

AGENDA ITEM

11

Title/Subject: Performance Report
Meeting: Integration Joint Board
Date: 5 April 2019
Submitted By: General Manager and Head of Social Work Adult Service
Action: For Decision

1. INTRODUCTION

- 1.1 This report presents a comprehensive review of local performance indicators based upon the most up to date position against the previously reported timeframe where applicable, giving a year on year comparison.
- 1.2 In addition the report presents the HSCP targets and trajectories for 2019/2020 requested by the Ministerial Steering Group (MSG) for Health and Community Care. These require approval by the Integration Joint Board (IJB).

2. RECOMMENDATION

The Integration Joint Board (IJB) is asked to:

- 2.1 approve the draft MSG submission for 2019/2020 in Appendix 1 of the Performance Report.
- 2.2 note the content of the performance report
- 2.3 note that appropriate management actions continue to be taken to address 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 locally 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 have developed a more structured and themed timetable for performance reporting for 2019 as follows:

IJB Meeting	Content of Report
Sept 2019	Year end position for 2018/19 using local data items against MSG indicators, against the baseline
Dec 2019	Year end 2018/19 position benchmarking against peer groups and the national position using SOURCE data

- 4.2 The Pentana performance dashboard has been used to prepare the majority of this report. Local trajectories and targets have yet to be set therefore a RAG status is not employed in identifying areas of issue. An exception report has been based upon indicators with a deteriorating position against the last comparable reporting timeframe.
- 4.3 We will seek to maintain consistency of reporting where possible, but we also need to 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.

5. PERFORMANCE REPORT STRUCTURE

- 5.1 The content of the report focuses on local performance indicators looking at a rolling 12 month average in comparison with the rolling 12 month position. This provides the Board with a year on year comparison.
- 5.2 The report has a Table of Contents to help readers navigate through the content more easily.
- 5.3 Section1 provides a summary of key performance issues. The details of which are included in section 4, and summarised below:
- Emergency Department Performance against the 4 Hour Emergency Access Standard
 - Rate per 100,000 Emergency Department Attendances
 - Delayed Discharges
 - Complaints – NHS Forth Valley delegated IJB functions and Falkirk Council Social Work Adult Services
 - Attendance Management (Sickness Management) – Overall NHS Forth

Valley against the national target of 4% and Falkirk Council Social Work Adult Services

- Respite for older people aged 65+ and people aged 18-64
- Overdue pending Occupational Therapy (OT) Assessments

5.4 Section 2 provides an overview of the structure of the Performance Report.

5.5 Section 3 provides the Performance Dashboard which maps to the local outcomes detailed on the Strategy Map.

5.6 Section 4 provides exception reports for all indicators with a deteriorating position since the last reporting outcome.

5.7 Section 5 sets out the draft MSG objectives for 2019/20. The proposed objectives were presented to the Unscheduled Care Programme Board in February 2019 and have now been provisionally submitted to meet MSG deadlines. The Board are asked to approve the draft MSG objectives.

5.8 Appendices

- 1) Appendix 1: Falkirk HSCP MSG draft objectives
- 2) Appendix 2: A glossary is provided to give explanation and context to abbreviations and areas contained within this report.
- 3) Appendix 3: Integration Joint Board Strategy Map.

6. CONCLUSION

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: 22nd March 2019

List of Background Papers:



**Falkirk
Health and Social Care
Partnership**

Performance Report

April 2019

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Appendix 2	Falkirk Integration Joint Board Strategy Map
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1. KEY PERFORMANCE ISSUES

1.1 Emergency Department Performance against the ED 4 hour Standard

Issue:

- 1) Analysis of rolling 12 months average performance as at February 2019, against the Falkirk IJB average position as at February 2018 reveals an 8.4% variance in compliance down to 81.3% from 88.8%.
- 2) The most significant drop in compliance of 15.2% occurring in those aged 85 plus years from an average of 80% in January 2018 in comparison with 67.9%
- 3) The reason for delay for ages 18 plus are attributed to 53% 'Wait for first assessment' and 24%'Wait for a bed'.
- 4) The in month ED compliance position for February 2019 for the Falkirk Partnership has increased to 93.2% from 77.4% in February 2018. This is a percentage increase of 20.4%
- 5) The overall Forth Valley figure for February is in line with the national standard at 95% for the first time since 97.2% in March 2017.

1.2 Rate of Emergency Department Attendance

Issue:

- 1) The average monthly rate per 100,000 ED Attendance in Falkirk has remained largely static from 1949 in February 2018 to 1951 in February 2019.
- 2) The Falkirk position remains approximately 9% above the Forth Valley average of 1,792 in February 2019.

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) As part of the SG escalation process, for three months the Board is benefitting from tailored support in the form of an interim Site Director and three senior project managers from the North of England Commissioning Support (NECS).
- 3) Key priorities are:
 - a) Implementation of new escalation policy
 - b) Standard operating procedures for key roles within the Emergency Department
 - c) Revisiting '*Getting Forth Right*' creating an overarching vision and redefining work streams
 - d) Setting up a Programme Management Office to ensure focussed, systemic approaches to specific objectives following SMART criteria – Specific/Measureable/Achievable/Realistic/Time Bound

1.3 Delayed Discharge

Issue:

- 1) In January 2019, there are a reported 41 standard Delayed Discharges of Falkirk residents in a Forth Valley Hospital were reported. This accounted for 70% (n=41/58) of the overall delays in Forth Valley.
- 2) Occupied bed days (OBDs) attributed to delays in Falkirk = 1,102 out of 1,486 Forth Valley OBDs overall 74%.
- 3) Of those Falkirk residents whose discharge has been delayed by 2 weeks or more, the reasons for delay at the January 2019 census point:
 - awaiting a care home placement
 - allocated and assessment is ongoing
 - awaiting a package of care for home

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.

1.4 Complaints (NHS Forth Valley)

Issue:

- 1) Approximately there are 59 departments listed against the delegated functions.
- 2) During the reporting period April 18 to November 18, 27 departments received complaints
- 3) In November 2018, 8 complaints were received to those services which form part the IJB delegated functions. 62.5% were responded to within 20 working days. The average compliance from the start of the financial year 2018/19 is 72.7%.
- 4) 4 of those received were stage 1 complaints - 100% compliance with the target
- 5) 4 are stage 2 with 25% being responded to within the timeframe
- 6) Complaints in November 18 are attributed to the following categories:
 - Clinical Treatment
 - Environmental/Domestic/Catering
 - Staff Communication Oral and Written

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.

1.5 Complaints (Falkirk Council Social Work Adult Services)

Issue:

- 1) Performance has fallen from 63.1% completed within timescales in 2017/18 to 59.7% in the three quarters to end of December 2018. For the equivalent period in 2017/18 the figure was 66.7%.
- 2) The percentages of complaints upheld has increased since 2017/18 – Stage 1 from 36% to 48% and Stage 2 from 33% to 60%.

Actions:

- 1) We are currently reviewing our performance relating to complaints in social work adult services, to better understand what we need to improve and an improvement plan will be developed following that work.

1.6 Attendance Management (NHS Forth Valley)

Issue:

- 1) The percentage of hours lost to sickness absence in November 18 is 5.98% against a local target of 4.5% and National target of 4%. The average monthly hours lost to sickness are up to 5.5% from April 2018 to November 2018 in comparison with the 2017/18 average of 5.8%.
- 2) The percentage of available work days lost to short term absence for November 18 is 2.4%. The monthly average for 2017/18 was 1.9% comparable to 2018/19 to November at 1.8%
- 3) The percentage of available work days lost to long term absence in November 18 is 3.1%. The monthly average for 2017/18 was 3.18% comparable with 2018/19 to November at 3.4%.

Actions:

Assurance given to the IJB as follows:

- 1) The NHS Forth Valley HR Policy Steering Group (HRPSG) has agreed a programme of work and continues to review and develop new policies as required in relation to Organisational priorities.
- 2) One for Scotland Workforce Policy – The One for Scotland Workforce model is to create single, standardised policies that will be used consistently and seamlessly across NHS Scotland. A review of existing workforce policies will be undertaken by 2019.
- 3) A full range of Occupational Health Services are available to all employees such as :
 - a. Physiotherapy
 - b. Counselling
 - c. Psychology
 - d. Podiatry
- 4) Support frameworks are available to enable staff to return to work early or stay in modified work
- 5) An Absence Management Programme Board has now been established to improve wellbeing and achieve absence below 4.5%

1.7 Attendance Management (Falkirk Council Social Work Adult Services)

Issue:

- 1) Whilst the overall figure of 8.28% for the nine months to the end of Q3 is marginally down on the 2017/18 annual figure, quarter by quarter the trend is upwards in 2018/19 (Q1 - 7.53%; Q2 – 8.55%; Q3 – 8.76%). The figure for the equivalent period in 2017/18 was 8.15%.

Action:

- 1) Social Work Adult Service's managers continue to work in partnership with the HR business partner (absence) to identify concerns around absence at the earliest stage.
- 2) Development sessions on sickness absence for Team Managers have been arranged by HR.

1.8 Respite for older people aged 65+ and people aged 18-64 (Falkirk Council Social Work Adult Services)

Issue:

- 1) Whilst overnight respite to older people increased by 20% compared to 2016/17, daytime respite fell by 42%, leaving an overall drop in provision of 13%. 10% more older people benefitted from overnight respite in 2017/18; 39% less from daytime respite.
- 2) Respite to other adults fell by 4% in 2017/18 (overnight by 5.5%; daytime by 0.5%) and the number of service users overall fell by 11%.

Actions:

- 1) We are working in partnership with the Carers Centre and are able to deliver some short breaks provision through their charitable projects.
- 2) The process of referral for Adult Carer Support Plans and Young Carer statements will help to ensure that the needs of carers are addressed and appropriate breaks provided.
- 3) As a result of the Carers (Scotland) Act 2016 there will be aggregate data from Falkirk Council, Falkirk HSCP and the Carers Centre which should give a more comprehensive picture of statutory and non-statutory provision going forward

1.9 Overdue pending Occupational Therapy (OT) Assessments (Falkirk Council Social Work Adult Services)

Issue:

- 1) The number of overdue OT pending assessments has increased by 17% from 285 at the end of March 2018 to 333 as at 31st December 2018. The equivalent figure at 31 December 2017 was 313.

Actions:

- 1) The service has consistently been able to respond to priority one assessments and there is no waiting list for these.
- 2) There is now planning in place to address recruitment and retention in the medium to longer term.
- 3) The partnership is continuing work towards embedding a reablement approach for service users living at home as well as those who are being discharged from hospital.
- 4) Living Well Falkirk provides a self assessment opportunity for Falkirk citizens and their Independence Clinics, beginning in April 2019, will give service users with lower level needs an alternative to waiting on a pending list for a home assessment by a Social Care Officer.
- 5) The priority of all the outstanding assessments pending to Occupational Therapists is being reviewed. This will address around 100 cases per month with an estimate that up to 20% of these will be appropriately referred on to the Living Well Clinics.

2 FORMAT AND STRUCTURE

2.1 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 MSG national standards which could be applied to local outcomes facilitating the development of local and national balanced scorecards.

Section 3 – Table 1 onwards highlights local data for a rolling 12 month average as at January 2018 against the average as at January 2019. 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 4 of the report provides exception information on issues and actions pertaining to each of those local indicators where performance has deteriorated since the previous timeframe to give assurance to the Board of work being undertaken to address areas of challenge.

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

3 PERFORMANCE DASHBOARD

3.1 Table 1: Self Management Indicators

TABLE 2: Self Management Indicators 24 - 27					
Ref	Measure	February 2018	February 2019	Direction of travel	Exception Report
24	Emergency department 4 hour wait Forth Valley	89.4%	83.4%	▼	4.2
25	Emergency department 4 hour wait Falkirk	88.8%	81.3%	▼	
26	Emergency department attendances per 100,000 Forth Valley Population	1,772.47	1,792.27	▼	
27	Emergency department attendances per 100,000 Falkirk	1,949.54	1,951.96	▼	

3.2 Table 2: Autonomy and Decision Making Indicators

TABLE 3: Autonomy and Decision Making 28 - 40					
Ref	Measure	February 2018	February 2019	Direction of travel	Exception Report
28	Emergency admission rate per 100,000 Forth Valley population	967.3	928.5	▲	-
29	Emergency admission rate per 100,000 Falkirk population	984.70	944.39	▲	-
Ref	Measure	February 2018	February 2019	Direction of travel	Exception Report
30	Acute emergency bed days per 1000 Forth Valley population	783.63	752.24	▲	-
31	Acute emergency bed days per 1000 Falkirk population	859.76	826.46	▲	-
32	Number of patients with an Anticipatory Care Plan in Forth Valley	15,548	16,018	▲	-
33	Number of patients with an Anticipatory Care Plan in Falkirk	6,663	6,952	▲	-
34	Key Information Summary as a percentage of the Board area list size Forth Valley	4.9%	5.0%	▲	-
35	Key Information Summary as a percentage of the Board area list size Falkirk	4.2%	4.4%	▲	-
Ref	Measure	Baseline 2015/16	2017/18	Direction of travel	Exception Report
Self Directed Support (SDS) options selected: People choosing					
37	SDS Option 1: Direct payments (data only)	33 (2.0%)	30 (0.7%)	N/A	-
38	SDS Option 2: Directing the available resource (data only)	46 (2.9%)	192 (4.8%)	N/A	-
39	SDS Option 3: Local Authority arranged (data only)	1,505 (93.2%)	3,522 (87.3%)	N/A	-
40	SDS Option 4: Mix of options, 1,2 (data only)	30 (1.9%)	292 (7.2%)	N/A	-

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.

3.3 Table 3: Safety Indicators

TABLE 4: Safety Indicators 42 - 49					
Ref	Measure	February 2018	February 2019	Direction of travel	Exception Report
42	Readmission rate within 28 days per 1000 FV population	0.68	0.56	▲	-
43	Readmission rate within 28 days per 1000 Falkirk population	0.74	0.61	▲	-
44	Readmission rate within 28 days per 1000 Falkirk population 75+	1.26	1.22	▲	-
Ref	Measure	Baseline 2015/16	2018/19 H1	Direction of travel	Exception Report
45	Number of Adult Protection Referrals (data only)	579	250	▼	-
46	Number of Adult Protection Investigations (data only)	45	28	▲	-
47	Number of Adult Protection Support Plans (data only)	12	19	▲	-
Ref	Measure	Baseline 2015/16	2018/19 H1	Direction of travel	Exception Report
48	The total number of people with community alarms at end of the period	4,426	4,173	▼	-
49	Percentage of community care service users feeling safe	90%	89%	◀▶	-

3.4 Table 4: Service User Experience Indicators

TABLE 5: Service User Experience Indicators 54 - 66					
Ref	Measure	January 2018	January 2019	Direction of travel	Exception Report
54	Standard delayed discharges	25	41	▼	4.3
55	Delayed discharges over 2 weeks	10	32	▼	
56	Bed days occupied by delayed discharges	440	1,102	▼	
57	Number of code 9 delays	22	13	▲	
58	Number of code 100 delays	6	0	▲	
59	Delays - including Code 9 and Guardianship	47	54	▼	
Ref	Measure	Baseline 2015/16	2018/19H1	Direction of travel	Exception Report
60	Percentage of service users satisfied with their involvement in the design of their care package	98%	98%	◀▶	-
61	Percentage of service users satisfied with opportunities for social interaction	93%	90%	▼	-
62	Percentage of carers satisfied with their involvement in the design of care package	92%	92%	◀▶	-
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%	▲	-

Ref	Measure	Baseline 2015/16	2018/19 to Q3 All	2018/19 to Q3 Stage 1	2018/19 to Q3 Stage 2	Direction of travel	Exception Report
64	The number of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales.	113/156	43/72	37/62	6/8	-	4.4
	The proportion of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales.	73.4%	59.7%	59.7%	60%	▼	
	Proportion of Social Work Adult Services complaints upheld 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	48.4%		60%	-	
		% Partially upheld	16.1%		10%	-	
	% Not upheld	35.5%		30%	-		

Ref	Measure	Oct 18	Nov 18	Direction of travel	Exception Report
65	The number of complaints to NHS Forth Valley applicable to Falkirk IJB	17	8	▲	-
	The percentage of complaints responded to within 20 days	64.7%	62.5%	▼	-
	The number of SPSO cases received	0	0	◀▶	-

Ref	Measure	Baseline 2015/16	2018/19 To Q3	Direction of travel	Exception Report
66a	Sickness Absence in Social Work Adult Services (target – 5.5%)	7.9%	8.3%	▲	-
Ref	Measure	Nov 17	Nov 18	Direction of travel	Exception Report
66b	Sickness Absence -percentage hours lost each month to sickness absence in NHS Forth Valley (Target 4%)	5.75%	5.98%	▼	-
	Percentage of days lost to short term absence each month within NHS Forth Valley	2.21%	2.44%	▼	-
	Percentage of days lost to long term absence each month within NHS Forth Valley	3.29%	3.16%	▲	-

3.5 Table 5: Community Based Support Indicators

TABLE 6: Community Based Support Indicators 67 - 83

Ref	Measure	Baseline 2015/16	2017/18	Direction of travel	Exception Report
67	The total respite weeks provided to older people aged 65+. Annual indicator	1,703	1,352	▼	4.6
68	The total respite weeks provided to older people aged 18-64. Annual indicator	724	554	▼	
Ref	Measure	End March 2016	End March 2018	Direction of travel	Exception Report
69	Number of people aged 65+ receiving homecare	1,703	1,794	▲	-
70	Number of homecare hours for people aged 65+	14,622	14,907	▲	-
71	Rate of homecare hours per 1000 population aged 65+	512.2	477.4	▼	-
72	Number receiving 10+ hrs of home care	406	546*1	▲	-
73	The proportion of Home Care service users aged 65+ receiving personal care	91.6%	88.2%	▼	-

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	2018/19 H1	Direction of travel	Exception Report
78	Number of new Telecare service users 65+	102	83	◀▶	-
79	The number of people who had a community care assessment or review completed	9,571	5,474	▼	-
80	The number of Carers' Assessments carried out	1,936	997	▲	-
Ref	Measure	March 2016	At 31/12/18	Direction of travel	Exception Report
81	The number of overdue 'OT' pending assessments at end of the period	352	333	▼	4.7
Ref	Measure	2014/15	2015/16	Direction of travel	Exception Report
82	Proportion of last six months of life spent at home	86.1%	86.0%	◀▶	-
83	Number of days by setting during the last six months of life: Community	228,702	241,236	▲	-

4 PERFORMANCE EXCEPTION REPORTS

4.1 Local Outcome: Self Management - Falkirk Unscheduled Care

Emergency Department Performance against ED 4 Hour Target (includes Minor Injuries Unit)	This is 95% target
Forth Valley Performance Rolling 12 month average February 2019	84.3%
Falkirk HSCP Performance 12 month average February 2019	81.3%

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:

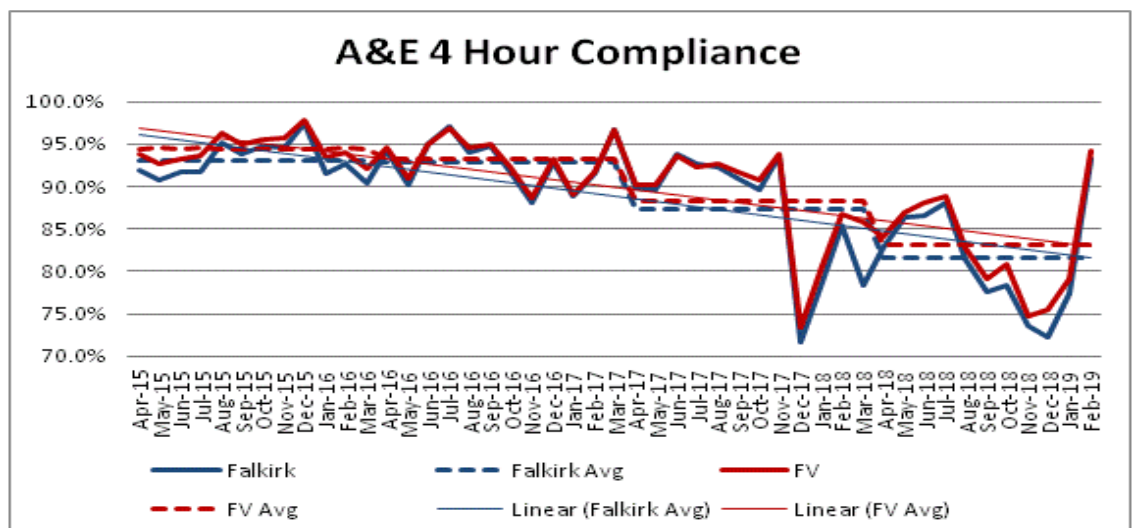
As described in chart 1 below performance against the 4 hour ED target throughout Forth Valley has declined by 6.7% since February 2018 when comparing the rolling 12 month position as at February 2019. This declining position is mirrored across the partnership with Falkirk results decreasing by 8.4%.

Analysis shows waits are longest in the 85 years plus age group, down 15.2%, from 80% compliance in February 2019 to 67.9% in January 2019.

Throughout all age ranges in those aged over 18, 53% 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 January 2018 the number of breaches has increased by 68%.

The in month position for February 2019 for the IJB population has increased to 93.2% from 77.4% in January 2019. This is a percentage increase of 20.4%. Overall across all age ranges and populations of Forth Valley the national target of 95% has been met in February 2019, the first time since achieving 97.2% in March 2017. Whilst this is too early to suggest a trend it has come at a time when NHS Forth Valley is benefitting from tailored support from the National Emergency Care Commission and the appointment of the Interim Site Manager. This level of performance is so far continuing into March 2019.

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



4.2 Local Outcome: Self Management - Falkirk Unscheduled Care

Emergency Department Attendance Rate per 100,000 population	Reduction
Forth Valley Performance	Rolling 12 month average performance in February 2019 -1,792.27
Falkirk HSCP Performance	Rolling 12 month average performance in February 2019 - 1,951.96

Purpose:

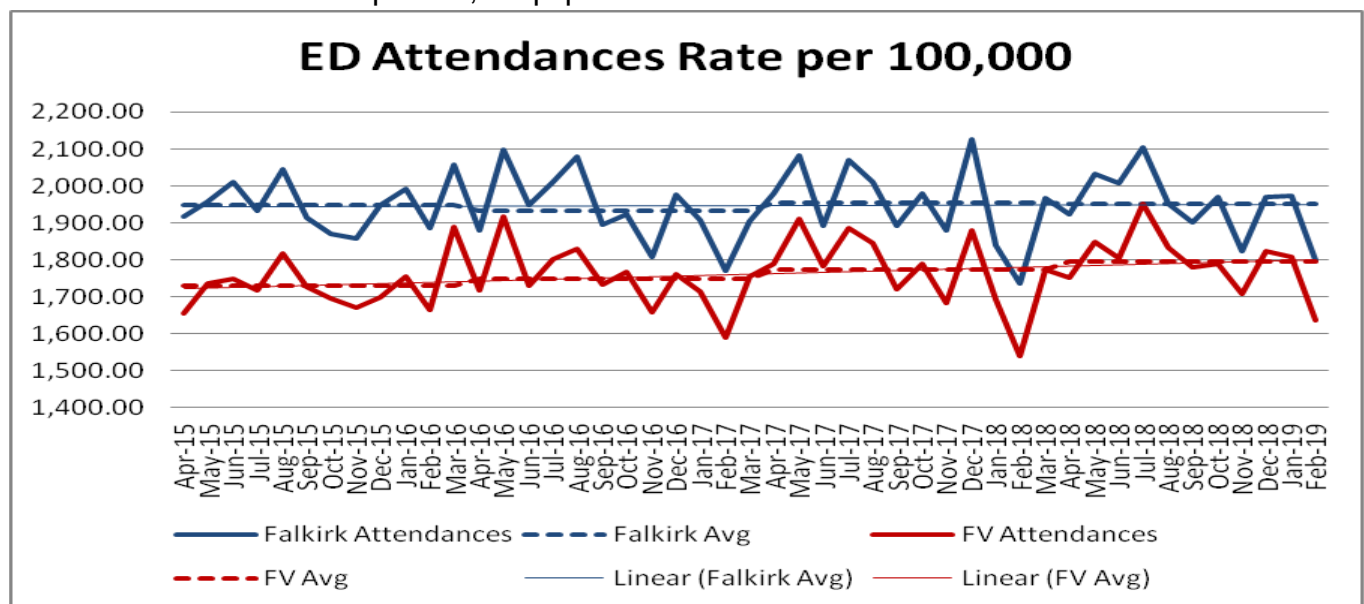
Through collaborative health and social care initiatives it may be possible to prevent patients presenting to ED by diverting to more appropriate services where care needs are dealt with using an anticipatory approach. By monitoring this activity the aim is to improve the patient experience by identifying 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 1772.4 per 100,000 population February 2018 to 1792.2 per 100,000 population at February 2019; a percentage change of 1.1%.

The Falkirk position has marginally increased by 0.1% over the same period with Falkirk attendances remaining above the Forth Valley average by 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.

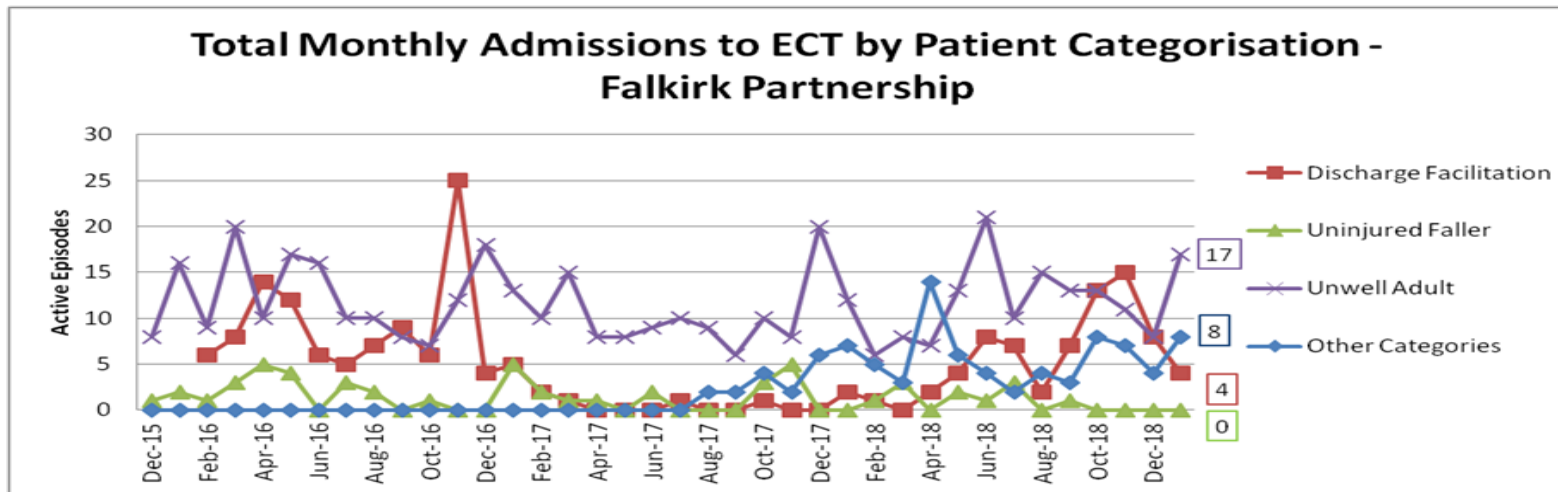
The Closer to Home model aims to support individuals to remain more resilient at home by, identifying and addressing gaps and utilising the assets they have and their care circle/community have available. At a time of escalating need or 'crisis' the model supports them to access care or support at the 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 December 2018 the following people were admitted (referred) to the Service

- 58% (17/29) are categorised as unwell adult
- 27%(8/29) Other categories
- 13.7% (4/29) were referred as part of discharge facilitation

4.3 Local Outcome: Service User Experience – Unscheduled Care Delayed Discharge

Forth Valley Performance	Monthly Number January 2019 = 58
Falkirk HSCP Performance	Monthly Number January 2019 = 41

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:

- 41 people delayed in their discharge (standard delays).
- 32 people who were delayed for more than 2 weeks (standard delays).
- 1 people identified as a complex discharge (code 9).
- 12 people proceeding through the guardianship process.
- 0 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 January 2018 the number of standard delays for Forth Valley is 58. Falkirk accounts for 41 or 70% of all standard delays. 71% (32/41) of the Falkirk delays are waiting over 2 weeks at the January 2019 census point. These Falkirk patients account for 84%(32/38) of Forth Valley waits over 2 weeks.

Chart 4: Standard Delays

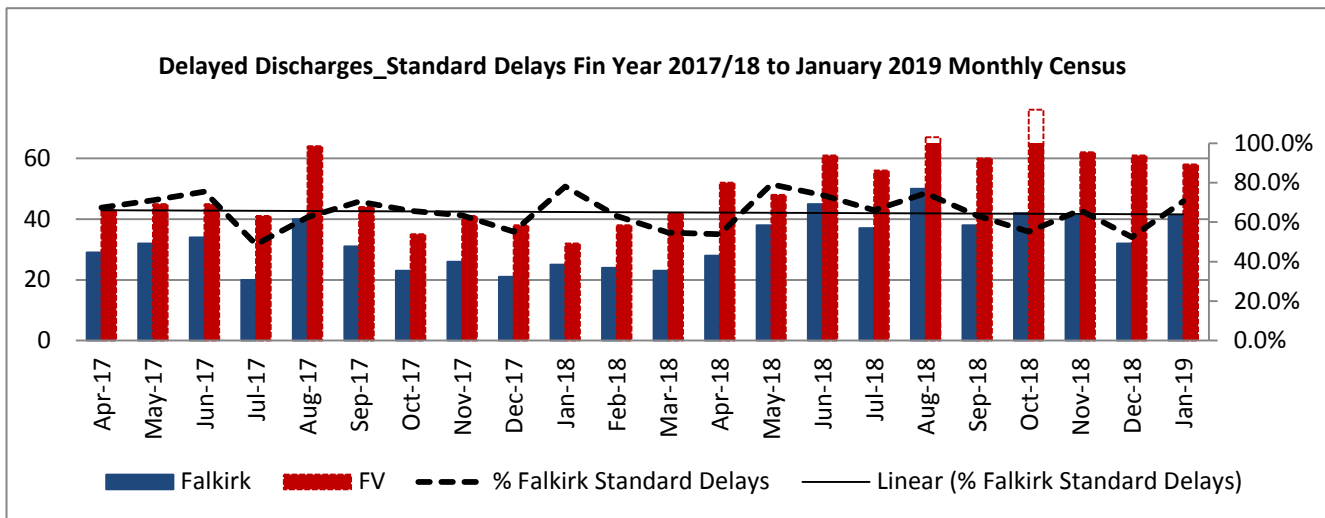


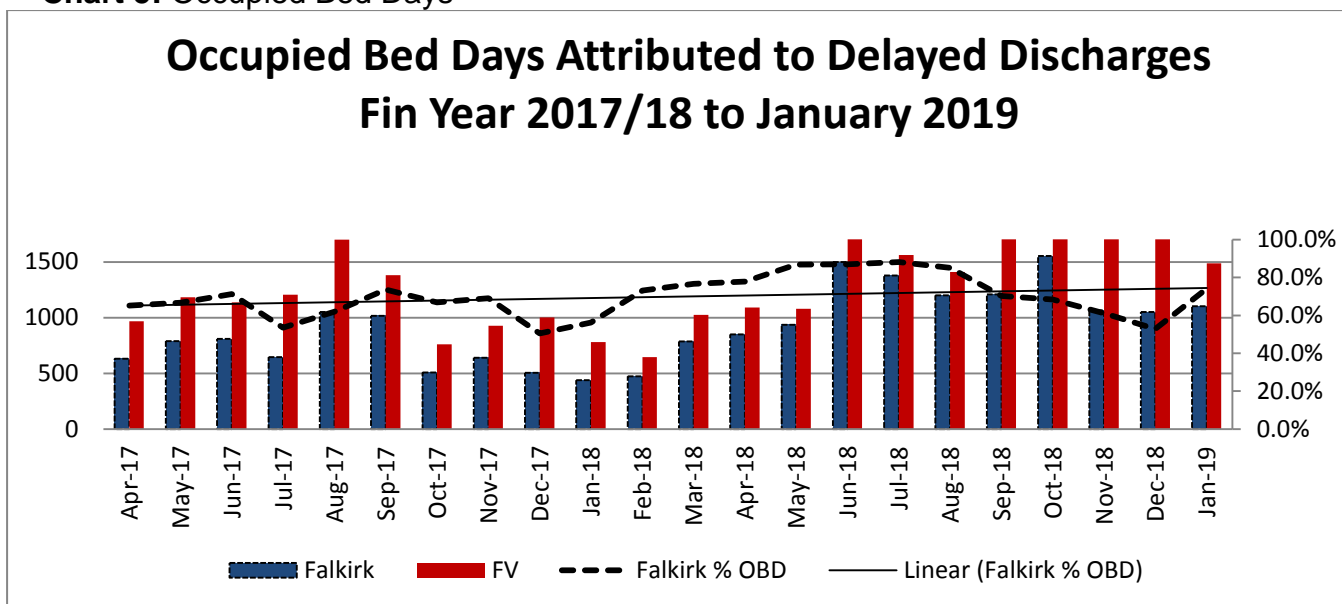
Table 1 shows the number of standard delays from January 2018 to January 2019 for the Falkirk Partnership:

Table 1: Standard Delays excluding Code 9 and Guardianship Delays

	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19
Total delays at census point	25	24	23	28	38	45	37	50	38	42	41	32	41
Total number of delays over 2 weeks	10	15	19	15	17	32	23	24	24	30	24	26	32

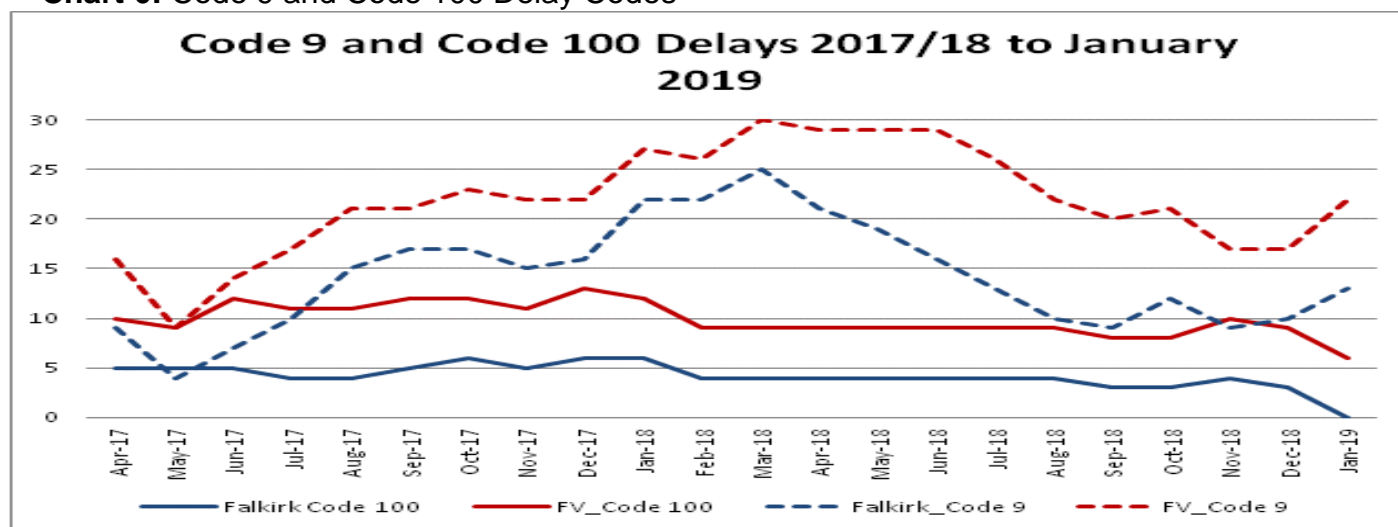
Across Forth Valley there has been an in month increase in the number of occupied bed 1,486 compared to 782 in January 2018. OBDs in Falkirk have increased from 440 in the January 2018 census to 1,102 in January 2019. Chart 12 clearly shows despite regular in month fluctuations there is a rising trend in the number of bed days resulting from delayed discharges in Falkirk. The YTD monthly average as at January 2018 was 703 days meaning occupied bed days resulting from delayed discharges have increased by 56% to 1,102 at the January 2019 census.

Chart 5: Occupied Bed Days



The number of Code delays across Forth Valley at the January 2019 Census date is 22 with 6 code 100 delays. Across the Falkirk Partnership the position at the January 2019 census shows 13 Code 9 delays, contributing to 59% of Falkirk residents within the Forth Valley setting.

Chart 6: 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

4.4 Local Outcome: Service User Experience – Complaints to Social Work Adult Services

Table 2

		Baseline 2015/16	2017/18	2018/19 to Q3 All	2018/19 to Q3 Stage 1	2018/19 to Q3 Stage 2
64.	The number of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales.	113/156	44/77	43/72	37/62	6/10
	The proportion of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales.	73.4%*	63.1%	59.7%	59.7%	60.0%
	Proportion of Social Work Adult Services complaints upheld	% upheld			48.4%	60.0%
		% partially upheld			16.1%	10.0%
		% not upheld			35.5%	30.0%
	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%.					

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.

Performance has fallen from 63.1% in 2017/18 to 59.7% in the three quarters to end of December 2018. The percentage of complaints upheld has increased since 2017/18 – Stage 1 from 36% to 48% and Stage 2 from 33% to 60%. For the equivalent period in 2017/18 the figure was 66.7%. However, it is important to note that the number of complaints is low given the large number of service user contacts during the year, with over 9,000 people receiving an assessment/review. Because of the low numbers, relatively small changes to meeting the timescales can seem significant. We are currently reviewing our performance relating to complaints in social work adult services, to better understand what we need to improve, and an improvement plan will be developed following that work.

4.5 Service User Experience – Sickness Absence in Social Work Adult Services - Indicator 66a

Table 3

Sickness Absence in Social Work Adult Services (target – 5.5%)	Baseline 2015/16	2017/18	2018/19 Q1	Direction of travel
	7.9%	8.41%	8.28%	▲

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

Whilst the overall figure for the nine months to the end of Q3 is marginally down on 2017/18, quarter by quarter the trend is upwards in 2018/19 (Q1 - 7.53%; Q2 – 8.55%; Q3 – 8.76%). The figure for the equivalent period in 2017/18 was 8.15%.

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 has impacted directly on employees. Whilst steps have been taken to engage and consult with staff, many continue to report increased stress and anxiety, both work related and non-work related. During the winter months, Social Work Adult Services absence increases due to colds and flu.

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.

Across Social Work Adult Services managers work in partnership with the HR business partner (absence) to identify concerns around absence at the earliest stage and work together to intervene. The message is around proactive and robust management of absence. A development session about absence management for Team Managers was organised by HR for the end of March.

4.6 Community Based Support – Respite for older people aged 65+ and people aged 18-64

Table 4

67. The total respite weeks provided to older people aged 65+. Annual indicator	2015/16	2016/17	2017/18
	1,703	1,549	1,352
68. The total respite weeks provided to older people aged 18-64. Annual indicator	2015/16	2016/17	2017/18
	724	578	554

Purpose:

The importance of supporting unpaid carers and enabling people to live independently at home are both well-established aspects of the Scottish Government’s approach to health and social care. Short breaks are an essential part of the overall support provided to unpaid carers and those with care needs, helping to sustain caring relationships, promote health and well-being and prevent crises.

Position:

Overnight respite to older people increased by 20% compared to 2016/17, daytime respite fell by 42%, leaving an overall drop in provision of 13%. 10% more older people benefitted from overnight respite in 2017/18; 39% less from daytime respite. The major reduction in daytime provision can be attributed to the withdrawal of Alzheimer's Scotland service.

Respite to other adults fell by 4% in 2017/18 (overnight by 5.5%; daytime by 0.5%) and the number of service users overall fell by 11%.

There are a variety of reasons for usage fluctuations in both age groups, and the number of people accessing short breaks can reduce for the following reasons:

- 1) Cared for person enters a long term care placement.
- 2) Cared for person passes away.
- 3) Reduction in availability of local resources for people who don't wish to use out of area resources e.g. when the Meadows (LD short breaks provision) closed more people started using the Rowans short break service as an alternative. This means the Rowans is oversubscribed. Some families don't wish to go anywhere else and are therefore using less weeks because the availability can't meet the level of demand.
- 4) The way people access short breaks is changing, as are opportunities for breaks. We are working in partnership with the Carers Centre and able to deliver some short breaks provision through their charitable projects i.e. Time to Live. Respitality (although these account for a small amount of short breaks in comparison to our overall delivery)
- 5) Breaks allocated are not always required e.g. Short Breaks Vouchers (mental health and dementia support) are allocated but only used 'as and when' the carer needs a break. If the cared for person is well, the carer may not feel the need to access all of the short breaks allocated
- 6) As we improve our approach to flexible short break provision, the quality of the breaks may mean that they are needed less often, however evidence of this is anecdotal and we can't say for sure what the potential impact on the figures would be

We acknowledge that some carers may have a delay in reviews being carried out and may not therefore be accessing a 'repeat' allocation when moving into a new financial year. This may mean that eligible carers are not coming forward for breaks as often as they could. We are hoping that the process of referral for Adult Carer Support Plans and Young Carer statements may address some of this.

As a result of the Carers (Scotland) Act 2016 there will be aggregate data from Falkirk Council, Falkirk HSCP and the Carers Centre which should give a more comprehensive picture of statutory and non-statutory provision going forward.

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

Table 5 - Indicator 81			
The number of overdue 'OT' pending assessments at end of the period	At 31 March 2016	At 09 April 2018	At 31 December 2018
	352	285	333

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 17% from 285 at the end of March 2018 to 333 as at 31st December 2018. Of those 333 cases, 157 (47%) were priority 2 and the remainder - 176 (53%) - 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. Two factors in particular continue to affect performance in this area of service:

- 1) Recruitment and retention of OTs continues to be a challenge.
- 2) The figure may be increased partially as a result of a recording issue in that some of these assessments should have been pending an assessment by a Social Care Officer rather than an Occupational Therapist. Work continues to improve recording practice in this area.
- 3) Growing demand

However, as noted in previous performance reports, the partnership is focused on making improvements in this area and there are a number of developments in progress which will help address this long standing issue:

- 1) There is now planning in place to address recruitment and retention in the medium to longer term.
- 2) The partnership is continuing work 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.
- 3) We are currently recruiting to 3 additional Occupational Therapist/Community Care Worker posts to focus on reablement.
- 4) 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 Occupational Therapist or a Social Care Officer.
- 5) Living Well Clinics (previously called Independence clinics) – the first clinic will be up and running from April 2019 and will be based at the Sensory Centre. This will give service users with lower level needs an alternative to waiting on a pending list for a home assessment by a Social Care Officer. This will offer a further alternative to citizens who require assessment for early functional decline and may benefit from a piece of equipment or minor adaptation (as well as other solutions).
- 6) Since last reporting the service has undertaken a substantial piece of work writing 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 have been supplied with information about Living Well Falkirk and signposted to the website as a way to find a solution.
- 7) This exercise is being extended to reviewing the priority of all the outstanding assessments pending to Occupational Therapists. This will address around 100 cases per month with an estimate that up to 20% of these will be appropriately referred on to the Living Well Clinics.

5 MSG 2019/20 Objectives

In early 2017, the Ministerial Strategic Group for Health and Community Care (MSG) agreed six main indicators to be used as a high level assessment of the progress of Health and Social Care Integration. At that time Health and Social Care Partnerships were invited to submit objectives for those six indicators for the next financial year (2017/18) with almost all HSCPs participating. The Board has previously approved the MSG submissions for these indicators.

Subsequently, a template was developed for the submission of objectives which Falkirk has used. The proposed objectives for 2019/20 were presented to the Unscheduled Care Programme Board in February 2019 and have now been provisionally submitted to meet MSG deadlines.

The Unscheduled Care Programme Board will continue to monitor progress against the trajectories set for these indicators on a quarterly basis. These will then be presented to the Board in the Performance report.

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.

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 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
National Indicators (23) (* Indicator under development nationally)	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
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 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	