Agenda Item 13

Performance Monitoring Report

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Falkirk Integration Joint Board

19 June 2020
Performance Monitoring Report
For Noting

1.   Executive Summary

1.1   The Performance Monitoring Report March 2019 – March 2020 is presented to support the IJB to fulfil its ongoing responsibility to ensure effective monitoring and reporting of service delivery.

1.2   The report provides a summary of key performance issues and draws on a basic balanced scorecard approach with a focus on exception reporting.

1.3   The impact of the covid-19 pandemic on services and management information reporting is not reflected in the content of the report. The Board will want to understand the impact this has had on people, services and staff and reporting is being developed and will be included in future reports to the Board.

2.   Recommendations

The Integration Joint Board 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 and Approach

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 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.

3.3   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).

4.   Performance Monitoring Report

4.1   The IJB approved a structured and themed timetable to performance reporting in 2020. The content of the Performance Monitoring report covers the reporting period March 2019 to March 2020. 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.

4.2   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.

4.3   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.

4.4   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
- The number of people who had a community care assessment or review completed.

4.5   Section 2 provides the Performance Dashboard which maps to the local outcomes detailed in the Strategy Map. This reflects the new Strategic Plan outcomes.

4.6   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.

5. Conclusions

The Performance Monitoring Report presents a range of information on local indicators for the reporting period March 2019 – March 2020. Further information on the MSG integration indicators and the impact of the covid-19 pandemic 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.

6. Report Author

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7. List of Background Papers

n/a

8. Appendices

Appendix 1:   Performance Monitoring Report March 2019 – March 2020

Falkirk
Health and Social Care
Partnership

Performance Monitoring Report

Reporting Period
March 2019 – March 2020

Contents

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 Forth Valley compliance for March 2020 was 93.2%; Minor Injuries Unit (MIU) 99.9%, ED 91.0%. A total of 384 patients waited longer than the 4 hour target across both the ED and MIU; with 21 waits longer than eight hours and 10 longer than 12 hours. The main reason for patients waiting beyond 4 hours remains 'wait for first assessment' with 207 patients.

The March 2019 compliance for the Falkirk Partnership highlights a slight reduction in performance to 92.0% in March 2020 compared with 94.9% in March 2019.

1.2 Rate of Emergency Department Attendance
The average monthly ED attendance rate for NHS Forth Valley in March 2020 is 1560 per 100,000 populations age 18+, a decrease from 2026 in March 2019. The position in respect of the Falkirk partnership in March 2020 is an average monthly rate of 1702 per 100,000 population. In line with the overall Forth Valley position, this is a decrease from 2223 in March 2019.

1.3 Delayed Discharge
The April 2020 census position for Forth Valley delays over 14 days is 5 against a zero standard. A further 13 delays waiting under 2 weeks brings the total number of standard delays to 18. Including 17 code 9 exemptions the total number of delayed discharges at the April 2020 census point is noted as 35; 30 Forth Valley residents and 5 from out with Forth Valley.

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

- 7 Standard delays, 1 of which is delayed over 2 weeks
- 11 guardianship/code 9 exemptions
- 18 total delays

Across Forth Valley, the number of bed days occupied by people delayed in their discharge at the April 2020 census was 232, comparable with the April 2019 position of 1232.

Within the Falkirk Partnership the number of bed days occupied by delayed discharges is noted as 128 at the April 2020 census compared with 972 at the April 2019 census.

1.4 Complaints - Falkirk Council Social Work Adult Services
Performance of complaints completed within timescale fell very marginally to 56% during 2019/20.

A significantly greater proportion - over 50% - of both Stage 1 and 2 complaints were not upheld in 2019/20 than in the previous 2 years.

1.5 Complaints - NHS Forth Valley
During the financial year April 2019 to March 2020, a total of 25 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 response rate is noted as 80%.

80% of Stage 1 complaints were responded to within the timescale with 75% of Stage 2 complaints. The SPSO has received 8 cases relating to Falkirk HSCP complaints April 2019 to March 2020.

1.6 Attendance Management - Falkirk Council Social Work Adult Services
The sickness absence figure for 2019/20 was 8.9%, compared to 8.4% in the previous year.

Most services continue to be challenged in meeting the 5.5% target consistently. However, Care Homes made significant improvements through 2019. One the other hand, Home Care saw a steady increase through the second half of 2019 peaking in January 2020.

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 March 2020 sickness absence position is reported as 5.9% with the 12 month rolling position noted as 6.0%.

1.8 The number of people who had a community care assessment or review completed
There are 10% more people reported receiving an assessment or review during 2019/20 than in the previous year. However, the increase is inflated by administrative activity generated by reorganising teams and assessment functions into localities during this period and is not necessarily indicative of increased demand.

The service will continue to monitor this activity as the locality teams embed and develop.

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 integration indicators.

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	March 2019	March 2020	Direction of travel	Exception Report
24	Emergency department 4 hour wait Forth Valley (18+)	95.8%	93.2%	▼	
25	Emergency department 4 hour wait Falkirk (18+)	94.9%	92.0%	▼	
26	Emergency department attendances per 100,000 Forth Valley Population	2026	1560	▲	Page 10
27	Emergency department attendances per 100,000 Falkirk	2223	1702	▲	
28	Emergency admission rate per 100,000 Forth Valley population (all ages)	1019	750	▲	
29	Emergency admission rate per 100,000 Falkirk population	1049	762	▲	

Ref	Measure	March 2019	March 2020	Direction of travel	Exception Report
30	Acute emergency bed days per 1000 Forth Valley population	785.1	248.9	▲	Unable to make accurate comparison due to changes of data recording following migration to a new Patient Admin System
31	Acute emergency bed days per 1000 Falkirk population	844.7	255.9	▲	
32	Number of patients with an Anticipatory Care Plan in Forth Valley	16,541	25,658	▲	-
33	Number of patients with an Anticipatory Care Plan in Falkirk	7,061	12,454	▲	-
34	Key Information Summary as a percentage of the Board area list size Forth Valley	5.0%	8.1%	▲	-
35	Key Information Summary as a percentage of the Board area list size Falkirk	4.4%	7.8%	▲	-

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 (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%)					

2.3. Table 2: Safety Indicators 42 - 49

Ref	Measure	March 2019	March 2020	Direction of travel	Report Exception
42	Readmission rate within 28 days per 1000 FV population	1.19	1.11	▲	
43	Readmission rate within 28 days per 1000 Falkirk population	2.12	1.93	▲	

Ref	Measure	2018/19 H1	2019/20 H1	Direction of travel	Exception Report
45	Number of Adult Protection Referrals (data only)	250	307	-	-
46	Number of Adult Protection Investigations (data only)	28	34	-	-
47	Number of Adult Protection Support Plans at end of period (data only)	19	14	-	-

Ref	Measure	2018/19	2019/20	Direction of travel	Exception Report
48	The total number of people with community alarms at end of the period	4,027 (at 31/03/19)	4,087 (at 29/02/20)	-	-
49	Percentage of community care service users feeling safe	90%	90%	◄▶	-

2.4. Table 3: Experience Indicators 54-68

Ref	Measure	April 2019	April 2020	Direction of travel	Exception Report
54	Standard delayed discharges	38	7	▲	
55	Standard delayed discharges over 2 weeks	26	1	▲	
56	Bed days occupied by delayed discharges	972	128	▲	Page 12
57	Number of code 9 delays, including guardianship	15	11	▲	
58	Number of code 100 delays	1	0	▲	
59	Delays - including Code 9 and Guardianship	53	18	▲	

Ref	Measure	2018/19	2019/20	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%	93%	◄►	-
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%	91%	◄►	-

Ref	Measure	2018/ 19	2019/20	2019/20 Stage 1	2019/20 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	63/113	56/96	7/17	-	Page 16
	b. The proportion of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales	57.5%	55.8%	58.3%	41.2%	▼	
	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		20.8%	29.4%	-	-
		% Partially upheld		20.8%	17.6%	-	-
		% Not upheld		58.4%	52.9%	-	-

Ref	Measure	Baseline	Apr-Mar 2019	Direction of travel	Exception Report
65	**a**. The number of complaints to NHS Forth Valley applicable to Falkirk IJB	-	25	-	Page 17
	b. The percentage of complaints responded to within 20 days	-	80%	-	
	c. The number of SPSO cases received	-	8	-	

Ref	Measure	2018/19	2019/20	Direction of travel	Exception Report
66a	Attendance Management - Social Work Adult Services (Target – 5.5%)	8.4%	8.9%	▼	Page 19
Ref	**Measure**	**March 2019**	**March 2020**	**Direction of travel**	**Exception Report**
66b	Attendance Management – NHS Forth Valley (Interim target 4.5%)	5.85%	5.91%	▼	Page 20
Ref	**Measure**	**Apr 2019-Mar 2020**	**Apr 2019-Mar 2020**	**Direction of travel**	**Exception Report**
67	Number of Alcohol Brief Interventions delivered – annual target 3410	7368	8955	▲	-
Ref	**Measure**	**Quarter to Mar 2019**	**Quarter to Mar 2020**	**Direction of travel**	**Exception Report**
68a	Substance Use - Percentage of patients that commence treatment within 3 weeks of referral – Forth Valley Alcohol & Drug Partnership (90% target)	97.0%	95.9%	▼	-
68b	Substance Use - Percentage of patients that commence treatment within 3 weeks of referral – Forth Valley Prisons (90% target)	98.7%	94.6%	▼	-
69	Access to Psychological Therapies – Percentage of people that commenced treatment within 18 week of referral (65% trajectory March 2020)	60.8%	60.6%	◄►	-

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	**	-
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	2019/20	Direction of travel	Exception Report
77	Number of new Telecare service users 65+	143	147	-	-
83	The number of people who had a community care assessment or review completed	8,434 people (12,615 assessments 5,925 reviews)	9,283 people (14,179 assessments 6,638 reviews)	-	-
84	Number of Adult Carer Support Plans that have been completed by the Carers Centre	340	404 (2019/20 to Q3)	N/A	-

Ref	Measure	At 31 May 2019	At 31 May 2020	Direction of travel	Exception Report
85	The number of overdue 'OT' pending assessments at end of the period	315	122	▲	-

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

3.1   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.
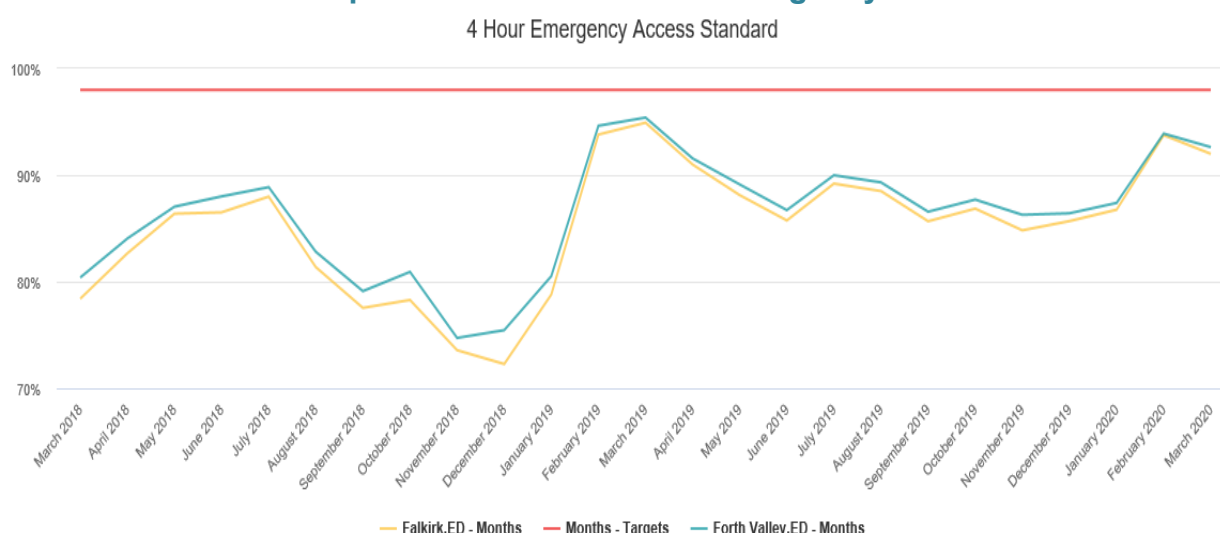
Performance
Overall compliance for March 2020 was 93.2%; Minor Injuries Unit (MIU) 99.9%, ED 91.0%. A total of 384 patients waited longer than the 4 hour target across both the ED and MIU; with 21 waits longer than eight hours and 10 longer than 12 hours. The main reason for patients waiting beyond 4 hours remains 'wait for first assessment' with 207 patients. It should be noted that there is an improving trend across the period March 2019 to March 2020.

Throughout all age ranges, the main reason for waits beyond 4 hours was recorded as 'Wait for First Assessment' with 207 patients.

The March 2019 compliance for the Falkirk Partnership highlights a slight reduction in performance 92.0% in March 2020 compared with 94.9% in March 2019 however an improving trend across the period March 2019 to March 2020 is noted.

The chart below notes performance from March 2018 – March 2020.

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 performance as a whole system

- In response to COVID-19, new ways of working in ED have been implemented to support zoning/segregation of patients presenting with respiratory presentations notably, flu like illness or secondary complications arising from COVID-19

- Community triage hub operational 24/7

- Clinical Assessment Centres operational

- Key actions in line with the Annual Operational Plan 2020/21 and the refocused Getting ForthRight unscheduled care improvement programme plan are underway with a focus on four key areas/ workstreams
  - Reduce ED attendance
  - Reduce admission
  - Optimize assessment, and timing
  - Reduce length of stay in the acute hospital

- 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 Forth Valley Royal Hospital and community sites

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 March 2020 is 1560 per 100,000 populations age 18+, a decrease from 2026 in March 2019.

The position in respect of the Falkirk partnership in March 2020 is an average monthly rate of 1702 per 100,000 population. In line with the overall Forth Valley position, this is a decrease from 2223 in March 2019.

Chart 2 highlights the position in relation to the ED Attendances Rate per 100,000 population March 2018 to March 2020.

Chart 2: ED Attendances Rate per 100,000 population

ED Attendance rate per 100,000 population

Legend: — IJBH.FV.US - Months   — IJBH.Falk.US - Months
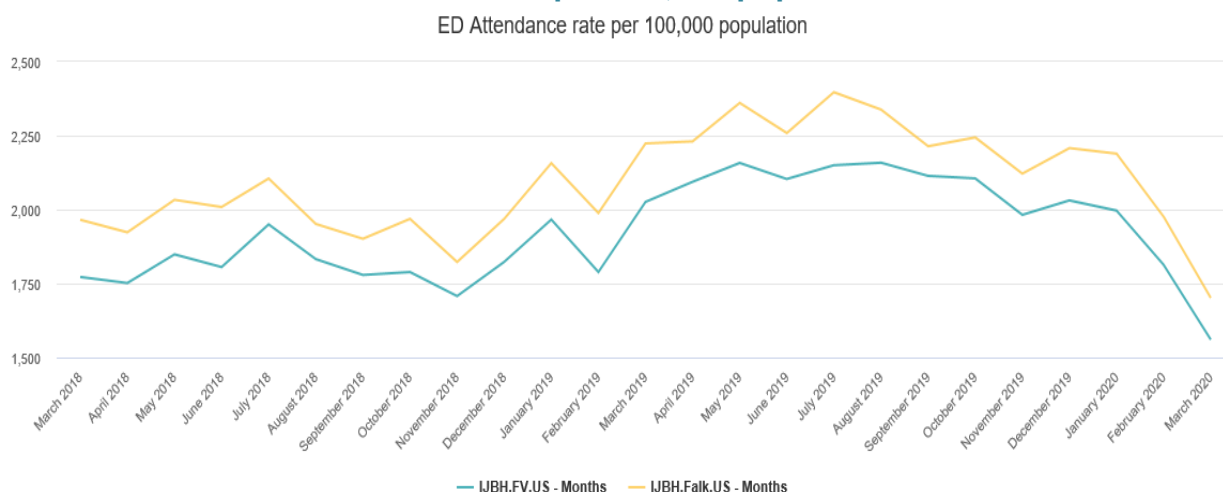
The Partnership is committed to supporting people to receive appropriate support and treatment within the community in order to reduce the number of A&E attendances and subsequent admissions to hospital. There are a range of services in place that aim to support people to remain more resilient at home 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 –April 2020

	Under 2 wks	Over 2 wks	Standard Delays	Guardianship 9/51X	Code 9_Other	TOTAL (Ex code 100)	Code 100
Falkirk	6	1	7	11	0	**18**	3
Total FV	13	5	18	12	5	**35**	5

Table 1 above provides a breakdown of Delay Discharge performance at the April 2020 census.

The April 2020 census position for Forth Valley delays over 14 days is 5 against a zero standard. A further 13 delays waiting under 2 weeks brings the total number of standard delays to 18. Including 17 code 9 exemptions the total number of delayed discharges at the April 2020 census point is noted as 35; 30 Forth Valley residents and 5 from out with Forth Valley.

The Falkirk partnership breakdown at the April 2020 census is noted as:

- 7 standard delays, 1 of which is delayed over 2 weeks
- 11 code 9/ Guardianship exemptions

- 18 total delays

Standard delays April 2018 to April 2020 are detailed in chart 3 below.

In addition, at the April census there were 5 code 100 delays within Forth Valley, 3 for Falkirk Partnership. It should also be noted that there was 1 delay as a result of COVID-19 infection.

Of the 7 Standard Delays in Falkirk:

- 4 awaiting care homes (1 over two weeks, 3 under 2 weeks)
- 1 allocated and assessment ongoing
- 1 family disagreement
- 1 awaiting Housing

Chart 3: Standard Delays

Standard Delayed Discharges April 2018 to April 2020
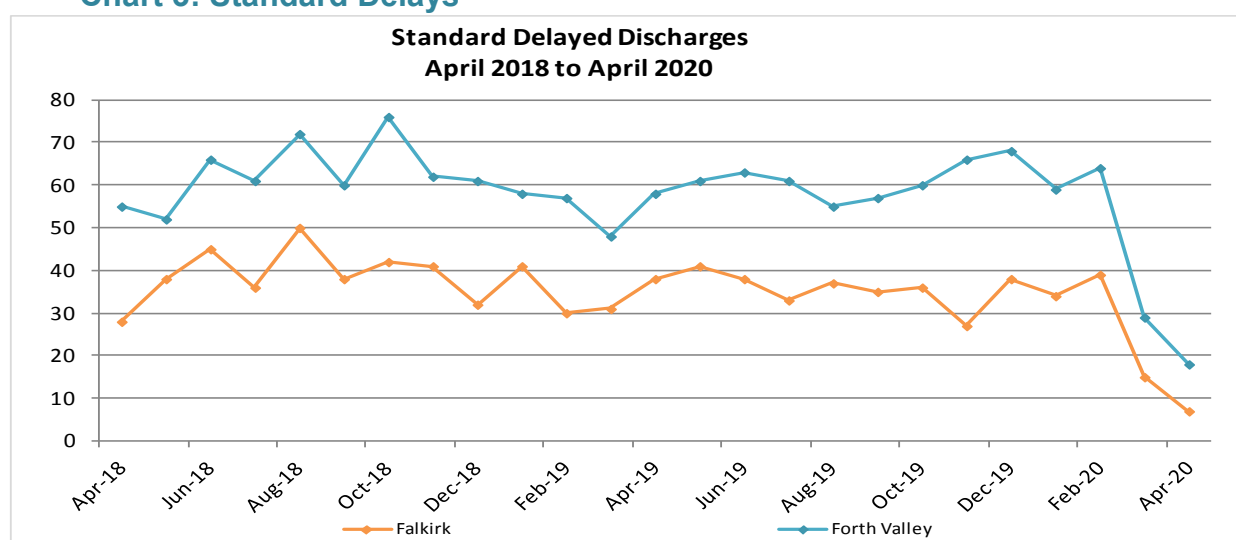
Table 2: Bed Days Occupied: 2-week Target at Census Point (Exc. Codes 9 and 100)

	Under 2 wks	Over 2 wks	Total BDO
Falkirk	55	73	128
Total FV	95	137	232

Across Forth Valley, the number of bed days occupied (BDO) by people delayed in their discharge at the April 2020 census was 232, as noted in table 2 above.

There is an improving trend May 2019 to April 2020 compared with May 2018 to April 2019, with a 7.5% decrease in the average number of occupied bed days. An average of 1472 bed days occupied noted at the monthly census over the time period.

In respect of the Falkirk Partnership there is a marked reduction in the number of bed days occupied by delayed discharges in April 2020 compared to April 2019. A decreasing or improving trend is noted in respect of the average monthly bed days occupied by delayed discharges May 2019 to April 2020 compared with May 2018 to April 2019, with a 14.5% decrease highlighted.

There remains month on month variability in the number of bed days occupied by people delayed in their discharge with the position April 2018 to April 2020 detailed in chart 4 below. Chart 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
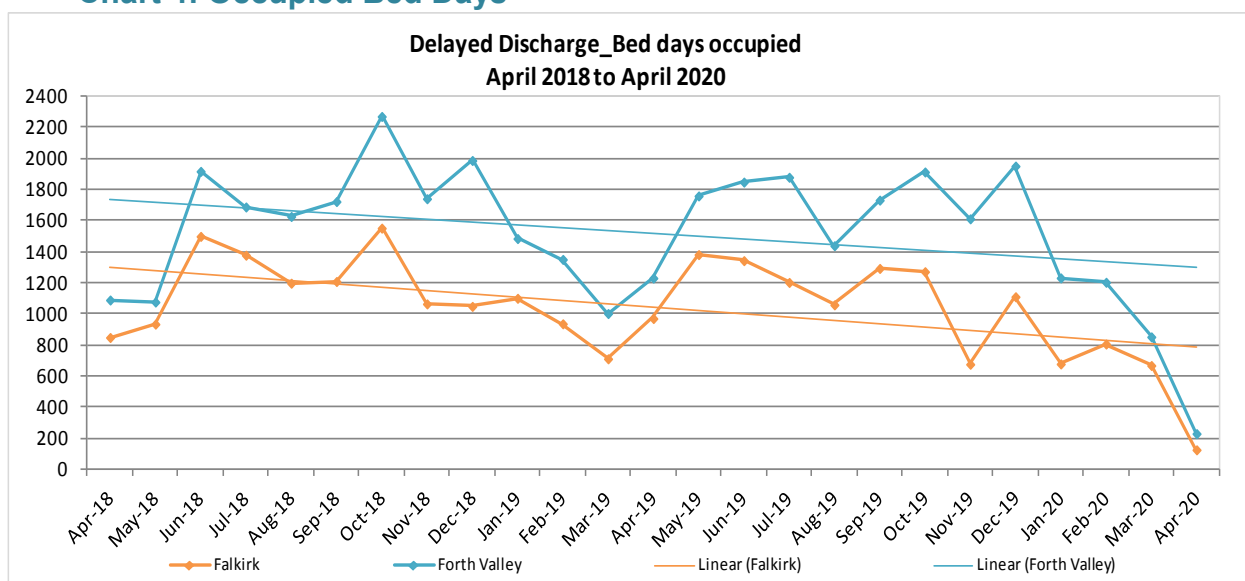
Chart 5: Code 100 and Code 9
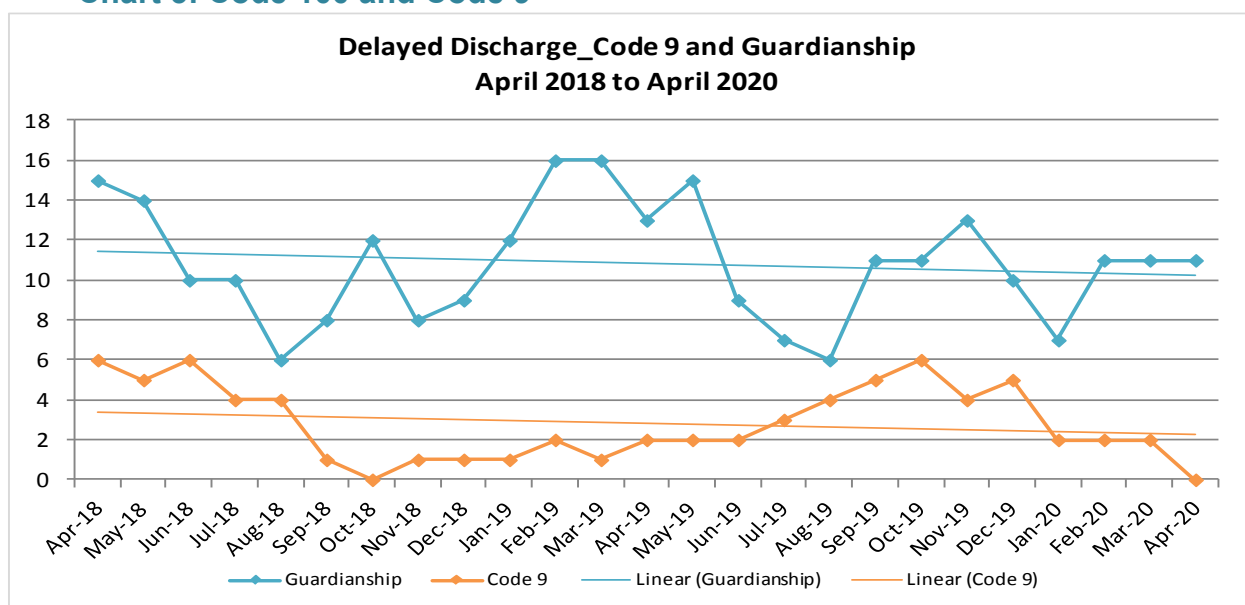
Position

As a result of COVID-19 there has been a significant focus on care in the community, community intermediate care and community hospital facilities. A number of actions have been taken to support this activity.

- Increase of Homefirst team capacity
- Refreshed pathways to develop Rapid Response and Reablement Teams to support Home Care, Enhanced Care and ReACH services
- Provision of essential community nursing support to continue to support people at home, including vulnerable older people
- Non essential services postponed (risk assessed)

Key areas of work continue in relation to Falkirk HSCP Unscheduled Care Improvement Plan

- 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.
- 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
- 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
- Development of an Integrated Discharge Service to include both HSCP integrated teams, Third Sector, Allied Health Professions and Transport

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

Chart 6: Percentage of complaints completed within timescales
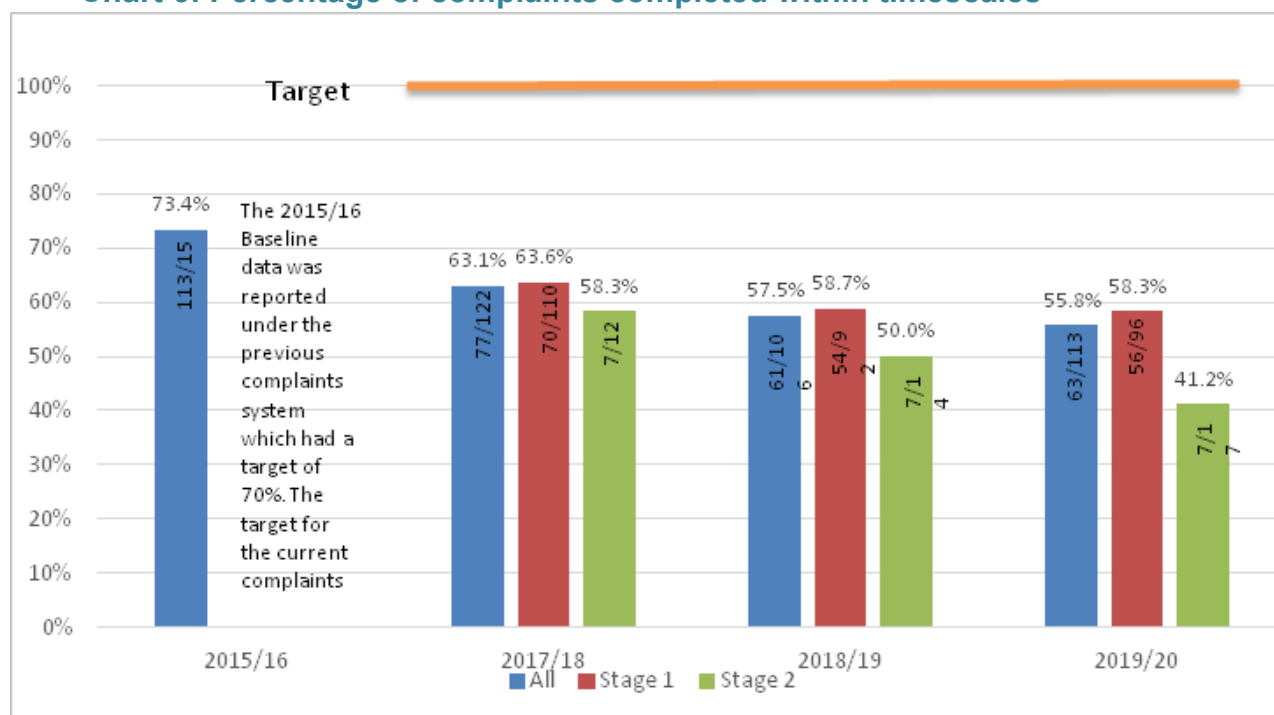
Purpose

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 fell very marginally to 56% during 2019/20; Stage 1 performance declined less than Stage 2, see Chart 6. Compared to the same nine month period in 2018/19 the number of complaints has risen slightly from 106 (Stage 1 - 92; Stage 2 - 14) to 113 (Stage 1 - 96; Stage 2 - 17).

Chart 7 shows the outcomes of the complaints for the last 3 years. A significantly greater proportion- over 50% - of both Stage 1 and 2 complaints were not upheld 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 around 9,000 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
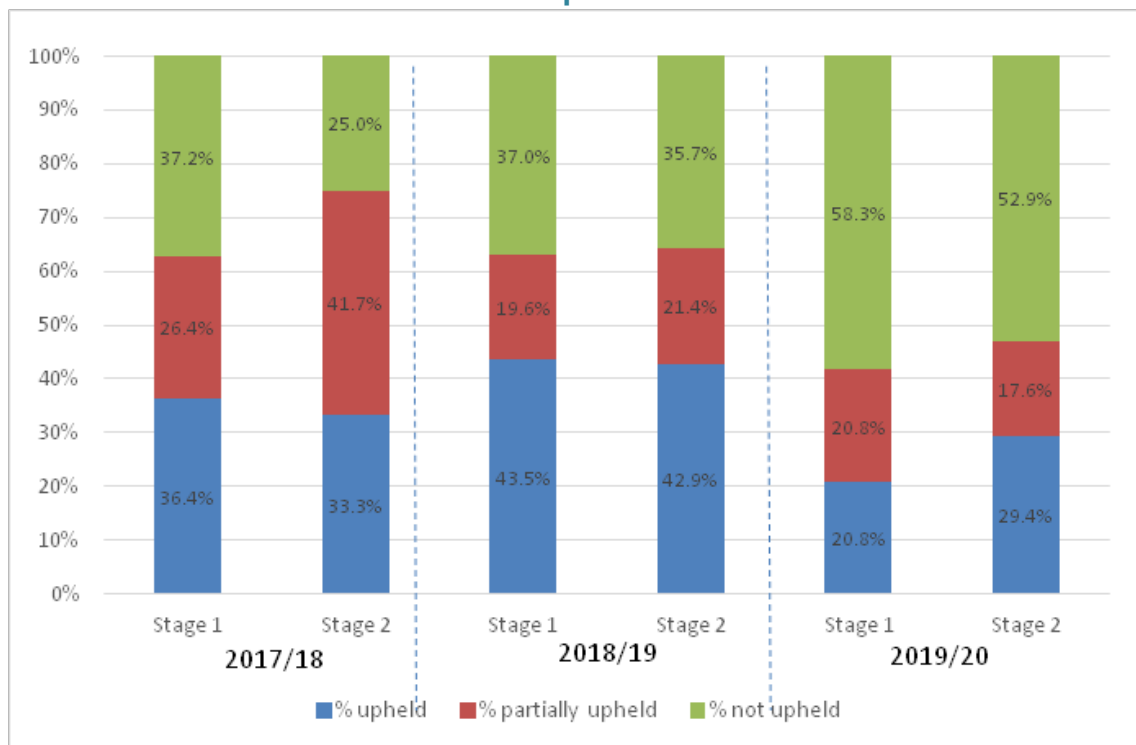
The Partnership Management Team is keen to learn from complaints and ensure that all complaints are responded to within appropriate timescales. Complaint compliance now forms part of the standing agenda for their meeting, and complaints will be reviewed on a monthly basis with any action being taken forward by senior managers. Weekly reports of complaints outstanding are provided to the Head of Service and Service Managers.

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 enables 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 financial year April 2019 to March 2020, a total of 25 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 response rate is noted as 80%.

80% of Stage 1 complaints were responded to within the timescale with 75% of Stage 2 complaints. The SPSO has received 8 cases relating to Falkirk HSCP complaints April 2019 to March 2020. It is noted that no investigation will be conducted by the SPSO for the case received in October 2019.

In total there are approximately 17 departments listed against the delegated functions. During the period April 2019 –March 2020, 9 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	Uni 1, FCH
	Staff Attitude & Behaviour	Lack of Support	Unit 1, FCH
	Staff Communication (Oral)	Face to Face	Woodlands Resource Centre
	Staff/Shortage Availability	Staff Shortage Availability/Other	Unit 1, FCH
May	Clinical Treatment	Co-ordination of Clinical Treatment	Unit 2, FCH
	Staff Attitude & Behaviour	Staff Attitude	Woodlands Recource Centre
	Staff Communciation (Oral)	Lack of Explanation	Unit 2, FCH
June	Clinical Treatment	Disagreement with treatment/care	Woodlands Recource Centre
		Nursing Care	Ward 1, Bo'ness
	Staff Attitude & Behaviour	Insenstive to Patient Needs	Unit 3, FCH
	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	no complaints received.		
August	Staff Attitude & Behaviour	Inappropriate Comments	CMHT (E), Falkirk
	Staff Attitude & Behaviour	Lack of Support	Woodlans 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
		Inappropriate Comments	CMHT (E), Falkirk
	Staff Communication (Oral)	Patient Not Verbally Told Things	CMHT (E), Falkirk
Nov	Clinical Treatment	Disagreement with treatment/care	Unit 2, FCH
		Poor Aftercare	District Nursing (Falkirk)
	Staff Communication (Oral)	Telephone	Woodlands Resource Centre
	Waiting Time/Date of Appointment	Waiting Time/Date of Appointment/Other	Woodlands Resource Centre
Dec	Clinical Treatment	Disagreement with treatment/care	Woodlands Resource Centre
		Treatment outcome not as expected	Unit 1, FCH
January	Clinical Treatment	Disagreement with treatment/care	Woodlands Resource Centre
	Staff Attitude & Behaviour	Insenstive to Patient Needs	Woodlands Resource Centre
		Staff Attitude & Beahaviour/Other	Woodlands Resource Centre
February	no complaints received.		
March	Clinical Treatment	Disagreement with treatment/care	Community Residential Resource
			Unit 2, FCH
	Staff Attitude & Behaviour	Not Listening	District Nursing (Falkirk)

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
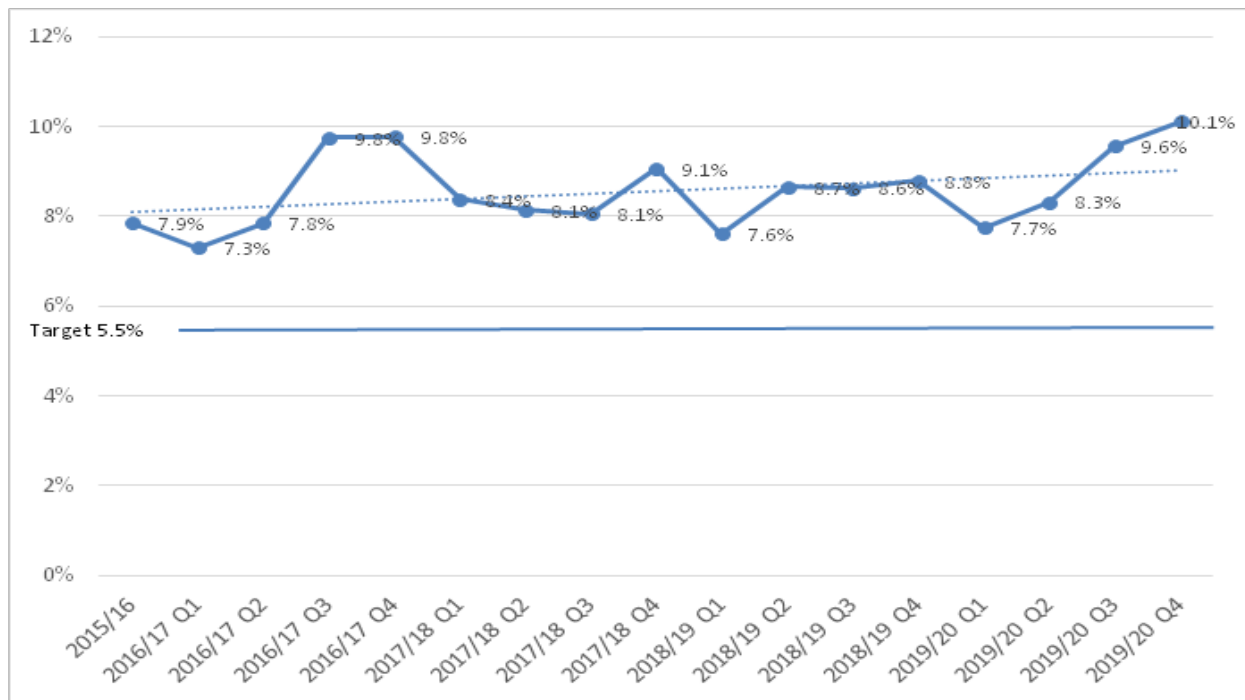
Purpose

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 2019/20 was 8.9% (Q1 – 7.6%; Q2 – 8.3%; Q3 – 9.8%; Q4 – 10.1%). 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.

Most services continue to be challenged in meeting the 5.5% target consistently, as can be seen in Table 4. Care Homes made significant improvements through the year from 15% in January 2019 to 6% in January 2020. The later increase in March coincides with the onset of Covid-19.

Home Care saw a steady increase through the year peaking in January at 13%. Day Centres have maintained single figure absence through 2019 but have risen since December.

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%
Jan-20	**10.0%**	5.9%	13.2%	10.5%	0.0%	10.1%	3.9%
Feb-20	**9.9%**	6.6%	12.1%	10.0%	0.0%	11.9%	7.5%
Mar-20	**10.1%**	9.5%	11.4%	9.9%	0.0%	11.6%	4.3%

## 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
The target is to reduce sickness absence to 4% or less however an interim or milestone target of 4.5% has been agreed. Overall March 2020 sickness absence position is reported as 5.9% with the 12 month rolling position noted as 6.0%.

'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
March 2018 to March 2020
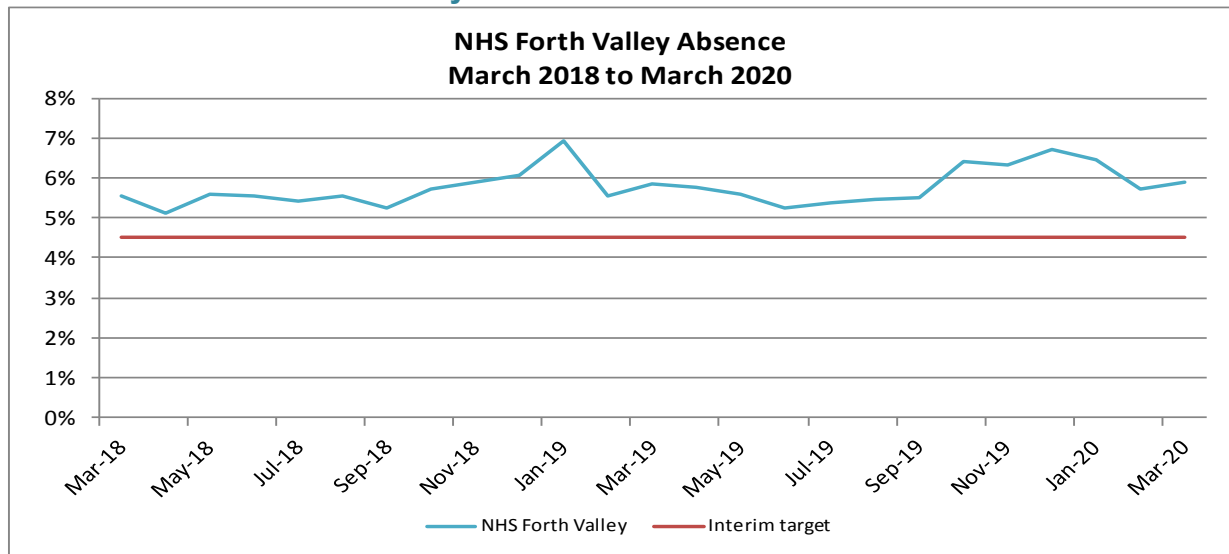
Position

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.

It should be noted that providing support to maintain and sustain health and wellbeing of staff as a result of the pressures in relation to COVID-19 is crucial with focussed work currently ongoing:

- Linda Donaldson, Human Resources Director has been appointed as Wellbeing Champion
- National Staff Mental Health and Wellbeing resources have been issued to the service. There is an expectation that there will be consistency of application and implementation by adopting a 'Once for Scotland' approach
- Work has been undertaken by key staff to coordinate Staff Support and Wellbeing services
- A System Wide Staff Support and Wellbeing group has been established and is meeting every 2 weeks
- National Wellbeing Hub 'live' in May 2020
- Staff Support and Wellbeing Website accessed through the intranet, along with a support helpline for staff

- Fortnightly meetings ongoing between Area Partnership Forum and Senior Staff Representatives, including the Chief Executive and Human Resources Director.

3.8 Local Outcome: Strong Sustainable Communities – The number of people who had a community care assessment or review completed

There are 10% more people reported receiving an assessment or review during 2019/20 than in the previous year. However, the increase is inflated by administrative activity generated by reorganising teams and assessment functions into localities during this period and is not necessarily indicative of increased demand.

The service will continue to monitor this activity as the locality teams embed and develop.

Falkirk Integration Joint Board Strategy Map

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 workforce 9) Resources are used effectively	2) Independent Living 6) Carers are supported
National Indicators (23)	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 fo radults 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 (6)	a. Number of A&E attendances and the number of patients seen within 4 hours b. Number of emergency admissions into Acute specialities	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+

Falkirk Health and Social Care Partnership Indicators

SELF MANAGEMENT		SAFE		EXPERIENCE		STRONG SUSTAINABLE COMMUNITIES	
Indicator No	Reporting Frequency	Indicator No	Reporting Frequency	Indicator No	Reporting Frequency	Indicator No	Reporting Frequency
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+	
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		

Falkirk Health and Social Care Partnership Indicators

SELF MANAGEMENT	SAFE	EXPERIENCE	STRONG SUSTAINABLE COMMUNITIES
Local Indicators No Longer Needed / Superceded			
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			
		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.