

# AGENDA ITEM

12

**Title/Subject:** Performance Report  
**Meeting:** Integration Joint Board  
**Date:** 7 December 2018  
**Submitted By:** Chief Officer  
**Action:** For Noting

## **1. INTRODUCTION**

- 1.1 This report presents a comprehensive review of performance for the Falkirk Health & Social Care Partnership. The timeframe reported for the purpose of this report is an August 2018 comparison with August 2017. Social care measures are shown against a baseline year of 2015/16 up to the half year ending 30 September 2018.
- 1.2 The report also provides the annual performance data for the National Indicators 11–23. This position is reflected within the Falkirk Health and Social Care Partnership Annual Performance Report 2017 –2018.

## **2. RECOMMENDATION**

The Integration Joint Board (IJB) is asked to:

- 2.1 note the content of the performance report
- 2.2 note that appropriate management actions continue to be taken to assess the issues identified through these performance reports.

## **3. BACKGROUND**

- 3.1 The purpose of this report is to ensure the Integration Joint Board fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, relevant targets, and measures which are included in the Integration Functions, and as set out in the Strategic Plan.
- 3.2 Contents of the report are monitored on an ongoing basis and also form the basis of the reporting through other arrangements, including the Unscheduled Care Programme Board, Winter Plan and Delayed Discharge Steering Group.

## **4. APPROACH**

- 4.1 The Falkirk Performance and Measurement Group are working to develop a more structured and themed timetable for performance reporting, and this will be presented to the IJB in February 2019.

- 4.2 The Pentana performance reporting system has been used to prepare the majority of this report. Within Pentana a variance range is set for indicators. This defines the acceptable or tolerable spread between the numbers in a data set and the Red/Amber/Green statuses assigned.

## **5. PERFORMANCE REPORT STRUCTURE**

- 5.1 The content of the report mainly focuses on local performance indicators looking at a rolling 12 month average from September 2017 to September 2018. Delayed discharges are reported at the census point October 2018. The report advises the IJB on the principal reasons for delay and the actions being taken by the services to mitigate these.
- 5.2 The report has a Table of Contents to help readers navigate through the content more easily.
- 5.3 Section 1 provides an at-a-glance summary of the range of performance indicators by their Red/Amber/Green status.
- 5.4 Section 2 of the report provides an overview of the key performance issues.
- 5.5 Section 3 provides detail in respect of the report format and structure.
- 5.6 Section 4 presents the Performance Dashboard. This is currently under development however this provides a comprehensive 'at a glance' overview of performance measures and their current status.
- 5.7 Section 5 presents a summary of performance exceptions, providing additional detail about the indicators described within the Strategic Plan, as well as detail in respect of a number of other linked indicators relating to Unscheduled Care.
- 5.8 Appendix 1 – highlights progress against MSG trajectories, submitted to the Unscheduled Care Programme Board on 26 October 2018.
- 5.9 Appendix 2 - the Strategy Map details the Partnership's vision, local outcomes, and maps these against the national Health and Wellbeing Outcomes, National Core Indicators, MSG integration indicators and local Partnership indicators.
- 5.8 Appendix 3 - a glossary is provided to give explanation and context to abbreviations and areas contained within this report.

## **6. CONCLUSION**

- 6.1 This report provides a comprehensive overview of performance against local and national indicators.

### **Resource Implications**

The management of performance is critical to managing the overall budget

of the IJB. The resource requirements to ensure effective performance management and performance reporting are under review.

**Impact on IJB Outcomes and Priorities**

Only by managing performance can the delivery of the IJB outcomes and priorities be truly assessed, providing a sound basis from which to make decisions regarding investment and service change.

**Legal & Risk Implications**

Performance management is a legal requirement as defined in the IJB's Integration Scheme.

**Consultation**

The approach is defined in the Performance Management Framework and further developed through the Performance and Measurement Group with all parties represented.

**Equality and Human Rights Impact Assessment**

This is not required for the report.

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**Date:** 29 November 2018

**List of Background Papers:** None.



**Falkirk  
Health and Social Care  
Partnership**

## Performance Report

December 2018

## 1. SUMMARY OF PERFORMANCE

### 1.1 At a Glance Performance Summary

| INDICATOR TYPE                          | RED      | AMBER    | GREEN     | GREY      | TOTAL     |
|---|----------|----------|-----------|-----------|-----------|
| National Indicators                     | -        | -        | -         | 10        | 10        |
| Self Management Indicators              | 2        | -        | -         | 2         | 4         |
| Autonomy and Decision Making Indicators | -        | -        | 4         | 8         | 12        |
| Safety Indicators                       | -        | 1        | 1         | 6         | 8         |
| Service User Experience Indicators      | 6        | -        | 5         | 8         | 19        |
| Community Based Support Indicators      | 1        | 2        | 8         | 2         | 13        |
| <b>TOTAL</b>                            | <b>9</b> | <b>3</b> | <b>18</b> | <b>36</b> | <b>66</b> |

The 'At a Glance' summary provides an overview of the Red, Amber and Green (RAG) status of the measures within the Performance Dashboard at Section 4 of the report. Measures highlighted as grey have no trajectory to measure performance against.

## 2. KEY PERFORMANCE ISSUES

### 2.1 Emergency Department Performance against the ED 4 hour Standard

Issue:

- 1) Analysis of rolling 12 months average performance as at October 2018, against the Falkirk IJB average position as at October 2017 reveals a 9.1% variance in compliance down to 83.5% from 91.4%.
- 2) The most significant drop in compliance of 18.7% occurring in those aged 75-84 years from an average of 85% in October 17 in comparison with 69.2%
- 3) The reason for delay in 74% of those aged 75-84 years is 'Wait for first assessment' and 'Wait for a bed'.

### 2.2 Rate of Emergency Department Attendance

Issue:

- 1) The average monthly rate per 100,000 ED Attendance in Falkirk has remained largely static from 1939 in October 2017 to 1953 in October 2018; a percentage increase of 1%.
- 2) The Falkirk position remains approximately 9% above the Forth Valley average of 1776.8 in October 2018.

Action:

- 1) Unscheduled Care Programme Board (UCPB) continually monitors ED performance and attendance indicators as part of the six essential actions prescribed by the Scottish Government.
- 2) National Improvement Advisors from the Scottish Government are working with the UCBP launching the 'Getting Forthright' improvement initiative. This will form the basis of a robust improvement plan over the next 12 months, adopting a whole system approach to improved performance. Tests of change will be applied to certain functions within ED to improve the patient, staff experience and performance against the 4 Hour Emergency Access Standard.
- 3) Work is ongoing to develop a dashboard which updates data items hourly, such as numbers awaiting first assessment in ED; Bed Occupancy as well as real time Delayed Discharges information. Collaboration between Health and Social Work Colleagues across the two partnerships is underway to scope out the development of reporting mechanisms which aim to provide daily intelligence around care home activity and opportunities.

## 2.3 Rate of Unplanned Bed Days

### Issue:

- 1) The average rate per 1,000 population of unplanned bed days in Falkirk has remained fairly static with a variance of 0.5% from 848.6 in September 2017 to 853.3 in September 2018. This remains 9.5% above the Forth Valley average of 778.6 which is in keeping with the annual variance shown in the yearend report in June 2018.

### Action:

- 1) Work is ongoing through the UCPB and the Day of Care Audit to ensure patients currently in a ward meet acute and community inpatient criteria.
- 2) The roll out of the 'Getting Forthright' initiative will see a whole system approach to ED and unscheduled care; working with our partners in identifying and addressing bottlenecks which impact upon flow, and learning from tests of change, as well as promoting success.
- 3) The Discharge team, social work and 24/7 teams meet daily to discuss patients who have been identified as waiting for a community hospital bed and package of care to enable the most appropriate patients to be moved.

## 2.4 Delayed Discharge

### Issue:

- 1) In October 2018, there are a reported 42 standard Delayed Discharges of Falkirk residents in a Forth Valley Hospital. This accounted for 55% (n=42/76) of the overall delays in Forth Valley.
- 2) Occupied bed days (OBDs) attributed to delays in Falkirk = 1,553 out of 2,057 Forth Valley OBDs overall 75%.
- 3) Of those Falkirk residents whose discharge has been delayed by 2 weeks or more, the reasons for delay at the October 2018 point:
  - 20 are awaiting a care home placement
  - 7 are allocated and assessment is ongoing
  - 3 is awaiting a package of care for home

### Action:

- 1) Additional funding has enabled the recruitment of a further 3 Discharge Coordinators.
- 2) Extra staffing levels have resulted in 7 day coverage across all NHS Forth Valley hospitals.
- 3) Input from team means patients are reviewed within 72 hours.
- 4) Identify solutions and liaise with social work and community colleagues to ensure a safe discharge is achieved.
- 5) Attend Multi Disciplinary Team (MDT) meetings to identify discharge pathways and goals.
- 6) Support relatives and carers in arranging plans for discharge.

## 2.5 Complaints (NHS Forth Valley)

### Issue:

- 1) In September 2018, 13 complaints were received to those services which form part the IJB delegated functions. 69% were responded to within 20 working days. The average compliance from the start of the financial year 2018/19 is 76%.
- 2) 3 of those received were stage 1 complaints - 100% compliance with the target
- 3) 10 are stage 2 with 60% being responded to within the timeframe
- 4) Complaints in September 18 are attributed to the following categories:
  - Clinical Treatment
  - Delays in Care
  - Staff Communication Oral and Written
  - Waiting Times and Date of Appointment

Actions:

- 1) Daily monitoring of the complaints caseload and the status of overdue complaints continues to be undertaken to ensure any overdue complaints are managed effectively and allow for early intervention. The Patient Relations Lead is currently conducting an in-depth analysis into the factors resulting in overdue responses to complaints. This will support the development of an improvement plan.
- 2) To support staff in locally resolving complaints NHS Forth Valley continues to raise awareness of Care Opinion, an on-line, independent website which enables patients, families and carers to leave feedback about their healthcare experience. This supports NHS Forth Valley to gather feedback, resolve issues and to enable improvements to services quickly and timeously.
- 3) A comprehensive complaints performance report is examined and discussed in detail as a standing item on the NHS Clinical Governance Committee agenda for all NHS FV complaints. Those complaints relating to delegated functions will be considered by the Falkirk IJB Clinical and Care Governance Committee.

### 3. FORMAT AND STRUCTURE

#### 3.1 Format and Structure

The Partnership focus is across the local outcomes with work on going to support a balanced approach to measurement and reporting. Trajectories have been set against national standards which could be applied to local outcomes facilitating the development of local and national balanced scorecards.

Section 4 provides a Performance Dashboard 'at a glance' view of measures and performance with comparative data, direction of travel and RAG status. Table 1 offers a breakdown of national indicators N11 – N23. Results are shown for the Falkirk Partnership; Comparator partnerships, and the national position, for financial year 2017/18. Tables 2 onwards highlight local data for a rolling 12 month average as at October 2018 against the average as at October 2017. For the social care indicators, the latest performance data is compared against the 2015-16 baseline. Performance data pertain to adults aged 18 and over.

Section 5 of the report provides more detailed information on issues and actions pertaining to each of the local indicators to give assurance to the Board of work being undertaken to address areas of challenge as well as acknowledgement of those areas where improvements are evident.

**Key:**

| Direction of travel relates to previously reported position |   |
|---|---|
| ▲   | Improvement in period   |
| ◀▶  | Position maintained   |
| ▼   | Deterioration in period   |
| —   | No comparative data   |
| Performance Status  |   |
| GREY  | No trajectory to measure performance against/ Data only indicator |



## 4. PERFORMANCE DASHBOARD

### 4.1 Table 1: National Indicators

TABLE 1: National Indicators 11 - 23

| Ref | Measure   | Falkirk Partnership 2017/18 | Comparator 2017/18 | Scotland 2017/18 | Direction of travel | Status | Exception Report |
|-----|---|-----------------------------|--------------------|------------------|---------------------|--------|------------------|
| 11  | Premortality mortality rate per 100,000 persons   | 466                         | 416                | 425              | ▼                   | Grey   | -                |
| 12  | Emergency admission rate (per 100,000 population)   | 12,362                      | 13,037             | 11,959           | ▲                   | Grey   | -                |
| 13  | Emergency bed day rate (per 100,000 population)   | 133,709                     | 123,789            | 115,518          | ▲                   | Grey   | -                |
| 14  | Readmission to hospital within 28 days (per 1,000 population)                                       | 117                         | 100                | 97               | ▲                   | Grey   | -                |
| 15  | Proportion of last 6 months of life spent at home or in a homely setting                            | 87%                         | 88%                | 88%              | ◀▶                  | Grey   | -                |
| 16  | Falls rate per 1,000 population aged 65 +   | 22                          | 21                 | 22               | ◀▶                  | Grey   | -                |
| 17  | Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections            | 88%                         | 88%                | 85%              | ▲                   | Grey   | -                |
| 18  | Intensive care needs receiving care at home   | N/A                         | 63%                | 61%              | ▲                   | Grey   | -                |
| 19  | Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) | 921                         | 724                | 772              | ▼                   | Grey   | -                |
| 20  | % of health care resource spent on hospital stays where patient is admitted as an emergency         | 25%                         | 23%                | 23%              | ◀▶                  | Grey   | -                |
| 21  | % of people admitted to hospital from home during the year, who are discharged to a care home       | N/A                         | N/A                | N/A              | -                   | -      | -                |
| 22  | % of people who are discharged from hospital within 72 hours of being ready                         | N/A                         | N/A                | N/A              | -                   | -      | -                |
| 23  | Expenditure on end of life care, cost in the last 6 months per death                                | N/A                         | N/A                | N/A              | -                   | -      | -                |

Source: ISD Scotland

Note: NA indicates where no data are available yet

Comparators: Includes members of Family Group 3 : Dumfries & Galloway; Fife; South Ayrshire; West Lothian; South Lanarkshire; Renfrewshire and Clackmannanshire.

### 4.2 Table 2: Self Management Indicators

TABLE 2: Self Management Indicators 24 - 27

| Ref | Measure  | October 2017 | October 2018 | Direction of travel | Status | Exception Report |
|-----|--|--------------|--------------|---------------------|--------|------------------|
| 24  | Emergency department 4 hour wait Forth Valley                        | 91.7%        | 84.3%        | ▼                   | Red    | Page 9           |
| 25  | Emergency department 4 hour wait Falkirk                             | 91.4%        | 83.5%        | ▼                   | Red    | Page 9           |
| 26  | Emergency department attendances per 100,000 Forth Valley Population | 1,766.95     | 1,776.87     | ▼                   | Grey   | Page 10          |
| 27  | Emergency department attendances per 100,000 Falkirk                 | 1,939.60     | 1,953.30     | ◀▶                  | Grey   | Page 10          |

### 4.3 Table 3: Autonomy and Decision Making Indicators

TABLE 3: Autonomy and Decision Making 28 - 40

| Ref | Measure  | October 2017 | October 2018 | Direction of travel | Status | Exception Report |
|-----|--|--------------|--------------|---------------------|--------|------------------|
| 28  | Emergency admission rate per 100,000 Forth Valley population                     | 981.5        | 949          | ▲                   | Grey   | Page 12          |
| 29  | Emergency admission rate per 100,000 Falkirk population                          | 1,000        | 972.02       | ▲                   | Grey   | Page 12          |
| Ref | Measure  | October 2017 | October 2018 | Direction of travel | Status | Exception Report |
| 30  | Acute emergency bed days per 1000 Forth Valley population                        | 776.59       | 778.61       | ▼                   | Grey   | Page 13          |
| 31  | Acute emergency bed days per 1000 Falkirk population                             | 848.65       | 853.30       | ▼                   | Grey   | Page 13          |
| 32  | Number of patients with an Anticipatory Care Plan in Forth Valley                | 15,392       | 15,952       | ▲                   | Green  | Page 14          |
| 33  | Number of patients with an Anticipatory Care Plan in Falkirk                     | 6,622        | 6,804        | ▲                   | Green  | Page 14          |
| 34  | Key Information Summary as a percentage of the Board area list size Forth Valley | 4.9%         | 5.0%         | ▲                   | Green  | Page 14          |
| 35  | Key Information Summary as a percentage of the Board area list size Falkirk      | N/A          | 4.3%         | ◀▶                  | Green  | Page 14          |

| Ref   | Measure  | Baseline 2015/16 | 2017/18       | Direction of travel | Status | Exception Report |
|---|--|------------------|---------------|---------------------|--------|------------------|
| <b>Self Directed Support (SDS) options selected: People choosing</b>  |  |                  |               |                     |        |                  |
| 37  | SDS Option 1: Direct payments (data only)                  | 33 (2.0%)        | 30 (0.7%)     | N/A                 | Grey   | Page 16          |
| 38  | SDS Option 2: Directing the available resource (data only) | 46 (2.9%)        | 192 (4.8%)    | N/A                 | Grey   | Page 16          |
| 39  | SDS Option 3: Local Authority arranged (data only)         | 1,505 (93.2%)    | 3,522 (87.3%) | N/A                 | Grey   | Page 16          |
| 40  | SDS Option 4: Mix of options, 1,2 (data only)              | 30 (1.9%)        | 292 (7.2%)    | N/A                 | Grey   | Page 16          |
| NB. This SDS data is affected by changes made by the Scottish Government (SG) to the annual Social Care Survey. The data reported here is for the full year 2017-18 and not a snapshot as at the end of the reporting period as reported previously. It is not directly comparable with the baseline snapshot at March 2016. This data will be reported on a six monthly basis in 2018-19 and the next data return to the SG showing quarter's 1 and 2 (April to end September 2018) is due at the end of March 2019. |  |                  |               |                     |        |                  |

#### 4.4 Table 4: Safety Indicators

| TABLE 4: Safety Indicators 42 - 49 |   |                  |              |                     |        |                  |
|------------------------------------|---|------------------|--------------|---------------------|--------|------------------|
| Ref                                | Measure   | October 2017     | October 2018 | Direction of travel | Status | Exception Report |
| 42                                 | Readmission rate within 28 days per 1000 FV population                | 0.87             | 0.59         | ▲                   | Grey   | Page 17          |
| 43                                 | Readmission rate within 28 days per 1000 Falkirk population           | 0.88             | 0.64         | ▲                   | Grey   | Page 17          |
| 44                                 | Readmission rate within 28 days per 1000 Falkirk population 75+       | 1.18             | 1.26         | ▼                   | Grey   | Page 17          |
| Ref                                | Measure   | Baseline 2015/16 | 2017/18      | Direction of travel | Status | Exception Report |
| 45                                 | Number of Adult Protection Referrals (data only)                      | 579              | 706          | N/A                 | Grey   | -                |
| 46                                 | Number of Adult Protection Investigations (data only)                 | 45               | 81           | N/A                 | Grey   | -                |
| 47                                 | Number of Adult Protection Support Plans (data only)                  | 12               | 24           | N/A                 | Grey   | -                |
| Ref                                | Measure   | Baseline 2015/16 | 2018/19 H1   | Direction of travel | Status | Exception Report |
| 48                                 | The total number of people with community alarms at end of the period | 4,426            | 4,173        | ▼                   | Amber  | Page 18-         |
| 49                                 | Percentage of community care service users feeling safe               | 90%              | 89%          | ◀▶                  | Green  | -                |

#### 4.5 Table 5: Service User Experience Indicators

| TABLE 5: Service User Experience Indicators 54 - 66 |   |                  |              |                     |        |                  |
|---|---|------------------|--------------|---------------------|--------|------------------|
| Ref   | Measure   | October 2017     | October 2018 | Direction of travel | Status | Exception Report |
| 54  | Standard delayed discharges   | 23               | 42           | ▼                   | Red    | Page 19          |
| 55  | Delayed discharges over 2 weeks   | 12               | 30           | ▼                   | Red    | Page 19          |
| 56  | Bed days occupied by delayed discharges   | 508              | 1,553        | ▼                   | Red    | Page 19          |
| 57  | Number of code 9 delays   | 17               | 12           | ▲                   | Grey   | Page 19          |
| 58  | Number of code 100 delays   | 6                | 3            | ▲                   | Grey   | Page 19          |
| 59  | Delays - including Code 9 and Guardianship  | 40               | 54           | ▼                   | Grey   | Page 19          |
| Ref   | Measure   | Baseline 2015/16 | 2018/19 H1   | Direction of travel | Status | Exception Report |
| 60  | Percentage of service users satisfied with their involvement in the design of their care package  | 98%              | 98%          | ◀▶                  | Green  | -                |
| 61  | Percentage of service users satisfied with opportunities for social interaction   | 93%              | 90%          | ▼                   | Green  | -                |
| 62  | Percentage of carers satisfied with their involvement in the design of care package   | 92%              | 92%          | ◀▶                  | Green  | -                |
| 63  | Percentage of carers who feel supported and capable to continue in their role as a carer OR feel able to continue with additional support | 89%              | 92%          | ▲                   | Green  | -                |

| Ref | Measure   | Baseline 2015/16   | 2018/19 H1 All   | 2018/19 H1 Stage 1 | 2018/19 H1 Stage 2 | Direction of travel | Status | Exception Report |
|-----|---|--------------------|------------------|--------------------|--------------------|---------------------|--------|------------------|
| 64  | The number of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales.  | 113/156            | 32/53            | 27/45              | 5/8                | -                   | Grey   | Page 22          |
|     | The proportion of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales.  | 73.4%              | 60.4%            | 60%                | 63%                | ▲                   | Red    | Page 22          |
|     | Proportion of Social Work Adult Services complaints upheld<br>NB: The 2015/16 Baseline data was reported under the previous complaints system which had a target of 70%. The target for the current complaints process is 100%. | % Upheld           | 49%              |                    | 33%                | -                   | Grey   | -                |
|     |   | % Partially upheld | 13%              |                    | 42%                | -                   | Grey   | -                |
|     |   | % Not upheld       | 38%              |                    | 25%                | -                   | Grey   | -                |
| Ref | Measure   |                    | Aug 18           |                    | Sept 18            | Direction of travel | Status | Exception Report |
| 65  | The number of complaints to NHS Forth Valley applicable to Falkirk IJB  |                    | 8                |                    | 13                 | ▲                   | Grey   | -                |
|     | The percentage of complaints responded to within 20 days  |                    | 75%              |                    | 69%                | ▼                   | Red    | -                |
|     | The number of SPSO cases received   |                    | 0                |                    | 0                  | ◀▶                  | Green  | -                |
| Ref | Measure   |                    | Baseline 2015/16 |                    | 2018/19 Q1         | Direction of travel | Status | Exception Report |
| 66  | Sickness Absence in Social Work Adult Services (target – 5.5%)  |                    | 7.9%             |                    | 7.49%              | ▲                   | Red    | Page 22          |

## 4.6 Table 6: Community Based Support Indicators

TABLE 6: Community Based Support Indicators 67 - 83

| Ref | Measure   | Baseline 2015/16 | 2017/18                                   | Direction of travel | Status | Exception Report |
|-----|---|------------------|---|---------------------|--------|------------------|
| 67  | The total respite weeks provided to older people aged 65+. Annual indicator   | 1,703            | Annual Indicator - data not yet available |                     | Grey   | -                |
| 68  | The total respite weeks provided to older people aged 18-64. Annual indicator | 724              |   |                     | Grey   | -                |
| Ref | Measure   | End March 2016   | End March 2018                            | Direction of travel | Status | Exception Report |
| 69  | Number of people aged 65+ receiving homecare                                  | 1,703            | 1,794                                     | ▲                   | Green  | -                |
| 70  | Number of homecare hours for people aged 65+                                  | 14,622           | 14,907                                    | ▲                   | Green  | -                |
| 71  | Rate of homecare hours per 1000 population aged 65+                           | 512.2            | 477.4                                     | ▼                   | Green  | -                |
| 72  | Number receiving 10+ hrs of home care   | 406              | 546*1                                     | ▲                   | Green  | -                |
| 73  | The proportion of Home Care service users aged 65+ receiving personal care    | 91.6%            | 88.2%                                     | ▼                   | Green  | -                |

Please note that the Home Care data in indicators 69 to 73 are affected by changes made by the Scottish Government (SG) to the annual Social Care Survey. This data will be reported on a six monthly basis in 2017-18 and the next data return to the SG showing quarters 1 and 2 (April to end September 2018) is due to be submitted in March 2019.

\*1 The data reported here for indicator 72 is not directly comparable with previous reported data as it now counts service users with service hours requiring two carers to be doubled - previous reports counted these service hours only once.

| Ref | Measure  | Baseline 2015/16 | 2018/19 H1  | Direction of travel | Status | Exception Report |
|-----|--|------------------|-------------|---------------------|--------|------------------|
| 78  | Number of new Telecare service users 65+                                     | 102              | 83          | ◀▶                  | Green  | -                |
| 79  | The number of people who had a community care assessment or review completed | 9,571            | 5,474       | ▼                   | Green  | -                |
| 80  | The number of Carers' Assessments carried out                                | 1,936            | 997         | ▲                   | Green  | -                |
| Ref | Measure  | March 2016       | At 09/04/18 | Direction of travel | Status | Exception Report |
| 81  | The number of overdue 'OT' pending assessments at end of the period          | 352              | 321         | ▼                   | Red    | Page 23          |
| Ref | Measure  | 2014/15          | 2015/16     | Direction of travel | Status | Exception Report |
| 82  | Proportion of last six months of life spent at home                          | 86.1%            | 86.0%       | ◀▶                  | Amber  | -                |
| 83  | Number of days by setting during the last six months of life: Community      | 228,702          | 241,236     | ▲                   | Amber  | -                |

## 5.1 Local Outcome: Self Management - Falkirk Unscheduled Care - Indicators 24 & 25:

|  |                    |
|--|--------------------|
| Emergency Department Performance against ED 4 Hour Target (includes Minor Injuries Unit) | This is 95% target |
| Forth Valley Performance Rolling 12 month average October 2018                           | 84.3%              |
| Falkirk HSCP Performance 12 month average October 2018                                   | 83.5%              |

### Purpose:

The national standard for Accident and Emergency (A&E) waiting times dictates 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment.

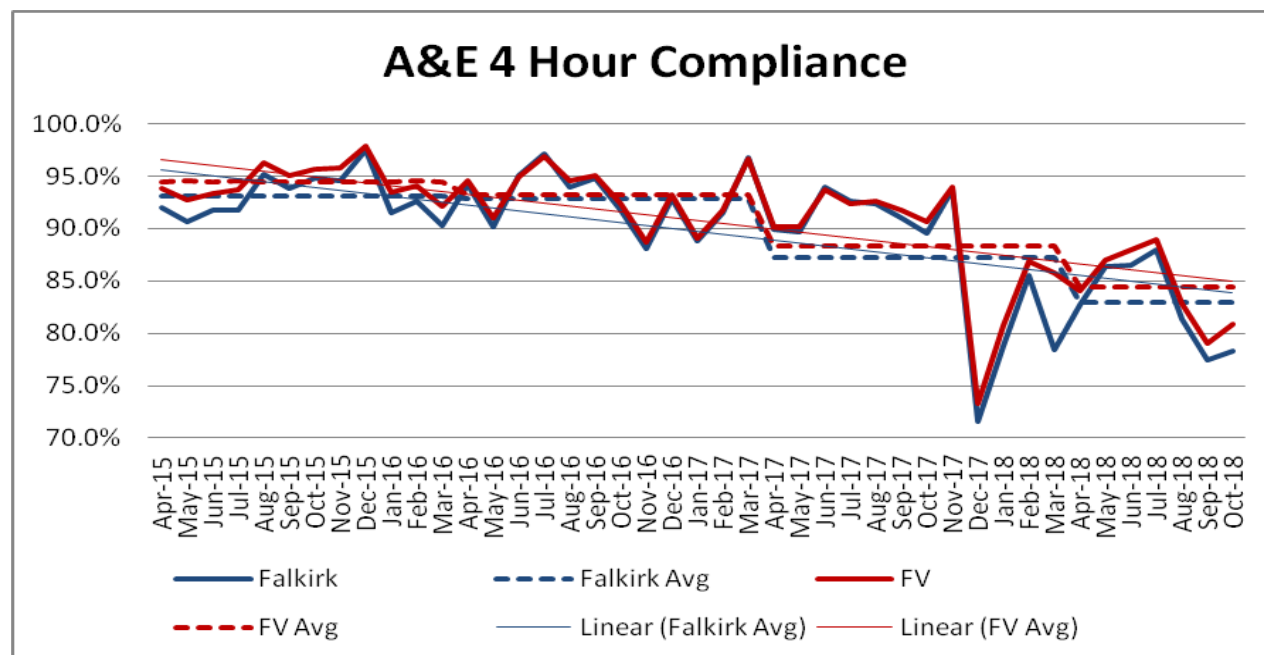
### Position:

As described in chart 1 below performance against the 4 hour ED target throughout Forth Valley has declined by 8% since October 2017 when comparing the rolling 12 month position as at October 2018. This declining position is mirrored across the partnership with Falkirk results decreasing by 8.6%.

Analysis shows waits are longer in the 75-84 years age group, down 18.7%, from 85% compliance in October 2017 to 69.2% in October 2018. This is the first analysis to show a decline in this age range, exceeding the 85+ years in the timeframe.

Throughout all age ranges in those aged over 18, 54% of waits over 4 hours are recorded as 'Wait for First Assessment with 24% having the longest wait attributed to 'Wait for a bed'. Since October 2017 the number of breaches has increased from 2706 to 5757, an increase of 113%.

Chart 1: A&E Compliance with the 4 Hour Emergency Access Standard



## 5.2 Local Outcome: Self Management - Falkirk Unscheduled Care - Indicators 26 & 27

|   |  |
|---|--|
| Emergency Department Attendance Rate per 100,000 population | Reduction  |
| Forth Valley Performance                                    | Rolling 12 month average performance in October 2018 1,776.8 |
| Falkirk HSCP Performance                                    | Rolling 12 month average performance in October 2018 1,953.3 |

### Purpose:

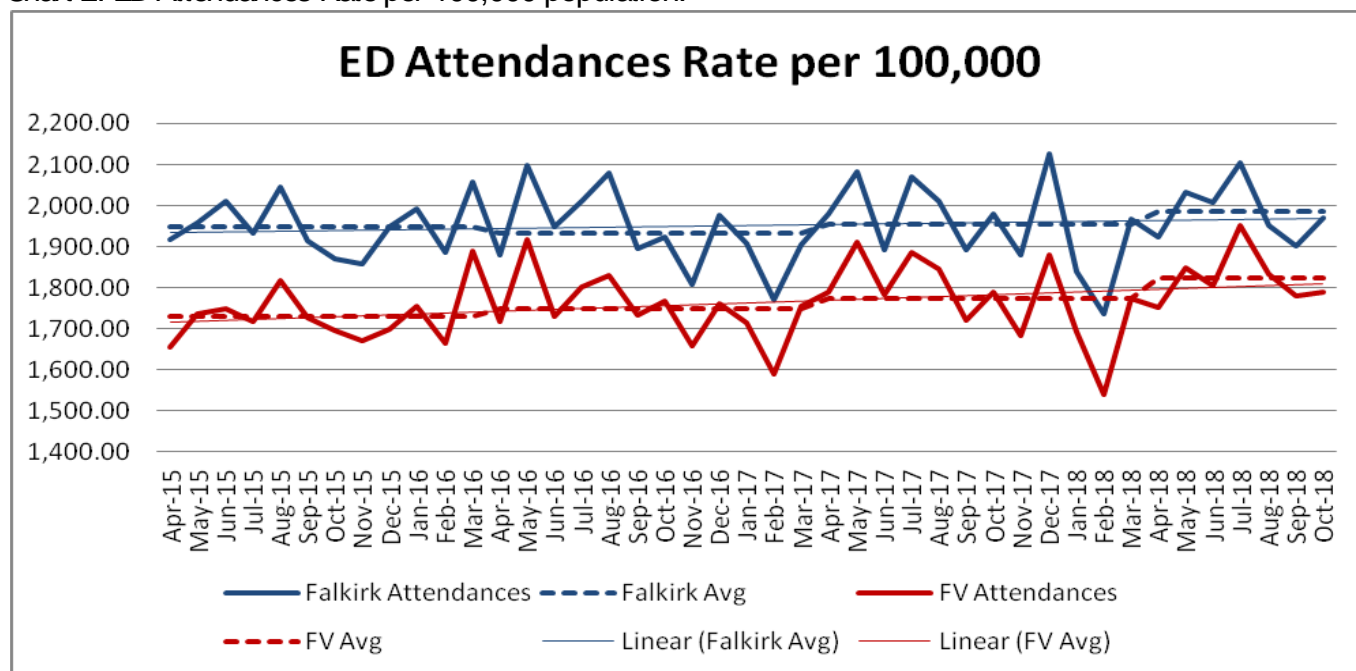
Through collaborative health and social care initiatives it may be possible to prevent patients presenting to ED by diverting to more appropriate services where care needs are dealt with using an anticipatory approach. By monitoring this activity the aim is to improve the patient experience by identifying the best use of resources and to prevent patients waiting longer than necessary in ED.

### Position:

The average monthly Emergency Department attendance rate in Forth Valley has remained static over the rolling 12 months from 1776.8 per 100,000 population October 2017 to 1776.8 per 100,000 population at October 2018; a percentage change of 0.56%.

The Falkirk position has marginally increased by 0.7% over the same period with Falkirk attendances remaining above the Forth Valley average by 9.9%.

Chart 2: ED Attendances Rate per 100,000 population.



The challenge for the Partnership is to enable more residents to receive appropriate support and treatment within the community in order to reduce the number of A&E attendances and subsequent admissions to hospital.

The Closer to Home model aims to support individuals to remain more resilient at home by, identifying and addressing gaps and utilising the assets they have and their care circle/community have available. At a time of escalating need or 'crisis' the model supports them to access care or support at the lowest level of intervention appropriate to address their needs.

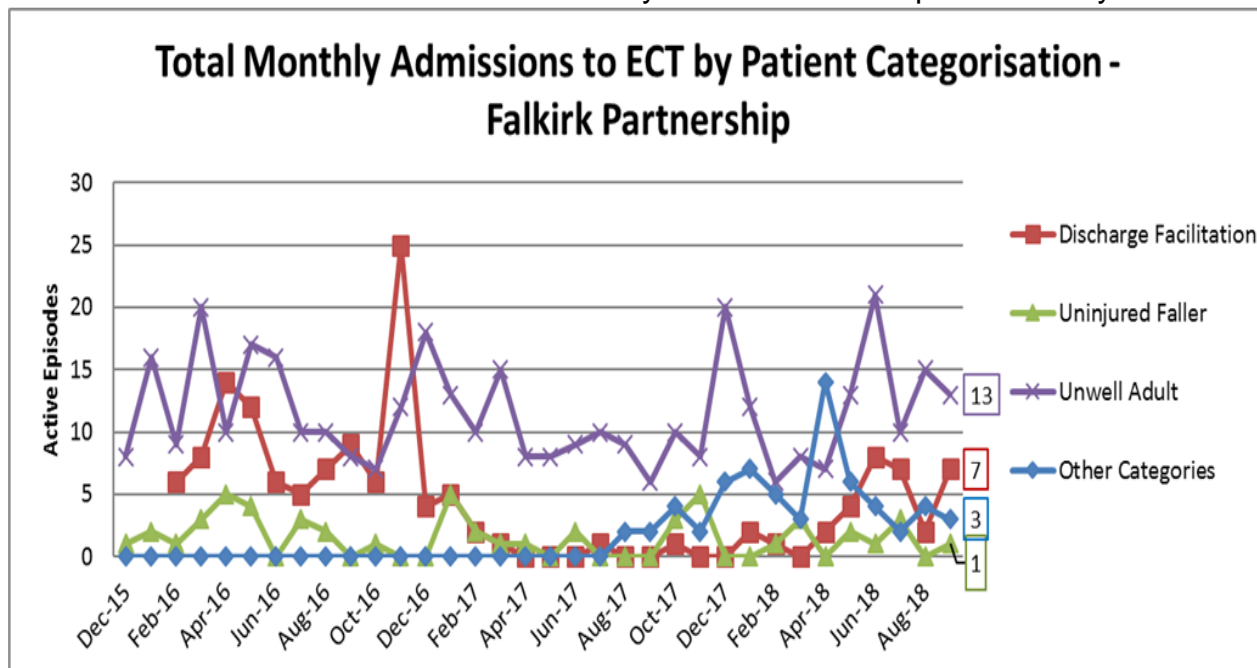
This service aims to:

- To reduce the number of unplanned admissions to hospital
- Support the development of single care pathways over 7 days
- Provide more single points of entry to services

Chart 3 below shows the number of admissions (referrals to the ECT) by patient categorisation.

### **Service admissions (referrals) by Patient Categorisation**

Chart 3: Enhanced Care Team Admissions by Falkirk Partnership and Locality Areas



As at September 2018 the following people were admitted (referred) to the Service

- 54% (13/24) are categorised as unwell adult
- 29% (7/24) were referred as part of discharge facilitation

### **5.3 Local Outcome: Autonomy and Decision Making – Emergency Admissions Rate per 1,000 population - Indicators 28 & 29**

|                          |   |
|--------------------------|---|
| Forth Valley Performance | Performance Rolling 12 month average October 2018 = 949 |
| Falkirk HSCP Performance | Performance Rolling 12 month average October 2018 = 972 |

#### **Purpose:**

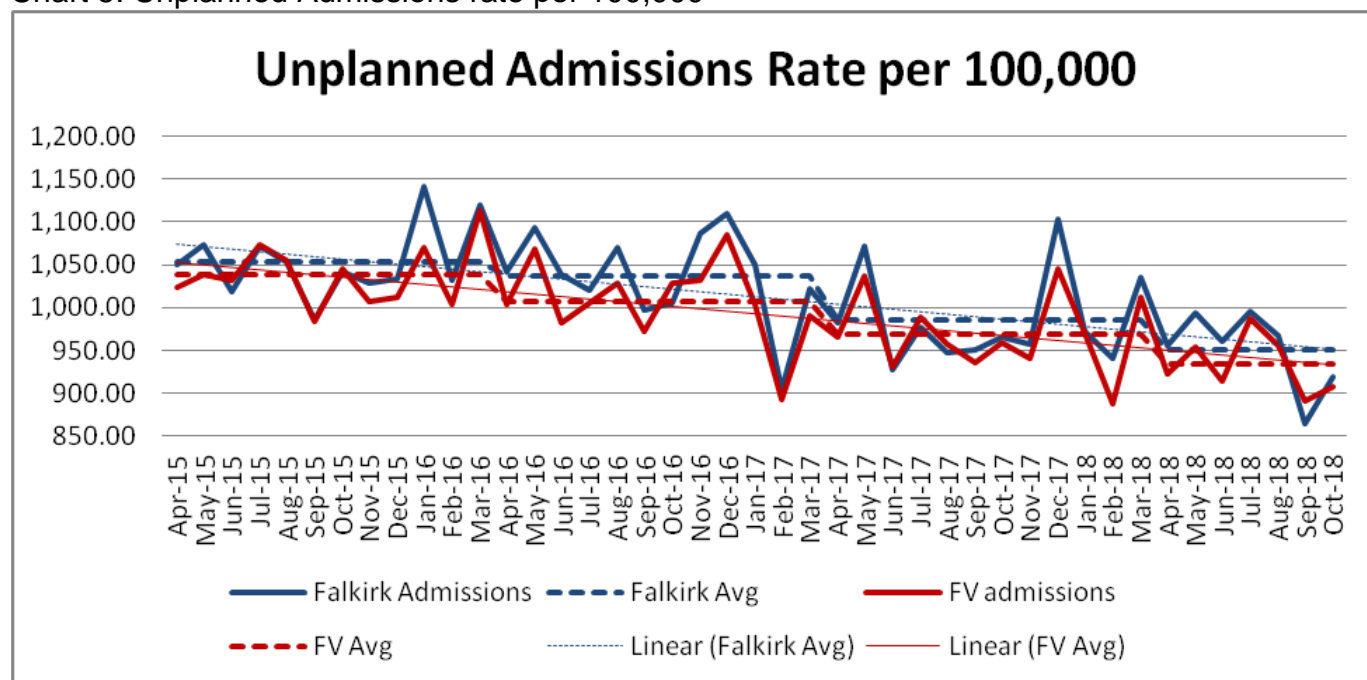
For adults and older people, this outcome indicator should represent a shift from a reliance on hospital inpatient care towards proactive and coordinated care and support in the community. It should demonstrate the effectiveness of anticipatory care, identifying people who are at risk of emergency hospital admission, supporting people to be more confident in managing their long term conditions and providing coordinated care and support at home where safe and appropriate. *ISD*

#### **Position:**

The average unplanned admission rate per 100,000 population for Forth Valley in October 2018 is down by 3.3%, from 981.5 to 949 per 100,000 population. Falkirk admissions remain slightly above the Forth Valley average however has decreased from 1,000 per 100,000 population to 972.0 as at October 2018.



Chart 5: Unplanned Admissions rate per 100,000



#### 5.4 Local Outcome: Autonomy and Decision Making – Acute Emergency Bed Days - Indicators 30 & 31

|                          |  |
|--------------------------|--|
| Forth Valley Performance | Performance Rolling 12 month average<br>September 2018 = 778.6 |
| Falkirk HSCP Performance | Performance Rolling 12 month average<br>September 2018 = 853.3 |

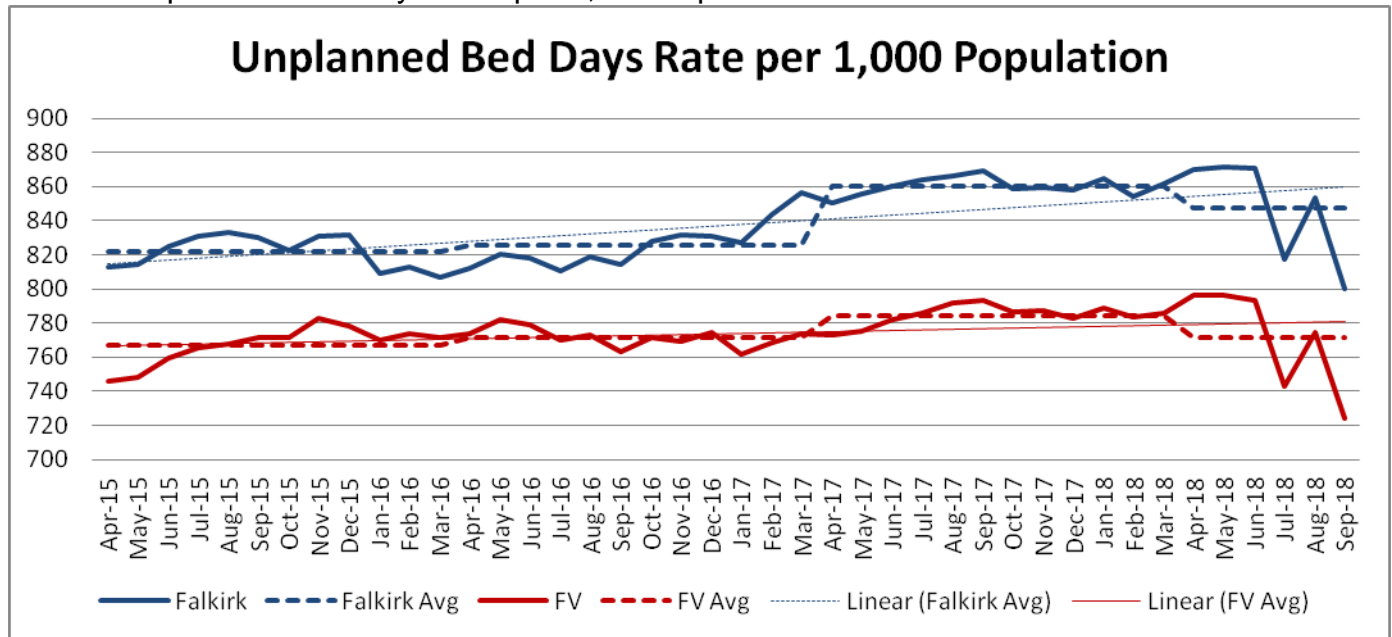
#### Purpose:

The number of emergency bed days and emergency admissions balance each other and quality outcomes for both should be measured. A decrease over time for both emergency admissions and emergency bed days is desirable. It is possible for the rate of admissions to be decreasing with the rate of bed days increasing to as people are kept in hospital longer.

#### Position:

In September 2018 the average monthly rate in terms of unplanned bed days for Forth Valley was 778.5 per 1,000 population compared to 776.5 per 1000 population in September 2017. This highlights a 0.2% increase. The rate per 1,000 of patients in Falkirk local authority area has increased marginally from 848.6 per 1,000 population in October 2017 to 853.3 per 1000 population in September 2018. Further analysis shows a rise of 1.1% in those aged 75-84 years age range.

Chart 6: Unplanned Bed Days Rate per 1,000 Population



### Day of Care Survey Update September 2018

In September 2014 an initial Day of Care survey was carried out within NHS Forth Valley which indicated that 21% of inpatients did not require ongoing care within an acute setting. A follow up survey in December 2014 showed that had risen to 31%.

Initial testing on a reliable fortnightly Day of Care Survey started on 10 December 2015. The number of patients at that time who did not meet the criteria for an acute inpatient area was 26%. The survey of the acute hospital conducted 26 September 2018 shows bed occupancy was at 100%. A total of 506 patients were surveyed of which 64 (14%) were found not to be meeting the acute inpatient criteria. The 3 main reasons patients had not been discharged were found to be:

- Awaiting completion of AHP Treatment (n=16)
- Home care support availability/funding (n=10)
- Awaiting community hospital bed (n=9)

The first survey of our community hospitals in 2017, found that 52% of patients did not meet the inpatient criteria. The survey conducted 26 September 2018 shows bed occupancy at 100%. 203 patients surveyed with results showing 92 (46%) did not meet the community inpatient specific criteria. The top 3 reasons not discharged are:

- Home care support availability/funding (n=17)
- Vacancy in home of choice/available funding/discharge planning in process (n=12)
- Awaiting social care allocation (n=11)

The Forth Valley wide monthly survey now takes place on the last Wednesday of each month which commenced in July 2018. Conducting the survey on a Wednesday allows the Whole System Delayed Discharge Group that meets the following day to review the results. Results are disseminated across a range of disciplines and departments to support planning and local activity.



## 5.5 Local Outcome: Autonomy and Decision Making - Anticipatory Care Planning – Indicators 32 & 33

|                          |              |
|--------------------------|--------------|
| Forth Valley Performance | 15,952 (5%)  |
| Falkirk HSCP Performance | 6,804 (4.3%) |

### Purpose:

Anticipatory Care planning (ACP), in practical terms, are both about adopting a "thinking ahead" philosophy of care that allows practitioners and their teams to work with people and those close to them to set and achieve common goals that will ensure the right thing is being done at the right time by the right person(s) with the right outcome. *Scottish Government*

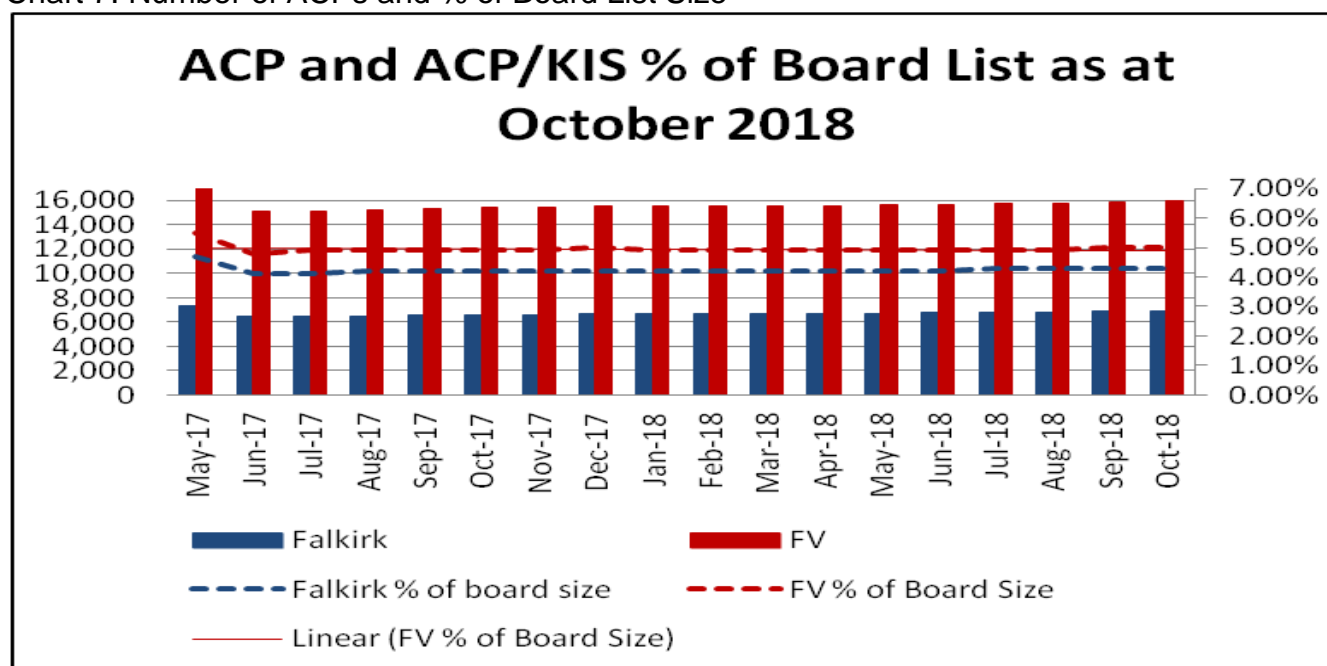
### Position:

Anticipatory Care Planning (ACP) has been identified nationally as a priority to support the delivery of the 2020 vision and the Health and Wellbeing Outcomes linked with the Health & Social Care Integration agenda as highlighted in the recent Audit Scotland Report on Integration.

Figures above are supplied by Information Services Division (ISD). The drop in number from circa 17,000 plans produced in 2017 is a result of ISD culling records for those patients who have since died or moved outwith the area. The position of 15,952 accounts for 5% of Forth Valley residents and exceeds the target of 4,500 or 1.5%. 6,804 (4.3%) of the Falkirk population are in receipt of an ACP or Key Information Summary (KIS).

The impact of the Anticipatory Care Plans on patient care is ongoing. Deliberations need to be made via robust studies to assess at which stage in the patient journey referral for an ACP should be made determining the best use of current resource and identify areas for development.

Chart 7: Number of ACPs and % of Board List Size



## 5.6 Local Outcome: Autonomy and Decision Making - Self Directed Support (SDS) Options 1 to 4 - Indicators 37 – 40

| Self Directed Support (SDS) options selected:<br>People choosing |  | Baseline<br>March<br>2016 | 2017-2018     |
|--|--|---------------------------|---------------|
| 37.  | SDS Option 1: Direct payments                  | 33 (2.0%)                 | 30 (0.7%)     |
| 38.  | SDS Option 2: Directing the available resource | 46 (2.9%)                 | 192 (4.8%)    |
| 39.  | SDS Option 3: Local Authority arranged         | 1,505 (93.2%)             | 3,522 (87.3%) |
| 40.  | SDS Option 4: Mix of options, 1,2, or 3        | 30 (1.9%)                 | 292 (7.2%)    |

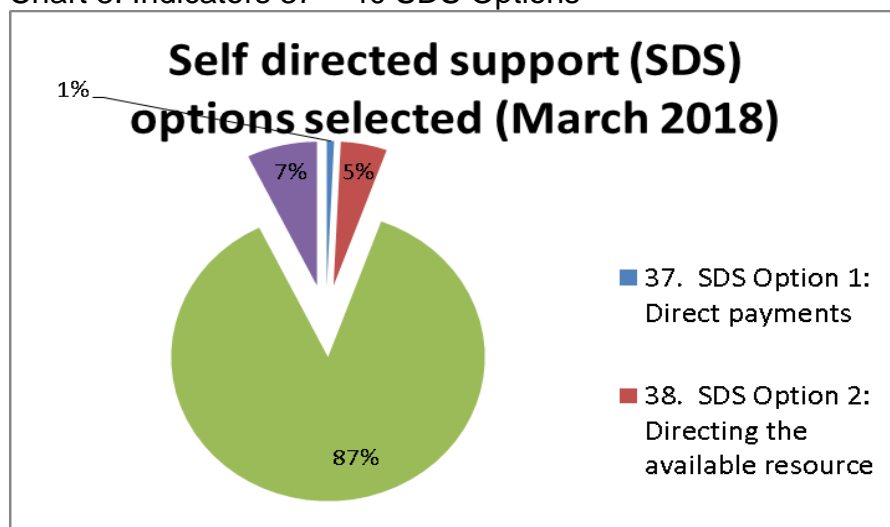
### Purpose:

These indicators demonstrate the choices made by service users under each of the four Self Directed Support options shown for the full year 2017-2018. This data was collated for the Scottish Government's revised Social Care Survey/SOURCE statistical return. This data is not directly comparable with the baseline data shown as this was based only on a snapshot as at the end of March 2016.

### Position:

In 2017-18, the majority of service users – 87.3% have chosen option 3, local authority arranged care. The other options show just over 7% chose a mix of options 1, 2, or 3. Just under 5% chose option 2 to direct the available resource and less than one percent of people chose option 1, to have a direct payment.

Chart 8: Indicators 37 – 40 SDS Options



## 5.7 Local Outcome: Safety – Unscheduled Care Rate of Readmissions - Indicators 42 & 43

|                          |   |
|--------------------------|---|
| Forth Valley Performance | Performance Rolling 12 month average<br>October 2018 = 0.59 |
| Falkirk HSCP Performance | Performance Rolling 12 month average<br>October 2018 = 0.64 |

### Purpose:

National data items relating to emergency readmissions show NHS Forth Valley in the mid range of outcomes against the Scottish position and peers. Work to identify areas for improvement is currently ongoing.

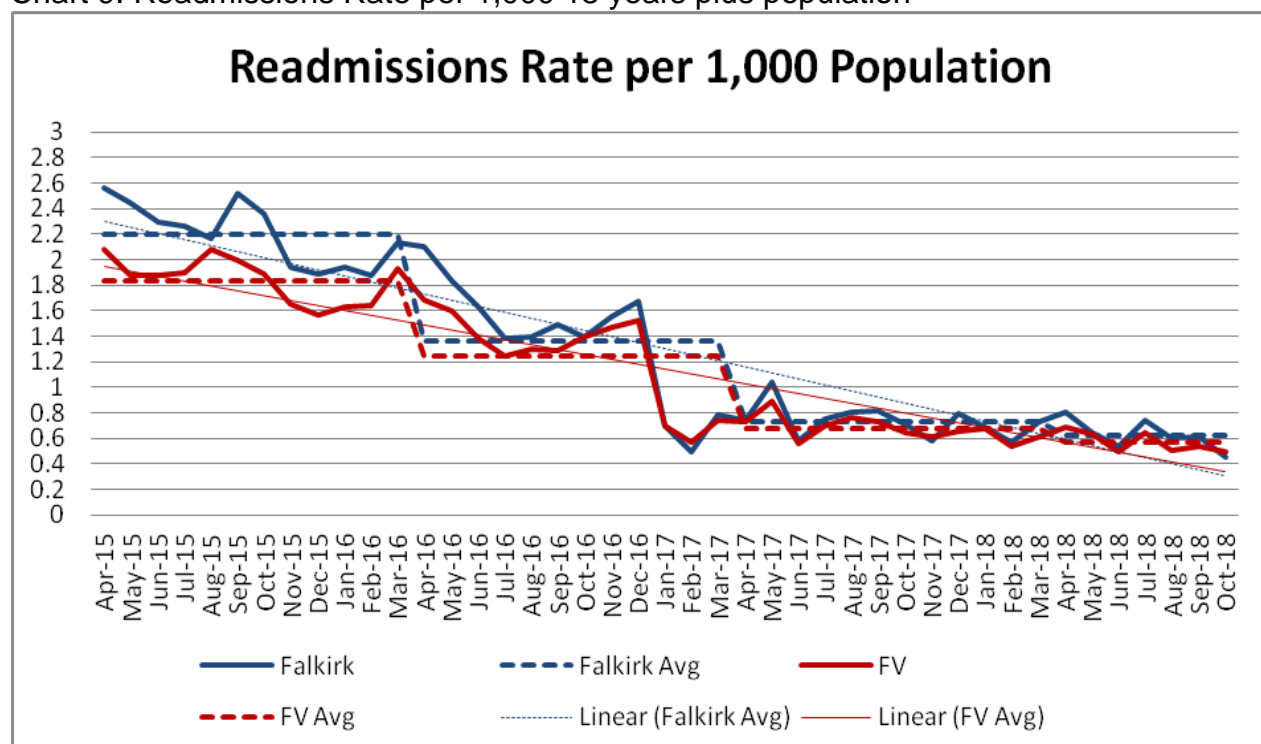
### Position:

Within Forth Valley the readmissions data are standardised by specialty and condition at readmission. This means that if a patient was admitted to a medical specialty initially with a respiratory condition and is readmitted with a broken leg, this is not categorised as a readmission as it is not relevant to the initial presentation at hospital. If however the patient is readmitted to the same specialty then this is classed as a readmission. In this way it enables targeting in areas that may require improvement.

It should be noted that this differs from national publications reporting the crude rate of readmissions. This is defined as any readmission within 28 days to any specialty, within any health board regardless of the reason for readmission.

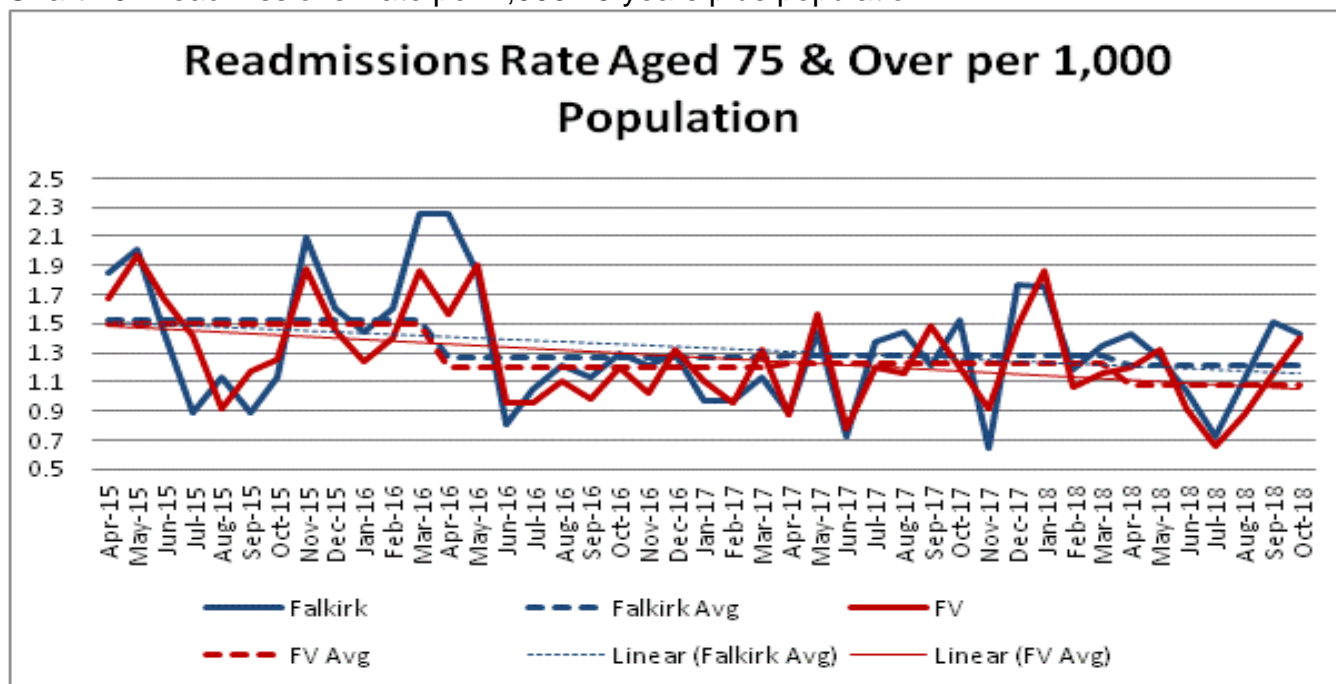
Chart 9 highlights a decrease in the rate of readmissions across Forth Valley from 0.87 per 1000 population in October 2017 to 0.59 per 1000 population in October 2018. This decreasing trend is mirrored within the Falkirk Partnership with a decrease from 0.88 per 1000 population in October 2017 to 0.64 per 1000 population in October 2018

Chart 9: Readmissions Rate per 1,000 18 years plus population



Readmissions for those aged 75 and over have decreased in Forth Valley. Forth Valley rate has remained static to 1.16 rate per 1000 from 1.16 in October 2017. The Falkirk position has increased by 6.7% during this timeframe from 1.18 rate per 1000 in October 2017 to 1.26 in October 2018.

Chart 10: Readmissions Rate per 1,000 75 years plus population



Pilot schemes across parts of the NHS Forth Valley are assessing community focussed supports in a bid to see patients treated at home or in a homely setting where appropriate.

Routine monitoring is to be adopted by the Unscheduled Care Programme Board led by the Medical Director.

### 5.8 Local Outcome: Safety – People with community alarms - Indicator 48

|   | Baseline<br>2015/16 | 2017/18 | 2018/19 H1 | Direction<br>of travel |
|---|---------------------|---------|------------|------------------------|
| The total number of people with community alarms at end of the period | 4,426               | 4,469   | 4,173      | ▼                      |

#### Purpose:

Community alarms are an important service in supporting people to remain in their own homes in the community for as long as possible. They enable service users to summon help should they need it and also provide reassurance to service users and their carers/relatives that an emergency response is available.

#### Position:

The number of community alarms in place has been fairly stable at around 4,400 in recent years. However, at the end of quarter 1, the number has decreased to 4173, a reduction of 296. The reason for this reduction is that local Registered Social Landlords (RSL) withdrew their daytime housing support system within their establishments. This resulted in MECS contacting the 513 individual service users who had been receiving the MECS service on an out-of-hours basis only. These service users were assessed for the full MECS service and only 139 of these service users chose to retain the MECS service from April 2018 onwards. So 374 service users opted out of the chargeable MECS service between April and September 2018. An additional 78 new service users started the service from April onwards.

## 5.9 Local Outcome: Service User Experience – Unscheduled Care Delayed Discharge - Indicator 54

|                          |                                  |
|--------------------------|----------------------------------|
| Forth Valley Performance | Monthly Number October 2018 = 42 |
| Falkirk HSCP Performance | Monthly Number October 2018 = 76 |

### Purpose:

A delayed discharge occurs when a patient, clinically ready for discharge, cannot leave hospital because the other necessary care, support or accommodation for them is not readily accessible and/or funding is not available, for example to purchase a care home place. When a delayed discharge occurs it not only affects the patient experience but impacts upon hospital flow hence this indicator is part of the MSG Unscheduled Care Suite of Indicators addressed by the Unscheduled Care Programme Board

### Position:

As of October census date, the following delays were recorded:

- 42 people delayed in their discharge (standard delays)
- 30 people who were delayed for more than 2 weeks (standard delays)
- 0 people identified as a complex discharge (code 9)
- 12 people proceeding through the guardianship process
- 3 people identified as a Code 100 delay

The Integration Joint Board receives regular reports on Delayed Discharge and this remains an area of priority for the Board. The Falkirk Delayed Discharge Steering Group is in place to monitor operational performance and find solutions.

In October 2018 the number of standard delays for Forth Valley is 76. Falkirk accounts for 42 or 55% of all standard delays. 71% (30/42) of the Falkirk delays are waiting over 2 weeks at the October 2018 census point. These Falkirk patients account for 68% of Forth Valley waits over 2 weeks.

Chart 11: Standard Delays

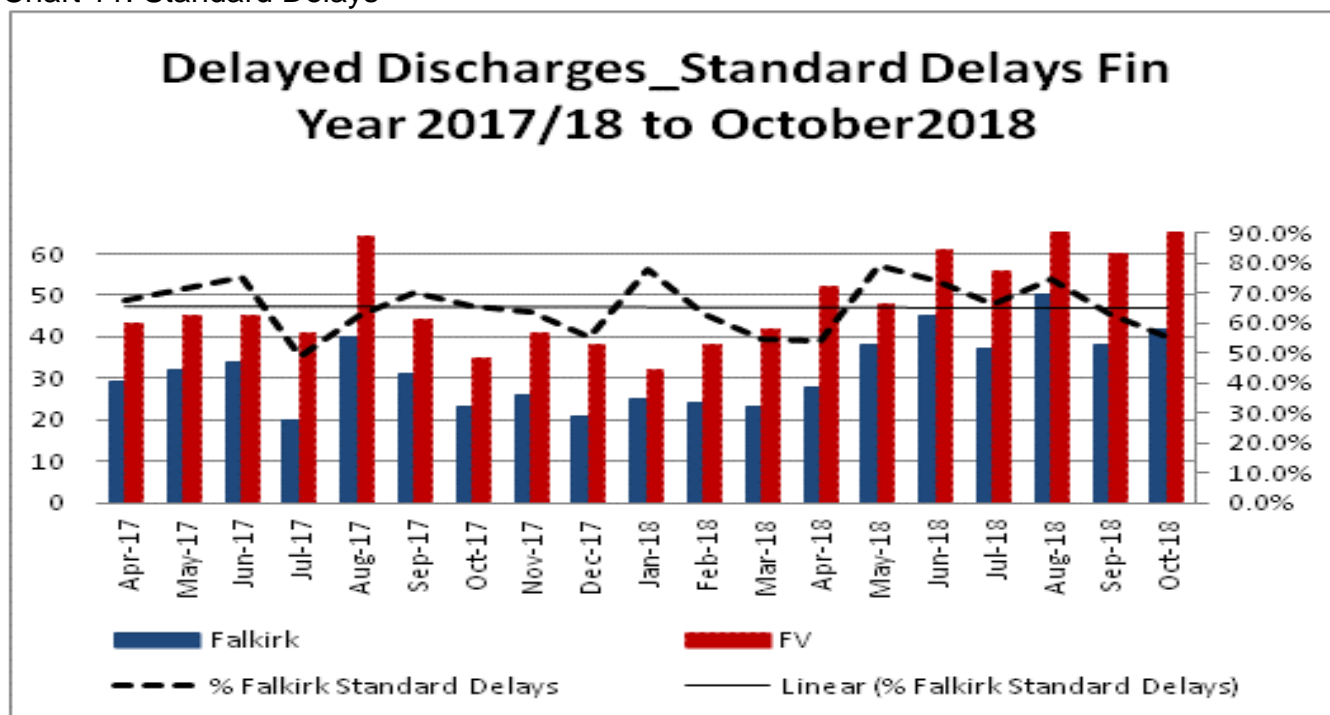


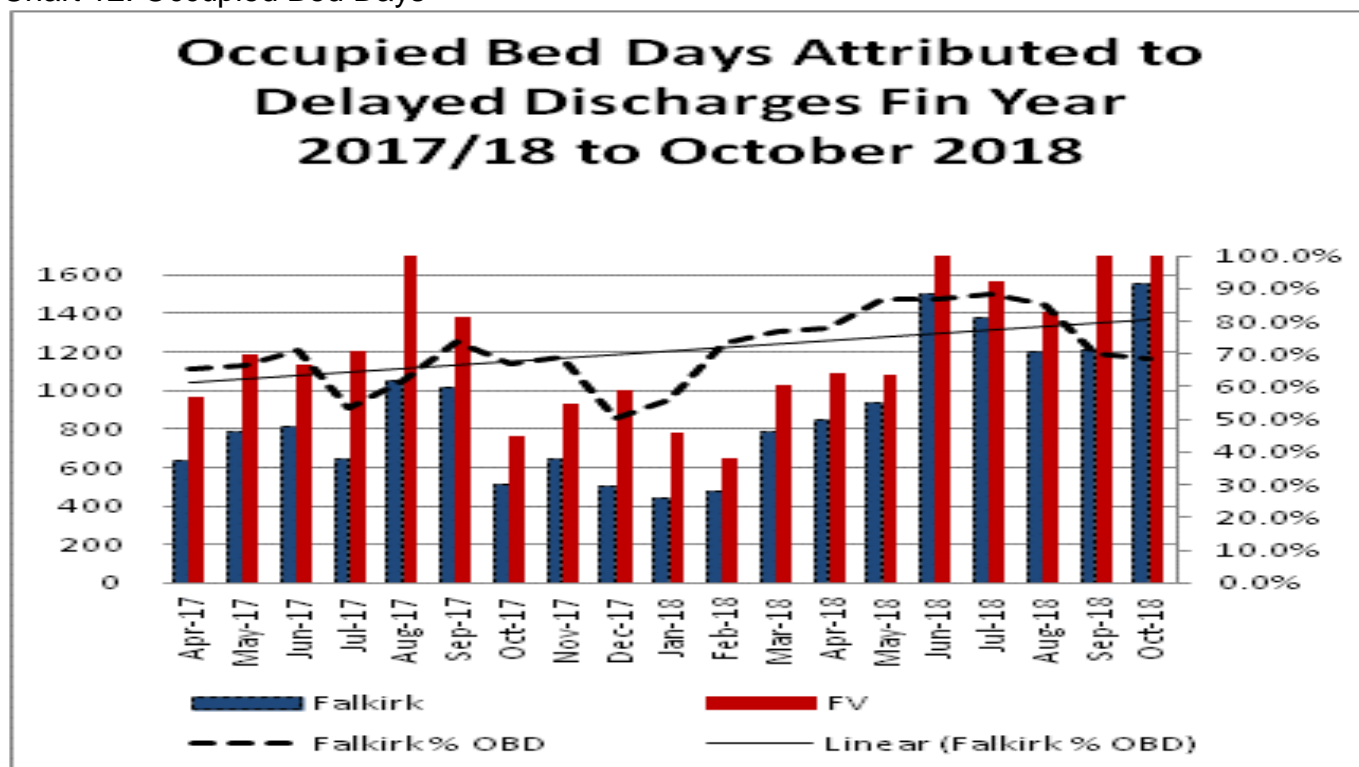
Table 1 shows the number of standard delays from April 2017 to October 2018 for the Falkirk Partnership:

Table 1: Standard Delays excluding Code 9 and Guardianship Delays

|                                     | Apr 17 | May 17 | Jun 17 | Jul 17 | 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 |
|-------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Total delays at census point        | 29     | 32     | 34     | 20     | 40     | 31     | 23     | 26     | 21     | 25     | 24     | 23     | 28     | 38     | 45     | 37     | 50     | 38     | 42     |
| Total number of delays over 2 weeks | 14     | 18     | 18     | 15     | 26     | 21     | 12     | 18     | 13     | 10     | 15     | 19     | 15     | 17     | 32     | 23     | 24     | 24     | 30     |

Across Forth Valley there has been an in month increase in the number of occupied bed 2,057 compared to 760 in October 2017. OBDs in Falkirk have increased from 508 in the October 2017 census to 1,553 at October. Chart 12 clearly shows despite regular in month fluctuations there is a rising trend in the number of bed days resulting from delayed discharges in Falkirk. The YTD monthly average as at October 2017 was 778 days meaning occupied bed days resulting from delayed discharges have increased by 58% to 1,553 at the October 18 census.

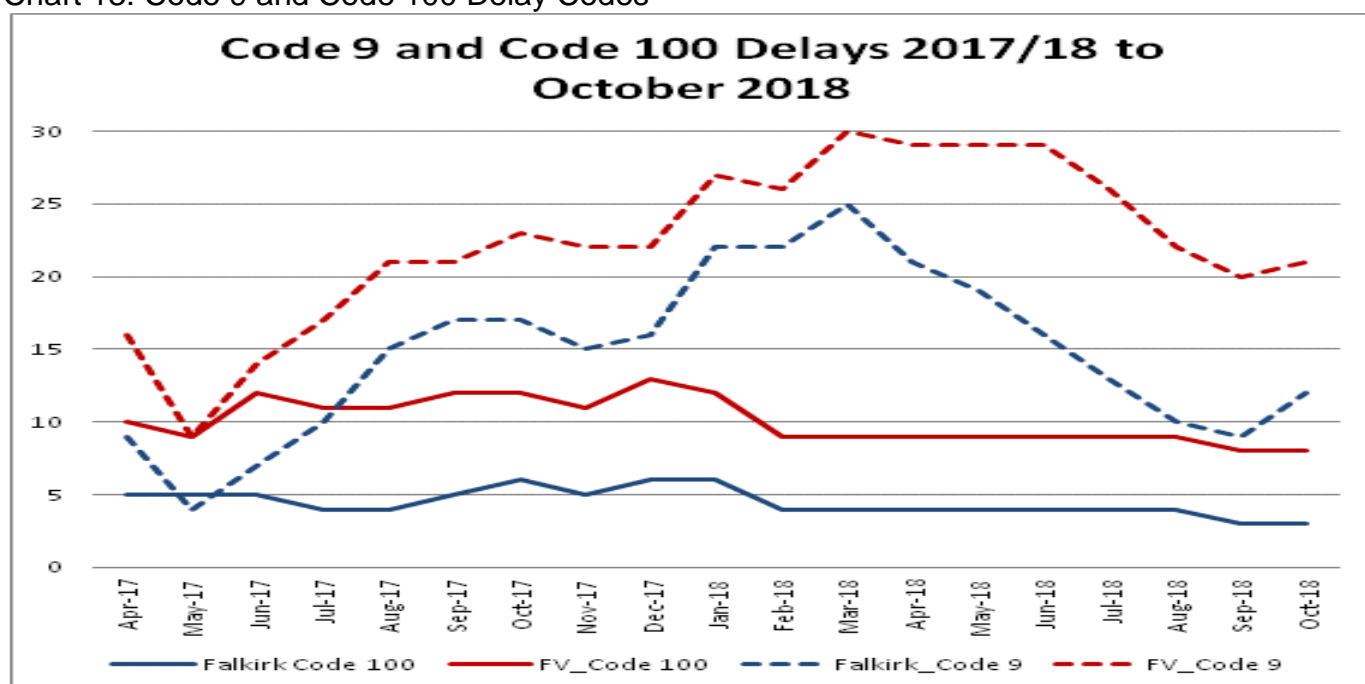
Chart 12: Occupied Bed Days



There has been a decrease in the number of Code 9 and Code 100 delays across Forth Valley. Across the Falkirk Partnership the position at the October 2018 census is 12 Code 9 delays, with 21 for Forth Valley overall, therefore, 57% attributed to Falkirk residents within the Forth Valley setting.



Chart 13: Code 9 and Code 100 Delay Codes



**The following highlights issues and actions in respect of the Partnership Funded Service Specification:**

- Identification of patients who are ready for discharge either home or from hospital to Short Term Assessment (STA)/Community Hospital or in appropriate cases to Care Homes.
- Identification of solutions and liaison with SW and Community colleagues to ensure a safe discharge is achieved. Seven day cover supports the review of and support to discharges at the weekend and identification of any potential issues regarding capacity prior to Mondays. Working at the weekend enables Environmental visits to take place at more appropriate times to accommodate families.
- Review of patients who are identified for moves to Community Hospital to explore all options for discharge so that only those who require Community Hospitals are moved there.
- Assessment of equipment needs and review of home environments
- Attendance at Multi Disciplinary Team (MDT) meetings to identify discharge pathways and goals.
- Discharge Planning Meetings (DPMs) to enable full discussions in respect of patient's pathways and provision of support to relatives/carers in arranging plans for discharge
- Realise opportunities which have arisen with regards to preventing hospital admissions and keeping patients at home by providing equipment or referring to appropriate services.
- Identify and address gaps in knowledge in terms of the discharge processes and provide education and training as appropriate

## 5.10 Local Outcome: Service User Experience – Complaints to Social Work Adult Services Indicator 64 and NHS Forth Valley Complaints (IJB Delegated Functions)

|     |   | Baseline<br>2015/16 | 2018/19<br>Q1<br>All |              | 2018/19<br>H1<br>All | 2018/19<br>H1<br>Stage 1 | 2018/19<br>H1<br>Stage 2 |
|-----|---|---------------------|----------------------|--------------|----------------------|--------------------------|--------------------------|
| 64. | The number of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales.  | 113/156             | 13/24                |              | 32/53                | 27/45                    | 5/8                      |
|     | The proportion of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales.  | 73.4%*              | 54.2%                |              | 60.4%                | 60%                      | 63%                      |
|     | Proportion of Social Work Adult Services complaints upheld<br><br>NB: The 2015/16 Baseline data was reported under the previous complaints system which had a target of 70%. The target for the current complaints process is 100%. | % upheld            |                      |              |                      | 49%                      | 33%                      |
|     |   | % partially upheld  |                      |              |                      | 13%                      | 42%                      |
|     |   | % not upheld        |                      |              |                      | 38%                      | 25%                      |
| 65. | NHS Forth Valley Complaints (IJB Delegated Functions)   | April<br>2018       | May<br>2018          | June<br>2018 | July<br>2018         | Aug 2018                 | Sep 2018                 |
|     | No of Complaints received   | 10                  | 8                    | 6            | 8                    | 8                        | 13                       |
|     | % Responded to within 20 working days   | 70%                 | 100%                 | 66.6%        | 75%                  | 75%                      | 69.2%                    |

### Purpose:

Monitoring and managing complaints is an important aspect of governance and quality management. It also helps ensure that any necessary improvement actions arising from complaints are followed up and implemented.

### Position:

In April 2017 the social work complaints handling procedure changed to comply with SPSO requirements. Prior to this a series of training sessions were delivered to raise staff awareness of the new procedure. Support with logging and closing off complaints is now handled centrally. Weekly reports of complaints outstanding are provided to the Head of Service and Service Managers. Since April 2018 these are a standing item at the Social Work Adult Services managers' meetings.

Performance has improved from 54.2% in Quarter 1 to 60.4% in the half year ending 30 September (H1), but it is still below the target of 100%. The percentages of complaints upheld have declined slightly since quarter 1 in 2018-19. However, it is important to note that the number of complaints is low (under 2% for the full year) given the large number of service user contacts during the year, with over 9,200 people receiving an assessment/review.

## 5.11 Service User Experience – Sickness Absence in Social Work Adult Services - Indicator 66

| Sickness Absence in Social Work Adult Services (target – 5.5%) | Baseline<br>2015/16 | 2017/18 | 2018/19<br>Q1 | Direction of<br>travel |
|--|---------------------|---------|---------------|------------------------|
|  | 7.9%                | 8.41%   | 7.49%         | ▲                      |

### Purpose:

The management of sickness absence is an important management priority since it reduces the availability of staff resources and increases costs of covering service. A target of 5.5% has been set for Social Work Adult Services in recognition of the fact that the service includes those engaged in



Home Care and Residential Care which are recognised nationally as physically demanding and stressful occupations.

### Position

2017/18 saw the implementation of significant planned change across the whole service, from service redesign to the introduction of new technology and new ways of working. All of this impacted directly on employees. Whilst steps have been taken to engage and consult with staff, many report increased stress and anxiety, both work related and non work related. Traditionally, during the winter months Social Work Adult Services absence increases due to colds and flu. At the end of 2017 and beginning of 2018, flu hit the service and impacted on absence. As part of the Home Care service review the service is actively engaging with staff on the impact of staff absence on the service with the intention of reducing home care sickness absence levels. Sickness absence for the service as a whole showed a reduction of almost one percent to 7.49% in quarter 1 of 2018-19 which is below the levels recorded in the two previous full years.

### 5.11 Community Based Support – Overdue Pending Occupational Therapy (OT) Assessments - Indicator 81

| Table 15 - Indicator 81   |                        |                        |                              |
|---|------------------------|------------------------|------------------------------|
| The number of overdue 'OT' pending assessments at end of the period | At<br>31 March<br>2016 | At<br>09 April<br>2018 | At<br>30 Sept<br>2018        |
|   | 352                    | 285                    | 321 <input type="checkbox"/> |

### Purpose:

The provision of OT assessments and the subsequent provision or arrangement of equipment or adaptations helps to maintain people in the community for longer.

### Position:

Due to demographic pressures, demand for OT assessments has been increasing. Assessments can also be delayed by other competing pressures on staff resources, such as Adult Support and Protection work. The number of overdue OT pending assessments has increased by 6.6% from 284 in March 2018 to 321 as at 30<sup>th</sup> September 2018. Of those 321 cases 137 (42%) were priority 2 and the remainder - 184 (58%) - were priority 3. The service has consistently been able to respond to priority one assessment and there is no waiting list for these. This has resulted in priority 2 and 3 cases experiencing longer waits. A number of factors have affected performance in this area of service.

- 1) There has been turnover in Occupational therapists recently which directly affects the ability to complete assessments.
- 2) The increased figure may be partially as a result of a recording issue in that some of these assessment should have been pending for an assessment by a Social Care Officer rather than an Occupational Therapist. Work is on-going to improve recording practice in this area.
- 3) As noted in previous performance reports, the partnership is well focused on making improvements in this area. This includes the introduction of Living Well Falkirk in April 2018 which provides a self assessment opportunity for Falkirk citizens and therefore offers an alternative to waiting for an assessment by either an OT or SCO. Given that this development is still in the early stages then the impact at this stage is not yet significant. The service is about to undertake a substantial piece of work where we will write out to all service users who are on pending lists awaiting an assessment for a straightforward solution such as a piece of equipment. Service users will be supplied with information about Living Well Falkirk and

signposted to the website as a way to find a solution. This will reach around 500 service users currently awaiting an SCO assessment.

- 4) In addition, the IJB has just agreed funding to facilitate the introduction of Independence Clinics. This will offer a further alternative to Falkirk citizens who require assessment for early functional decline and may benefit from a piece of equipment or minor adaptation (as well as other solutions). The partnership is also working towards embedding a reablement approach for service users living at home as well as those who are being discharged from hospital. A reablement approach offers a fast response to service users with functional decline where intensive reablement assessment is required. This includes provision of appropriate equipment as required. This approach will begin to be rolled out to community care teams in the next few months following recruitment to 3 additional Occupational Therapist/Community Care Worker posts.

# MSG Objectives

## Falkirk Oct 18 Update

### Contact Details

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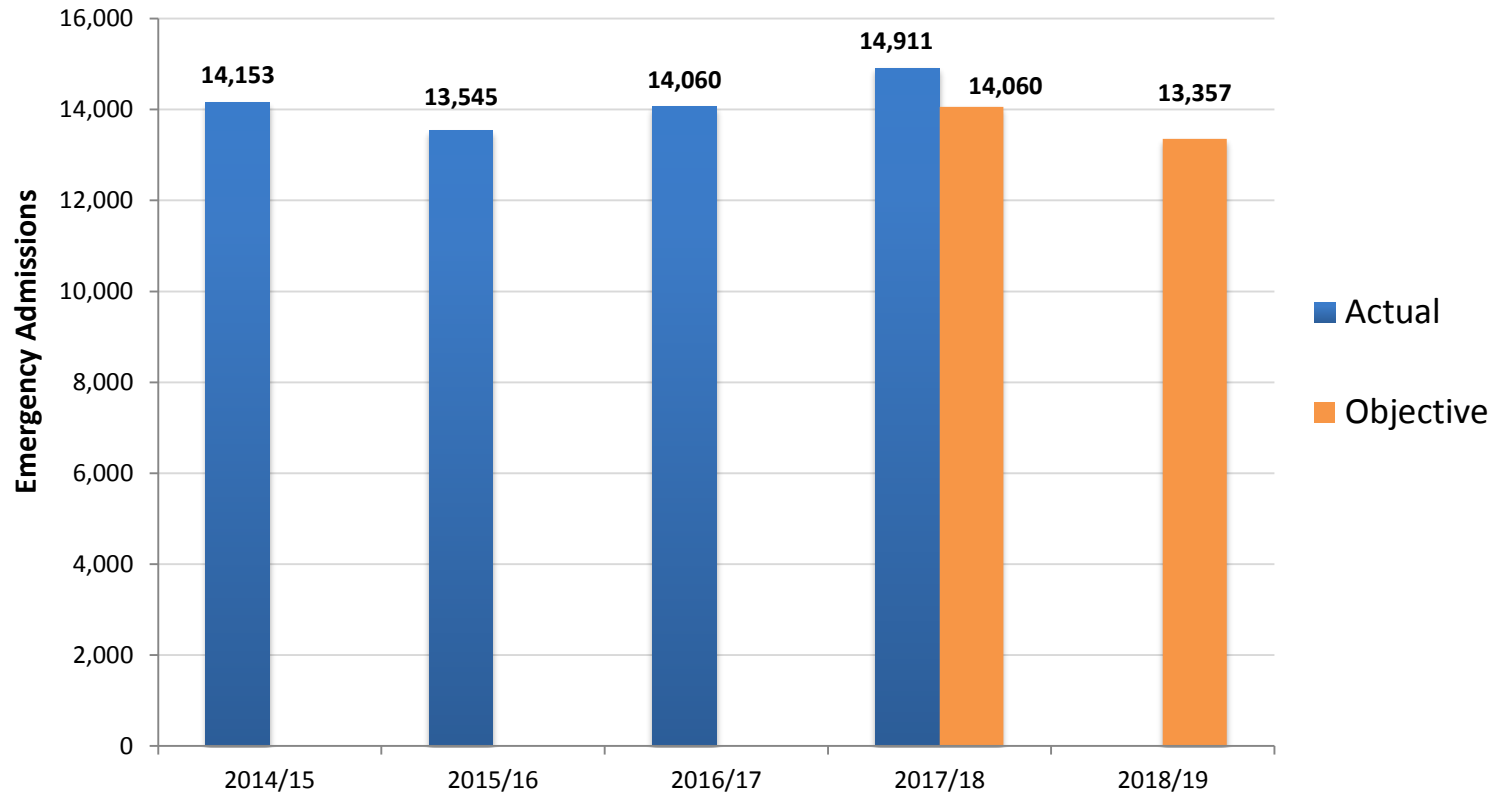


Falkirk  
Health and Social Care  
Partnership

# MSG Objectives Summary - Falkirk

| MSG Objective                 | Falkirk Submission  |
|-------------------------------|---|
| Emergency Admissions          | 5% reduction in 2016/17 figure by 2018/19                             |
| Unplanned Bed Days            | Reduce unplanned bed days with aim to get to 2015/16 figure or below. |
| A&E Attendances               | Achieve 95% 4 hour wait target.                                       |
| Delayed Discharge Bed Days    | Reduce DD bed days with aim to get to 2015/16 figure or below.        |
| Last 6 Months of Life Setting | Increase from baseline (2015/16) to 90% by 2018/19                    |
| Balance of Care               | Maintain baseline (2015/16) %'s                                       |

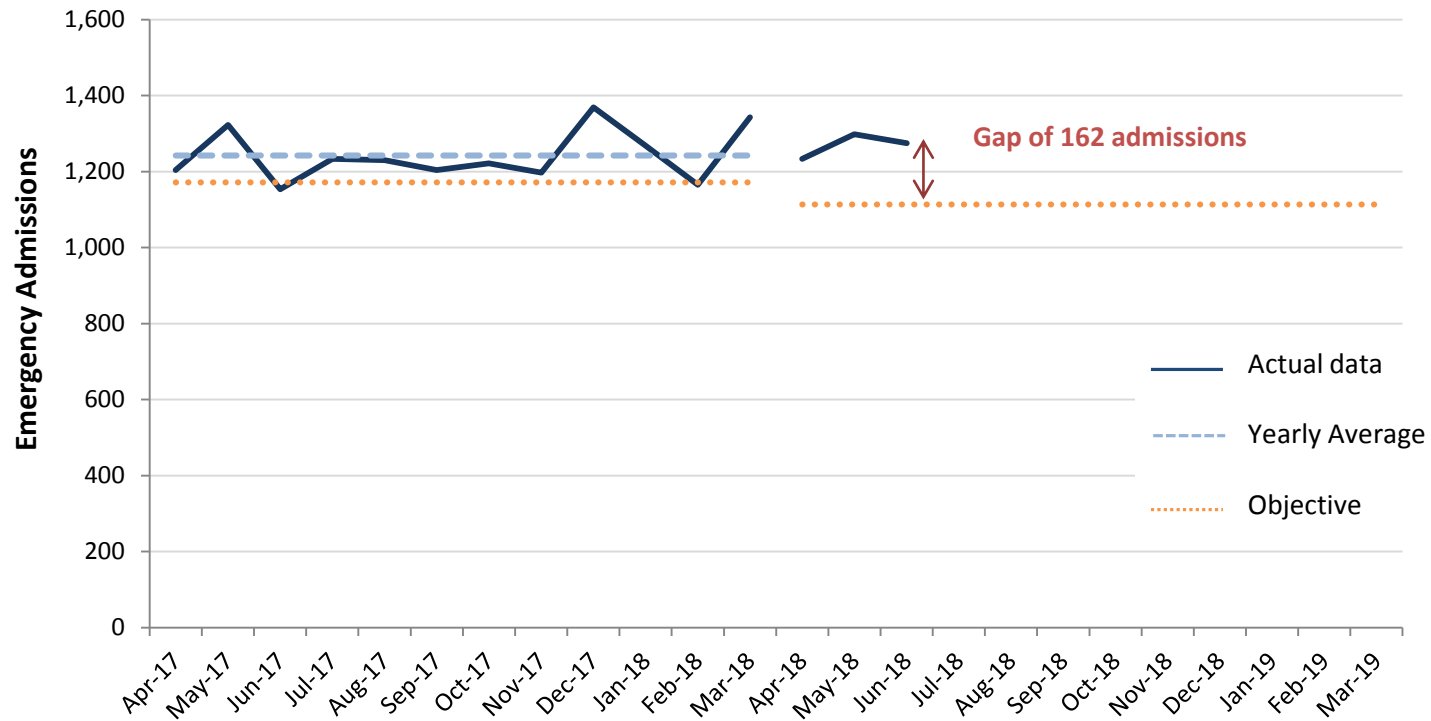
# Indicator 1 – Emergency Admissions



**Objective – 5% reduction of 2016/17 figure by 2018/19**

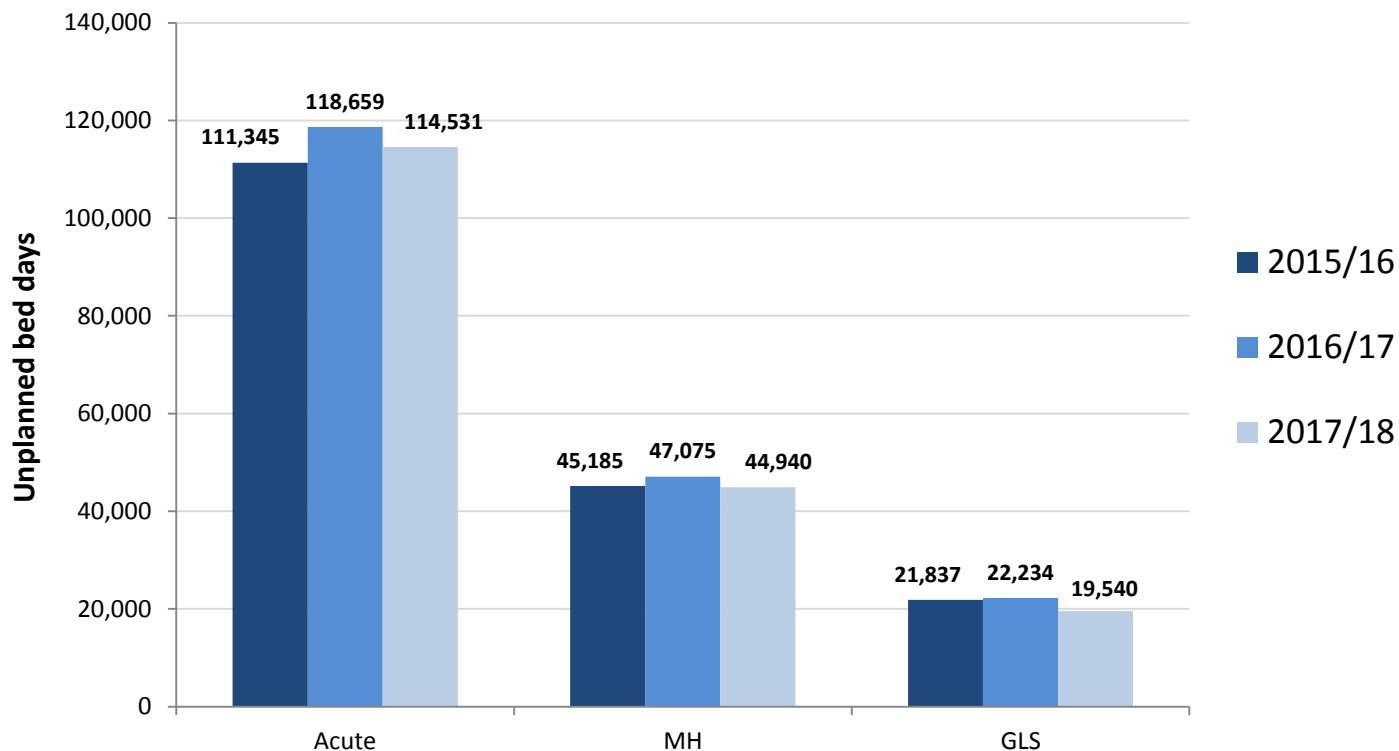
- 2017/18 figure 6% higher than 2016/17

# Indicator 1 – Emergency Admissions (Monthly)



- Early 2018/19 data shows performance is currently above trajectory.
- There was a gap of 162 admissions between actual performance in June 2018 and the Objective monthly average

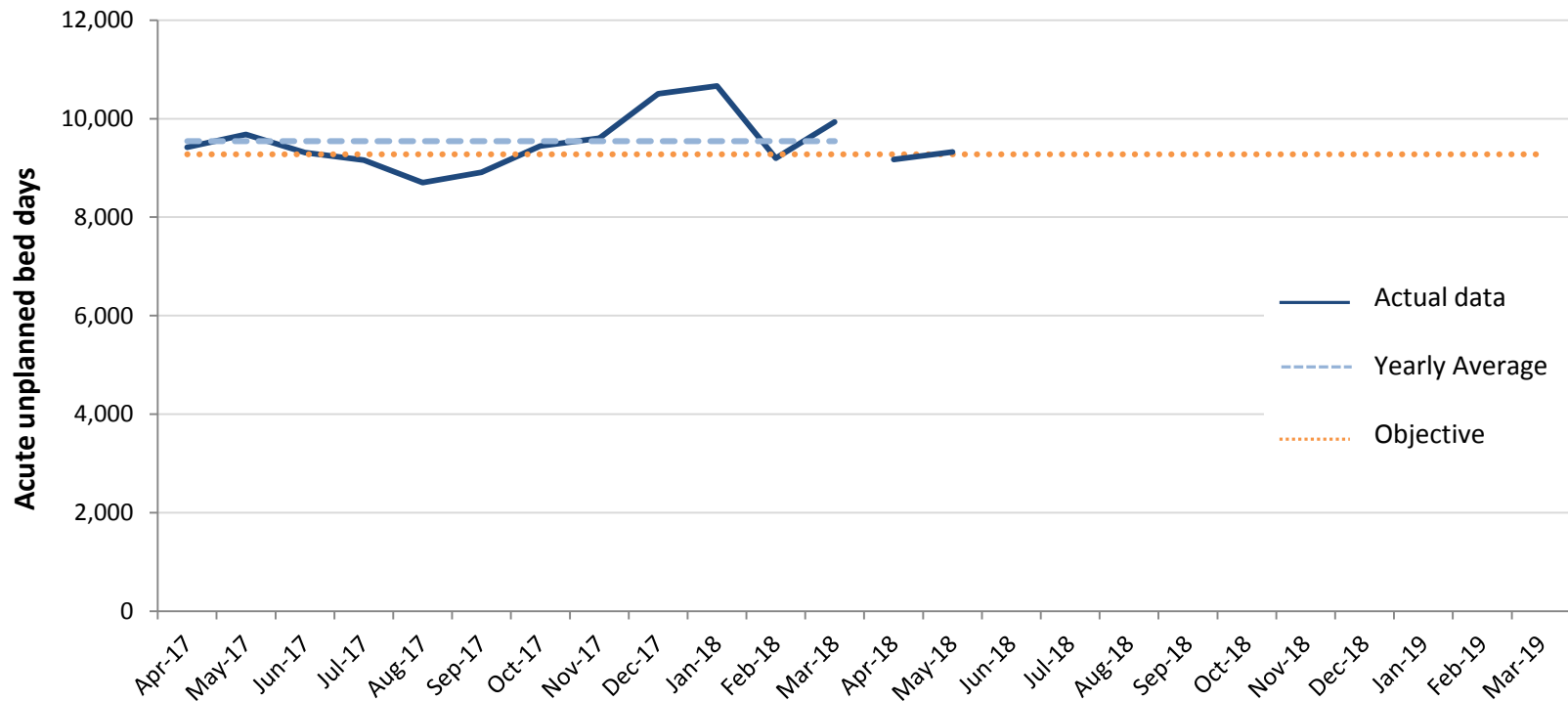
# Indicator 2 – Unplanned Bed Days



**Objective – Reduce unplanned bed days with aim to get to 2015/16 figure or below.**

- On track for Mental Health and GLS
- 2017/18 Acute figure is 2.9% (3186) higher than 2015/16 acute figure, however a drop of 4,128 unplanned acute bed days was witnessed from 2016/17 to 2017/18

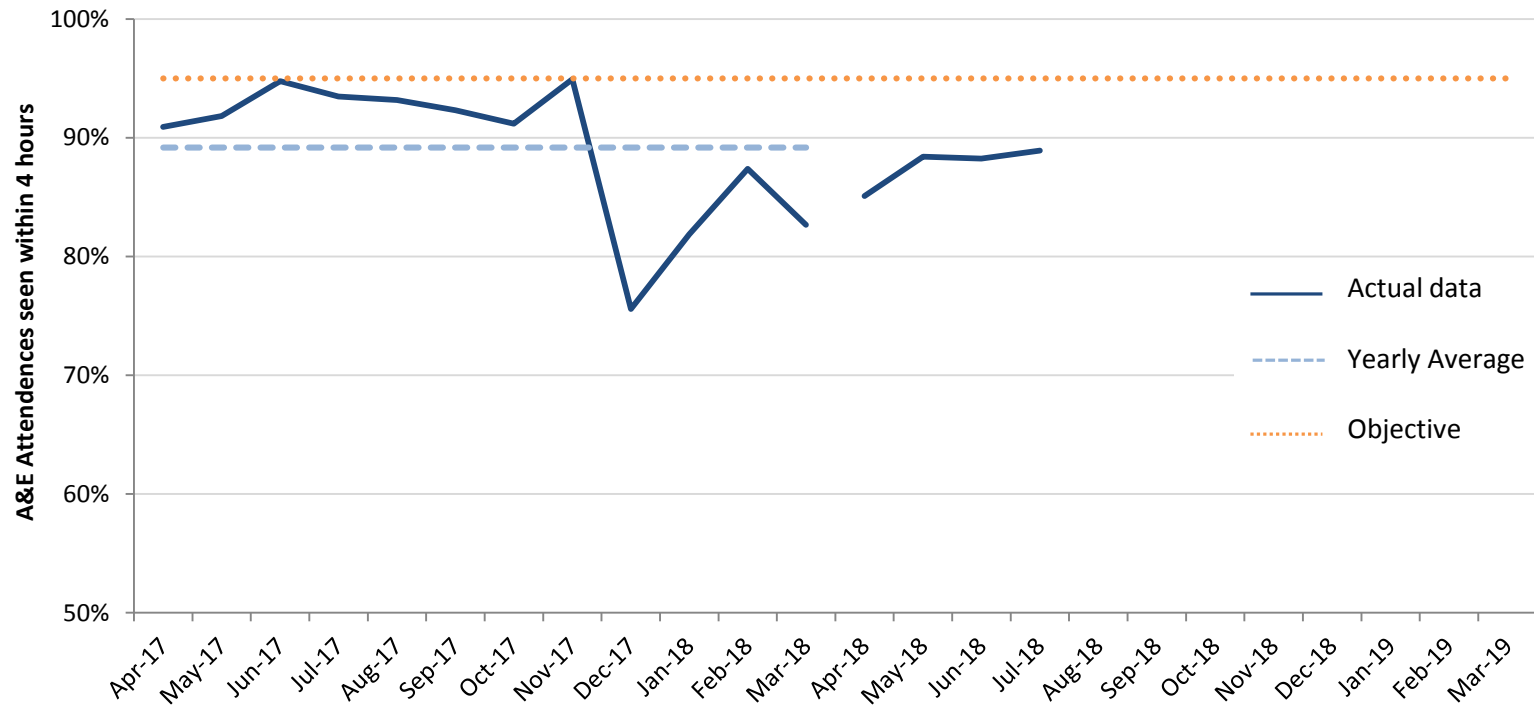
# Indicator 2 – Unplanned Bed Days (Monthly)



- Acute unplanned bed days were below or around the objective for April and May 2018



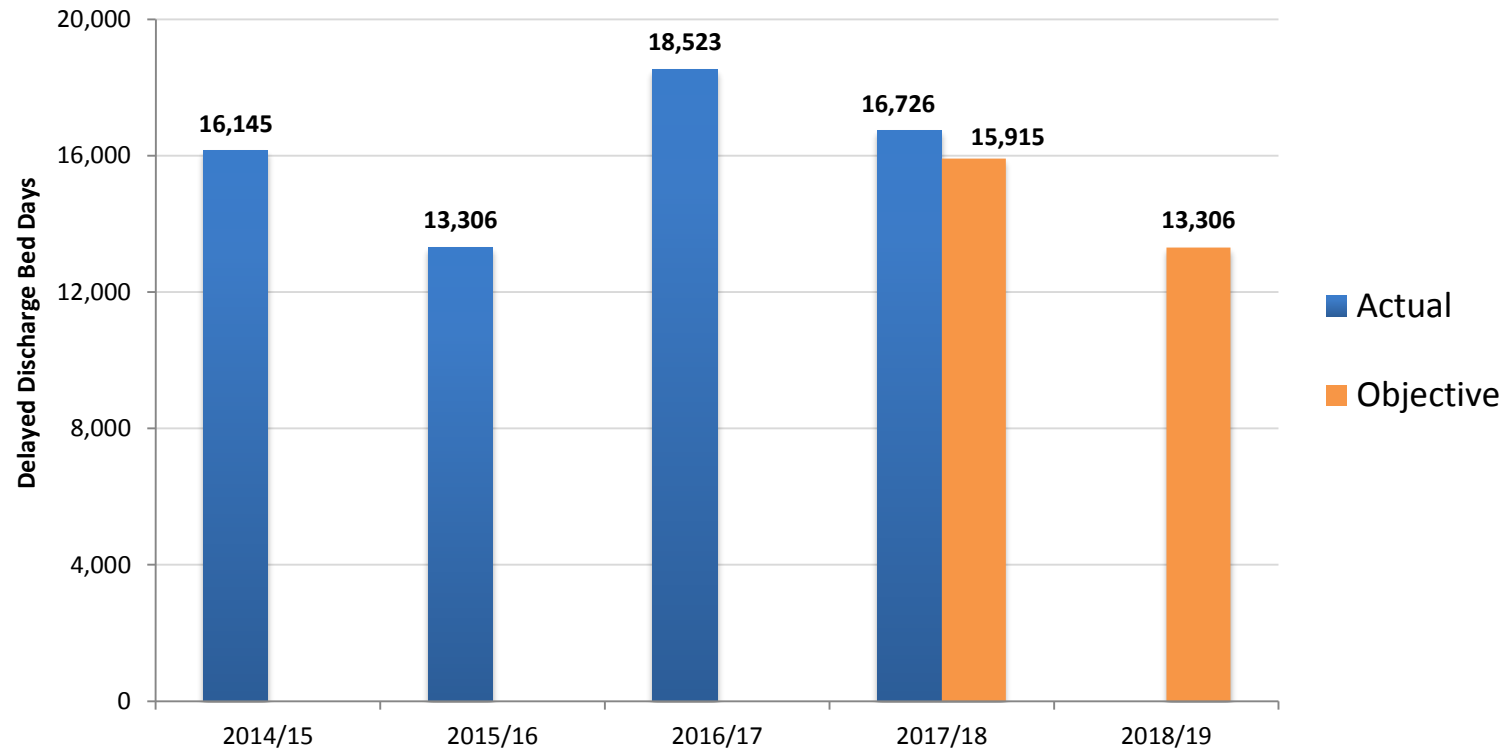
# Indicator 3 – A&E Attendances seen within 4 hours



**Objective - Achieve 95% 4 hour wait target.**

- 2017/18 figures were below Objective, 2018 figures have followed this trend

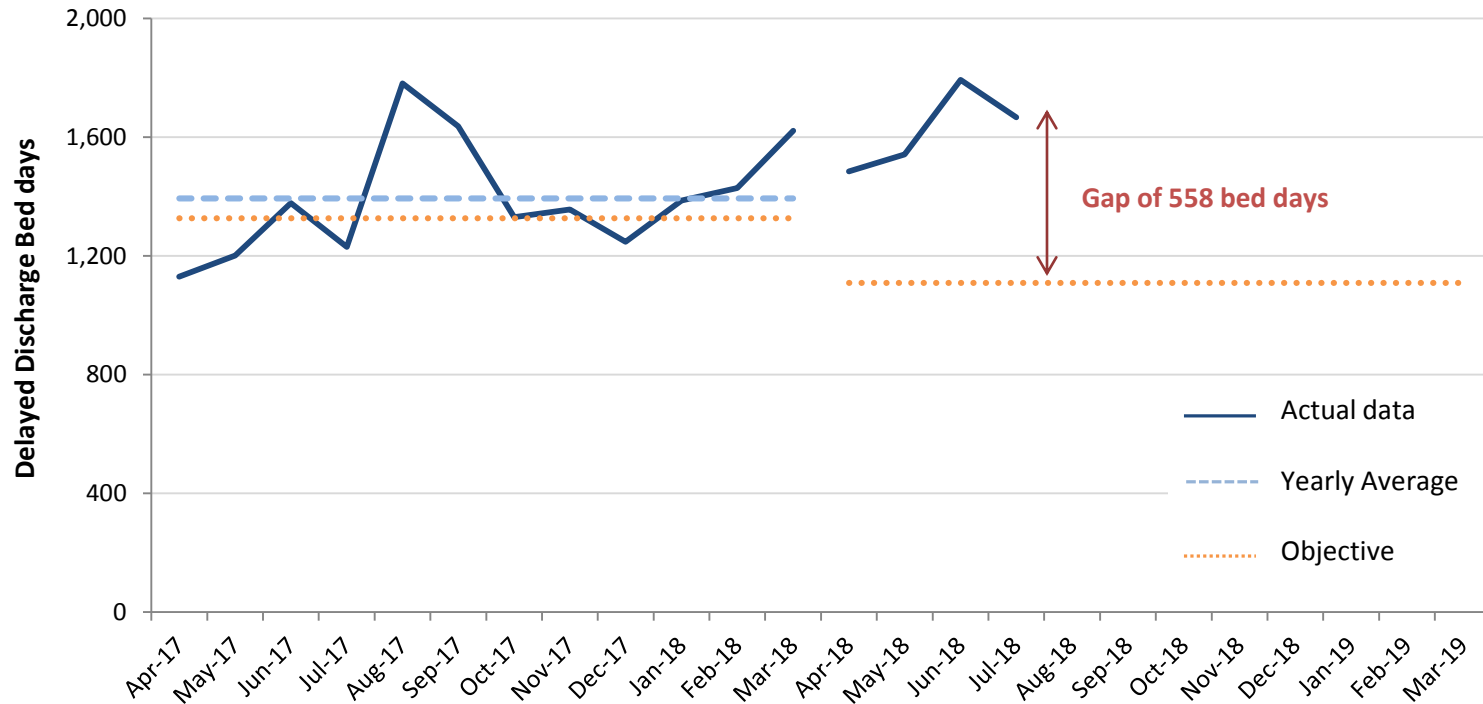
# Indicator 4 – Delayed Discharge Bed Days



**Objective - Reduce DD bed days with aim to get to 2015/16 figure or below.**

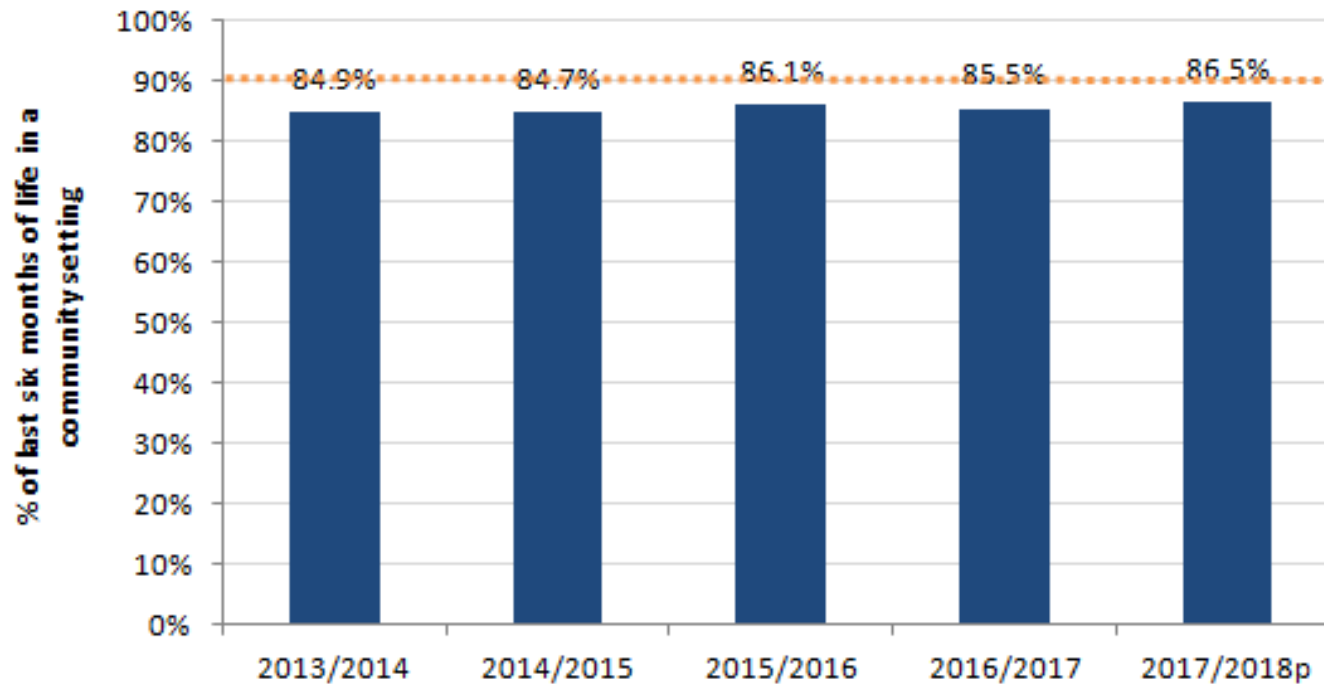
- Decrease in bed days observed between 2016/17 and 2017/18
- However, further sizeable decrease required to meet 2018/19 objective

# Indicator 4 – DD Bed Days (Monthly)



- Monthly figures for early 2018/19 are above Objective (Monthly Average)
- In June 2018, gap of 558 bed days between actual performance and objective monthly average.

# Indicator 5 – Last 6 Months of Life Setting



**Objective - Increase from baseline (2015/16) to 90% by 2018/19**

- Slight increase from baseline to 2017/18 of 0.4%

# Indicator 6 – Balance of Care

## Percentage of population in community or institutional settings

|                 | Care Homes |      | Home (unsupported) |       | Home (supported) |       |
|-----------------|------------|------|--------------------|-------|------------------|-------|
|                 | All ages   | 75+  | All ages           | 75+   | All ages         | 75+   |
| <b>2013/14</b>  | 0.6%       | 6.1% | 97.5%              | 79.3% | 1.6%             | 12.7% |
| <b>2014/15</b>  | 0.6%       | 5.8% | 97.5%              | 80.4% | 1.5%             | 11.6% |
| <b>2015/16</b>  | 0.6%       | 5.8% | 97.5%              | 80.5% | 1.5%             | 11.7% |
| <b>2016/17p</b> | 0.6%       | 5.7% | 97.5%              | 80.7% | 1.5%             | 11.6% |

### **Objective - Maintain baseline (2015/16) %'s**

- Data for 17/18 not yet available
- %'s between 2015/16 and 2016/17 remain static

# Summary

| Indicator                         | On Track? | Current Performance  |
|-----------------------------------|-----------|--|
| 1 - Emergency Admissions          | No        | Missing objective average by 162 admissions in most recent month   |
| 2 - Unplanned Bed Days            | Yes       | 2017/18 performance on track for MH & GLS. Acute bed days did experience a decrease but were 2.9% above objective in 2017/18 |
| 3 - A&E                           | No        | Current performance is below 90% 4 hour wait target  |
| 4 - Delayed Discharge Bed Days    | No        | Performance for 2017/18 was above target, and in most recent month missing target by 558 bed days                            |
| 5 - Last 6 Months of Life Setting | No        | Below objective by 3.5% points   |
| 6 - Balance of Care               | Yes       | Figures are relatively stable  |

| Vision   | To enable people to live full independent and positive lives within supportive communities     |   |   |  |  |
|--|--|---|---|--|--|
| Local Outcomes   | SELF MANAGEMENT-   | AUTONOMY & DECISION MAKING  | SAFETY  | SERVICE USER EXPERIENCE -  | COMMUNITY BASED SUPPORT -  |
| National Outcomes (9)  | 1) Healthier living<br>2) Reduce Inequalities  | 4) Quality of Life  | 7) People are safe  | 3) Positive experience and outcomes<br>8) Engaged work force<br>9) Resources are used effectively  | 2) Independent living<br>6) Carers are supported   |
| National Indicators (23)<br>(* Indicator under development nationally) | 1) % of adults able to look after their health well/quite well<br>11) Premature mortality rate | 7) % of adults who agree support has impacted on improving/maintaining quality of life<br>12*) Rate of Emergency admissions for adults<br>17) % of care services graded 'good' (4) or better by Care Inspectorate | 9) % of adults supported at home who felt safe<br>13*) Emergency bed day rate for adults 14*) Readmission to hospital within 28 days rate<br>16*) Falls rate per 1000 population 65+yrs | 3) % of adults who agree that they had a say in how their help/care was provided<br>4) % of adults supported at home who agree their health and care services are co-ordinated<br>5) % of adults receiving care and support rated as excellent or good<br>6) % of people with positive GP experiences<br>10) % of staff who recommend their place of work as good<br>19) Rate of days people aged 75+ spend in hospital when they are ready to be discharged,<br>20) % of total health and care spend on hospital stays where the patient admitted as an emergency<br>22*) % people discharged from hospital within 72 hours of being ready<br>23) Expenditure on end of life care | 2) % of adults supported at home who agree they are supported to be independent<br>8) % of carers who feel supported in their role<br>15) % of last 6 months of life spent at home or in community<br>18) % of adults 18+ years receiving intensive support at home<br>21*) % of people admitted to hospital from home then discharged to care home<br>22*) % people discharged from hospital within 72 hours of being ready |
| MSG Indicators   | a. Number of A&E attendances and the number of patients seen within 4 hours                    | b. Number of emergency admissions into Acute specialties  | c. Number of unscheduled hospital bed days, with separate objectives for Acute, Geriatric Long Stay and Mental Health specialties   | d. Number of delayed discharge bed days  | e. Percentage of last six months of life spent in the community<br>f. Percentage of population residing in non-hospital setting for all adults and people aged 75+   |

## Partnership Indicators

| SELF MANAGEMENT  | Freq | AUTONOMY & DECISION MAKING   | Freq | SAFETY   | Freq | SERVICE USER EXPERIENCE   | Freq | COMMUNITY BASED SUPPORT   | Freq |
|--|------|--|------|--|------|---|------|---|------|
| 24. Emergency department 4 hour wait Forth Valley                        | M    | 28. Emergency admission rate per 100,000 Forth Valley population                           | M    | 42. Readmission rate within 28 days per 1000 FV population   | M    | 54. Standard delayed discharges   | M    | 67. The total respite weeks provided to older people aged 65+. Annual indicator   | Y    |
| 25. Emergency department 4 hour wait Falkirk                             | M    | 29. Emergency admission rate per 100,000 Falkirk population                                | M    | 43. Readmission rate within 28 days per 1000 Falkirk population                                    | M    | 55. Delayed discharges over 2 weeks   | M    | 68. The total respite weeks provided to older people aged 18-64. Annual indicator | Y    |
| 26. Emergency department attendances per 100,000 Forth Valley Population | M    | 30. Acute emergency bed days per 1000 Forth Valley population                              | M    | 44. Readmission rate within 28 days per 1000 Falkirk population 75+                                | M    | 56. Bed days occupied by delayed discharges   | M    | 69. Number of people aged 65+ receiving homecare                                  | Q    |
| 27. Emergency department attendances per 100,000 Falkirk                 | M    | 31. Acute emergency bed days per 1000 Falkirk population                                   | M    | 45. Number of Adult Protection Referrals (data only)   | Q    | 57. Number of code 9 delays   | M    | 70. Number of homecare hours for people aged 65+                                  | Q    |
|  |      | 32. Number of patients with an Anticipatory Care Plan in Forth Valley                      | M    | 46. Number of Adult Protection Investigations (data only)  | Q    | 58. Number of code 100 delays   | M    | 71. Rate of homecare hours per 1000 population aged 65+                           | Q    |
|  |      | 33. Number of patients with an Anticipatory Care Plan in Falkirk                           | M    | 47. Number of Adult Protection Support Plans (data only)   | Q    | 59. Delays - including Code 9 and Guardianship  | M    | 72. Number receiving 10+ hrs of home care   | Q    |
|  |      | 34. Key Information Summary (KIS) as a percentage of the Board area list size Forth Valley | M    | 48. The total number of people with community alarms at end of the period                          | Q    | 60. Percentage of service users satisfied with their involvement in the design of their care package  |      | 73. The proportion of Home Care service users aged 65+ receiving personal care    | Q    |
|  |      | 35. Key Information Summary (KIS) as a percentage of the Board area list size Falkirk      | M    | 49. Percentage of community care service users feeling safe  |      | 61. Percentage of service users satisfied with opportunities for social interaction   |      | 74.   |      |
|  |      | 36. Long term conditions - bed days per 100,000 population                                 | M    | 50. Number of new Telecare service users 65+   | Q    | 62. Percentage of carers satisfied with their involvement in the design of care package   |      | 75.   |      |
|  |      | 37. SDS Option 1: Direct payments  |      | 51. Rate per 1,000 Acute Occupied Bed Days attributed to Staphylococcus aureus bacteraemias (SABs) | M    | 63. Percentage of carers who feel supported and capable to continue in their role as a carer OR feel able to continue with additional support |      | 76.   |      |
|  |      | 38. SDS Option 2: Directing the available resource   |      | 52. Rate per 1,000 Bed Days attributed to Device Associated Infections                             | M    | 64. The proportion of Social Work Adult Services (Stage 1 & 2) complaints completed within 20 days  |      | 77.   |      |
|  |      | 39. SDS Option 3: Local Authority arranged   |      | 53. Rate per 1,000 Bed Days in the 65+age group attributed to Clostridium Difficile                | M    | 65. The proportion of social work (Completed Stage 1 & 2) complaints upheld   |      | 78.   |      |
|  |      | 40. SDS Option 4: Mix of options, 1,2,3  |      |  |      | 66. Sickness Absence in Social Work Adult Services (target – 5.5%)  |      | 79. The number of people who had a community care assessment or review completed  |      |
|  |      | 41.  |      |  |      |   |      | 80. The number of Carers' Assessments carried out                                 |      |
|  |      |  |      |  |      |   |      | 81. The number of overdue 'OT' pending assessments at end of the period           |      |
|  |      |  |      |  |      |   |      | 82. Proportion of last 6 months of life spent at home or community setting        |      |
|  |      |  |      |  |      |   |      | 83. Number of days by setting during the last six months of life: Community       |      |



## **Glossary**

- **Accident & Emergency (A&E) Services** - Collectively the term Accident and Emergency (A&E) Services includes the following site types: Emergency Departments; Minor Injury Units, community A&Es or community casualty departments that are GP or nurse led.
  - **Admission** - Admission to a hospital bed in the same NHS hospital following an attendance at an ED service.
  - **Admission rate** - the number of admissions attributed to a group or region divided by the number of people in that group (the population).
  - **ALFY** - Advice Line For You
  - **Anticipatory Care Plan (ACP)** - The measure is the number of patients who have a Key Information Summary or Electronic Palliative Care Summary uploaded to the Emergency Care Summary. The Emergency Care Summary provides up to date information about allergies and GP prescribed medications for authorised healthcare professionals at NHS24, Out of Hours services and accident and emergency.
  - **Attendance** - The presence of a patient in an A&E service seeking medical attention.
  - **Attendance rate** - The number of attendances attributed to a group or region divided by the number of residents in that group (the population).
  - **COPD – Chronic Obstructive Pulmonary Disease**
  - ***Delayed Discharge***
- Code 9** - Code 9 and its various secondary codes, are used by partnerships that are unable, for reasons beyond their control, to secure a patient's safe, timely and appropriate discharge from hospital:
- The patient is delayed awaiting availability of a place in a specialist facility, where no facilities exist and an interim move would not be appropriate i.e. no other suitable facility available
  - Patients for whom an interim move is not possible or reasonable
  - The patient lacks capacity, is going through a Guardianship process

**Code 100** - Some patients destined to undergo a change in care setting should not be classified as delayed discharges and can be categorised as:

- Long-term hospital in-patients whose medical status has changed over a prolonged period of treatment and discharge planning such that their care needs can now be properly met in non-hospital settings. These might be Mental Health patients or Hospital Based Complex Clinical Care patients who have been reassessed as no longer requiring such care.
- Patients awaiting a 'reprovisioning' programme where there is a formal (funded) agreement between the relevant health and/or social work agencies
- Information on patients recorded as code 100 is not published but details are made available to the Scottish Government.

- **Emergency Department (ED)** – The department of a hospital responsible for the provision of medical and surgical care to patients arriving at the hospital in need of immediate care
- **4 hour wait standard** - since 2007 the national standard for A&E waiting times is that new and unplanned return attendances at an A&E service should be seen and then admitted, transferred or discharged within four hours. This standard applies to all areas of emergency care such as EDs, assessment units, minor injury units, community hospitals, anywhere where emergency care type activity takes place.
- **Frequent attenders** - Have been defined as patients who attend a health care facility repeatedly. The frequency of attendance has been variously defined between 3 and 12 attendances per annum.
- **HAI** - Healthcare Acquired Infections
- **MSG** – Ministerial Steering Group (Scottish Government)
- **Pentana** – Performance Management eHealth system formerly referred to as Covalent
- **RAG** – Red, Amber or Green status of a measure against agreed target.
- **Readmission** – admission to hospital within either 7 or 28 days of an index admission standardised by specialty
- **SAS** – Scottish Ambulance Service
- **Scottish Index of Multiple Deprivation** - The area based measurement of multiple deprivation ranking areas based on 38 indicators spanning 7 dimensions of deprivation; employment, income, health, education, housing, geographic access to services and crime.
- **SPSO** - The **Scottish Public Services Ombudsman (SPSO)** is the final stage for complaints about councils, the National Health Service, housing associations, colleges and universities, prisons, most water providers, the Scottish Government and its agencies and departments and most Scottish authorities.
- **Unscheduled Care** - is “NHS care which cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional, or is care which, unavoidably, is out with the core working period of NHS Scotland. It relates to aim of reducing the number of patients and the amount of time they spend in hospital where it is not planned e.g. operation. Shorter lengths of stay results in better outcomes for patients, reduced risk of healthcare acquired infections, and improved patient flow through hospital systems.
- **Variance Range** – The percentage difference between data at 2 different points in time.