS Campus, Ayr

-AGENDA-

- **Registration -** Tea and coffee (9:00-9:30)
- **Welcome and overview of session** – Tim Eltringham (9:30-9:40)
- **MSG** – Andrew Deas (9:40-10:00)
- **Discharge Without Delay: System Pressures** – Steven Fowler and Donna Mikolajczak (10:00-10:20)
- **Demand Capacity Activity Queue –** Stewart Cardwell (10:20-10:40)
- **Questions & Feedback** (10:40-11:00)
- **Coffee Break** (11:00-11:20)
- **Data: Digital Strategy Data-driven Services and Performance Measurements** –Thomas Griffin (11:20-11:40)
- **Strategy Review & Priorities** – Sheila Tyeson (In place of Rachael Graham) (11:40-11:50)
- **Summary** – Tim Eltringham (11:50-12:00)
- **Lunch** (12:00-13:00)
- **Self-Assessment Workshop 1** – Barry McLeod (13:00 – 14:40)
- **Coffee break** (14:40-15:05)
- **Self-Assessment Workshop 2** – Barry McLeod (15:05-16:15)
- **Summary, Next Steps & Close** – Tim Eltringham (16:15-16:30)

south ayrshire
health & social care
partnership

Welcome and overview of session
Tim Eltringham

South Ayrshire IJB Digital Development Workshop

Ministerial Strategic Group (MSG) Indicators

08 March 2023

Public Health Scotland

MSG Indicators

MANAGEMENT INFORMATION

- Indicators:
  - Emergency department attendances
  - Emergency admissions
  - Unplanned bed days (acute)
  - Unplanned bed days (mental health)
  - Unplanned bed days (geriatric long stay)
  - Delayed discharges

- Trend since 2015 – numbers of admissions/bed days/attendances

- Comparisons of rates against East Ayrshire, North Ayrshire and the family group of HSCPs.

MSG Indicators

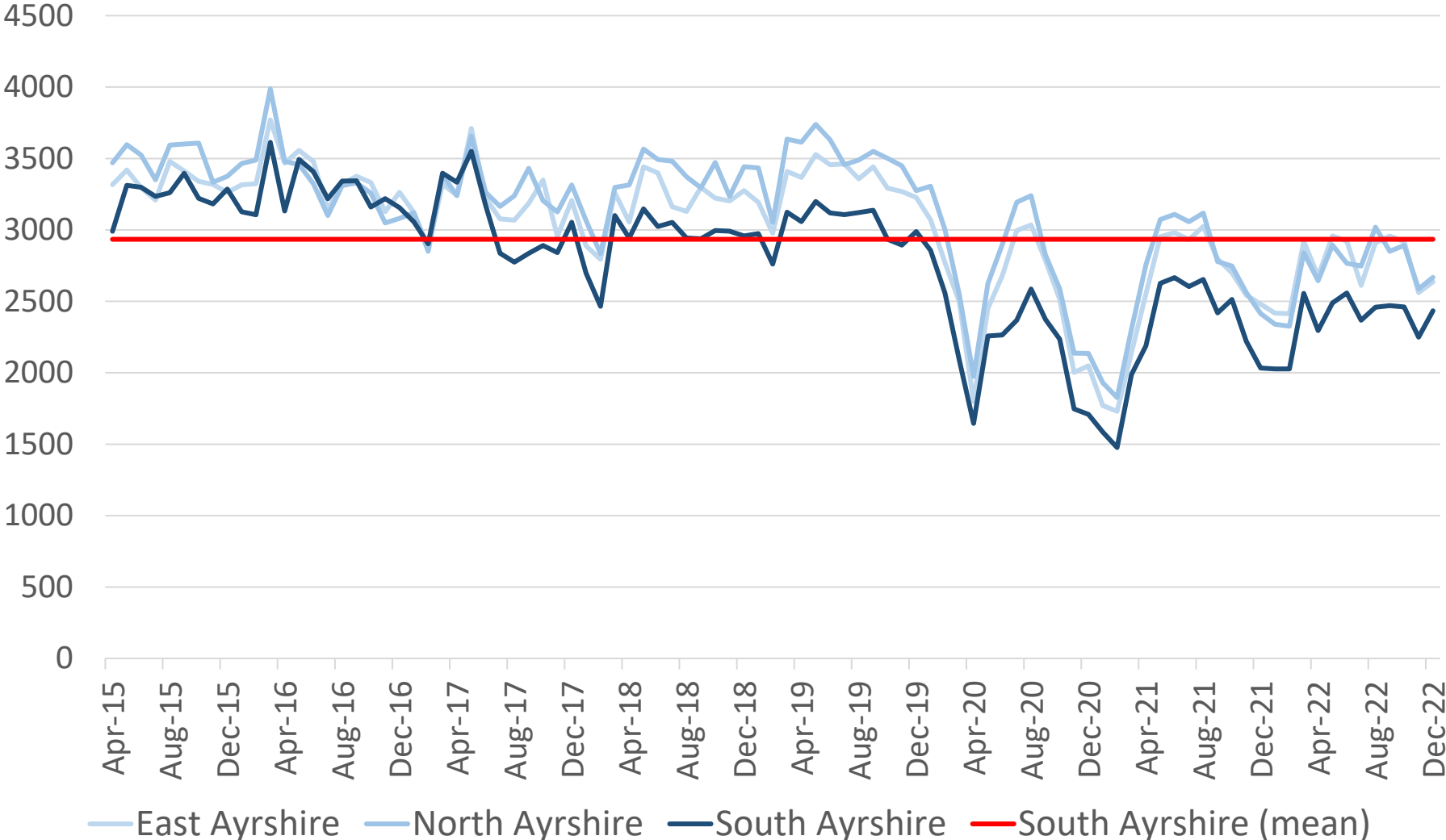## NOTE ABOUT DATA COMPLETENESS

- The MSG indicators are measured using national datasets collected by Public Health Scotland.

- There is a time-lag within the datasets to allow complete data for the whole of Scotland to be collected.

- This means that data are complete to:
  - Emergency admissions – October 2022
  - ED attendances - December 2022
  - Unplanned bed days (acute, mental health and geriatric long stay) – September 2022
  - Delayed discharges – December 2022
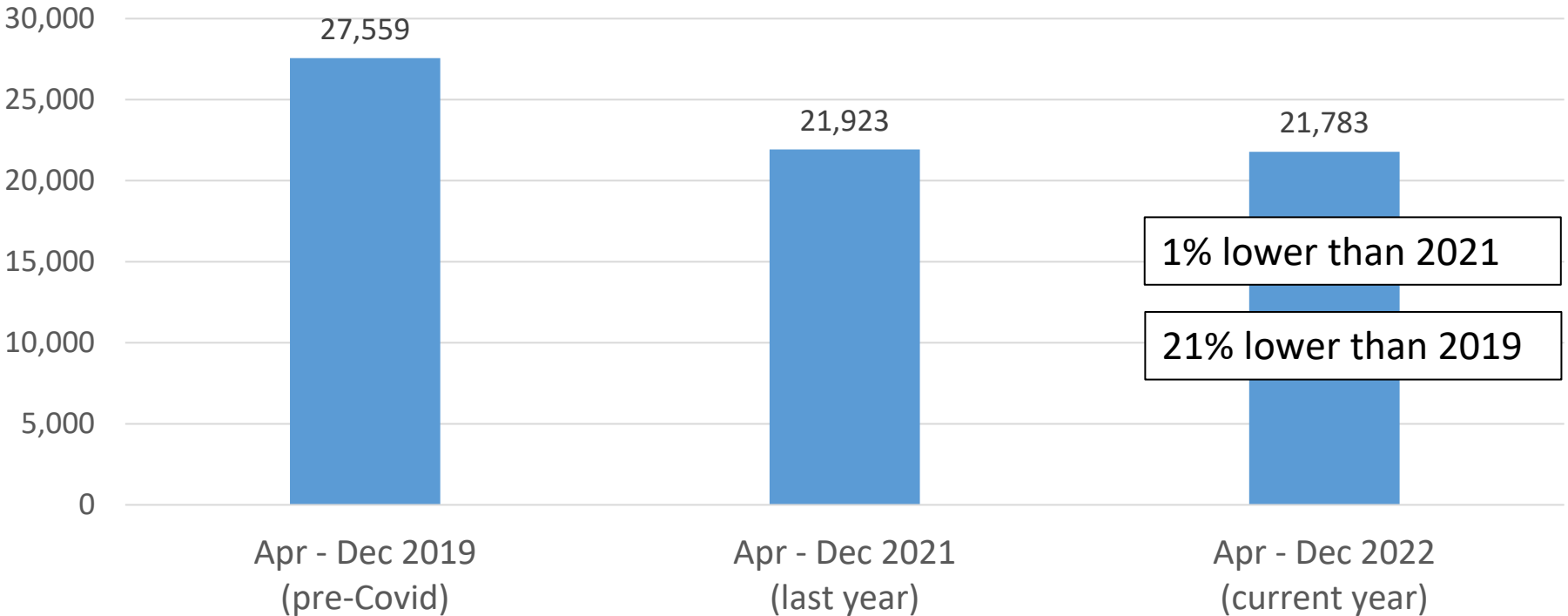
# Emergency department attendances

Comparison: Number of ED attendances
South Ayrshire, Apr-Dec 2019, 2021 and 2022

ED attendances (numbers)
Comparison Apr-Dec for 2019, 2021 and 2022

27,559

21,923

21,783

1% lower than 2021

21% lower than 2019

Apr - Dec 2019
(pre-Covid)

Apr - Dec 2021
(last year)

Apr - Dec 2022
(current year)

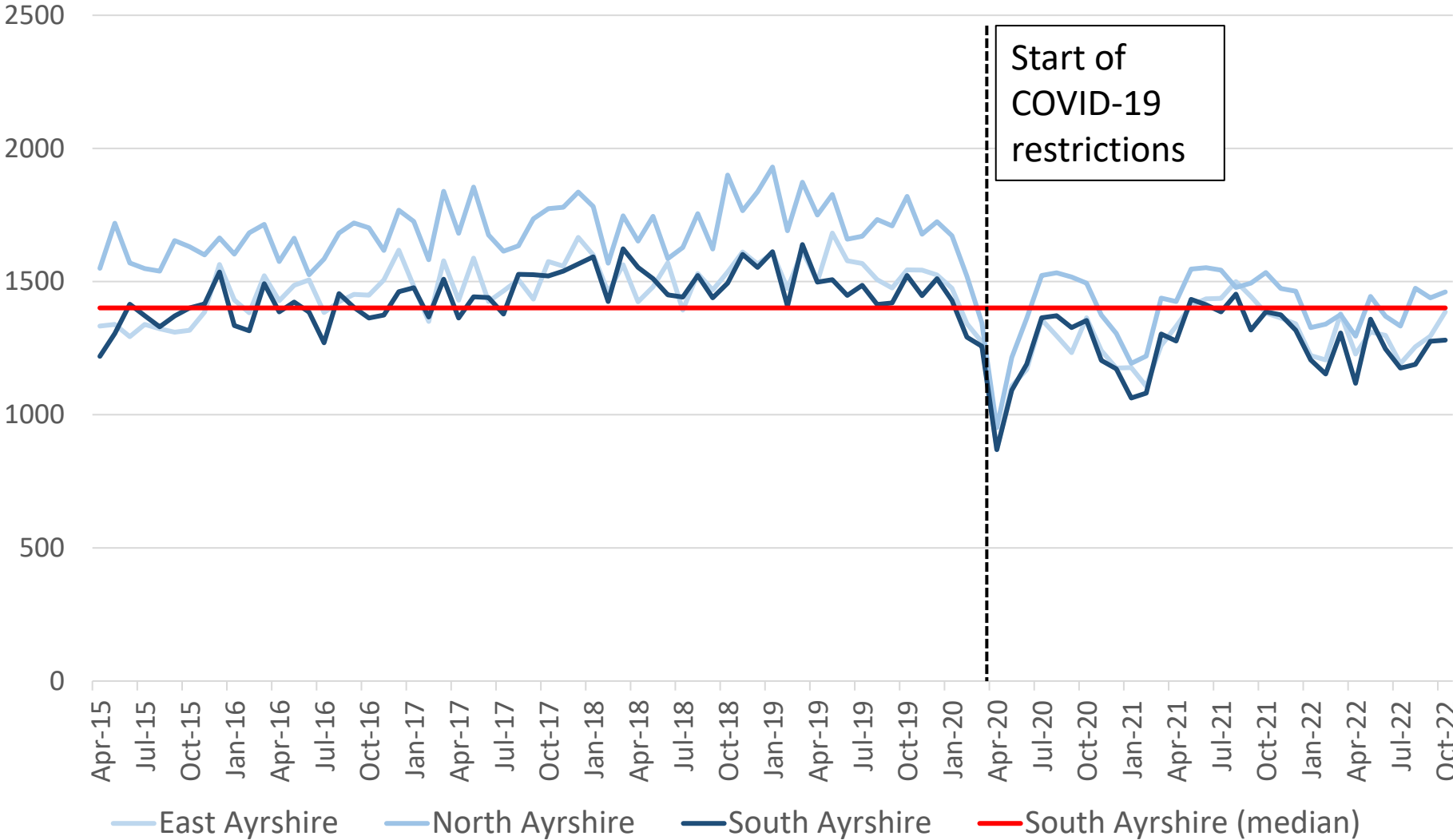# Comparison: ED attendances - rate per 1,000 population – Apr-Dec 2022
South Ayrshire and other areas
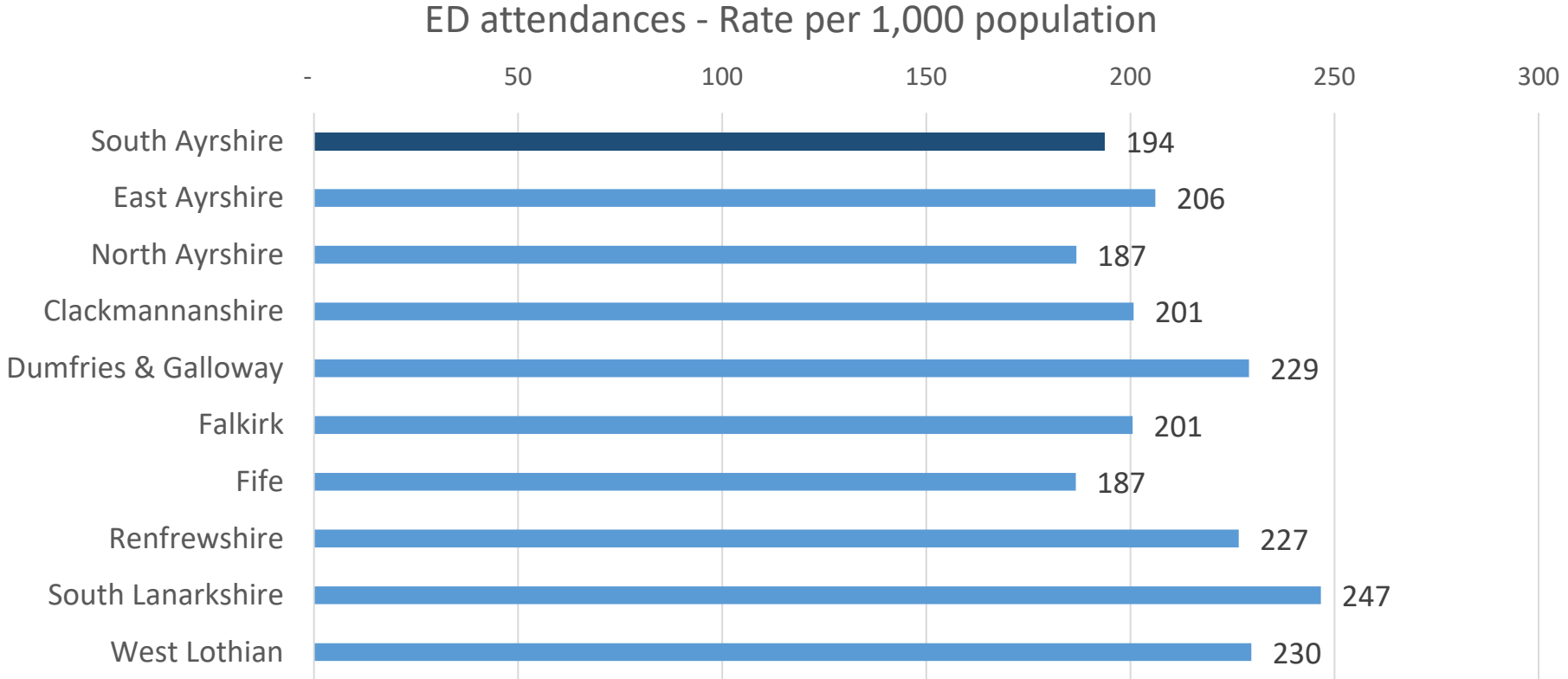
Emergency admissions

Trend: Number of emergency admissions
South Ayrshire, East Ayrshire, North Ayrshire

Start of COVID-19 restrictions

East Ayrshire — North Ayrshire — South Ayrshire — South Ayrshire (median)

Comparison: Number of emergency admissions
South Ayrshire, Apr-Oct 2019, 2021 and 2022

Emergency admissions (numbers)
Comparison Apr-Oct for 2019, 2021 and 2022

10,296	9,666	8,644

11% lower than 2021

16% lower than 2019

Apr - Oct 2019 (pre-Covid) Apr - Oct 2021 (last year) Apr - Oct 2022 (current year)
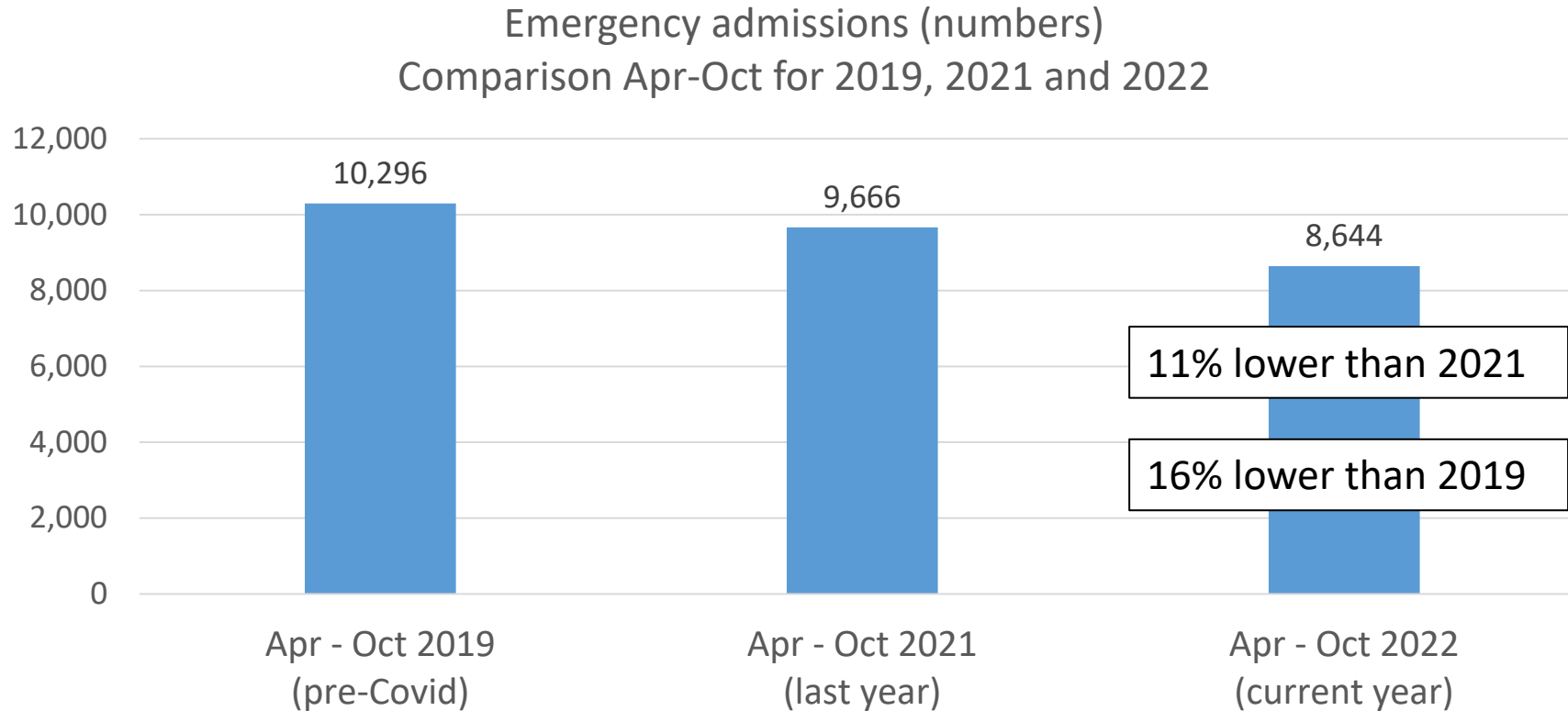
Comparison: Emergency Admissions - rate per 1,000 population – Apr-Oct 2022
South Ayrshire and other areas
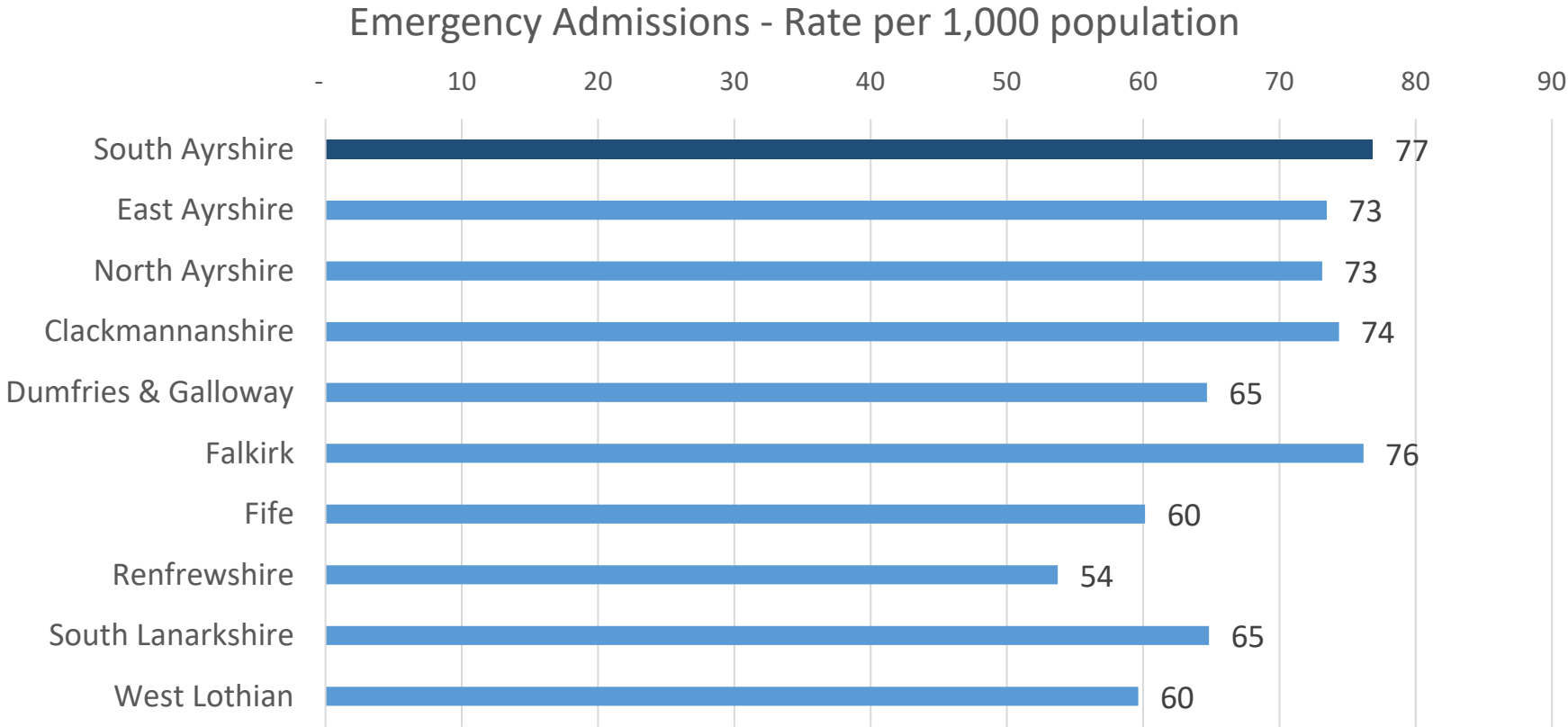
Unscheduled bed days (acute)

Trend: Number of unscheduled acute bed days
South Ayrshire, East Ayrshire, North Ayrshire

Start of COVID-19 restrictions

East Ayrshire — North Ayrshire — South Ayrshire — South Ayrshire (median)
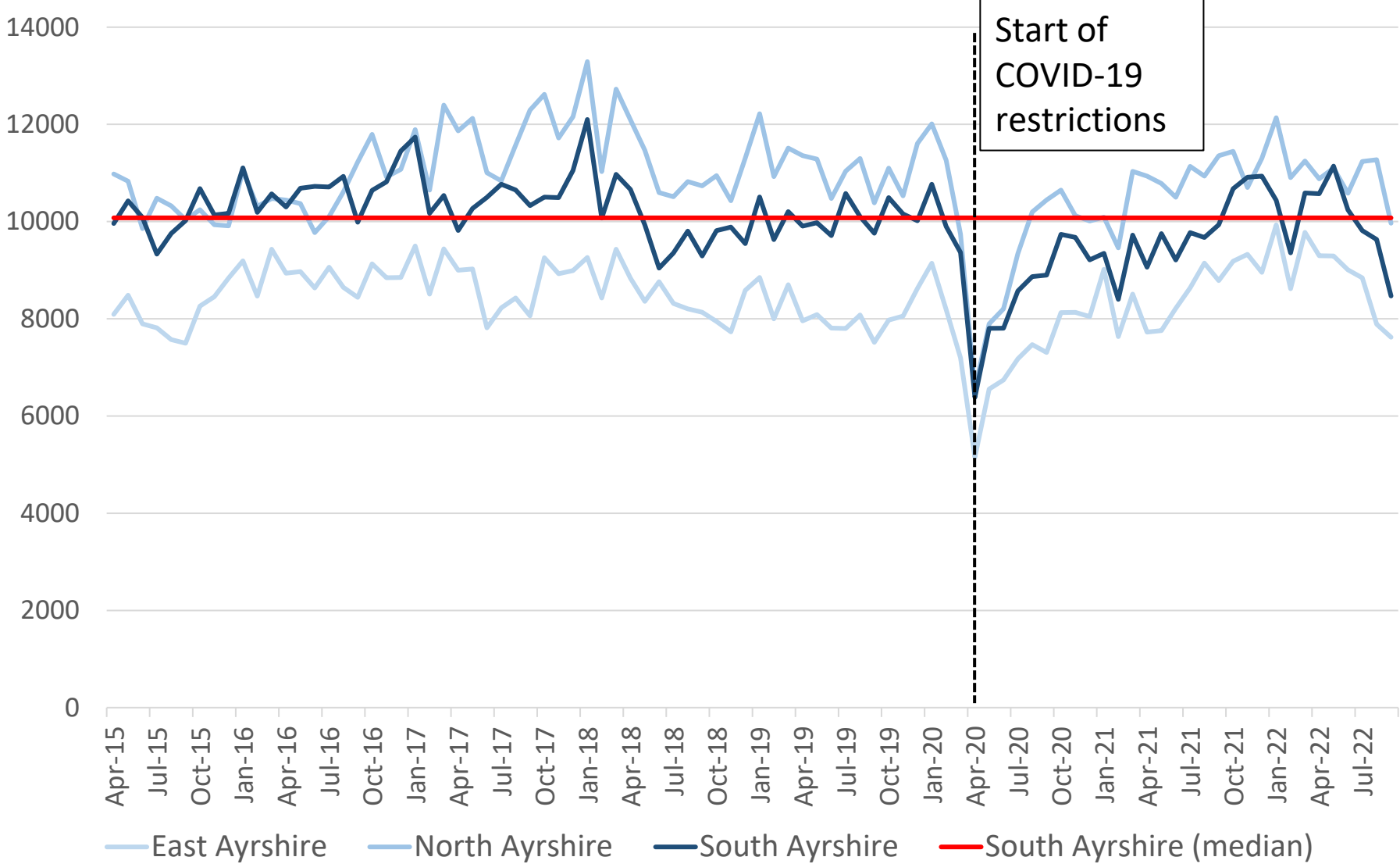
Comparison: Number of unscheduled acute bed days
South Ayrshire, Apr-Sep 2019, 2021 and 2022

Acute bed days (numbers)
Comparison Apr-Sep for 2019, 2021 and 2022

4% higher than 2021

0.3% lower than 2019

Comparison: Unscheduled acute bed days - rate per 1,000 population – Apr-Sep 2022
South Ayrshire and other areas

Bed days (acute) - Rate per 1,000 population

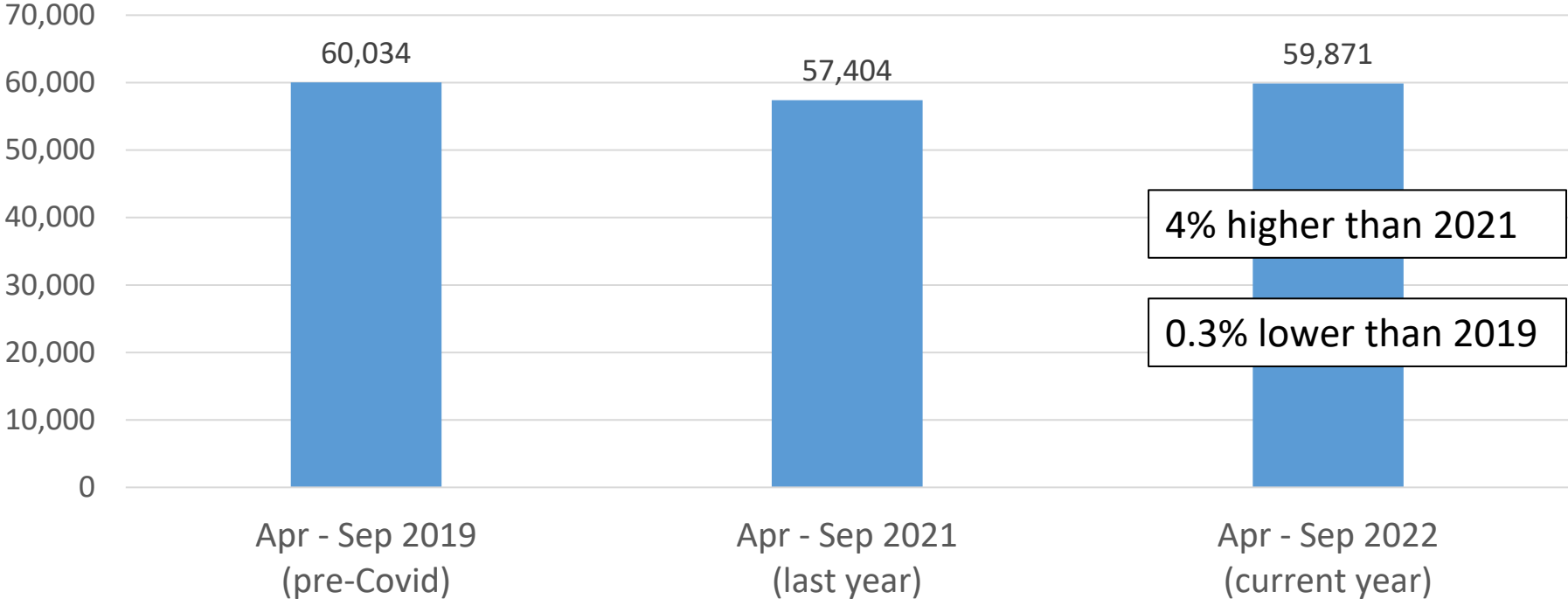| Area	Rate
South Ayrshire	532
East Ayrshire	426
North Ayrshire	484
Clackmannanshire	405
Dumfries & Galloway	422
Falkirk	396
Fife	290
Renfrewshire	365
South Lanarkshire	379
West Lothian	277

Unscheduled bed days (mental health)

Trend: Number of unscheduled mental health bed days
South Ayrshire, East Ayrshire, North Ayrshire
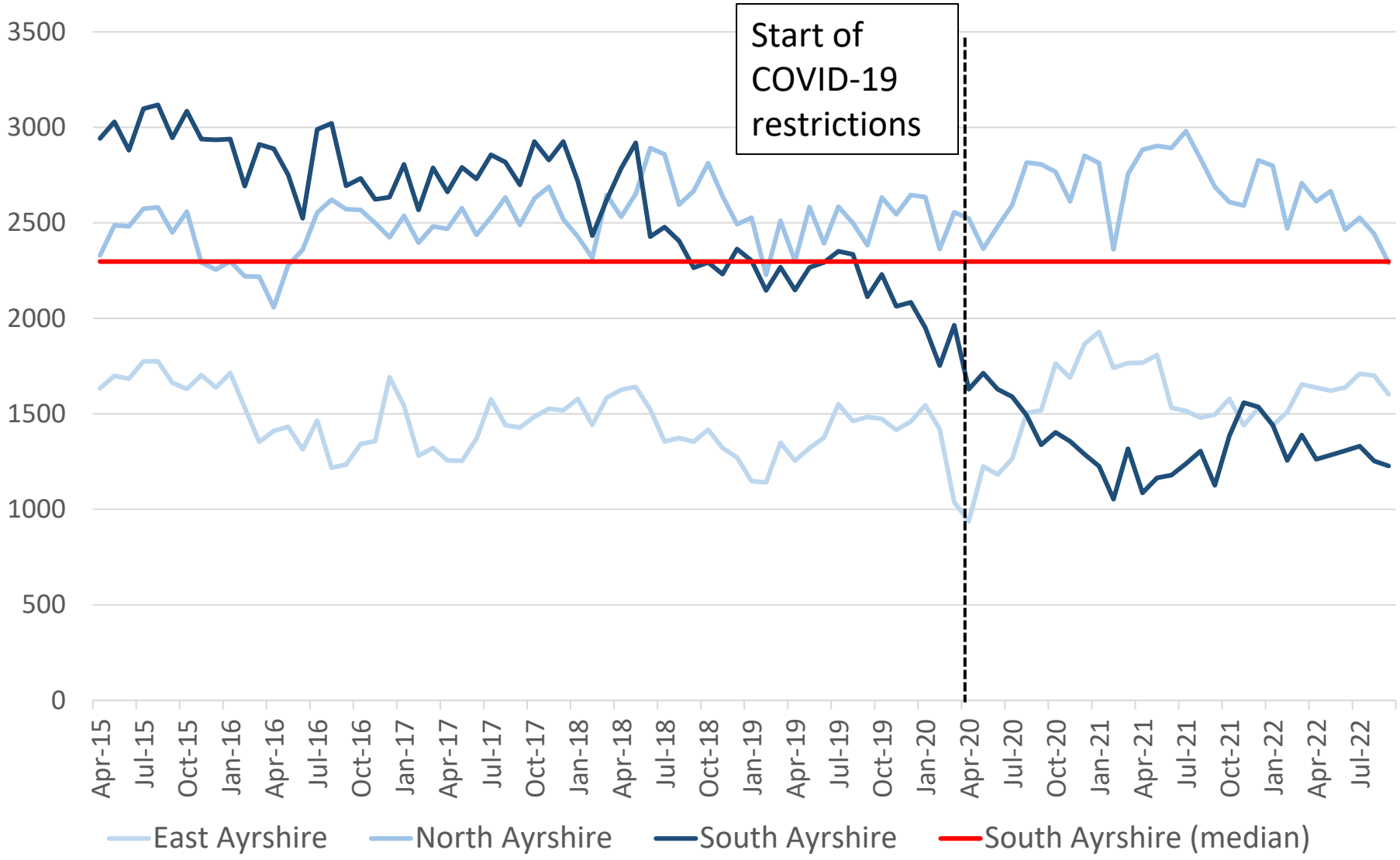
Comparison: Number of unscheduled mental health bed days
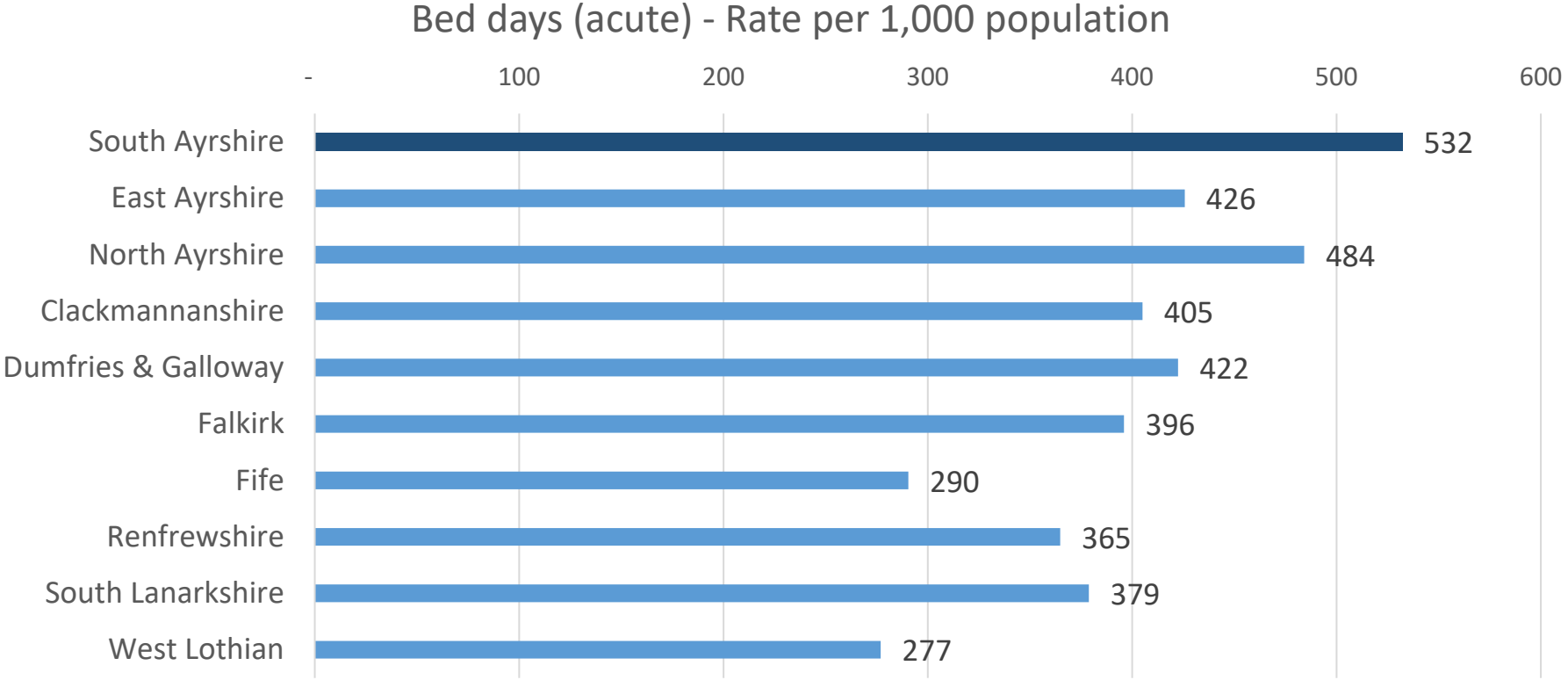South Ayrshire, Apr-Sep 2019, 2021 and 2022

Mental health bed days (numbers)
Comparison Apr-Sep for 2019, 2021 and 2022

13,506

7,100

7,664

8% higher than 2021

43% lower than 2019

Apr - Sep 2019
(pre-Covid)

Apr - Sep 2021
(last year)

Apr - Sep 2022
(current year)

Comparison: Unscheduled mental health bed days - rate per 1,000 population – Apr-Sep 2022
South Ayrshire and other areas

Bed days (mental health) - Rate per 1,000 population

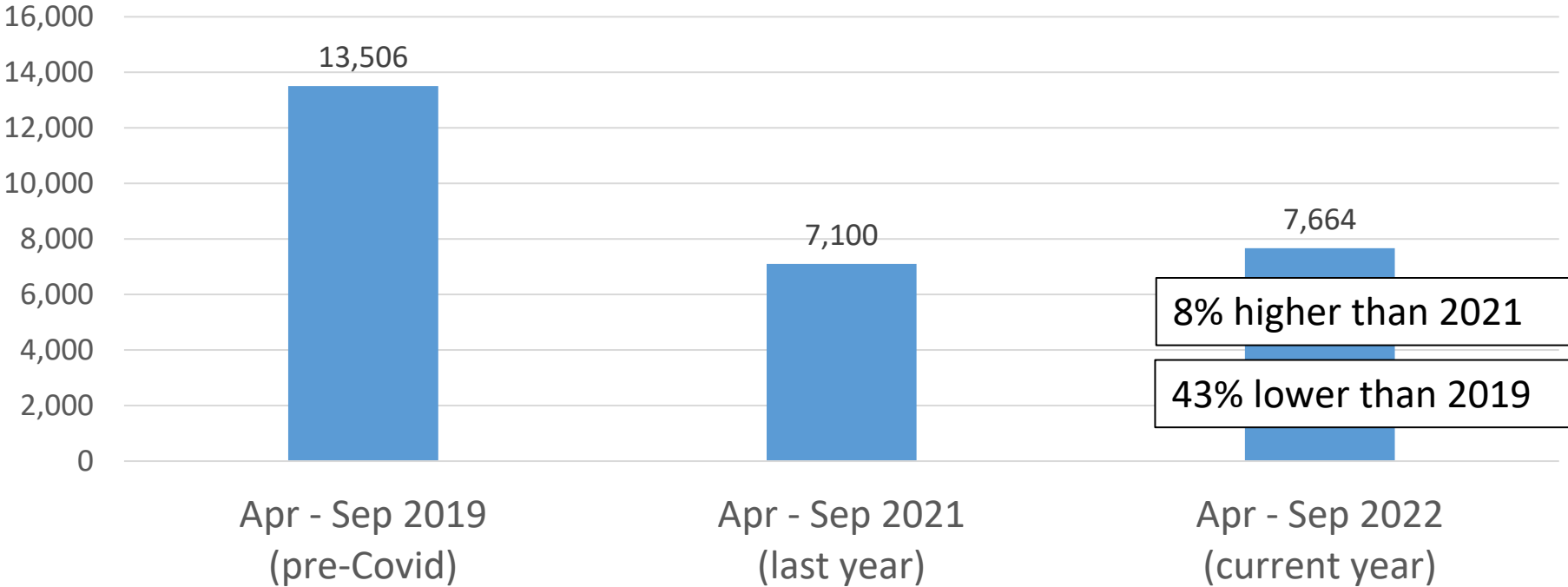| Area	Rate
South Ayrshire	68
East Ayrshire	81
North Ayrshire	112
Clackmannanshire	56
Dumfries & Galloway	130
Falkirk	64
Fife	80
Renfrewshire	131
South Lanarkshire	68
West Lothian	61

Unscheduled bed days (geriatric long stay)

Trend: Number of unscheduled geriatric long stay bed days
South Ayrshire, East Ayrshire, North Ayrshire

Comparison: Number of unscheduled geriatric long stay bed days
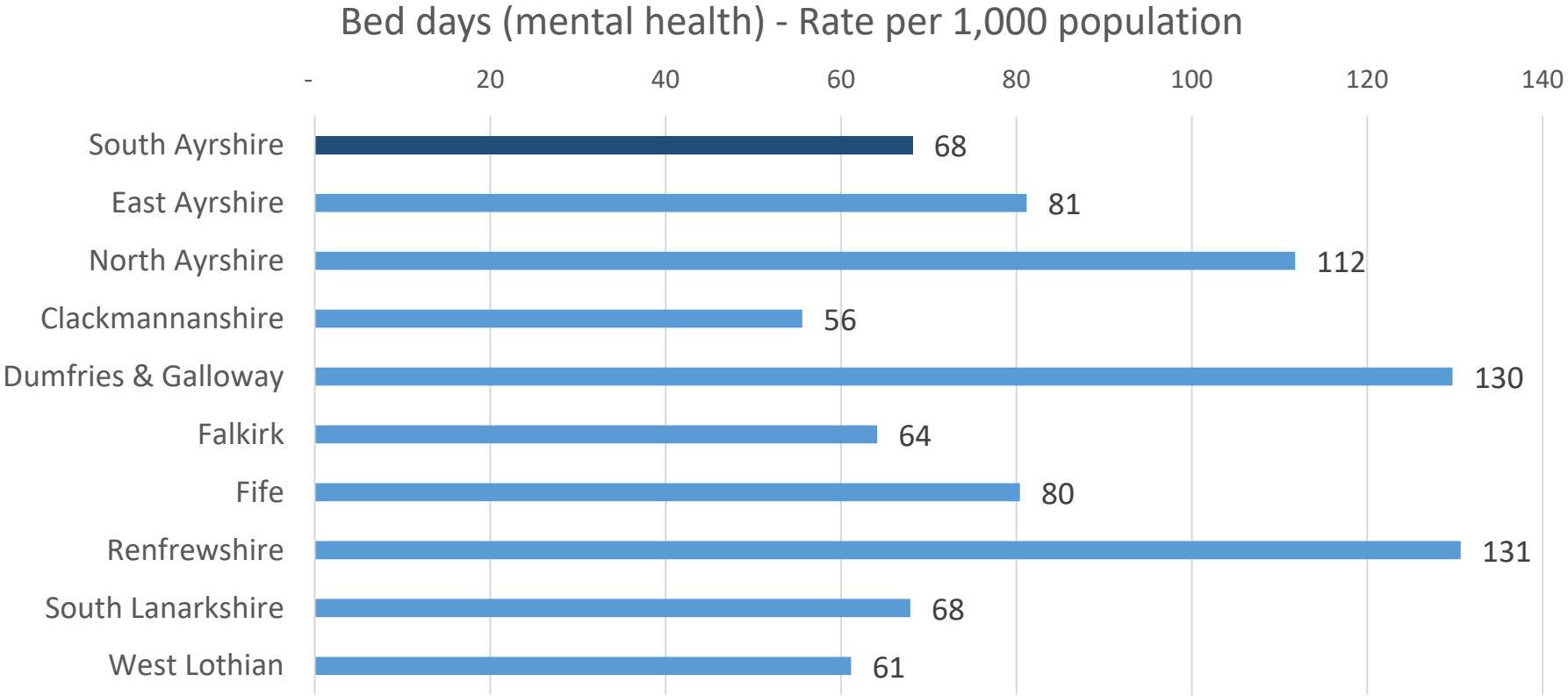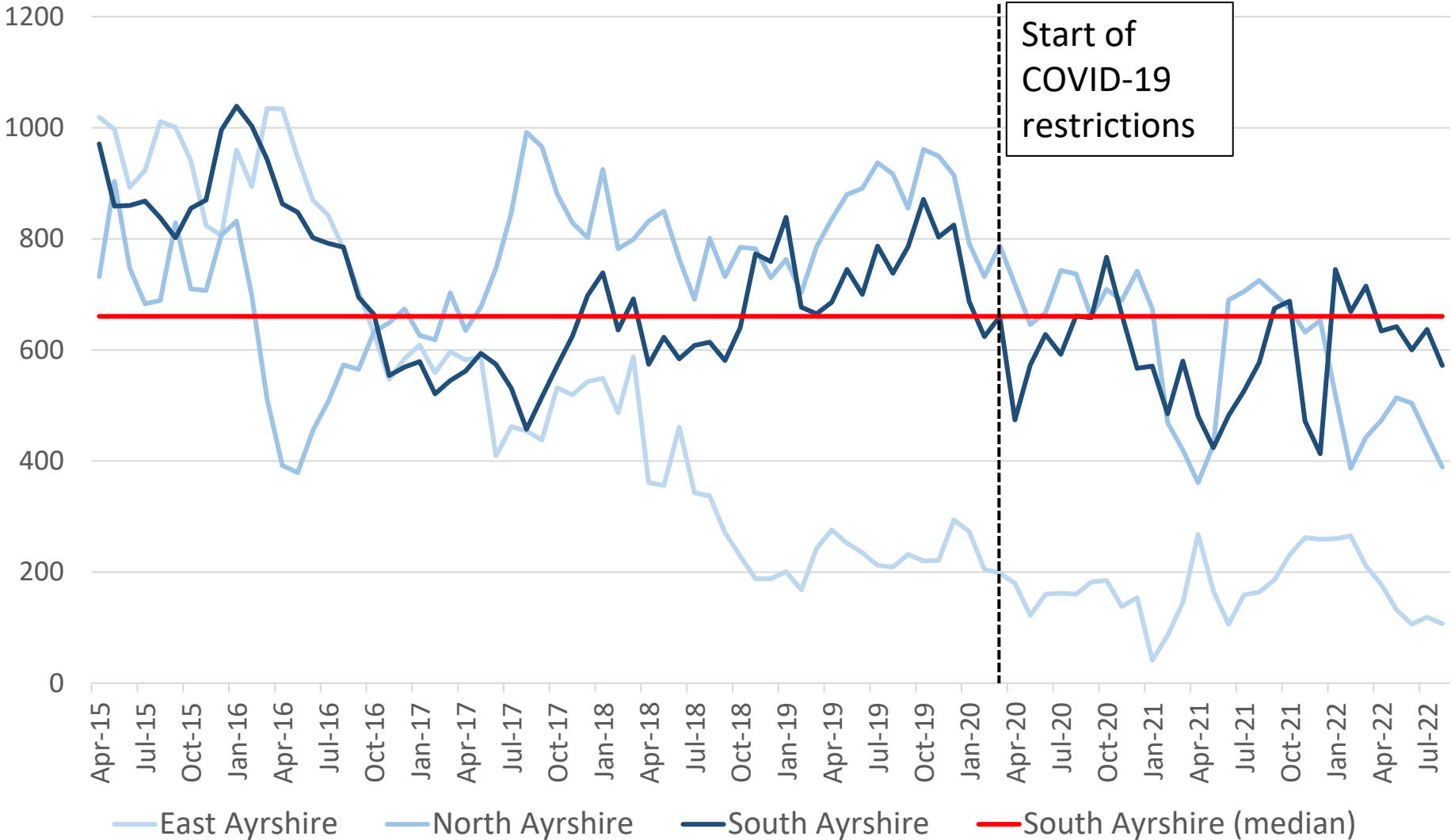## South Ayrshire, Apr-Sep 2019, 2021 and 2022

Geriatric long stay bed days (numbers)
Comparison Apr-Sep for 2019, 2021 and 2022

12% higher than 2021

20% lower than 2019
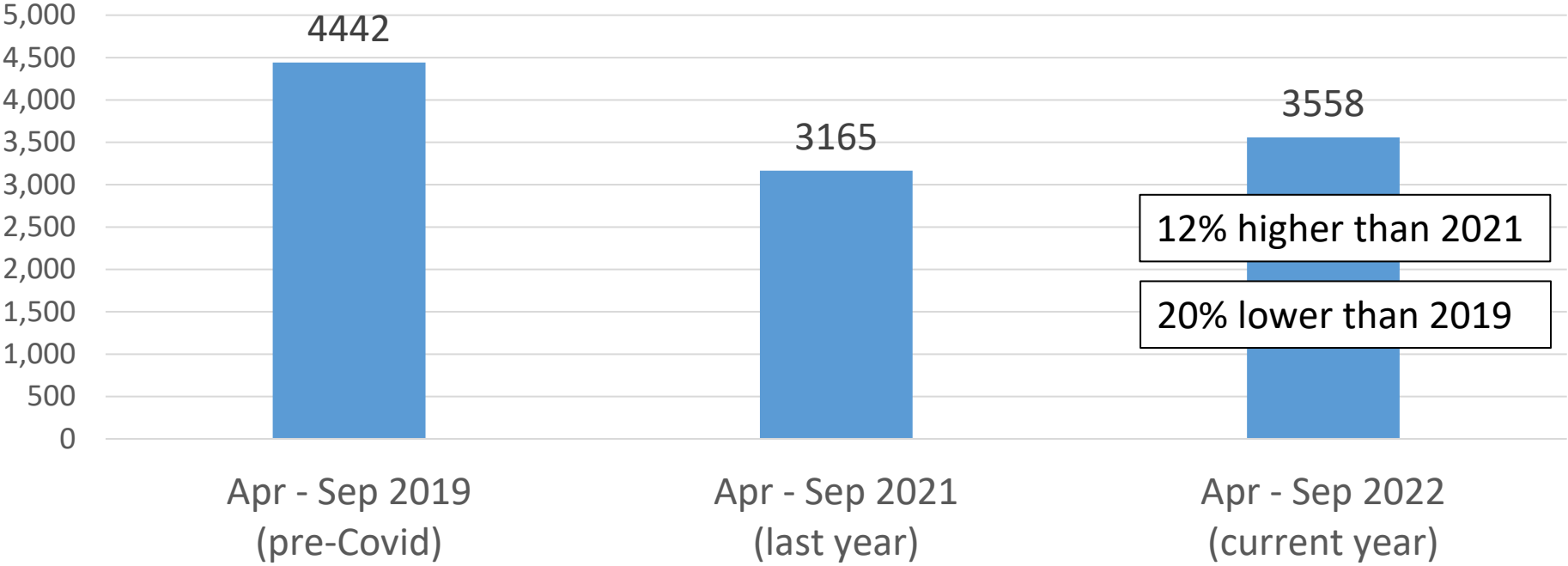
Comparison: Unscheduled geriatric long stay bed days - rate per 1,000 population – Apr-Sep 2022
South Ayrshire and other areas

Bed days (GLS) - Rate per 1,000 population (18+)

Area	Rate
South Ayrshire	38
East Ayrshire	7
North Ayrshire	25
Clackmannanshire	-
Dumfries & Galloway	-
Falkirk	28
Fife	17
Renfrewshire	46
South Lanarkshire	39
West Lothian	18
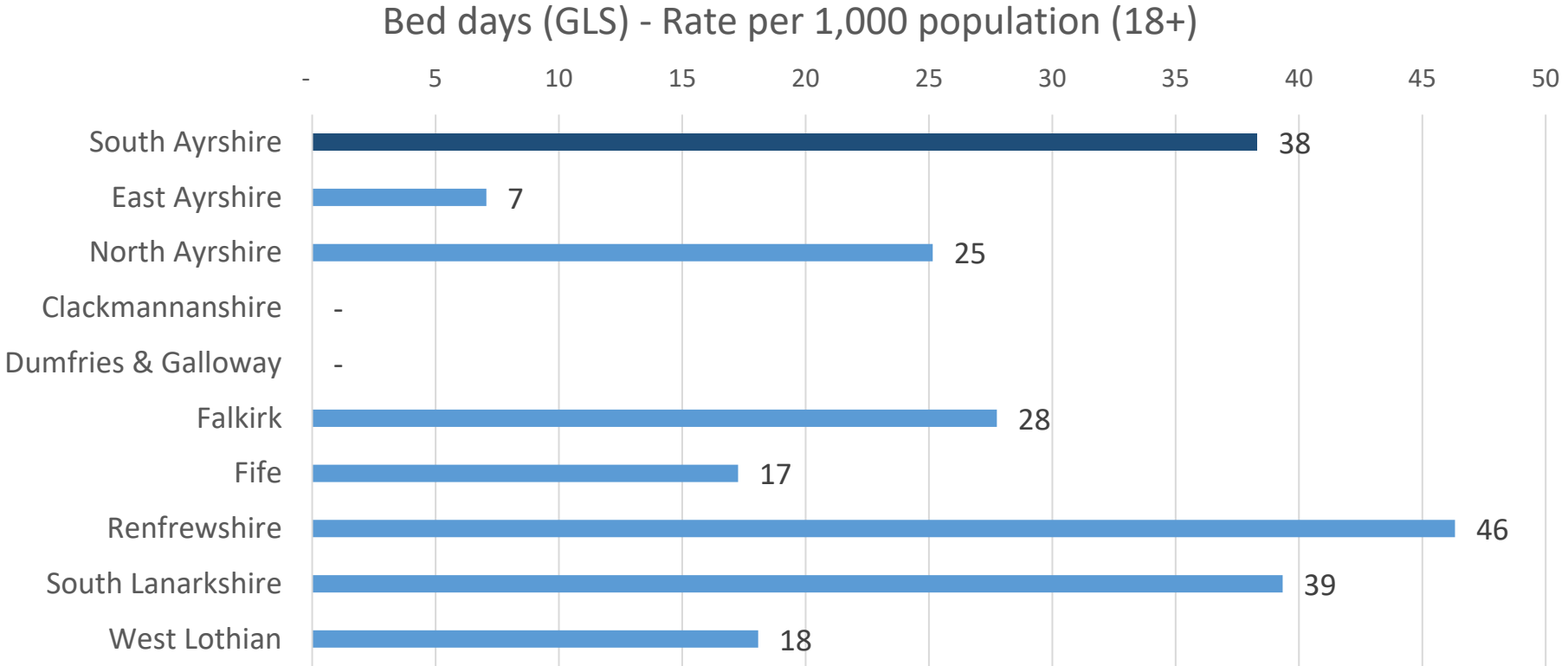
Delayed discharges bed days
(all reasons)

Trend: Number of delayed discharge bed days (all)
South Ayrshire, East Ayrshire, North Ayrshire

Legend: East Ayrshire — North Ayrshire — South Ayrshire — South Ayrshire (median)

Comparison: Number of delayed discharge bed days (all)
South Ayrshire, Apr-Dec 2019, 2021 and 2022
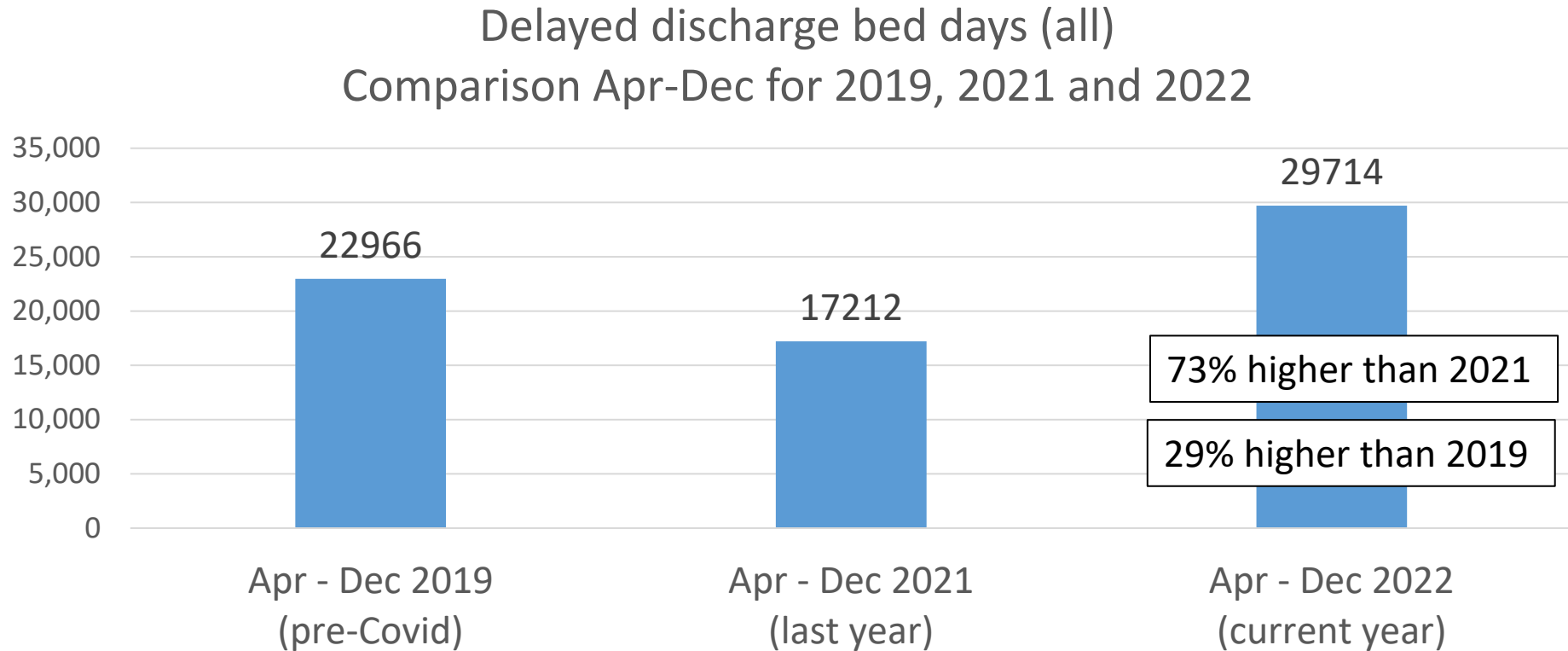
Comparison: Delayed discharge bed days (all) - rate per 1,000 population – Apr-Dec 2022
South Ayrshire and other areas

Delayed discharges (all) - Rate per 1,000 population (18+)

Area	Rate
South Ayrshire	320
East Ayrshire	73
North Ayrshire	156
Clackmannanshire	97
Dumfries & Galloway	216
Falkirk	150
Fife	112
Renfrewshire	37
South Lanarkshire	123
West Lothian	64

Delayed discharges bed days (code 9 reasons)

Trend: Number of delayed discharge bed days (code 9)
South Ayrshire, East Ayrshire, North Ayrshire

Start of COVID-19 restrictions

East Ayrshire — North Ayrshire — South Ayrshire — South Ayrshire (median)
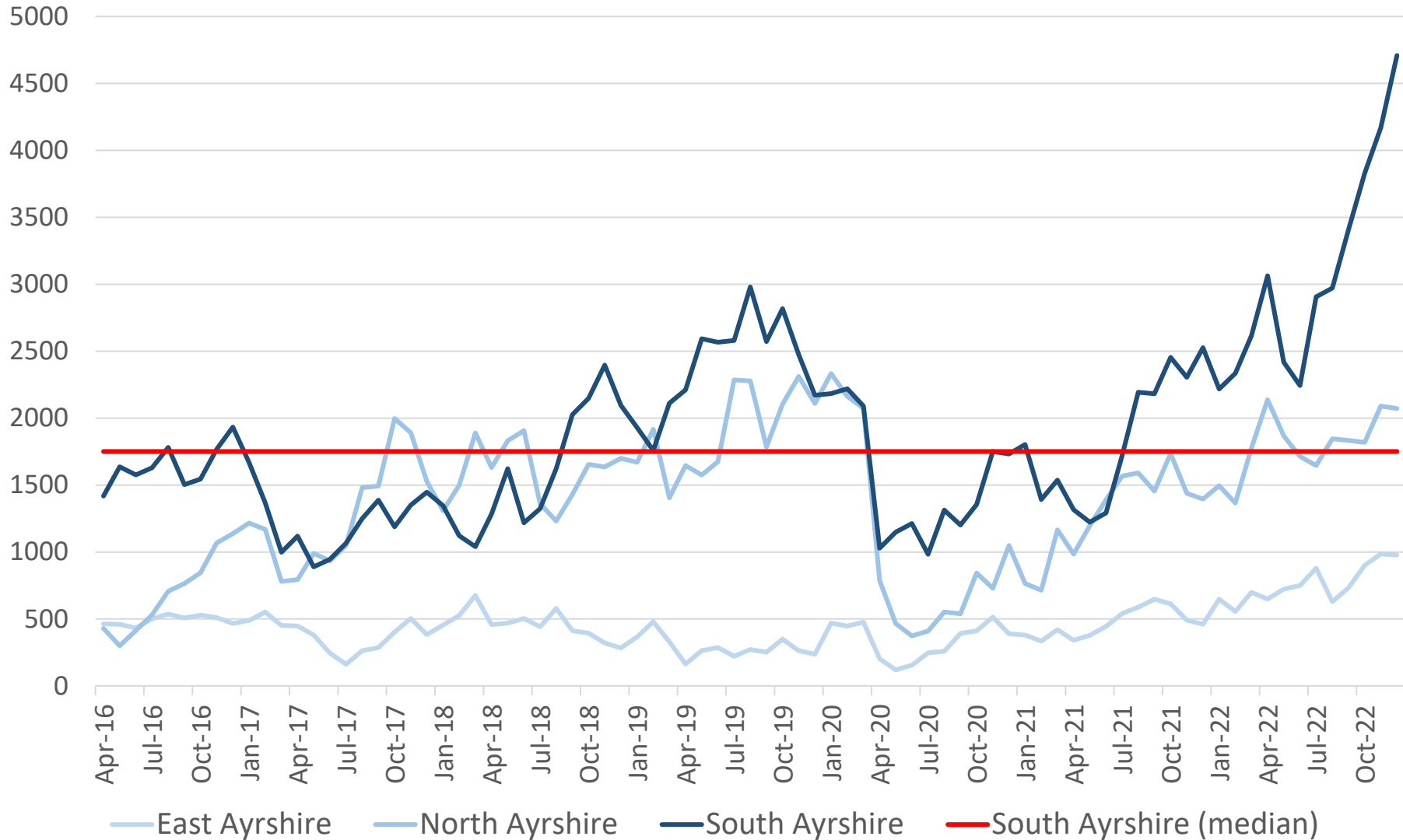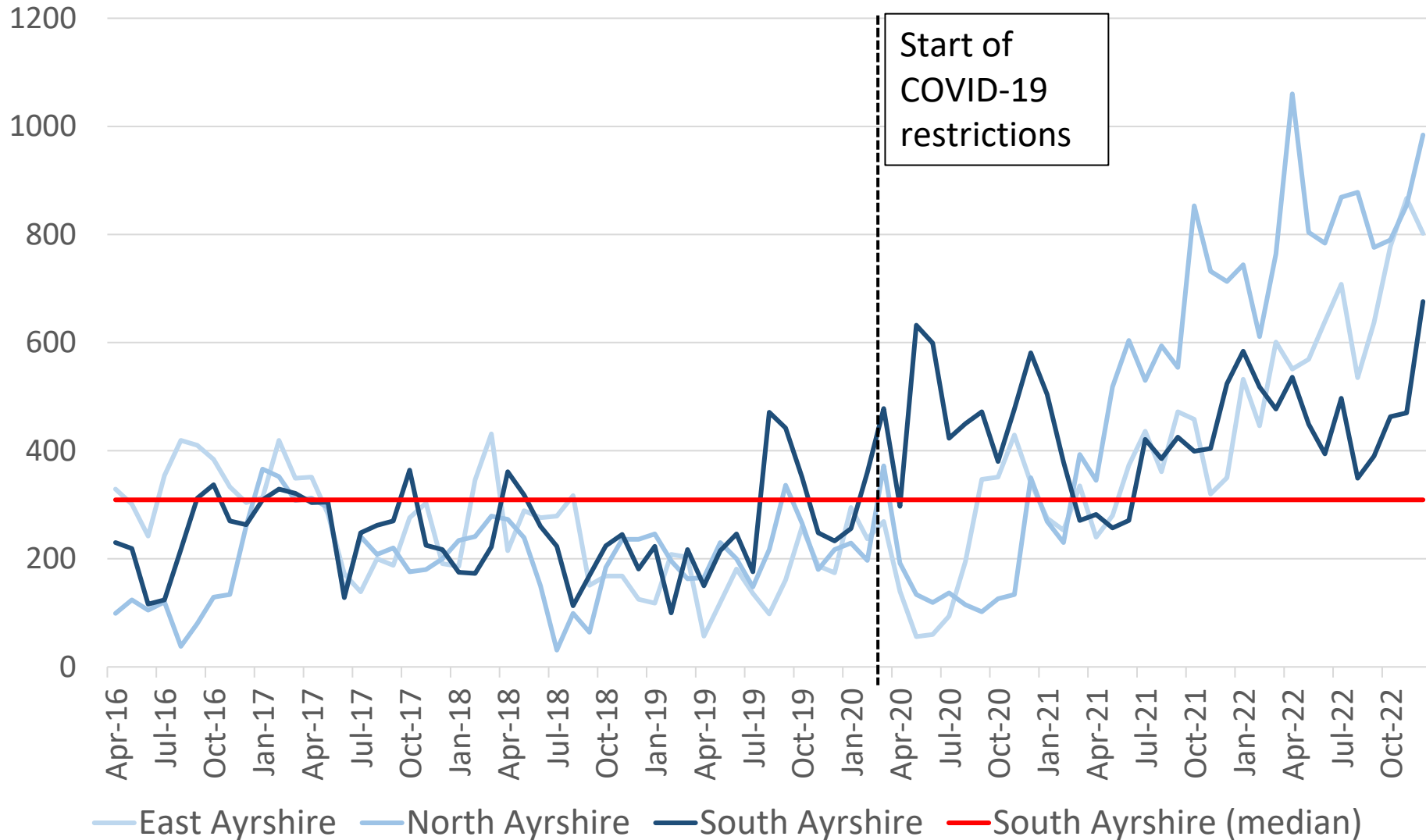
Comparison: Number of delayed discharge bed days (code 9)
South Ayrshire, Apr-Dec 2019, 2021 and 2022

Delayed discharge bed days (code 9)
Comparison Apr-Dec for 2019, 2021 and 2022

25% higher than 2021

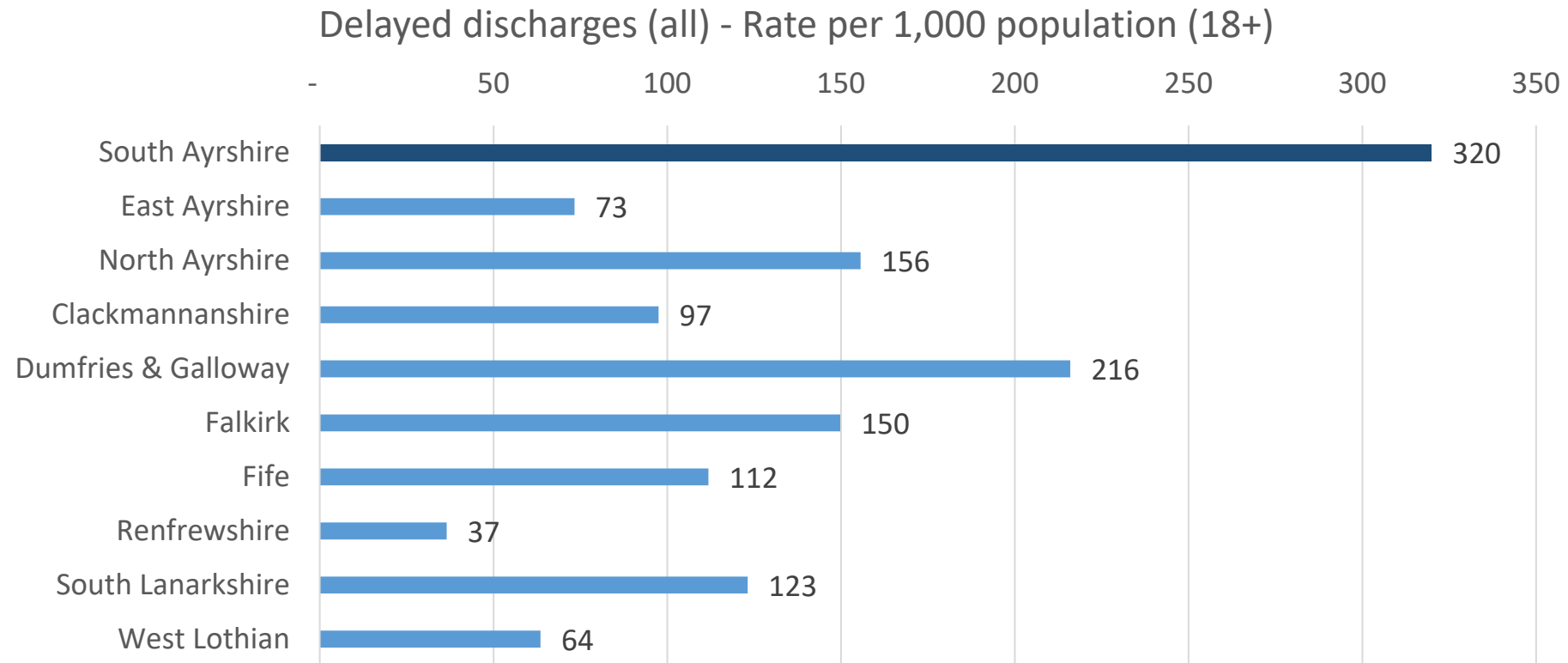67% higher than 2019

Delayed discharges bed days (health/social care/patient/family reasons)

Trend: Number of delayed discharge bed days (other)
South Ayrshire, East Ayrshire, North Ayrshire

Legend: East Ayrshire, North Ayrshire, South Ayrshire, South Ayrshire (median)
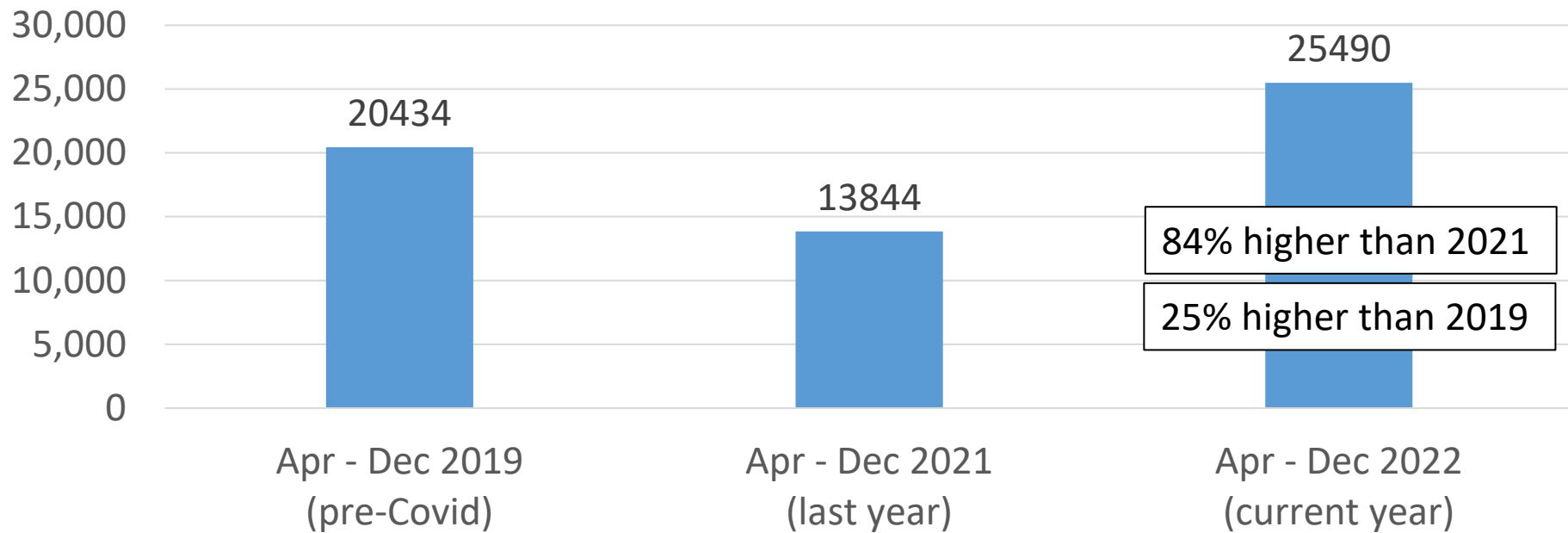
Comparison: Delayed discharge bed days (other) - rate per 1,000 population – Apr-Dec 2022
South Ayrshire and other areas
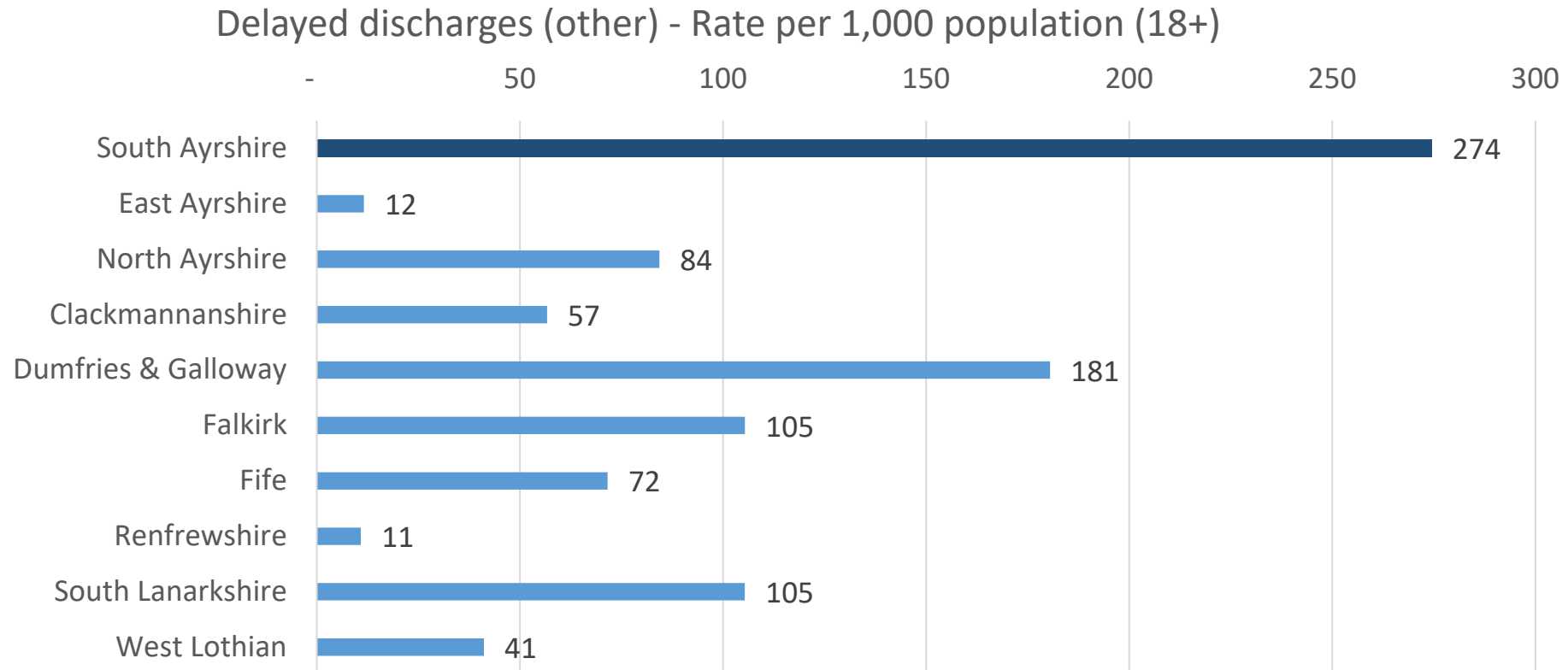
Winter – ED Attendances

- *'Standard winter': ED attendances tend to be higher in summer months and fall in winter*

- *This winter: on course to continue trend*
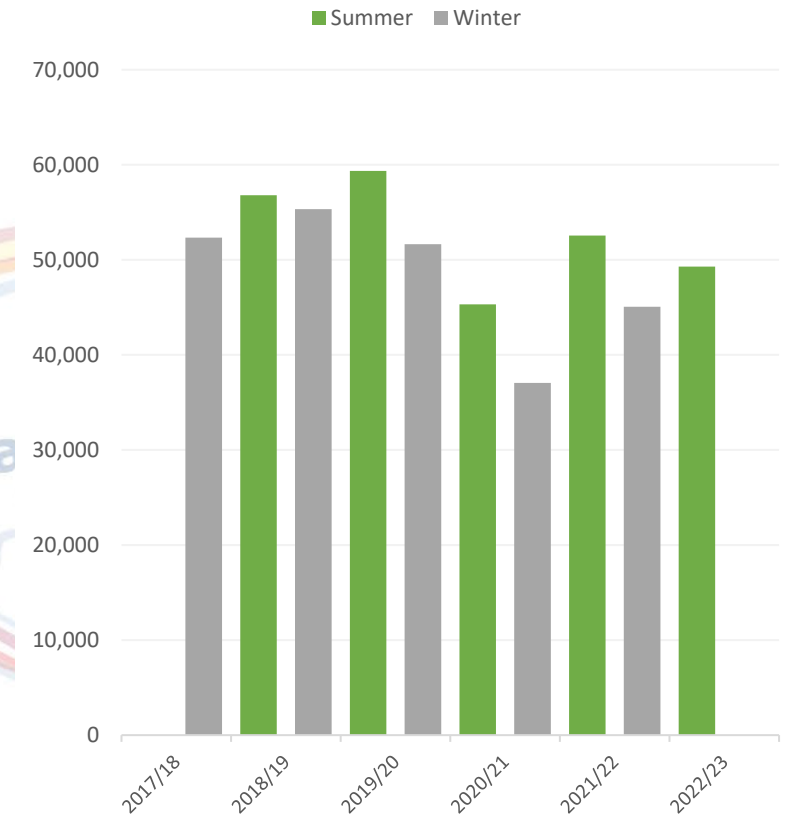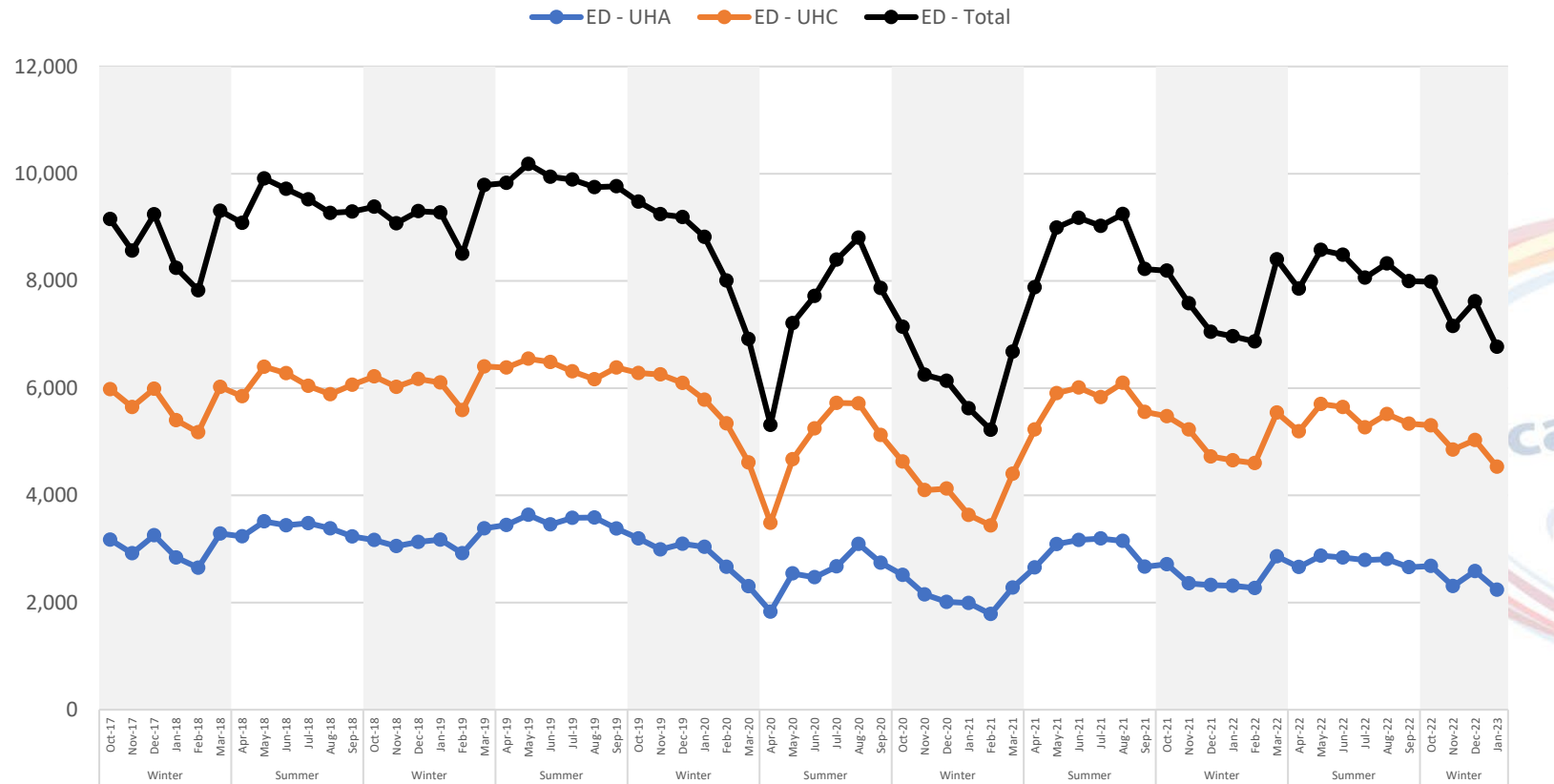
Winter – Delayed Discharges (all delays)

- *'Standard winter': Number of delays tend to fall each December*
- *This winter: delay numbers increased in December 2022 to reach the highest ever recorded position, though did fall in January 2023*
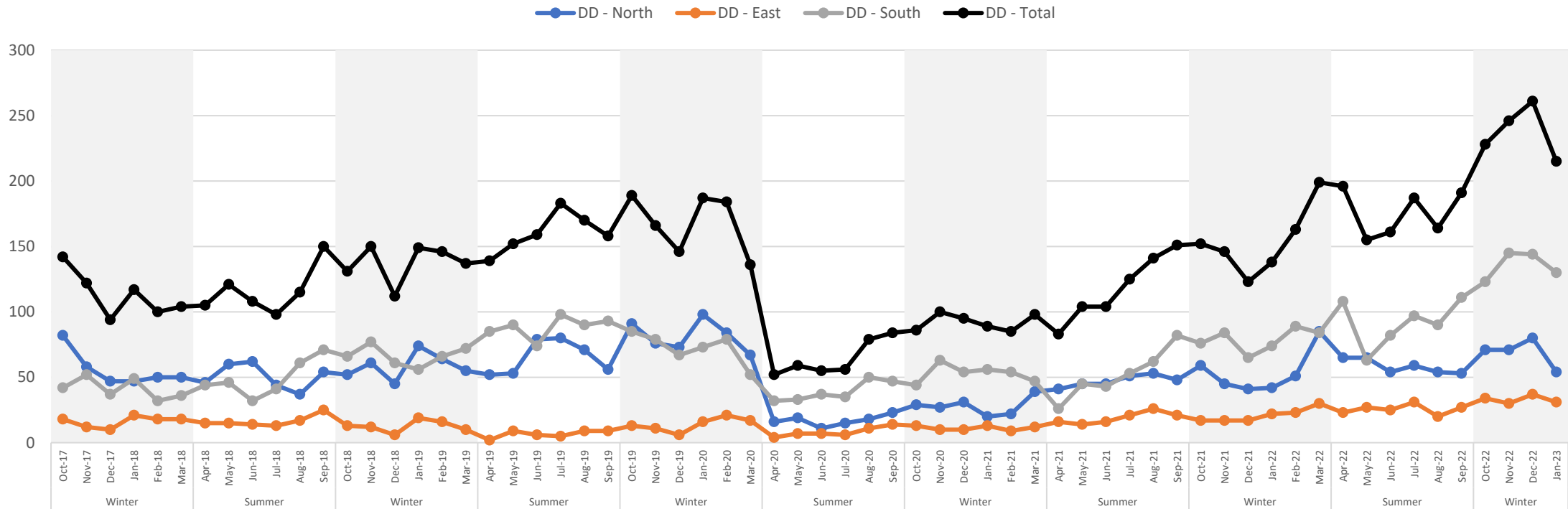
Winter – Average length of stay

- *'Standard summer/winter': ALOS falls in the summer and increases over winter*
- *This summer/winter: ALOS remained high through summer 2022 rather than decreasing, with winter 2022/23 increasing further*
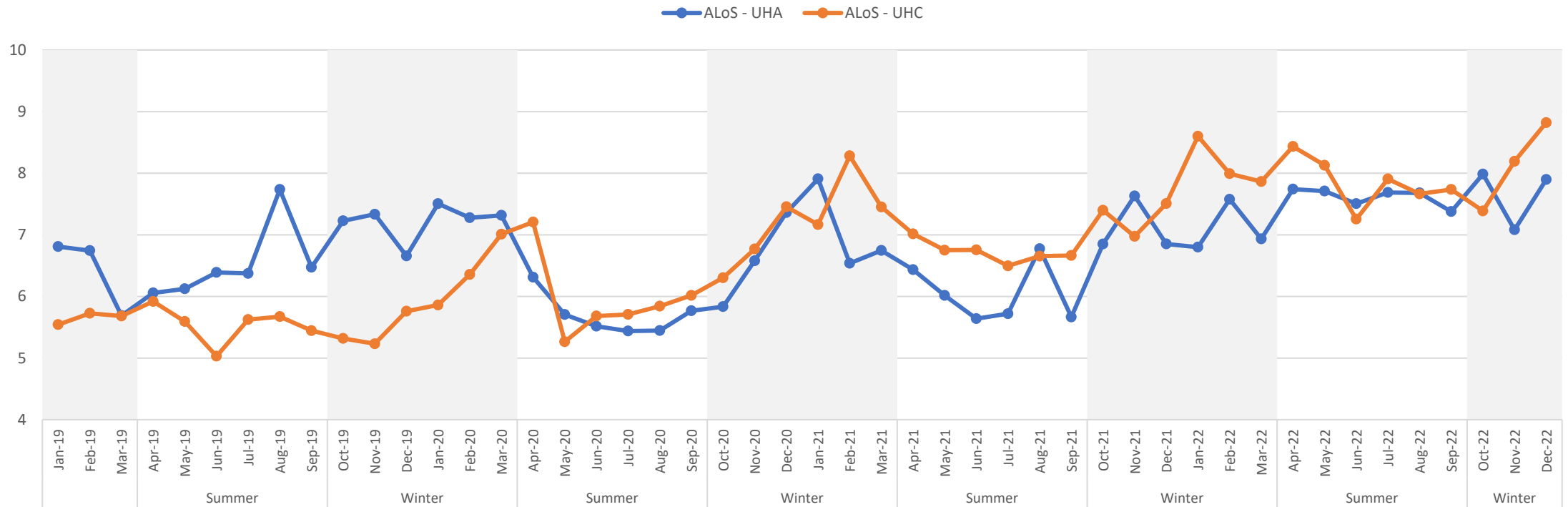
Winter – Average length of stay

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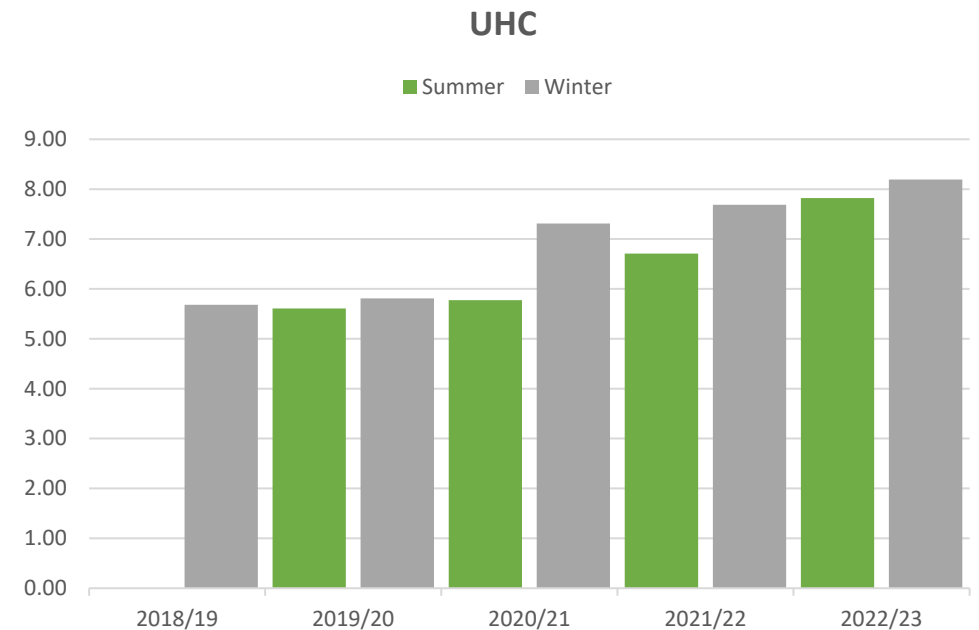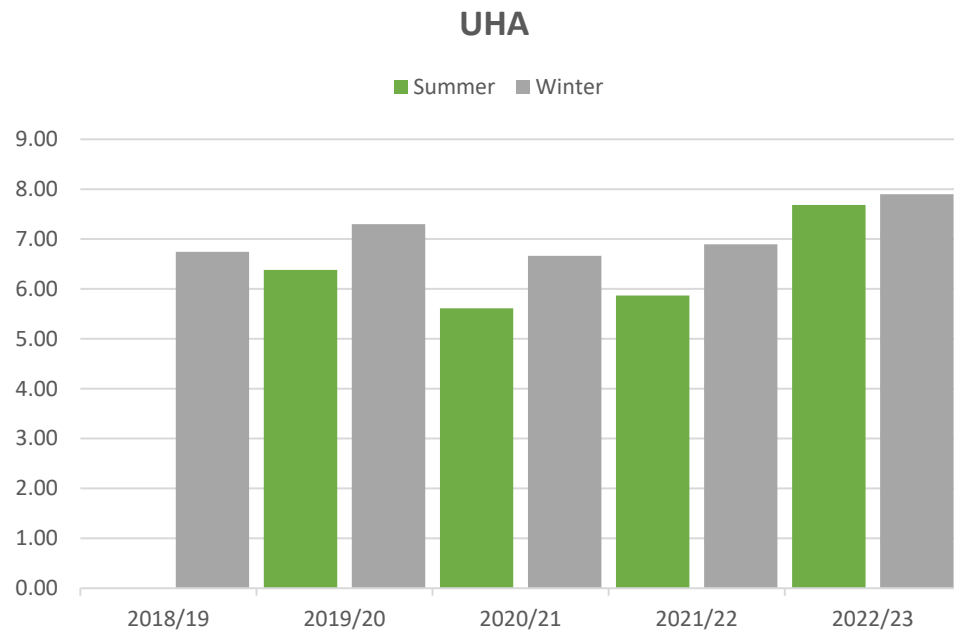
Monitoring and planning for Winter 2022/23

To support winter planning, we developed scenarios based on historical data, Government Flu and COVID projections and sets of assumptions to monitor:

- Flu
- COVID
- Emergency admissions
- Delayed Discharges
- Average Length of Stay

A suite of scenarios included: Baseline/Status Quo, Worst Case and Ideal Case

Winter – COVID-19
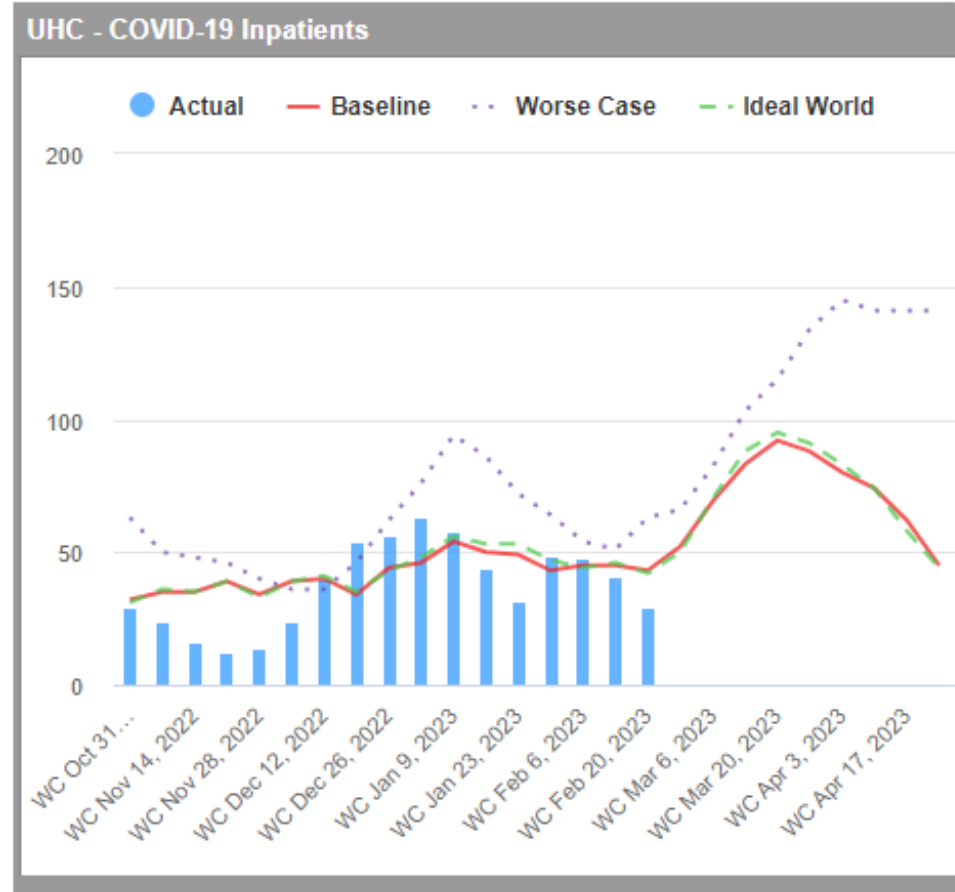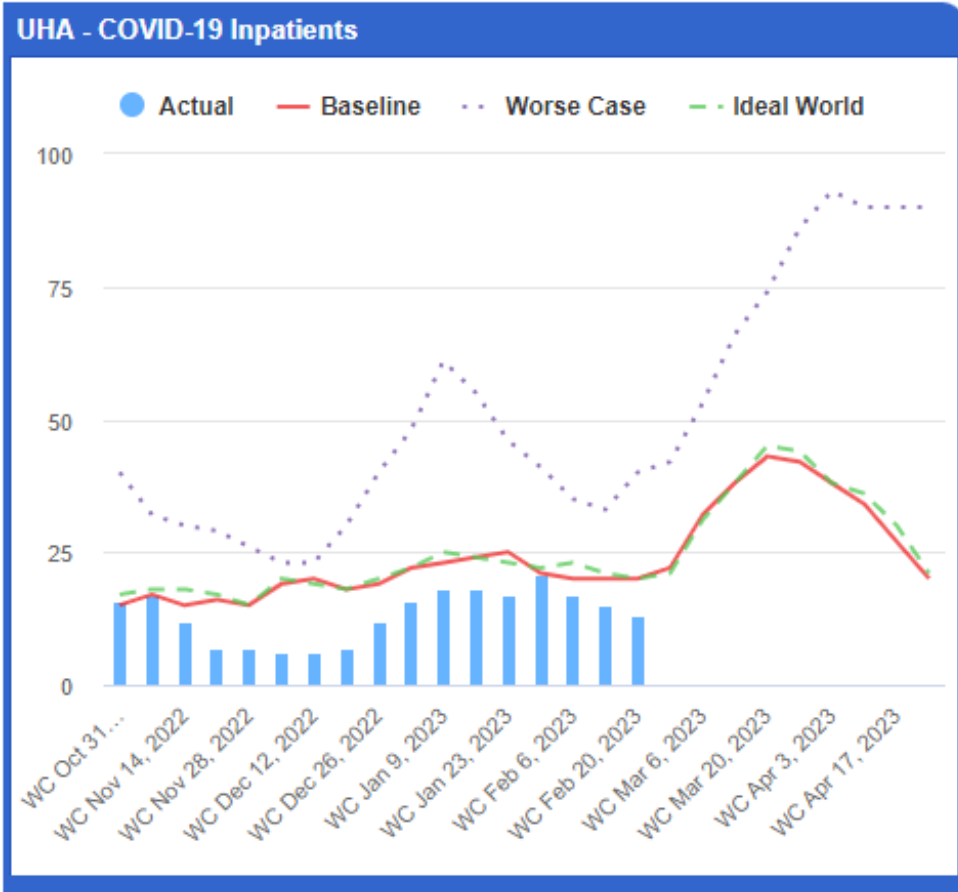
- COVID-19 levels were lower at UHA than anticipated between October and February
- COVID-19 levels were higher than expected during December and early January at UHC

Winter – Flu

NHS A&A - Flu Admissions
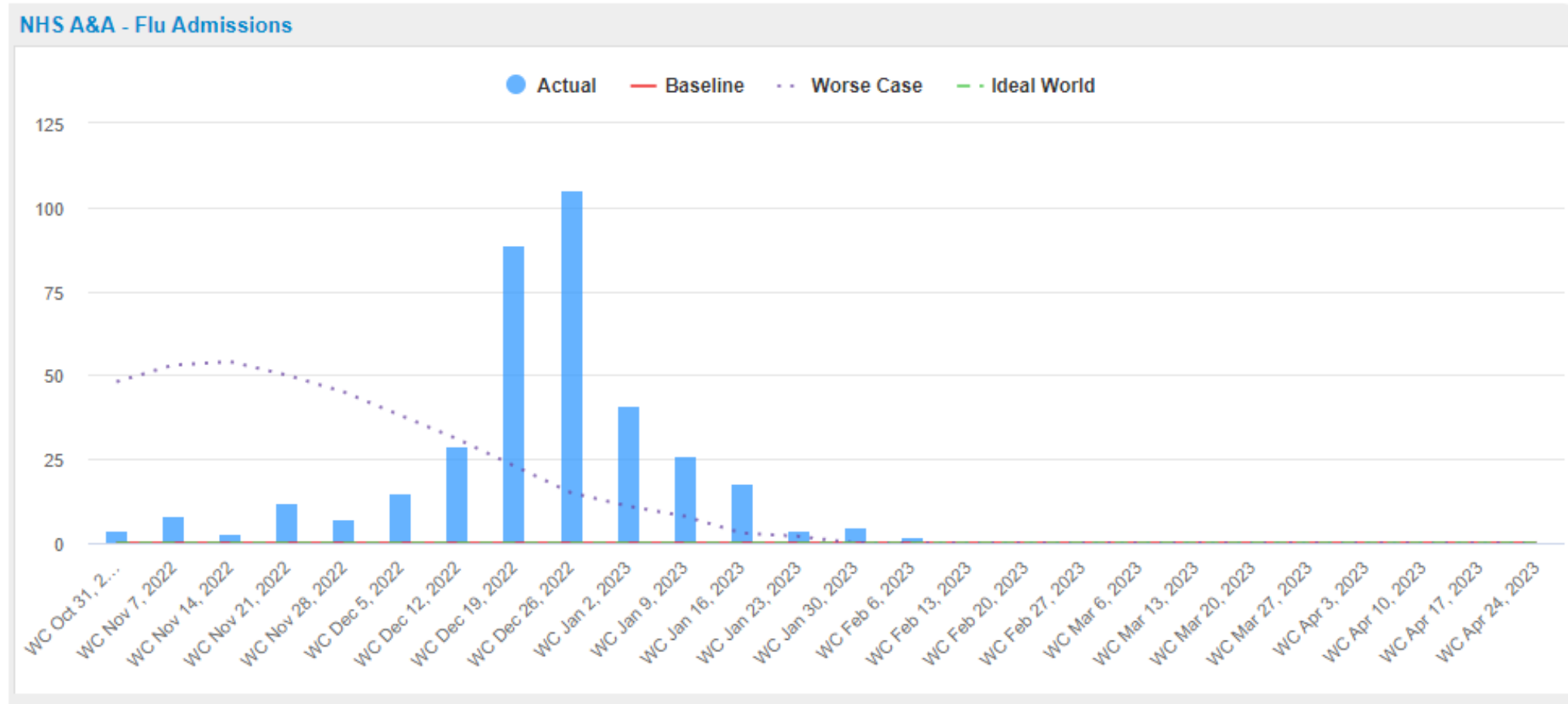
- Flu levels were lower than expected in the lead up to the festive period
- Increased sharply and above worst case planning scenarios over Christmas and New Year until the end of January

Winter Monitoring – Emergency Admissions
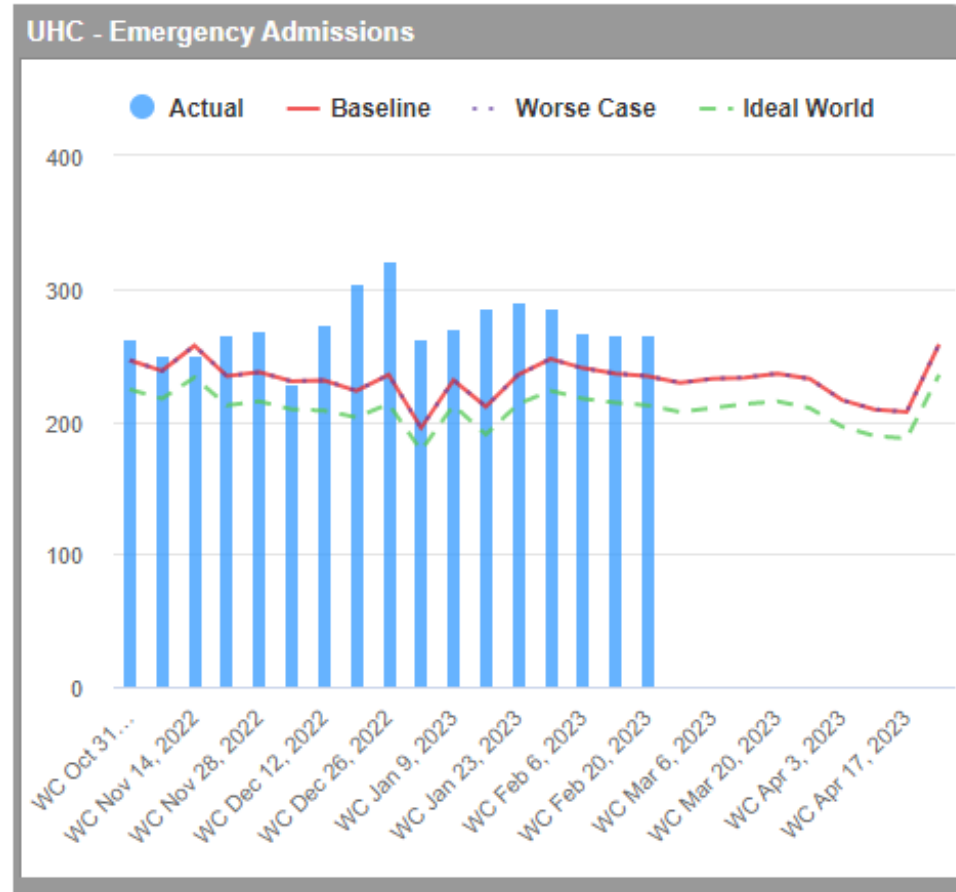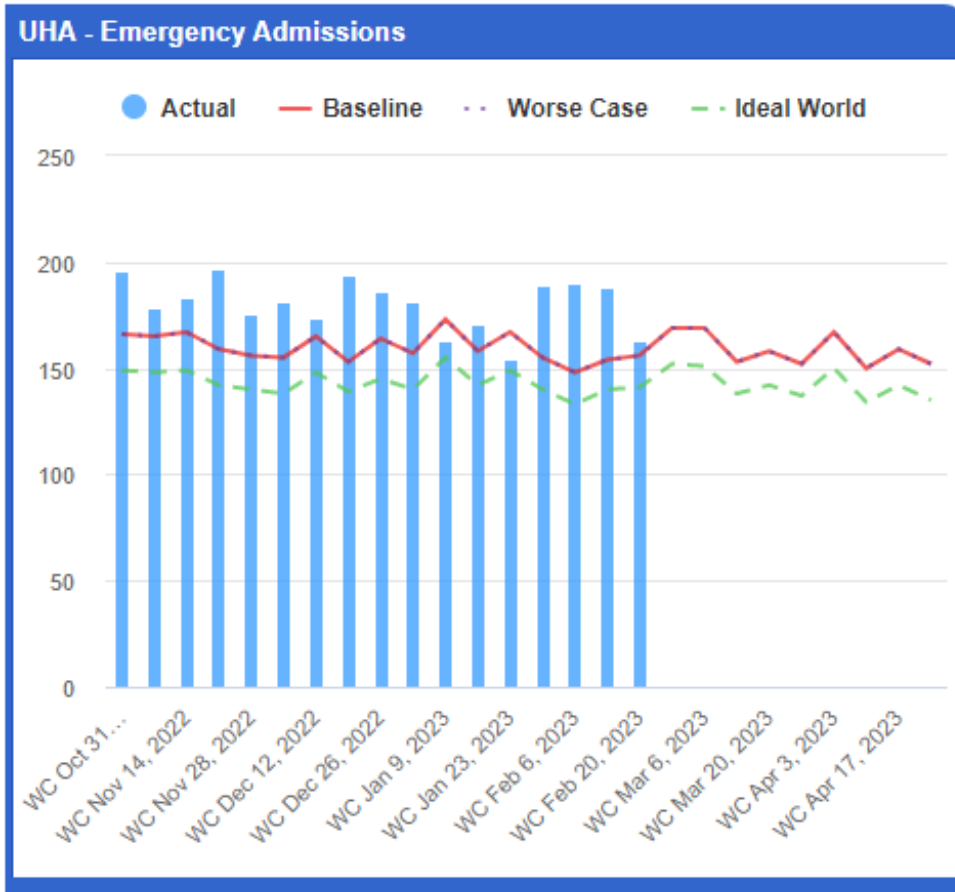
- Emergency admissions have been higher and above the baseline/worst case at UHA and UHC over the vast majority of winter

Winter Monitoring – Delayed Discharges
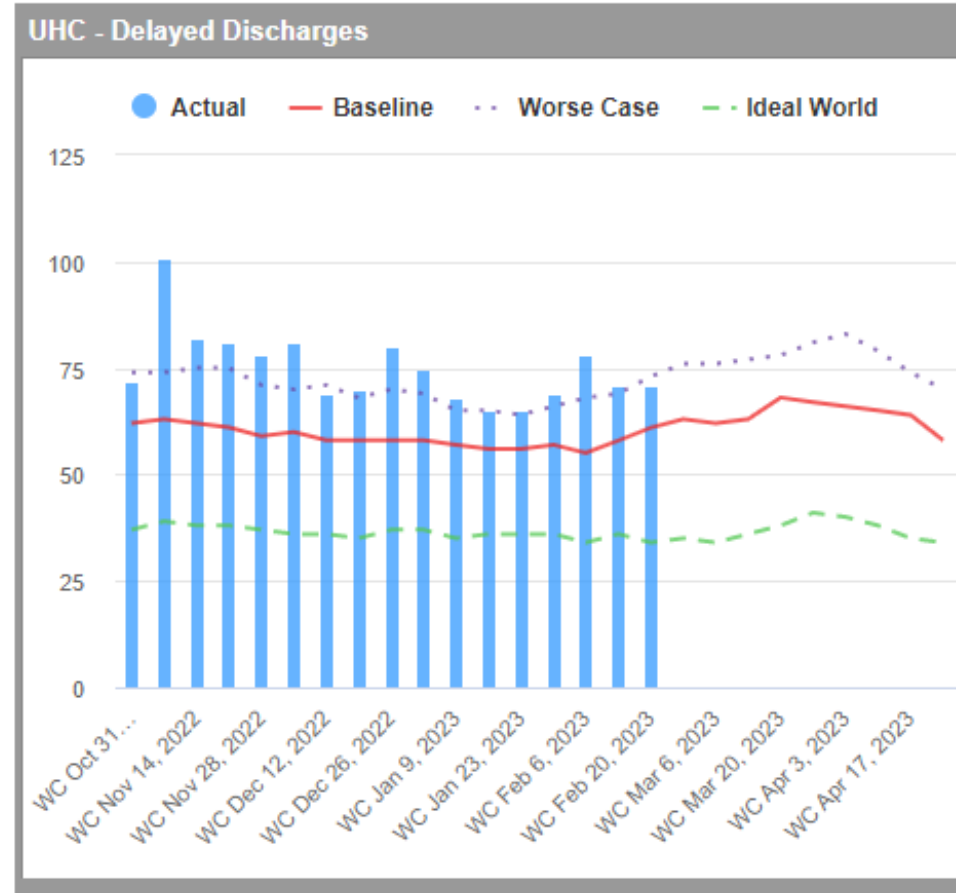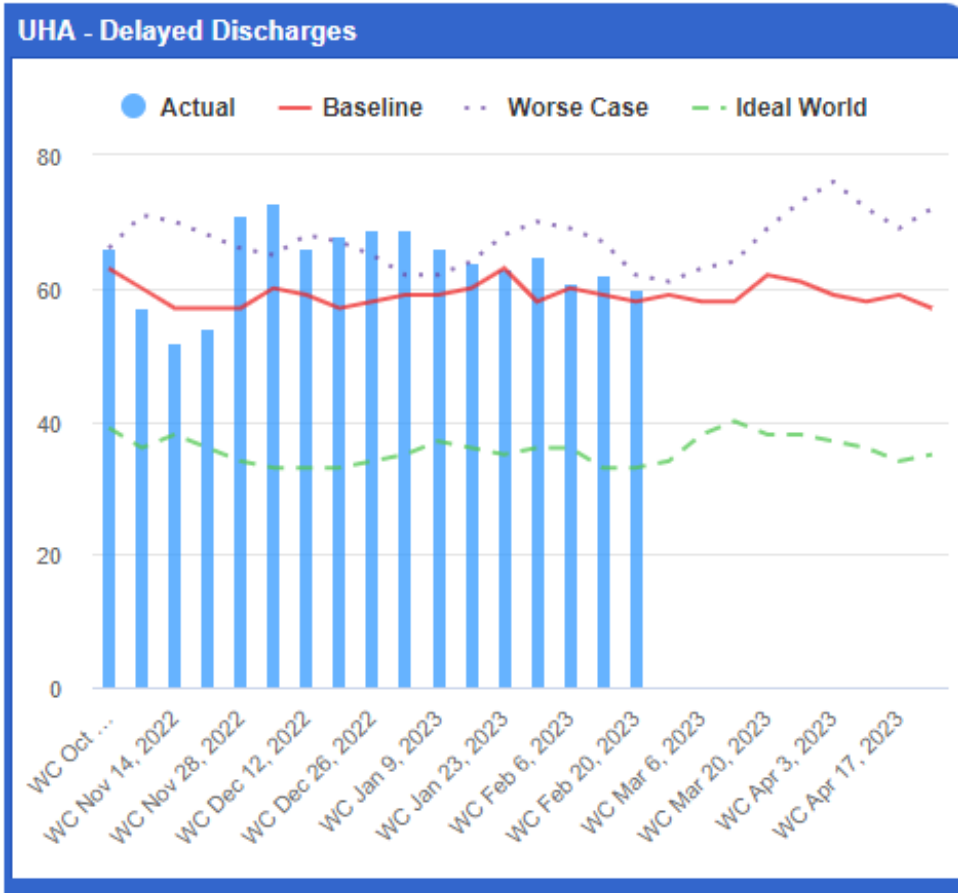
- Delayed discharges have been consistently higher and above the baseline and often above the worst case at UHA and UHC over the winter

Other System Pressures

- ED 4 Hour Compliance remains on a continuous downward trend at both sites

- Numbers of patients waiting over 12 hours at ED reached a record-high in Oct 2022.

- There were almost double the number of ED 12hr waits in Oct-Jan 22/23 when compared to Oct-Jan 21/22.
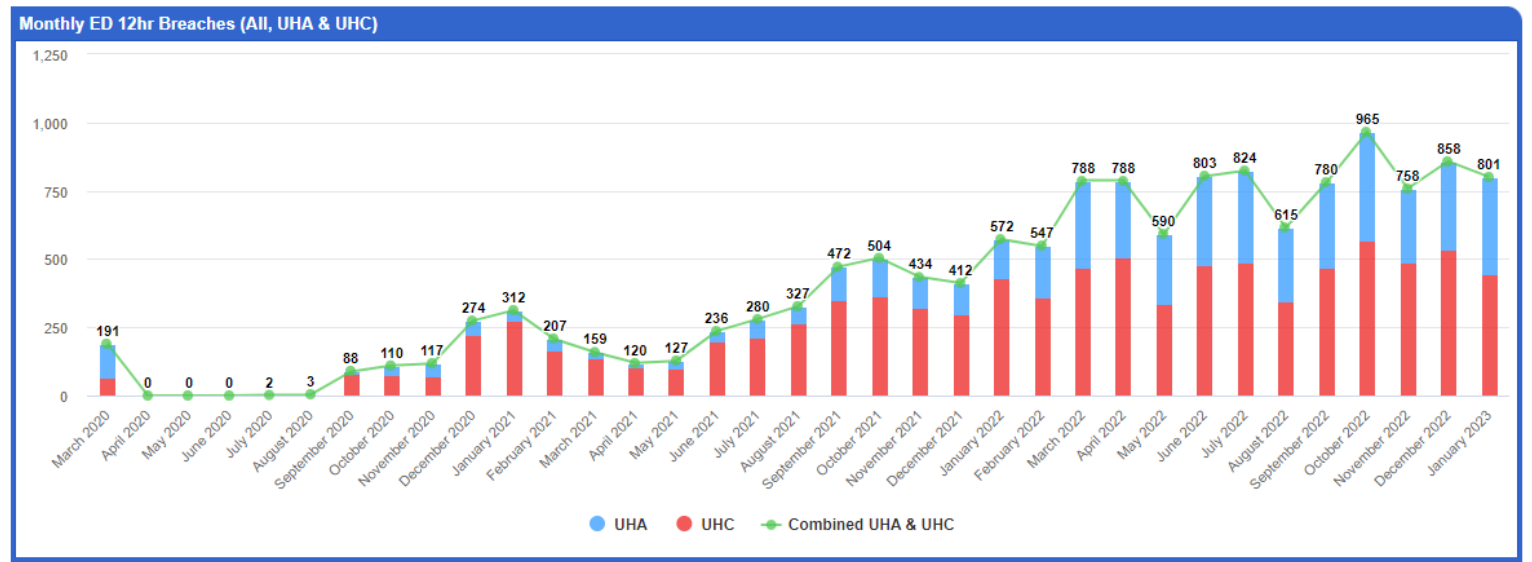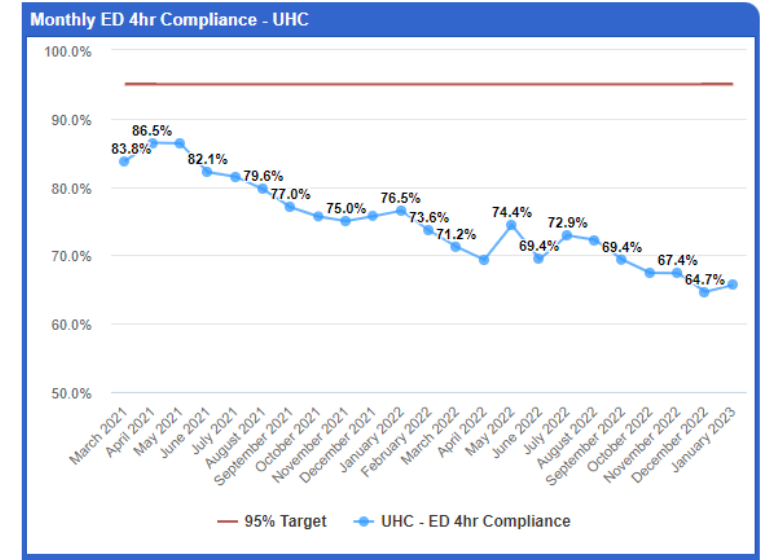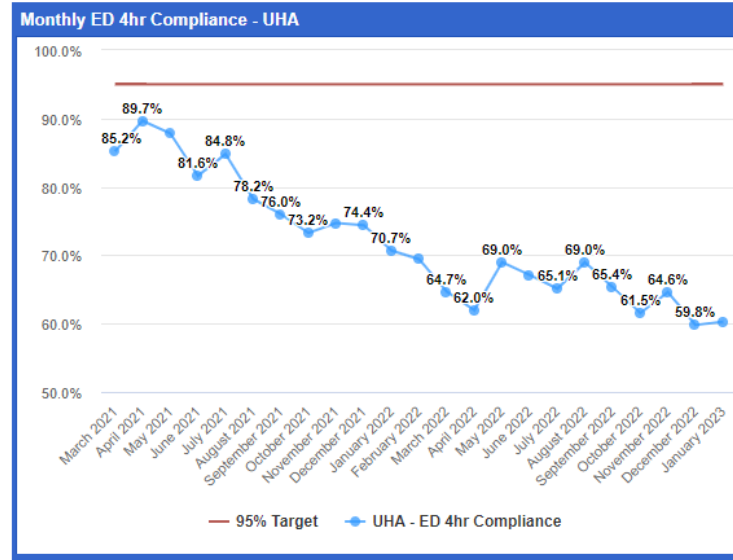
Other System Pressures

- Ambulance turnaround times were commonly in excess of 2 hours at both sites throughout Dec 2022 and Jan 2023.
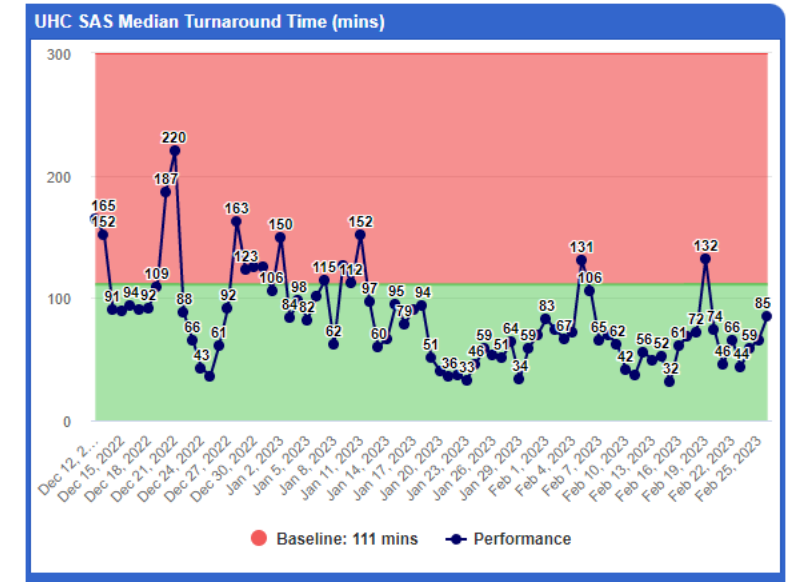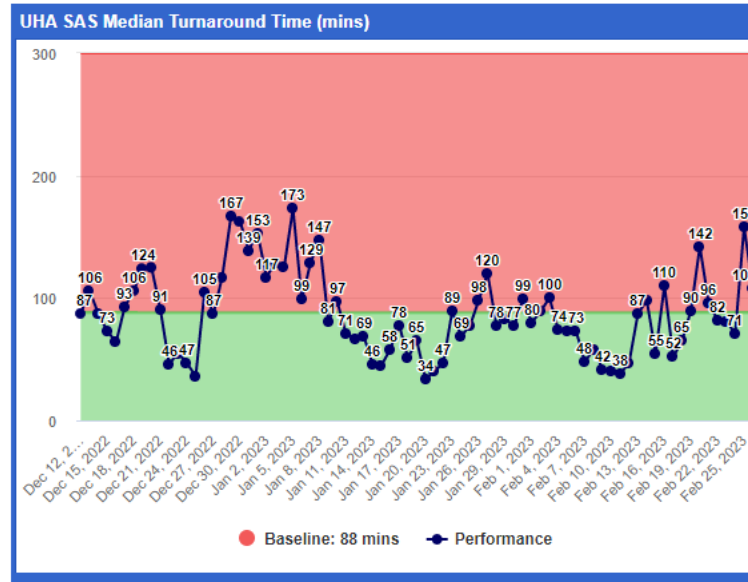
- Conveyance rates to hospital increased to over 75% throughout most of January and February
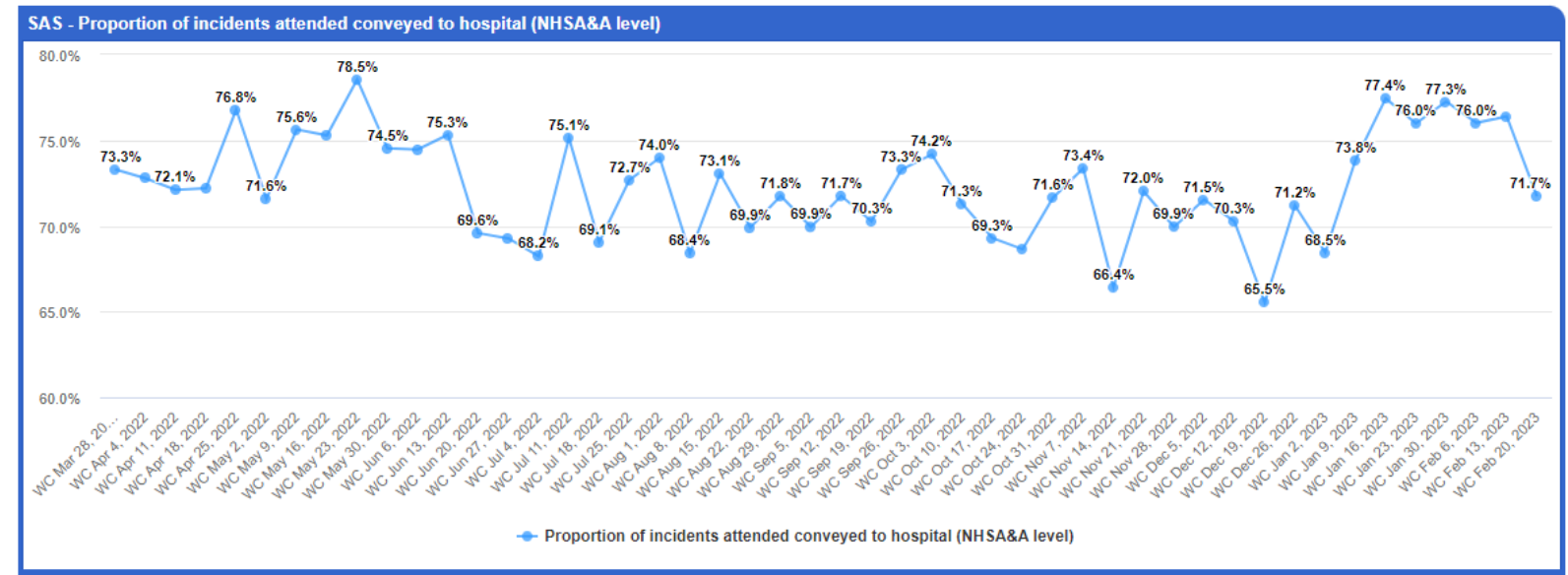
Discharge without Delay Programme

"To ensure delay is prevented for all patients, and hospitals' ability to provide timely access to care is improved."

Key Measures

- *% Discharges not in delay:* proportion of total patients discharged who were not a 'delayed discharge' at time of discharge.
- *Count of delayed patients:* total number of patients classified as 'delayed discharge' at Sunday midnight census point.
- *Delayed days:* number of delayed bed days associated with delayed patients at Sunday midnight census point.

Discharges not in delay

DwD - NHS A&A (Total, and by HSCP) - Monthly Discharge not in Delay %
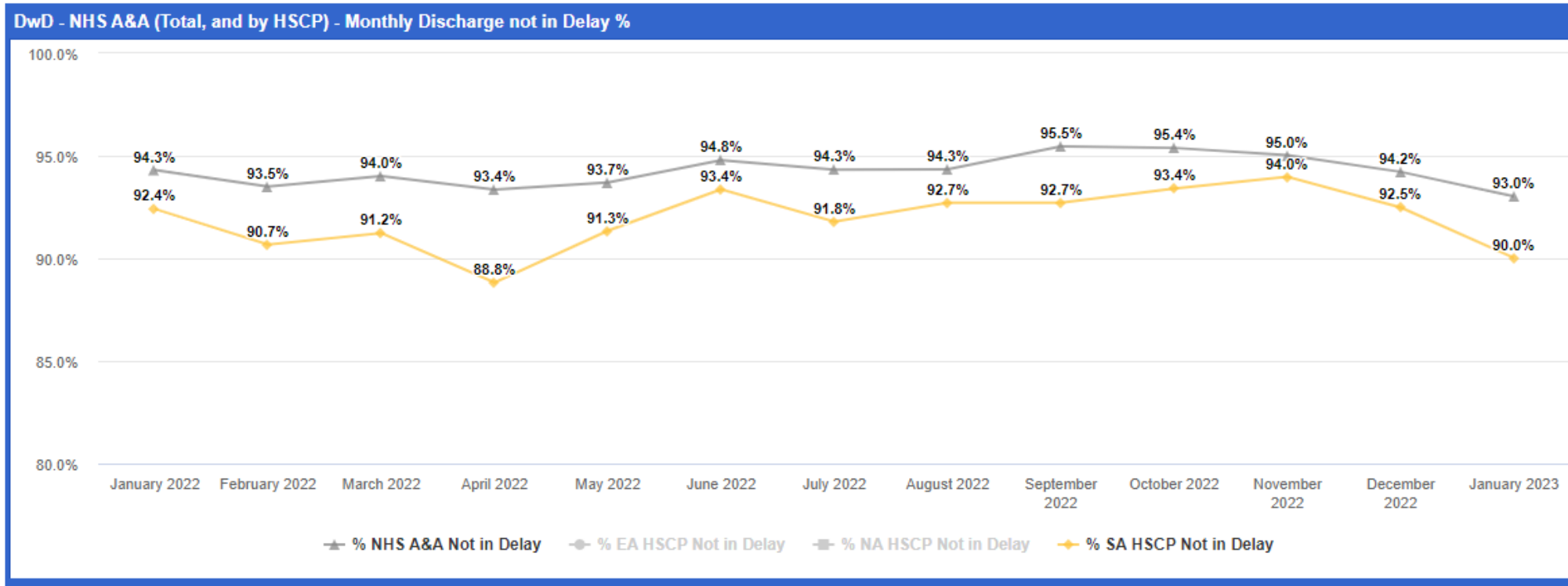
- For South Ayrshire HSCP, the proportion of discharges not in delay reached a high of 94.0% in November 2022, reducing to 90.0% by January 2023.

- For NHS Ayrshire & Arran overall, this proportion has remained around 94% on average.

Discharges not in delay

DwD - NHS A&A (Total, and by HSCP) - Monthly Discharge not in Delay %
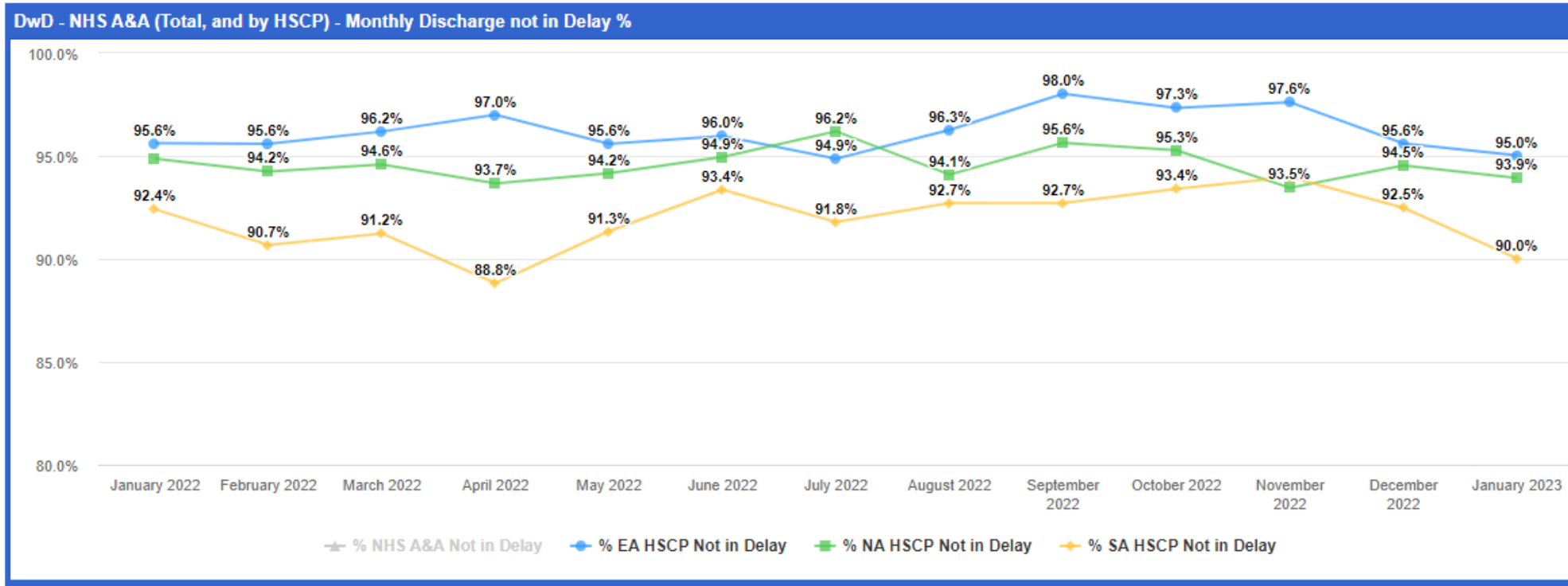
- South Ayrshire HSCP has generally had the lower proportion of discharges not in delay over the past 13 months when compared with East and North.

Discharges not in delay
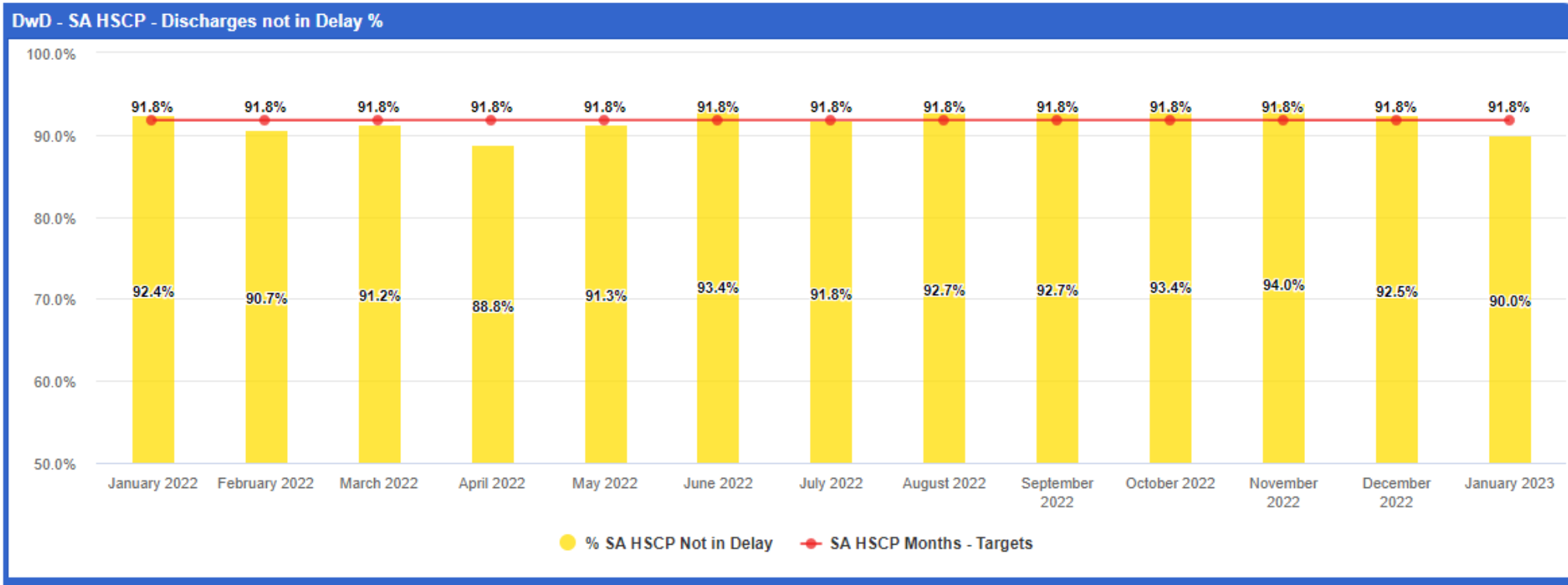
- Locally, South Ayrshire HSCP set an improvement target of 91.8% for this measure.
- This target has been met or exceeded in 8 of the past 13 months, including a run of 7 consecutive months between June 2022 and December 2022.

Total Discharges
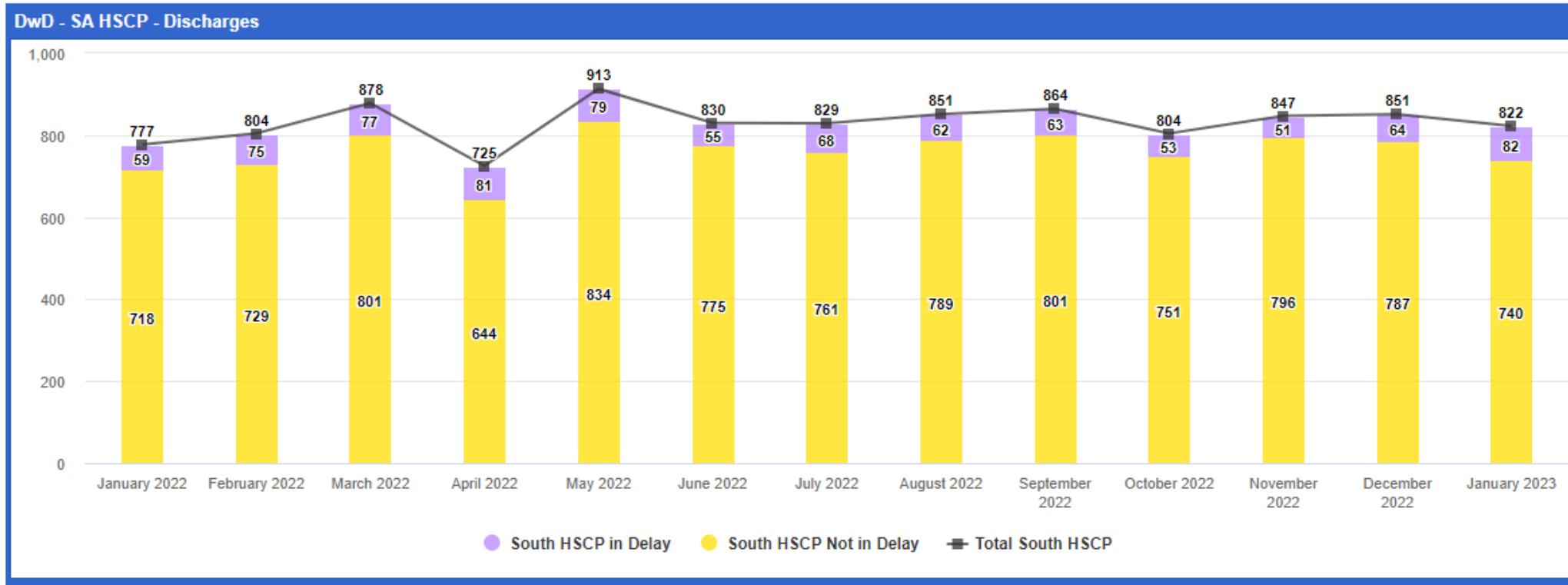
- Trends in actual numbers of patients discharged have remained relatively stable over the past 8 months.
- Numbers of patients discharged whilst in delay have been increasing in recent months.

Discharges in delay
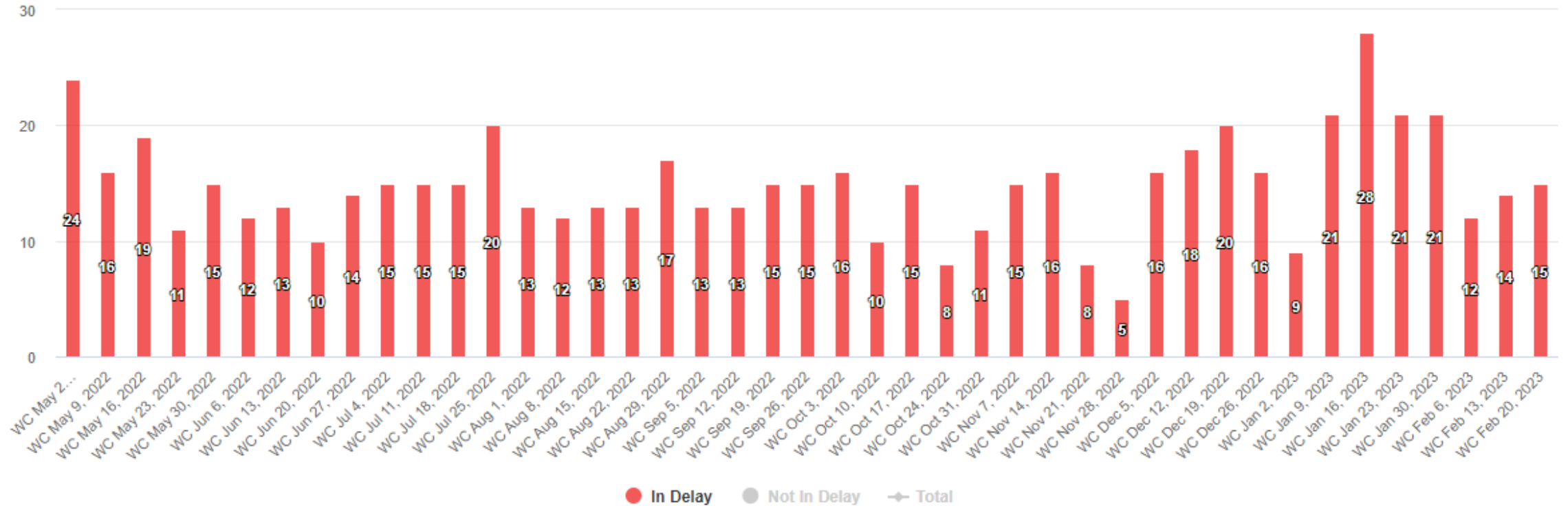
- Looking at discharges for patients in delay on a more granular weekly level, it can be seen that numbers were noticeably higher in January.

Discharges in delay
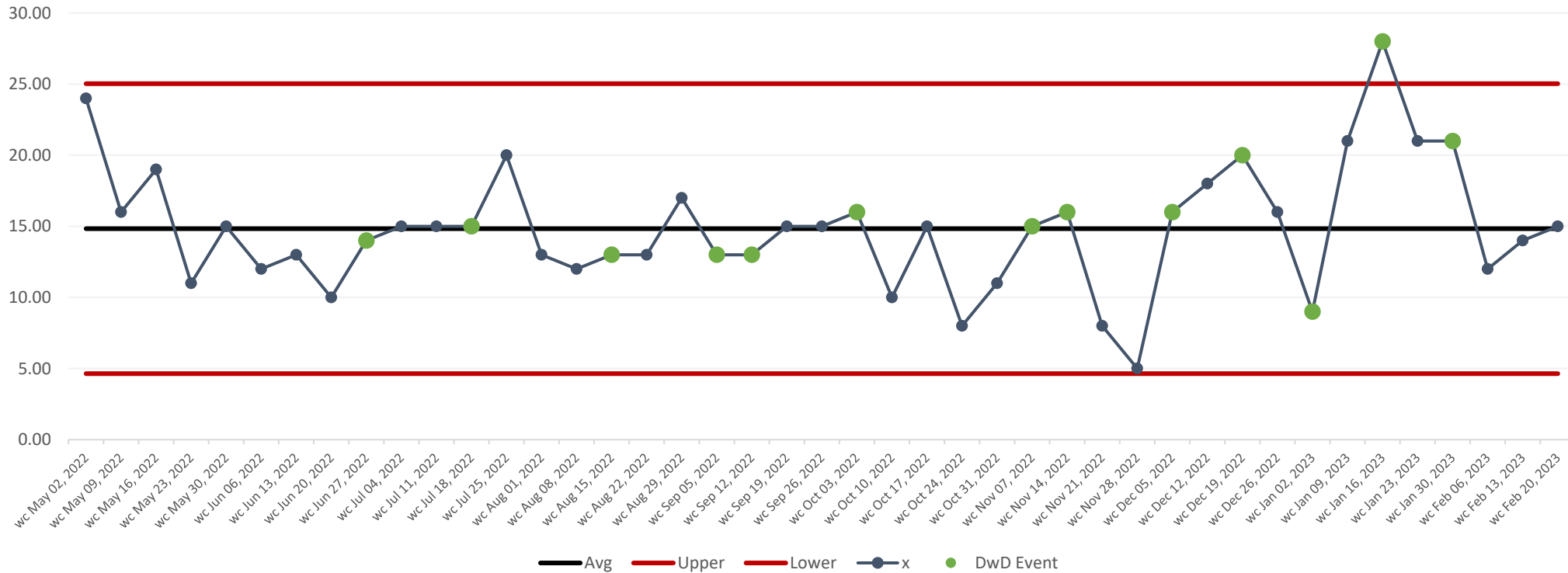
- If we plot these numbers on a control chart, we can see that discharge in delay numbers for w/c 16th January 2023 in particular were statistically significant.
- This coincided with a planned DwD event, and so would be a good focus point for learning around embedding best practice.

Delayed patients
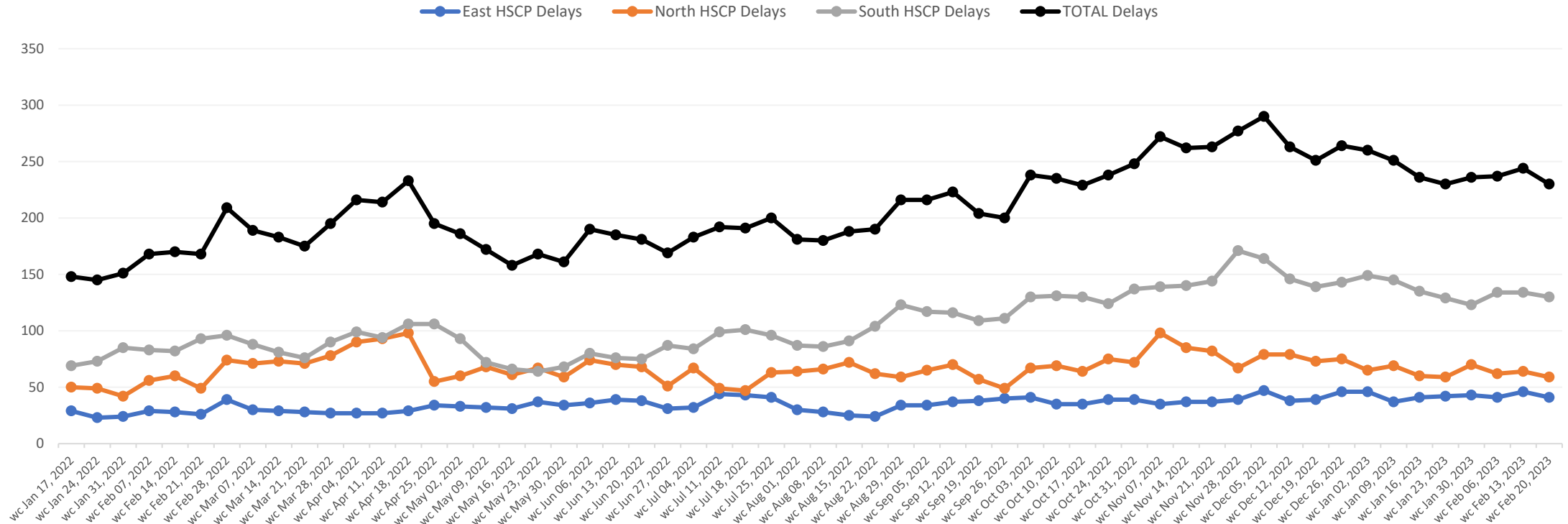
- Looking now at the weekly census count of delayed patients, it can be seen that numbers have been on a long-term increasing trend over the past year.

- This has predominantly been driven by increasing numbers for South Ayrshire HSCP, with both North and East HSCP numbers remaining relatively constant.

South HSCP delayed patients
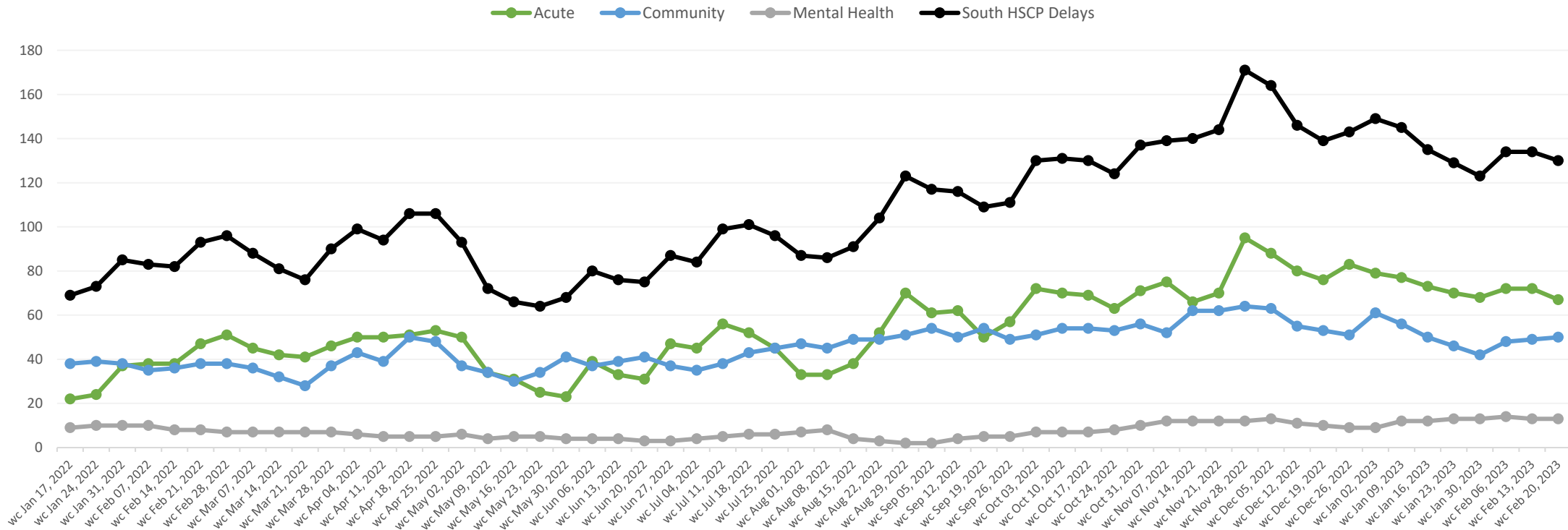
- Drilling down into the South HSCP delays, we can see that the majority of these are patients in acute hospitals, although numbers have been reducing gradually following a peak back in November 2022.
- Numbers in mental health hospitals have been steadily rising since August 2022, though remain a small proportion of the total delays.

South HSCP complex delayed patients
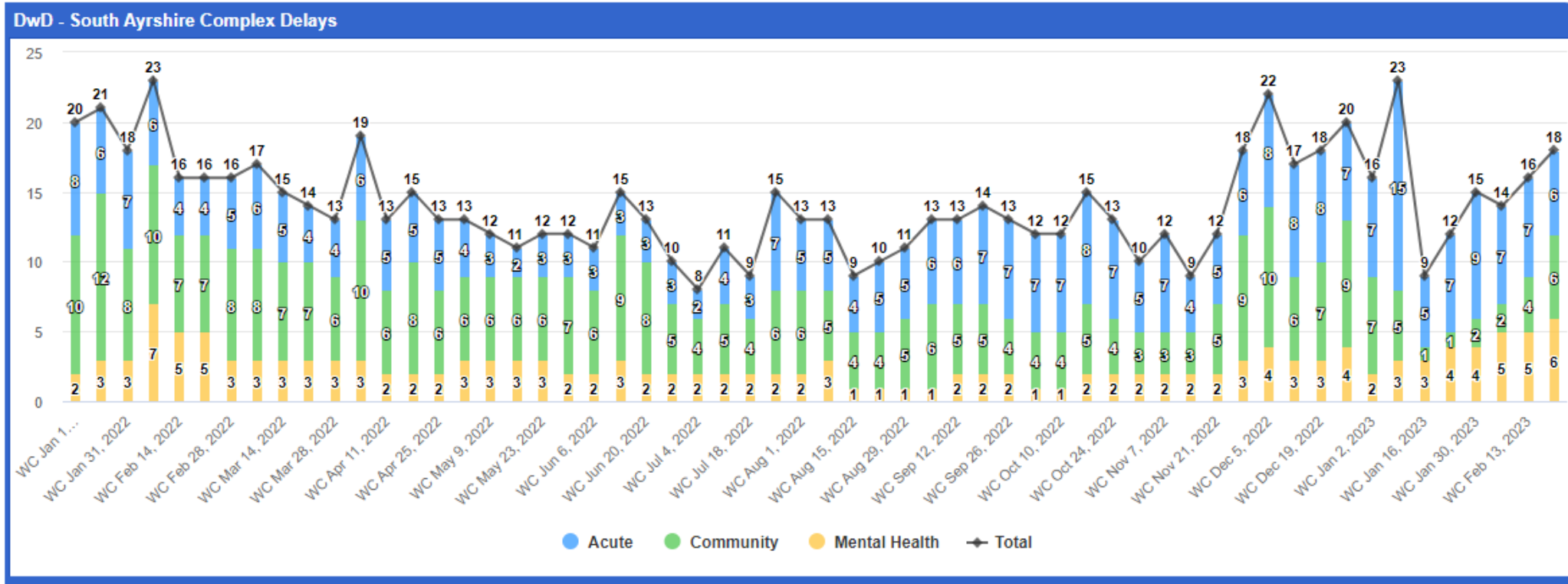
- Focusing on complex delays only, we can see that numbers had been on a gradual downward trend up until November 2022, with a sudden increase experienced throughout December 2022.
- The majority of complex delays at the moment are in acute hospital sites.

Associated delayed bed days (NHS A&A)

DwD - Delayed Days for IPs - Total
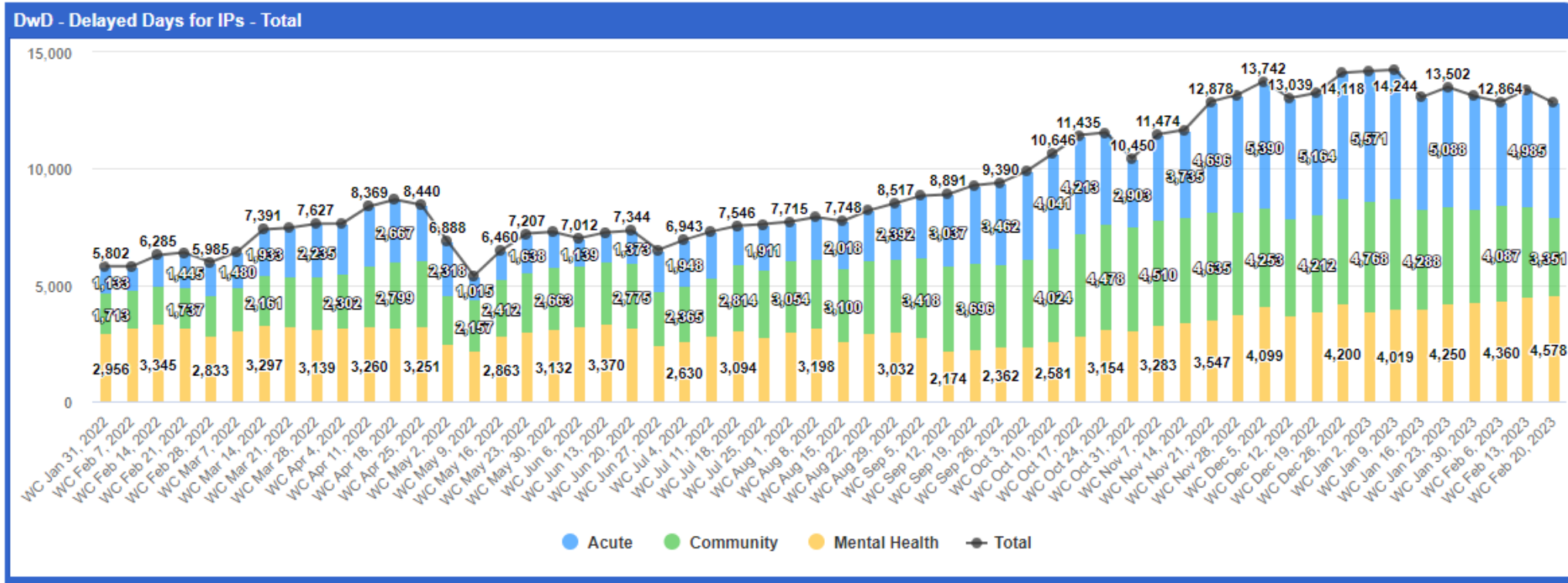
- Associated bed days had been on a long-term increasing trend that appears to have plateaued from December 2022 onwards.
- The majority of bed days have been in acute hospital sites, although numbers for mental health sites have been on a continuous increasing trend since September 2022.
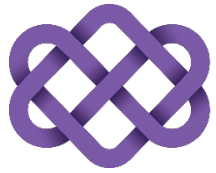
Care at Home

Demand, Capacity, Activity & Queue in Action

Helen Brown
Eddie Gilmartin
Stewart Cardwell

8th March 2023

Demand

Understanding Referrals

Referral Data…..2022/23

south ayrshire health & social care partnership

Referrals Received 2022/23
Referrals by Service

All Referrals are 'work' but, not all referrals result in true demand!

Month	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
☐ EOL	6	5	14	4	4	5	3	7	5	7	4	5	4
☐ Mainstream	106	142	142	127	145	145	115	71	63	57	86	91	119
☐ Reablement	24	30	21	37	61	33	35	46	28	21	25	16	36
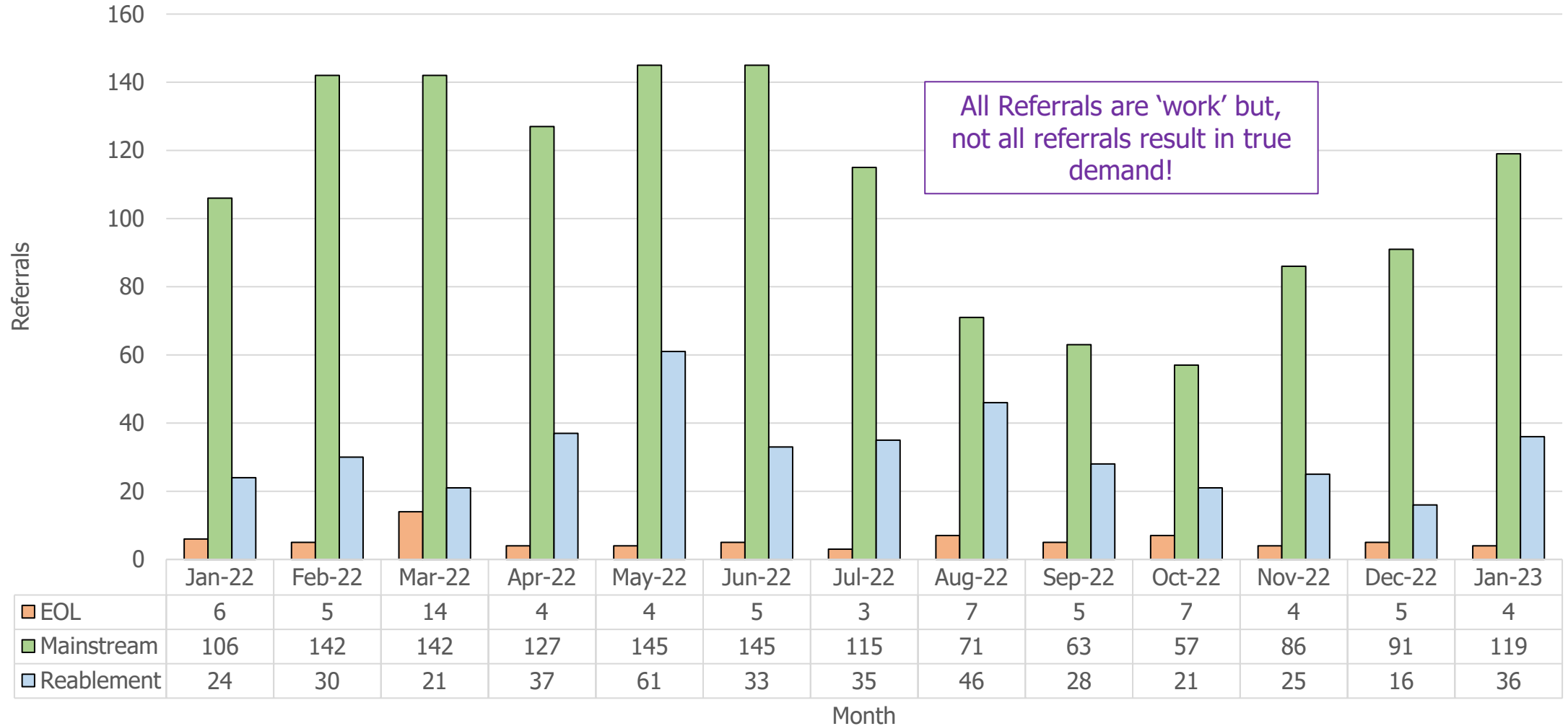
Referral Data (Initial)
Difficulties in Referral Review

CaH Referral Review
Breakdown of Initial Referrals - 2021-2022
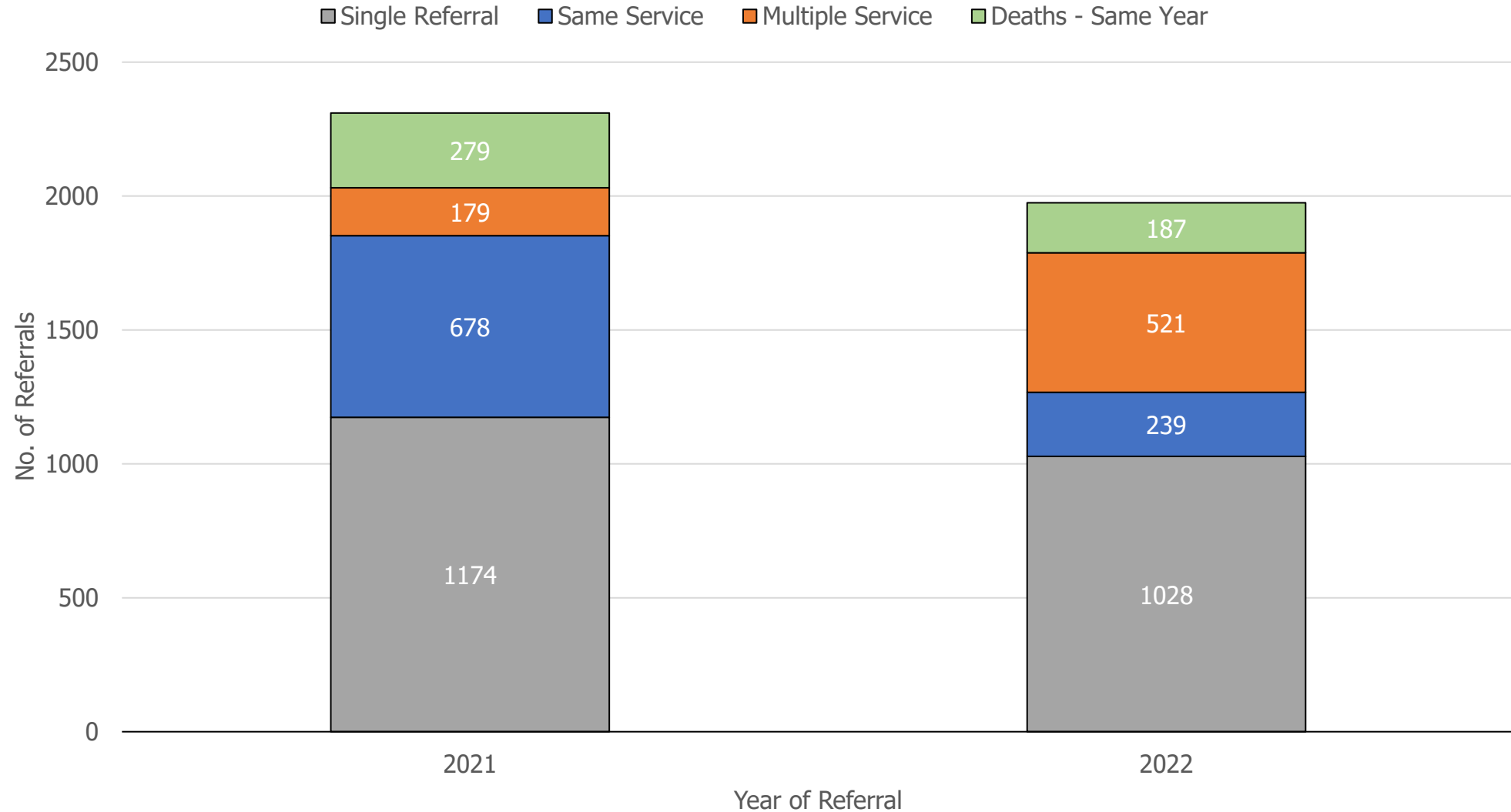
Capacity

Monitoring Variation & Reductions
in Service Capacity

CaH - Internal Service Activity
Planned v's Actual
Inc. No. of Service Users
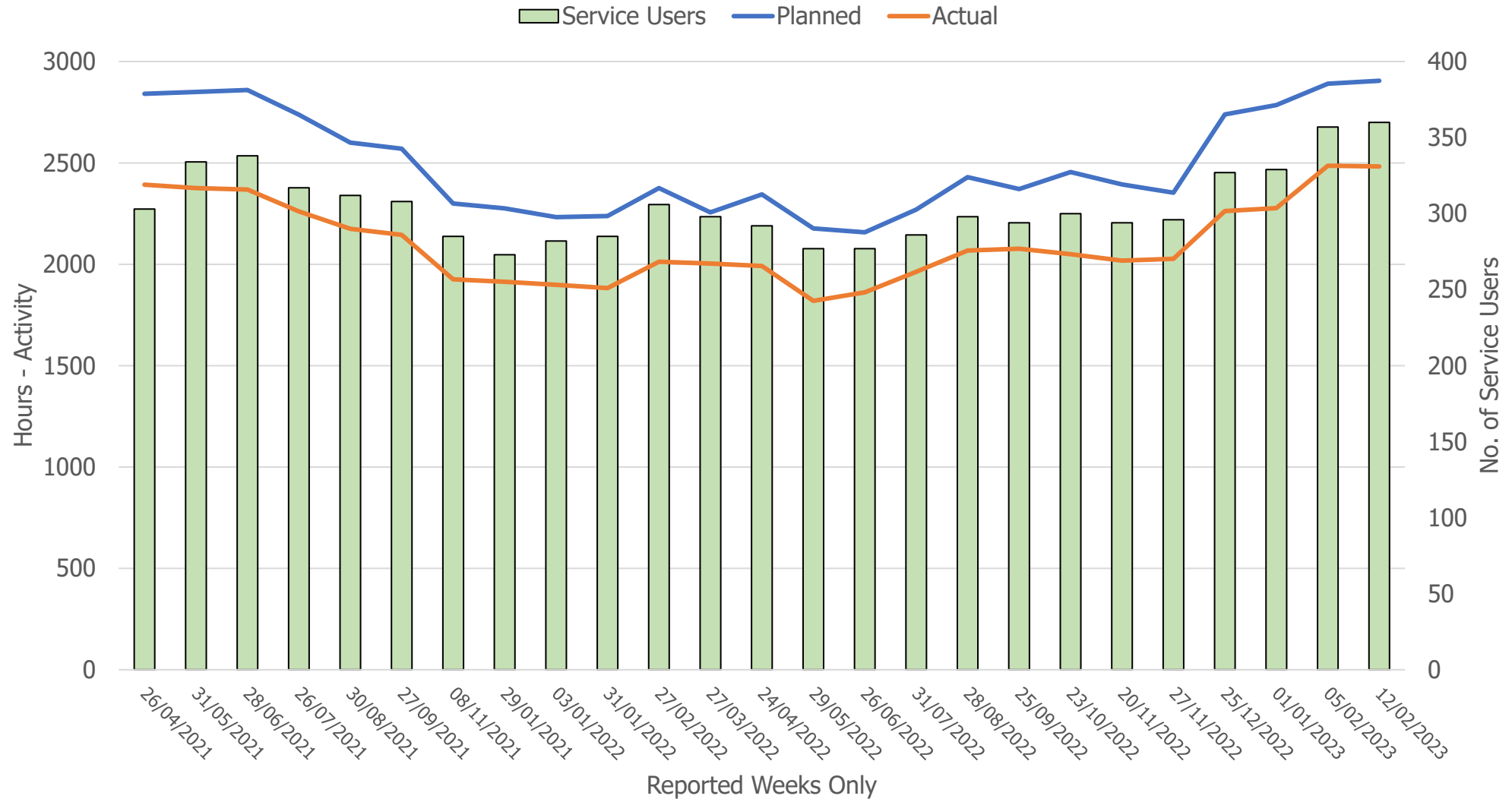
CaH External Service Activity
Provided Hours v's Service Users
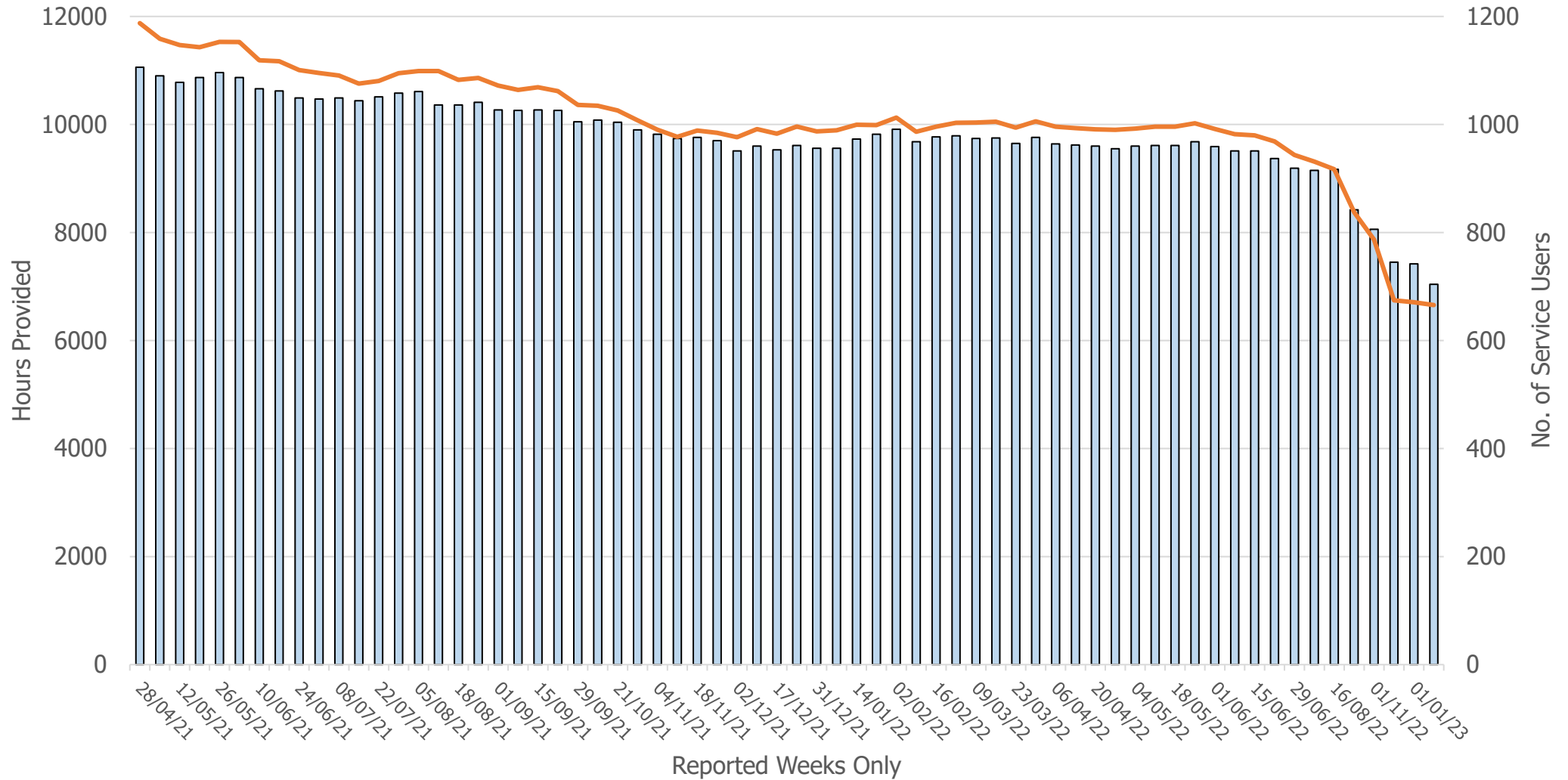
Queue

Understanding the Backlog of Demand

Complexity of Queue – W/end 26th Feb 2023

south ayrshire
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partnership

Community 117

UHA 52

Girvan 8

Reablement 27

Interim Beds 15

Biggart 37

WV 2

UHC 17

RRICU 10

AH 1

ACH 1

Care at Home Capacity
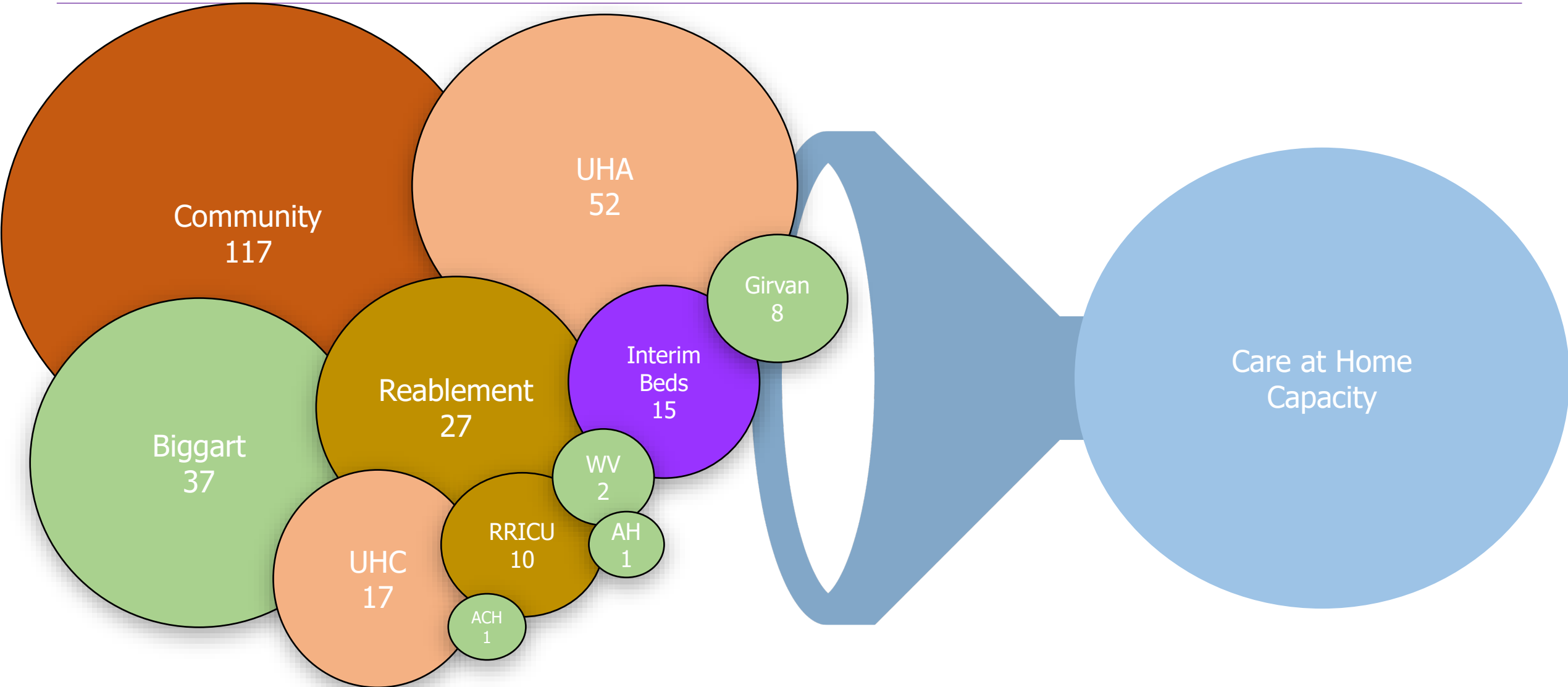
Modelling & Planning

Using Current & Historic Detail to Plan Ahead

1st Pass Top Level Demand & Capacity Model

1st Pass Top Level Demand & Capacity Projection

	Mainstream	26-Feb	05-Mar	12-Mar	19-Mar	26-Mar	02-Apr	09-Apr	16-Apr	23-Apr	30-Apr
Patients	Comm Queue - WB	117									
	Hosp Queue - WB/DTOC	47	48	50	51	53	54	56	57		
	Hosp Queue - DTOC	17	17	17	17	17	17	17	17		
	Referrals Comm	24	24	24	24	24	24	24	24	24	24
	Referrals Hosp	4	4	4	4	4	4	4	4	4	4

DTOC Trajectory

	26-Feb	05-Mar	12-Mar	19-Mar	26-Mar	02-Apr	09-Apr	16-Apr
DTOC Trajectory	101	100	100	99	99	98	98	97
Projected Sourcing Rate	5	5	5	5	5	5	5	
Weekly Hours Required	48	48	48	48	48	48	48	
FTE's Required (21 Hrs)	3.8	3.8	3.8	3.8	3.8	3.8	3.8	27

	Demand/Queue	26-Feb	05-Mar	12-Mar	19-Mar	26-Mar	02-Apr	09-Apr	16-Apr	23-Apr	30-Apr
Hours	**Demand/Queue**	3141	3257	3302	3348	3393	3439	3354	3270	3185	3101
	Est. PoC Sourced	280	350	350	350	350	480	480	480	480	480
	Est. PoC Ended	410	480	480	480	480	530	530	530	530	530
	Est. Deceased	40	50	50	50	50	65	65	65	65	65
	Total Demand +/-	2861	2907	2952	2998	3043	2959	2874	2790	2705	2621
	Avg Care Hours (Activity)	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9
	Avg Care Hours (Queue)	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6
	Total Required	4402	4472	4542	4612	4682	4552	4422	4292	4162	4032
	Capacity +/-	450	530	530	530	530	595	595	595	595	595
	What if?	0	0	0	0	0	0	0	0	0	0
	%										

	Reablement	26-Feb	05-Mar	12-Mar	19-Mar	26-Mar	02-Apr	09-Apr	16-Apr	23-Apr	30-Apr
Patients	Comm Queue - WB	27									
	Hosp Queue - WB/DTOC	54	52	50	48	46	44	42	40		
	Hosp Queue - DTOC	24	24	24	24	24	24	24	24		
	Referrals Comm	3	3	3	3	3	3	3	3	3	3
	Referrals Hosp	10	10	10	10	10	10	10	10	10	10

Hours	Hospital Unmet	1782
	Community Unmet	1372
	+/- Model	13

Mainstream	26-Feb	05-Mar	12-Mar	19-Mar	26-Mar	02-Apr	09-Apr	16-Apr	23-Apr	30-Apr
Comm Queue - WB	117									
Hosp Queue - WB/DTOC	47	48	50	51	53	54	56	57		
Hosp Queue - DTOC	17	17	17	17	17	17	17	17		
Referrals Comm	24	24	24	24	24	24	24	24	24	24
Referrals Hosp	4	4	4	4	4	4	4	4	4	4

	26-Feb	05-Mar	12-Mar	19-Mar	26-Mar	02-Apr	09-Apr	16-Apr	23-Apr	30-Apr
DTOC Trajectory	101	100	100	99	99	98	98	97		
Projected Sourcing Rate	5	5	5	5	5	5	5			
Weekly Hours Required	48	48	48	48	48	48	48			
FTE's Required (21 Hrs)	3.8	3.8	3.8	3.8	3.8	3.8	3.8	27		

	26-Feb	05-Mar	12-Mar	19-Mar	26-Mar	02-Apr	09-Apr	16-Apr	23-Apr	30-Apr
Demand/Queue	3141	3257	3302	3348	3393	3439	3354	3270	3185	3101
Est. PoC Sourced	280	350	350	350	350	480	480	480	480	480
Est. PoC Ended	410	480	480	480	480	530	530	530	530	530
Est. Deceased	40	50	50	50	50	65	65	65	65	65
Total Demand +/-	2861	2907	2952	2998	3043	2959	2874	2790	2705	2621
Avg Care Hours (Activity)	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9
Avg Care Hours (Queue)	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6
Total Required	4402	4472	4542	4612	4682	4552	4422	4292	4162	4032
Capacity +/-	450	530	530	530	530	595	595	595	595	595
What if?	0	0	0	0	0	0	0	0	0	0
%										

Model Forward →

Reablement	26-Feb	05-Mar	12-Mar	19-Mar	26-Mar	02-Apr	09-Apr	16-Apr	23-Apr	30-Apr
Comm Queue - WB	27									
Hosp Queue - WB/DTOC	54	52	50	48	46	44	42	40		
Hosp Queue - DTOC	24	24	24	24	24	24	24	24		
Referrals Comm	3	3	3	3	3	3	3	3	3	3
Referrals Hosp	10	10	10	10	10	10	10	10	10	10

Hours	
Hospital Unmet	1782
Community Unmet	1372
+/- Model	13

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Demand

Capacity

Activity

Queue

Mainstream	26-Feb	05-Mar	12-Mar	19-Mar	26-Mar	02-Apr	09-Apr	16-Apr	23-Apr	30-Apr
Comm Queue - WB	117									
Hosp Queue - WB/DTOC	47	47	46	46	46	45	45	44		
Hosp Queue - DTOC	17	17	17	17	17	17	17	17		
Referrals Comm	24	24	24	24	24	24	24	24	24	24
Referrals Hosp	4	4	4	4	4	4	4	4	4	4

(Patients)

Trajectory Setting & Assessing Capacity

	26-Feb	05-Mar	12-Mar	19-Mar	26-Mar	02-Apr	09-Apr	16-Apr		
DTOC Trajectory	101	97	94	90	87	83	80	76		
Projected Sourcing Rate	8	8	8	8	8	8	8			
Weekly Hours Required	77	77	77	77	77	77	77			
FTE's Required (21 Hrs)	6.1	6.1	6.1	6.1	6.1	6.1	6.1	43		

DTOC Trajectory

Running Scenarios & Impact of Increasing Effectiveness

Demand/Queue	3141	3212	3204	3197	3189	3182	3038	2894	2750	2606
Est. PoC Sourced	280	350	350	350	350	480	480	480	480	480
Est. PoC Ended	410	480	480	480	480	530	530	530	530	530
Est. Deceased	40	50	50	50	50	65	65	65	65	65
Total Demand +/-	2816	2809	2801	2794	2786	2642	2498	2354	2210	2066
Avg Care Hours (Activity)	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9
Avg Care Hours (Queue)	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6
Total Required	4333	4321	4310	4298	4287	4065	3844	3622	3401	3179
Capacity +/-	450	530	530	530	530	595	595	595	595	595
What if?	45	53	53	53	53	60	60	60	60	60
%	10%									

(Hours)

Reablement	26-Feb	05-Mar	12-Mar	19-Mar	26-Mar	02-Apr	09-Apr	16-Apr	23-Apr	30-Apr
Comm Queue - WB	27									
Hosp Queue - WB/DTOC	54	51	48	44	41	38	35	32		
Hosp Queue - DTOC	24	24	24	24	24	24	24	24		
Referrals Comm	3	3	3	3	3	3	3	3	3	3
Referrals Hosp	10	10	10	10	10	10	10	10	10	10

(Patients)

Hospital Unmet	1782
Community Unmet	1372
+/- Model	13

(Hours)

Whilst Tracking Progress

Actual Increase in Capacity
72hrs actual against 45hrs projected

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Model

Hours		26-Feb	05-Mar	12-Mar	19-Mar	26-Mar	02-Apr	09-Apr	16-Apr	23-Apr	30-Apr
	Demand/Queue	3141	3212	3204	3197	3189	3182	3038	2894	2750	2606
	Est. PoC Sourced	280	350	350	350	350	480	480	480	480	480
	Est. PoC Ended	410	480	480	480	480	530	530	530	530	530
	Est. Deceased	40	50	50	50	50	65	65	65	65	65
	Total Demand +/-	2816	2809	2801	2794	2786	2642	2498	2354	2210	2066
	Avg Care Hours (Activity)	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9
	Avg Care Hours (Queue)	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6
	Total Required	4333	4321	4310	4298	4287	4065	3844	3622	3401	3179
	Capacity +/-	450	530	530	530	530	595	595	595	595	595
	What if?	45	53	53	53	53	60	60	60	60	60
	%	10%									

Tracker

Hours		26-Feb	05-Mar	12-Mar	19-Mar	26-Mar	02-Apr	09-Apr	16-Apr	23-Apr	30-Apr
	Demand/Queue	3141	3185	3177	3170	3162	3155	3011	2867	2723	2579
	Est. PoC Sourced	280	350	350	350	350	480	480	480	480	480
	Est. PoC Ended	410	480	480	480	480	530	530	530	530	530
	Est. Deceased	40	50	50	50	50	65	65	65	65	65
	Total Demand +/-	2789	2782	2774	2767	2759	2615	2471	2327	2183	2039
	Avg Care Hours (Activity)	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9
	Avg Care Hours (Queue)	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6	9.6
	Total Required	4291	4280	4268	4257	4245	4024	3802	3581	3359	3138
	Capacity +/-	450	530	530	530	530	595	595	595	595	595
	What if?	72	53	53	53	53	60	60	60	60	60
	%	10%									

Balancing Capacity & Activity

Recruitment Planning Aligned to
Demand & Queue

Projected Reduction

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partnership

Community
117

Community
37

UHA

UHA
16

UHC
4

Biggart
37

Biggart
12

Reab
8

Interim
Beds
5

UHC
17

10

AH
1

ACH
1

Care at Home
Capacity
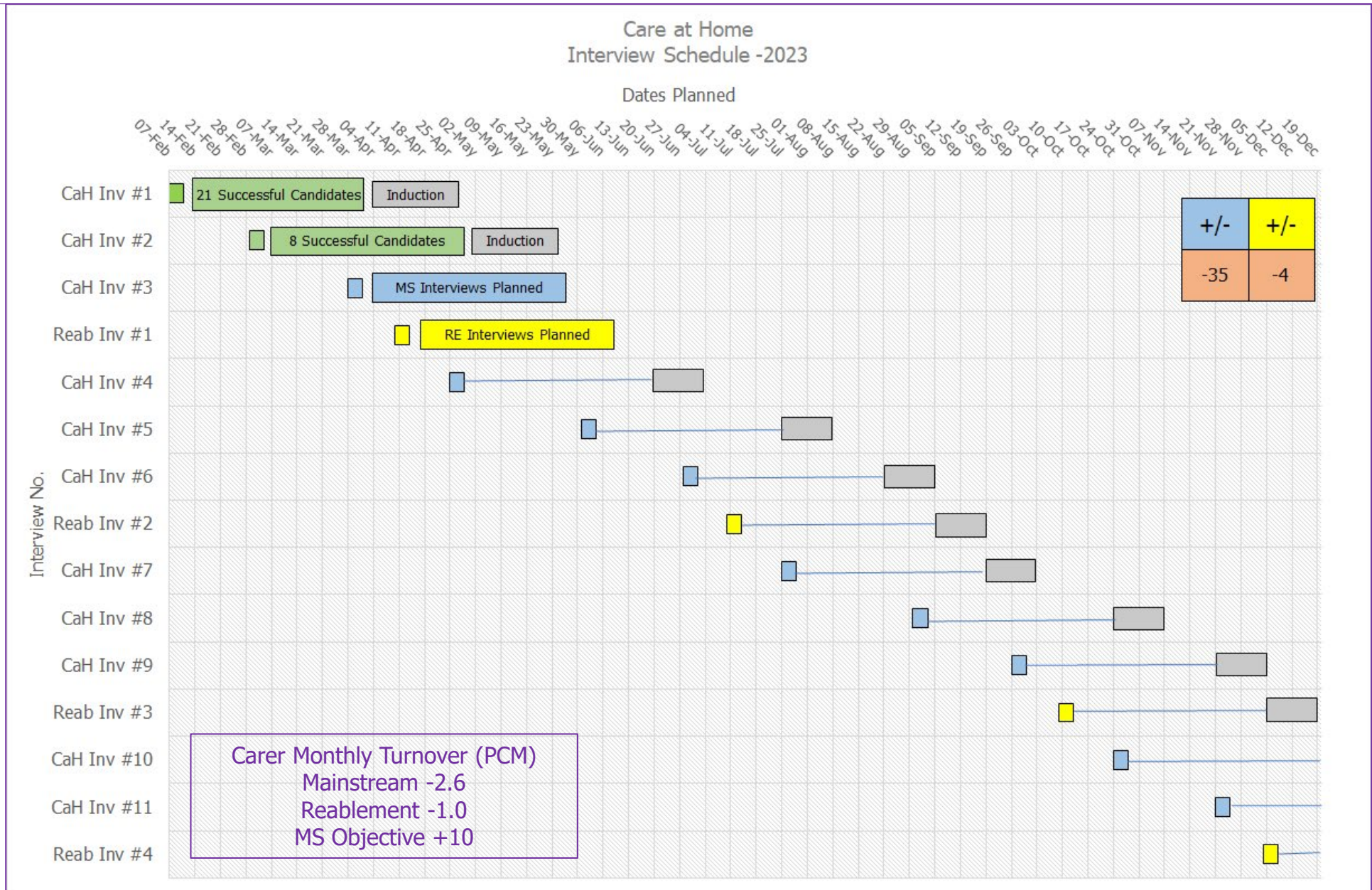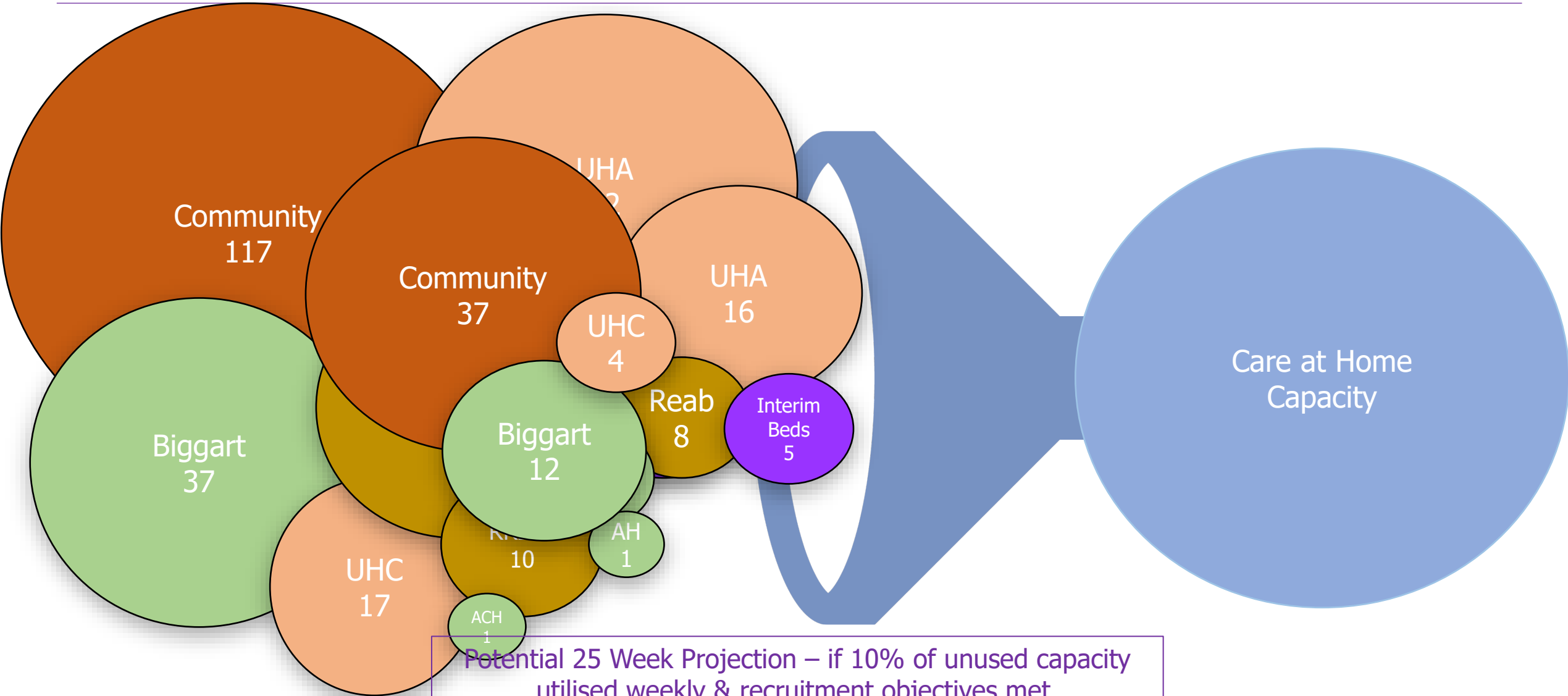
Potential 25 Week Projection – if 10% of unused capacity
utilised weekly & recruitment objectives met.

Based on all other factors remaining the same

Health and Social Care Partnership

Demand, Capacity, Activity & Queue in Action

Thank You – Are there any questions?

Questions and Feedback Session

Coffee Break

"A data-driven service is a service that uses data to inform decision-making and drive continuous improvement in outcomes, efficiency and cost-effectiveness."

Data-Driven decision-making is crucial for delivering high-quality services,

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Data can help identify inefficiencies and areas for improvement,

Collaboration and partnership are essential for data-driven decision-making.

Reduced Patient Outcomes

Increased Costs

Missed Opportunities for Improvement

Reduced Partnership and Collaboration

Florence Nightingale's rose diagrams
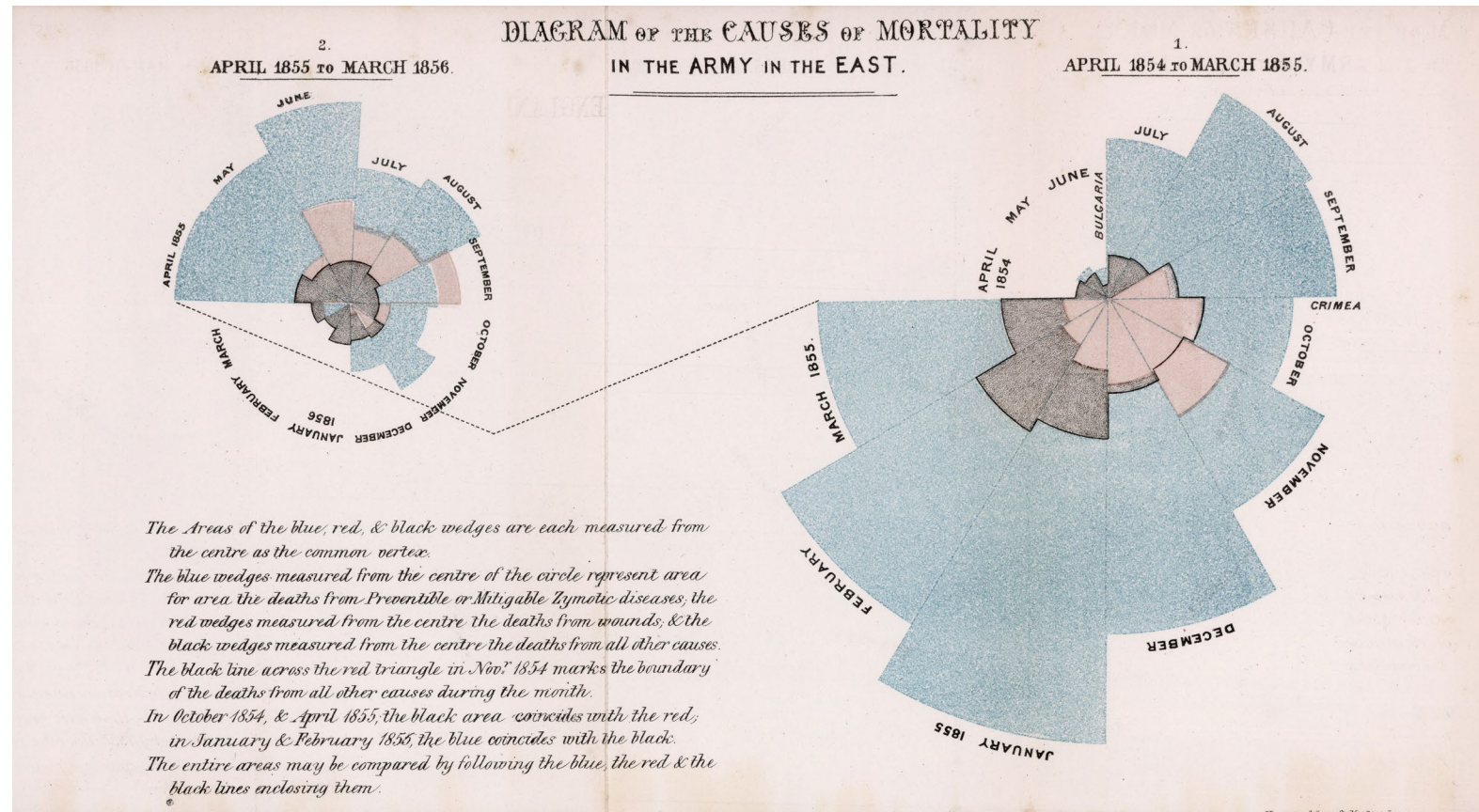
Care experience survey and NHS Lanarkshire Preventing Falls

In a data-driven service, governance, and proper measurement of outcomes are critical to ensure we can evidence that the service is delivering value and achieving its goals.

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- Define clear goals and metrics,
- Collect and analyse data,
- Establish a governance structure,
- Monitor and report progress,
- Use data to drive improvement.

- Understand data,
- Use data to inform decision-making,
- Communicating insights.

- Data-Driven decision-making is crucial for delivering high-quality services,
- Data can help identify inefficiencies and areas for improvement,
- Collaboration and partnership are essential for data-driven decision-making.

Thank You

![south ayrshire health & social care partnership]

Community Health & Care Services

- Social Isolation & Loneliness Strategy 2019-2027
- Adult Community Mental Health Strategy 2017-2022
- Learning Disability Strategy 2022-2027
- Adult Carers Strategy 2019-2024
- Dementia Strategy 2018-2023
- Older People Service Plan 2022-2025
- Advocacy Plan *
- Ageing Well Strategy *

Children's Health, Care & Justice Services

- South Ayrshire Parenting Promise 2021-2030
- Children's Services Plan 2020-2023
- Sexual Exploitation Strategy 2020-2025
- Young Carers Strategy 2021-2026
- Child Protection (Policies and Procedures)

HSCP

- IJB Strategic Plan 2021-2031
- Communication and Engagement Strategy
- SAHSCP Workforce Plan 2022-2025
- Digital Strategy 2020-2023

Strategy Priorities for 2023

Strategy	January	February	March	April	May	June	July	August	September	October	November	December
Adult Mental Health Strategy												
Ageing Well Strategy												
Strategic Advocacy Plan												
Dementia Strategy												
Digital Strategy												
Children's Services Plan												
Communication & Engagement Strategy												
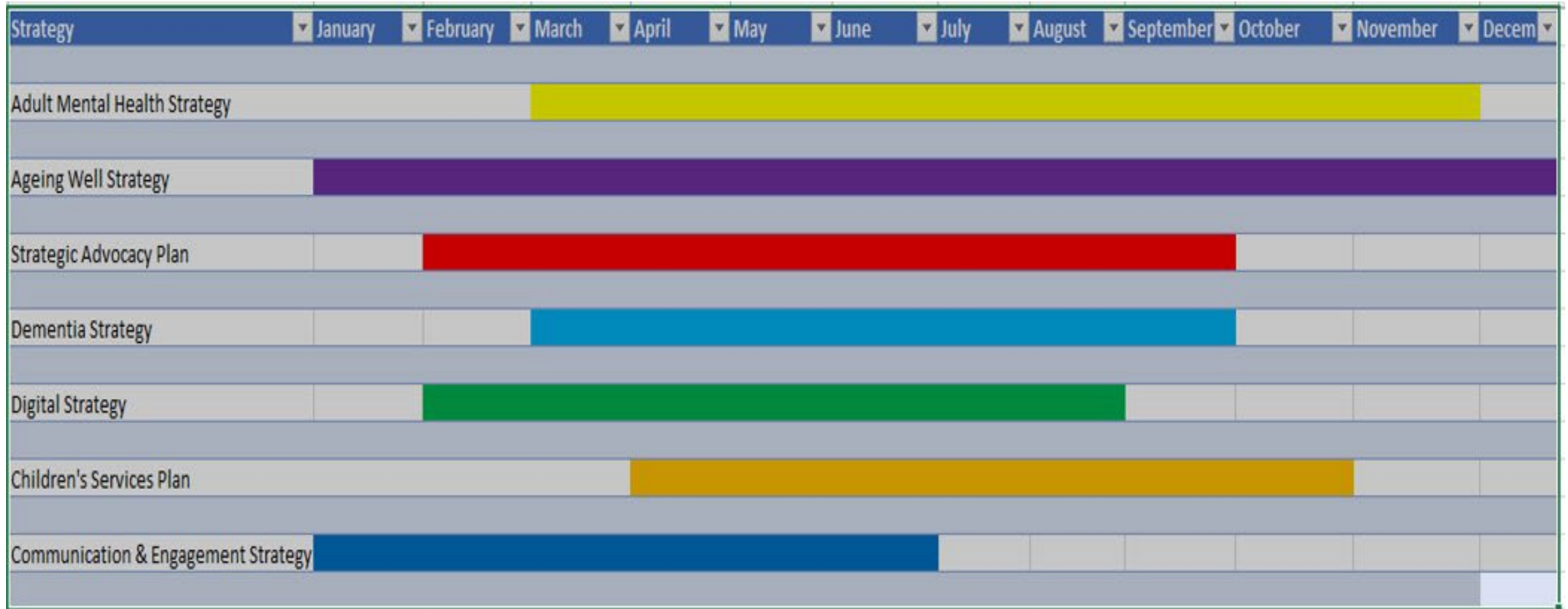
Work in Progress

- Initial planning for the Adult Mental Health Strategy – regular meetings with P&P and Sharon Hackney.
- Carers Policy Implementation Officer – Lauren Logan starting in post 27th February to progress work on Carers Strategy, Dementia Strategy & Social Isolation and Loneliness Strategy.
- Continued planning for the Ageing Well Strategy with Phil White and CPP colleagues.
- Digital Strategy – ToR draft developed

Annual Performance Report

- Submitted annually to Scottish Government
- SAHSCP submitted 21-22 report 22nd December 2022
- Normal timescales resume this year – 31st July 2023 is submission deadline.

Scheme of Integration – Review commencing during 2023, links with East and North for pan-Ayrshire approach.

Equality Outcomes and Mainstreaming Report – Due April 2023

Annual Performance Report 2021-22

Next Steps

- Present paper to IJB Workshop on 8th March.
- Planning for Annual Performance Report 2022-23
- Planning for Scheme of Integration review.
- Driving Change session 14th March – Adult Mental Health Strategy
- Digital Strategy – ToR finalised (March 23) and Project board members agreed.
- Advocacy Strategy – reconvene working group (March 2023)
- Planning meeting 2nd March with Kirsty Pyper regarding communication and engagement strategy

Summary
Tim Eltringham

Lunch

South Ayrshire IJB

Self-Assessment

8th March 2023

Introduction

- We support self-assessments across Councils, CPPs, IJBs and other public organisations - Adult Protection Committees, Scottish Fire and Rescue Service, etc.

- Purpose of this self-assessment is to focus upon the IJB in terms of its functioning and effectiveness. This is to reflect upon strengths and to identify areas where there may be scope for improvement.

- Process is complete when Improvement Plan developed.

Agenda

1pm	**Welcome, Introductions and Aims of the Session**
1.05pm	**Self-assessment:** Checklist Feedback
1.20pm	**Group Work: Prioritise Areas for Improvement** Groups will review the areas for improvement identified in checklist.
2.10pm	**Feedback** Groups will share feedback from their discussions on the areas for improvement.
2.30pm	**Prioritisation**
2.40pm	**25 min Comfort Break**
3.05pm	**Refresh on Priorities**
3.15pm	**Group Work: Improvement Planning** Groups will populate Improvement Planning Template for top priorities.
4.15pm	**Close and Next Steps**

We broker additional resources for local government to support improvement

iS.
improvement service
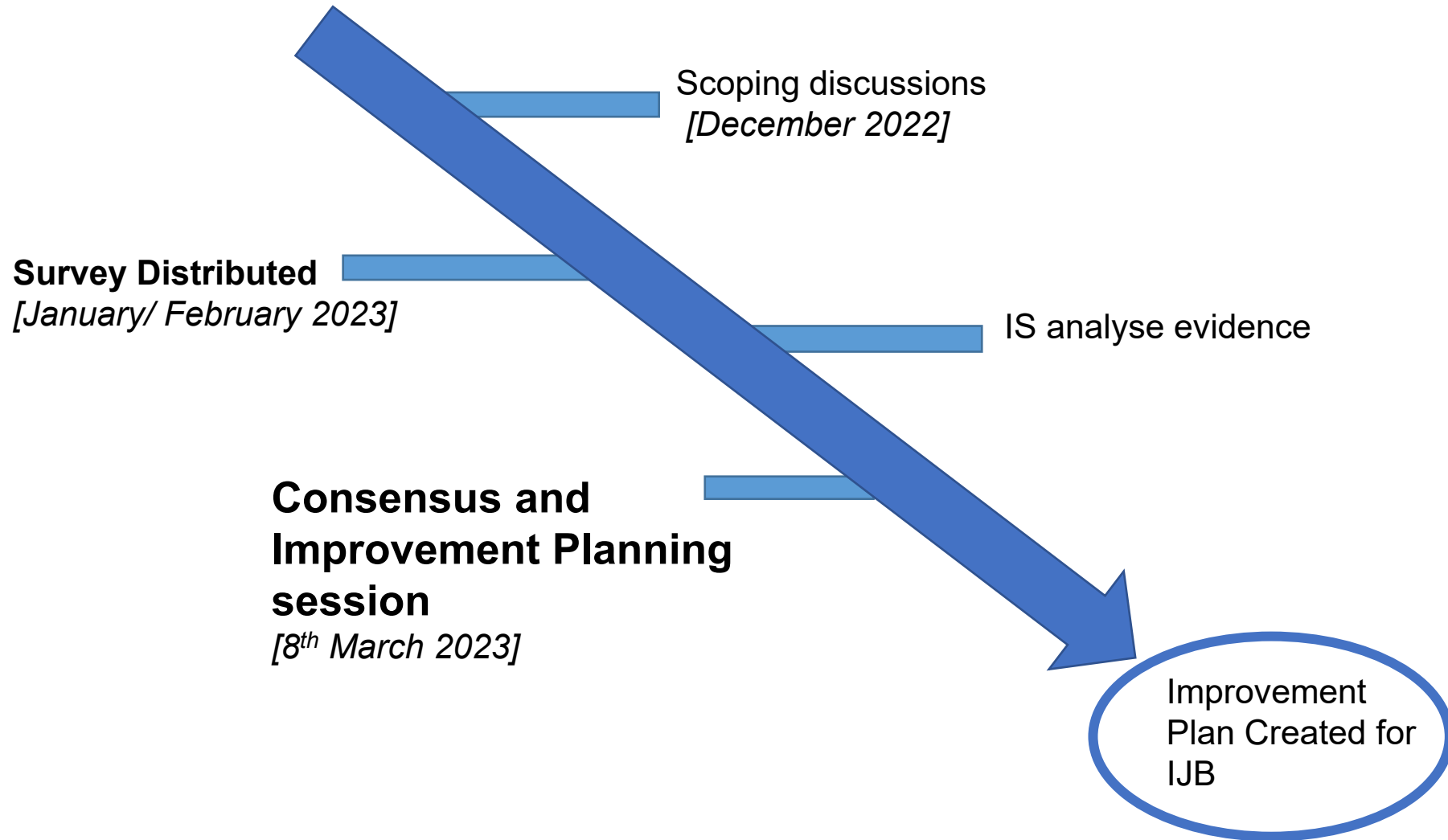
Checklist - Collated Figures

	Agree/Strongly Agree	Disagree/Strongly Disagree	Don't Know
IJB Response to COVID-19	**85%**	3%	12%
Leadership and Relationships	79%	14%	7%
Governance and Accountability	75%	**18%**	7%
Community Engagement and Participation	**86%**	8%	6%
Outcomes and Impact	75%	**18%**	7%
Performance Management and Use of Evidence	81%	15%	4%

Capturing Learning from COVID-19 - Strengths

- "Meetings were set up online immediately and regular communication at the beginning of the pandemic. Focus was on the most vulnerable and ensuring they were safe, partnership working with Health and Council colleagues as well as private providers. Updates were regularly reporting to the IJB at each stage of the pandemic as guidance changed and impact had to be reassessed and plans revised."

- "LA and other CPP partners coming together to deliver services alongside HSCP"

- "The IJB worked well to bridge the link between NHS and South Ayrshire Council in terms of the collective sharing of information. The IJB adapted well to the new ways of working approach including the swift move to digital platform."

Community Engagement and Participation - Strengths

- "Locality Planning Groups work well and provide input into developing services in their specific areas. Focus or engagement groups are set up when particular specific strategies are being developed i.e. Adult Learning Disability Strategy."

- "There was significant engagement with individuals and communities in the IJB creating the Strategic Plan for the next three years. The champions board for Children and Young people have informed the IJB of the Promise and the need of Care Experienced Children. The IJB supports the delivery of the Parenting Promise and the implementation of the Promise in South Ayrshire."

Checklist Responses

Highest Statements

1. Statement 29. The IJB has a good understanding of the distribution of health inequalities across its area and the range of equalities groupings (e.g. age, race, gender). (92% Agree) **Performance Management and Use of Evidence**

2. Statement 2. The IJB has provided effective leadership during COVID-19. (92% Agree) **IJB Response to COVID-19**

3. Statement 18. The IJB has developed and agreed a common understanding of local needs and opportunities. (92% Agree) **Community Engagement and Participation**

Checklist Responses

Lowest Statements

1. Statement 16 – The IJB holds individual Board members to account for their performance and contribution to the outcomes in the Health and Social Care Strategic Plan.
   (33% Disagree and 17% Don't Know) **Governance and Accountability**

2. Statement 10 - All IJB members are active participants in meetings and contribute effectively. (33% Disagree and 8% Don't Know) **Leadership and Relationships**

3. Statement 26. The performance information considered by the IJB is timely, relevant and provides a good measure of progress towards the desired outcomes and key time specific targets. (25% Disagree) **Performance Management and Use of Evidence**

4. Statement 28 - The targets set for the IJB are ambitious and stretching, whilst being realistic. (25% Disagree) **Performance Management and Use of Evidence**

Group Work - Instructions

- Break into 3 groups.

- Each group will be discussing the 5 areas for improvement identified from the checklist findings.

- 50mins to do this.

- All groups will then feedback their thoughts on the areas for improvement and we will then vote on the top priorities.

Top Priorities

Top Priorities
1.
2.
3.

Improvement Planning Template

How can we measure or know that the improvement action is being implemented?

Overall outcome

What key actions need to happen to make this improvement a reality?

Improvement Action:

Are there any risks or costs (financial or resource) associated with the improvement action?

Can we assign an owner to the improvement action?

When do we want to see the improvement action implemented by? (date)

1.1
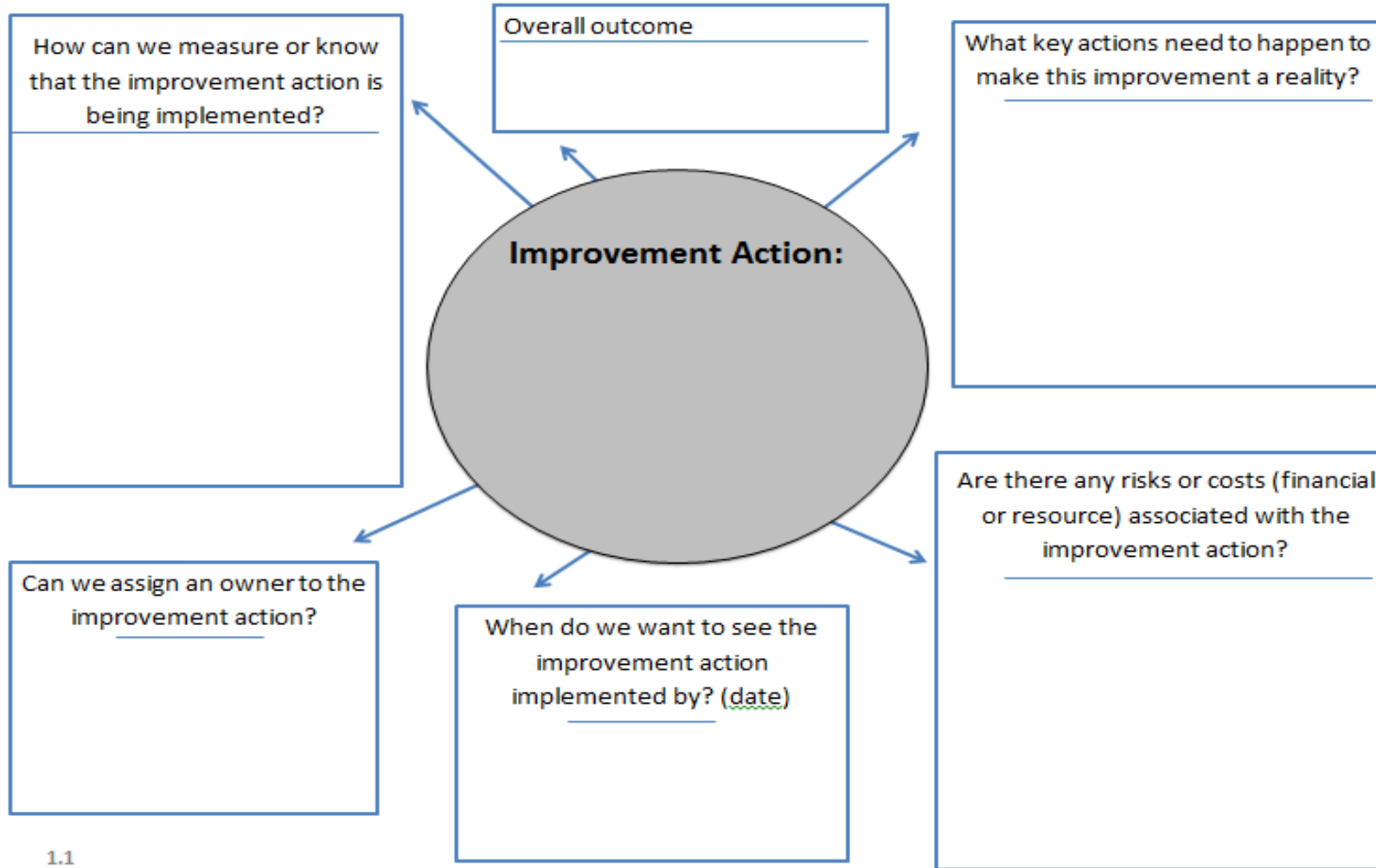
Improvement Planning Template - Example

5. How can we measure or know that the improvement action is being implemented?

1. Scene setting document published clarifying aims and objectives.
2. Different engagement methods established.
3. Published data to measure engagement.
4. Service design and delivery options developed.
5. Approaches implemented and evaluated.
6. Outcome from engagement published.

6. Overall Outcome

Communities feel empowered and that service delivery has improved through engagement.

1. What key actions need to happen to make this improvement a reality?

1. Clarify aims and objectives of engagement with communities.
2. Explore different options for engaging with communities – How do they want to be engaged with?
3. Engage with communities on what outcomes they are looking for.
4. Establish service design and delivery options with costings.
5. Review what worked and what didn't.
6. Ensure results from engagement are fed back to communities.

Improvement Action

Consider ways that communities can better engage in shaping service design and delivery.

4. Can we assign an owner to the improvement action?

Community Development for Council wide with support from specific departments depending on priorities.

3. When do we want to see the improvement action implemented by? (date)

1. Soon after publication of Corporate Plan – early 2021
2. March 2021
3. May 2021
4. June 2021
5. December 2021
6. December 2021

2. Are there any risks or costs (financial or resource) associated with the improvement action?

Risks

- Not managing expectations.
- If we don't make changes based on the engagement.
- Competing priorities – Needs to be focussed on.

Costs

- Staff and team resources.
- Training and staff development.