

# AGENDA ITEM

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**Title/Subject:** Performance Report  
**Meeting:** Integration Joint Board  
**Date:** 5 October 2018  
**Submitted By:** Head of Performance, NHS Forth Valley  
**Action:** For Noting

## 1. INTRODUCTION

- 1.1 This report presents a comprehensive review of local performance indicators. For NHS data this is based upon a rolling 12 month average, giving a year on year comparison. The timeframe reported for the purpose of this report is an August 2018 comparison with August 2017. Social care indicators are against a baseline year of 2015/16.
- 1.2 Additionally, by way of an overview at section 4.1, the annual performance in respect of National Indicators 11–23 is presented. 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: 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 will be presented to the IJB later in the year.

- 4.2 The Pentana performance reporting system has been used to prepare the majority of this report. Within Pentana a variance range is required to be set for indicators. This defines the acceptable or tolerable spread between the numbers in a data set and RAG statuses.
- 4.3 One of the challenges of reporting performance consistently is that policies on social care evolve over time and so the services and data are subject to change. This means that new datasets are required and previous datasets may become less relevant. This year the Scottish Government has made changes to parts of the annual Social Care Survey dataset for 2017-18 which has implications for a number of service areas in Social Work Adult Services. These changes affect some service areas that are part of the IJB Performance Report, including:
- Self Directed Support (Indicators 37-41)
  - Respite - which was excluded from the return this year (Indicators 67-68)
  - Home Care/Support at home (Indicators 69-73).
- 4.4. This development involves changes to the national dataset, changes to the methodology on how the data is collected and to the reporting periods. For some indicators such as the Home Care indicators, a snapshot of the data on 31 March was replaced by a dataset over a quarter (1 January to 31 March). This has complicated the data collection process significantly and created extra work for the two staff that collate and report this data.
- 4.5 In this report we have reported performance in these service areas as closely as possible to the format reported previously in order to maintain consistency where possible. For some of the indicators above these changes mean it is no longer possible to report the indicators we have been reporting in the same way as before (e.g. Indicator 41). It also means that we will not be able to report on the affected indicators in the service areas above with the same frequency. This is because of the additional data collection burdens these changes involve and the changes in reporting frequency of this data to the Scottish Government. In the first year this will be only six monthly, though they would like to move towards quarterly reporting in future. It is also not yet clear in what format the Scottish Government will choose to report some of the new data submitted this year, particularly for the cases that are not 'in scope' for self directed support for various reasons.
- 4.6 We will seek to maintain consistency of reporting where possible, and will align our performance reporting to the IJB as best we can to the Scottish Government formats. This will avoid the possibility of reporting different or discrepant data to that reported to and by the Scottish Government. This may mean we need to consider amending the indicators we report to the IJB over the next year. We will signpost any future proposals on changes to the indicators to the Board as the Scottish Government publishes the national Social Care Survey data.

- 4.6 Another factor affecting performance reporting is that some areas of service are changing over time in line with national policies such as Self Directed Support, the Carers' Act, or local policies such as reablement and intermediate care. We previously reported two indicators relating to reablement (Indicators 76 and 77), but changes were made to how these services were being delivered in the last year. This meant these two specific indicators are no longer appropriate or meaningful given the changes made to the service, so these have been removed. It will be necessary to develop more appropriate indicators for reablement and intermediate care support that reflect the objectives of these service areas. These will be developed by managers and performance data will be reported to the IJB as soon as possible for these service areas.

## **5. CORRECTION AND IJB ACTION LOG**

- 5.1 An Action Log item was raised at the Board meeting on 1 June 2018 in relation to Indicator 78 within the IJB Performance Report. A concern was raised about the decline in the number of New Telecare users reported between the baseline figure for 2015-16 and the 2017-18 figures and that this was still showing with a RAG status of Green.
- 5.2 On investigation it was found that there was not in fact a decline but that the baseline number of 142 shown in the report for 2015-16 should have reported 102. This appears to have been a typo as every previous report had shown the correct baseline number of 102. So the green RAG status was correct as the numbers of new Telecare users did increase from 102 in 2015-16 to 132 in 2017-18.

## **6. PERFORMANCE REPORT STRUCTURE**

- 6.1 The content of the report mainly focuses on national and local performance indicators against the baseline year 2015/16. Delayed discharges are as the census point August 2018. The report advises the IJB on the principal reasons for delay and the actions being taken by the services to mitigate these.
- 6.2 The report has a Table of Contents to help readers navigate through the content more easily.
- 6.3 Section 1 provides an at-a-glance summary of performance indicators.
- 6.4 Section 2 of the report provides an overview of the key performance issues.
- 6.5 Section 3 provides detail in respect of the report format and structure
- 6.6 Section 4 presents the Performance Dashboard. This is currently under development however provides a comprehensive 'at a glance' overview of performance measures and current status.

- 6.7 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.
- 6.8 Appendix 1 – Highlights progress against the MSG Trajectories. In February 2018 the Partnership submitted to the Scottish Government draft trajectories in relation to the six integration themes. This was in response to the request made by the Ministerial Strategic Group for Health and Community Care (MSG). These trajectories are monitored by the Unscheduled Care Programme Board chaired by the Medical Director, NHS Forth Valley.
- 6.9 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.

## **7. CONCLUSION**

- 7.1 The Integration Joint Board is responsible for effective monitoring and reporting on the delivery of services, relevant targets and measures included in the Integration Functions, and as set out in the Strategic Plan.

### **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.

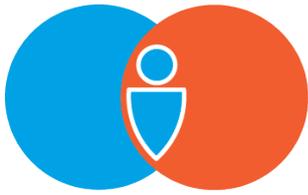
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**Date:** 14 September 2018

**List of Background Papers:**



**Falkirk  
Health and Social Care  
Partnership**

## Performance Report

October 2018

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Appendix 2	Falkirk Integration Joint Board Strategy Map
Appendix 3	Glossary

## 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	-	2	6	6	14
Safety Indicators	-	-	2	6	8
Service User Experience Indicators	6	-	4	8	18
Community Based Support Indicators	1	3	7	2	13
<b>TOTAL</b>	<b>9</b>	<b>5</b>	<b>21</b>	<b>32</b>	<b>67</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 August 2018, against the Falkirk IJB average position as at August 2017 reveals a 7.4% variance in compliance down to 84.5% from 91.9%.
- 2) The most significant drop in compliance of 15.1% occurring in those aged 85 year plus where the number of delays in this age range has doubled over the last year.
- 3) The reason for delay in 74% of those aged 85+ 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 1935 in August 2017 and 1953 in August 2018; a percentage increase of 1%.
- 2) The Falkirk position remains approximately 10% above the Forth Valley average of 1771.93 in August 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 members of the Unscheduled Care Programme Board in launching the 'Getting Forthright' improvement initiative which will form the basis of a robust improvement plan over the next 12 months, adopting a whole system approach to improved performance.

### 2.3 Rate of Unplanned Bed Days

Issue:

- 1) The average rate per 1,000 population of unplanned bed days in Falkirk has increased by 2.3% from 840.1 in July 2017 to 860.14 in July 2018. As at July 2018 this remains 9.5% above the Forth Valley average of 785.7 which is in keeping with the annual variance shown in the yearend report in June 2018.
- 2) Increases are evident in the 20-64 year age group from 2.8% and those aged between 75-84 years of 2.2%.

Action:

- 1) Work is ongoing through the Unscheduled Care Programme Board 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 August 2018 there are a reported 50 standard Delayed Discharges pertaining to Falkirk residents in a Forth Valley Hospital. Accounting for 75% (n=50/67) of the overall delays in Forth Valley.
- 2) Occupied bed days (OBDS) attributed to delays in Falkirk = 1199 out of 1410 Forth Valley OBDS overall 85%.
- 3) Of those Falkirk residents whose discharge has been delayed by 2 weeks or more, the reasons for delay are as follows as at the August 2018 census point:
  - o 13 are awaiting a care home placement
  - o 2 are awaiting rehousing in supported accommodation
  - o 9 are allocated and assessment is ongoing

Action:

- 1) Additional funding has allowed 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.

### 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 balance 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 August 2018 against the average as at August 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 focuses on exception reporting of those measures highlighted as Red or Amber; or with deteriorating performance within the dashboard; or in the case of SDS an area of interest to the Board.

#### Key:

Direction of travel relates to previously reported position	
▲	Improvement in period
◀▶	Position maintained
▼	Deterioration in period
—	No comparative data
Performance Status	
<b>GREY</b>	No trajectory to measure performance against

## 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	August 2017	August 2018	Direction of travel	Status	Exception Report
24	Emergency department 4 hour wait Forth Valley	92.1%	86.2%	▼	Red	Page 9
25	Emergency department 4 hour wait Falkirk	91.9%	84.5%	▼	Red	Page 9
26	Emergency department attendances per 100,000 Forth Valley Population	1,766.19	1,771.93	▼	Grey	Page 9
27	Emergency department attendances per 100,000 Falkirk	1,935.10	1,953.60	▼	Grey	Page 9

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

TABLE 3: Autonomy and Decision Making 28 - 40						
Ref	Measure	August 2017	August 2018	Direction of travel	Status	Exception Report
28	Emergency admission rate per 100,000 Forth Valley population	990.46	956.94	▲	Grey	Page 12
29	Emergency admission rate per 100,000 Falkirk population	1,006	983.13	▲	Grey	Page 12
Ref	Measure	July 2017	July 2018	Direction of travel	Status	Exception Report
30	Acute emergency bed days per 1000 Forth Valley population	772.47	785.79	▼	Amber	Page 13
31	Acute emergency bed days per 1000 Falkirk population	840.11	860.14	▼	Amber	Page 13
32	Number of patients with an Anticipatory Care Plan in Forth Valley	11,667	15,752	▲	Green	Page 14
33	Number of patients with an Anticipatory Care Plan in Falkirk	N/A	6,804	-	Green	Page 14
34	Key Information Summary as a percentage of the Board area list size Forth Valley	3.9%	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 2017-18 and the next data return to the SG showing quarters 1 and 2 (April to end September 2018) is due at the end of January 2019.

#### 4.4 Table 4: Safety Indicators

TABLE 4: Safety Indicators 42 - 49						
Ref	Measure	August 2017	August 2018	Direction of travel	Status	Exception Report
42	Readmission rate within 28 days per 1000 FV population	0.94	0.63	▲	Grey	Page 17
43	Readmission rate within 28 days per 1000 Falkirk population	1.00	0.69	▲	Grey	Page 17
44	Readmission rate within 28 days per 1000 Falkirk population 75+	1.15	1.25	▼	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	-
48	The total number of people with community alarms at end of the period	4,426	4,469	N/A	Green	-
49	Percentage of community care service users feeling safe	90%	90%	◀▶	Green	-

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

TABLE 5: Service User Experience Indicators 54 - 66								
Ref	Measure	August 2017	August 2018	Direction of travel	Status	Exception Report		
54	Standard delayed discharges	40	50	▼	Red	Page 19		
55	Delayed discharges over 2 weeks	26	24	▼	Red	Page 19		
56	Bed days occupied by delayed discharges	1,052	1,077	▼	Red	Page 19		
57	Number of code 9 delays	14	10	▼	Grey	Page 19		
58	Number of code 100 delays	4	4	▼	Grey	Page 19		
59	Delays - including Code 9 and Guardianship	54	60	▼	Grey	Page 19		
Ref	Measure	Baseline 2015/16	2017/18	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%	93%	◀▶	Green	-		
62	Percentage of carers satisfied with their involvement in the design of care package	92%	91%	▼	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%	91%	▲	Green	-		
Ref	Measure	Baseline 2015/16	2018/19 Q1 All	2018/19 Q1 Stage 1	2018/19 Q1 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	13/24	11/20	2/4	-	Grey	Page 21
	The proportion of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales.	73.4%	54.2%	55%	50%	-	Red	Page 21
	Proportion of Social Work Adult Services complaints upheld		% Upheld	45%	25%	-	Grey	-
	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%.		% Partially upheld	10%	25%	-	Grey	-
			% Not upheld	45%	50%	-	Grey	-
Ref	Measure	April 2018	May 2018	June 2018	Direction of travel	Status	Exception Report	
65	The number of complaints to NHS Forth Valley applicable to Falkirk UB	10	8	6	▲	Grey	-	
	The Percentage of complaints responded to within 20 days	70%	100%	66.6%	▼	Red	-	
	The number of SPSO cases received	0	0	0	◀▶	Green	-	
Ref	Measure	Baseline 2015/16	2017/18	Direction of travel	Status	Exception Report		
66	Sickness Absence in Social Work Adult Services (target – 5.5%)	7.9%	8.41%	▼	Red	Page 23		

## 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 available		Grey	-
68	The total respite weeks provided to older people aged 18-64. Annual indicator	724			Grey	-
Ref	Measure	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*	▲	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 at the end of January 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	2017/18	Direction of travel	Status	Exception Report
78	Number of new Telecare service users 65+	102	132	▲	Green	-
79	The number of people who had a community care assessment or review completed	9,571	9,213	▼	Green	-
80	The number of Carers' Assessments carried out	1,936	1,656	▼	Amber	Page 24
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	284	▲	Red	Page 24
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. Performance Exception Reports

### 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 August 2018	86.2%
Falkirk HSCP Performance	84.5%

#### 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.

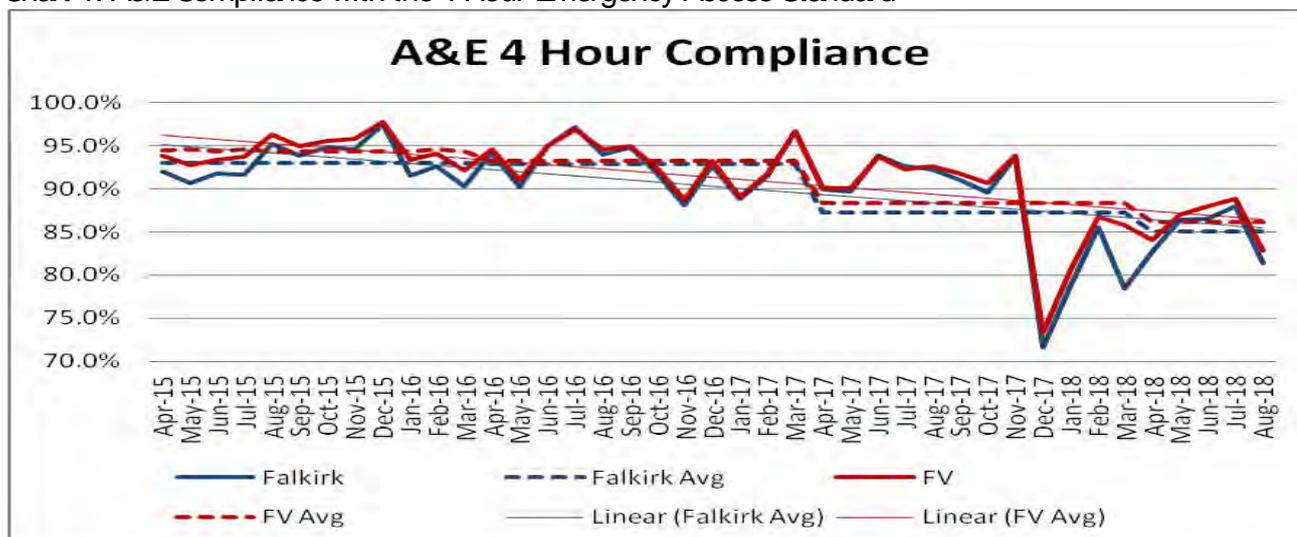
#### Position:

As described in chart 1 below performance against the 4 hour ED target throughout Forth Valley has declined by 6.4% since August 2017 when comparing the rolling 12 month position as at August 2018. This declining position is mirrored across the partnership with Falkirk results decreasing by 7.4%.

Analysis shows waits are longer in the 85 plus age group, down 15%, from 85% compliance in August 2017 to 72.6% in August 2018.

Throughout all age ranges in those aged over 18, 56% of waits over 4 hours are recorded as 'Wait for First Assessment' with 24% having the longest wait attributed to 'Wait for first assessment'. Since August 2017 the number of breaches has increased from 2431 to 4962, an increase of 104%.

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 August 2018 1,771.9
Falkirk HSCP Performance	Rolling 12 month average performance in August 2018 - 1,953.60

### Purpose:

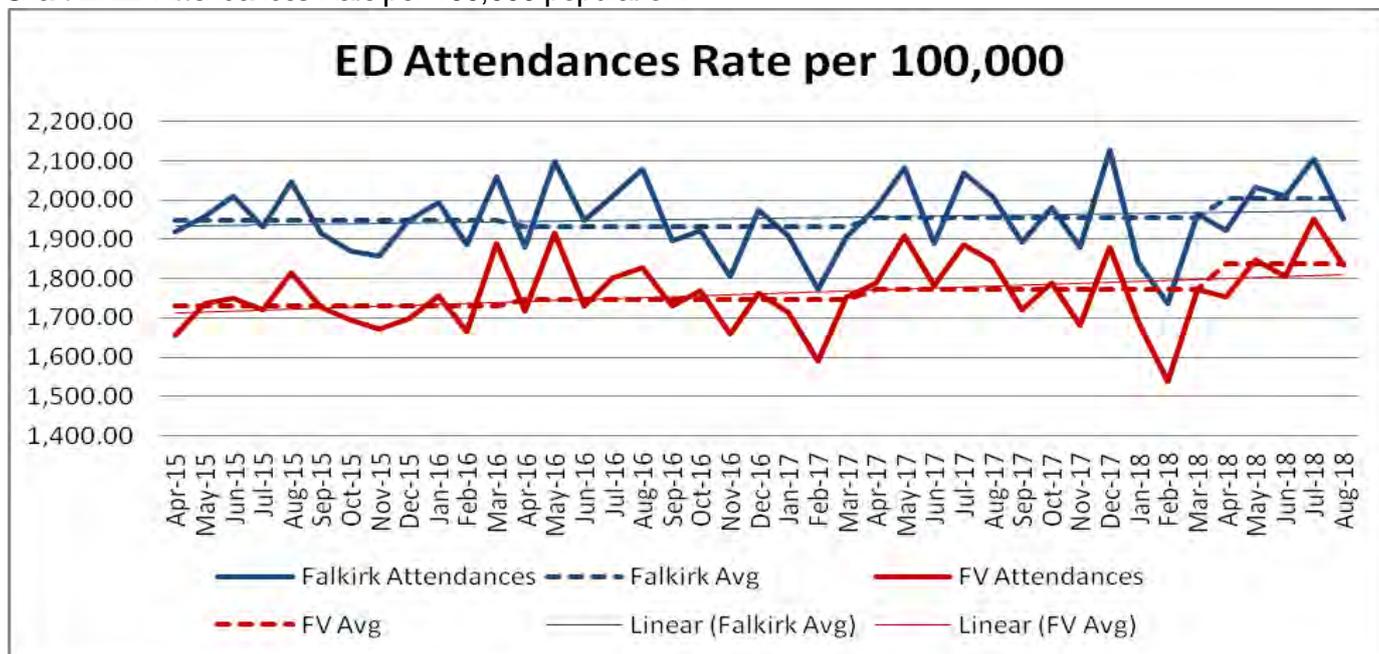
It is the responsibility of the IJB to take action against increasing numbers of attendances to ED. Through collaborative health and social care initiatives it may be possible to prevent patients presenting to ED by diverting to more appropriate services where care needs are dealt with using an anticipatory 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 1766 per 100,000 population in August 2017 to 1771.9 per 100,000 population at August 2018; a percentage change of 0.38%.

The Falkirk position has marginally increased by 0.96% over the same period with Falkirk attendances remaining above the Forth Valley average by 10.3%.

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

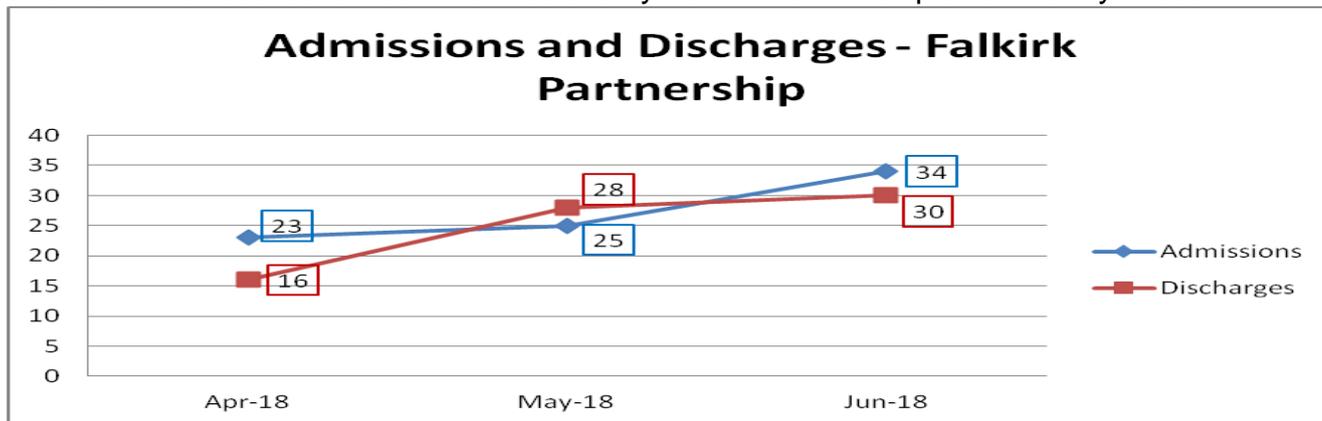


The challenge for the Partnership is to play its part in ensuring that more residents receive appropriate support and treatment within the community in order to reduce the number of A&E attendances and subsequent admissions to hospital.

The Enhanced Community Team (ECT) is working to relieve pressure on the 'front door'. Chart 3 below shows the number of admissions (referrals to the ECT) and discharges for the Falkirk partnership over the first quarter of 2018/19 as at July 2018.

**Service admissions (referrals) and discharges**

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



In the last quarter, 35 of the 74 patients discharged (Falkirk partnership) had a Discharge Form completed. This shows that of these 35 patients:

- 24 admissions were avoided by the Enhanced Community Team (69 %)
- 11 patients were admitted (31%)

### 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 August 2018= 956.9
Falkirk HSCP Performance	Performance Rolling 12 month average August 2018= 983.1

**Purpose:**

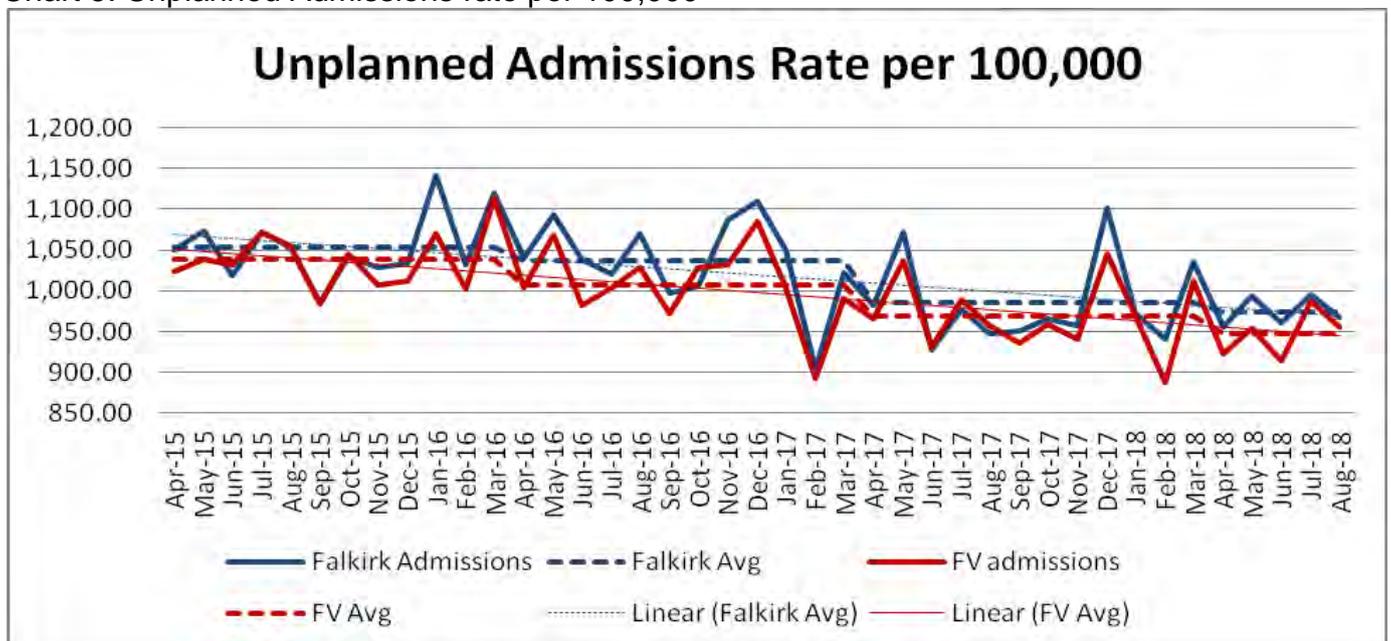
For adults and older people, this outcome indicator should represent a shift from a reliance on hospital inpatient care towards proactive and coordinated care and support in the community. It should demonstrate the effectiveness of anticipatory care, identifying people who are at risk of emergency hospital 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 in Falkirk and Forth Valley for August 2018 has reduced. The admission rate for the rolling 12 month average in August 2018 in Forth Valley is down by 3.4%, from 990.46 per 100,000 population to 956.94 per 100,000 population. Falkirk admissions remain slightly above the Forth Valley average however has decreased from 1006 per 100,000 population to 983.1 as at August 2018.

A breakdown by age range for adults shows an average decrease of approximately 3.2% across all age ranges with the exception of those aged 85+ where an increase of 1.5% is highlighted.

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 August 2018= 785.7
Falkirk HSCP Performance	Performance Rolling 12 month average August 2018= 860.1

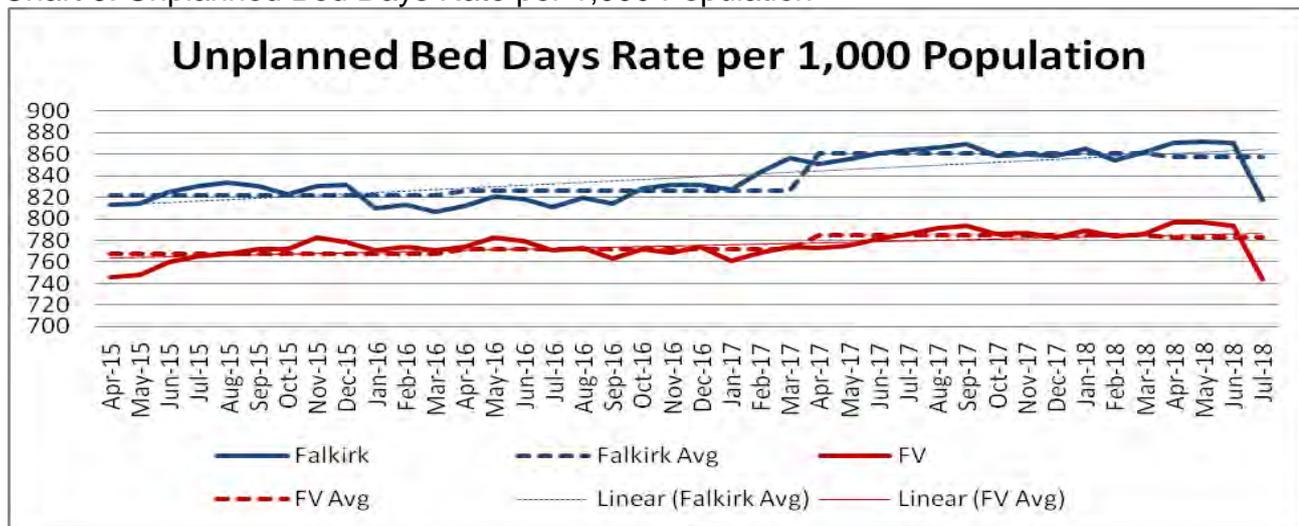
### Purpose:

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 July 2018 the average monthly rate in terms of unplanned bed days for Forth Valley was 785.7 per 1,000 population compared to 772.4 per 1000 population in July 2017. This highlights a 1.7% increase. The rate per 1,000 of patients pertaining to Falkirk local authority area has increased by 2.4% from 840.11 per 1000 population in July 2017 to 860.14 per 1000 population in July 2018. Further analysis shows a rise of 2.8% in those aged 20-64 years and 2.2% in the 75-84 years age range.

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



### Day of Care Survey Update July 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%. Surveys conducted every two weeks over the six months between mid February 2018 and mid July 2018 have demonstrated that FVRH has a regular average of 17% not meeting acute in-patient criteria. This equates to approximately 71 patients.

Within the community hospital setting there have been nine surveys so far. The first survey found that 52% of patients did not meet the inpatient criteria. Surveys conducted once a month over the five months between end February 2018 and end of June 2018 have demonstrated that Forth Valley Community Hospitals have a regular average of 42%, approximately 82 patients, not meeting the severity or intensity criteria to be in a community hospital.

**Test of Change May 2018 to July 2018**

It was proposed that the survey in the acute hospital be carried out on a Friday afternoon instead of a Thursday morning to capture patients identified as not meeting in-patient criteria at the weekend, thus highlighting different reasons for remaining in hospital. A Test of Change identified that it was logistically difficult to conduct the survey at this time: (1) Those undertaking the review were almost all otherwise employed, rather than first thing in the morning before usual activities; and (2) The source data did not arrive with Information Services until after working hours meaning analysis was not undertaken until the following Monday morning.

Following discussion with senior clinical colleagues and those involved in conducting the survey, together with advice from Scottish Government Improvement Advisors, it was decided to conduct a Forth Valley wide survey on a monthly basis.

The Forth Valley wide monthly survey now takes place on the last Wednesday of each month and 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	15,752 (4.9%)
Falkirk HSCP Performance	6,804 (4.3%)

**Purpose:**

Anticipatory and Advance 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.

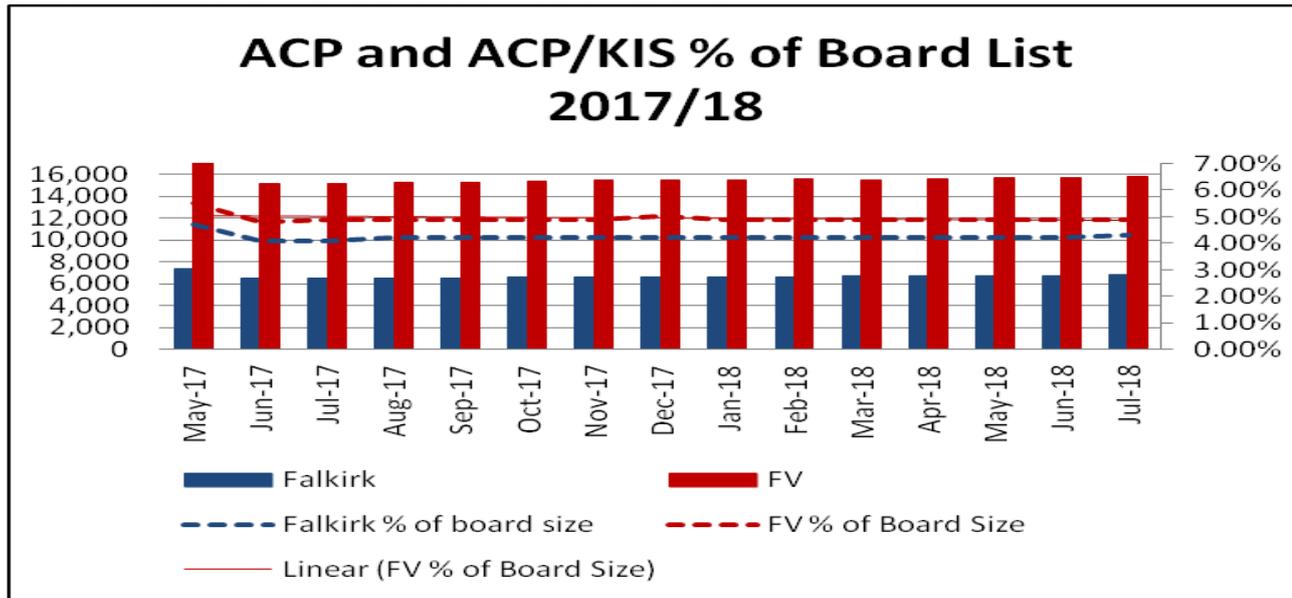
Figures above are supplied by Information Services Division (ISD). The drop in number from circa 17,000 plans produced in 2017 is a result of ISD culling records for those patients who have since died or moved outwith the area. The position of 15,752 accounts for 5% of Forth Valley residents and exceeds 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.

Since September 2017, the ACP and ALFY Service have gone through a period of restructuring. The head of ACP Nursing in Clackmannanshire and Stirling is now the ALFY Manager working with community nursing and ACP Teams across both partnerships to bring more effective communication and use of the referral processes to synchronise ALFY.

ALFY is now proactively contacting patients post discharge to gauge how well they are managing in the days following discharge from hospital and identifying those who would benefit from an ACP assessment. It is hoped this early intervention may save a further hospital admission and should admission be inevitable, by having an anticipatory care plan in situ hope to reduce a patient’s length of stay in hospital. Work is currently underway to assess the impact of this restructure.

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: People choosing		Baseline March 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%)

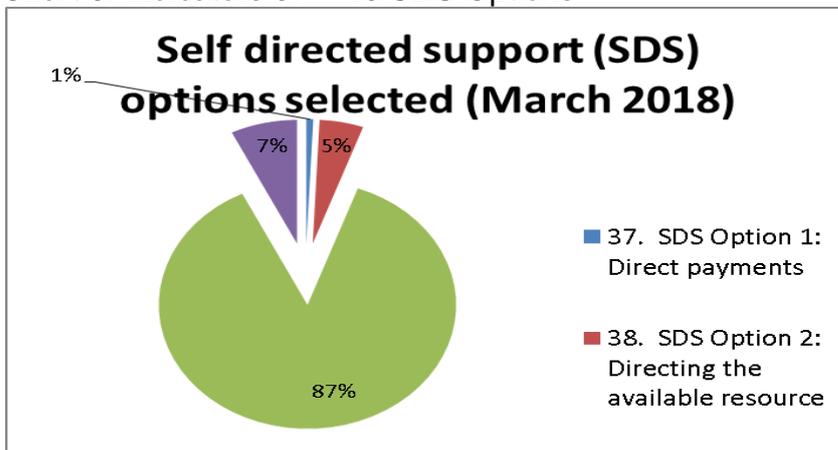
### Purpose:

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 the baseline data 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 August 2018 = 0.63
Falkirk HSCP Performance	Performance Rolling 12 month average August 2018 = 0.69

### 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.

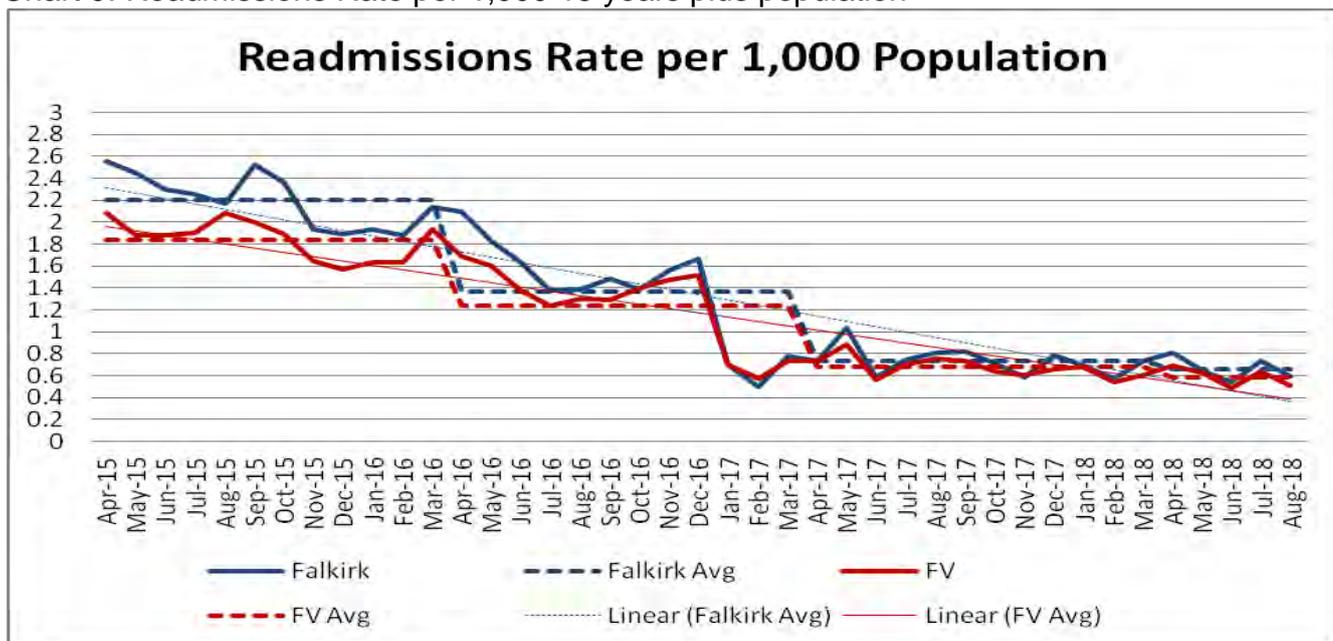
### Position:

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.

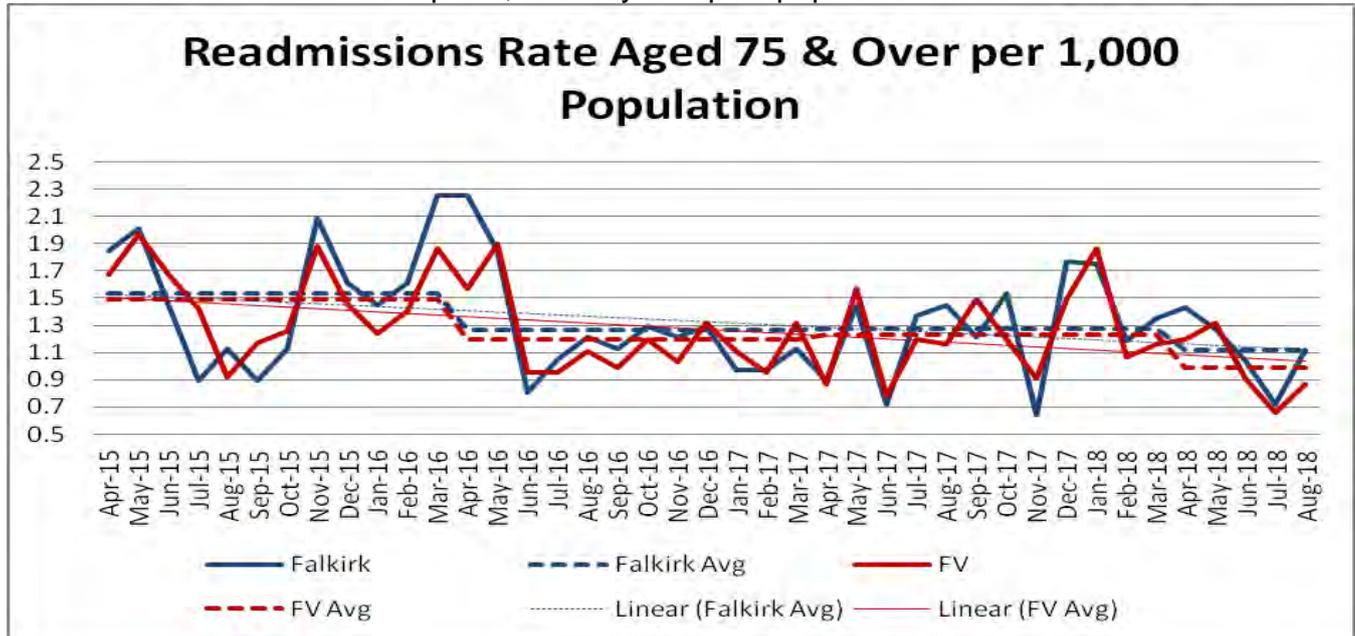
Chart 9 highlights a decrease in the rate of readmissions across Forth Valley from 0.94 per 1000 population in August 2017 to 0.63 per 1000 population in August 2018. This decreasing trend is mirrored within the Falkirk Partnership with a decrease from 1.00 per 1000 population in August 2017 to 0.69 per 1000 population in August 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 decreased to 1.12 rate per 1000 from 1.17 in August 2017. The Falkirk position has increased by 8.7% during this timeframe from 1.15 rate per 1000 in August 2017 to 1.25 in August 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: Service User Experience – Unscheduled Care Delayed Discharge - Indicator 54

Forth Valley Performance	Monthly Number August 2018 = 67
Falkirk HSCP Performance	Monthly Number August 2018 = 50

### 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 the August 2018 census date, the following delays were recorded:

- 50 people delayed in their discharge (standard delays).
- 24 people who were delayed for more than 2 weeks (standard delays).
- 4 people identified as a complex discharge (code 9).
- 6 people proceeding through the guardianship process.
- 4 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 August 2018 the number of standard delays for Forth Valley is 67. Falkirk accounts for 50 or 75% of all standard delays. 48% (24/50) of the Falkirk delays are waiting over 2 weeks at the August 2018 census point. These Falkirk patients account for 80% of Forth Valley waits over 2 weeks.

Chart 11: Standard Delays

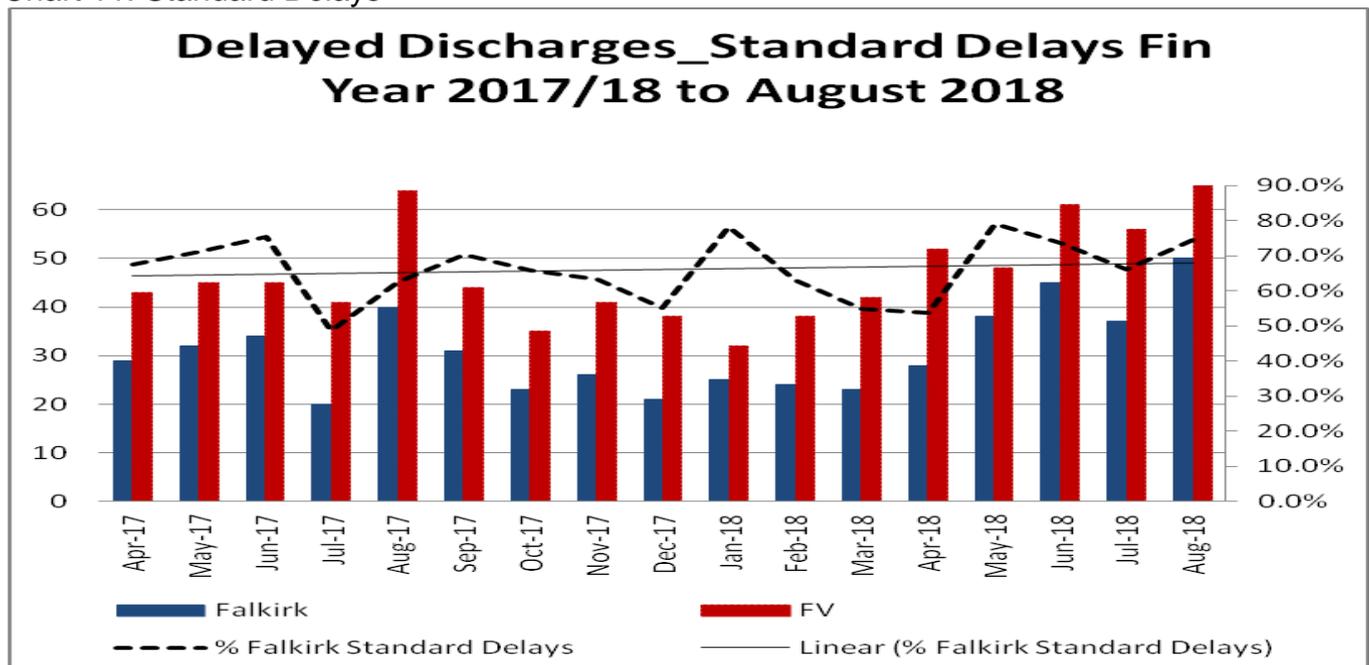


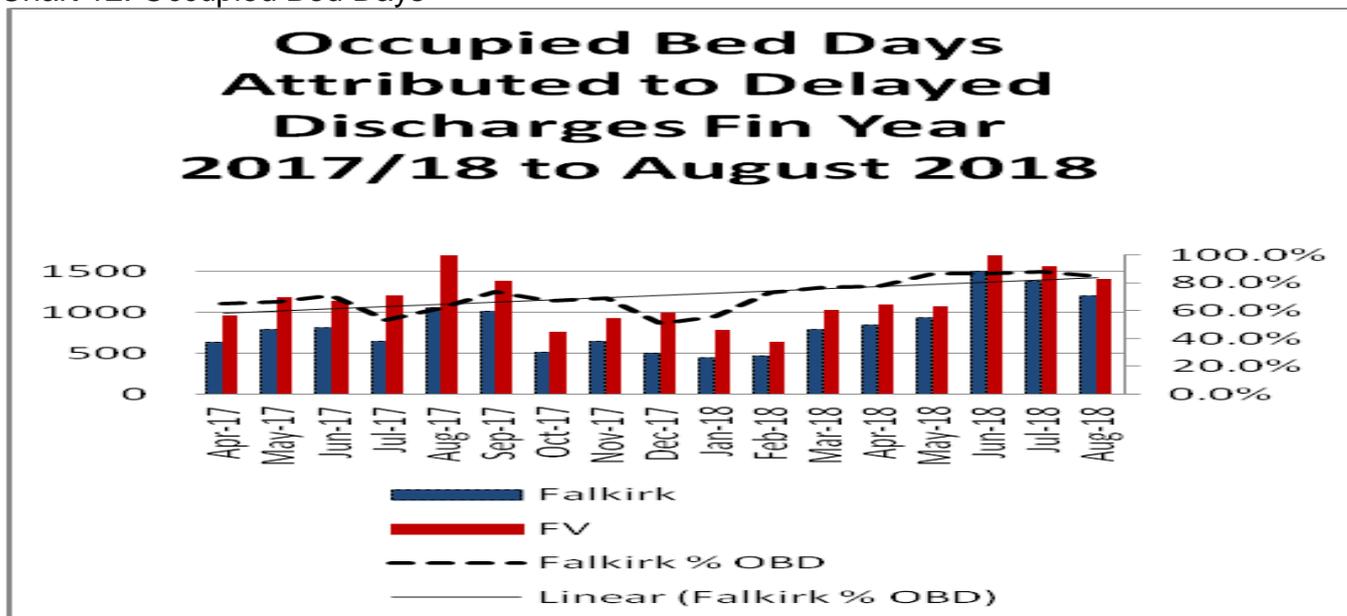
Table 1 shows the number of standard delays from April 2017 to August 2018 for the Falkirk Partnership:

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

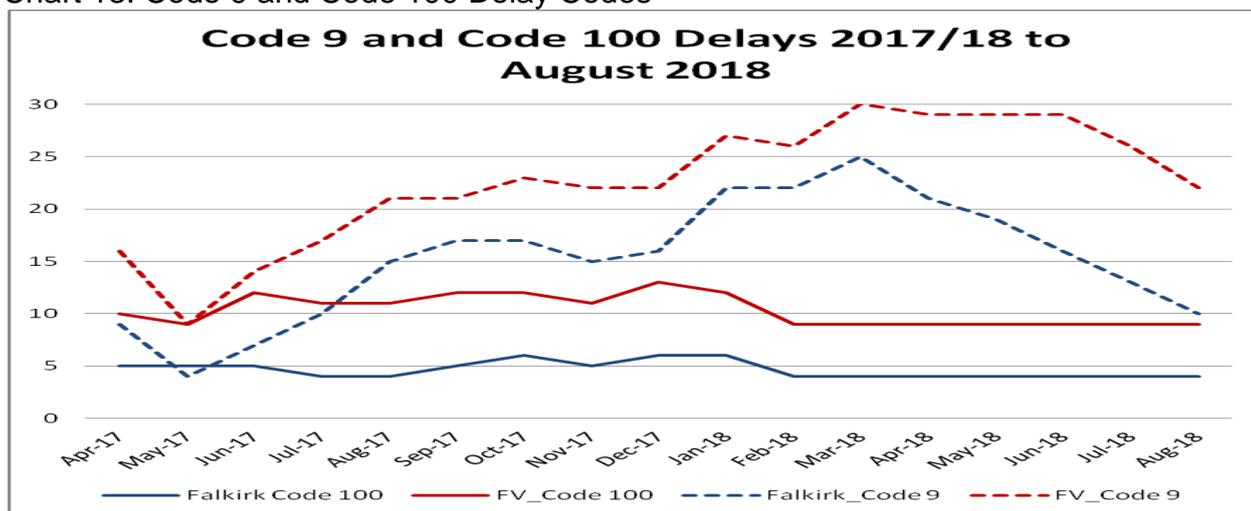
Across Forth Valley there has been a decrease in the number of occupied bed days (OBDs) attributed to delayed discharges with the number at the August 2018 census 1,410 compared to 1,563 in July 2018. OBDs in Falkirk have decreased from 1,563 at the July 2018 census to 1,410 at August. It is too early to tell if this is indicative of an improving trend. Early results show the average OBDs April 2017 to August 2018 is 785 compared to 1,172 for the same time frame in 2018, an increase of 49%.

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 August 2018 census is 10 Code 9 delays, with 23 for Forth Valley overall, therefore, 43% 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

**5.9 Local Outcome: Service User Experience – Complaints to Social Work Adult Services Indicators 64 & 65**

		Baseline 2015/16	2017/18 Q1 All	2017/18 Q1 Stage 1	2017/18 Q1 Stage 2
64.	The number of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales.	113/156	13/24	11/20	2/4
	The proportion of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales.	73.4%*	54.2%	55.0%	50.0%
65.	Proportion of Social Work Adult Services complaints upheld	% upheld		45.0	25.0
		% partially upheld		10.0	25.0
		% not upheld		45.0	50.0
<b>*NB. 2015/16 were reported under the old complaints system</b>					

**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 as 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 Adult Services managers' meetings. Performance has reduced to 54.2% in Quarter 1, from 63.1% for all complaints in 2017-18, and it is still below the target of 100%. Performance on the percentage of complaints upheld has improved since 2017-18. 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.

Chart 14: Indicator 64 SWAS Complaints (Stage 1 & 2) Completed Within Timescales

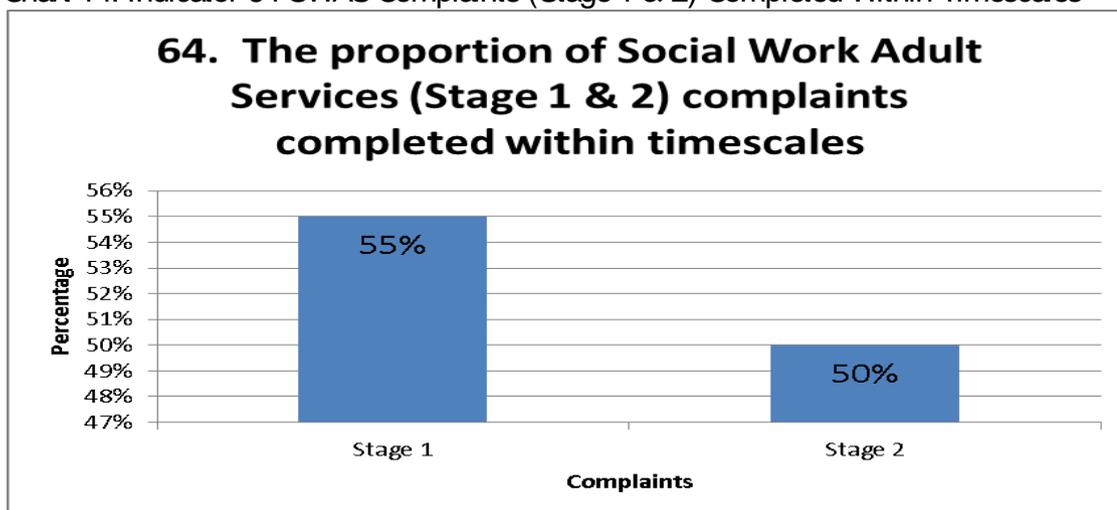


Chart 15: Indicator 64 Number of SWAS Complaints (Stage 1 & 2) Completed

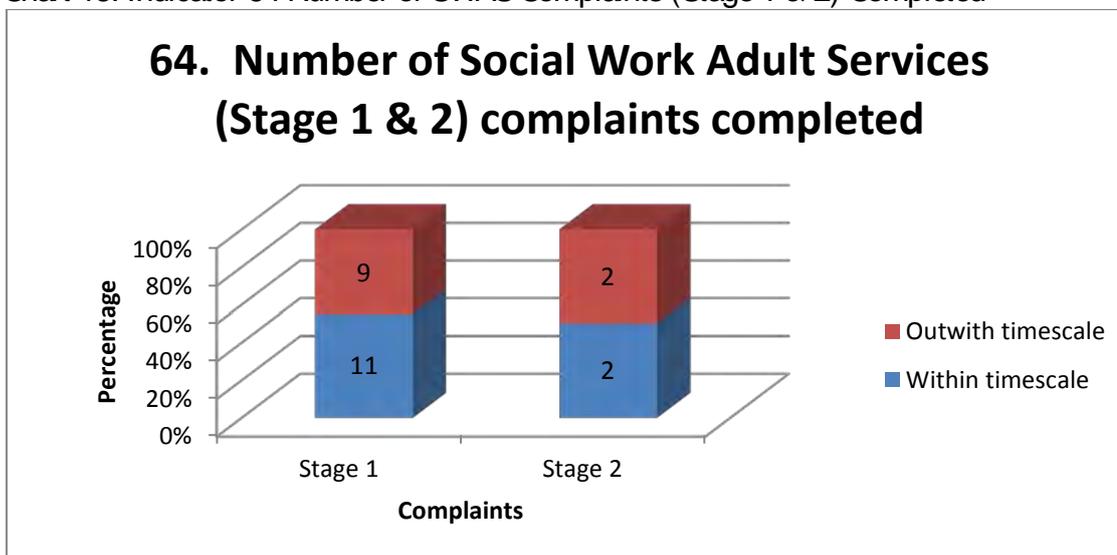
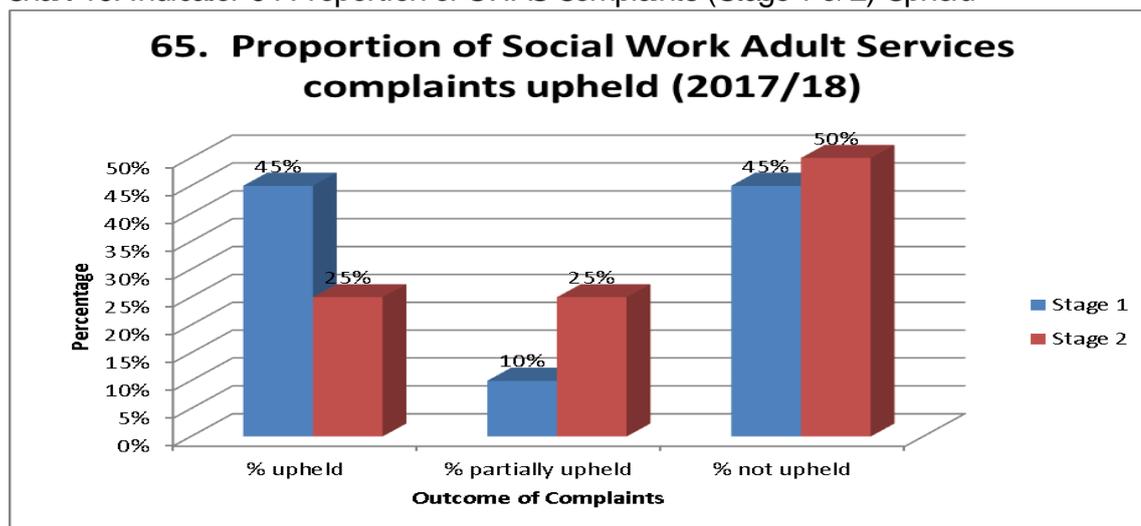


Chart 16: Indicator 64 Proportion of SWAS Complaints (Stage 1 & 2) Upheld



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

Indicator 66		
Sickness Absence in Social Work Adult Services (target – 5.5%)	Baseline 2015/16	2017/18
	7.9%	8.41% ▼

#### 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:

2016/17 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 has 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.

### 5.11 Community Based Support – The number of Carers’ Assessments carried out - Indicator 80

**NB. This indicator was reported to the IJB in June 2018.**

Indicator 80		
The number of Carers’ Assessments carried out	Baseline 2015/16	2017/18

	1,936	1,656▼
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**Purpose:**

Supporting carers is recognised as an important element in the Falkirk Integrated Strategic Plan. So it is important to ensure we monitor and support carers through assessment and involvement in the planning and shaping of services required for the service user and for themselves.

**Position:**

The number of carers’ assessments completed by community care teams declined between 2015-16 and 2016-17, but have remained stable between 2016-17 and 2017-18. The Service works in partnership and partly funds the Central Carers Association (CCA). The CCA supports carers in many different ways and now supports over 4000 carers in the Falkirk area. This decline in carer assessments by community care teams will be considered alongside the expanding role of the CCA to meet the requirements of the new Carers’ Act in 2018. The Scottish Government is developing new statistical data during 2018 to monitor the Carers’ Act and this should provide a broader picture of carers’ support activity, including a wider range of carer assessment activity by the council as well as the Carers’ Centre.

It should be noted that the carer satisfaction indicators (indicators 62 and 63) show high levels of satisfaction amongst carers. Indicator 62 shows the percentage of carers satisfied with their involvement in the design of the care package for the person they support at 91% in 2017-18. Indicator 63 shows the percentage of carers who feel supported and capable to continue in their role as a carer, OR who feel able to continue with additional support has increased from 89% in 2015-16 to 91% in 2017-18.

**5.12 Community Based Support – Overdue pending Occupational Therapy (OT) Assessments - Indicator 81**

**NB. This indicator was reported to the IJB in June 2018.**

Indicator 81		
	March 2016	At 09 April 2018
The number of overdue 'OT' pending assessments at end of the period	352	284 ▲

**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. However the number of overdue OT pending assessments as at March 2018 has reduced to 284 since March 2016.

Of those 284 cases 144 (51%) were priority 2 and the remainder, 140 (49%) 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.

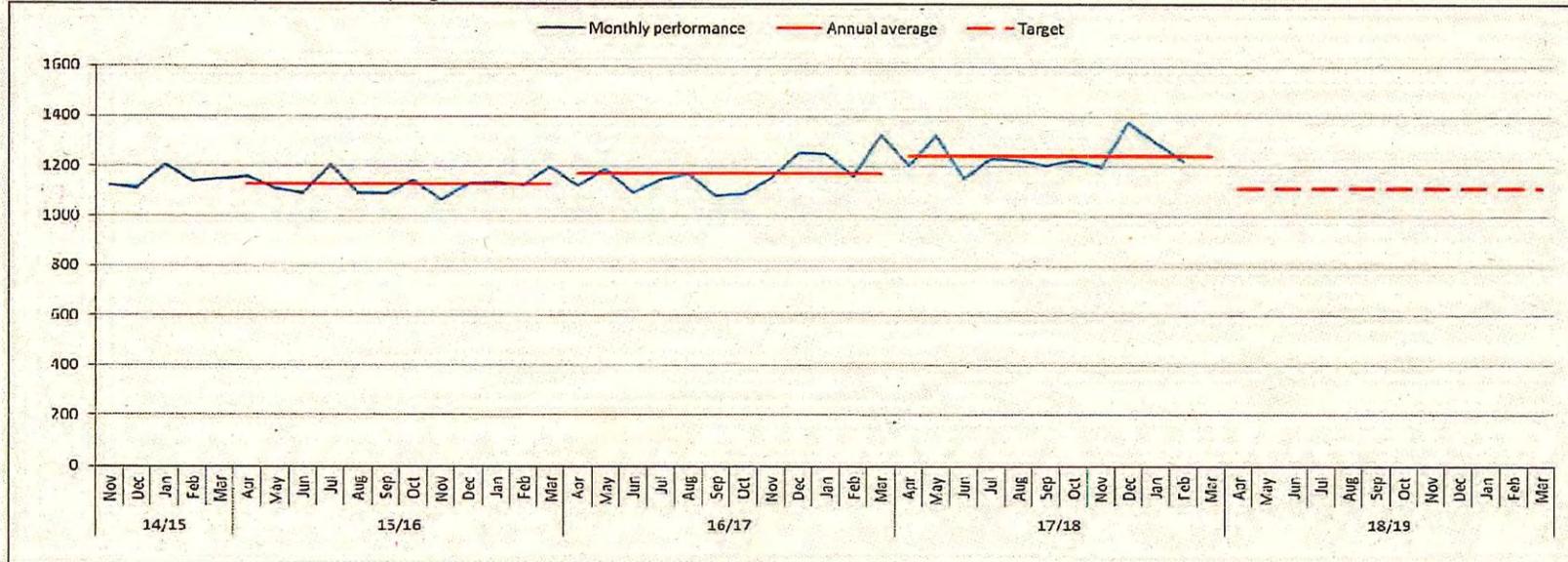
The reduction in outstanding assessments will partly be due to the work of the Reablement Project Team. This is a project team formed to test out new models of delivering reablement in a timeous and responsive way. It is made up of occupational therapists that have been redistributed from Community Care Teams to work in the Discharge to Assess model. The team has been small so the impact whilst moving in the right direction has been modest. However, the team is about to increase so it is predicted the impact will become more significant.

In addition, the introduction of the new eligibility framework will mean that service users with low level need will be sign posted to access their own solutions rather than waiting on pending lists for Occupational Therapist / Social Care Officer assessment. ADL Smartcare self assessment and Independence clinics will offer alternative solutions to Falkirk people with low/moderate need rather than requiring to wait for an assessment on a pending list. This development work is ongoing

**Progress Against MSG Trajectories**

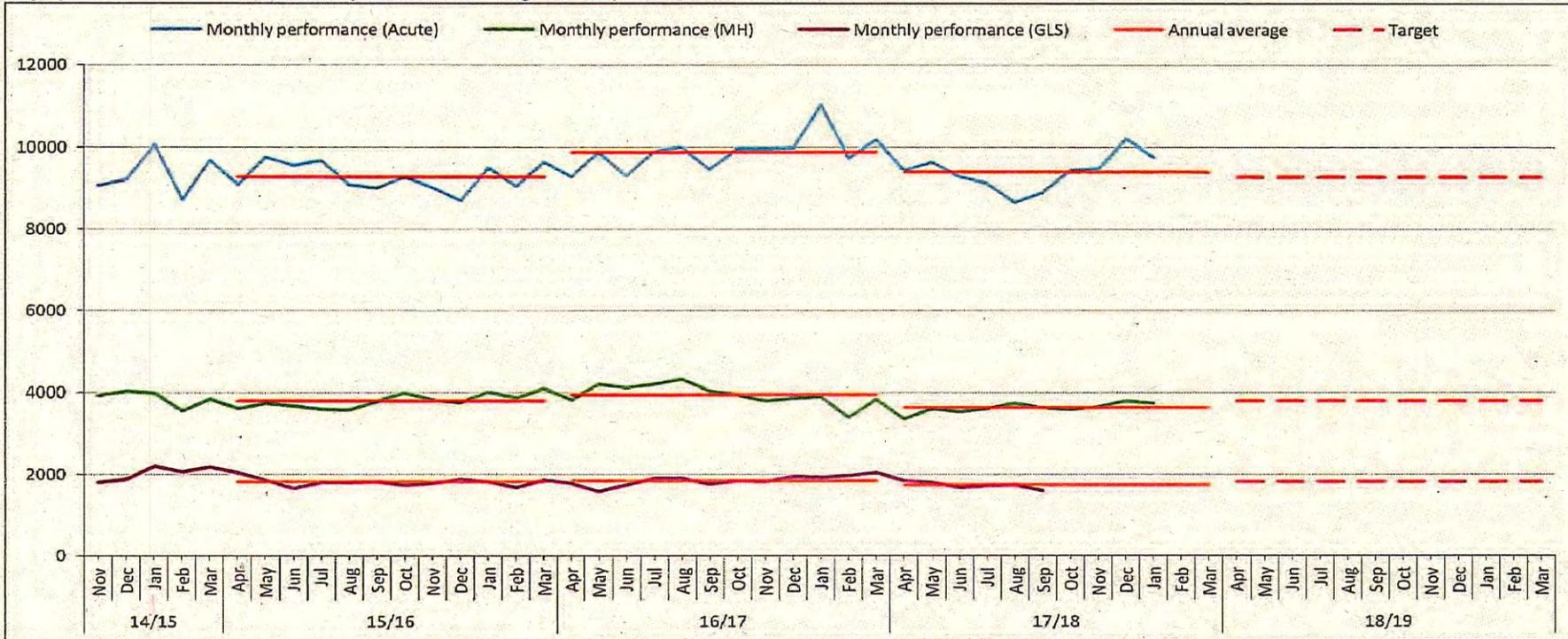
Number of emergency admissions

Objective 5% reduction in 2018/19 from the 2016/17 figures



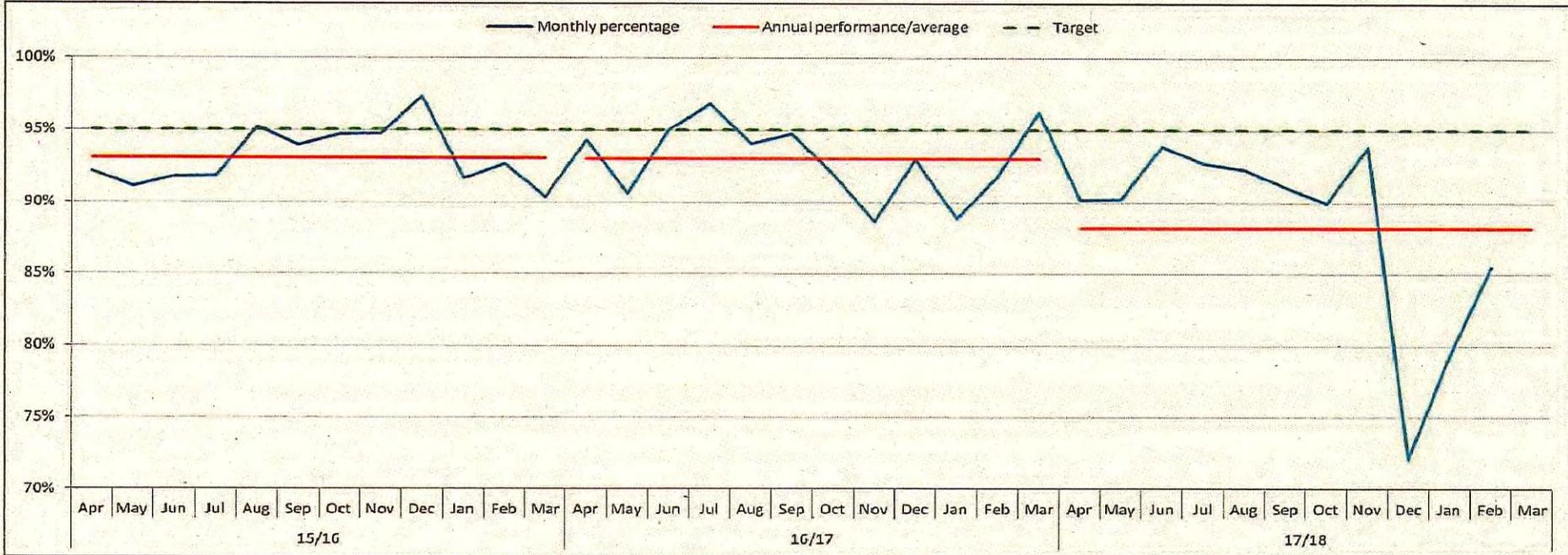
**Number of unscheduled hospital bed days**

**Objective** reduce numbers from current position with aim to get to 2015/16 or below



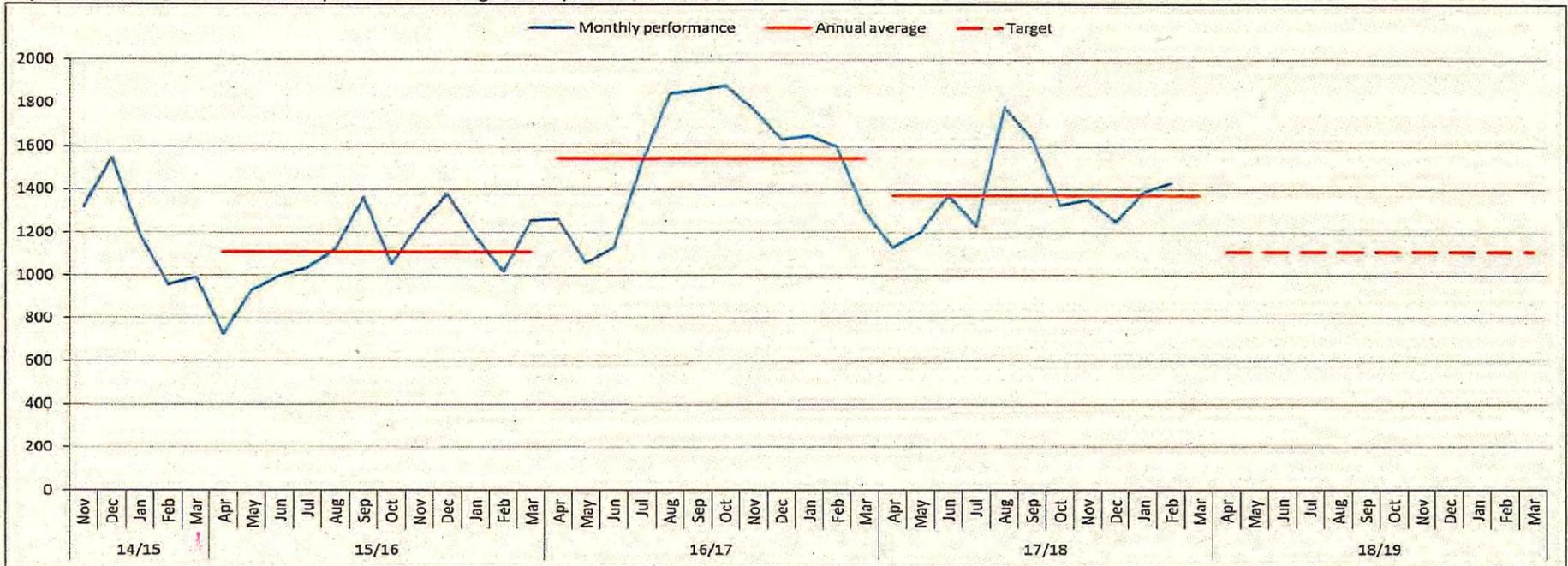
A&E attendances % seen within 4 hours

Objective 95% target for 2018/19



Delayed discharge bed days

Objective reduce numbers from current position with aim to get to 2015/16 or below



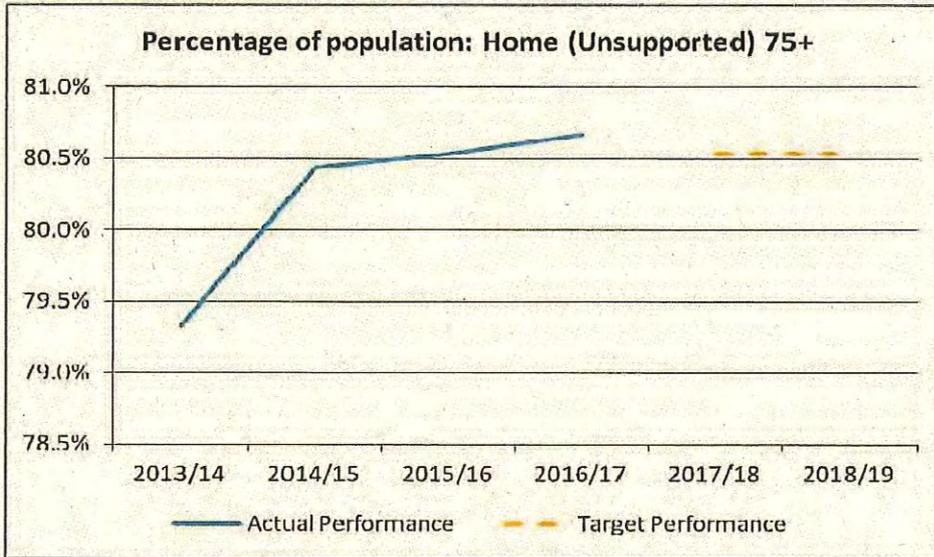
Last 6 months of life

Objective increase from baseline to 90% by 2018/19

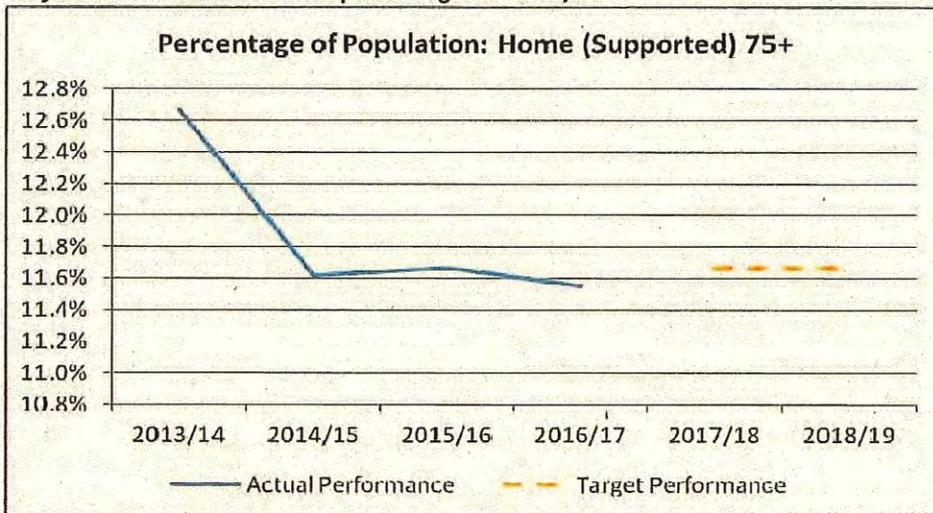


**Balance of care**

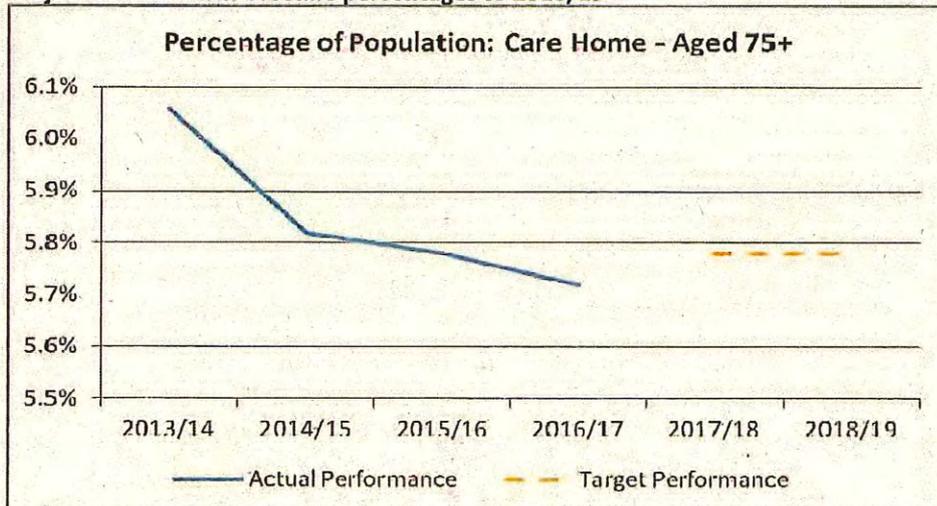
**Objective** maintain baseline percentages to 2018/19



**Objective** maintain baseline percentages to 2018/19



**Objective** maintain baseline percentages to 2018/19



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 -
<b>National Outcomes (9)</b>	1) Healthier living 2) Reduce Inequalities	4) Quality of Life	7) People are safe	3) Positive experience and outcomes 8) Engaged work force 9) Resources are used effectively	2) Independent living 6) Carers are supported
<b>National Indicators (23) (* Indicator under development nationally)</b>	1) % of adults able to look after their health well/quite well 11) Premature mortality rate	7) % of adults who agree support has impacted on improving/maintaining quality of life 12*) Rate of Emergency admissions for adults 17) % of care services graded 'good' (4) or better by Care Inspectorate	9) % of adults supported at home who felt safe 13*) Emergency bed day rate for adults 14*) Readmission to hospital within 28 days rate 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 4) % of adults supported at home who agree their health and care services are co-ordinated 5) % of adults receiving care and support rated as excellent or good 6) % of people with positive GP experiences 10) % of staff who recommend their place of work as good 19) Rate of days people aged 75+ spend in hospital when they are ready to be discharged, 20) % of total health and care spend on hospital stays where the patient admitted as an emergency 22*) % people discharged from hospital within 72 hours of being ready 23) Expenditure on end of life care	2) % of adults supported at home who agree they are supported to be independent 8) % of carers who feel supported in their role 15) % of last 6 months of life spent at home or in community 18) % of adults 18+ years receiving intensive support at home 21*) % of people admitted to hospital from home then discharged to care home 22*) % people discharged from hospital within 72 hours of being ready
<b>MSG Indicators</b>	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 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.