

Agenda Item 10

Performance Monitoring Report



Falkirk Integration Joint Board

4 June 2021

Performance Monitoring Report

For Noting

1. Executive Summary

- 1.1 The Performance Monitoring Report March 2020 – March 2021 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 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 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.
- 4.3 The content of the Performance Monitoring report covers the reporting period March 2020 – March 2021. 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.
- 4.4 The report draws on a basic balanced scorecard approach designed to provide a comprehensive 'at a glance' view of measures against associated targets, with a comparison from the previous year and direction of travel. 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.
- 4.5 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 March 2021 compliance for the Falkirk Partnership highlights a decrease in performance to 85.8% compared with 92.0% in March 2020.
 - **Adult Protection Referrals**
The number of Adult Protection referrals increased by 40% in 2020/21 compared to the previous year, with noticeable rises in those relating to self-harm and neglect.
 - **Delayed Discharge**
The Falkirk partnership breakdown at the March 2021 census is noted as:
 - 15 Standard delays, 6 are delayed over 2 weeks
 - 19 guardianship/code 9 exemptions
 - 34 total delays.
 - **Complaints – Falkirk Council Social Work Adult Services**
Performance improved marginally in 2020/21 compared to the previous year.
 - **Complaints – NHS Forth Valley**
In the period April 2020 to March 2021, a total of 24 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%.

- **Attendance management - Falkirk Council Social Work Adult Services**
Falkirk Council Social Work Adult Services attendance management figures have not been updated since the last report which provided the position to the end of 2020/21 Q3. The service is engaging with HR colleagues in Corporate & Housing Services to understand the impact of the Covid pandemic and lockdown on attendance over the last year and moving forward.
 - **Attendance management - NHS Forth Valley**
Overall March 2021 sickness absence position is reported as 5.6% with the 12-month rolling position noted as 5.7%.
 - **The number of people who had a community care assessment or review completed**
Overall activity across Social Work Adult Services the level of assessment activity decreased in 2020/21 by 4% compared with 2019/20.
 - **Number of Adult Carer Support Plans that have been completed by Carers Centres**
There were 153 Adult Carer Support Plans completed by the Carers Centre during 2020/21, compared to 500 in the previous year.
 - **Overdue pending Occupational Therapy Assessments**
The number of overdue assessments at the end of quarter 4 has increased to 226 compared with 122 a year ago, however the position has remained relatively static from the previous quarter position of 230.
- 4.6 Section 2 provides the Performance Dashboard which maps to the local outcomes detailed in the Strategy Map. This reflects the Strategic Plan outcomes.
- 4.7 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. Local Government Benchmarking Framework 2019/20

- 5.1 The Local Government Benchmarking Framework (LGBF) is a high-level benchmarking tool developed by the Improvement Service designed to support senior management teams and elected members to improve key council services.
- 5.2 The framework has been strengthened to include key indicators from the core suite of health and social care integration measures particularly in relation to the following areas:
- **Home care services and providing a balance of care** - with effective prevention and early intervention strategies, such as enablement and

re-enablement, this indicator can promote independence to sustain people in their home

- **System capacity and future sustainability** - strengthening our understanding of local system capacity and long-term social care sustainability. Furthermore, supporting progress to develop strategic commissions that meet the complex needs of the population.
- **Preserving the quality of life** – quantifying the outcomes and experience of those in the social care system
- **Quality of service provided** - dedicated to improving the quality of service provided to social care services recipients
- **Personalisation of care services** – providing recipients of social care services with increased autonomy over their care, support and assessments in accordance with the Personalisation Agenda
- **Supporting Carers** – working to ensure that carers, throughout the pandemic and beyond, feel valued and appreciated. Moreover, to support carers in their responsibilities and duties as outlined in the Carers (Scotland) Act 2016.

5.3 A briefing note is attached at Appendix 2 with these areas of focus and the eight performance indicators. This provides a contextual understanding of how Falkirk compares alongside the LGBF 'family grouping' of the following authorities: Clackmannanshire, Dumfries & Galloway, Fife, Renfrewshire, South Ayrshire, South Lanarkshire and West Lothian. As a member of the NHS Forth Valley, this briefing report shall also include Stirling.

6. Conclusions

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.

7. Report Authors

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8. List of Background Papers

n/a

9. Appendices

Appendix 1: Performance Monitoring Report March 2020 – March 2021

Appendix 2: Local Government Benchmarking Framework 2019/20 Briefing Note



Performance Monitoring Report

**Reporting Period
March 2020 – March 2021**

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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 March 2021 compliance for the Falkirk Partnership highlights a decrease in performance to 85.8% compared with 92.0% in March 2020.

1.2 Adult Protection Referrals

The number of Adult Protection referrals increased by 40% in 2020/21 compared to the previous year, with noticeable rises in those relating to self-harm and neglect.

The Adult Protection Committee monitors and oversees activity.

1.3 Delayed Discharge

The Falkirk partnership breakdown at the March 2021 census is noted as:

- 15 Standard delays, 6 are delayed over 2 weeks
- 19 guardianship/code 9 exemptions
- 34 total delays

Within the Falkirk Partnership the number of bed days occupied by delayed discharges is noted as 209 at the March 2021 census. As with the Forth Valley position this is a significant improvement from the March 2020 census position of 670.

1.4 Complaints - Falkirk Council Social Work Adult Services

Performance improved marginally in 2020/21 compared to the previous year.

Monitoring of complaint performance will continue to be overseen by a senior manager and more detailed analysis and planned actions are provided to the Falkirk IJB Clinical and Care Governance Committee.

1.5 Complaints - NHS Forth Valley

In the period April 2020 to March 2021, a total of 24 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%.

88.9% of Stage 1 complaints were responded to within the timescale with 60.0% of Stage 2 complaints. The SPSO has received no cases relating to Falkirk HSCP complaints in the period April 2020 to March 2021.

1.6 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 2021 sickness absence position is reported as 5.6% with the 12-month rolling position noted as 5.7%.

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

Across Social Work Adult Services the level of assessment and activity decreased in 2020/21 by 4% compared with 2019/20. However, within that overall position there were significant changes in composition; with a 21% increase in the number of people receiving 5 or more assessments or reviews and a 15% reduction in people receiving 2 or 1 assessments or reviews. 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.

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

There were 153 Adult Carer Support Plans completed by the Carers Centre during 2020/21, compared to 500 in the previous year. Overall activity continued to recover through quarter 4, from a low during the early months of the pandemic.

1.9 Overdue pending Occupational Therapy (OT) Assessments

The number of overdue assessments at the end of quarter 4 has increased to 226 compared with 122 a year ago, however the position has remained relatively static from the previous quarter position of 230.

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

2.2. Table 1: Self-Management Indicators 24 – 40

Ref	Measure	Mar 2020	Mar 2021	Direction of travel	Exception Report
24	Emergency department 4 hour wait Forth Valley	92.6%	86.6%	▼	Page 10
25	Emergency department 4 hour wait Falkirk	92.0%	85.8%	▼	
26	Emergency department attendances per 100,000 Forth Valley Population	1560	1586	▼	-
27	Emergency department attendances per 100,000 Falkirk	1685	1681	▲	-
28	Emergency admission rate per 100,000 Forth Valley population (all ages)	964	1040	▼	-
29	Emergency admission rate per 100,000 Falkirk population	972	987	▼	-

Ref	Measure	Mar 2020	Mar 2021	Direction of travel	Exception Report
30	Acute emergency bed days per 1000 Forth Valley population	736	525	▲	-
31	Acute emergency bed days per 1000 Falkirk population	754	550	▲	-

Ref	Measure	Mar 2020	Mar 2021	Direction of travel	Exception Report
32	Number of patients with an Anticipatory Care Plan in Forth Valley	25,658	55,811	▲	-
33	Number of patients with an Anticipatory Care Plan in Falkirk	12,454	32,006	▲	-
34	Key Information Summary as a percentage of the Board area list size Forth Valley	8.1%	18.2%	▲	-
35	Key Information Summary as a percentage of the Board area list size Falkirk Acute emergency bed	7.8%	10.4%	▲	-

Ref	Measure	2018/19	2019/20	Direction of travel	Exception Report
Self Directed Support (SDS) options selected: People choosing					
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%)					

2.3. Table 2: Safety Indicators 42 - 49

Ref	Measure	Mar 2020	Mar 2021	Direction of travel	Report Exception
42	Readmission rate within 28 days per 1000 FV population	1.43	1.38	▲	-
43	Readmission rate within 28 days per 1000 Falkirk population	1.96	1.67	▲	-

Ref	Measure	2019/20	2020/21	Direction of travel	Exception Report
45	Number of Adult Protection Referrals (data only)	576	805	-	Page 11
46	Number of Adult Protection Investigations (data only)	64	76	-	-
47	Number of Adult Protection Support Plans at end of period (data only)	19 (at 31/03/20)	20 (at 31/03/21)	-	-

Ref	Measure	2019/20	2020/21	Direction of travel	Exception Report
48	The total number of people with community alarms at end of the period	4,087 (at 31/03/20)	3,989 (at 31/03/21)	-	-

Ref	Measure	2018/19	2020/21	Direction of travel	Exception Report
49	Percentage of community care service users feeling safe	90%	89%	▼	-

2.4. Table 3: Experience Indicators 54-68

Ref	Measure	Mar 2020	Mar 2021	Direction of travel	Exception Report
54	Standard delayed discharges	15	15	◀▶	Page 12
55	Standard delayed discharges over 2 weeks	8	6	▲	
56	Bed days occupied by delayed discharges	670	209	▲	
57	Number of code 9 delays, including guardianship	13	19	▼	
58	Number of code 100 delays	2	3	▼	
59	Delays - including Code 9 and Guardianship	28	34	▼	

Ref	Measure	2019/20	2020/21	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%	91%	◀▶	-

Ref	Measure	2019/ 20	2020/21	2020/21 Stage 1	2020/21 Stage 2	Direction of travel	Exception Report
64	a. The number of Social Work Adult Services (Stage 1 & 2) complaints completed within 20 days	53/96	33/56	27/45	6/11	-	Page 15
	b. The proportion of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales	58%	59%	60%	55%	▲	
	c. Proportion of Social Work Adult Services complaints upheld	% Upheld		33%	9%	-	-
		% Partially upheld		16%	55%	-	-
		% Not upheld		51%	36%	-	-

Ref	Measure	Baseline	Apr-Mar 2021	Direction of travel	Exception Report
65	a. The number of complaints to NHS Forth Valley applicable to Falkirk IJB (Stage 1 & Stage 2)	-	24	-	Page 16
	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	Mar 2019	Mar 2020	Direction of travel	Exception Report
66b	Attendance Management – NHS Forth Valley (Interim target 4.5%)	5.91%	5.62%	▲	Page 21

Ref	Measure	Apr 2018-Mar 2019	Apr 2019-Mar 2020	Direction of travel	Exception Report
67	Number of Alcohol Brief Interventions delivered – annual target 3410	9158	9030	▼	-

Ref	Measure	Jan 2020-Mar 2020	Jan 2021-Mar 2021	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)	95.9%	97.2%	▲	-
68b	Substance Use - Percentage of patients that commence treatment within 3 weeks of referral – Forth Valley Prisons (90% target)	87.8%	100%	▲	-

Ref	Measure	Oct 2019-Dec 2019	Oct 2020-Dec 2020	Direction of travel	Exception Report
69	Access to Psychological Therapies – Percentage of people that commenced treatment within 18 weeks of referral	79.0%	80.0%	▲	-

2.5. Table 4: Strong Sustainable Communities Indicators 69 - 82

Ref	Measure	End Mar 2020	End Mar 2021	Direction of travel	Exception Report
72	Number of people aged 65+ receiving homecare	1,660	1,567	**	-
73	Number of homecare hours for people aged 65+	11,352	Not yet available		-
74	Rate of homecare hours per 1000 population aged 65+	371.4			-
75	Number people aged 65+ receiving 10+ hrs of home care	373			-
76	a. Number & percentage of Home Care service users aged 65+ receiving personal care	1,650 & 99.4%	1,583 & 99.1%		-
76	b. Number & percentage of Home Care service users aged 18-64 receiving personal care	205 & 100%	202 & 100.0%	-	-

Please note that the Home Care data in indicators 72 - 76 are from the SOURCE dataset submitted to Public Health Scotland, using a snapshot at the end of September. Measures relating to home care hours have been impacted by Covid Sustainability Payments to external providers and have created a complication in distinguishing paid hours from service hours. This issue is being addressed. Note the data relates to Care At Home services only and omits here services delivered under housing support.

Ref	Measure	2019/20	2020/21	Direction of travel	Exception Report
77	Number of new Telecare service users 65+	152	177	-	-

Ref	Measure	2019/20	2020/21	Direction of travel	Exception Report
83	The number of people who had a community care assessment or review completed	9,283 people (14,173 assessments 6,638 reviews)	8,106 people (13,940 assessments 6,370 reviews)	-	Page 23
84	Number of Adult Carer Support Plans that have been completed by the Carers Centre	500	153	N/A	Page 24

Ref	Measure	At 31 Mar 2020	At 31 Mar 2021	Direction of travel	Exception Report
85	The number of overdue 'OT' pending assessments at end of the period	122	226	▼	Page 24

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.

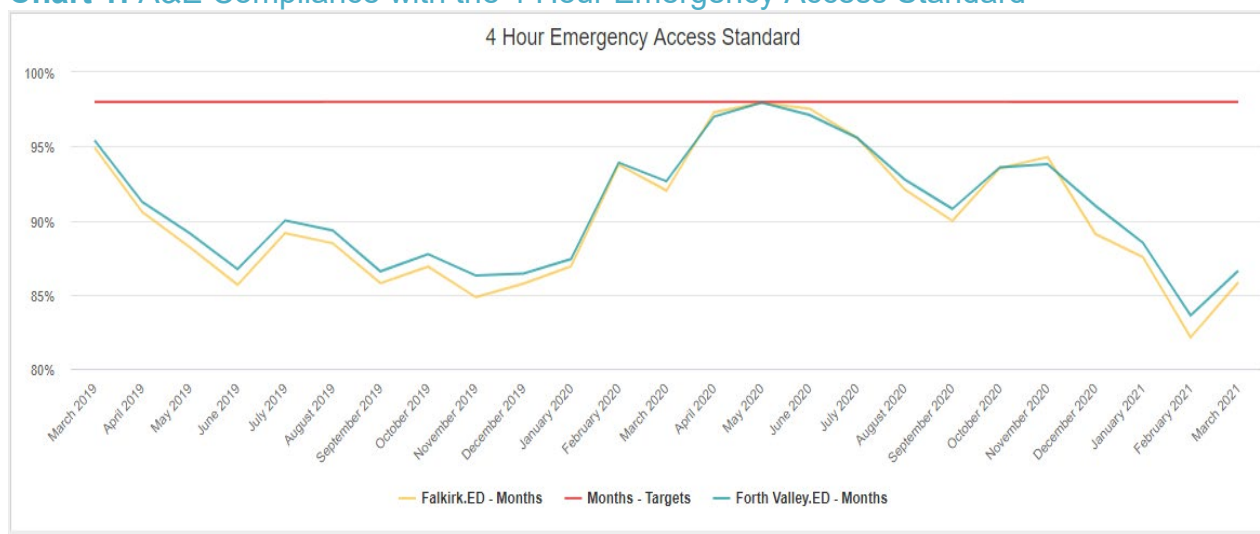
Performance

Overall compliance for with the 4 hour target in March 2021 was 87.5%; Minor Injuries Unit 99.9%, Emergency Department 84.6%. A total of 667 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 37 waits longer than eight hours and 6 waits longer than 12 hours. The main reason for patients waiting beyond 4 hours was 'wait for first assessment' with a cohort of 425 patients.

The March 2021 compliance for the Falkirk Partnership highlights a reduction in performance to 85.8% compared with 92.0% in March 2020. There is a fluctuating position in terms of 4 hour target compliance with an increasing number of attendances however there remains a focus on patient safety.

The chart below notes performance from March 2019 –March -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.

The new Urgent Care Centre opened at Forth Valley Royal Hospital in support of the 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 this is needed. The facility is staffed by experienced local doctors and nurses and brings together a number of existing services within the hospital, including minor injuries, GP Out-of-Hours services and assessment services. This co-location of services enables the provision of comprehensive advice, support and treatment for a wide range of urgent healthcare issues.

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. 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 was a 40% rise in the number of Adult Protection referrals in 2020/21 compared to the previous year.

While this has included a noticeable increase in referrals relating to self-harm and neglect, perhaps reflecting the mental health pressures of lockdown circumstances through the Covid pandemic, there is a broader increase in referrals which continues a trend that began before the 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.

3.3. Local Outcome: Experience – Unscheduled Care - Delayed Discharge

Performance

Table 1: Delayed Discharge Breakdown – March 2021

	Under 2 wks	Over 2 wks	Standard Delays	Guardianship 9/51X	Code 9_Other	TOTAL (Ex code 100)	Code 100	Infection Codes
Falkirk	9	6	15	19	1	34	3	0
Total FV	19	9	28	23	2	53	6	0

Table 1 above provides a breakdown of Delayed Discharge performance at the March 2021 census.

The March 2021 census position for Forth Valley delays over 14 days is 9 against a zero standard. A further 19 delays waiting under 2 weeks brings the total number of standard delays to 28. Including 23 code 9 exemptions the total number of delayed discharges at the March 2021 census point is noted as 53; 46 Forth Valley residents and 7 from out with Forth Valley.

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

- 15 Standard delays, 6 are delayed over 2 weeks
- 19 guardianship/code 9 exemptions
- 34 total delays

Standard delays March 2019 to March 2021 are detailed in chart 2 below.

In addition, at the March census there were 6 code 100 delays within Forth Valley, 3 for Falkirk Partnership. It should also be noted that there were no delays as a result of COVID-19 infection.

Of the 15 Standard Delays in Falkirk:

- 4 awaiting care homes (1 over two weeks; 3 under 2 weeks)
- 3 awaiting care packages for home (1 over two weeks; 2 under two weeks)
- 7 allocated and assessment commenced (3 over two weeks; 4 under two weeks)
- 1 legal issues delaying discharge (over 2 weeks)

Chart 2: Standard Delays

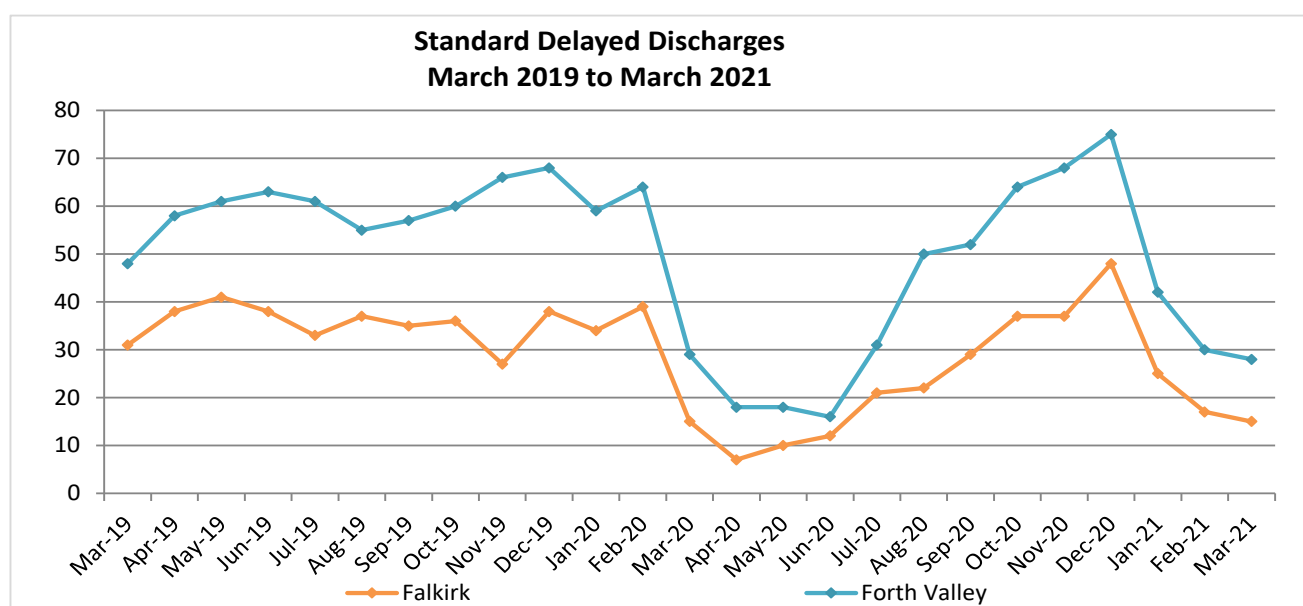


Table 2: Bed Days Occupied by Delays Over and Under 2-week Target at Census Point (Exc. Codes 9 and 100)

	Under 2 wks	Over 2 wks	Total BDO
Falkirk	49	160	209
Total FV	101	233	334

Across Forth Valley, the number of bed days occupied (BDO) by people delayed in their discharge at the March 2021 census was 233, as noted in table 2 above.

There is an improving trend April 2020 to March 2021 compared with April 2019 to March 2020, with a 210% improvement in the average number of occupied bed days. An average of 501 bed days occupied was noted at the monthly census April 2020 to March 2021.

Falkirk Partnership position mirrors that of NHS Forth Valley with a significant reduction in the number of bed days occupied by delayed discharges in March 2021 compared to March 2020. A decreasing or improving trend is noted April 2020 to March 2021 compared with April 2019 to March 2020, with a 251% improvement highlighted. The average number of occupied bed days at the monthly census April 2020 to March 2021 was 296.

There remains month on month variability in the number of bed days occupied by people delayed in their discharge with the position March 2019 to March 2021 detailed in chart 3 below.

Chart 4 highlights the position in relation to the number of Code 9 and Guardianship patients.

The overall position remains under continual review.

Chart 3: Occupied Bed Days

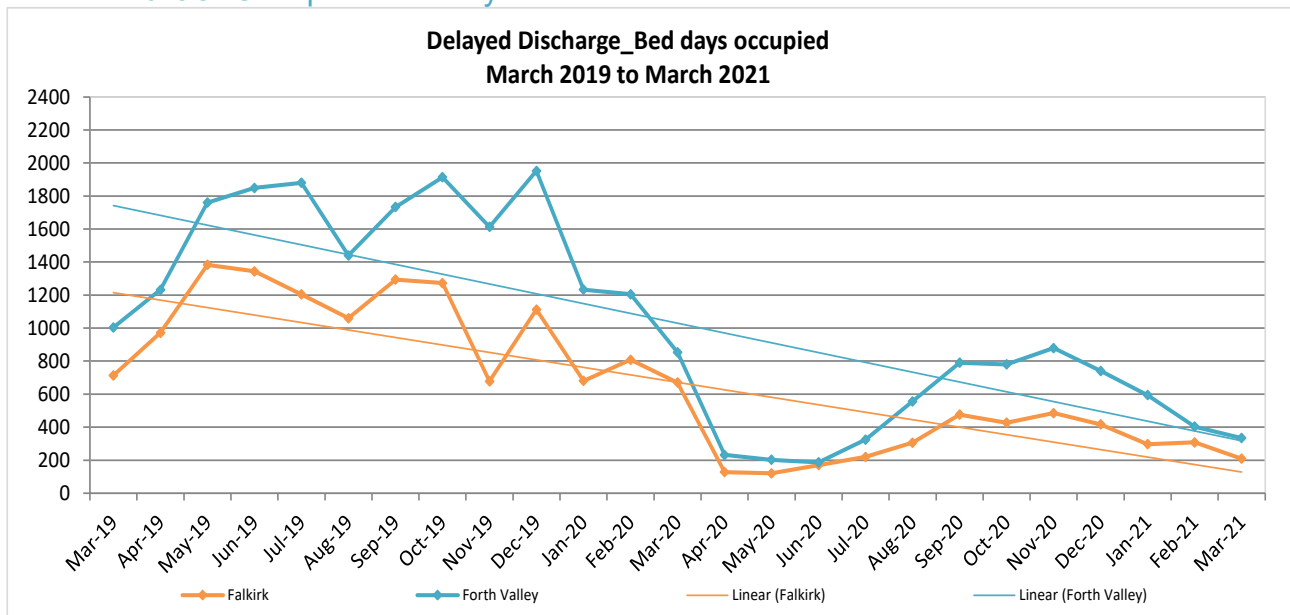
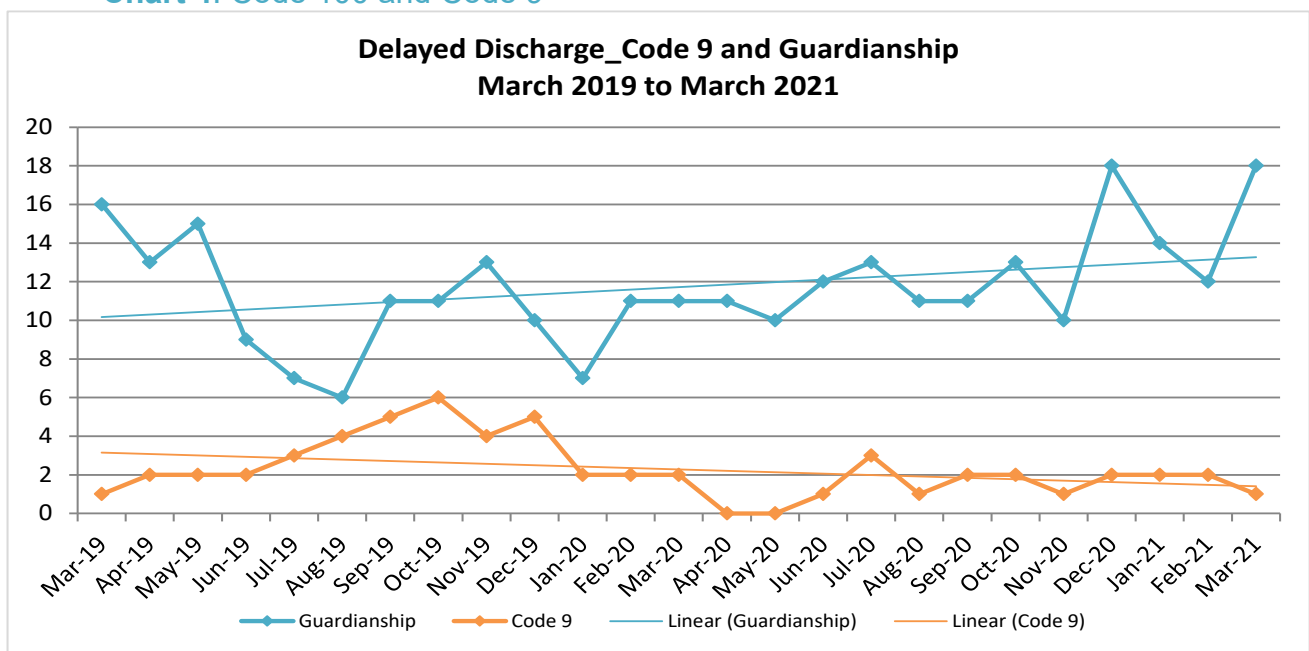


Chart 4: Code 100 and Code 9



Position

As a result of the ongoing pandemic 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 for Falkirk
- ensuring frailty assessment in community is the norm

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

All appropriate actions continue in support of timely discharge.

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% throughout 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 55%, see Chart 5.

There were less than half the number of complaints recorded in 2020/21 than were recorded in 2019/20. In the last year, there were 56 complaints (Stage 1 - 45; Stage 2 - 11) in comparison to 113 (Stage 1 – 96; Stage 2 – 17) the previous year, 2019/20.

Chart 5: Percentage of complaints completed within timescales

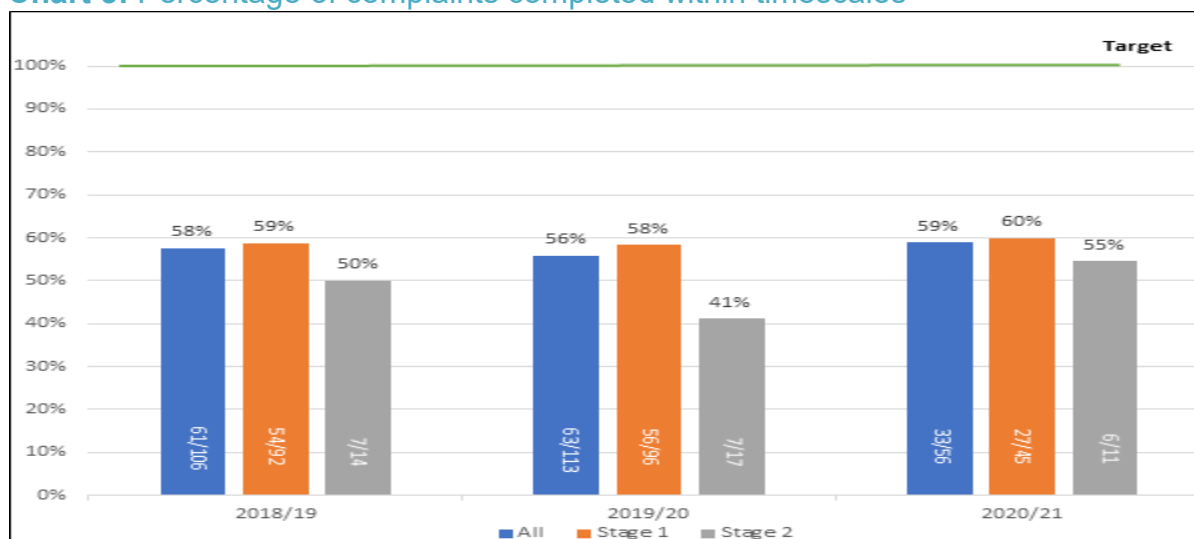
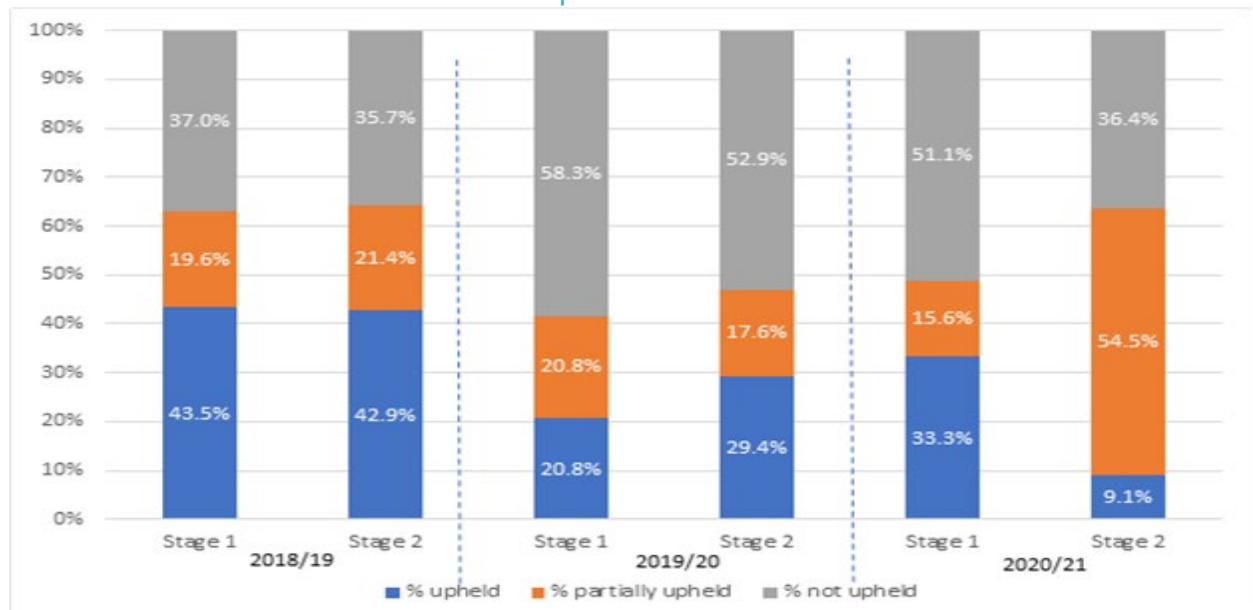


Chart 6 shows the outcomes of the complaints for the last 3 years. A lower proportion of both Stage 2 complaints were upheld 2020/21, a trend since 2018/19. For this year, the number of Stage 2 upheld complaints was reduced to 9.1%.

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%) - this includes disagreement with assessment outcomes - 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 – March 2021, a total of 24 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%.

88.9% of Stage 1 complaints were responded to within the timescale with 60.0% of Stage 2 complaints. The SPSO has received no cases relating to Falkirk HSCP complaints for April 2020 to March 2021.

In total there are approximately 17 departments listed against the delegated functions. During the period April 2020 to March 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
June	Clinical Treatment	Unacceptable Waiting Time for Appointment	AHP Out-patient Care Group
August	Clinical Treatment	Poor Aftercare	District Nursing (Falkirk) x2
		Co-ordination of Clinical Treatment	Woodlands Resource Centre
September	Staff Attitude & Behaviour	Nursing Care	District Nursing (Falkirk)
		Insensitive to Patient Needs	Unit 1, FCH
October	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
November	Clinical Treatment	Cancellation of Appointment	Woodlands Resource Centre
		Disagreement with treatment/care	CMHT (E) Falkirk
	Staff Attitude & Behaviour	Inappropriate Comments	Unit 2, FCH
		Insensitive to Patient Needs	Unit 2, FCH
December	Clinical Treatment	Lack of Support	CMHT (E) Falkirk
		Disagreement with treatment/care	Woodlands Resource Centre
	Staff Attitude & Behaviour	Length of Time to be Seen in Department	Unit 3, FCH
		Treatment Cancelled	Woodlands Resource Centre
January	Staff Communication (Oral)	Insensitive to Patient Needs	Ward 1, Bo'ness
			Unit 3, FCH
	Staff Attitude & Behaviour	Lack of Clear Explanation	Unit 3, FCH
February	Clinical Treatment	Co-ordination of Clinical Treatment	District Nursing (Falkirk)
		Insensitive to Patient Needs	Woodlands Resource Centre
	Staff Attitude & Behaviour	Disagreement with treatment/care	Ward 1, Bo'ness
		Problems with Medication	Ward 2, Bo'ness
March	Clinical Treatment	Insensitive to Patient Needs	Unit 2, FCH
		Staff Communication (Oral) other	Ward 1, Bo'ness
	Staff Attitude & Behaviour	Staff Not Replying to Patient Verbally	Ward 2, Bo'ness
		Cancellation of Admission	Out-Patients
April	Clinical Treatment	Disagreement with treatment/care	Unit 3, FCH
			Woodlands Resource Centre
	Staff Attitude & Behaviour	Insensitive to Patient Needs	Ward 1, Bo'ness
			Ward 1, Bo'ness

Of the complaints received, 5 out of 24 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
Mar 21	Appointment made by Maggie's Centre with Orthotics was not finalised.	Apology and explanation provided as to the breakdown in communication with regard to arranging the appointment.	Discussion held with staff around the processes involved in making the appointment and the impact that the situation has caused the patient.

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 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.

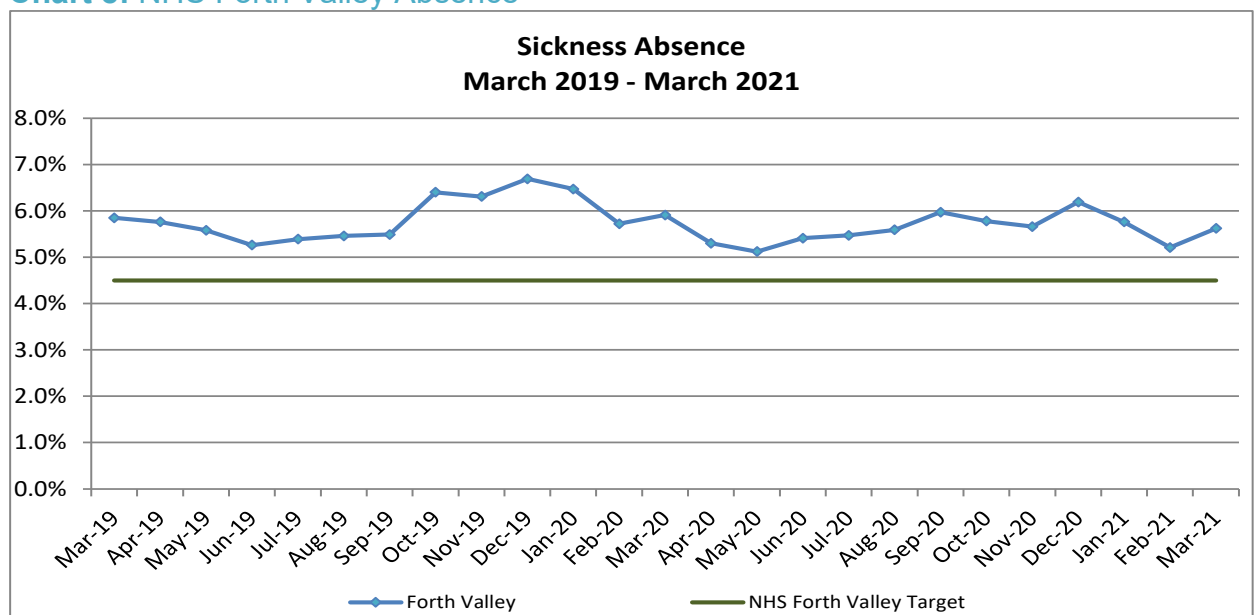
Performance

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 2021 sickness absence position is reported as 5.6% with the 12-month rolling position April 2020 to March 2021 noted as 5.7%. 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 March 2021 was 3.6% an improvement from 4.6% in March 2020 and 4.5% in February 2021. The total absence in March 2020 is therefore noted as 9.2%.

Chart 8 highlights the sickness absence position, excluding COVID-19 absence reasons, from March 2019 to March 2021.

Chart 8: 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 remains a high priority for managers across the organisation. A multidisciplinary improvement programme has commenced with the establishment of a partnership working group.

The provision of support to maintain and sustain the health and wellbeing of staff as a result of the pressures in relation to the on-going pandemic and recovery work is a high priority for NHS Forth Valley. A number of Staff Support and Wellbeing initiatives have been developed and implemented in line with national guidance and a coordinated Staff Support and Wellbeing Group involving all key partners has

been established. Support is being provided to staff at work, to staff self-isolating and to enable home working and will be provided to those staff returning from a prolonged period of shielding.

3.7 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

Overall activity across Social Work Adult Services the level of assessment and activity decreased in 2020/21 by 4% compared with 2019/20.

However, within that overall position there were significant changes in composition; with a 21% increase in the number of people receiving 5 or more assessments or reviews and a 15% reduction in people receiving 2 or 1 assessments or reviews.

The numbers of people receiving 5 or more assessments and/or reviews during the year increased to 1,159, nearly 14% of the total. In the previous year, this group accounted for 10% of the activity.

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, for example the increased Adult Protection activity detailed in 3.2 of this report. This is often associated with the most complex needs, during a period of frequently changing circumstances, as Covid-19 and the circumstances of lockdown took effect. A significant rise in the number of reviews by home care related teams is another demonstration of this.

With greater activity for those subject to more frequent assessment episodes, the number of people receiving 2 or less assessments and/or reviews fell by 961 in 2020/21. These people accounted for 35% of assessment and review activity in 2020/21 compared to 40% in the previous year.

Given the imperative to reduce footfall in care homes, reviews of care home residents will account for a 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.

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

Purpose

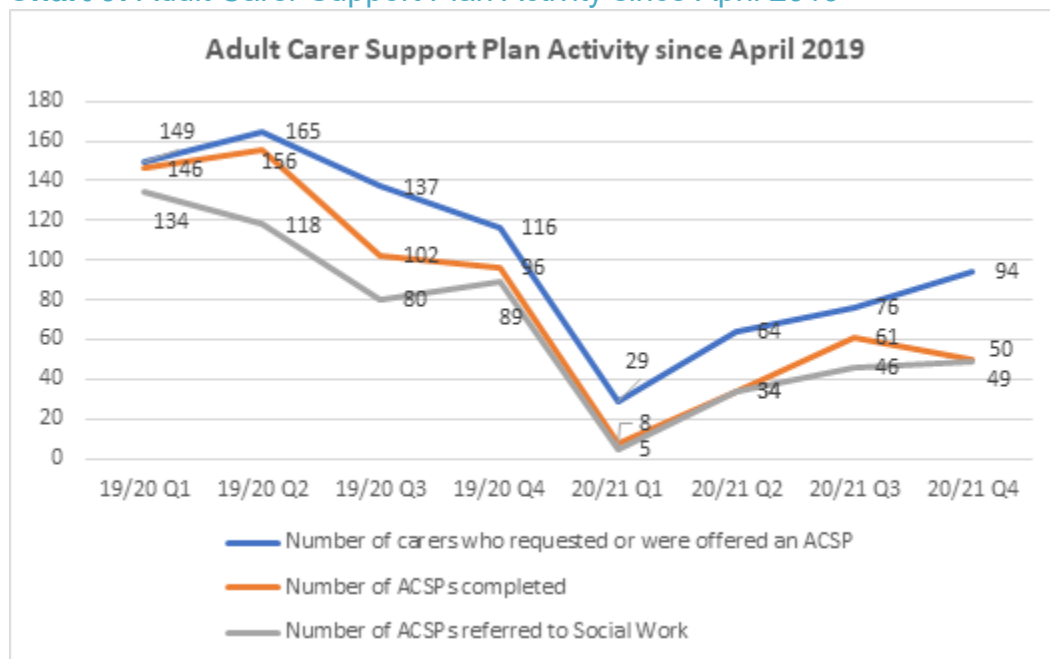
The Carers (Scotland) Act 2016 gave local authorities responsibility to offer an adult carer support plan to anyone they identify as an adult carer, or if an adult carer requests one. The process of completing the plan ensures that carer needs are assessed and addressed to support them in their caring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

Position

There were 153 Adult Carer Support Plans completed by the Carers Centre during 2020/21, compared to 500 in the previous year.

The chart below shows overall activity continuing to recover through Q4, from a low during the early months of the pandemic. Though the numbers of ACSPs completed declined in Q4, the numbers requested or offered an assessment and the number passed to Adult Social Work Services increased.

Chart 9: Adult Carer Support Plan Activity since April 2019



A detailed exception report was provided in the March Performance Report.

3.9 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

Whilst the number of overdue assessments at the end of quarter 4 has increased to 226 compared with 122 a year ago, the position has remained relatively static from the previous quarter position of 230.

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

Partnership Indicators

Self Management		Freq	Safe		Freq	Experience		Freq	Strong Sustainable Communities		Freq
24	Emergency department 4 hour wait NHSFV	M	42	Readmission rate within 28 days per 1000 FV population	M	54	Standard delayed discharges	M	70	The total respite weeks provided to older people aged 65+. Annual Indicator	Y
25	Emergency department 4 hour wait Falkirk	M	43	Readmission rate within 28 days per 1000 Falkirk population	M	55	Delayed discharges over 2 weeks	M	71	The total respite weeks provided to older people aged 18-64. Annual	Y
26	Emergency department attendance per 100,000 FV Population	M	44	Readmission rate within 28 days per 1000 Falkirk population 75+	M	56	Bed days occupied by delayed discharges	M	72	Number of people aged 65+ receiving homecare	Q
27	Emergency department attendances per 100,000 Falkirk	M	45	Number of Adult Protection (AP) Referrals (data only)	Q	57	Number of Code 9 delays	M	73	Number of homecare hours for people aged 65+	Q
28	Emergency admission rate per 100,000 FV population	M	46	Number of Adult Protection Investigations (data only)	Q	58	Number of Code 100 delays	M	74	Rate if homecare hours per 1000 population 65+	Q
29	Emergency admission rate per 100,000 Falkirk population	M	47	Number of Adult Protection Support Plans (data only)	Q	59	Delays – including Code 9 and Guardianship	M	75	Number receiving 10+ hours of homecare	
30	Acute emergency bed days per 1000 FV population	M	48	The total number of people with community alarms at the end of the period	Q	60	Percentage of service users satisfied with their involvement in the design of their care package		76a	Number & percentage of Home Care service users aged 65+ receiving personal care	Q
31	Acute emergency bed days per 1000 Falkirk population	M	49	Percentage of community care service users feeling safe	Q	61	Percentage of services users satisfied with opportunities for social interaction		76b	Number & percentage of Home Care service users aged 18-64 receiving personal care	
32	Number of patients with an Anticipatory Care Plan in FV	M	50	Number of new Telecare service users 65+	Q	62	Percentage of carers satisfied with their involvement in the design of their care package		77	Number of new Telecare service users 65+	
33	Number of patients with an Anticipatory Care Plan in Falkirk	M	51	Rate per 1,000 Acute Occupied Bed Days attributed to Staphylococcus Aureus Bacteraemia's (SABs)	M	63	Percentage of carers who feel supported and capable to continue in their role as a carer OR feel able to continue with additional support		82	The number of people who had a community care assessment or review completed	
34	Key Information Summary (KIS) as a percentage of the Board area list size FV	M	52	Rate per 1,000 Bed Days attributed to Device Associated Infections	M	64a	The proportion of SWAS (Stage 1 & 2) complaints completed within 20 days		83	Number of Adult Carer Support Plans that have been completed by the Carers Centre	
35	Key Information Summary (KIS) as a percentage of the Board area list size Falkirk	M	53	Rate per 1,000 Bed Days in the 65+ age group attributed to Clostridium Difficile	M	64b	The proportion of SWAS (stage 1&2) complaints completed within timescales		84	The number of overdue 'OT' pending assessments at end of the period	
36	Long term conditions - bed days per 100,000 population	M				64c	The proportion of SWAS (completed stage 1 & 2) complaints upheld		85	Proportion of last 6 months of life spent at home or community setting	
37	SDS Option 1: Direct payments (data only)					65	The number of complaints to NHS Forth Valley applicable to Falkirk IJB		86	Number of days by setting during the last six months of life: Community	
38	SDS Option 2: Directing the available resource (data only)					65a	The percentage of complaints responded to within 20 days				
39	SDS Option 3: Local Authority arranged (data only)					65b	The number of SPSO cases received				
40	SDS Option 4: Mix of options, 1,2,3 (data only)					66	Medical Absence in SWAS (target -5.5%)				

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

Local Indicators no longer needed / 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.

LGBF Overview Report 2019/2020

Adult Social Care Briefing Report

The Local Government Benchmarking Framework (LGBF) is a benchmarking tool developed by the Improvement Service intended to support senior management teams and elected members to improve key council services.

The benchmarking tool categorises Falkirk Council alongside the LGBF ‘family grouping’ of the following authorities: Clackmannanshire, Dumfries & Galloway, Fife, Renfrewshire, South Ayrshire, South Lanarkshire and West Lothian. As a member of the NHS Forth Valley, this briefing report shall also include Stirling.

The Local Government Benchmark Framework and Adult Social Care

- **Home care services and providing a balance of care:**
With effective prevention and early intervention strategies, such as enablement and re-enablement, this indicator can promote independence to sustain people in their home.
- **System capacity and future sustainability:**
Strengthening our understanding of local system capacity and long-term social care sustainability. Furthermore, supporting progress to develop strategic commissions that meet the complex needs of the population.
- **Preserving the quality of life:**
Quantifying the outcomes and experience of those in the social care system.
- **The quality of service provided:**
Dedicated to improving the quality of service provided to social care services recipients.
- **Personalisation of care services:**
Providing recipients of social care services with increased autonomy over their care, support and assessments in accordance with the Personalisation Agenda.
- **Supporting Carers:**
Working to ensure that carers, throughout the pandemic and beyond, feel valued and appreciated. Moreover, to support carers in their responsibilities and duties as outlined in the Carers (Scotland) Act 2016.

With these areas of focus, the eight performance indicators outlined in this report shall provide a contextual understanding of how Falkirk compares to each of the family authorities.

Home care services

Council spend on home care services has been standardised around home care costs per hour for each council. This includes expenditure across all providers. Since 2010/11 there has been a real- terms increase of 10.1% in spending per hour on home care for people over 65 across Scotland. This reflects an overall 22.6% increase in gross expenditure and 11.3% increase in the number of hours delivered during this period, although movement between years has fluctuated.

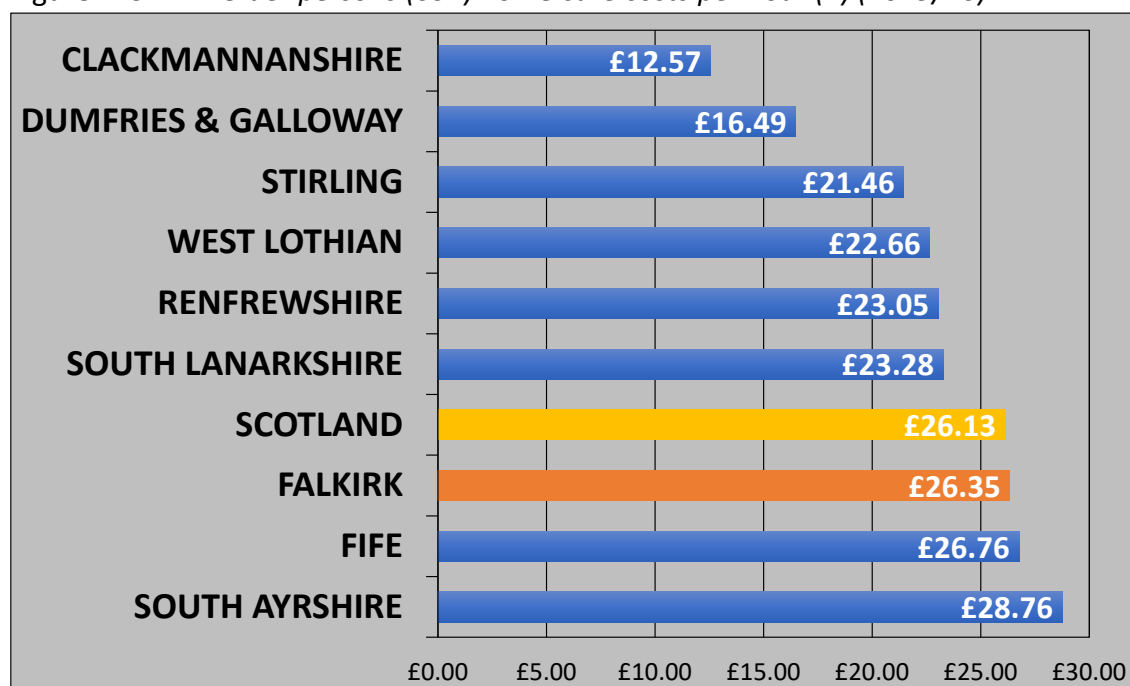
There is significant variation across all councils in spend per homecare hour, ranging from £12.57 to £60.93. The level of variation observed is wider than any preceding year, with significantly higher and faster growing costs in more deprived council areas. Between 2010/11 and 2019/20, the average cost per hour for the most deprived councils increased by 35%, from £25.00 to £33.84. By comparison, spend in the least deprived councils increased by 1.8%, from £24.91 to £25.35.

However, caution is required in considering this indicator since local authorities do not calculate their home care costs consistently, since service elements are organised, therefore costed, differently.

How does Falkirk compare?

Figure one demonstrates that Falkirk sits marginally above the national average of £26.13, costing £26.35 per hour, a difference of £0.27. In comparison with the LGBF 'family group', Falkirk is the third most expensive in the chart and offers an hourly rate £13.78 higher than Clackmannanshire. When compared to the 2018/19 data, Falkirk has increased the price of hourly care by just under 6%.

Figure 1: SW1 – Older persons (65+) home care costs per hour (£) (2019/20)



Source: Social Care Survey and Quarterly Survey, with additional data sourced directly from councils to allow adjustment for any Covid-19 impact on provision in March 2019. Scottish Government; council supplied expenditure figures

Balance of care

Balance of care is captured by the percentage of adults over 65 with long term care needs receiving care at home. This is an area of increased importance with growing effort to care for more people in their own home rather than institutional setting such as hospitals. The effective design and delivery of home care services is central to independent living, citizenship, participation in society and in supporting a fulfilling life. Services can help prevent those most at risk of unplanned hospital admissions from entering the hospital sector unnecessarily. For those who do enter hospital, it can also help prevent delayed discharges.

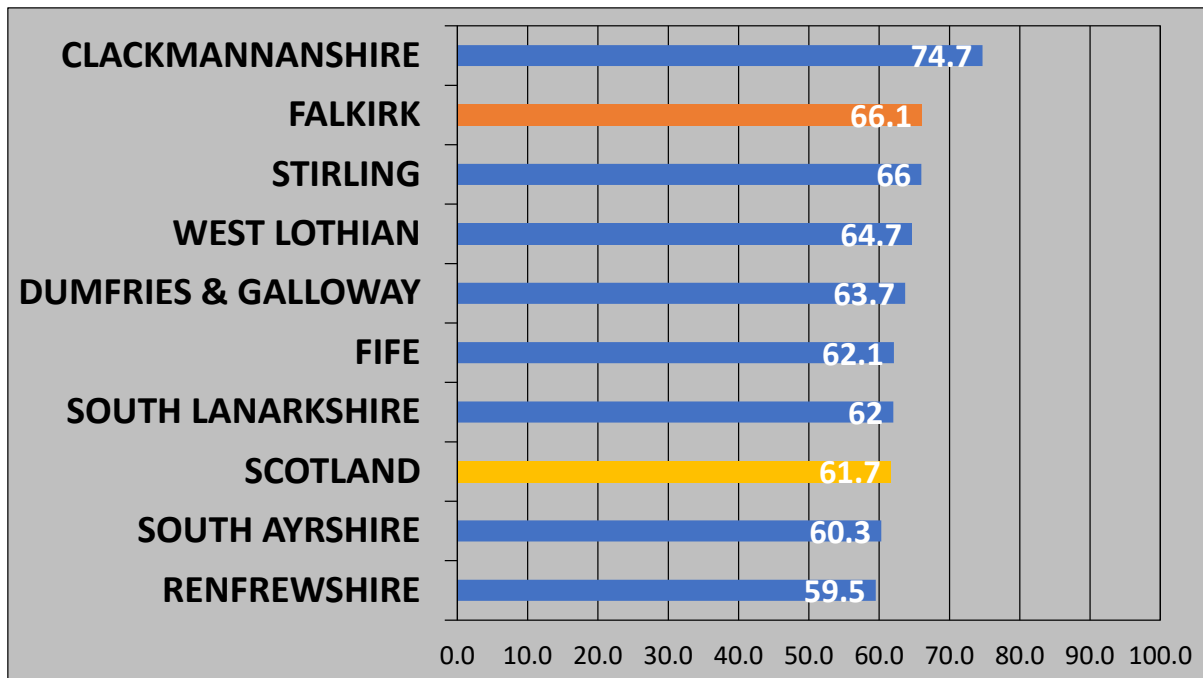
The balance of care has shifted in line with policy objectives between 2010/11 and 2019/20, with a growth in home care hours provided (11.3%) and a relative decline in residential places (-3.5%). The percentage of people with long- term needs who are now receiving personal care at home has increased from 58.9% in 2010/11 to 61.7% in 2019/20. As importantly, the number of people receiving home care has decreased over time and the hours of care they receive on average has increased, i.e. in shifting the balance of care, a greater resource has become targeted on a smaller number of people with higher needs. The reducing number of home care service users, alongside the size of the package delivered reflects the agreed eligibility criteria now in place to ensure the fair allocation of care.

The Improvement Service introduced this indicator three years ago to replace another balance of care indicator: Percentage of people aged 65+ with intensive needs (plus 10 hours) receiving care at home. The indicators have very different emphases for delivering care at home. Performance focusing on intensive needs (plus 10 hours) is an incentive to target more care to fewer people. However, the current indicator focusing on the percentage receiving personal care is an incentive to target more people with lower levels of care. Further, neither takes account of the benefits of reablement and equipment, such as telecare, which impact on the need for home care. Together these issues can lead to an unclear picture when evaluating Council's performance on balance of care over time.

How does Falkirk compare?

Figure two offers an illustration of how Falkirk ranks as the second highest of the LGBF 'family grouping' authorities, with 66.1% of people receiving personal care at home; 4.4 percentage points less than the national average of 61.7% Furthermore, the percentage of people receiving care at home in Falkirk Council has increased by one percentage point since 2018/2019.

Figure 2: *SW3a – Percentage of people aged 65 and over with long-term care needs who receive personal care at home*



Source: Social Care Survey and Quarterly Survey, Scottish Government. Additional data sourced directly from councils to allow adjustment for any Covid-19 impact on provision in March 2019.

Readmission to hospital

The readmission rate reflects several key elements of an integrated health and care service, including discharge arrangements and co-ordination of follow up care underpinned by good communication between partners.

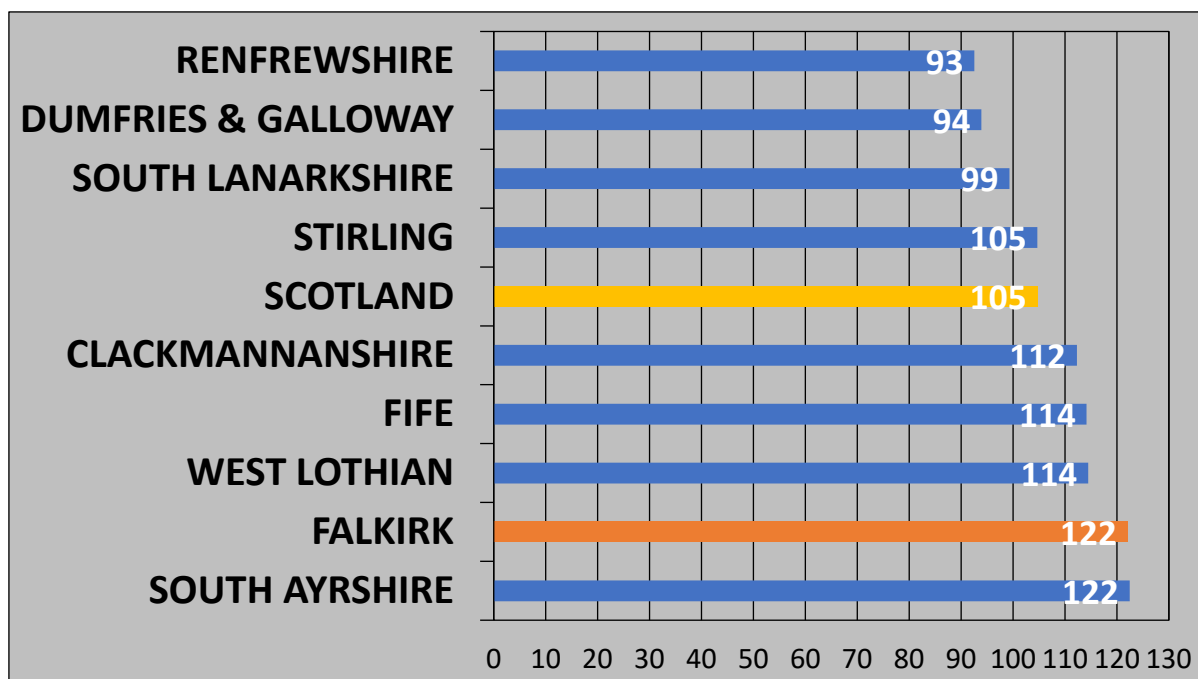
This measure captures the rate of readmission to hospital within 28 days per 1,000 discharges. The 28-day follow-up is considered to reflect the initial support on leaving hospital, including medicines safety, which could have a negative impact and result in readmission. A longer period of follow up would be more likely to include admissions that are unrelated to the initial one, whereas a shorter period (e.g. 7 days) is more likely to relate to immediate issues linked to the hospital care.

Since 2010/11, the rate of readmissions to hospital within 28 days (per 1,000 discharges) across Scotland has increased year on year, from 89.7 to 104.7, a 16.7% increase. Over the last 12 months, the Scottish average has increased by 1.7%.

How does Falkirk compare?

Of the eight LGBF 'family grouping' councils, Falkirk is the second highest, alongside South Ayrshire, with 122 readmissions within 28 days per 1,000 discharges. The rate of readmission rate is 12 per 1,000 higher in Falkirk than the national average of 105 per 1,000, with Renfrewshire posting the lowest of the 'grouping' with 93 readmissions per 1,000. In comparison with the 2018/2019 data, Falkirk has seen an increased rate (177 per 1,000 discharges in 2018/2019).

Figure 3: SW6 - Rate of readmission to hospital within 28 days per 1,000 discharges



Source: ISD

Delayed discharges

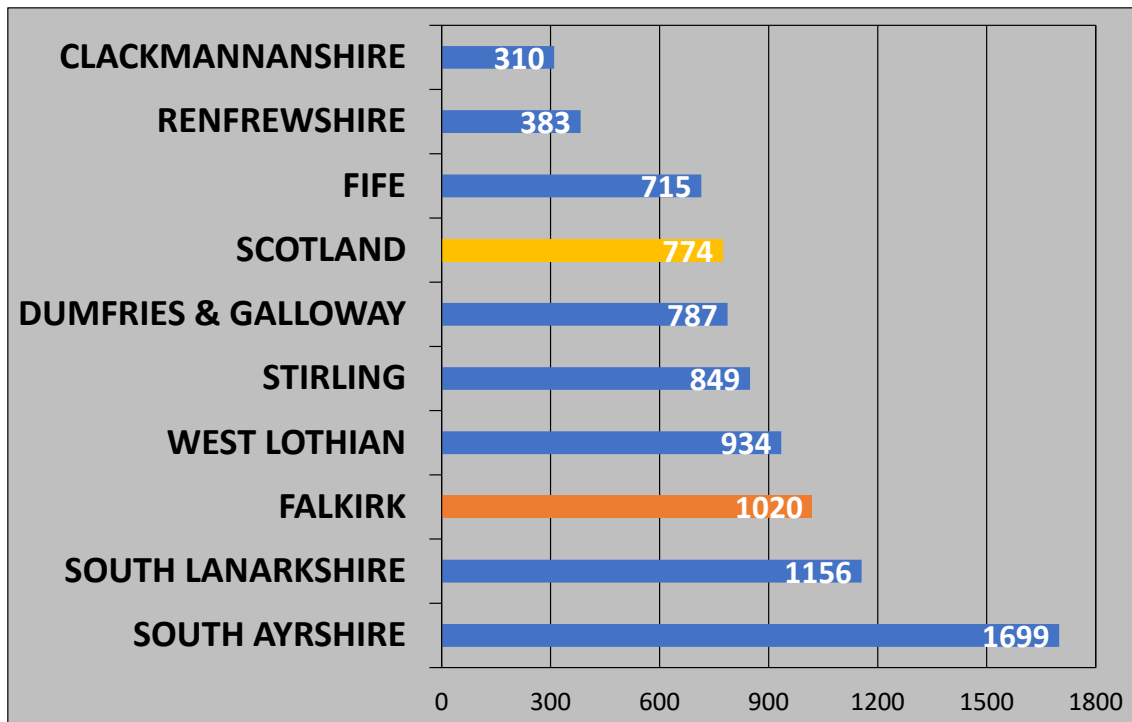
Health and Social Care services strive to ensure that people do not have to wait unnecessarily for more appropriate care to be provided after treatment in hospital. Waiting unnecessarily in hospital is a poor outcome for the individual and is particularly bad for the health and independence of older patients. It is an ineffective use of scarce resource potentially denying an NHS bed for someone else who might need it.

This indicator presents the number of days over 75s spend in hospital when they are ready to be discharged. The indicator on its own does not tell us about the outcomes, as people need to be discharged to an appropriate setting, such as reablement or long-term care in a care home. Focusing on discharging patients quickly at the expense of this is not desirable, and improvements need to be achieved by better joint working and use of resources.

How does Falkirk compare?

On this indicator, the below graph demonstrates that Falkirk is third highest when compared with the LGBF 'family group' of authorities. Falkirk has a rate of 1,020 bed days per 1,000 75+ population in 2019/20, which is considerably higher than the national average of 774 bed days per 1,000 75+ population. However, it is positive to note that the Falkirk rate has reduced by 13.4% when compared with the data from 2018/19 (1,178 per 1,000 population).

Figure 4: SW8 - Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)



Source: ISD

Direct payments and personalised management budgets

From 1st April 2014, self-directed support introduced a new approach which gives people who require social care support more choice and control over how their support is delivered. Social work services continue to drive forward changes to ensure people's outcomes are being met, rather than a person fitting in to a service.

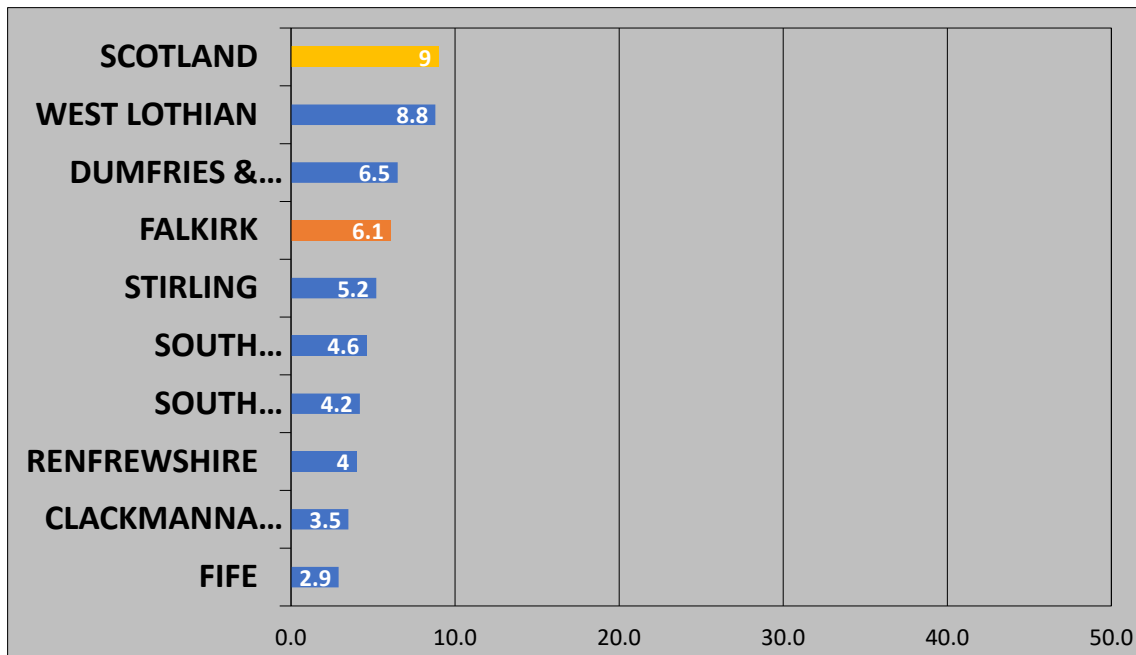
The Self-Directed Support Act 2013 puts a duty on local authorities to be transparent about the resources available to provide support and offer a choice as to how that support is managed/ delivered/ organised through numerous different options.

The indicator here refers to the percentage of total social work spend allocated via direct payments (DP) or Personalised Managed Budgets (PMB). Since 2010/11, the proportion of total social work spend allocated via DP and PMB has grown steadily from 1.6% to 9.0%. All 32 authorities have reported growth during this period.

How does Falkirk compare?

When compared to the 'family grouping' of authorities in this indicator, Falkirk sits below the Scottish average by 3.9%. When compared with the 2018/2019 data, Falkirk has seen a 1% increase in the percentage of direct payments and personalised managed budgets spent on adults over 18 receiving social work.

Figure 5: SW2 – Spend on direct payments and personalised managed budgets as a percentage of total social work spend on adults 18+



Source: Council supplied expenditure figures

Care homes

The cost of care home services is reflected in the framework by a standardised measure using net costs per week per resident for people over the age of 65. It is important to note that the figures for 2012/13 to 2019/20 have in agreement with the Local Government Directors of Finance excluded a support cost component which was included in 2010/11 and 2011/12, and therefore a direct comparison with costs from earlier years is not possible.

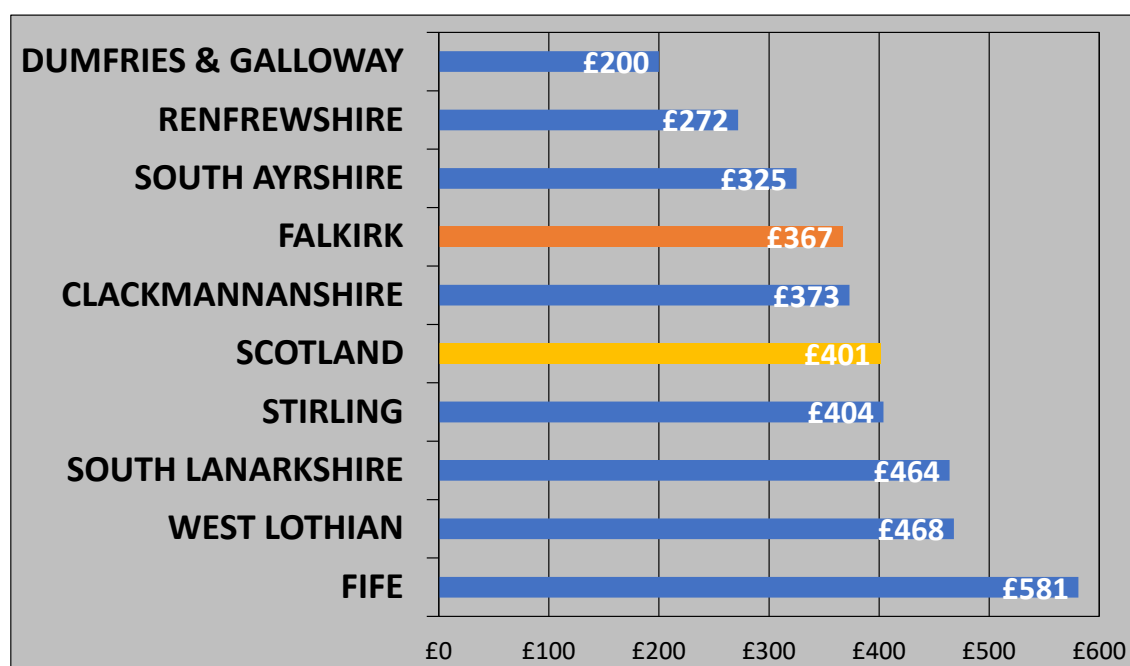
Gross expenditure levels have remained steady over this period therefore the reduction in net expenditure indicates an increase in the income received by councils rather than a reduction in expenditure. The growth in the number of privately or self-funded clients as a proportion of all long stay residents over this period would support this trend (an increase from 28% to 34% between 2010/11 and 2018/19).

There is a considerable level of variation in care home costs across councils, ranging from £128 to £1,174 in 2019/20. Island authorities on average report significantly higher costs. When island councils are excluded, costs range from £128 to £581.

How does Falkirk compare?

In comparison to the LGBF 'family grouping' of authorities, Falkirk is performing stronger on this indicator than fellow regions. When compared to the Scottish average, Falkirk is £34 cheaper for residential costs per week for those aged 65 and over. This is an increase of £44 from the 2018/19 data, however, the Scottish average has also increased by £14 in the same period.

Figure 6: SW5 - Residential costs per week per resident for people aged 65 or over



Source: Social Care Survey and Quarterly Survey, with additional data sourced directly from councils to allow adjustment for any Covid-19 impact on provision in March 2019., Scottish Government; council supplied expenditure figures

Quality ratings of care services

This indicator provides a measure of assurance that adult care services meet a reasonable standard. This includes care provision provided by Local Authority, Health Board, Third Sector and Private Sector and includes the following care services:

- Care Homes for adults and older people
- Housing Support Services
- Support Services including Care at Home and adult day-care
- Adult placements
- Nurse Agency

The Care Inspectorate grades care services on the following themes:

- Quality of Care and Support
- Quality of Environment (Care Homes only)
- Quality of Staffing
- Quality of Management and Leadership

New Health and Social Care Standards were published by the Scottish Government in June 2017. These new standards are relevant across all health and social care provision. They are no longer focused only on regulated care settings, but are for use in social care, early learning and childcare, children's services, social work, health provision, and community justice.

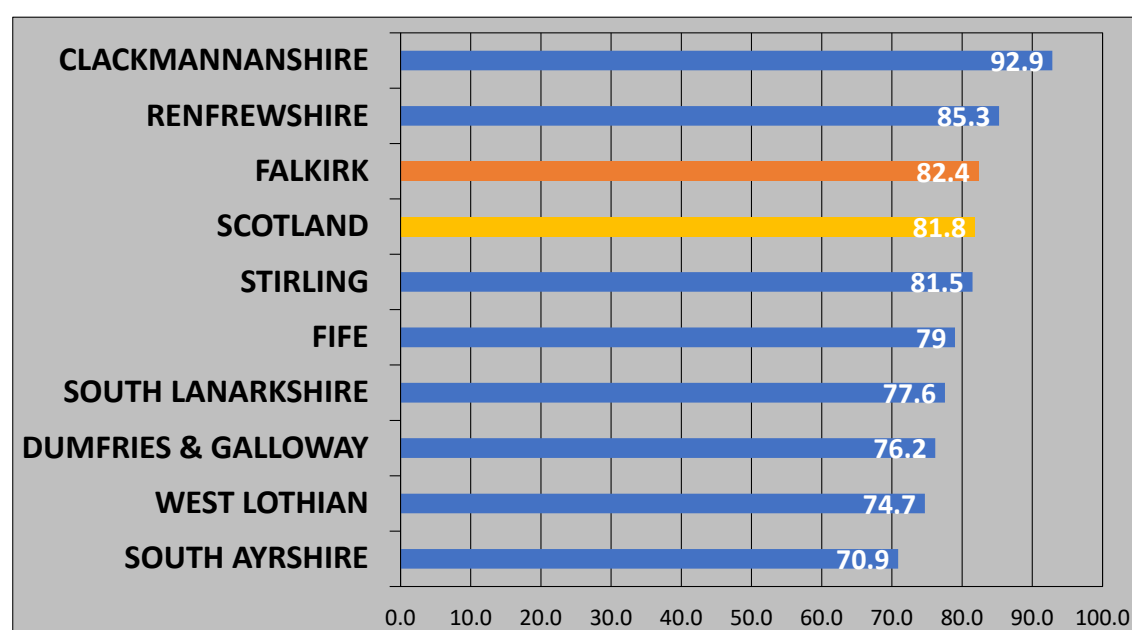
The Care Inspectorate is changing the way it inspects the quality of care and support to reflect the new Health and Social Care Standards. From July 2018, a new framework for inspections of care homes for older people was introduced, drawing heavily on the new Health and Social Care Standards. Similar frameworks will be developed for other settings in due course. It will be important to consider the impact of these new standards and inspection frameworks when interpreting future data on care quality ratings.

There has been an overall improvement in quality ratings since 2011/12, with the % of care services graded 'good' (4) or 'better' (5) increasing from 80.9% to 81.8%.

How does Falkirk compare?

Falkirk ranks as the third highest LGFB 'family group' council with the quality of service graded good, or better. When compared, Falkirk's proportion of services rated 'good' or better total 82.4%, compared with the Scottish national average of 81.8%. Additionally, Falkirk scores 10.9 percentage points higher than the lowest scoring LGFB 'family group' authority, South Ayrshire. Moreover, Falkirk Council has seen a 1.8 percentage point increase in proportion of care services graded 'good' in comparison with the 2018/19 data.

Figure 7: SW7 – Proportion (%) of care services graded 'good' (4) or better in Care Inspectorate inspections



Source: Care Inspectorate

Satisfaction with care services

The LGFB includes a suite of 'satisfaction' measures to capture progress made in relation to improving personal outcomes, promoting enablement, increasing choice and control, and supporting carers. These measures are taken from the HSC Core Suite of

integration Indicators with data drawn from the bi- annual Health and Care Experience Survey.

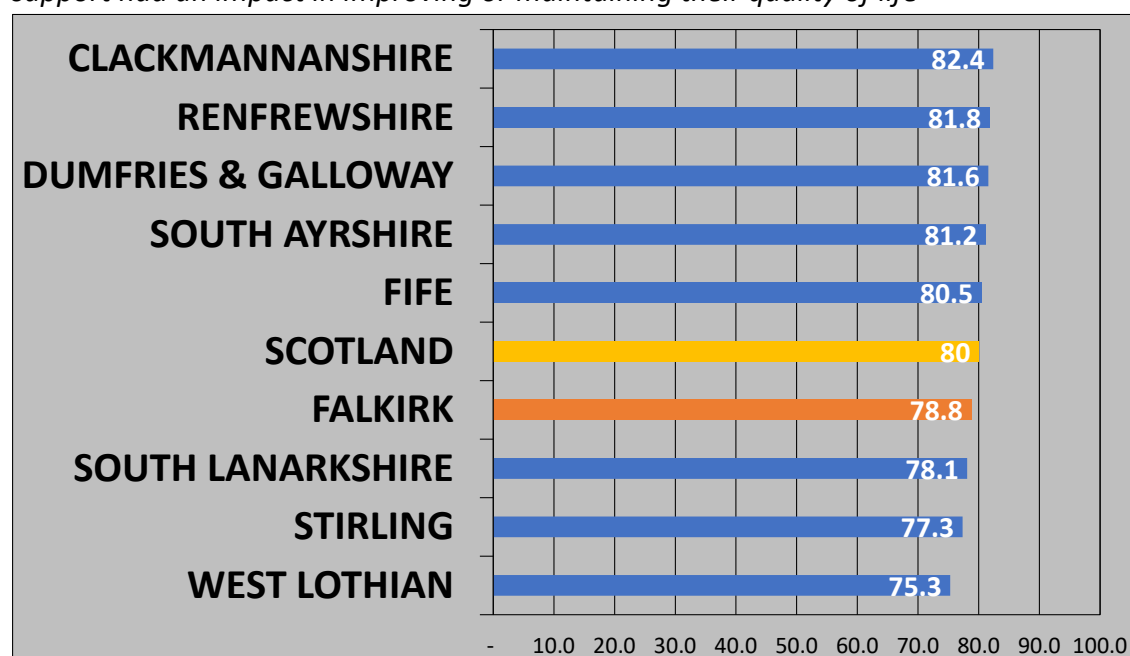
The Health and Care Experience Survey provides a more locally robust sample than is available from the Scottish Household Survey in relation to social care. The experience survey is part of the GP survey and asks about experience of 'care'. The data cannot be related to a specific element of social care and may reflect users experience across a mixture of health care, social care, and district nursing for example.

Across the suite of measures, there have been year on year reductions in satisfaction across each element. The percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life has fallen. Similarly, the percentage of adults supported at home who agree that they are supported to live as independently as possible has also fallen. Finally, both the number of adults supported at home who agree they have had a say in their support and the percentage of carers who feel supported to continue in their role has fallen. For all these elements, satisfaction levels vary considerably across councils.

How does Falkirk compare?

When comparing Falkirk for this indicator, there are four indicators that can be used measure: SW4b, SW4c, SW4d, SW4e. Firstly, figure eight show that the percentage of adults who are supported at home and agree their services had an impact on improving their life is 1.2 percentage points lower in Falkirk, 78.8%, than Scotland, 80%. When compared with the data from 2018/19, there has been a 0.5 percentage point reduction.

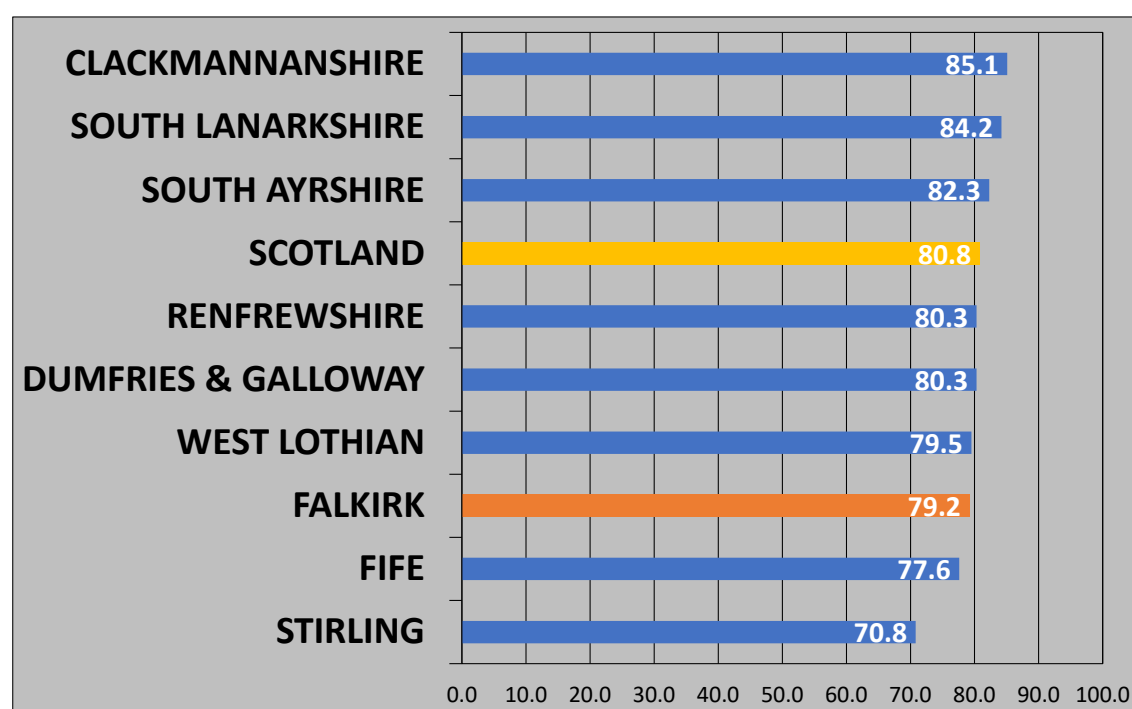
Figure 8: SW4b - Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life



Source: Health and Care Experience Survey

Furthermore, figure nine demonstrates that Falkirk ranks at the lower end of the chart when quantifying the percentage of adults who felt supported to live as independently as possible at home. With Falkirk returning 79.2% compared to the Scottish average of 80.8%, the difference being 1.6 percentage point. Additionally, Falkirk has suffered a 3.3 percentage point reduction from the 2018/19 data.

Figure 9: SW4c - Percentage of adults supported at home who agree that they are supported to live as independently as possible

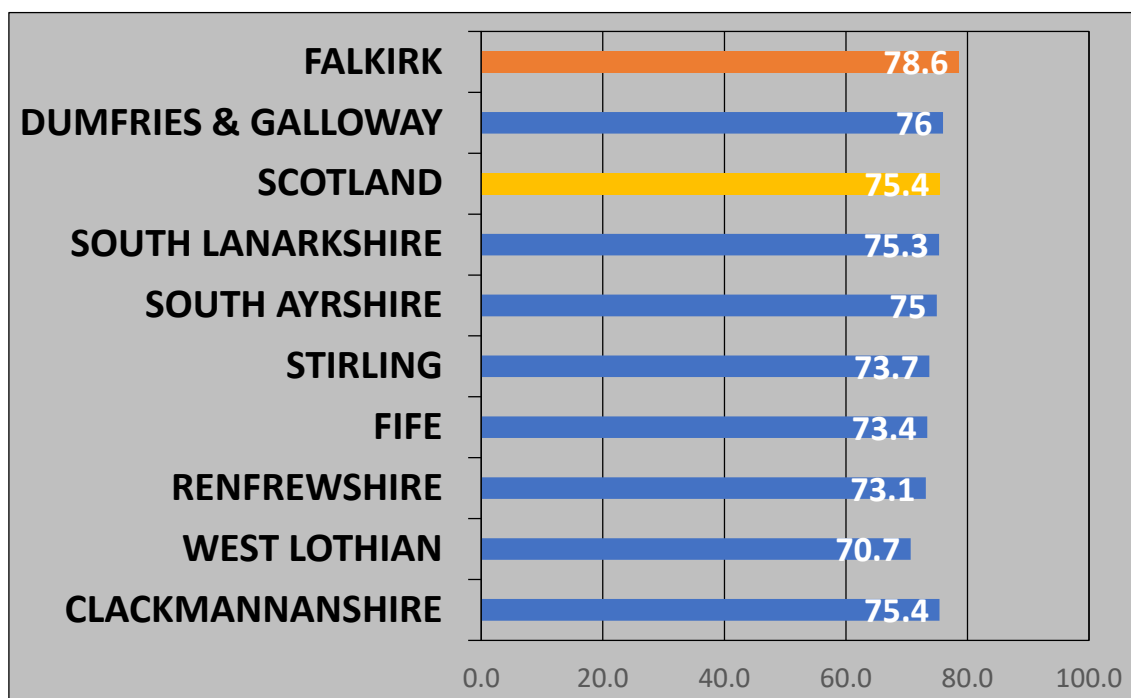


Source: Health and Care Experience Survey

When considering figure ten, the percentage of adults who agree that they have had a say on the care provided in Falkirk is the highest of the LGBF 'family group, with 78.6%. Moreover, this is 3.2 percentage points lower than the national average of 75.4%. Compared to the data from 2018/19, Falkirk has increased their total by 2.6 percentage points.

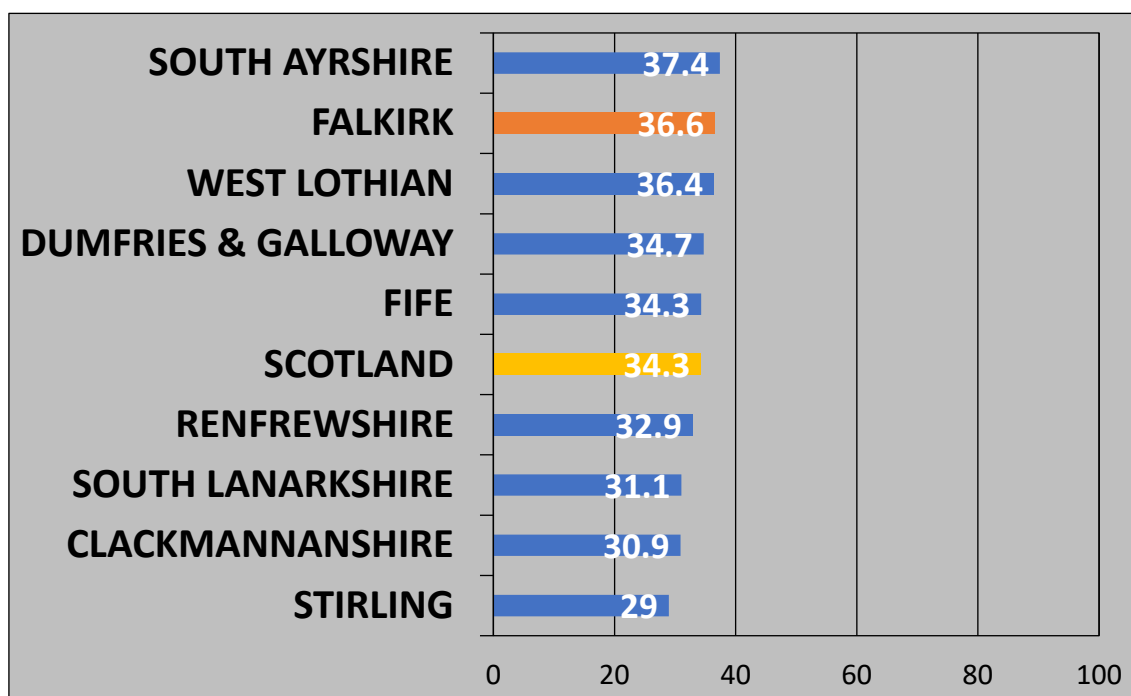
Finally, when analysing figure eleven, the percentage of carers who feel supported to continue in their current role working for Falkirk Council is 31%. With the Scottish figure of 37.4%, Falkirk sits 6.4 percentage points behind the national average. When compared with the data from 2018/19, Falkirk Council has suffered a 6.2 percentage point reduction in carers who feel they are supported to continue in their role.

Figure 10: SW4d - Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided



Source: Health and Care Experience Survey

Figure 11: SW4e - Percentage of carers who feel supported to continue in their caring role



Source: Health and Care Experience Survey