



Falkirk Integration Joint Board

Performance Monitoring Report

20 March 2020

For Noting

Executive Summary

1. The Performance Monitoring Report December 2018 – 2019 is presented to support the IJB to fulfil its ongoing responsibility to ensure effective monitoring and reporting of service delivery.
2. The report provides a summary of key performance issues and draws on a basic balanced scorecard approach with a focus on exception reporting.

Recommendations

The Integration Joint Board is asked to:

3. note the content of the Performance Monitoring Report
4. note that appropriate management actions continue to be taken to address the issues identified through these Performance Monitoring Reports.

Background and Approach

5. 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.
6. The Performance Monitoring Report is presented to support focus on current key performance issues and actions in relation to delivery of services and relevant national and local targets and measures aligned to the Strategic Plan. Performance reporting will continue to develop in a responsive manner taking account of Scottish Government directives and local changes. It supports the IJB to fulfil its ongoing responsibility to ensure effective monitoring and reporting of service delivery.
7. Performance indicators within the report are monitored on an ongoing basis through a variety of groups, including the Partnership Management Team and the Unscheduled Care Programme Board (UCPB).

Performance Monitoring Report

8. The IJB approved a structured and themed timetable to performance reporting in 2020. The content of the Performance Monitoring report covers the reporting period December 2018 to December 2019. It focuses on local performance indicators and data, providing a year on year comparison. This includes information on delayed discharges and Emergency Department (ED) performance. The report is attached at Appendix 1.
9. It was anticipated the report would provide an update on the national MSG integration indicators. This has not been possible in the timeframes due to NHS Forth Valley data completeness issues. Once the data is available, the MSG indicators will be reported to the UCPB and included in a future Performance Monitoring report.
10. 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. 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.
11. Section 1 provides a summary of key performance issues for the Integration Joint Board:
 - ED Performance against the 4 Hour Access Standard
 - Rate of ED 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
 - Access to Psychological Therapies
 - Pending OT Assessments – Falkirk Council Social Work Adult Services.
12. Section 2 provides the Performance Dashboard which maps to the local outcomes detailed in the Strategy Map. This reflects the new Strategic Plan outcomes.
13. There is ongoing work with the Carers Act Implementation Group to develop indicators that will ensure the Carers Strategy is able to evidence the impact on carer outcomes. These indicators will be used to inform future Carers Strategy Progress Reports as well as performance monitoring reporting to the IJB in line with Strategic Plan priorities. In the interim, the Carers Strategy Progress Report, as a separate agenda item, includes information on current carers performance indicators.

14. Section 3 provides Performance Exception Reports for all indicators with a deteriorating position since the last reporting period, or indicators that require on-going monitoring.

Conclusions

15. The Performance Monitoring Report presents a range of information on local indicators for the reporting period December 2018 – December 2019. Further information on the MSG integration indicators will be presented in a future report.

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.

Equalities Assessment

This is not required for the report.

Report Author



Approved for submission by: Patricia Cassidy, Chief Officer

Author of report:

Kerry Mackenzie, Head of Performance, NHS Forth Valley
Roger Morden, Performance Review Officer, Falkirk Council
Suzanne Thomson, Senior Service Manager, HSCP

List of Background Papers

None

Appendices

Appendix 1: Performance Monitoring Report December 2018 – December 2019



Performance Monitoring Report

Reporting Period
December 2018 – December 2019

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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 December 2019 was 86.7%; Minor Injuries Unit (MIU) 99.8%, ED 82.9%. A total of 956 patients waited longer than the 4 hour target across both the ED and MIU; with 19 waits longer than eight hours and 3 longer than 12 hours. The main reason for patients waiting beyond 4 hours remains 'wait for first assessment' with 692 patients.

The December 2019 compliance for the Falkirk Partnership highlights an improvement to 85.5% in December 2019 compared with 72.3% in December 2018.

1.2 Rate of Emergency Department Attendance

The average monthly ED attendance rate for NHS Forth Valley in December 2019 is 2036 per 100,000 populations age 18+, an increase from 1823 in December 2018. The position in respect of the Falkirk partnership in December 2019 is an average monthly rate of 2211 per 100,000 population. In line with the overall Forth Valley position, this is an increase from 1968 in December 2018.

1.3 Delayed Discharge

The December 2019 census position for Forth Valley delays over 14 days is 42 against a zero standard. A further 26 delays waiting under 2 weeks brings the total number of standard delays to 68. Including 20 code 9 exemptions the total number of delayed discharges at the December 2019 census point is noted as 88; 84 Forth Valley residents and 4 from out with Forth Valley.

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

- 38 Standard delays, 21 of which are delayed over 2 weeks
- 15 code 9 exemptions
- 53 total delays

Across Forth Valley, the number of bed days occupied by people delayed in their discharge at the December 2019 census was 1952, comparable with the December 2018 position of 1988.

Within the Falkirk Partnership the number of bed days occupied by delayed discharges is noted as 1112 at the December 2019 census, an increase of 62 from December 2018.

1.4 Complaints - Falkirk Council Social Work Adult Services

Performance of complaints completed within timescale remained at around 57% during the three quarters of 2019/20.

Stage 1 performance declined marginally and Stage 2 remained at 50%. Compared to the same nine month period in 2018/19 the number of complaints has risen over 20% from 72 (Stage 1 - 62; Stage 2 - 10) to 93 (Stage 1 - 82; Stage 2 - 11).

1.5 Complaints - NHS Forth Valley

During the period April to December 2019, a total of 20 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.

The year to date response rate is noted as 85%. 100% of Stage 1 complaints were responded to within the timescale with 75% of Stage 2 complaints. The SPSO has received 4 cases relating to Falkirk HSCP complaints during April to December 2019.

1.6 Attendance Management - Falkirk Council Social Work Adult Services

The sickness absence figure for the first nine months of 2019/20 was 8.6% (Q1 – 7.9%; Q2 – 8.3%; Q3 – 9.6%). The rise in the quarter 3 absence rate peaked in November across all services except Day Care, though most services continue to be challenged in meeting the 5.5% target.

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 December 2019 sickness absence position is reported as 6.7% with the year to date position noted as 5.8%.

Long term absence has decreased by 0.13% to 4.06% in December 2019 from 4.19% in December 2018, with Short Term absence increasing to 2.29% from 1.83% in December 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 December 2019, 63.9% of patients were treated within 18 weeks of referral; ahead of the agreed trajectory of 50%.

1.9 Overdue Pending OT Assessments – Falkirk Council

There has been significant improvement in performance and is included in the report so this is noted. The number of overdue OT pending assessments decreased by 63% from 314 at the end of March 2019 to 117 at the end of December 2019. Of those 117 cases, 89 (76%) were priority 2 and the remainder - 28 (24%) - were priority 3.

2. PERFORMANCE DASHBOARD

2.1 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

2.2 Table 1: Self Management Indicators 24 – 40

Ref	Measure	December 2018	December 2019	Direction of travel	Exception Report
24	Emergency department 4 hour wait Forth Valley (18+)	78.4%	86.7%	▲	Page 11
25	Emergency department 4 hour wait Falkirk (18+)	72.3%	85.5%	▲	
26	Emergency department attendances per 100,000 Forth Valley Population	1823	2036	▼	
27	Emergency department attendances per 100,000 Falkirk	1968	2211	▼	
28	Emergency admission rate per 100,000 Forth Valley population (all ages)	1086	975	▲	
29	Emergency admission rate per 100,000 Falkirk population	970	981	▼	

Ref	Measure	November 2018	November 2019	Direction of travel	Exception Report
30	Acute emergency bed days per 1000 Forth Valley population	790.7	386.2	▲	Unable to make accurate comparison due to changes to data recording following migration to a new Patient Administration System
31	Acute emergency bed days per 1000 Falkirk population	865.8	411.0	▲	
32	Number of patients with an Anticipatory Care Plan in Forth Valley	16,018	17,621	▲	-
33	Number of patients with an Anticipatory Care Plan in Falkirk	6,952	7,869	▲	-
34	Key Information Summary as a percentage of the Board area list size Forth Valley	5.0%	5.8%	▲	-
35	Key Information Summary as a percentage of the Board area list size Falkirk	4.4%	4.9%	▲	-
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 (data only)	292 (7.2%)	197 (4.6%)	-	-
Total service option choices: <ul style="list-style-type: none"> • Option 1 – 63 (1.5% of people choosing) • Option 2 – 370 (8.6%) • Option 3 – 4,067 (94.6%) 					

2.3 Table 2: Safety Indicators 42 – 49

Ref	Measure	December 2018	December 2019	Direction of travel	Exception Report
42	Readmission rate within 28 days per 1000 FV population	1.23	1.28	▲	
43	Readmission rate within 28 days per 1000 Falkirk population	1.23	1.37	▲	
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%	◀▶	-

2.4 Table 3: Experience Indicators 54-68

Ref	Measure	December 2018	December 2019	Direction of travel	Exception Report
54	Standard delayed discharges	32	38	▼	Page 13
55	Standard delayed discharges over 2 weeks	26	21	▲	
56	Bed days occupied by delayed discharges	1050	1112	▼	
57	Number of code 9 delays, including guardianship	10	15	▼	
58	Number of code 100 delays	3	5	▼	
59	Delays - including Code 9 and Guardianship	42	53	▼	
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 to Q3	2019/20 To Q3 Stage 1	2019/20 To Q3 Stage 2	Direction of travel	Exception Report
64	a. The number of Social Work Adult Services (Stage 1 & 2) complaints completed within 20 days	61/106	53/93	47/81	6/12	-	Page 17
	b. The proportion of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales	57.5%	57.0%	58.0%	50.0%	▼	
	c. 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		21.0%	25.0%	-	-
		% Partially upheld		18.5%	25.0%	-	-
		% Not upheld		60.5%	50.0%	-	-
Ref	Measure	Baseline	Apr-Aug 2019	Direction of travel	Exception Report		
65	a. The number of complaints to NHS Forth Valley applicable to Falkirk IJB	-	20	-	Page 18		
	b. The percentage of complaints responded to within 20 days	-	85%	-			
	c. The number of SPSO cases received	-	4	-			

Ref	Measure	2018/19	2019/20 Q3	Direction of travel	Exception Report
66a	Attendance Management - Social Work Adult Services (Target – 5.5%)	8.4%	8.6%	▼	Page 20
Ref	Measure	Dec 2018	Dec 2019	Direction of travel	Exception Report
66b	Attendance Management – NHS Forth Valley (Interim target 4.5%)	6.08%	6.69%	▼	Page 22
	Percentage of days lost to short term absence each month within NHS Forth Valley	1.8%	2.3%	▼	
	Percentage of days lost to long term absence each month within NHS Forth Valley	4.2%	4.1%	▲	
Ref	Measure	Year to Dec 2018	Year to Dec 2019	Direction of travel	Exception Report
67	Number of Alcohol Brief Interventions delivered – annual target 3410	5003	7055	▲	-
Ref	Measure	Quarter to Dec 2018	Quarter to Dec 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% target)	98.3%	97.9%	▲	-
68b	Substance Misuse - Percentage of patients that commence treatment within 3 weeks of referral – Forth Valley Prisons (90% target)	99.6%	86.4%	▼	-
69	Access to Psychological Therapies – Percentage of people that commenced treatment within 18 week of referral – 90% target)	58.7%	63.9%	▼	Page 23

2.5 Table 4: Strong Sustainable Communities Indicators 69 - 82

Ref	Measure	End Sep 2018	End Sep 2019	Direction of travel	Exception Report
72	Number of people aged 65+ receiving homecare	1,636	1,659	**	-
73	Number of homecare hours for people aged 65+	10,975	11,144		-
74	Rate of homecare hours per 1000 population aged 65+	371.6	371.4		-

Ref	Measure	End Sep 2018	End Sep 2019	Direction of travel	Exception Report
75	Number people aged 65+ receiving 10+ hrs of home care	366	384		-
76	a. Number & percentage of Home Care service users aged 65+ receiving personal care	1,617 & 98.8%	1,643 & 99.0%		-
76	b. Number & percentage of Home Care service users aged 18-64 receiving personal care	-	191 & 99.0%	-	-

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, 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 1 and 2 (April to September 2019) and this is used to provide the snapshot at the end of September. The data relates to Care At Home services only and omits services delivered under housing support.

Ref	Measure	2018/19 H1	2019/20 H1	Direction of travel	Exception Report
77	Number of new Telecare service users 65+	83	77	-	-
83	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)	-	-
84	Number of Adult Carer Support Plans that have been completed by the Carers Centre	340 (2018/19)	404 (2019/20 to Q3)	N/A	-

Ref	Measure	At 30/12/20 18	At 31/12/20 19	Direction of travel	Exception Report
85	The number of overdue 'OT' pending assessments at end of the period	334	117	▲	-

Ref	Measure	2015/16	2018/19	Direction of travel	Exception Report
86	Proportion of last six months of life spent at home	86%	86%	◀▶	-

3. PERFORMANCE EXCEPTION REPORTS

3.1 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

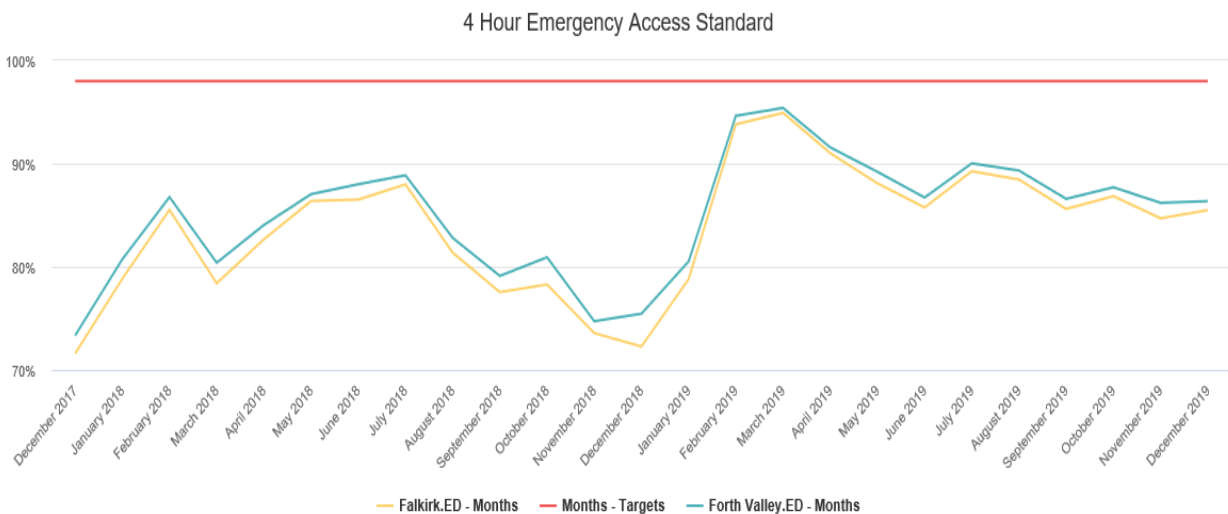
Overall Forth Valley compliance for December 2019 was 86.7%; Minor Injuries Unit 99.3%, ED 83.1%. A total of 956 patients waited longer than the 4 hour target across both the ED and MIU, with 19 waits longer than eight hours and 3 longer than 12 hours. It should be noted that there is an improving trend across the period December 2018 to December 2019.

The Falkirk Partnership position mirrors Forth Valley with the December 2019 compliance noted as 85.5%.

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 692 patients. This is indicative of delays across the whole system.

The chart below notes performance from December 2017 – December 2019

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



- Work continues to focus on all aspects of unscheduled care to support improvement in performance as a whole system.
- Getting ForthRight, referencing the six essential actions, with monitoring of metrics for recovery of performance overseen by the Unscheduled Care Programme Board led by the Medical Director, Clinical Directors, Services Managers and Heads of Nursing leads supporting all workstreams.
- Specific overarching actions to support improved flow are in relation to:
 - Redirection
 - Enhanced triage
 - Development of discrete Minor Injury service at FVRH
 - Enhancement of Minor Injury service at Stirling
 - Implementation of new Business as Usual and Escalation operating procedure
- A number of operational and process changes continue to take place to support improvement in unscheduled care
- Forth Valley Operations Centre in place enabling decisions to be informed and data driven, made at the right time to ensure safety and flow is maintained across the FVRH and community sites
- Downstream wards work to develop the Daily Dynamic Discharge continues with regular senior multi disciplinary team reviews of patients with length of stay over 14 day. An integrated/multi-agency approach to discharge planning is being developed.

3.2 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 population.

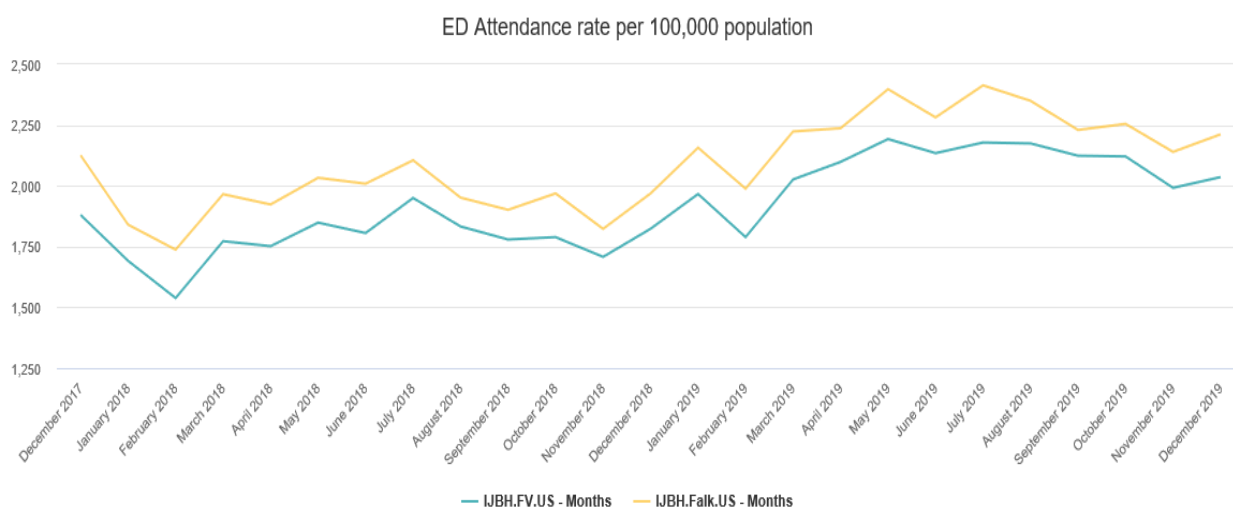
Performance

The average monthly Emergency Department attendance rate across Forth Valley in December 2019 is 2036 per 100,000 populations age 18+, an increase from 1823 in December 2018.

The position in respect of the Falkirk partnership in December 2019 is an average monthly rate of 2211 per 100,000 population. In line with the overall Forth Valley position, this is an increase from 1968 in December 2018.

Chart 2 highlights the position in relation to the ED Attendances Rate per 100,000 population December 2017 to December 2019.

Chart 2: ED Attendances Rate per 100,000 population



The Partnership is committed to supporting people to receive appropriate support and treatment within the community in order to reduce the number of A&E attendances and subsequent admissions to hospital. There are a range of services in place that aim to support people to remain more resilient at home by identifying and addressing gaps and utilising the assets they have and their care circle/community available. At a time of escalating need or 'crisis' services support people to access care or support at the lowest level of intervention appropriate to address their needs.

3.3 Local Outcome: Experience – Unscheduled Care - Delayed Discharge

Performance

Table 1: Delayed Discharge Breakdown – December 2019

	Under 2 wks	Over 2 wks	Standard Delays	Guardianship 9/51X	Code 9_Other	TOTAL (Ex code 100)	Code 100
Falkirk	17	21	38	10	5	53	5
Total FV	26	42	68	13	7	88	10

Table 1 above provides a breakdown of Delay Discharge performance at December 2019.

The December 2019 census position for Forth Valley delays over 14 days is 42 against a zero standard. A further 26 delays waiting under 2 weeks brings the total number of standard delays to 68. Including 20 code 9 exemptions the total number of delayed discharges at the December 2019 census point is noted as 88; 84 Forth Valley residents and 4 from out with Forth Valley.

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

- 38 standard delays, 21 of which are delayed over 2 weeks
- 15 code 9/ Guardianship exemptions

- 53 total delays

Standard delays December 2017 to December 2019 are detailed in chart 3 below.

In addition, at the December census there were 10 code 100 delays within Forth Valley, 5 for Falkirk Partnership.

Of the 38 Standard Delays in Falkirk:

- 11 awaiting care homes (8 over two weeks, 3 under 2 weeks)
- 10 allocated and assessment ongoing (6 over two weeks, 4 under two weeks)
- 13 awaiting care packages for home (3 over two weeks, 10 under 2 weeks)
- 2 awaiting Housing (over two weeks)
- 2 awaiting bespoke care packages to be resources (2 over 2 weeks)

Chart 3: Standard Delays

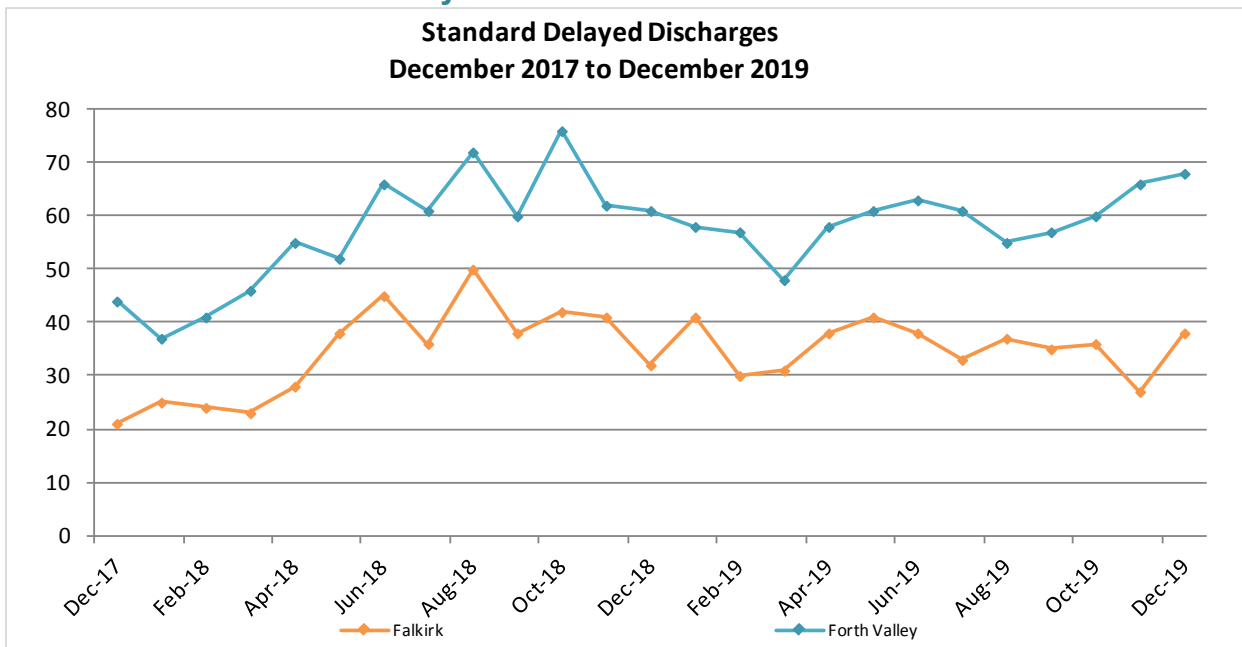


Table 2: Bed Days Occupied: 2-week Target at Census Point (Exc. Codes 9 and 100)

	Under 2 wks	Over 2 wks	Total BDO
Falkirk	211	679	722
Total FV	331	1621	1952

Across Forth Valley, the number of bed days occupied (BDO) by people delayed in their discharge at the December 2019 census was 1952, comparable with the December 2018 position of 1988, as noted in table 2 above.

There remains an increasing or worsening trend January to December 2019 compared with 2018, with a 9% increase in the average number of occupied bed days. An average of 1601 bed days occupied noted at the monthly census over the time period.

In respect of the Falkirk Partnership there is an increase of 62 in the number of bed days occupied by delayed discharges in December 2019 compared with December 2018. An increasing or worsening trend is noted in respect of the average monthly bed days occupied by delayed discharges January to December 2019 compared with 2018, with a 5% increase highlighted.

There remains month on month variability in the number of bed days occupied by people delayed in their discharge with the position December 2017 to December 2019 detailed in chart 4 below. Graph 5 highlights the fluctuating but improving position in relation to Code 9 and Guardianship numbers.

The position remains under continual review.

Chart 4: Occupied Bed Days

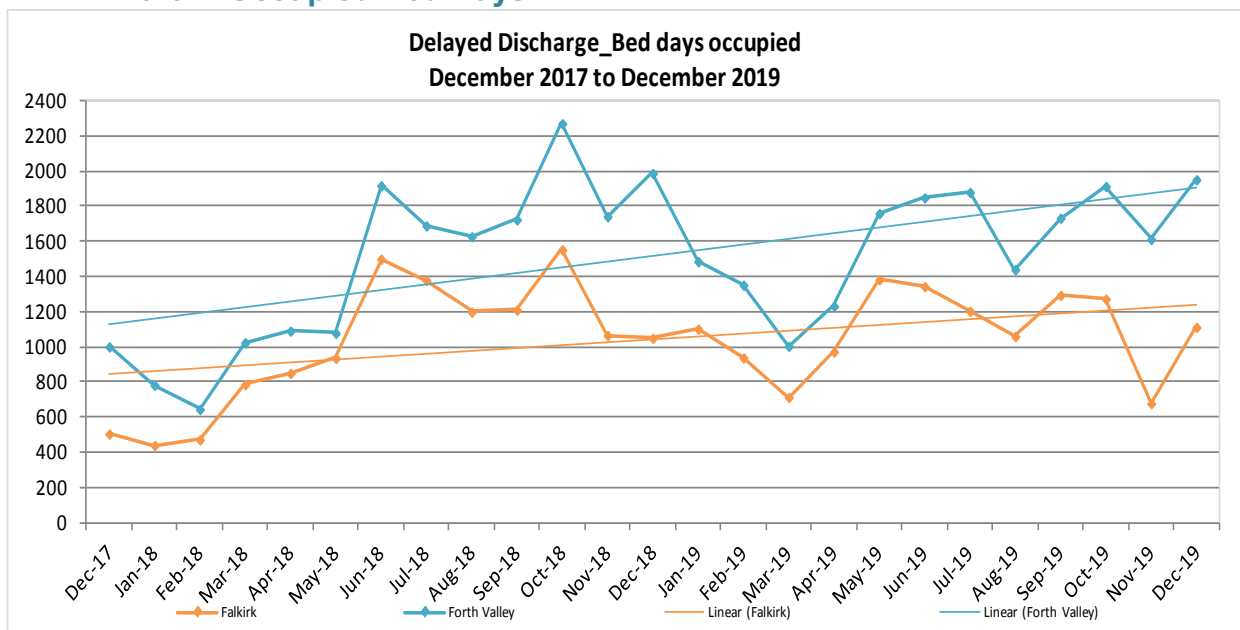
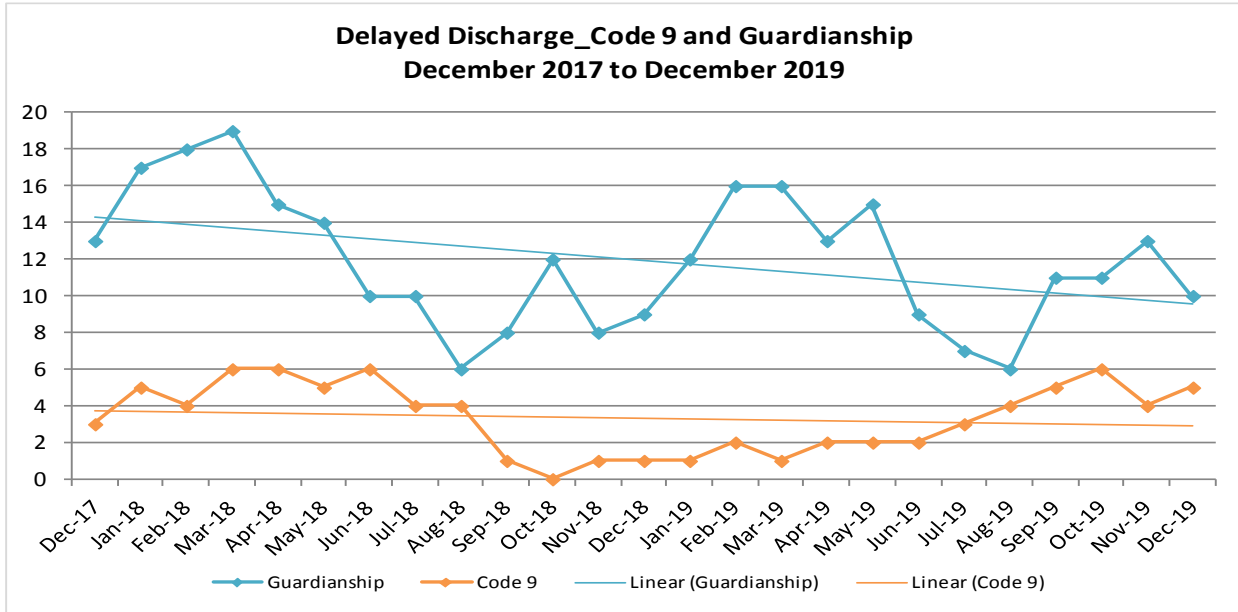


Chart 5: Code 100 and Code 9



Position

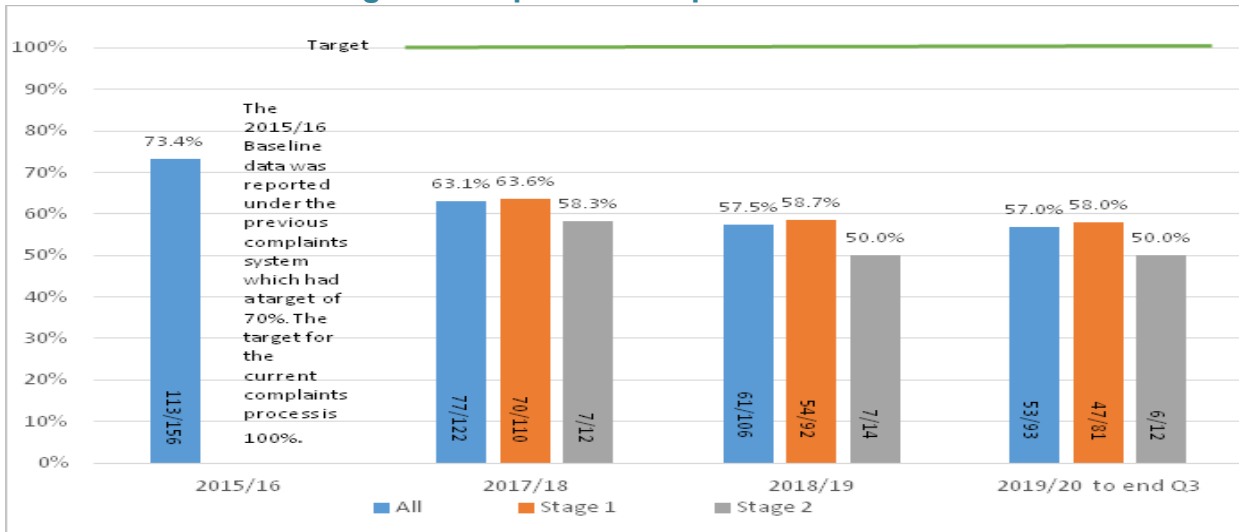
In December 2019, the Board received a report on Falkirk HSCP Unscheduled Care Improvement Plan. This included 6 headline actions to support unscheduled care and timely discharge. Key actions are noted as:

- Whole system approach to improve each part of the care pathway
- 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. A report on Home First is a separate agenda item.
- Extension of intermediate care capacity at Summerford House in Falkirk
- 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.
- Within Falkirk, 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.
- Carer Centre support workers in FVRH to raise awareness of The Carers Strategy, identifying carers who may require assessment and support at 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
- Development of an Integrated Discharge Service to include both HSCP integrated teams, Third Sector, Allied Health Professions and Transport
- Acting on the findings of Day of Care Surveys.

3.4 Local Outcome: Experience – Complaints to Social Work Adult Services

Chart 6: Percentage of complaints completed within timescales



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.

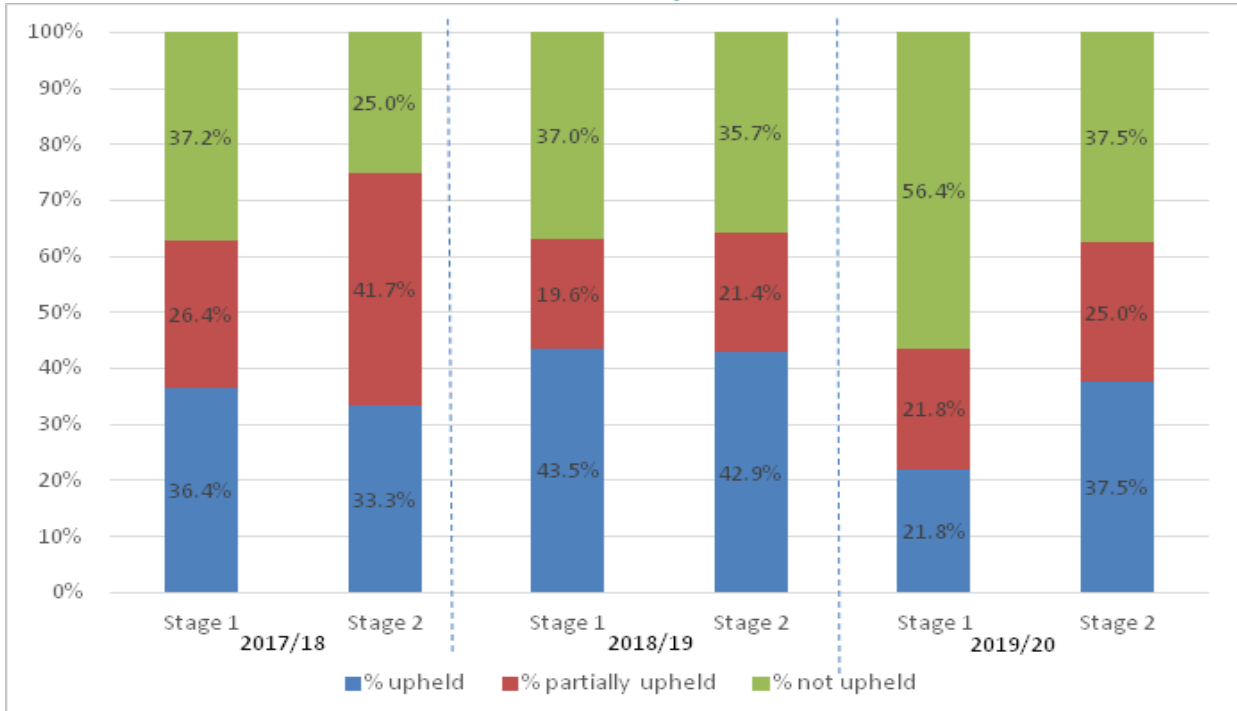
Position

Performance of complaints completed within timescale remained at around 57% during the three quarters of 2019/20; Stage 1 performance declined by very marginally and Stage 2 remained at 50%, see Chart 6. Compared to the same period nine month period in 2018/19 the number of complaints has risen over 20% from 72 (Stage 1 - 62; Stage 2 - 10) to 93 (Stage 1 - 82; Stage 2 - 11).

Chart 7 shows the outcomes of the complaints for the last 3 years. A greater proportion of Stage 1 complaints have not been upheld so far in 2019/20 than in the previous 2 years.

It is important to note that the number of complaints remains 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 Management 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, and complaints will be reviewed on a monthly basis with any action being taken forward by senior managers. Weekly reports of complaints outstanding are provided to the Head of Service and Service Managers.

As such we expect to see significant improvement over the coming months. The improvement plan has been updated to reflect the new roles and responsibilities while we continue to restructure, and Locality Managers have begun to have oversight of the complaints process within their areas.

3.5 Local Outcome: Experience – Complaints to NHS Forth Valley

Performance

Services transferred to the Falkirk Health & Social Care Partnership have been included within NHS Forth Valley’s Risk Management Reporting System (Safeguard) with complaints data generated from the system. This will enable a detailed performance analysis on the number of complaints received. Of note is the report has been amended to reflect the updated delegated functions transferred to the Partnership.

During the period April to December 2019, a total of 20 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. The year to date response rate is noted as 85%.

100% of Stage 1 complaints were responded to within the timescale with 75% of Stage 2 complaints. The SPSO has received 4 cases relating to Falkirk HSCP complaints April to December 2019; 1 October 2019, 2 November 2019 and 1 December 2019. It is noted that no investigation will be conducted by the SPSO for the case received in December 2019.

In total there are approximately 17 departments listed against the delegated functions. During the period April – December 2019, 8 departments have received complaints, detailed in table 3.

Table 3: Complaint Themes

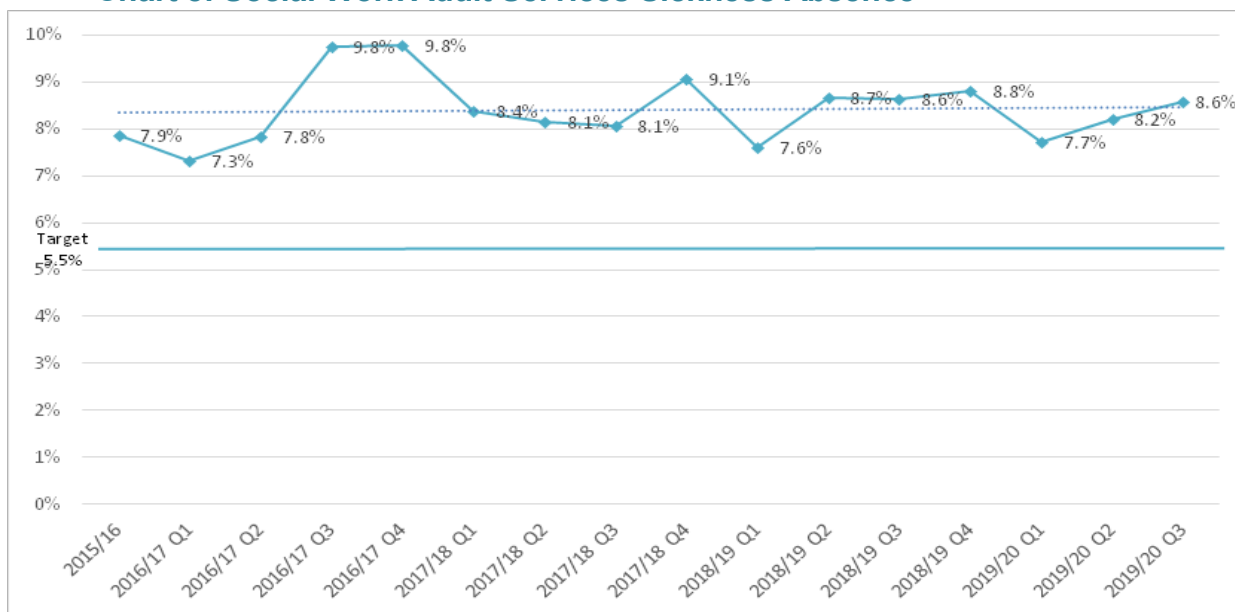
Month	Category Type	Category	Department
April	Env/Dom/Aids/Appliances/Equip	Availability of Items	Unit 1, FCH
	Clinical Treatment	Disagreement with treatment/care	Woodlands Resource Centre x 2
	Process Issue/NHS Purchasing	Service Provision	Unit 1, FCH
	Staff Attitude & Behaviour	Lack of Support	Unit 1, FCH
	Staff Communication (Oral)	Face to Face	Woodlands Resource Centre
May	Staff/Shortage Availability	Staff Shortage Availability/Other	Unit 1, FCH
	Clinical Treatment	Co-ordination of Clinical Treatment	Unit 2, FCH
	Staff Attitude & Behaviour	Staff Attitude	Woodlands Resource Centre
June	Staff Communication (Oral)	Lack of Explanation	Unit 2, FCH
	Clinical Treatment	Disagreement with treatment/care	Woodlands Resource Centre
		Nursing Care	Ward 1, Bo'ness
	Staff Attitude & Behaviour	Insensitive to Patient Needs	Unit 3, FCH
	Staff Communication (Written)	Lack of Explanation	Woodlands Resource Centre
	Waiting Time/Admission/Attendance	Waiting for Referral	Woodlands Resource Centre
July	Waiting Time/Date of Appointment	Unacceptable Waiting Time for Appointment	Woodlands Resource Centre
	no complaints received.		
August	Staff Attitude & Behaviour	Inappropriate Comments	CMHT (E), Falkirk
	Staff Attitude & Behaviour	Lack of Support	Woodlands Resource Centre
	Staff/Communication (Oral)	Lack of Clear Explanation	Unit 3, FVRH
		Staff Communication (Oral)/Other	Unit 3, FCH
Sept	Clinical Treatment	Co-ordination of Clinical Treatment	Unit 1, FCH
	Staff Attitude & Behaviour	Lack of Support	Unit 4, FCH
	Staff Shortage Availability	Shortage of Staff	Unit 4, FCH x 2
Oct	Staff Attitude & Behaviour	Staff Attitude	CMHT (E), Falkirk
	Staff Communication (Oral)	Inappropriate Comments	CMHT (E), Falkirk
Nov		Patient Not Verbally Told Things	CMHT (E), Falkirk
	Clinical Treatment	Disagreement with treatment/care	Unit 2, FCH
		Poor Aftercare	District Nursing (Falkirk)
	Staff Communication (Oral)	Telephone	Woodlands Resource Centre
Dec	Waiting Time/Date of Appointment	Waiting Time/Date of Appointment/Other	Woodlands Resource Centre
	Clinical Treatment	Disagreement with treatment/care	Woodlands Resource Centre
		Treatment outcome not as expected	Unit 1, FCH

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.
- A comprehensive complaints performance report is examined and discussed at the Falkirk IJB Clinical and Care Governance Committee

3.6 Experience – Attendance Management in Social Work Adult Services

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 services. 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 for the first nine months of 2019/20 was 8.6% (Q1 – 7.9; Q2 – 8.3%; Q3 – 9.6%). Chart 8 shows a marginal trend upwards since the baseline measure in 2015/16. There is some seasonal trend with quarters 3 and 4 having the highest rates in the year. Quarter 1 consistently shows a fall which continued into the current year.

The rise in the quarter 3 absence rate peaked in November across all services except Day Care, though most services continue to be challenged in meeting the 5.5% target consistently. Table 4 also shows that through 2019 there was a sustained improvement in attendance in Care Homes, except through October and November, with a decline in Home Care.

The most significant absence management issue continues to be absences between 25 days and 4 months in Home Care and this is where the most intense operational HR support is focussed.

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%
Oct-19	9.1%	8.4%	11.9%	7.6%	2.0%	3.8%	2.2%
Nov-19	10.4%	9.0%	12.9%	10.3%	0.0%	5.9%	2.5%
Dec-19	9.4%	5.8%	12.4%	9.8%	0.0%	9.6%	2.1%

3.7 Experience – Attendance Management in NHS Forth Valley

Target

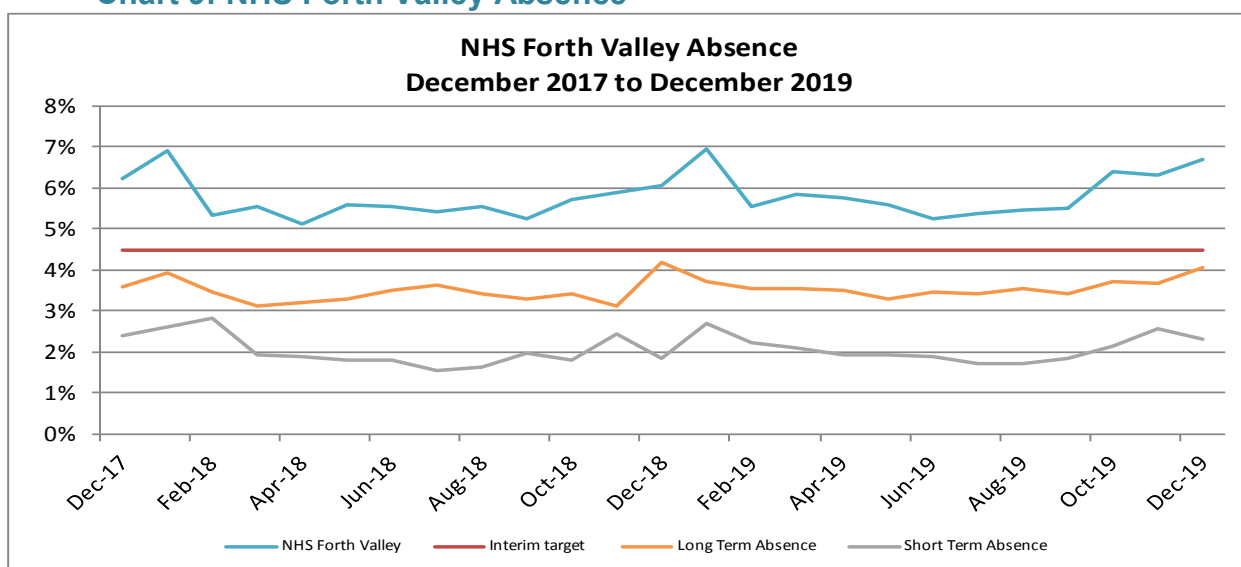
To reduce sickness absence to 4% or less however an interim or milestone target of 4.5% has been agreed at the Staff Governance Committee.

Performance

Overall December 2019 sickness absence position is reported as 6.69% with the year to date position also noted as 6.69%. Long term absence has decreased to 4.06% in December 2019 from 4.19% in December 2018, with Short Term absence increasing to 2.29% from 1.83% in December 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

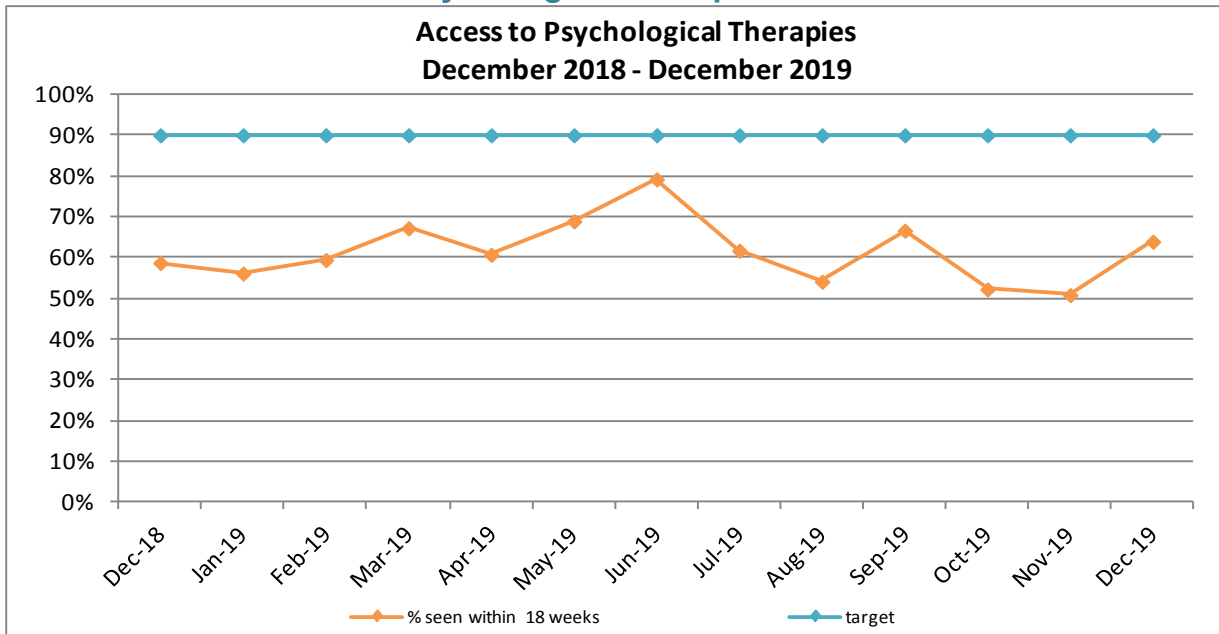


Position

- The national sickness absence target NHS Forth Valley is working towards a local milestone target of 4.5% agreed at the Staff Governance Committee. This is a high priority for managers across the organisation. A multidisciplinary improvement programme has commenced with the establishment of a partnership working group.
- The Health and Wellbeing 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.
- 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 are offered support and interventions specifically tailored to their needs with a 3 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.
- The Scottish Workforce and Staff Governance Committee (SWAG) in October 2019 formally approved Phase 1 of the 'Once for Scotland' Workforce Policies Programme. The first policies to be reviewed were the core policies of Attendance Management, Capability, Conduct, Grievance, Bullying and Harassment, and, Single Investigatory Process, thus ensuring standardisation across Scotland.

3.8 Local Outcome: Experience – Access to Psychological Therapies: 18 week referral to treatment (RTT)

Chart 10: Access to Psychological Therapies



Target

90% of patients should start treatment within 18 weeks of referral to Psychological Therapies. The current Annual Operational Plan (AOP) trajectory is 50%.

Performance

In December 2019, 63.9% of patients were treated within 18 weeks following referral to Psychological Therapies. Performance remains challenging however the AOP trajectory agreed with the Scottish Government has been achieved for December 2019.

Chart 10 highlights the position over the period December 2018 to December 2019 in respect of access to psychological therapies. The position over the period highlights that an average of 61% of patients were treated within 18 weeks of referral per month.

Position

An ongoing improvement plan is in place within the Psychological Therapies Service to support an improvement in the waiting times for patients. This includes significant new investment in the current financial year, with the service actively in the process of recruitment and retention of staff.

Two key factors impacting on the delivery of the Psychological Therapies waiting times improvement plan are noted as:

- Demand: the improvement trajectory is based on the assumption that levels of demand will remain consistent.

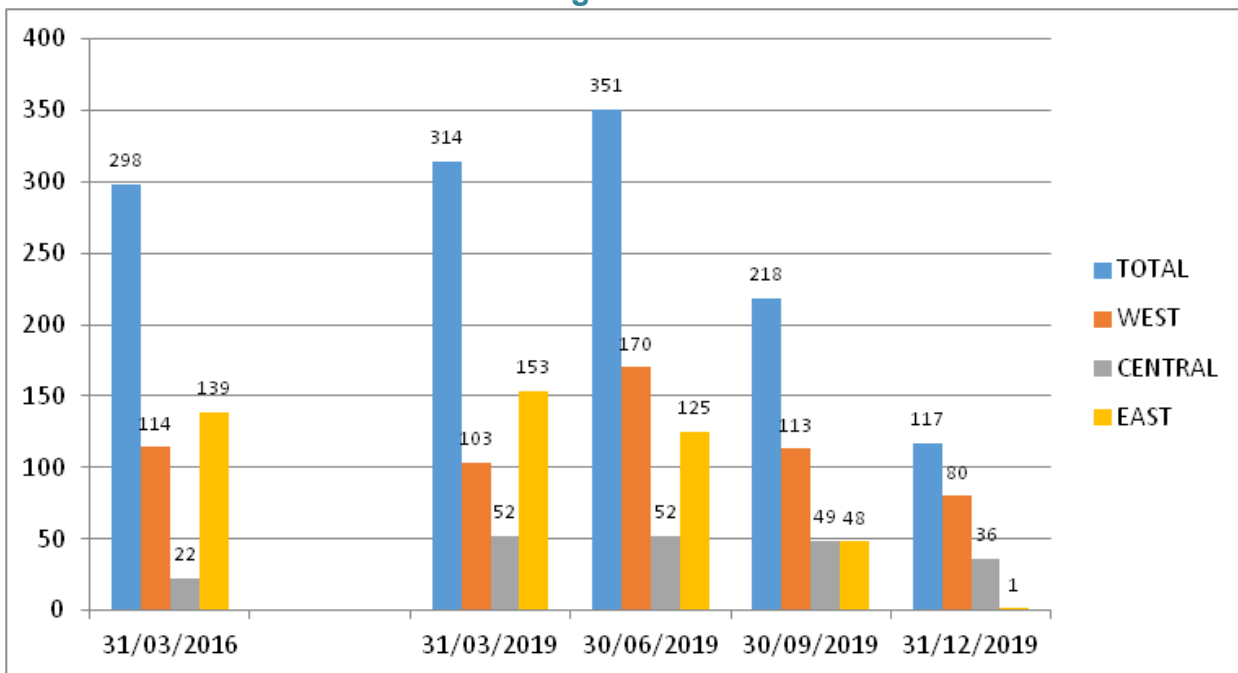
- Workforce: Trajectories are based on the assumption that the service workforce is at full capacity. Any deviation from this will reduce clinical capacity and have a negative effect on performance against the standard.
- A detailed Waiting Times Improvement Plan has been developed for inclusion in the AOP 2020/2021 to support delivery of agreed targets and to build sustainability within the service to maintain the target once achieved.

The plan includes work in relation to:

- Staff wellbeing – supporting delivery of the trajectory by aiding and improving recruitment and retention of staff
- Recruitment
- Further review of review of administrative and appointment processes to support a reduction in lost capacity due to unfilled appointments e.g. due to cancellations
- Trauma pathway – evaluating the impact and agreeing expansion or cessation
- Consistency of recording and reporting of Psychological Therapies national datasets
- Review of service model for Adult Mental Health Teams – it is intended to develop alternative delivery methods for treatment e.g. groups, online, alternative methods of access e.g. self-initiated and multi disciplinary team structures.

3.9 Local Outcome: Strong Sustainable Communities – Overdue pending Occupational Therapy (OT) Assessments

Chart 11: Overdue OT Pending Assessments



Purpose

Occupational Therapists (OT) in Social Work Adult Services work with people with complex health and social needs. The focus of the work of the OT is to work collaboratively with a person to find solutions to assist them to live independently at home for as long as possible. This includes advising on self-management techniques, providing advice to carers, intense reablement, technology solutions and provision of equipment and adaptations if required. OTs will also offer advice and support to paid care staff, NHS and Social Work Adult Services colleagues in regard to more straightforward solutions to meet people's needs.

Position

The number of overdue OT pending assessments decreased by 63% from 314 at the end of March 2019 to 117 at the end of December 2019. Of those 117 cases, 89 (76%) were priority 2 and the remainder - 28 (24%) - were priority 3. These assessments are specifically identified as requiring an assessment by a qualified 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 amounts to a two thirds reduction of overdue pending assessments in just 6 months.

The partnership is focused on making improvements and there are a number of developments in progress that are helping sustain progress with this issue:

- There is now a fast response reablement function embedded alongside each Locality Team's duty system. This is staffed by OTs and Social Care Officers. This allows for early intervention with a person who is experiencing functional decline. Early response offers solutions which prevent the person requiring formal services such as home care, and supports the person to self-manage for longer.
- 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.
- Team Managers and Senior Workers continue to monitor recommendations made by duty workers regarding appropriate worker to carry out next assessment to ensure that the figures awaiting OT assessment are minimised.
- Training and development for NHS OT staff will be accelerated when NHS OTs are integral members of integrated Locality Teams. This integration work is currently in progress.

- For the past 8 months a Performance Management meeting has been operating where Team Managers are required to report to Locality Managers/Service Managers on all assessment and review activity, including OT assessments. This has encouraged sharing of good practice and management strategies as well as accountability.
- Living Well Falkirk provides a self-assessment opportunity for Falkirk citizens. Between April and December the website had 2,456 visitors and 2,063 self-assessments were completed.
- Living Well Centres 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 December 200 people received an assessment through the Clinic.

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	70	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	71	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	72	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	73	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	74	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	75	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		76a	Number & percentage 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		76b	Number & percentage of Home Care service users aged 18-64 receiving personal care	
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		77	Number of new Telecare service users 65+	
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		82	The number of people who had a community care assessment or review completed	
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	64a	The proportion of SWAS (Stage 1 & 2) complaints completed within 20 days		83	Number of Adult Carer Support Plans that have been completed by the Carers Centre	
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		84	The number of overdue 'OT' pending assessments at end of the period	
36	Long term conditions - bed days per 100,000 population	M				64c	The proportion of SWAS (completed stage 1 & 2) complaints upheld		85	Proportion of last 6 months of life spent at home or community setting	
37	SDS Option 1: Direct payments (data only)					65	The number of complaints to NHS Forth Valley applicable to Falkirk IJB		86	Number of days by setting during the last six months of life: Community	
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								78	The proportion of Home Care service users aged 65+ receiving a service during evening/overnight	
									79	The proportion of Home Care service users aged 65+ receiving a service at weekends	
									80	Percentage of Rehab At Home service users who attained independence after 6 weeks (target – 80%)	
									81	Percentage of Crisis Care service users who are retained in the community when service ends (target - 70%)	

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				

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.