



## **Falkirk Integration Joint Board**

**19 March 2021**

### **Performance Monitoring Report**

**For Noting**

#### **1. Executive Summary**

- 1.1 The Performance Monitoring Report December 2019 – December 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.

#### **2. Recommendations**

The Integration Joint Board is asked to:

- 2.1 note the content of the Performance Monitoring Report
- 2.2 note that a more detailed report on readmissions management information will be presented to a future meeting
- 2.3 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 the 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.

## 4. Performance Monitoring Report

- 4.1 The Falkirk Partnership Performance Group has proposed a structured and themed timetable in relation to performance monitoring reporting for 2021. This has been based on the IJB programme of meetings.
- 4.2 This timetable can be amended dependant on feedback from the Board and any emerging issues over the year. This will include the publication of national reports such as the Local Government Benchmarking Framework adult social care indicators when these are available.

IJB Meeting 2021	Performance Monitoring Report Content
19 March 2020	Local indicators to Quarter 3 (Dec 20)
4 June 2020	Local indicators to Q4 (where available) Readmission report (c/f from Mar 21)
3 September 2020	Full year comparisons from 15/16 Annual performance – national indicators
19 November 2020	Local indicators to Q2

- 4.3 **Readmissions Performance**  
The Board is asked to note that a more detailed report on readmissions management information data has been deferred to a future meeting. The staff who would have been involved in its preparation have been heavily engaged in supporting the Covid-19 pandemic response.
- 4.4 The content of the Performance Monitoring report covers the reporting period December 2019 – December 2020. It focuses on local performance indicators and data, providing a year on year comparison, where this is available. This includes information on delayed discharges and Emergency Department (ED) performance. The report is attached at Appendix 1.
- 4.5 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.
- 4.6 Section 1 provides a summary of key performance issues for the Integration Joint Board, with an extract provided below:
- **ED Performance against the 4 Hour Access Standard**  
The December 2020 compliance for the Falkirk Partnership highlights an improvement in performance to 89.1% compared with 85.7% in December 2019.

- **Delayed Discharge**  
 The Falkirk partnership breakdown at the December 2020 census is noted as:
  - 28 Standard delays, 12 are delayed over 2 weeks
  - 20 guardianship/code 9 exemptions
  - 48 total delays
  
- **Adult Protection Referrals**  
 There has been a 23% rise in the number of Adult Protection referrals in the first 3 quarters of 2020/21, compared to the previous year
  
- **Complaints – Falkirk Council Social Work Adult Services**  
 Performance of complaints completed within timescale improved to 59% during the three quarters of 2020/21, compared to 56% in 2019/20. This was due to Stage 1 performance increasing marginally from 58% to 60% and Stage 2 rising from 41% to 56%.
  
- **Complaints – NHS Forth Valley**  
 In the period April 2020 to January 2021, a total of 20 complaints were received by the Patient Relations Team relating to the Partnership. The 20-day response rate is noted as 75%.
  
- **Attendance management – Falkirk Council Social Work Adult Services**  
 The overall sickness absence figure for 2020/21 to the end of Q3 was 10.5%. Covid-19 has had a significant impact on the position this year with the sickness absence figure excluding Covid-19 noted as 9.8%.
  
- **Attendance management - NHS Forth Valley**  
 Overall December 2020 sickness absence position is reported as 6.2% with the 12-month rolling position noted as 5.8%.
  
- **The number of people who had a community care assessment or review completed**  
 The level of assessment and review by locality teams in the first 3 quarters of 2020/21 only decreased by 1% compared with the same 3 quarters in 2019/2020.
  
- **Number of Adult Carer Support Plans that have been completed by Carers Centres**  
 The number of Adult Carer Support Plans (ASCPs) decreased significantly in the first half of 2020/21 due to Covid-19 restrictions.
  
- **Overdue pending Occupational Therapy Assessments**  
 The number of overdue OT pending assessments increased by 89% from 122 at the end of March 2020 to 230 at 19 January 2021. Of these 230 cases, 170 (74%) were priority 2 and the remainder - 60 (26%) - were priority 3.

- 4.7 Section 2 provides the Performance Dashboard which maps to the local outcomes detailed in the Strategy Map. This reflects the new Strategic Plan outcomes.
- 4.8 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. Flu and Covid-19 Vaccination performance**

- 5.1 A number of changes were made to the roll out of the flu vaccination programme in 2020/21 to support social distancing and ensure the safety of patients. Vaccination uptake is calculated as the number of vaccinations carried out as a percentage of the eligible cohort with the target described as the estimated take up rate as a percentage. The total Forth Valley position is that 80% of the number eligible has been vaccinated with 110% of the target vaccinated.
- 5.2 Lessons learned from the changes to the Flu Vaccination programme have been taken forward to support the roll out of the Covid-19 vaccination programme. The programme is well underway with uptake of the vaccine high. The programme will take account of changing guidance from the Scottish Government as it continues to roll out first and second doses through the priority cohorts.
- 5.3 Information on the Covid-19 vaccination programme is included in the Chief Officer report.

## **6. Maintaining Urgent Cancer Flow**

- 6.1 Non urgent scheduled care was initially suspended at the start of the pandemic with urgent elective outpatient, daycase and inpatient services to support vital suspected cancer presentations being maintained. NHS Forth Valley, in line with the rest of NHS Scotland, continues to prioritise and treat those patients most in need of surgery with the application of clinical prioritisation to support appropriate, timely and safe care.
- Priority level 1a Emergency - operation needed within 24 hours
  - Priority level 1b Urgent - operation needed within 72 hours
  - Priority level 2 Surgery - can be deferred for up to 4 weeks
  - Priority level 3 Surgery - can be delayed for up to 3 months
  - Priority level 4 Surgery – can be delayed for more than 3 months
- 6.2 NHS Forth Valley has robust monitoring in place to track additions to the 31 day and 62 cancer pathways.

## 7. Conclusions

- 7.1 The Performance Monitoring Report presents a range of information on local indicators for the reporting period December 2019 – December 2020.

### 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.

### Directions

No amendment or new Direction is required for this report.

### 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.

## 8. Report Authors

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## 9. List of Background Papers

n/a

## 10. Appendices

**Appendix 1:** Performance Monitoring Report December 2019 –  
December 2020

# Performance Monitoring Report

**Reporting Period**  
**December 2019 – December 2020**

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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.

The December 2020 compliance for the Falkirk Partnership highlights an improvement in performance to 89.1% compared with 85.7% in December 2019.

### 1.2 Delayed Discharge

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

- 28 Standard delays, 12 are delayed over 2 weeks
- 20 guardianship/code 9 exemptions
- 48 total delays

Within the Falkirk Partnership the number of bed days occupied by delayed discharges is noted as 417 at the December 2020 census. As with the Forth Valley position this is a significant improvement from the December 2019 census position of 1112.

### 1.3 Adult Protection Referrals

There has been a 23% rise in the number of Adult Protection referrals in the first 3 quarters of the year, compared to 2019/20.

### 1.4 Complaints - Falkirk Council Social Work Adult Services

Performance of complaints completed within timescale improved to 59% during the three quarters of 2020/21, compared to 56% in 2019/20. This was due to Stage 1 performance increasing marginally from 58% to 60% and Stage 2 rising from 41% to 56%.

There were less than half the number of complaints than is usual in the three quarters.

### 1.5 Complaints - NHS Forth Valley

In the period April 2020 to January 2021, a total of 20 complaints (excluding complaints transferred/ withdrawn/ consent not received) were received by the Patient Relations Team relating to the Partnership. The 20-day response rate is noted as 75%.

87.5% of Stage 1 complaints were responded to within the timescale with 58.3% of Stage 2 complaints. The SPSO has received no cases relating to Falkirk HSCP complaints between April 2020 to January 2021.

### 1.6 Attendance Management - Falkirk Council Social Work Adult Services

The overall sickness absence figure for 2020/21 to the end of Q3 was 10.5%. Covid-19 has had a significant impact this year with the sickness absence figure excluding Covid-19 noted as 9.8%. For the same period last year sickness absence was 8.6%.



Most services continue to be challenged in meeting the 5.5% target consistently, and performance does vary over time and between services.

**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 2020 sickness absence position is reported as 6.2% with the 12-month rolling position noted as 5.8%.

**1.8 The number of people who had a community care assessment or review completed**

Although a number of staff being moved out of locality teams into CHART and HomeFirst, the level of assessment and review by locality teams in the first 3 quarters of 2020/21 only decreased by 1% compared with the same 3 quarters in 2019/2020. Within that overall position there were significant changes in composition; with a 4% increase in the number of people receiving 5 or more assessments or reviews and a 9% reduction in people receiving 2 or 1 assessments or reviews.

**1.9 Number of Adult Carer Support Plans that have been completed by the Carers Centre**

The number of Adult Carer Support Plans (ASCPs) decreased significantly in the first half of 2020/21 due to Covid-19 restrictions.

**1.10 Overdue pending Occupational Therapy (OT) Assessments**

The number of overdue OT pending assessments increased by 89% from 122 at the end of March 2020 to 230 at 19 January 2021. Of these 230 cases, 170 (74%) were priority 2 and the remainder - 60 (26%) - were priority 3. These assessments are specifically identified as requiring an assessment by a qualified OT.

## 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.

This section of the report highlights local data 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 3 detail areas of challenging performance or indicators that require on-going monitoring. 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

**Table 1: Self-Management Indicators 24 – 40**

Ref	Measure	Dec 2019	Dec 2020	Direction of travel	Exception Report
24	Emergency department 4 hour wait Forth Valley	86.4%	91.0%	▲	Page 10
25	Emergency department 4 hour wait Falkirk	85.7%	89.1%	▲	
26	Emergency department attendances per 100,000 Forth Valley Population	2031	1290	▲	-
27	Emergency department attendances per 100,000 Falkirk	2201	1306	▲	-

28	Emergency admission rate per 100,000 Forth Valley population (all ages)	1290	1047	▲	-
29	Emergency admission rate per 100,000 Falkirk population	1302	1027	▲	-

Ref	Measure	Dec 2019	Dec 2020	Direction of travel	Exception Report
30	Acute emergency bed days per 1000 Forth Valley population	748	384	▲	-
31	Acute emergency bed days per 1000 Falkirk population	763	339	▲	-

Ref	Measure	Sep 2019	Sep 2020	Direction of travel	Exception Report
32	Number of patients with an Anticipatory Care Plan in Forth Valley	17,621	55,735	▲	-
33	Number of patients with an Anticipatory Care Plan in Falkirk	8,329	32,051	▲	-
34	Key Information Summary as a percentage of the Board area list size Forth Valley	5.7%	18.2%	▲	-
35	Key Information Summary as a percentage of the Board area list size Falkirk	2.7%	10.5%	▲	-

Ref	Measure	2018/19	2019/20	Direction of travel	Exception Report
<b>Self-Directed Support (SDS) options selected: People choosing</b>					
37	SDS Option 1: Direct payments (data only)	35 (0.8%)	27 (0.6%)	-	-
38	SDS Option 2: Directing the available resource (data only)	192 (4.5%)	101 (2.2%)	-	-
39	SDS Option 3: Local Authority arranged (data only)	3,875 (90.1%)	4,009 (88.8%)	-	-
40	SDS Option 4: Mix of options (data only)	197 (4.6%)	376 (8.3%)	-	-
Total service option choices - Option 1 – 60 (1.3% of people choosing) - Option 2 – 454 (10.1%) - Option 3 – 4,377 (97.0%)					

## 2.2. Table 2: Safety Indicators 42 - 49

Ref	Measure	Sep 2019	Sep 2020	Direction of travel	Report Exception
42	Readmission rate within 28 days per 1000 FV population	1.36	1.72	▼	-
43	Readmission rate within 28 days per 1000 Falkirk population	2.29	2.05	▲	-

Ref	Measure	2019/20 to end Q3	2020/21 to end Q3	Direction of travel	Exception Report
45	Number of Adult Protection Referrals (data only)	440	542	-	-
46	Number of Adult Protection Investigations (data only)	48	118	-	Note figures for 2020/21 are not comparable since they include Police only investigations reported by Police
47	Number of Adult Protection Support Plans at end of period (data only)	14 (at 30/09/19)	33 (at 30/09/20)	-	There has been an improvement in the collation of this information which is the most significant reason for the increased figure

Ref	Measure	2019/20	2020/21 Q3	Direction of travel	Exception Report
48	The total number of people with community alarms at end of the period	4,037 (at 31/12/19)	3,998 (at 31/12/20)	-	-
Ref	Measure	2018/19	2020/21 H1	Direction of travel	Exception Report
49	Percentage of community care service users feeling safe	90%	90%	◀▶	-

## 2.3. Table 3: Experience Indicators 54-68

Ref	Measure	Dec 2019	Dec 2020	Direction of travel	Exception Report
54	Standard delayed discharges	38	28	▲	Page 12
55	Standard delayed discharges over 2 weeks	21	12	▲	
56	Bed days occupied by delayed discharges	1112	417	▲	
57	Number of code 9 delays, including guardianship	15	20	▼	

58	Number of code 100 delays	4	6	▼	
59	Delays - including Code 9 and Guardianship	53	48	▲	

Ref	Measure	2019/20	2020/21 H1	Direction of travel	Exception Report
60	Percentage of service users satisfied with their involvement in the design of their care package	99%	98%	▼	-
61	Percentage of service users satisfied with opportunities for social interaction	91%	89%	▼	-
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%	92%	▲	-

Ref	Measure	2019/ 20 to Q3	2020/21 to Q3	2020/21 to Q3 Stage 1	2020/21 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	53/93	27/46	22/37	5/9	-	Page 15	
	b. The proportion of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales	57%	59%	60%	56%	▲		
	c. Proportion of Social Work Adult Services complaints upheld	% Upheld			33%	11%	-	-
		% Partially upheld			16%	56%	-	-
	% Not upheld			51%	33%	-	-	

Ref	Measure	Baseline	Apr-Jan 2021	Direction of travel	Exception Report
65	a. The number of complaints to NHS Forth Valley applicable to Falkirk IJB (Stage 1 & Stage 2)	-	20	-	Page 17
	b. The percentage of complaints responded to within 20 days (Stage 1 & Stage 2)	-	75%	-	
	c. The number of SPSO cases received	-	0	-	

Ref	Measure	2019/20	2020/21 to Q3	Direction of travel	Exception Report
66a	Attendance Management - Social Work Adult Services (Target – 5.5%)	8.9%	10.5%	▼	Page 19
Ref	Measure	Dec 2019	Dec 2020	Direction of travel	Exception Report
66b	Attendance Management – NHS Forth Valley (Interim target 4.5%)	6.69%	6.19%	▲	Page 21
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	Oct 2019-Dec 2019	Oct 2020-Dec 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)	97.9%	95.9%	▼	-
68b	Substance Use - Percentage of patients that commence treatment within 3 weeks of referral – Forth Valley Prisons (90% target)	86.4%	97.4%	▲	-
Ref	Measure	Jul 2019-Sept 2019	Jul 2020-Sept 2020	Direction of travel	Exception Report
69	Access to Psychological Therapies – Percentage of people that commenced treatment within 18 weeks of referral (65% trajectory March 2020)	60.4%	76.3%	▲	-

#### 2.4. Table 4: Strong Sustainable Communities Indicators 69 - 82

Ref	Measure	End Mar 2019	End Mar 2020	Direction of travel	Exception Report
72	Number of people aged 65+ receiving homecare	1,697	1,660	**	-
73	Number of homecare hours for people aged 65+	11,618	11,352		-
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	388	373		-

76	a. Number & percentage of Home Care service users aged 65+ receiving personal care	1,678 & 98.9%	1,650 & 99.4%		-
76	b. Number & percentage of Home Care service users aged 18-64 receiving personal care	194 & 99.5%	205 & 100.0%	-	-
**Please note that the Home Care data in indicators 72 - 76 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	2019/20 to end of Q3	2020/21 to end of Q3	Direction of travel	Exception Report
77	Number of new Telecare service users 65+	104	136	-	-
The increase in Telecare over the first 3 quarters of 2020/21 was due to a rise in Q2 & Q3. Installations in Q1 were limited by Covid-19 restrictions, although referrals increased through the period. These were addressed through Q2 & Q3 when lockdown restrictions eased.					
Ref	Measure	2019/20 to end of Q3	2020/21 to end of Q3	Direction of travel	Exception Report
83	The number of people who had a community care assessment or review completed	7,719 people (10,603 assessments 4,724 reviews)	6,853 people (10,555 assessments 4,652 reviews)	-	Page 23
84	Number of Adult Carer Support Plans that have been completed by the Carers Centre	302	103	N/A	Page 24
Ref	Measure	At 29 Jan 2020	At 19 Jan 2021	Direction of travel	Exception Report
85	The number of overdue 'OT' pending assessments at end of the period	117	230	▼	Page 26
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

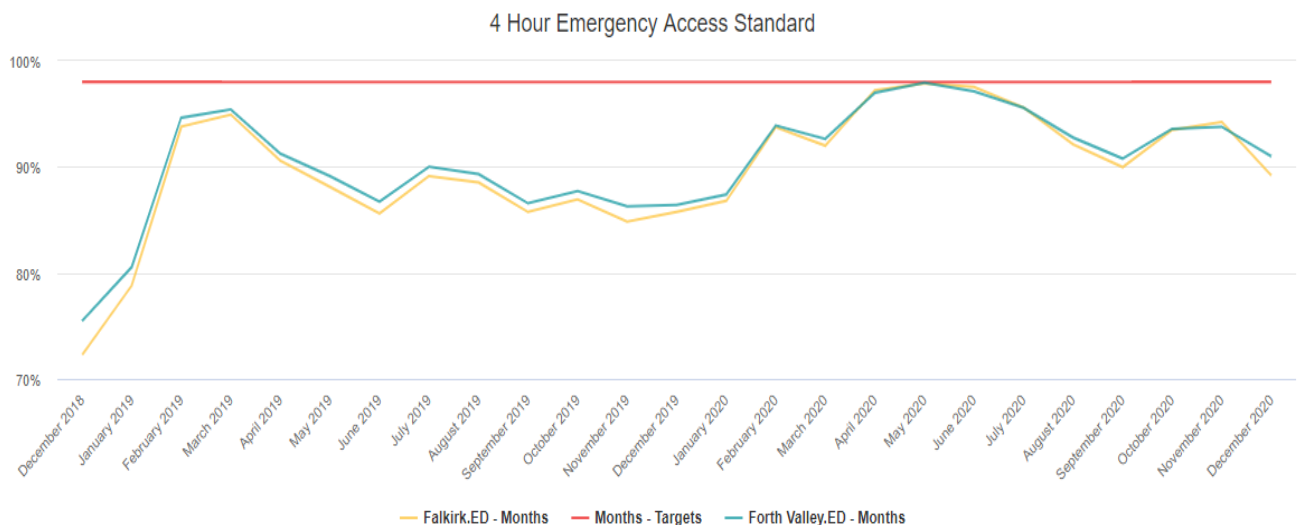
Overall, Forth Valley compliance for December 2020 was 91.5%; Minor Injuries Unit (MIU) 99.9%, Emergency Department (ED) 89.0%. A total of 381 patients waited longer than the 4-hour target across both the ED and MIU; with 17 waits longer than eight hours and 4 longer than 12 hours. The main reason for patients waiting beyond 4 hours remains 'wait for first assessment' with 128 patients.

The December 2020 compliance for the Falkirk Partnership highlights an improvement in performance to 89.1% compared with 85.7% in December 2019. It should be noted that due to the on-going COVID-19 pandemic the main focus is ensuring the safety all patients attending ED and MIU as a very high number of COVID-19 positive cases on the Forth Valley Royal Hospital site is impacting on the flow through ED.

There continues to be an improving trend across the period December 2019 to December 2020.

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

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





Recent challenges have provided an opportunity for unscheduled care services to evolve and adapt beyond the initial COVID-19 mobilisation phase to continue to provide safe and effective care for patients consistent with the national direction.

It is key that Unscheduled Care workstreams are structured to reflect this changed context with a clear imperative to develop a safe and sustainable model utilising telephone and electronic forms of communication and blending elements of previous and new workstreams.

A new Urgent Care Centre has opened at Forth Valley Royal Hospital to support national changes to the way people access A&E services across Scotland. This new approach aims to help people get the right care in the right place and ensure the Emergency Department is able to provide safe and effective care to people when they really need it.

Under the new national arrangements anyone with a non-life-threatening condition who would usually go to A&E is being asked to call NHS 24 on 111 day or night. NHS 24 will assess people by telephone and, where appropriate, refer them the Urgent Care Centre. This new facility, which is staffed by experienced local doctors and nurses, brings a number of existing services within the hospital, including minor injuries, GP Out-of-Hours services and assessment services, together in one location to provide comprehensive advice, support and treatment for a wide range of urgent healthcare issues.

Local clinical staff based in the Urgent Care Centre can also arrange a telephone or video consultation to help keep people safe and avoid any unnecessary trips to hospital. If a face-to-face consultation is necessary, staff will arrange an appointment for people to be seen in the Urgent Care Centre or another local facility to reduce the length of time patients need to wait to be seen and help avoid overcrowding in communal waiting areas.

There are no changes to the arrangements for emergency healthcare care and people can continue to call 999 or go direct to Forth Valley Royal Hospital for emergencies.

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.

### 3.2. Local Outcome: Experience – Unscheduled Care - Delayed Discharge

#### Performance

**Table 1: Delayed Discharge Breakdown – December 2020**

	Under 2 wks	Over 2 wks	Standard Delays	Guardianship 9/51X	Code 9_Other	TOTAL (Ex code 100)	Code 100	Infection Codes
Falkirk	16	12	28	18	2	<b>48</b>	3	2
Total FV	26	22	48	24	3	<b>75</b>	6	7

Table 1 above provides a breakdown of Delayed Discharge performance at the December 2020 census.

The December 2020 census position for Forth Valley delays over 14 days is 22 against a zero standard. A further 26 delays waiting under 2 weeks brings the total number of standard delays to 48. Including 24 code 9 exemptions the total number of delayed discharges at the September 2020 census point is noted as 75; 69 Forth Valley residents and 5 from out with Forth Valley.

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

- 28 Standard delays, 12 are delayed over 2 weeks
- 20 guardianship/code 9 exemptions
- 48 total delays

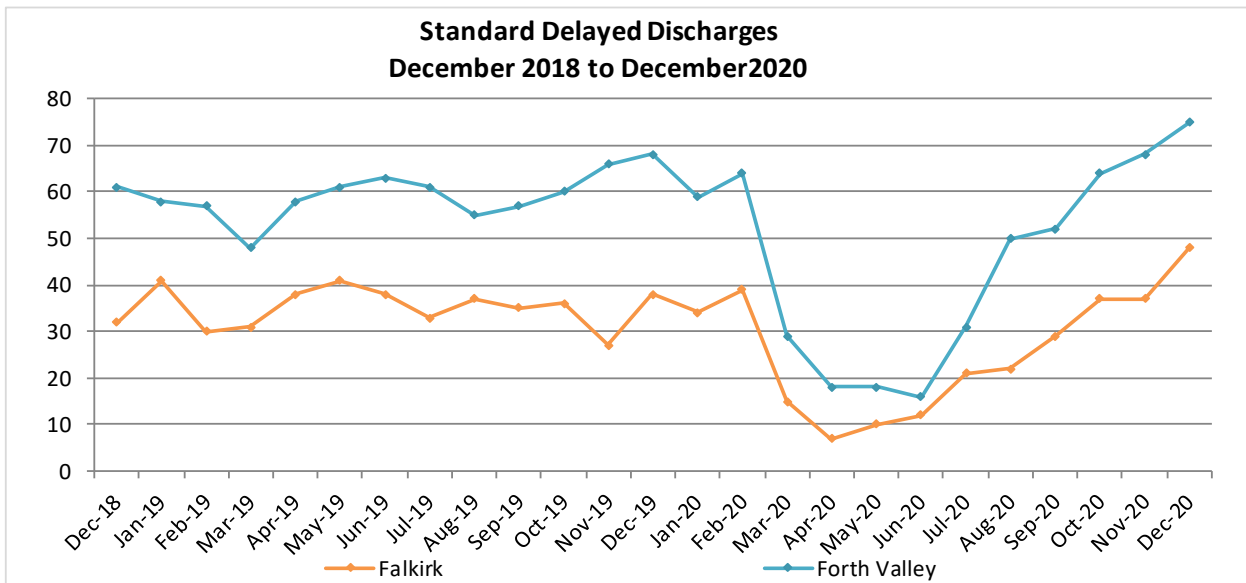
Standard delays December 2018 to December 2020 are detailed in chart 2 below.

In addition, at the December census there were 6 code 100 delays within Forth Valley, 3 for Falkirk Partnership. It should also be noted that there were 10 delays as a result of Covid-19 infection; 2 for the Falkirk partnership.

Of the 28 Standard Delays in Falkirk:

- 11 awaiting care homes (7 over two weeks; 4 under 2 weeks)
- 9 awaiting care packages for home (3 over two weeks; 6 under two weeks)
- 5 allocated and assessment commenced (1 over two weeks; 4 under two weeks)
- 2 awaiting arrangements to return home
- 1 awaiting rehousing

**Chart 2: 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	98	319	417
Total FV	167	573	740

Across Forth Valley, the number of bed days occupied (BDO) by people delayed in their discharge at the December 2020 census was 740, as noted in table 2 above.

There is an improving trend January 2020 to December 2020 compared with January 2019 to December 2019, with a 140% improvement in the average number of occupied bed days. An average of 665 bed days occupied was noted at the monthly census January 2020 to December 2020.

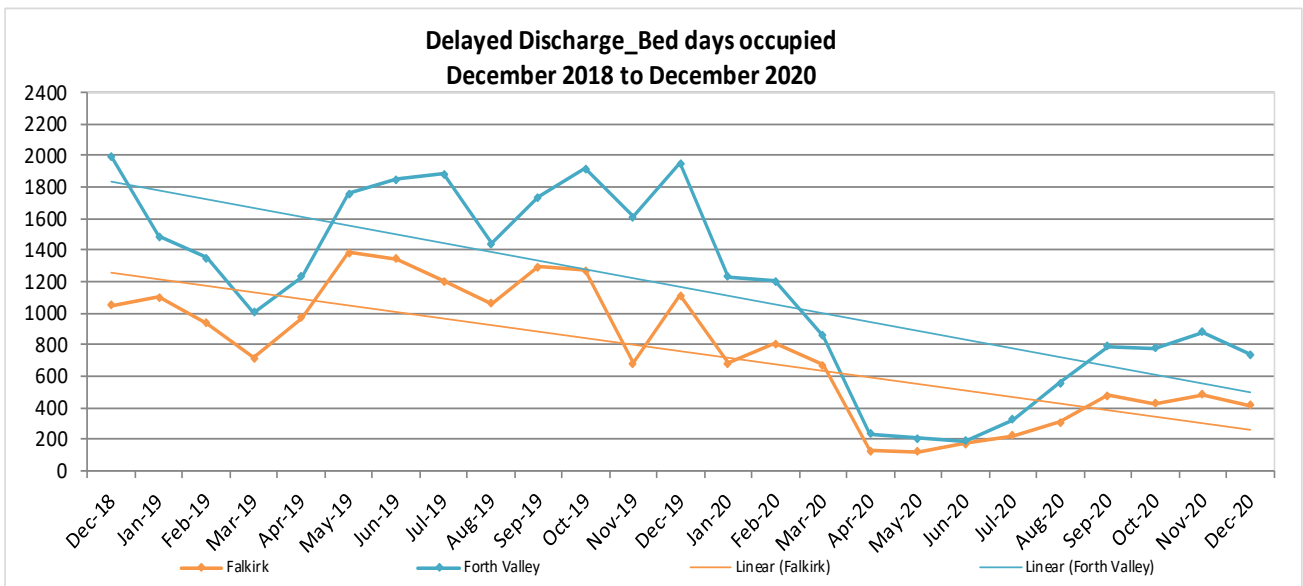
In respect of the Falkirk Partnership there is a significant reduction in the number of bed days occupied by delayed discharges in December 2020 compared to December 2019. A decreasing or improving trend is noted January 2020 to December 2020 compared with January 2019 to December 2019, with a 166% improvement highlighted.

There remains month on month variability in the number of bed days occupied by people delayed in their discharge with the position December 2018 to December 2020 detailed in chart 3 below. Of note is a gradual increase in the number of bed days occupied by delayed discharges from a low in April 2020.

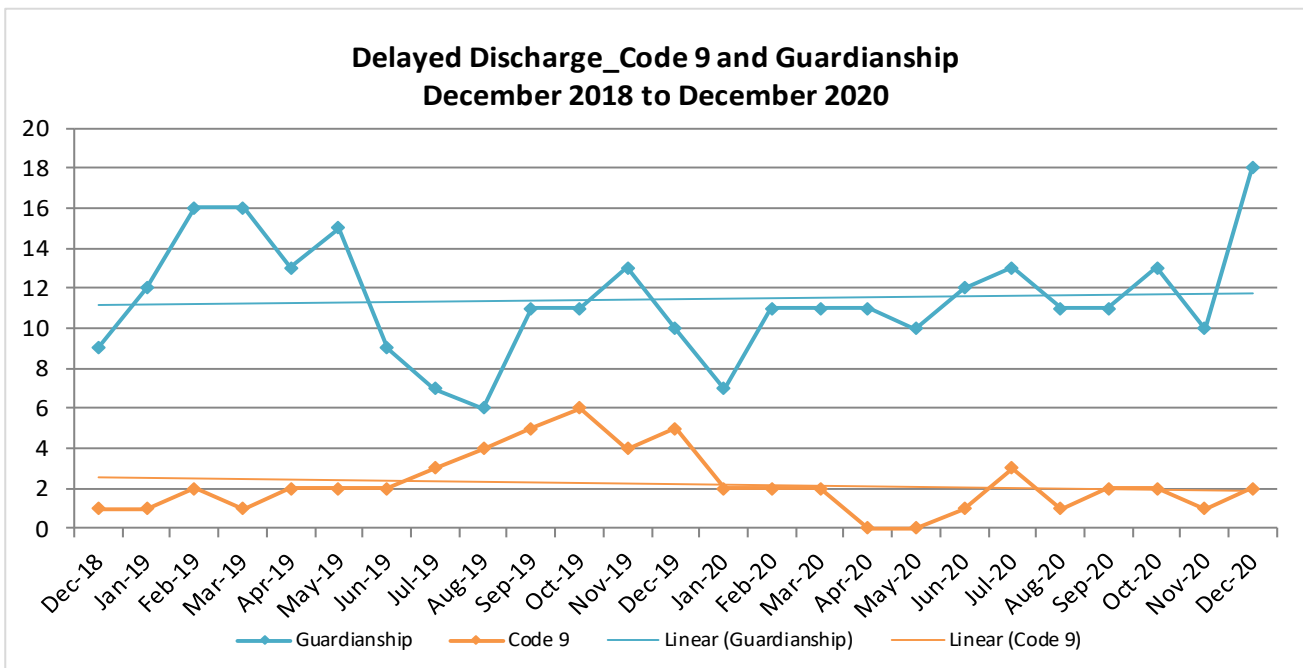
Chart 4 highlights position in relation to Code 9 and Guardianship numbers.

The overall position remains under continual review.

**Chart 3: Occupied Bed Days**



**Chart 4: Code 100 and Code 9**



**Position**

As a result of Covid-19 there continues to be significant focus on care in the community, community intermediate care and community hospital facilities. Work to support and develop these activities is on-going through the Falkirk HSCP remobilisation plan.

Actions include:

- implementation of an integrated Home First Service
- ensure frailty assessment in community is the norm

- enable the right short term support at home through agile community care and support
- coordinate community support with less duplication and a more efficient support model
- deliver an effective community model of care including effective response services, recovery, reablement, and community support
- ensure timely access to specialist rehabilitation
- develop an approach to formal supports that is 'realistic' and personal outcome focussed
- develop an Enhanced Community Response Team
- implementation of the Winter Plan
- increase the capacity in Summerford Intermediate Care Facility including a review of admission criteria.

### **3.3. Adult Protection Referrals**

#### **Purpose**

All adults deserve to feel safe, make their own choices and be treated with dignity and respect.

Making sure that all adults are safe, particularly people who are ill, frail or have a disability, is everyone's business. The Council has a legal duty to protect and support adults at risk of harm and will respond to every concern.

#### **Position**

There has been a 23% rise in the number of Adult Protection referrals in the first 3 quarters of the year, compared to 2019/20.

This has included a noticeable increase in referrals relating to self-harm and neglect, reflecting the mental health pressures of lockdown circumstances through the Covid pandemic.

Adult Support and Protection activity is monitored and overseen by the Adult Protection Committee, with performance issues delegated to the Continuous Improvement sub-group for analysis, reporting and improvement recommendations.

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

#### **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 improved to 59% during the three quarters of 2020/21, compared to 56% in 2019/20. This was due to

Stage 1 performance increasing marginally from 58% to 60% and Stage 2 rising from 41% to 56%, see Chart 5.

There were less than half the number of complaints than is usual in three quarters of the year. There were 46 (Stage 1 - 37; Stage 2 - 9) in the nine months compared to 93 in the same period last year (Stage 1 - 81; Stage 2 - 12).

**Chart 5: Percentage of complaints completed within timescales**

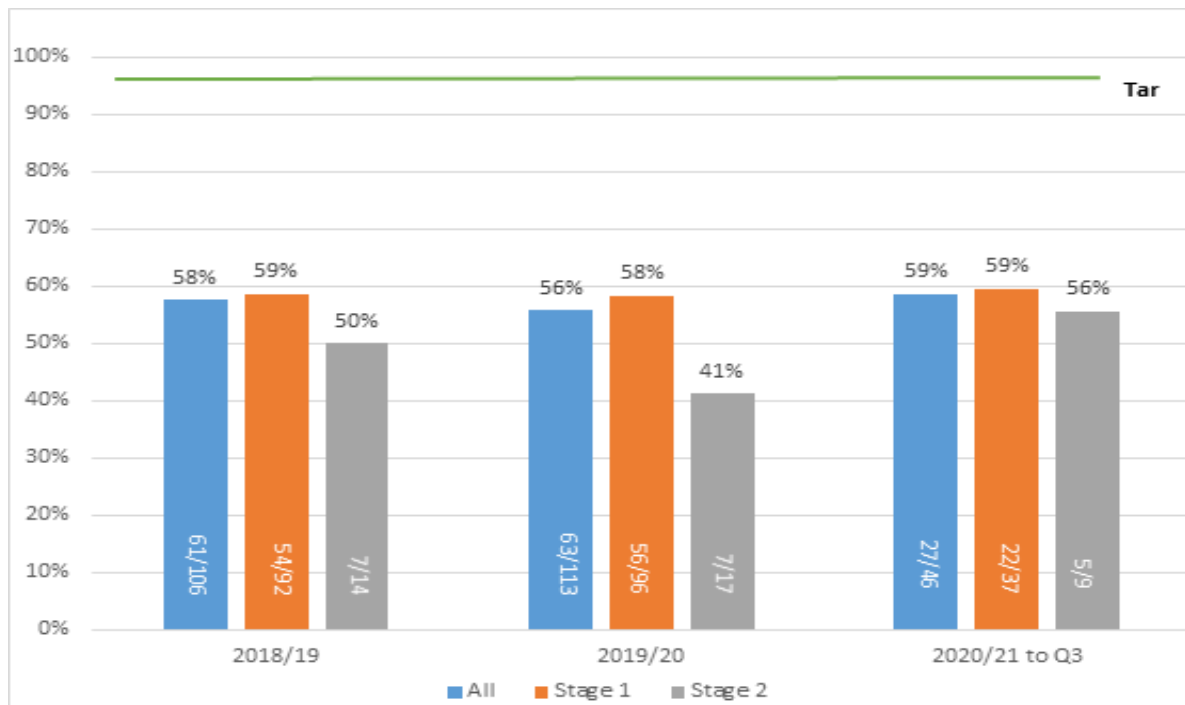
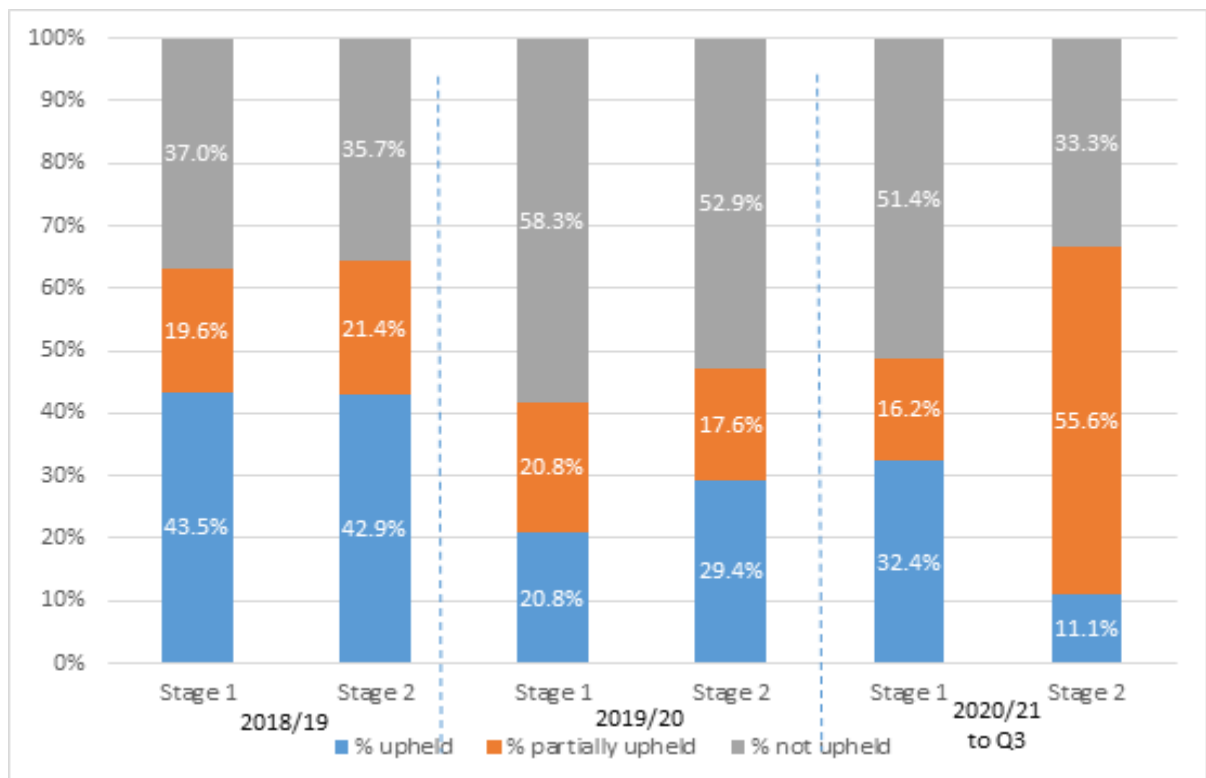


Chart 6 shows the outcomes of the complaints for the last 3 years. A lower proportion of both Stage 2 complaints were upheld in the first three quarters of 2020/21, a trend since 2018/19.

The number of complaints remains low given the large number of service user contacts. Around 9,000 people receive an assessment/review each year. As a result of the low number of complaints, relatively small changes to those that meet/do not meet timescales or are upheld/ partially upheld, can generate significant variations in performance percentages.

**Chart 6: Outcome of Social Work Complaints**



The most common categories of complaints during 2020/21 have been staff conduct (33%) and care at home (around 20%), similar at both Stages.

Monitoring of complaint performance will continue to be overseen by a senior manager and feedback on complaint performance will be highlighted to managers across service areas as well as an individual basis where appropriate.

More detailed analysis and planned actions are provided to the Falkirk IJB Clinical and Care Governance Committee.

### 3.5. Local Outcome: Experience – Complaints to NHS Forth Valley

#### Performance

Services transferred to the partnership are 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. The report has been amended to reflect the updated delegated functions transferred to the Partnership therefore a comparison with the previous year cannot be made.

During the period April – January 2021, 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 response rate is noted as 75%.

87.5% of Stage 1 complaints were responded to within the timescale with 58.3% of Stage 2 complaints. The SPSO has received no cases relating to Falkirk HSCP complaints for April 2020 to January 2021.

In total there are approximately 17 departments listed against the delegated functions. During the period April 2020 to January 2021, 12 departments have received complaints. A breakdown of the complaint themes and departments are provided in table 3 detailing the number of issues raised against each theme. A complainant can raise multiple issues within their complaint and these themes can crossover into a variety of departments. The table provides a clearer understanding of the issues raised by complainants and areas for the Directorates to focus any key learning required or improvements to be made to services provided.

**Table 3: Complaint Themes**

Month	Category Type	Category	Department
April	Clinical Treatment	Disagreement with treatment/care	Ward 1, Bo'ness
			Unit 3, FCH
	Staff Communication (Oral)	Nursing Care	Unit 3, FCH
		Face to Face	Ward 1, Bo'ness
May	WT/Date of Appointment	Lack of Clear Explanation	Unit 3, FCH
		Unacceptable Waiting Time for Appointment	AHP Out-patient Care Group
June	Clinical Treatment	Poor Aftercare	District Nursing (Falkirk) x2
		Co-ordination of Clinical Treatment	Woodlands Resource Centre
August	Clinical Treatment	Nursing Care	District Nursing (Falkirk)
	Staff Attitude & Behaviour	Insensitive to Patient Needs	Unit 1, FCH
September	Clinical Treatment	Disagreement with treatment/care	Continence Service
			Woodlands Resource Centre x3
	Staff Communication (oral)	Lack of Clear Explanation	Woodlands Resource Centre
		Telephone	Woodlands Resource Centre
	WT/Date of Appointment	Cancellation of Appointment	Woodlands Resource Centre
October	Clinical Treatment	Disagreement with treatment/care	CMHT (E) Falkirk
	Staff Attitude & Behaviour	Inappropriate Comments	Unit 2, FCH
		Insensitive to Patient Needs	Unit 2, FCH
		Lack of Support	CMHT (E) Falkirk
November	Clinical Treatment	Disagreement with treatment/care	Woodlands Resource Centre
		Length of Time to be Seen in Department	Unit 3, FCH
		Treatment Cancelled	Woodlands Resource Centre
	Staff Attitude & Behaviour	Insensitive to Patient Needs	Ward 1, Bo'ness
			Unit 3, FCH
	Staff Communication (Oral)	Lack of Clear Explanation	Unit 3, FCH
December	Clinical Treatment	Co-ordination of Clinical Treatment	District Nursing (Falkirk)
	Staff Attitude & Behaviour	Insensitive to Patient Needs	Woodlands Resource Centre
January	Clinical Treatment	Disagreement with treatment/care	Ward 1, Bo'ness
		Problems with Medication	Ward 2, Bo'ness
	Staff Attitude & Behaviour	Insensitive to Patient Needs	Unit 2, FCH
		Staff Communication (Oral) other	Ward 1, Bo'ness
		Staff Not Replying to Patient Verbally	Ward 2, Bo'ness
		WT/ Admission/Attendance	Cancellation of Admission

Of the complaints received, 4 out of 20 have been fully upheld and are detailed in Table 4.

**Table 4: Upheld Complaints**

Complaint Received	Summary of Complaint	Outcome	Learning
June 20	Concern re urinary catheter care	Apology given for experience and explanation of internal processes and advised that outcome would be confidential. Additional support and processes put in place for student nurse to ensure patient safety.	Evidence of additional supports and processes requested.



Oct 20	Concern re information provided during conversation with Physiotherapist	Apologies given for experience and assurance given that incident discussed with staff.	Staff involved asked to reflect & discuss at appraisal.
Nov 20	Confusion regarding the visiting arrangements in Bo'ness Hospital for palliative care patient.	Family re-assured with regard to essential visiting and process explained.	Staff reminded of essential visiting process and any confusion clarified.
Nov 20	FCH GP cover did not attend to assess ill patient	Apology and explanation provided with regard to the breakdown in communication between the Out of Hours Clinicians and unit 3 staff	Staff are reviewing process to ensure the breakdown in communication does not re-occur

### Position

- Table 3 provides detail of the issues raised by complainants and areas for the Directorates to focus any key learning required or improvements to be made to services provided
- Learning needs continue to be identified in relation to upheld complaints with appropriate support in place
- To support staff with local resolution, 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 and NHS Forth Valley Clinical Governance Committee.

## 3.6. Experience – Attendance Management in Social Work Adult Services

### 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 overall sickness absence figure for 2020/21 to the end of Q3 was 10.5%. For the same period last year sickness absence was 8.6%. Most services continue to be challenged in meeting the 5.5% target consistently.

Care Homes made significant improvements through the year from 9% in April 2019 to 6% in January 2020, but the trend reversed through the early Covid

period. However, the final two months of the year showed significant falls to under 8%.

Home Care saw an initial decrease in the early Covid period but has risen through the autumn to a high of 14% in December.

The Locality and specialist community teams have shown a declining absence trend since the summer of last year.

Covid related absence, including individuals self-isolating and/or having underlying health conditions, shielding or carer responsibilities, is a current priority for absence management and this 2020/21 activity will be reported to the IJB in due course.

Work has been undertaken by the HSCP to coordinate staff support and wellbeing services during Covid-19 pandemic and this continues.

### **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.

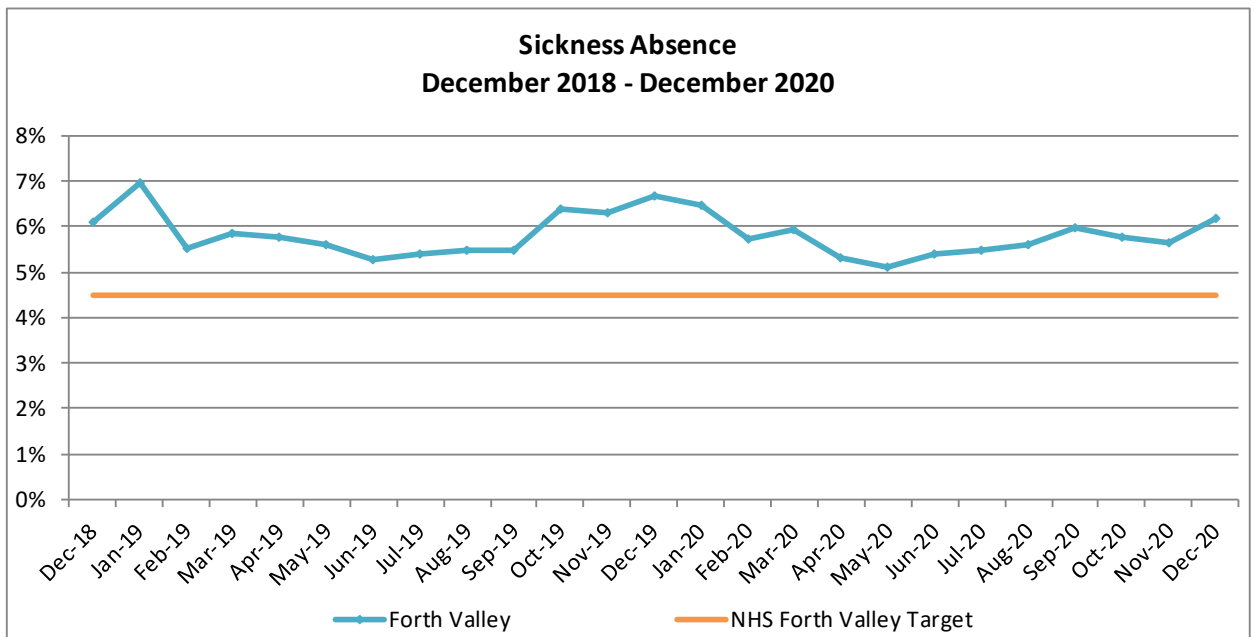
#### **Performance**

The target is to reduce sickness absence to 4% or less however an interim or milestone target of 4.5% has been agreed. 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 2020 sickness absence position is reported as 6.2% with the 12-month rolling position noted as 5.8%. Anxiety/Stress/Depression/Other Psychiatric illness remains the top single reason for sickness absence across NHS Forth Valley.

Covid-19 related absence for NHS Forth Valley in December 2020 was 1.8% and improvement from 2.1% in November 2020. The total absence in December 2020 is therefore noted as 8.0%.

Chart 7 highlights the sickness absence position, excluding Covid-19 absence reasons, from December 2018 to December 2020

**Chart 7: NHS Forth Valley Absence**



### Position

The sickness absence target is 4.0% with NHS Forth Valley 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.

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 the on-going pandemic and recovery work is crucial. NHS Forth Valley has developed and implemented a number of Staff Support and Wellbeing initiatives in line with national guidance and has established a coordinated Staff Support and Wellbeing Group involving all key partners.

Work has been undertaken to coordinate Staff Support and Wellbeing services during Covid-19 providing support to staff at work, and staff self-isolating and to enable home working.

A System Wide Staff Support and Wellbeing group has been established. The membership includes key partners and reports into the Health and Wellbeing Programme Board, monitored through the Staff Governance Committee. Regular progress reports have been presented to the Systems Leadership Team. An extensive range of services and resources have been made available to staff.

There are regular meetings between the 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**

#### **Purpose**

Community care assessments and reviews ensure individual needs are identified, addressed and updated as services are delivered, personal outcomes are best achieved and communities sustained.

#### **Position**

Although a number of staff being moved out of locality teams into CHART and HomeFirst, the level of assessment and review by locality teams in the first 3 quarters of 2020/21 only decreased marginally, by 1%, compared with the same 3 quarters in 2019/2020.

However, within that overall position there were significant changes in composition; with a 4% increase in the number of people receiving 5 or more assessments or reviews and a 9% reduction in people receiving 2 or 1 assessments or reviews.

The numbers of people receiving 5 or more assessments and/or reviews during the period increased to 729, nearly 11% of the total. In the previous year, this group accounted for just under 7% of this activity. Taken in isolation, this group increased 46% year on year.

Interpretation of the data is complex and subjective, to an extent, but there is some consensus among frontline managers that the figures reflect the necessity to prioritise people in greatest need or at risk, often with the most complex needs, during a period of frequently changing circumstances, as Covid-19 and the circumstances of lockdown took effect.

With greater activity for those subject to more frequent assessment episodes, the number of people receiving 2 or less assessments and/or reviews fell from almost 50% of the total in the 2019/20 period, to 41% in 2020/21.

Given the imperative to reduce footfall in care homes, reviews of care home residents will account for a significant proportion of this reduction. However, reviews of residents have been undertaken where needed and actions are in progress to review all care home residents who have not been reviewed in the past 6 months.

Future analysis will continue to monitor this assessment and review activity, particularly as the locality teams embed, develop and respond to the Covid-19 restrictions environment.

### 3.9. Number of Adult Carer Support Plans that have been completed by the Carers Centre

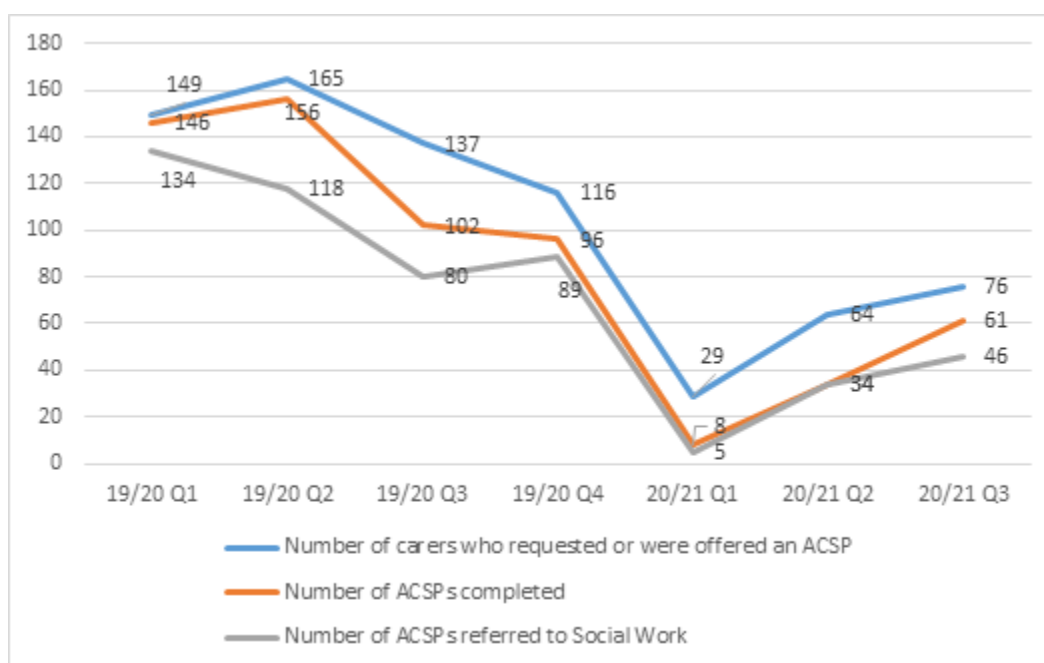
#### Purpose

The Carers (Scotland) Act 2016 gave local authorities responsibility to offer an adult carer support plan to anyone they identify as an adult carer, or if an adult carer requests one. The process of completing the plan ensures that carer needs are assessed and addressed to support them in their caring role.

#### Position

The dramatic impact of Covid-19 restrictions in the first half of 2020 and the beginning of recovery in activity during 2020/21 quarters 2 and 3 can be seen in chart 8.

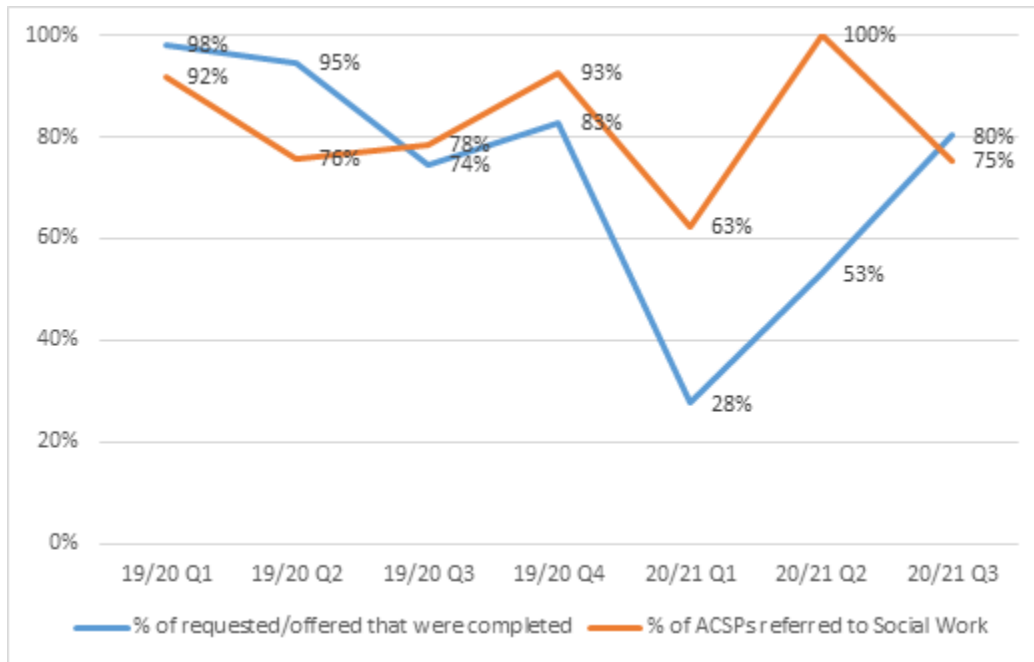
**Chart 8: Adult Carer Support Plan Activity since April 2019**



The chart also indicates that there was a downward trend through the second half of 2019/20. This was expected since the service promoted ACSP to existing carers during the first half of the year, those already receiving support from Social Work Adult Services, having targeted new carers in 2018/19. Addressing existing carers created a peak of activity between April and September 2019.

During the first half of 2020/21 the Carers Centre concentrated on supporting carers directly with low level supports. Carer Support Workers used this time to check in with carers over the telephone, providing support, advice and signposting. Plans continued to be completed for those with critical and substantial need. In Q2 34 carers had ACSPs completed, and all of these plans were referred to Social Work, as indicated in chart 9. For others, information was gathered gradually in order for plans to be completed later. There will be ongoing reviews for carers with existing ACSPs.

**Chart 9: Percentage of Adult Carer Support Plans Completed & Percentage Passed to Social Work**



At the end of Q3 there was a national campaign launched to raise awareness of carers. Social media posts were shared locally to complement the national television campaign, although there has not been much evidence of local impact yet. The Carers Centre have not reported an increase in contacts from new carers.

The HSCP has continued to support carers as far as possible during the Covid-19 pandemic. This includes direct communication with carers regarding access to short breaks/respite and other services impacted during the initial lockdown period.

Short Breaks have been offered to carers in urgent need or to cover emergencies. It has been difficult to provide any planned respite because many services were not offering short breaks due to restrictions within care homes, restrictions/closure of community groups/activities, travel restrictions and the number of people who were shielding or in higher risk groups. Where it has been possible some limited short break provision has been continued.

Support continues to be offered to carers in a joint approach between Falkirk Carers Centre, local voluntary groups and Falkirk Council and the HSCP. This includes online support, telephone calls, access to PPE where required and mobilisation of local voluntary activities (food delivery, collection of prescriptions etc).

We continued to provide a variety of supports to carers via our flexible respite approach during Q3. Carers have received fitness equipment, garden furniture and technology to improve their health and wellbeing or to help them maintain contact with family and friends. This approach is ongoing, and we will be able to

evaluate the impact of these interventions once we gather in the feedback from carers.

We continue to liaise with carers re their PPE requirements. When arranging PPE deliveries, we also take the opportunity to check on carers' wellbeing.

### **3.10. Local Outcome: Strong Sustainable Communities - Overdue pending Occupational Therapy (OT) Assessments**

#### **Purpose**

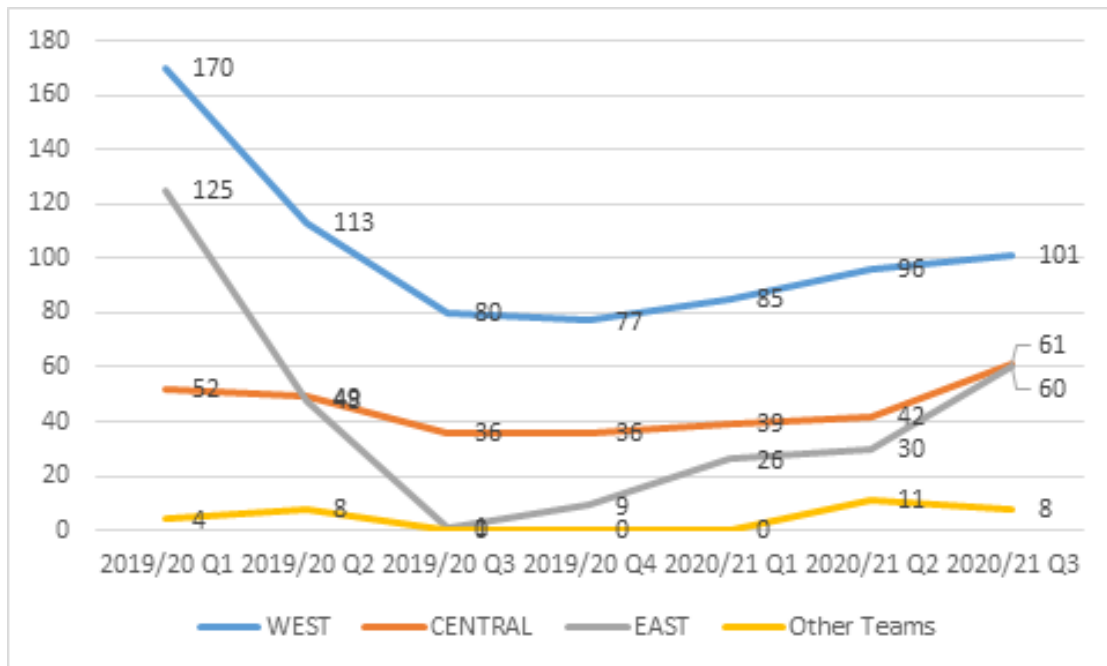
Currently Occupational Therapists (OT) in Social Work Adult Services work with people with complex health and social needs. The focus of the work of the OT is to work collaboratively with a person to find solutions to assist them to live independently at home for as long as possible. This includes advising 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 service user needs.

#### **Position**

The number of overdue OT pending assessments increased by 89% from 122 at the end of March 2020 to 230 at 19<sup>th</sup> January 2021. Of these 230 cases, 170 (74%) were priority 2 and the remainder - 60 (26%) - 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 10 highlights that the reduction through 2019/20 had been predominantly in the East where management and occupational therapy resources had been focused to address what were consistently high numbers in that more populated locality. West had also seen a reduction but had the highest overdue pending numbers through the period. The Covid lockdown has seen the number growing again, with Central and East showing this rise most significantly over the third quarter of 2020/21, though West still retains the highest figure.

**Chart 10: Overdue OT Pending Assessments**



### Change in Staffing

Vacancies in qualified posts (Occupational Therapists and Social Workers) across the locality teams at the start of Quarter 1 totalled 16.1 whole time equivalents (wte); a mix of permanent posts (9.5wte) and temporary (6.6wte).

Plans were initiated at the start of 2020 to alter the teams' staffing structure and subsequently to alter the type of work allocated to staff from different professional backgrounds. Of the above qualified worker posts, six vacant Community Care Worker (Occupational Therapist) posts were changed to Community Care Worker (Social Work) posts.

Recruitment has struggled to keep pace with staff leaving the teams, with 12 qualified post vacancies across the teams subject of a recruitment drive in early 2021. The impact of vacancies at these levels means that there are challenges for managers in allocating cases across both professional disciplines.

However, it is anticipated that the ongoing recruitment of new staff and a realignment of operational activities in the course of the year will result in a reduction in overdue OT assessments

### Significance of Covid pressures

Covid lockdown guidance advice not to visit people in person unless absolutely necessary has had a disproportionate impact on OT assessments as they nearly all have to be undertaken in person.

Where required, locality teams have prioritised adult support and protection work and 'critical need' activity, such as care at risk of breakdown, supporting hospital discharge and avoiding hospital admissions, ahead of priority 2 and 3 OT work, based on assessment of the risk. When combined with social work / social care



staff being moved temporarily to other priority areas during the pandemic, this has had a knock-on effect on OT awaiting lists.

During the response to the pandemic, the locality teams' response to critical work has been heavily reliant on the broad skills and knowledge of our experienced Occupational Therapy staff. In the East locality in October 2020, Occupational Therapists made up only 25% of the team (37% of the qualified staff), however 60% of the council officers responding to Adult Support and Protection work in the team during 2020 were from the OT staff.

This flexibility during such a time of crisis was essential to the team's ability to deliver an effective service to support citizens' safety and wellbeing.

Additionally, whilst a reablement ethos remains at the heart of all assessments, the altered priorities of the service as a result of Covid have meant that focus has been on supporting discharges from hospital and working with those whose functional decline is more marked, rather than the early intervention work that was possible pre-Covid.

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 to support NHS OTs as integral members of integrated Locality Teams has been on hold during the pandemic response.

Living Well Falkirk provides a self-assessment opportunity for Falkirk citizens and this has been particularly valuable during the Covid restrictions, while staff within services were necessarily deployed dealing with the highest priority needs of citizens. Between April and December 2020, the website had 2,063 users, engaged in 3,396 sessions.

Prior to the Covid pandemic Living Well Centres were giving people with lower level needs an alternative to waiting on a pending list for a home assessment by a Social Care Officer. However, In line with government restrictions and local guidance, the Living Well Falkirk Centre has been closed since March 2020. People with early stage functional decline are being added to locality teams waiting lists. An alternative to the face to face centre appointments is now available; for staff to use the Living Well Falkirk centre software to complete assessments over the telephone with citizens. Teams are looking to resource these telephone assessments within the service remobilisation plans.

## Appendix 1 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
<b>National Outcomes (9)</b>	<b>1)</b> Healthier living <b>4)</b> Quality of Life <b>5)</b> Reduce Inequalities	<b>7)</b> People are safe	<b>3)</b> Positive experience and outcomes <b>8)</b> Engaged work force <b>9)</b> Resources are used effectively	<b>2)</b> Independent living <b>6)</b> Carers are supported
<b>National Indicators (23)</b>	<b>1)</b> % of adults able to look after their health well/quite well <b>7)</b> % of adults who agree support has impacted on improving/maintaining quality of life <b>11)</b> Premature mortality rate <b>12)</b> Rate of Emergency admissions for adults <b>17)</b> % of care services graded 'good' (4) or better by Care Inspectorate	<b>9)</b> % of adults supported at home who felt safe <b>13)</b> Emergency bed day rate for adults <b>14)</b> Readmission to hospital within 28 days rate <b>16)</b> Falls rate per 1000 population 65+yrs	<b>3)</b> % of adults who agree that they had a say in how their help/care was provided <b>4)</b> % of adults supported at home who agree their health and care services are co-ordinated <b>5)</b> % of adults receiving care and support rated as excellent or good <b>6)</b> % of people with positive GP experiences <b>10)</b> % of staff who recommend their place of work as good <b>19)</b> Rate of days people aged 75+ spend in hospital when they are ready to be discharged, <b>20)</b> % of total health and care spend on hospital stays where the patient admitted as an emergency <b>22)</b> % people discharged from hospital within 72 hours of being ready <b>23)</b> Expenditure on end of life care	<b>2)</b> % of adults supported at home who agree they are supported to be independent <b>8)</b> % of carers who feel supported in their role <b>15)</b> % of last 6 months of life spent at home or in community <b>18)</b> % of adults 18+ years receiving intensive support at home <b>21)</b> * % of people admitted to hospital from home then discharged to care home
<b>MSG Indicators</b>	<b>a.</b> Number of A&E attendances and the number of patients seen within 4 hours <b>b.</b> Number of emergency admissions into Acute specialties	<b>c.</b> Number of unscheduled hospital bed days, with separate objectives for Acute, Geriatric Long Stay and Mental Health specialties	<b>d.</b> Number of delayed discharge bed days	<b>e.</b> Percentage of last six months of life spent in the community <b>f.</b> 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 / superseded

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				

## Appendix 2 GLOSSARY

**Accident & Emergency (A&E) Services** - Collectively the term Accident and Emergency (A&E) Services includes the following site types: Emergency Departments; Minor Injury Units, community A&Es or community casualty departments that are GP or nurse led.

**Admission** - Admission to a hospital bed in the same NHS hospital following an attendance at an ED service.

**Admission rate** - the number of admissions attributed to a group or region divided by the number of people in that group (the population).

**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.