Agenda Item

12

Falkirk
Health and Social Care
Partnership

Title/Subject:	**Performance Monitoring Report**
Meeting:	**Integration Joint Board**
Date:	**6 December 2019**
Submitted By:	**Senior Service Manager**
Action:	**For Noting**

1. INTRODUCTION

1.1   The Performance Monitoring report presents a comprehensive review of local performance indicators. This is based on the most up to date position against the previously reported timeframe where applicable, giving a year on year comparison.

2. RECOMMENDATION

The Integration Joint Board (IJB) is asked to:

2.1   note the content of the performance monitoring report

2.2   note that appropriate management actions continue to be taken to address the issues identified through these performance monitoring reports.

3. BACKGROUND

3.1   The overall approach to performance underlines the principle that robust performance management is integral to the delivery of quality improvement and core to sound management, governance and accountability.

3.2   The Performance Monitoring Report is presented to support focus on current key performance issues and actions in relation to delivery of services and relevant targets and measures which are included in the Integration Functions and set out in the Strategic Plan. It supports the IJB to fulfil its ongoing responsibility to ensure effective monitoring and reporting in respect of delivery of services.

3.3   Detail in terms of performance indicators within the report is monitored locally on an ongoing basis through a variety of fora including the Unscheduled Care Programme Board.

4.   APPROACH

4.1   The Falkirk Partnership Performance Group has met to agree a structured and themed timetable in relation to performance reporting into 2020. This has been based on the proposed programme of meetings presented to a separate agenda item.

4.2   This timetable can be amended dependant on the decision taken by the Board about its meeting dates. The Board may also consider additional report requirements that can be included in the timetable.

IJB Meeting 2020	Performance Monitoring Report Content
20 March 2020	Local indicators to Quarter 3 MSG indicators Report Delayed Discharge and ED Performance
5 June 2020	Local indicators to Q4 (where available) MSG indicators Report Delayed Discharge and ED Performance
4 September 2020	Full year comparisons from 15/16 Annual performance – national indicators Delayed Discharge and ED performance
20 November 2020	Local indicators to Q2 MSG integration indicators Delayed Discharge and ED performance

4.3   Information and data have been sourced from a number of areas across Falkirk Council and NHS Forth Valley with a mix of approaches taken. The Pentana performance dashboard has been used to prepare portions of the report with further development underway across the partnership to better align reporting.

4.4   The report draws on a basic balanced scorecard approach designed to provide a comprehensive 'at a glance' view of measures against associated targets, with a comparison from the previous year and direction of travel.

4.5   There is a focus on exception reporting with measures displaying a deteriorating position against the last comparable reporting timeframe, or are particular areas of challenge.

4.6   Performance reporting will continue to develop in a responsive manner taking account of Scottish Government directives, local changes, the new Strategic Plan and refreshed strategy map.

5. PERFORMANCE MONITORING REPORT

5.1 The content of the Performance Monitoring report focuses on local performance indicators and data in respect of the most up to date position against the previously reported timeframe where applicable, providing a year on year comparison. The report focuses on the reporting period September 2018 to September 2019 and is attached at Appendix 1.

5.2 Section 1 provides a summary of key performance issues for the Integration Joint Board:

- Emergency Department Performance against the 4 Hour Access Standard
- Rate of Emergency Department Attendances
- Delayed Discharge
- Complaints – Falkirk Council Social Work Adult Services
- Complaints – NHS Forth Valley
- Attendance management – Falkirk Council Social Work Adult Services
- Attendance management - NHS Forth Valley
- Overdue pending OT Assessments – Falkirk Council Social Work Adult Services

5.3 Section 2 provides an overview of the Format and Structure of the Performance Report.

5.4 Section 3 provides the Performance Dashboard which maps to the local outcomes detailed in the Strategy Map. This has been updated to reflect the new Strategic Plan priorities. Work will continue to develop indicators aligned to the Strategic Plan.

5.5 Three additional indicators have been included in the Strategy Map under the Experience Local Outcome. Indicators are noted as delivery of alcohol brief interventions, the percentage of patients that commence treatment for substance misuse within 3 weeks of referral and Psychological Therapies Waiting Times. The current position is highlighted in Table 3 of the Performance Dashboard.

5.6 Section 4 provides exception reports for all indicators with a deteriorating position since the last reporting period, or indicators that require on-going monitoring.

5.7 Appendices:

- Appendix 1 – Falkirk Integration Joint Board Strategy Map
- Appendix 2 – Glossary.

6. **CONCLUSION**

The Performance Monitoring Report presents a range of information on local and national indicators.

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

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

Consultation
This is not required for the report.

Equality and Human Rights Impact Assessment
This is not required for the report.

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Approved for submission by: Patricia Cassidy, Chief Officer

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Date: 8 November 2019

List of Background Papers:

Performance Monitoring Report

**Reporting Period
September 2018 – September 2019**

Contents

1.   KEY PERFORMANCE ISSUES

1.1   Emergency Department (ED) Performance against the 4 hour Access Standard

95% of patients should wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment.

Overall compliance for September 2019 was 87.4%; Minor Injuries Unit (MIU) 99.3%, ED 83.1%. A total of 1013 patients waited longer than the 4 hour target across both the ED and MIU; with 31 waits longer than eight hours and 2 longer than 12 hours. The main reason for patients waiting beyond 4 hours remains 'wait for first assessment' with 732 patients.

The September 2019 compliance for the Falkirk Partnership highlights an improvement to 85.6% in September 2019 compared with 77.5% in September 2018.

1.2   Rate of Emergency Department Attendance

The average monthly ED attendance rate for NHS Forth Valley in September 2019 is 2114 per 100,000 populations, an increase from 1779 in September 2018. The position in respect of the Falkirk partnership in September 2019 is an average monthly rate of 2231 per 100,000 populations. In line with the overall Forth Valley position, this is an increase from 1901 in September 2018.

1.3   Delayed Discharge

The September 2019 census position for Forth Valley delays over 14 days is 41 against a zero standard. A further 16 delays waiting under 2 weeks brings the total number of standard delays to 57. Including 26 code 9 exemptions the total number of delayed discharges at the September 2019 census point is noted as 83; 78 Forth Valley residents and 5 from out with Forth Valley.

The Falkirk partnership breakdown at the September census is noted as:

- 35 Standard delays, 29 of which are delayed over 2 weeks
- 16 code 9 exemptions
- 51 total delays

Across Forth Valley, the number of bed days occupied by people delayed in their discharge at the September 2019 census was 1733, comparable with the September 2018 position of 1724.

Within the Falkirk Partnership the number of bed days occupied by delayed discharges is noted as 1294 at the September 2019 census, an increase of 84 from September 2018.

1.4   Complaints - Falkirk Council Social Work Adult Services

Comparing 2018/19 with the first half of 2019/20 performance has remained static; 2018/19 57.5%, 2019/20 57.1%.

Stage 1 performance declined by 2% and Stage 2 increased by 12%. Compared to the same period six month period in 2018/19 the number of complaints has risen from 53 (Stage 1 - 45; Stage 2 - 8) to 63 (Stage 1 - 55; Stage 2 - 8).

1.5   Complaints - NHS Forth Valley

During the period April to August 2019, a total of 37 complaints (excluding complaints transferred/ withdrawn/ consent not received) were received by the Patient Relations Team relating to the delegated functions for the Falkirk Health & Social Care Partnership. The year to date response rate is noted as 83.8%. 87.5% of Stage 1 complaints were responded to within the timescale with 79.3% of Stage 2 complaints. The SPSO has received no cases relating to Falkirk HSCP complaints during April to August 2019.

1.6   Attendance Management - Falkirk Council Social Work Adult Services

The sickness absence figure remain significantly above the target of 5.5% with the position in the first quarter 2019/20 noted as 7.7% and the quarter 2 position 8.2%.

1.7   Attendance Management - NHS Forth Valley

The target is to reduce sickness absence to 4% or less however an interim or milestone target of 4.5% has been agreed. Overall September 2019 sickness absence position is reported as 5.5% with the year to date position also noted as 5.5%.

Long term absence has increased by 0.1% to 3.4% in September 2019 from 3.3% in September 2018, with Short Term absence reducing to 1.8% from 2.0% in September 2018.

1.8   Access to Psychological Therapies

90% of patients should start treatment within 18 weeks of referral to Psychological Therapies (18 week Referral to Treatment). In October 2019, 52.2% of patients were treated within 18 weeks of referral.

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

The number of overdue OT pending assessments decreased by 31% from 314 at the end of March 2019 to 218 at the end of September 2019. Of those 218 cases, 142 (65%) were priority 2 and the remainder 76 (35%) were priority 3

2.   FORMAT AND STRUCTURE

2. Format and Structure

The Partnership focus is across the local outcomes with work continuing to support a balanced approach to measurement and reporting. Trajectories have been agreed against MSG national standards.

Section 3 of the report highlights local data is based on the most up to date position against the previously reported timeframe where applicable, giving a year on year comparison. Performance data relates to adults aged 18 and over.

The Performance Exception Reports at section 4 detail areas of challenging performance. Key issues are highlighted along with actions underway to support improvements.

Key:

Direction of travel relates to previously reported position	
▲	Improvement in period
◄►	Position maintained
▼	Deterioration in period
—	No comparative data

3.   PERFORMANCE DASHBOARD

a. Table 1: Self Management Indicators

Ref	Measure	September 2018	September 2019	Direction of travel	Exception Report
TABLE 1: Self Management Indicators 24 - 40					
24	Emergency department 4 hour wait Forth Valley (18+)	82.2%	87.4%	▲	Page 12
25	Emergency department 4 hour wait Falkirk (18+)	77.5%	85.6%	▲	
26	Emergency department attendances per 100,000 Forth Valley Population	1779	2117	▼	
27	Emergency department attendances per 100,000 Falkirk	1901	2230	▼	
28	Emergency admission rate per 100,000 Forth Valley population (all ages)	980	884	▲	
29	Emergency admission rate per 100,000 Falkirk population	871	875	▼	

Ref	Measure	April 2018	April 2019	Direction of travel	Exception Report
30	Acute emergency bed days per 1000 Forth Valley population	792.2	677.7	▲	Data relating to occupied bed days pertaining to unscheduled care are based upon SMR01 data. Presently data are available up to April 2019, however are not complete.
31	Acute emergency bed days per 1000 Falkirk population	862.17	737.5	▲	

Ref	Measure	July 2018	July 2019	Direction of travel	Exception Report
32	Number of patients with an Anticipatory Care Plan in Forth Valley	15,752	16,568	▲	-
33	Number of patients with an Anticipatory Care Plan in Falkirk	6,804	7,329	▲	-
34	Key Information Summary as a percentage of the Board area list size Forth Valley	4.9%	5.1%	▲	-
35	Key Information Summary as a percentage of the Board area list size Falkirk	4.3%	4.6%	▲	-

Ref	Measure	2017/18	2018/19	Direction of travel	Exception Report
Self Directed Support (SDS) options selected: People choosing					
37	SDS Option 1: Direct payments (data only)	30 (0.7%)	35 (0.8%)	-	-

38	SDS Option 2: Directing the available resource (data only)	192 (4.8%)	192 (4.5%)	-	-
39	SDS Option 3: Local Authority arranged (data only)	3,522 (87.3%)	3,875 (90.1%)	-	-
40	SDS Option 4: Mix of options, 1,2 (data only)	292 (7.2%)	197 (4.6%)	-	-

Total service option choices:

- Option 1 – 63 (1.5% of people choosing)
- Option 2 – 370 (8.6%)
- Option 3 – 4,067 (94.6%)

b.   Table 2: Safety Indicators

TABLE 2: Safety Indicators 42 - 49					
Ref	**Measure**	**April 2018**	**April 2019**	**Direction of travel**	**Exception Report**
42	Readmission rate within 28 days per 1000 FV population	0.69	0.43	▲	Data in respect of readmissions is complete up to April 2019. Recent changes in inpatient recording and processes have impacted on ability to accurately report some aspects of elective and emergency activity. Measures are in place to address this issue and to validate data going forward.
43	Readmission rate within 28 days per 1000 Falkirk population	0.81	0.44	▲	
44	Readmission rate within 28 days per 1000 Falkirk population 75+	1.43	0.96	▲	
Ref	**Measure**	**2017/18**	**2018/19**	**Direction of travel**	**Exception Report**
45	Number of Adult Protection Referrals (data only)	706	557	-	-
46	Number of Adult Protection Investigations (data only)	81	68	-	-
47	Number of Adult Protection Support Plans at end of period (data only)	24	8	-	-
Ref	**Measure**	**2018/19 H1**	**2019/20 H1**	**Direction of travel**	**Exception Report**
48	The total number of people with community alarms at end of the period	4,173 (at 30/9/18)	4,066 (at 30/9/19)	-	-
49	Percentage of community care service users feeling safe	90%	90%	◄►	-

c.   Table 3: Experience Indicators

TABLE 3: Experience Indicators 54 - 68

Ref	Measure	September 2018	September 2019	Direction of travel	Exception Report
54	Standard delayed discharges	38	35	▲	
55	Standard delayed discharges over 2 weeks	24	29	▼	
56	Bed days occupied by delayed discharges	1210	1294	▼	Page 14
57	Number of code 9 delays, including guardianship	9	16	▼	
58	Number of code 100 delays	3	7	▼	
59	Delays - including Code 9 and Guardianship	47	51	▼	

Ref	Measure	2018/19	2019/20 H1	Direction of travel	Exception Report
60	Percentage of service users satisfied with their involvement in the design of their care package	98%	99%	▲	-
61	Percentage of service users satisfied with opportunities for social interaction	90%	91%	▲	-
62	Percentage of carers satisfied with their involvement in the design of care package	93%	94%	▲	-
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	91%	92%	▲	-

Ref	Measure	2018/19	2019/20 H1	2019/20 H1 Stage 1	2019/20 H1 Stage 2	Direction of travel	Exception Report
64	The number of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales.	61/106	36/63	31/55	5/8	-	Page 18
	The proportion of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales.	57.5%	57.1%	56.4%	62.5%	▼	
	Proportion of Social Work Adult	% Upheld		21.8%	37.5%	-	-

TABLE 3: Experience Indicators 54 - 68						
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%.	% Partially upheld	21.8%	25.0%	-	-	
	% Not upheld	56.4%	37.5%	-	-	

Ref	Measure	Baseline	Apr-Aug 2019	Direction of travel	Exception Report
65	The number of complaints to NHS Forth Valley applicable to Falkirk IJB	-	37	-	Page 19
	The percentage of complaints responded to within 20 days	-	83.8%	-	
	The number of SPSO cases received	-	0	-	

Ref	Measure	2018/19	2019/20 Q1	Direction of travel	Exception Report
66a	Attendance Management - Social Work Adult Services (Target – 5.5%)	8.4%	7.7%	▼	Page 21

Ref	Measure	Sept 2018	Sept 2019	Direction of travel	Exception Report
66b	Attendance Management – NHS Forth Valley (Interim target 4.5%)	5.3%	5.5%	▼	
	Percentage of days lost to short term absence each month within NHS Forth Valley	2.0%	1.8%	▲	Page 23
	Percentage of days lost to long term absence each month within NHS Forth Valley	3.3%	3.4%	▼	

Ref	Measure	Year to Sept 2018	Year to Sept 2019	Direction of travel	Exception Report
67	Number of Alcohol Brief Interventions delivered – annual target 3410	2964	5039	▲	-

Ref	Measure	Quarter to Sept 2018	Quarter to Sept 2019	Direction of travel	Exception Report
68a	Substance Misuse - Percentage of patients that commence treatment within 3 weeks of referral – Forth Valley Alcohol & Drug Partnership (90%	99.1%	97.9%	▼	-

Ref	Measure				
	target)				
68b	Substance Misuse - Percentage of patients that commence treatment within 3 weeks of referral – Forth Valley Prisons (90% target)	100%	99.2%	▼	-
69	Access to Psychological Therapies – Percentage of people that commenced treatment within 18 week of referral – 90% target)	59.2%	52.2%	▼	Page 24

d.   Table 4: Strong Sustainable Communities Indicators

TABLE 4: Strong Sustainable Communities Indicators 69 - 82					
Ref	**Measure**	**End Sep 2018**	**End Mar 2019**	**Direction of travel**	**Exception Report**
69	Number of people aged 65+ receiving homecare	1,636	1,697		-
70	Number of homecare hours for people aged 65+	10,975	11,618		-
71	Rate of homecare hours per 1000 population aged 65+	371.6	387.2	**	-
72	Number people aged 65+ receiving 10+ hrs of home care	366	392		-
73	Number & percentage of Home Care service users aged 65+ receiving personal care	1,617 & 98.8%	1,678 & 99.0%		-
74	Number & percentage of Home Care service users aged 18-64 receiving personal care	-	194 & 99.5%	-	-

Note that the Home Care data in indicators 69 to 73 are affected by changes made by the Scottish Government to the annual Social Care Survey, now reported to ISD as SOURCE. This data is now reported on a six monthly basis in 2018-19 with the latest available data return being for quarters 3 and 4 (October 2018 to March 2019) and this is used to provide the snapshot at the end of March. The data reported here for is also not directly comparable with previous reported data as it now omits services delivered under housing support

Ref	**Measure**	**2018/19 H1**	**2019/20 H1**	**Direction of travel**	**Exception Report**
78	Number of new Telecare service users 65+	83	77	▼	-
79	The number of people who had a community care assessment or review completed	5,474 people (6,374 assessments 3,709 reviews)	6,237 people (7,700 assessments 3,276 reviews)	-	-
80	Number of Adult Care Support Plans that have been completed by the	340 (2018/19)	302	N/A	-

	Carers Centre				
Ref	**Measure**	**March 2019**	**At 31/09/19**	**Direction of travel**	**Exception Report**
81	The number of overdue 'OT' pending assessments at end of the period	314	218	▲	Page 26
Ref	**Measure**	**2015/16**	**2018/19**	**Direction of travel**	**Exception Report**
82	Proportion of last six months of life spent at home	86%	86%	◄►	-

4.   PERFORMANCE EXCEPTION REPORTS

a.   **Local Outcome: Self Management - Unscheduled Care – Emergency Department (ED) Compliance**

Target
95% of patients should wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment.
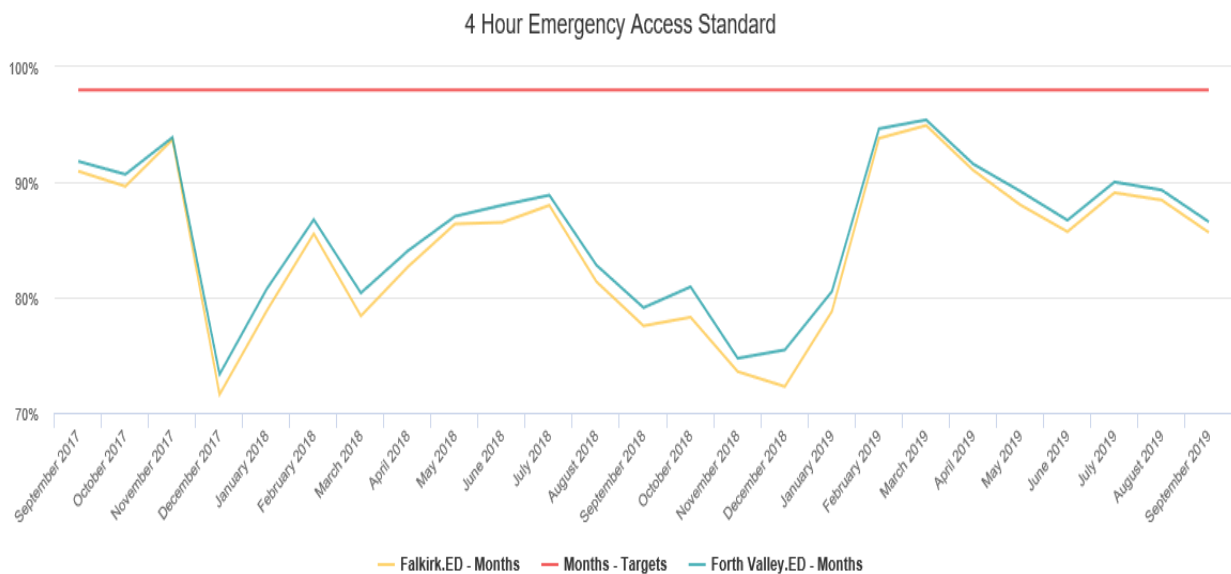
Performance
Overall Forth Valley compliance for September 2019 was 87.4%; Minor Injuries Unit 99.3%, ED 83.1%. A total of 1013 patients waited longer than the 4 hour target

across both the ED and MIU, with 31 waits longer than eight hours and 2 longer than 12 hours. It should be noted that there is an improving trend across the period September 2018 to September 2019.

The Falkirk Partnership position mirrors Forth Valley with the September 2019 compliance noted as 85.6%.

Throughout all age ranges in those aged over 18, the main reason for waits beyond 4 hours was recorded as 'Wait for First Assessment' with 732 patients. This is indicative of delays across the whole system.

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

4 Hour Emergency Access Standard

Work continues to focus on all aspects of unscheduled care to support improvement in performance as a whole system with a number of operational and process changes taking place. A Forth Valley Operations Centre is in place enabling decisions to be informed and data driven, made at the right time to ensure safety and flow is maintained across the Forth Valley Royal Hospital and community sites.

Specific overarching actions to support improved flow are underway with work in relation to developing the Daily Dynamic Discharge continuing in downstream wards and regular senior multi disciplinary team reviews of patients with length of stay over 14 day.

b.   **Local Outcome: Self Management - Unscheduled Care – Emergency Department Attendances**

Target
The target is a reduction in the number of attendances at the Emergency Department per 100,000 populations.

Performance

The average monthly Emergency Department attendance rate across Forth Valley in September 2019 is 2117 per 100,000 populations, an increase from 1779 in September 2018.

The Falkirk Partnership is highlighted in chart 2 as displaying a similar position to Forth Valley with 2230 attendances per 100,000 populations in September 2019 compared with 1901 in September 2018.

Chart 2: ED Attendances Rate per 100,000 populations

ED Attendance rate per 100,000 population

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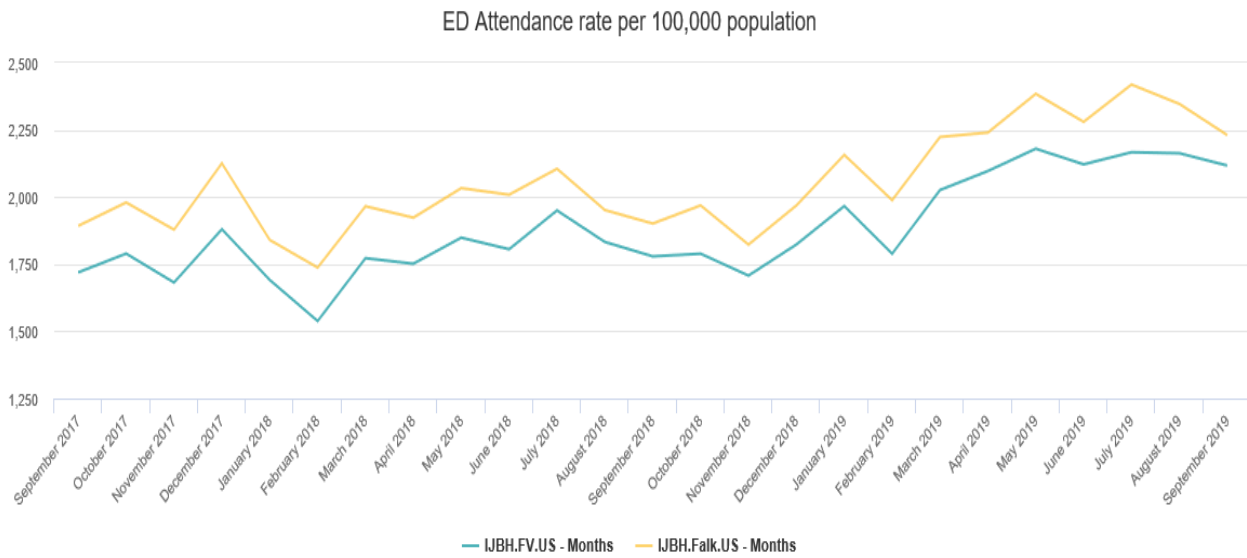
The Closer to Home model aims to support individuals to remain more resilient at home by identifying and addressing gaps and utilising the assets they have and their care circle/community have available. At a time of escalating need or 'crisis' the model supports them to access care or support at the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

The Enhanced Community Team deliver dedicated additional capacity to avoid hospital attendance and/or admission. The team comprising nursing and AHPs deliver a seven day service closer to home and have the flexibility to work across and between partnerships. This ensures the additional resource is lean yet has the capacity to respond to demand in a timely manner addressing needs, de-escalating crisis and preventing further deterioration.

The service aims 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

Service admissions (referrals) by Patient Categorisation

In September 2019, 23 people were admitted (referred) to the service
▪ 39% (9/23) are categorised as unwell adult
▪ 22%(5/23) Other categories

▪ 39% (9/23) were referred as part of discharge facilitation

The Partnership Funding report, as a separate agenda item, notes the outcome of the monitoring review process and further work ongoing.

c. **Local Outcome: Experience – Unscheduled Care - Delayed Discharge**

Performance

Table 1: Delayed Discharge Breakdown – September 2019

	Under 2 wks	Over 2 wks	Standard Delays	Guardianship 9/51X	Code 9_Other	TOTAL (Ex code 100)	Code 100
Falkirk	6	29	35	11	5	**41**	7
Total FV	16	41	57	15	11	**83**	12

The September 2019 census position for Forth Valley delays over 14 days is 41 against a zero standard. A further 16 delays waiting under 2 weeks brings the total number of standard delays to 57. Including 26 code 9 exemptions the total number of delayed discharges at the September 2019 census point is noted as 83; 78 Forth Valley residents and 5 from out with Forth Valley.

The Falkirk partnership breakdown at the September census is noted as:
▪ 35 standard delays, 29 of which are delayed over 2 weeks
▪ 16 code 9/ Guardianship exemptions
▪ 51 total delays

In addition, at the September census there were 12 code 100 delays within Forth Valley, 7 for Falkirk Partnership.

Of the 35 Standard Delays in Falkirk:
▪ 19 awaiting care homes (all over two weeks)
▪ 11 allocated and assessment ongoing (5 patients are over two weeks and 6 under two weeks)
▪ 1 awaiting care packages for home (over two weeks)
▪ 2 Awaiting Housing (over two weeks)
▪ 2 Awaiting housing adaptations

Chart 3: Standard Delays

**Standard Delayed Discharges
September 2018 to September 2019**

Legend: Falkirk, Forth Valley
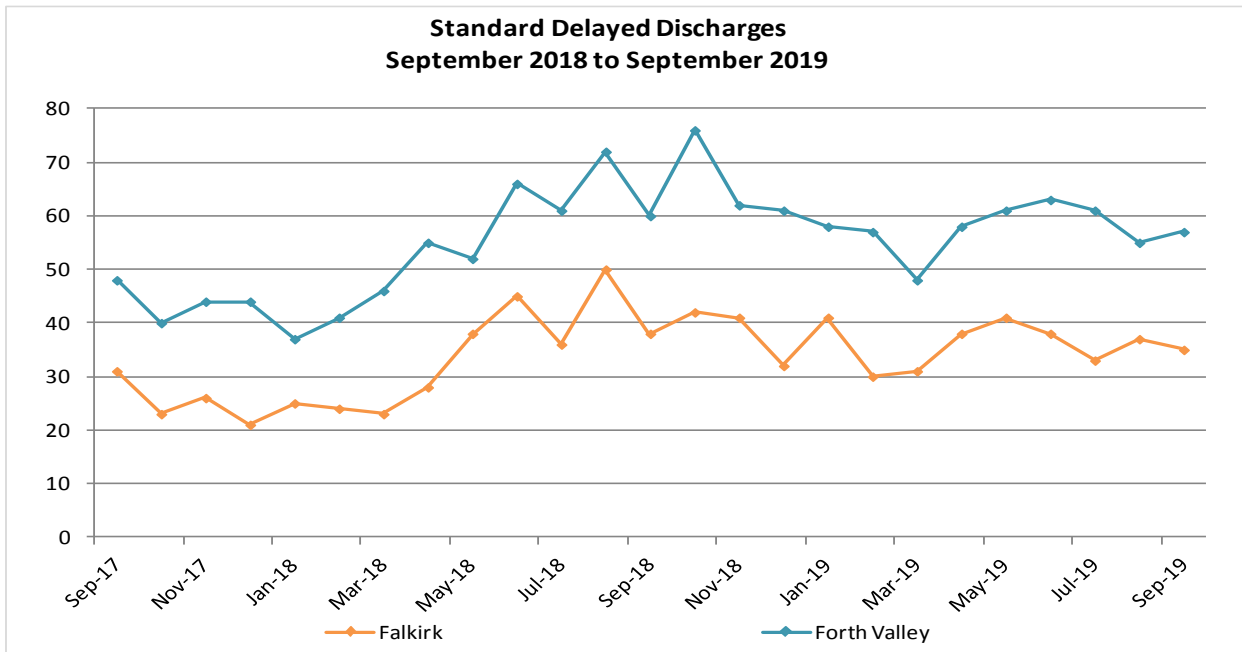
Table 2: Bed Days Occupied: 2-week Target at Census Point (Exc. Codes 9 and 100)

	Under 2 wks	Over 2 wks	Total BDO
Falkirk	6	1288	1294
Total FV	14	1719	1733

Across Forth Valley, the number of bed days occupied by people delayed in their discharge at the September 2019 census was 1733, comparable with the September 2018 of 1724. There remains an increasing or worsening trend October to September 2017/18 compared with 2018/19 with a 38% increase in the average number of occupied bed days.

In respect of the Falkirk Partnership there is an increase of 84 in the number of bed days occupied by delayed discharges in September 2019 compared with September 2018. An increasing or worsening trend is noted in respect of the average monthly bed days occupied by delayed discharges October to September 2018/19 compared with 2017/18, with a 30% increase highlighted.

There remains volatility in relation to the number of bed days occupied by people delayed in their discharge with month on month variability. A marked reduction is noted to March 2019 from a high in October 2018 however this has increased April to Septemebr 2019. The position remains under review.

Chart 4: Occupied Bed Days

Delayed Discharge_Bed days occupied
September 2017 to September 2019
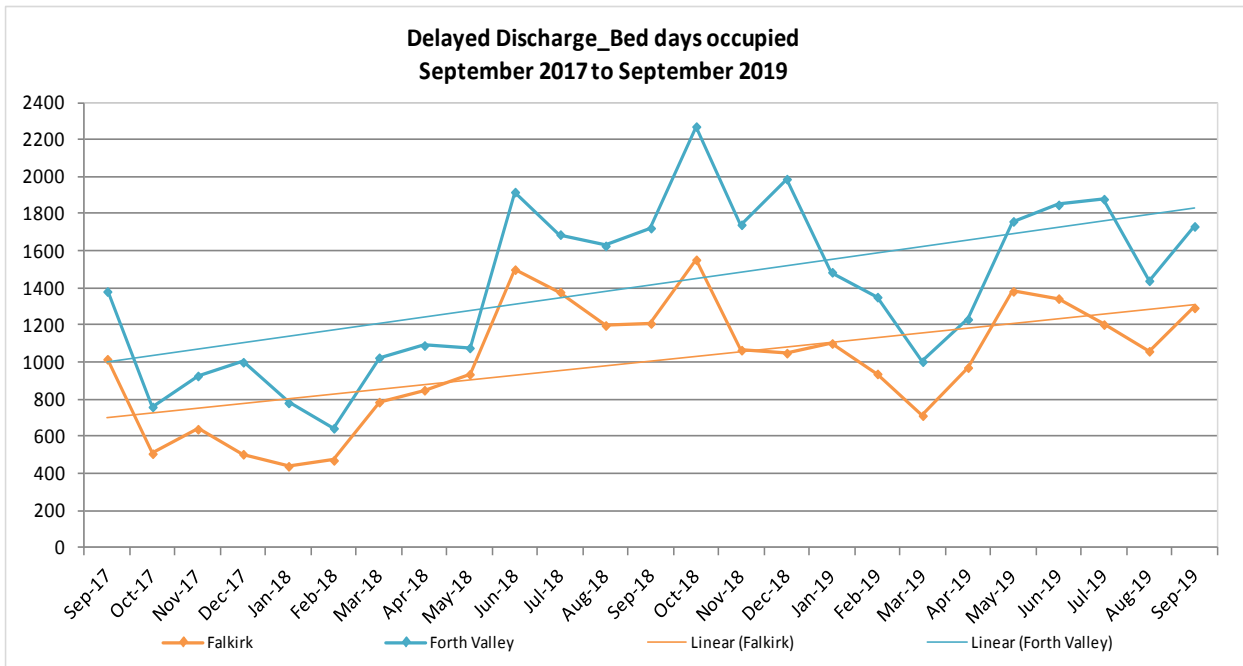
Chart 5: Code 100 and Code 9

Delayed Discharge_Code 9 and Guardianship
September 2017 to September 2019
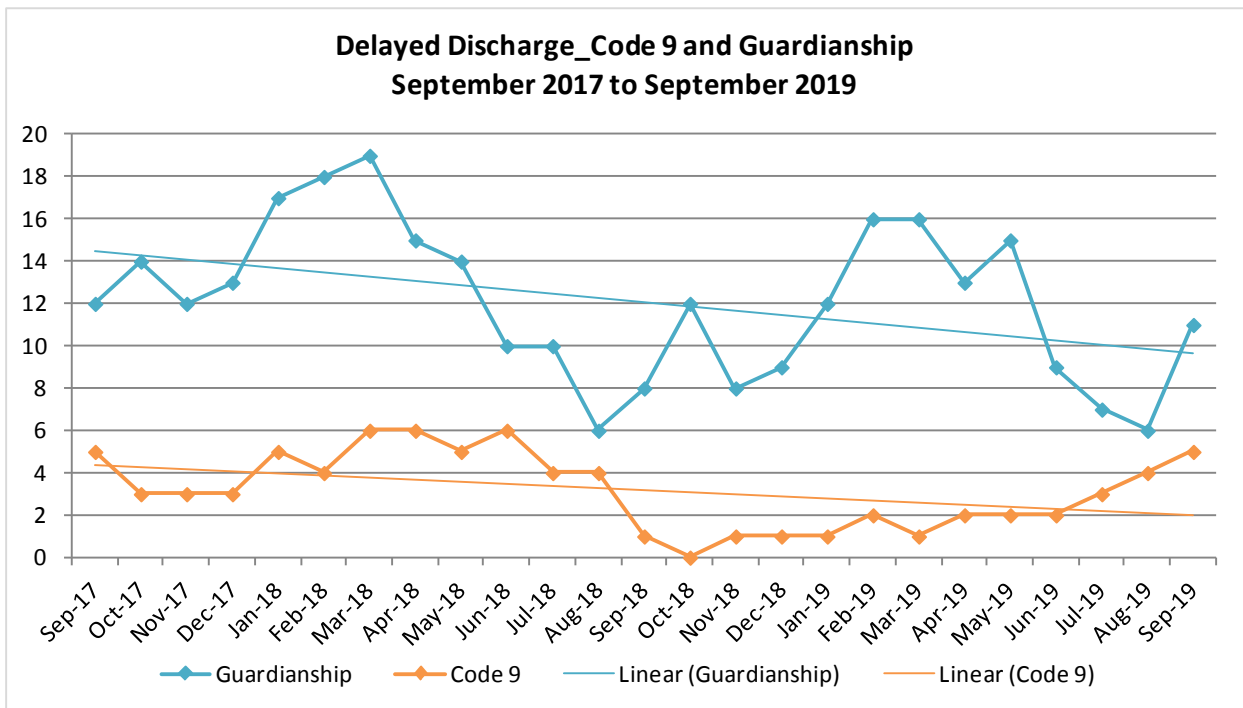
Position

On-going actions to support timely discharge include:

- Continued input from the discharge team means patients are reviewed within 72 hours including early identification of patients who are ready for discharge either home or from hospital to Short Term Assessment/ Community Hospital or in appropriate cases to care homes.
- On-going review of patients with a length of stay over 7 days with regular monitoring, analysis and improvement with escalation to help prevent extended delays.

- Multi Disciplinary Team meetings to identify discharge pathways and goals along with on-going review of patients who are identified for moves to community hospital to explore all options ensuring only those who require community hospitals are moved there.
- Increased monitoring and scrutiny of delayed discharge performance via the weekly delayed discharge dashboard
- Dynamic Daily Discharge implemented in all wards and measuring impact on Length of Stay and time of discharge. This links to the Priority Patient initiative.
- Introduction of Carer Centre support workers in FVRH to raise awareness of The Carers Strategy, identifying carers who may require assessment and support at discharge.
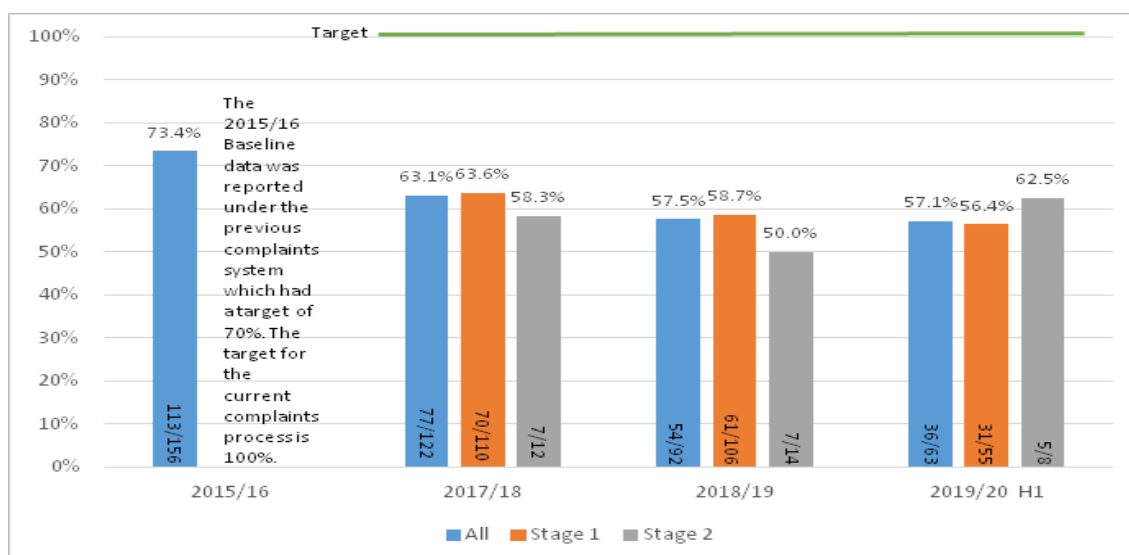
There are a number of actions in early development stages but it is anticipated that these will impact on numbers of patients delayed in their discharge.

- Reviewing patients with length of stay over 14 days in FVRH allowing a senior multi disciplinary team discussion around any barriers to support discharges
- Home First - Falkirk HSCP colleagues are present in FVRH and attend Dynamic Daily Discharge meetings, providing early sight of patients ready for discharge with a Home First approach. This is being tested in 3 wards.
- Dynamic Daily Discharge meetings on all wards in FVRH
- Development of an Integrated Discharge Service to include both HSCP integrated teams, Third Sector, Allied Health Professions and Transport
- Ongoing work and development of Day of Care Surveys
- Forth Valley Winter Plan has been developed with good clinical and non clinical engagement. The Plan will ensure that inappropriate admissions to the acute hospital are avoided and that patients are discharged home or closer to home, in a safe and timely manner, with the appropriate health and social care support.

The development of the Falkirk Unscheduled Care Improvement Plan, as a separate agenda item, continues the work being done to improve timely discharge.

d.   **Local Outcome: Experience – Complaints to Social Work Adult Services**

   Chart 6: Percentage of complaints completed within timescales

The chart shows a bar graph with Target line at 100%. Data points:

- 2015/16: All 73.4% (113/156). Text note: "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%."
- 2017/18: All 63.1% (77/122), Stage 1 63.6% (70/110), Stage 2 58.3% (7/12)
- 2018/19: All 57.5% (54/92), Stage 1 58.7% (61/106), Stage 2 50.0% (7/14)
- 2019/20 H1: All 57.1% (36/63), Stage 1 56.4% (31/55), Stage 2 62.5% (5/8)

Legend: All, Stage 1, Stage 2

Purpose

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

Position

In April 2017 the social work complaints handling procedure changed to comply with SPSO requirements. Prior to this a series of training sessions were delivered to raise staff awareness of the new procedure. Support with logging and closing off complaints is now handled centrally. Weekly reports of complaints outstanding are provided to the Heads of Integration and Service Managers.

Performance of complaints completed within timescale remained at around 57% during the first half of 2019/20; Stage 1 performance declined by 2% and Stage 2 increased by 12%. Compared to the same period six month period in 2018/19 the number of complaints has risen from 53 (Stage 1 - 45; Stage 2 - 8) to 63 (Stage 1 - 55; Stage 2 - 8).

Chart 7 shows the outcomes of the complaints for the last 3 years. A greater proportion of complaints were not upheld between April and September than in the previous 2 years.

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 8,500 people receiving an assessment/review. Because of the low numbers, relatively small changes to meeting the timescales can seem significant.

Chart 7: Outcome of Social Work Complaints
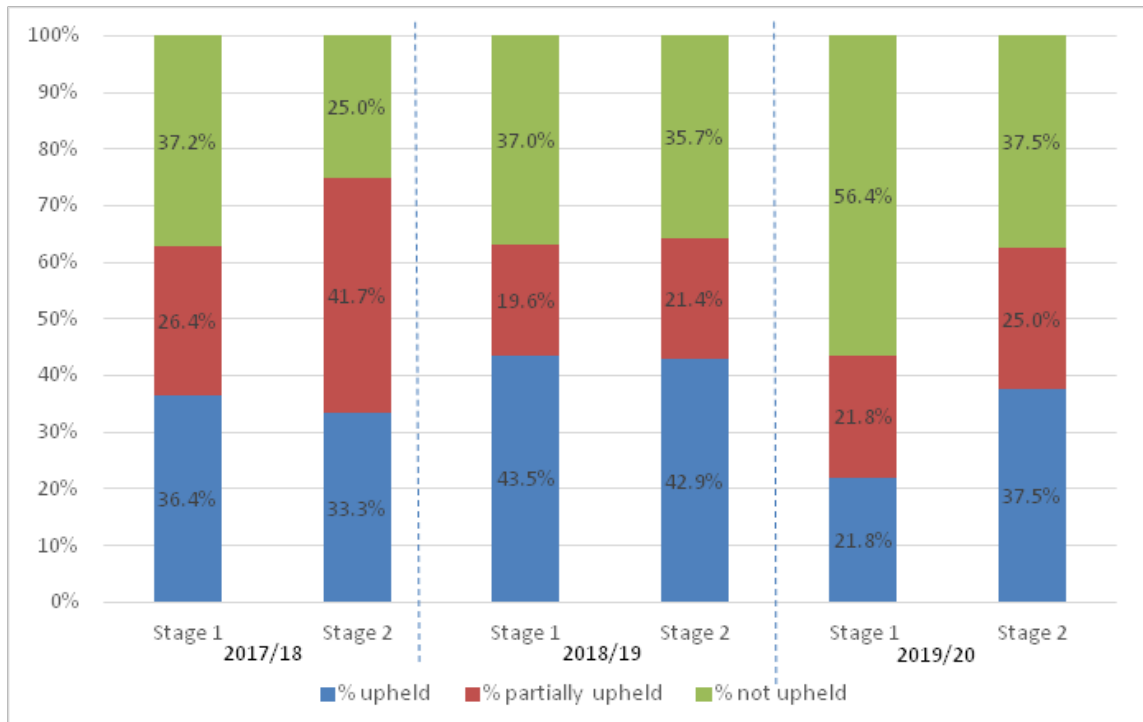
The partnership leadership team is keen to learn from complaints and ensure that all complaints are responded to within appropriate timescales. Complaint compliance now forms part of the standing agenda for their meeting, as such; we expect to see significant improvement over the coming months. The improvement plan is currently being updated to reflect the new roles and responsibilities while we continue to restructure

e. **Local Outcome: Experience – Complaints to NHS Forth Valley**

Performance
During the period April to August 2018, a total of 37 complaints (excluding complaints transferred/ withdrawn/ consent not received) were received by the Patient Relations Team relating to the delegated functions for Falkirk Health & Social Care Partnership. There year to date response rate is noted as 83.7%.

87.5% of Stage 1 complaints were responded to within the timescale with 79.3% of Stage 2 complaints. The SPSO has received no cases relating to Falkirk HSCP complaints April to August 2019.

In total there are approximately 59 departments listed against the delegated functions. During the period April – August 2019, 23 departments have received complaints.

A breakdown of the complaint themes and departments are provided in table 3 detailing the number of issues raised against each theme. A complainant can raise multiple issues within their complaint and these themes can crossover into a variety of departments. The table provides a clearer understanding of the issues raised by

complainants and areas to enable focus on any key learning required or improvements to be made to services provided.

Table 3: Complaint Themes

| Month	Category Type	Category	Department
April	Env/Dom/Personal Records	Accuracy of Records	Ward B21, FVRH
	Clinical Treatment	Disagreement with treatment/care	AHP Rehab Care Group
			Ward B21, FVRH
			Woodlands Resource Centre x 2
	Staff Communication (Oral)	Lack of Clear Explanation	AHP Rehab Care Group
		Face to Face	Woodlands Rescource Centre
	Staff Attitude & Behaviour	Staff Attitude	AHP Rehab Care Group
			SERCO/Forth Health, SCH
	Waiting Time/Date of Appointment	Unacceptable Waiting Time for Appointment	AHP Rehab Care Group
			Child & Adolescent Mental Health
		Waiting Time/Date of Appointment/Other	Child & Adolescent Mental Health
May	Clinical Treatment	Co-ordination of Clinical Treatment	Unit 2, FCH
		Disagreement with treatment/care	Ward 3, FVRH
	Staff Attitude & Behaviour	Inappropriate Comments	Ward 1, FVRH
		Staff Attitude	Woodlands Resource Centre
	Staff Communciation (Oral)	Lack of Explanation	Unit 2, FVRH
		Misunderstanding	AHP Rehab Care Group
	Staff Competence	Staff Competence/Other	Psychological Therapies
	Waiting Time/Date of Appointment	Cancelation of Admission	Ward 2, FVRH
		Waiting for Referral	AHP Rehab Cae Group
June	Clinical Treatment	Disagreement with treatment/care	Woodlands Resource Centre
		Nursing Care	Ward 1, Bo'ness
		Treatment Outcome not As Expected	AHP Out-patients Care Group
	Env/Dom/Catering	Poor Choice of Menus	Ward 4, SCH
	Staff Attitude & Behaviour	Abruptness	Out of Hours
		Insenstive to Patient Needs	Unit 3, FCH
		Lack of Support	ESP Physio Orthopaedic
		Inappropriate Comments	AHP Out-patients Care Group
	Staff Communication (Oral)	Telephone	Ward 1, FVRH
	Staff Communication (Written)	Lack of Explanation	Woodlands Resource Centre
	Waiting Time/Admission/Attendence	Waiting for Referral	Woodlands Resource Centre
	Waiting Time/Date of Appointment	Unacceptable Waiting Time for Appointment	Woodlands Resource Centre
July	Clinical Treatment	Disagreement with treatment/care	Ward 1, FVRH
		Treatment Against Will	Ward 3, FVRH
		Nursing Care	Ward A32, FVRH
	Proc Iss/Failure to follow Process	Failure to Follow Agreed Procedure	Ward B21, FVRH
	Staff Attitude & Behaviour	Lack of Support	Ward B21, FVRH
		No assitance from Staff in Feeding	Ward B21, FVRH
	Staff Communication (Oral)	Patient Not Verbally Told Things	Ward A32, FVRH
		Lack of Clear Explanation	Ward B21, FVRH
	Waiting Time/Date of Appointment	Unacceptable Waiting Time for Appointment	Community Nursing
August	Clinical Treatment	Disagreement with treatment/care	Out of Hours
			Ward B21, FVRH
			Ward 5, FVRH
		Falls	Ward B21, FVRh
	Staff Attitude & Behaviour	Inappropriate Comments	CMHT (E), Falkirk
		Staff Attitude	Out of Hours
			Ward B22, FVRH
		Support	Woodlands Resource Centre
	Staff/Communication (Oral)	Lack of Clear Explanation	Unit 3, FVRH
		Staff Communication (Oral)/Other	Ward B21, FVRH
	Staff/Communication (Written)	Lack of Communication	Dental Services
	Staff/Competence	Not Observing Patients	Ward B21, FVRH
		Negligent	Community Nursing
	Waiting Time/Date of Appointment	Unacceptable Waiting time for Appointment	AHP Rehab Care Group

Position

▪ 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.

▪ The Complaints Handling Procedure has been recently reviewed and update with this presented to the NHS Board in August.

- 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 Forth Valley complaints. Those complaints relating to delegated functions will be considered by the Falkirk IJB Clinical and Care Governance Committee.

- The NHS Forth Valley Annual Report: Feedback, Comments, Concerns, Compliments and Complaints 2018–2019 has been submitted to the Scottish Government and published on the NHS Forth Valley website.

f.   Experience – Attendance Management in Social Work Adult Services - Indicator 66a

Chart 8: Social Work Adult Services Sickness Absence
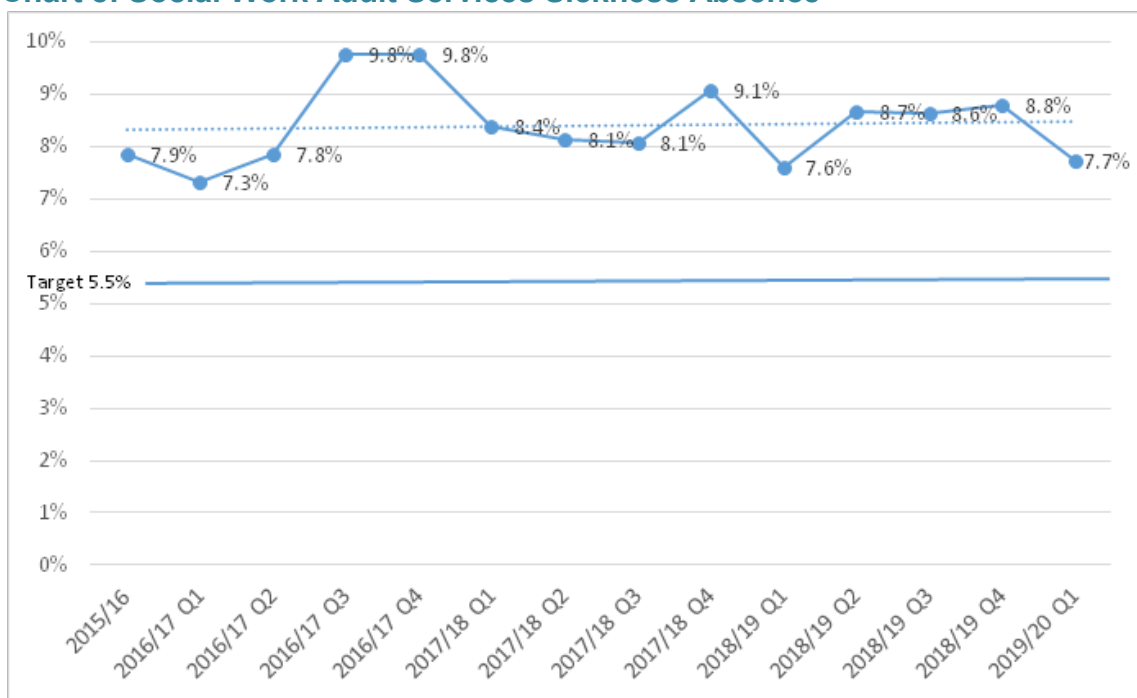
Purpose
The management of sickness absence is an important management priority since it reduces the availability of staff resources and increases costs of covering service. A target of 5.5% has been set for Social Work Adult Services in recognition of the fact that the service includes those engaged in Home Care and Residential Care which are recognised nationally as physically demanding and stressful occupations.

Position
The sickness absence figure remain significantly above the target of 5.5% with the position in the first quarter 2019/20 noted as 7.7% and the quarter 2 position 8.2%. Chart 8 shows a marginal upward trend since the baseline measure in 2015/16. A degree of seasonality is displayed with quarters 3 and 4 having the highest rates in the year. Quarter 1 consistently shows a fall which has continued into the current year.

The rise in the quarter 2 absence rate reflects an increase in the absence rate for Homecare, highlighted in table 4. However, over this period there has been sustained improvement in attendance in Care Homes (average 6.6%) and Community Care (average 5.4%).

Table 4: Absence Rates

	SWAS	Care Homes	Home Care	Community Care	JLES	Day Centres	Community Care 6 (IMH, LD, CC, SI)
Jan-19	**9.9%**	15.2%	10.3%	8.3%	1.0%	2.6%	1.8%
Feb-19	**8.5%**	11.4%	8.8%	9.0%	1.5%	4.7%	3.2%
Mar-19	**7.6%**	9.7%	8.4%	6.6%	2.72%	4.0%	2.7%
Apr-19	**7.1%**	8.9%	7.8%	4.5%	0.0%	6.9%	4.5%
May-19	**8.0%**	8.1%	9.6%	5.9%	5.6%	5.5%	3.9%
Jun-19	**7.9%**	6.2%	10.1%	7.2%	7.1%	3.9%	2.6%
Jul-19	**8.1%**	7.6%	10.5%	5.1%	7.1%	3.4%	2.8%
Aug-19	**7.7%**	5.7%	10.3%	4.8%	7.7%	4.2%	4.6%
Sep-19	**8.8%**	6.6%	11.9%	6.2%	1.1%	5.8%	4.4%

In additional to the support provided with operational absence management and management of long term absence cases, the HR Officer has facilitated monthly Absence Management meetings in Homecare. These meetings are held for each of the localities and attended by the Homecare Locality Manager and their respective Homecare Managers. Due to the levels of absence in Homecare these meetings are being stepped up to bi-weekly in order to retain a strong focus on absence management.

A number of engagement sessions are planned for November and December with all Care staff in each of the localities. The focus is specifically on attendance this summer: These will be held by the Team Managers for each Locality in Homecare along with the HR Officer providing support.

The following will be discussed:
▪ The unsustainable impacts of sickness absence on the service
▪ People's perceptions of the cause and contributory factors and how these can be addressed
▪ A reminder of the sickness absence policy and procedure.

Similar engagement sessions were carried out last autumn as part of the Homecare review and absence rates over the winter months saw a notable decrease when compared to the previous year. It is hope these up and coming sessions will have a similar but more sustained and positive impact.

**g.   Experience – Attendance Management in NHS Forth Valley Indicator 66b**

Target

To reduce sickness absence to 4% or less however an interim or milestone target of 4.5% has been agreed at the Staff Governance Committee.

Performance

Overall September 2019 sickness absence position is reported as 5.49% with the year to date position also noted as 5.49%. Long term absence has increased by 0.13% to 3.42% in September 2019 from 3.29% in September 2018, with Short Term absence reducing to 1.84% from 1.96% in September 2018.

'Anxiety/Stress/Depression/Other Psychiatric illness' remains the top single reason for sickness absence across NHS Forth Valley.

Chart 9: NHS Forth Valley Absence

NHS Forth Valley Absence
September 2017 to September 2019
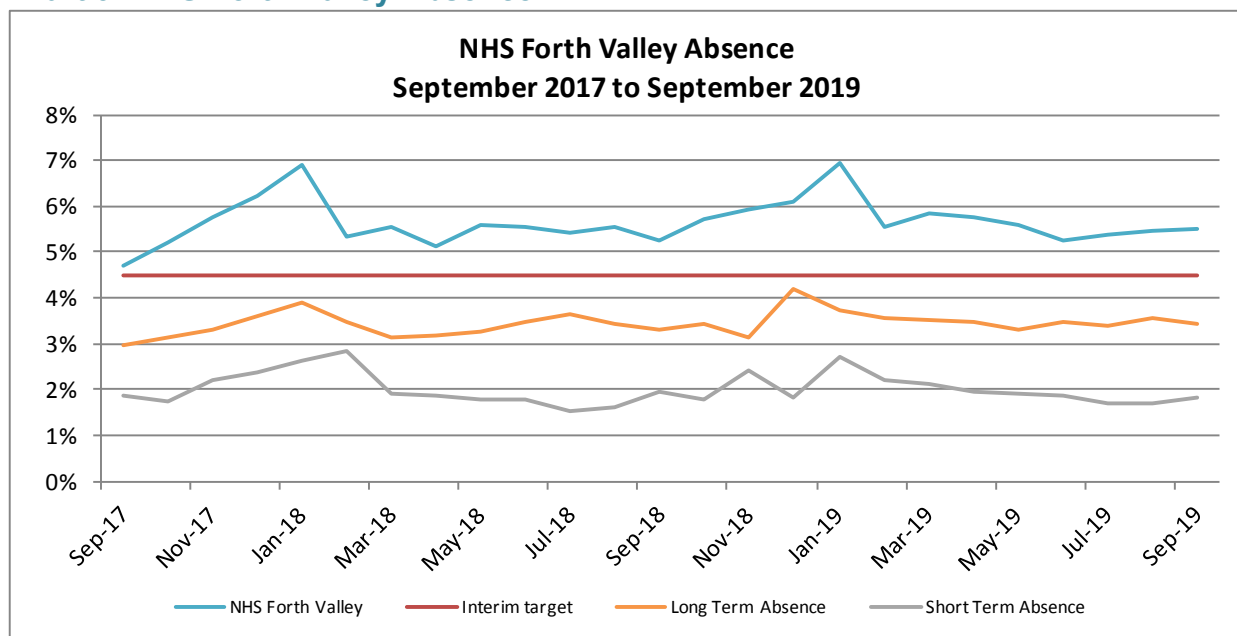
Position

- The Absence Management Programme Board is working in support of the remit to, Improve wellbeing and achieve an absence rate below 4.5%; Review and refresh all existing practice to achieve streamlined effective processes; Introduce Partnership Absence Management Clinics; Introduce early return to work system; Improve available workforce information to all managers; and, Achieve Healthy Working Lives Gold Award.

- Work continues on a Temporary Placement Programme supporting members of staff to return to work who are ready for rehabilitation to work, but their own job cannot support the temporary adjustment required; awaiting Redeployment to another post; or are experiencing a temporary fixed term of incapacity.

- The Keep Well Team, in partnership with Occupational Health, is offering Keep Well assessments unqualified Nursing & Midwifery cohort of staff. Individuals

month follow-up.

- Human Resources and Occupational Health continue to work with managers and staff-side on areas of challenge and sharing best practice from those areas where absence is lower.

- A review of all existing workforce policies will be undertaken by the end of 2019 across NHS Scotland in support of the Once for Scotland Workforce model. The first policies to be reviewed are the core policies of Attendance Management, Capability, Conduct, Grievance, and, Bullying and Harassment, ensuring standardisation across Scotland.

h. **Local Outcome: Experience – Access to Psychological Therapies: 18 week referral to treatment (RTT) – Indicator 69**

Chart 10: Access to Psychological Therapies
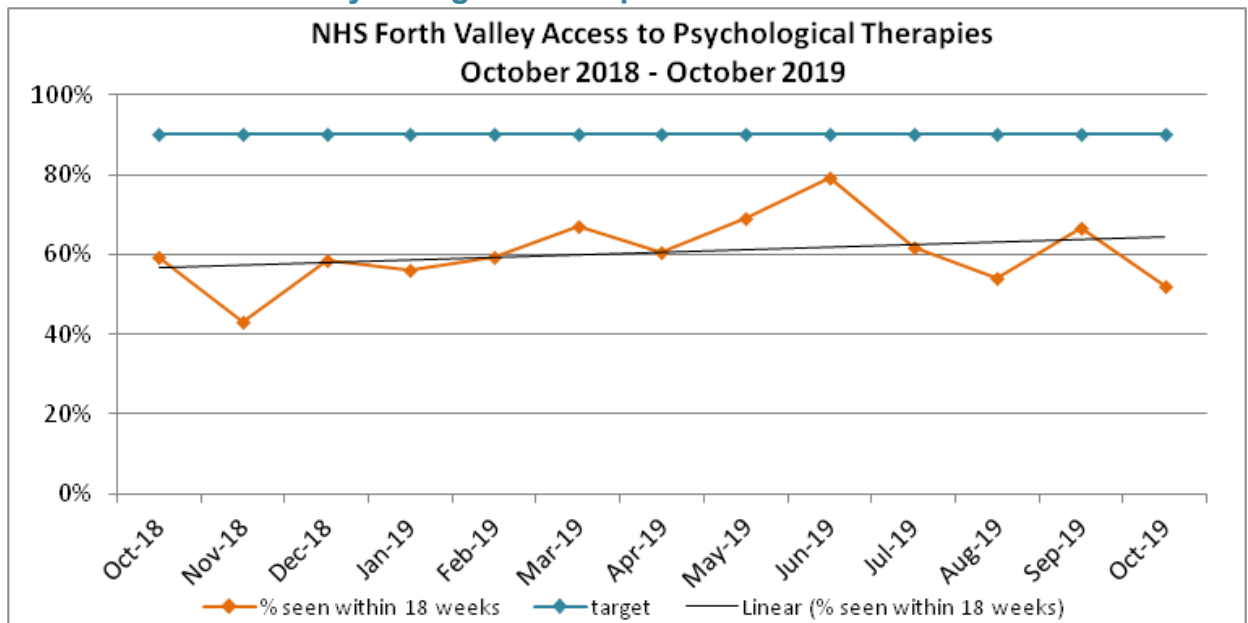
Target
90% of patients should start treatment within 18 weeks of referral to Psychological Therapies (18 week Referral to Treatment).

Performance
In October 2019, 52.2% of patients were treated within 18 weeks following referral to Psychological Therapies.

Despite a fluctuating performance, chart 10 highlights an improving position over the period October 2018 to October 2019 in respect of access to psychological therapies. Performance remains challenging however the Annual Operational Plan trajectory of 50% at September 2019 has been achieved. The position over the period highlights that an average of 61% of patients were treated within 18 weeks of referral per month. There are a number of data completion issues aligned to the migration of

information to a new patient administration system (TrakCare). This is improving however the October figures require to be considered with care.

Position

New investment was agreed by the NHS Board in January in order to recruit clinical staff. Recruitment has been successful however not all staff have commenced. Some posts have been recruited internally, therefore creating vacancies elsewhere in the service along with a number of staff recruited taking opportunities closer to home as they arise. Recruitment is therefore on-going.

It should be noted that when new staff start there is a short term increase in the number of new patients seen from the end of the waiting list and are therefore over 18 weeks. This is clinically appropriate and reduces the overall length of wait however it will result in a temporary reduction in RTT performance. Conversely, some of the therapeutic groups run by the service have average waiting times of less than 18 weeks. Therefore in a month where a new group commences, due to the volume of patients seen within the group, the RTT for that month is likely to temporarily improve.

Work focusing on improving the quality of referrals is on-going. Training in psychological readiness and what to include in a good referral was given to GPs and Primary Care Mental Health Nurses at a Create session. The Psychological Therapies Team continues to work closely with health promotion to ensure ongoing provision of stress control groups. In addition the team continues to build a personalised approach to care through ongoing service user engagement.

The revised pathway for people requiring psychological intervention as the result of trauma is fully implemented in the Falkirk area. Initial evaluation led to some revisions of the pathway, and this is currently being re-evaluated prior to extending the pathway into the north of the area. This is anticipated to take place in early 2020, depending on the results of the next stage of evaluation.

Patient engagement work is ongoing, with 'touring' tools for gathering patient feedback currently being circulated around the main patient waiting areas used by the service.

i. **Local Outcome: Strong Sustainable Communities – Overdue pending Occupational Therapy (OT) Assessments - Indicator 81**

Chart 11: Overdue OT Pending Assessments
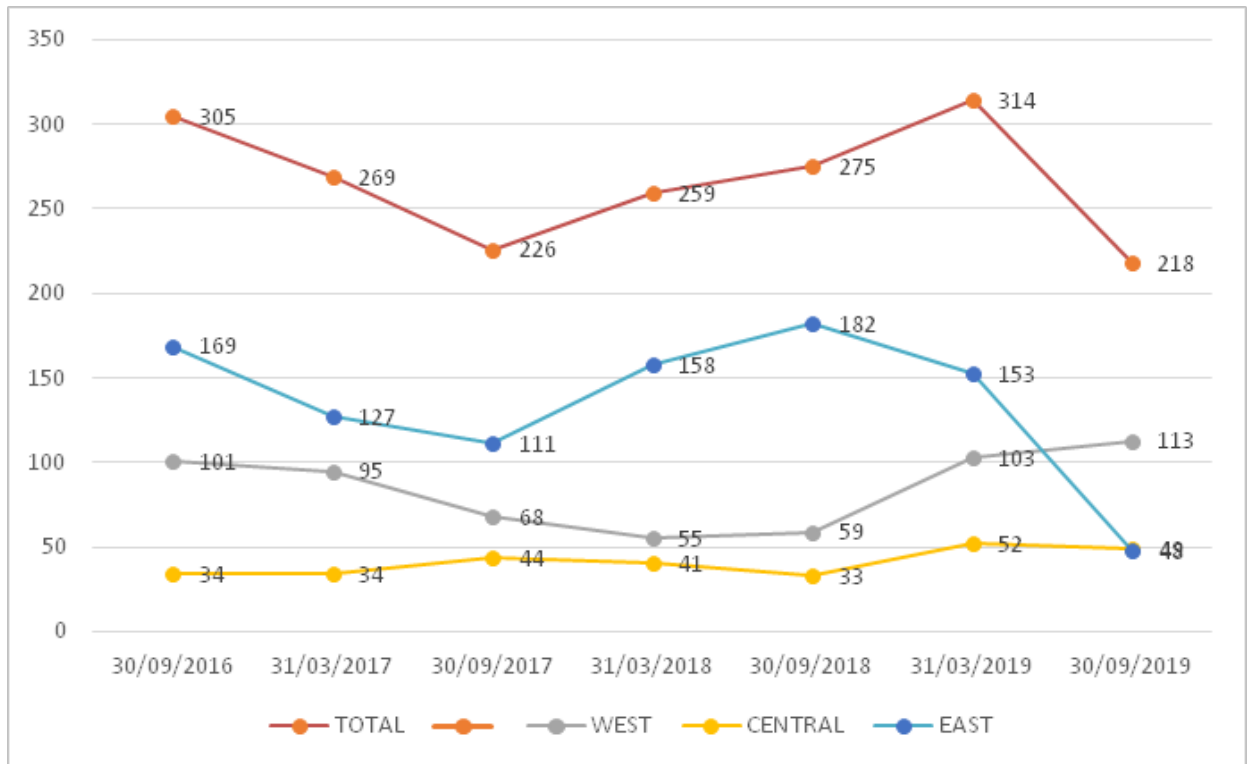
Purpose

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

The number of overdue OT pending assessments decreased by 31% from 314 at the end of March 2019 to 218 at the end of September 2019. Of those 218 cases, 142 (65%) were priority 2 and the remainder - 76 (35%) - were priority 3. These assessments are specifically identified as requiring an assessment by a qualified Occupational Therapist (OT). The service has consistently been able to respond to priority one assessment and there has been no waiting list for these.

Chart 11 highlights that this reduction has been predominantly in the East where management and occupational therapy resources have been focused to address what were consistently higher numbers in that more populated locality. This resource was extended to the other two localities in October and figures at the end of last month have fallen further to 151. This amounts to a halving of overdue pending assessments in just over 6 months. Note a small number of people are allocated to non-Locality Teams.

The partnership is focused on making improvements and there are a number of developments in progress are helping address this long standing issue:

- Since April 2019 the service has recruited 9.5 WTE OTs. This is a significant development in addressing the pending list when the need for an assessment by an OT has been identified.

- The review identified a number of improvement actions for teams in relation to the coding of assessments for Occupational Therapists (OT) on the Social Work Information System. This included some cases waiting for OT assessment on pending lists where either another worker e.g. Social Care Officer (SCO) or another solution e.g. Living Well Falkirk could be offered to the service user. Teams have now made these adjustments which have led to positive outcomes for some Service Users who were previously waiting for OT assessment, and a reduction in cases pending for an OT.

- The review also identified assessments where a previous worker had already assessed the service user and then referred the case to await further assessment by an OT. Scrutiny of these cases indicated that on some occasions with the right support and training the referrer e.g. SCO or NHS OT could have advanced solutions for the service user rather than referring for a further assessment. Identifying this duplication of assessment and training need has led to a change in practice across locality teams in respect of the role of SCOs in such cases and has initiated a conversation with NHS OTs about training to extend their remit given the clear positive outcome this will achieve for service users.

- The partnership is continuing work towards embedding a reablement approach for people living at home as well as those who are being discharged from hospital.

- Living Well Falkirk provides a self-assessment opportunity for Falkirk citizens. Between April and September the website had 1,663 visitors and 911 self-assessments were completed.

- Living Well Clinics (previously Independence Clinics), beginning in April 2019, have given people with lower level needs an alternative to waiting on a pending list for a home assessment by a Social Care Officer. Between April and September 149 people received an assessment through the Clinic.

Falkirk Integration Joint Board Strategy Map Appendix 1

Vision	"to enable people in Falkirk HSCP are to live full and positive lives within supportive and inclusive communities"			
Local Outcomes	**Self Management**	**Safe**	**Experience**	**Strong Sustainable Communities**
National Outcomes (9)	1) Healthier living 4) Quality of Life 5) Reduce Inequalities	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 7) % of adults who agree support has impacted on improving/maintaining quality of life 11) Premature mortality rate 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
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	Safe	Freq	Experience	Freq	Strong Sustainable Communities	Freq
24 Emergency department 4 hour wait NHSFV	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	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	Y
26 Emergency department attendance per 100,000 FV 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	45 Number of Adult Protection (AP) Referrals (data only)	Q	57 Number of Code 9 delays	M	70 Number of homecare hours for people aged 65+	Q
28 Emergency admission rate per 100,000 FV population	M	46 Number of Adult Protection Investigations (data only)	Q	58 Number of Code 100 delays	M	71 Rate if homecare hours per 1000 population 65+	Q
29 Emergency admission rate per 100,000 Falkirk population	M	47 Number of Adult Protection Support Plans (data only)	Q	59 Delays – including Code 9 and Guardianship	M	72 Number receiving 10+ hours of homecare	
30 Acute emergency bed days per 1000 FV population	M	48 The total number of people with community alarms at the 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
31 Acute emergency bed days per 1000 Falkirk population	M	49 Percentage of community care service users feeling safe	Q	61 Percentage of services users satisfied with opportunities for social interaction		79 The number of people who had a community care assessment or review completed	
32 Number of patients with an Anticipatory Care Plan in FV	M	50 Number of new Telecare service users 65+	Q	62 Percentage of carers satisfied with their involvement in the design of their care package		80 The number of Carers Assessments carried out	
33 Number of patients with an Anticipatory Care Plan in Falkirk	M	51 Rate per 1,000 Acute Occupied Bed Days attributed to Staphylococcus Aureus Bacteraemia's (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		81 The number of overdue 'OT' pending assessments at end of the period	
34 Key Information Summary (KIS) as a percentage of the Board area list size FV	M	52 Rate per 1,000 Bed Days attributed to Device Associated Infections	M	64 The proportion of SWAS (Stage 1 & 2) complaints completed within 20 days		82 Proportion of last 6 months of life spent at home or community setting	
35 Key Information Summary (KIS) as a percentage of the Board area list size Falkirk	M	53 Rate per 1,000 Bed Days in the 65+ age group attributed to Clostridium Difficile	M	64b The proportion of SWAS (stage 1&2) complaints completed within timescales		83 Number of days by setting during the last six months of life: Community	
36 Long term conditions - bed days per 100,000 population	M			64c The proportion of SWAS (completed stage 1 & 2) complaints upheld			
37 SDS Option 1: Direct payments (data only)				65 The number of complaints to NHS Forth Valley applicable to Falkirk IJB			
38 SDS Option 2: Directing the available resource (data only)				65a The percentage of complaints responded to within 20 days			
39 SDS Option 3: Local Authority arranged (data only)				65b The number of SPSO cases received			
40 SDS Option 4: Mix of options, 1,2,3 (data only)				66 Medical Absence in SWAS (target -5.5%)			

		66a	Attendance Management – SWAS (target – 5.5%)		
		66b	Attendance Management – NHS Forth Valley (target 4%)		
		67	Delivery of Alcohol Brief Interventions	Q	
		68a	Percentage of patients that commence treatment for substance misuse within 3 weeks of referral – Alcohol & Drug Partnership (ADP)	Q	
		68b	Percentage of patients that commence treatment for substance misuse within 3 weeks of referral - Prison	Q	
		69	Access to Psychological Therapies (18 week referral to treatment – 90% target)	M	

Local Indicators no longer needed / superceded

Self Management	Freq	Safe	Freq	Experience	Freq	Strong Sustainable Communities	Freq
41 No recorded SDS option						74 The proportion of Home Care service users aged 65+ receiving a service during evening/overnight	
						75 The proportion of Home Care service users aged 65+ receiving a service at weekends	
						76 Percentage of Rehab At Home service users who attained independence after 6 weeks (target – 80%)	
						77 Percentage of Crisis Care service users who are retained in the community when service ends (target - 70%)	
						78 Number of new Telecare service users 65+	

Local Indicators Under Development

Self Management	Freq	Safe	Freq	Experience	Freq	Strong Sustainable Communities	Freq
				Alcohol related deaths (per 100,000 population aged 19 and over)			
				Suicide Rate per 100,000 population			

GLOSSARY   Appendix 2

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).

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 Strategic 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.