

## **Agenda Item 12**

# **Performance Monitoring Report**



## **Falkirk Integration Joint Board**

**3 September 2021**

**Performance Monitoring Report**

**For Consideration & Comment**

### **1. Executive Summary**

- 1.1 The Performance Monitoring Report June 2020 –June 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 consider and comment on:

- 2.1 the content of the Performance Monitoring Report
- 2.2 the 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 June 2020 – June 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 June 2021 compliance for the Falkirk Partnership highlights a decrease in performance to 79.4% compared with 97.4% in June 2020.

- **Adult Protection Referrals**

There were 71% more of Adult Protection referrals in the first quarter of 2021/22 compared to the same period last year. The Adult Protection Committee monitors and oversees activity.

- **Delayed Discharge**

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

- 35 Standard delays, 16 are delayed over 2 weeks
- 9 guardianship/code 9 exemptions
- 44 total delays.

- **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.

- **Complaints – NHS Forth Valley**  
 In the period April 2021 to June 2021, a total of 7 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 71.4%.
  - **Attendance management - NHS Forth Valley**  
 Overall June 2021 sickness absence position is reported as 6.2% with the 12-month rolling position noted as 5.8%.
  - **Psychological Therapies**  
 In June 2021, 59.0% of patients started treatment within 18 weeks of referral. This is a reduction from 64.9% in May 2021 and 93.7% in June 2020.
  - **Overdue pending Occupational Therapy Assessments**  
 Whilst the figures at the end of Q1 (204) are more challenging than was the case a year ago (150), the numbers have fallen since the position at the end of 2020 (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 indicators with a deteriorating position since the last reporting period, or indicators that require on-going monitoring.

## 5. Conclusions

The Performance Monitoring Report presents a range of information on local indicators for the reporting period June 2020 – June 2021.

### 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.

### 6. Report Authors

Calum MacDonald, Performance & Quality Assurance Manager, Falkirk HSCP

Kerry Mackenzie, Head of Policy & Performance, NHS Forth Valley

Roger Morden, Performance Review Officer, Falkirk Council

### 7. List of Background Papers

n/a

### 8. Appendices

**Appendix 1:** Performance Monitoring Report June 2020 – June 2021

# Performance Monitoring Report

**Reporting Period  
June 2020 – June 2021**

## Contents

<b>1. KEY PERFORMANCE ISSUES.....</b>	<b>2</b>
1.1 Emergency Department (ED) Performance against the 4 hour Access Standard.....	2
1.2 Adult Protection Referrals .....	2
1.3 Delayed Discharge .....	2
1.4 Complaints - Falkirk Council Social Work Adult Services .....	2
1.5 Complaints - NHS Forth Valley .....	2
1.6 Attendance Management - NHS Forth Valley.....	2
1.8 Overdue pending Occupational Therapy (OT) Assessments.....	3
<b>2. PERFORMANCE DASHBOARD.....</b>	<b>4</b>
2.1. Format and Structure .....	4
2.2. Table 1: Self-Management Indicators 24 – 40.....	4
2.3. Table 2: Safety Indicators 42 - 49 .....	6
2.4. Table 3: Experience Indicators 54-68.....	6
2.5. Table 4: Strong Sustainable Communities Indicators 69 - 82 .....	8
<b>3. PERFORMANCE EXCEPTION REPORTS .....</b>	<b>10</b>
3.1. Local Outcome: Self-Management - Unscheduled Care – Emergency Department (ED) Compliance.....	10
3.2. Adult Protection Referrals .....	11
3.3. Local Outcome: Experience – Unscheduled Care - Delayed Discharge .....	11
3.4. Local Outcome: Experience – Complaints to Social Work Adult Services .....	15
3.5. Local Outcome: Experience – Complaints to NHS Forth Valley .....	16
3.6. Local Outcome: Experience – Attendance Management in NHS Forth Valley.....	18
3.7. Local Outcome: Experience – Psychological therapies .....	19
3.8. Local Outcome: Strong Sustainable Communities - Overdue pending Occupational Therapy (OT) Assessments .....	20
<b>Appendix 1 Falkirk Integration Joint Board Strategy Map.....</b>	<b>21</b>
<b>Appendix 2 GLOSSARY .....</b>	<b>24</b>

## 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 June 2021 compliance for the Falkirk Partnership highlights a decrease in performance to 79.4% compared with 97.4% in June 2021.

### 1.2 Adult Protection Referrals

There were 71% more of Adult Protection referrals in the first quarter of 2021/22 compared to the same period last year.

The Adult Protection Committee monitors and oversees activity.

### 1.3 Delayed Discharge

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

- 35 Standard delays, 16 are delayed over 2 weeks
- 9 guardianship/code 9 exemptions
- 44 total delays.

Within the Falkirk Partnership the number of bed days occupied by delayed discharges is noted as 838 at the July 2021 census. As with the Forth Valley position this is a significant increase from the July 2020 census position of 220.

### 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 2021 to June 2021, a total of 7 complaints (excluding complaints transferred/ withdrawn/ consent not received) were received by the Patient Relations Team relating to the Partnership. The overall response rate is noted as 71.4% with 100% of Stage 1 complaints responded to within the timescale and 50% of Stage 2 complaints.

### 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 June 2021 sickness absence position is reported as 6.2% with the 12-month rolling position noted as 5.8%.



### 1.7 Psychological Therapies

In June 2021, 59.0% of patients started treatment within 18 weeks of referral. This is a reduction from 64.9% in May 2021 and 93.7% in June 2020. The number of patients waiting is monitored on a weekly basis with evidence of a reduction in those patients waiting the longest.

### 1.8 Overdue pending Occupational Therapy (OT) Assessments

Whilst the figures at the end of Q1 (204) are more challenging than was the case a year ago (150), the numbers have fallen since the position at the end of 2020 (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	Jun 2020	Jun 2021	Direction of travel	Exception Report
24	Emergency department 4 hour wait Forth Valley	97.1%	81.7%	▼	Page 10
25	Emergency department 4 hour wait Falkirk	97.4%	79.4%	▼	
26	Emergency department attendances per 100,000 Forth Valley Population	1440	1919	▼	-
27	Emergency department attendances per 100,000 Falkirk	1519	1983	▼	-
28	Emergency admission rate per 100,000 Forth Valley population (all ages)	1056	1209	▼	-
29	Emergency admission rate per 100,000 Falkirk population	1071	1206	▼	-



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

Ref	Measure	Jun 2020	Jun 2021	Direction of travel	Report Exception
42	Readmission rate within 28 days per 1000 FV population	1.54	1.58	▼	-
43	Readmission rate within 28 days per 1000 Falkirk population	1.93	1.99	▼	-
Ref	Measure	2020/21 Q1	2021/22 Q1	Direction of travel	Exception Report
45	Number of Adult Protection Referrals (data only)	157	269	-	Page 11
46	Number of Adult Protection Investigations (data only)	34 (18 SW, 16 Police only)	27 (11 SW, 16 Police only)	-	-
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	Jul 2020	Jul 2021	Direction of travel	Exception Report
54	Standard delayed discharges	21	35	▼	Page 11
55	Standard delayed discharges over 2 weeks	5	16	▼	
56	Bed days occupied by delayed discharges	220	838	▼	
57	Number of code 9 delays, including guardianship	13	9	▼	
58	Number of code 100 delays	2	6	▼	
59	Delays - including Code 9 and Guardianship	36	44	▼	
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	2020/ 21 Q1	2021/22 Q1	2021/22 Q1 Stage 1	2021/22 Q1 Stage 2	Direction of travel	Exception Report
64	a. The number of Social Work Adult Services (Stage 1 & 2) complaints completed within 20 days	3/6	15/20	14/18	1/2	-	Page 15
	b. The proportion of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales	50%	75%	78%	50%	▲	
	c. Proportion of Social Work Adult Services complaints upheld	% Upheld		6%	0%	-	-
		% Partially upheld		19%	50%	-	-
		% Not upheld		75%	50%	-	-

Ref	Measure	Apr 2020- Mar 2021	Apr-Jun 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	7	-	Page 16
	b. The percentage of complaints responded to within 20 days (Stage 1 & Stage 2)	75%	71.4%	-	
	c. The number of SPSO cases received	0	0	-	

Ref	Measure	2020/21	2021/22 Q1	Direction of travel	Exception Report
66a	Attendance Management - Social Work Adult Services (Target – 5.5%)	10.1%	11.4%	▼	-
Ref	Measure	June 2020	Jun 2021	Direction of travel	Exception Report
66b	Attendance Management – NHS Forth Valley (Interim target 4.5%)	5.4%	6.2%	▼	Page 18

Ref	Measure	Apr 2018-	Apr 2019- Mar 2020	Direction of travel	Exception Report
-----	---------	--------------	-----------------------	------------------------	---------------------

		Mar 2019			
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	June 2020	June 2021	Direction of travel	Exception Report
69	Access to Psychological Therapies – Percentage of people that commenced treatment within 18 weeks of referral	93.7%	59.0%	▼	Page 19

## 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	1,541	**	-
73	Number of homecare hours for people aged 65+	11,352	11,496		-
74	Rate of homecare hours per 1000 population aged 65+	371.4	375.0		-
75	Number people aged 65+ receiving 10+ hrs of home care	373	417		-
76	a. Number & percentage of Home Care service users aged 65+ receiving personal care	1,650 & 99.4%	1,533 & 99.5%		-
76	b. Number & percentage of Home Care service users aged 18-64 receiving personal care	205 & 100%	206 & 100.0%	-	-

\*\*Please note that the Home Care data in indicators 72 - 76 are derived from the SOURCE dataset submitted to Public Health Scotland, using a snapshot at the end of March. Note the data relates to Care At Home services only and omits here services delivered under housing support.\*\*

Ref	Measure	2020/21 Q1	2021/22 Q1	Direction of travel	Exception Report
77	Number of new Telecare service users 65+	38	36	-	-

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 30 Jun 2020	At 30 Jun 2021	Direction of travel	Exception Report
85	The number of overdue 'OT' pending assessments at end of the period	150	204	▼	Page 20

Ref	Measure	2015/16	2020/21	Direction of travel	Exception Report
86	Proportion of last six months of life spent at home or in a community setting	86%	89.4%	▲	-

### 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. This is a whole system target.

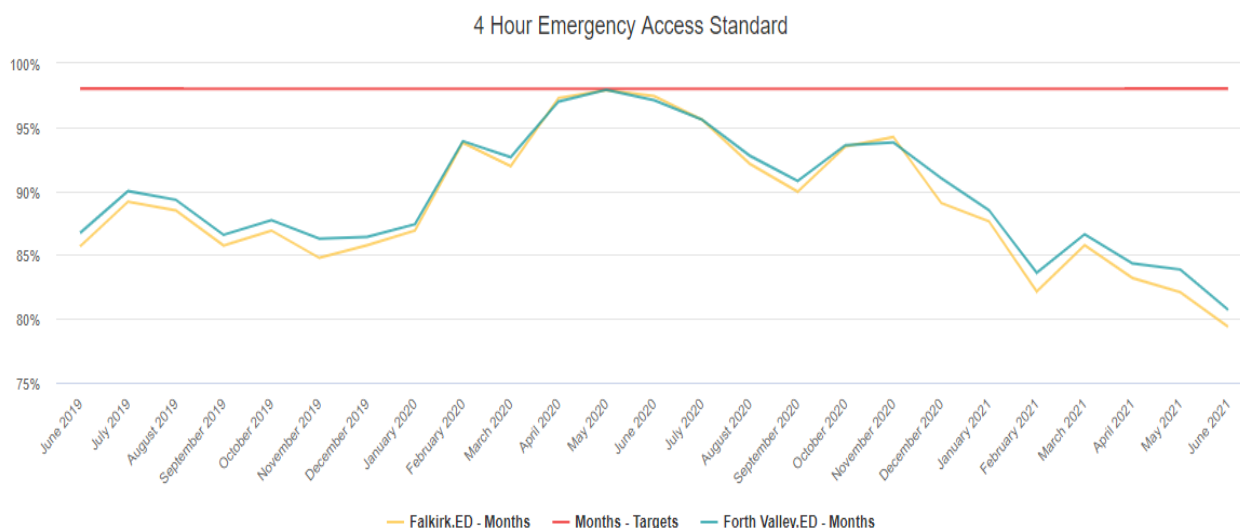
##### Performance

Overall compliance for with the 4 hour target in June 2021 was 81.7%; Minor Injuries Unit 99.8%, Emergency Department 75.8%. In June 2021, a total of 1297 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 58 waits longer than eight hours and 9 waits longer than 12 hours. The main reason for patients waiting beyond 4 hours was 'wait for first assessment' with a cohort of 962 patients. Clinical reasons accounted for 100 patients waiting beyond 4 hours with 'wait for bed' accounting for 67 breaches.

The June 2021 compliance for the Falkirk Partnership highlights a reduction in performance to 79.4% compared with 97.4% in June 2020. There is a fluctuating position in terms of compliance with the 4 hour access target with an increasing number of attendances however there remains a focus on patient safety.

The chart below notes performance from June 2019 – June 2021.

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



A programme of redesign is planned as a key part of NHS Forth Valley's plan to improve the unscheduled care performance across Forth Valley by responding to challenges and emerging issues through a series of three programmes; Access, Optimise and Transfer. The programmes are aligned to key drivers and to an overarching vision of 'Transforming Our Care'. The core objectives are around: Continuing to improve the quality and safety of our patients; Improving performance against the four hour standard; Ensuring our care is patient centred and well-coordinated (working in partnership). The Access programme within



'Transforming our Care', will see the Emergency Department reviewed in its totality including pathways into and out of ED.

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 were 71% more of Adult Protection referrals in the first quarter of 2021/22 compared to the same period last year.

While this has included a noticeable increase in referrals relating to self-harm and neglect, perhaps reflecting the mental health pressures of the persistent circumstances of 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 provides a breakdown of Delayed Discharge performance at the July 2021 census.

**Table 1: Delayed Discharge Breakdown – July 2021**

	Under 2 wks	Over 2 wks	Standard Delays	Guardianship 9/51X	Code 9_Other	TOTAL (Ex code 100)	Code 100	Infection Codes
Falkirk	19	16	35	9	0	<b>44</b>	6	0
Total FV	49	20	69	17	0	<b>86</b>	9	1

The July 2021 census position for Forth Valley delays over 14 days is 20 against a zero standard. A further 49 delays waiting under 2 weeks brings the total number of standard delays to 69. Including 17 code 9 exemptions the total number of delayed discharges at the July 2021 census point is noted as 86.

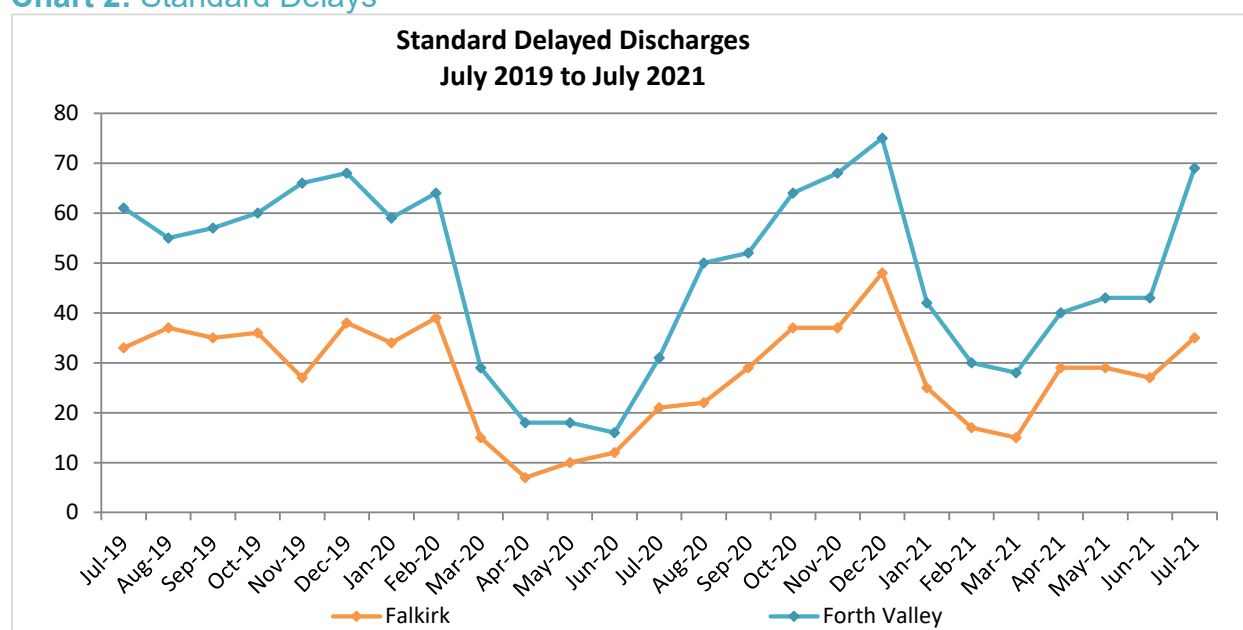
A further 7 delayed discharges are noted from residents living in Local Authority outwith the Forth Valley area.

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

- 35 Standard delays, 16 are delayed over 2 weeks
- 9 guardianship/code 9 exemptions
- 44 total delays

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

**Chart 2: Standard Delays**



In addition, at the July census there were 9 code 100 delays within Forth Valley, 6 for Falkirk Partnership. It should also be noted that there were no Falkirk delays as a result of COVID-19 infection.

Of the 35 Standard Delays in Falkirk:

- 13 awaiting care homes (8 over two weeks; 3 under two weeks)
- 8 awaiting care packages for home (1 over two weeks; 7 under two weeks)
- 10 allocated and assessment commenced (4 over two weeks; 6 under two weeks)
- 2 legal issues delaying discharge (under 2 weeks)
- 2 awaiting move to intermediate care bed (under 2 weeks)

**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	91	747	838
Total FV	235	850	1085

Across Forth Valley, the number of bed days occupied (BDO) by people delayed in their discharge at the July 2021 census was 1085, as noted in table 2 above.

Despite an increase in the number of bed days occupied by delayed discharges there is an improving trend August 2020 to July 2021 compared with August 2019 to July 2020, with a 33% improvement in the average number of occupied bed days. An average of 719 bed days occupied was noted at the monthly census August 2020 to July 2021.

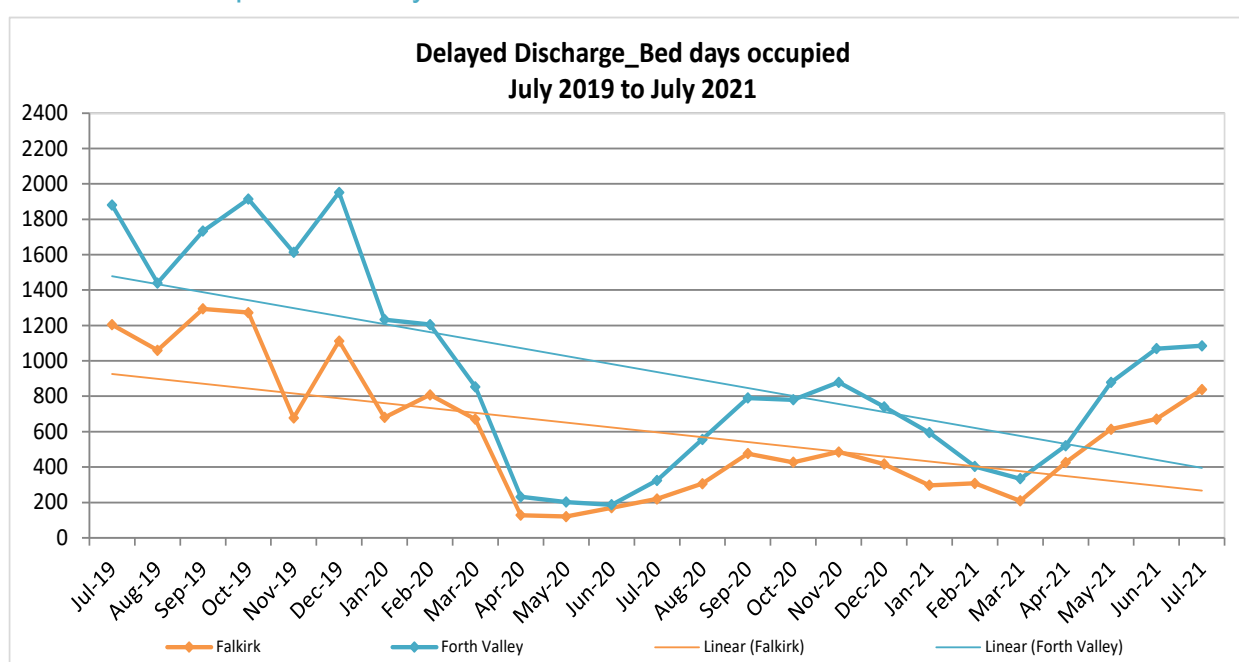
Falkirk Partnership position mirrors that of NHS Forth Valley with an increase in the number of bed days occupied by delayed discharges in July 2021 compared to July 2020. However a decreasing or improving trend is noted August 2020 to July 2021 compared with August 2019 to July 2020, with a 33% improvement highlighted. The average number of occupied bed days at the monthly census April 2020 to March 2021 was 456.

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

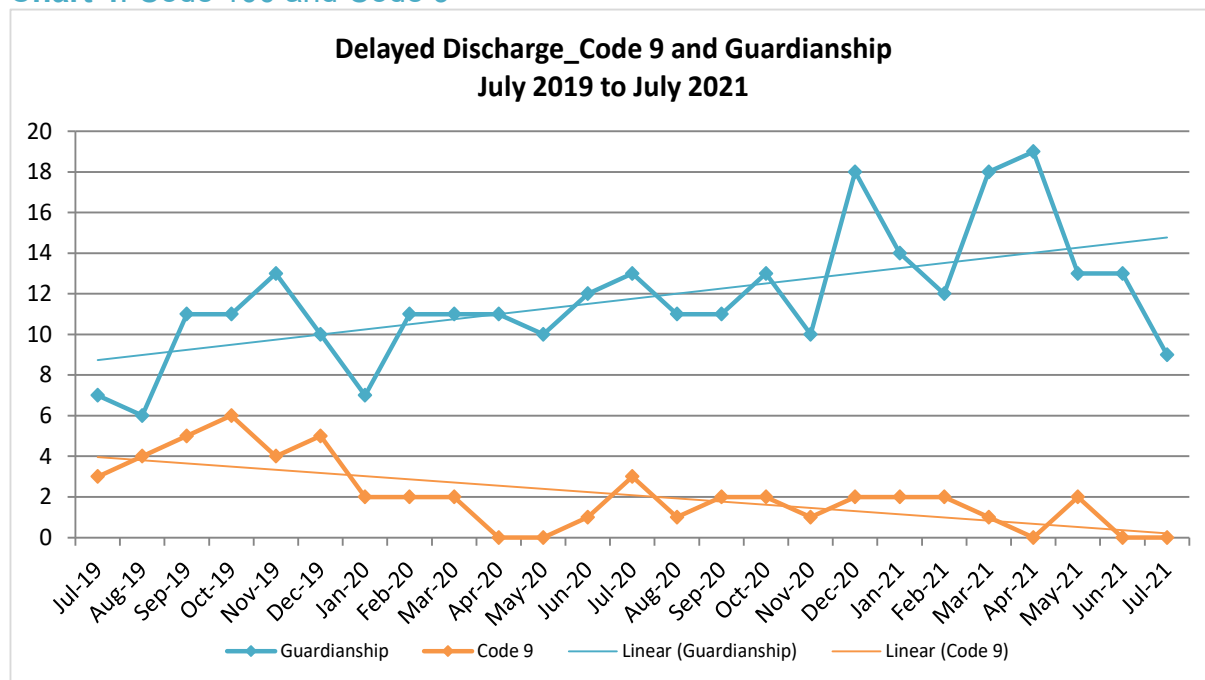
Chart 4 highlights the position in relation to the number of Code 9 and Guardianship patients.

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.

There is currently significant focus on delayed discharges to support flow of patients through Forth Valley Royal Hospital and the Community sites.

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 in the first quarter to 75%, compared to 59% through 2020/21. This was due to Stage 1 performance increasing from 60% to 78%, though Stage 2 fell marginally from 55% to 50%, see Chart 5.

In the first quarter, there were 20 complaints resolved (Stage 1 - 18; Stage 2 - 2) in comparison to 6 (Stage 1 – 4; Stage 2 – 2) in the same period last year. The quarterly average for the previous two years, pre Covid, was 27; since then it has been 15.

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

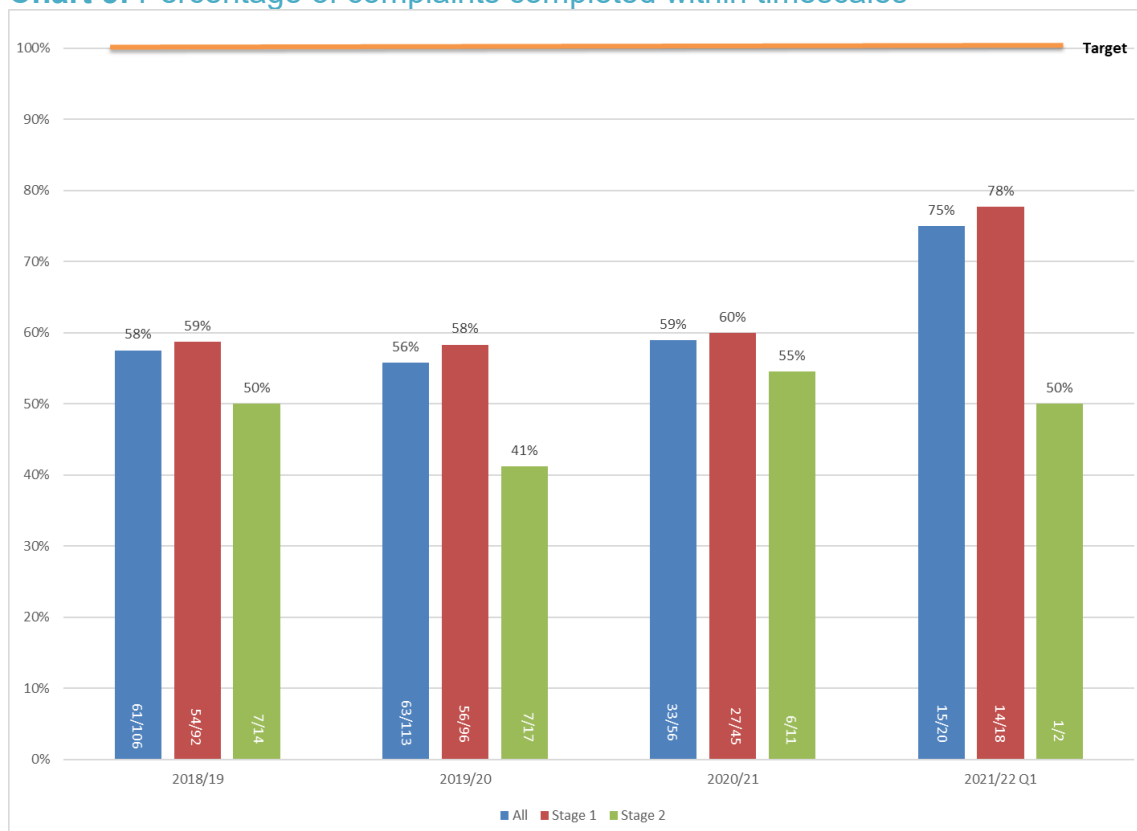
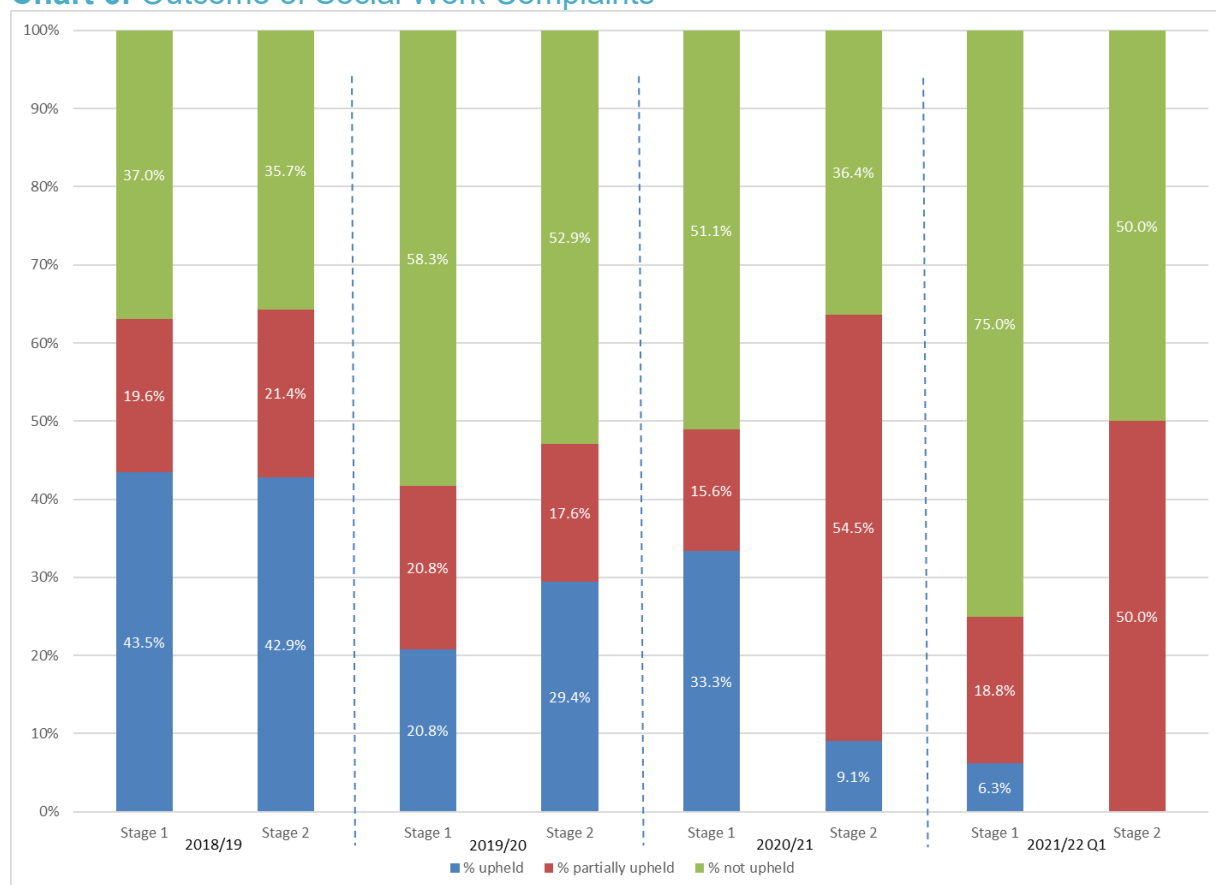


Chart 6 shows the outcomes of the complaints for the last 4 years. Generally, a lower proportion of both Stage 1 & 2 complaints have been upheld, a trend since 2018/19

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



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.

The most common categories of complaints during so far 2021/22 have been staff conduct (55%) - this includes disagreement with assessment outcomes - and respite care (17%).

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

During the reporting period April – June 2021, a total of 7 complaints were received by the Patient Relations Team relating to the delegated functions for the HSCP. This excludes complaints transferred, withdrawn or where consent was not received. The overall response rate for Stage 1 and Stage 2 is 71.4%; Stage 1, 100%; Stage 2, 50%.

- Three complaints were responded to within 5 working days (Stage 1)
- Two complaints were responded to within 20 working days (Stage 2)
- one complaint remains open awaiting a meeting

No complaints were referred to the SPSO for investigation April – June 2021.

It is worth noting that due to the low number of complaints, a single breach of the 20 day target will cause performance to drop significantly.

The main themes are noted as:

- Staff Attitude & Behaviour
- Clinical Treatment
- Staff Communication (Oral)
- Environment

**Table 3: Complaint Type and Category**

Month	Category Type	Category	Department
April	Env/Dom/Patient Property	Lost Property	Ward 1, Bo'ness
	Staff Attitude & Behaviour	Insensitive to Patient Needs	Unit 5, FCH
	Treatment/Clinical	Disagreement with Treatment/Care	District Nursing (Falkirk)
May	Staff Attitude & Behaviour	Insensitive to Patient Needs	Ward 2, Bo'ness
		Staff Attitude	Ward 2, Bo'ness
		Insensitive to Patient Needs	Woodlands Resource Centre
		Insensitive to Patient Needs	Woodlands Resource Centre
	Treatment/Clinical	Disagreement with Treatment/Care	Woodlands Resource Centre
June	Staff/Communication (Oral)	Telephone	Continence Service

In total there are approximately 17 departments listed against the delegated functions. During the period April - June 2021, 6 departments received complaints. The department, complaint type and category are detailed in table 3

### Position

- Table 3 details the category of complaint raised enabling Directorates to focus any key learning required or improvements to be made to the 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

- 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. Local Outcome: 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

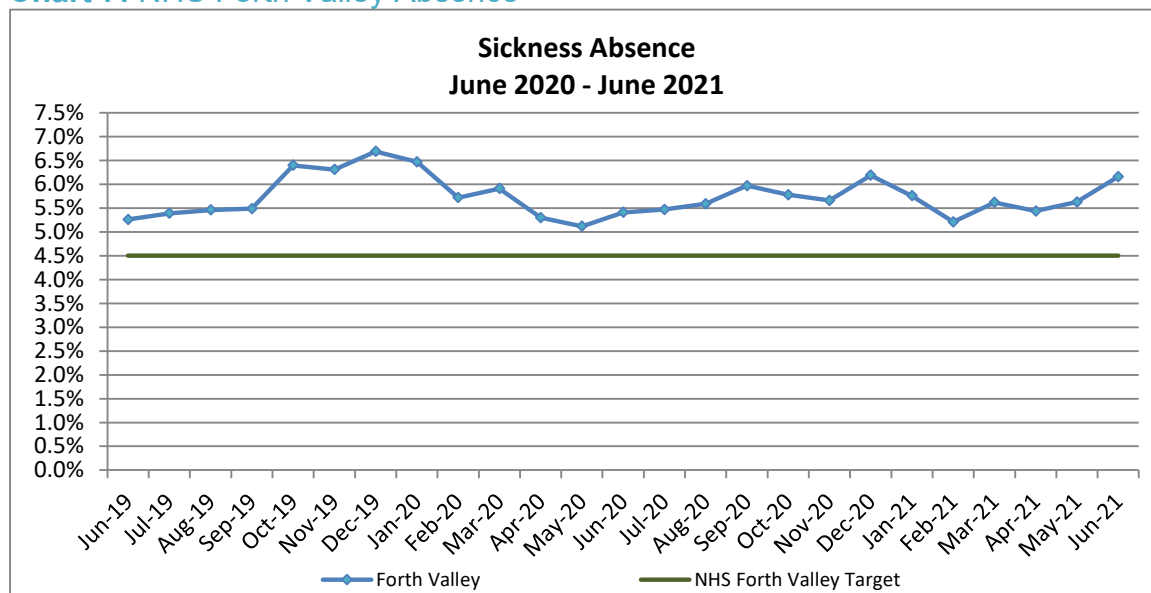
Absence remains above the target at 6.2% in June 2021. This is an increase from 5.6% in May 2021 and 5.4% in June 2020. Coronavirus absences are recorded as Special Leave and are not included within the sickness absences figures.

The 12 month rolling average July 2020 to June 2021 is: NHS Forth Valley 5.8%; Scotland 4.8%.

The absence for Coronavirus reasons is noted as 1.7% in June 2021; a decrease or improvement from 3.2% in June 2020. Total absence for June 2021 is 7.9%, an improvement from a total of 8.6% in June 2020.

Chart 7 highlights the sickness absence position, excluding COVID-19 absence reasons, from June 2019 to June 2021.

**Chart 7: NHS Forth Valley Absence**



#### Position

The management of absence and the improvement of staff wellbeing remain key priorities for NHS Forth Valley. A multidisciplinary improvement programme is ongoing along with the establishment of a partnership working group. 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.



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. Current focus has been on staff and rest facilities; maintaining hydration; provision of support 'in the moment'; reviewing Staff Support and Wellbeing website; communications to the organisation to encourage uptake of local and National helps; coaching; employment of a psychologist; and provision of training for teams in Compassion Focussed Resilience.

Issues in relation to workforce are examined and discussed at the quarterly NHS Forth valley Staff Governance Committee.

### **3.7. Local Outcome: Experience – Psychological therapies**

#### **Target**

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

#### **Position**

In June 2021, 59.0% of patients started treatment within 18 weeks of referral. This is a reduction from 64.9% in May 2021 and 93.7% in June 2020. The number of patients waiting is monitored on a weekly basis with evidence of a reduction in those patients waiting the longest. The prioritisation of patients who have experienced long waits adversely impacts on performance against the 90% 18-week referral to treatment standard.

The published data for the quarter ending March 2021 is that 51.5% of patients started Psychological Therapies treatment within 18 weeks of referral.

Wherever possible clinical work is carried out remotely, using either Near Me or the telephone. However, where it is either clinically required, or where a patient does not have access to either appropriate technology or a confidential space, face to face appointments are offered if required.

Actions in place to begin to address the lengthy waits faced by some patients with work completed in some areas.

The service has:

- Completed a waiting list validation exercise
- Participated in a national pilot of additional online treatment packages for anxiety and perinatal populations
- Redeveloped the public facing NHS Forth Valley website Mental Health pages, including access to online wellbeing modules
- Extended the rapid access support to Primary Care patients for 12 months to allow evaluation

In addition, there are several other actions aimed at reducing waiting times currently in local development including engagement with the Scottish Government's Enhanced Support Programme.

The first phase of funding has been released as part of the Recovery and Renewal Fund to support the implementation of Scotland's Mental Health Transition and Recovery Plan. The stated purpose of the resource is to support the reduction of waiting list backlogs and it is therefore essential that a significant amount of resource is used to directly increase clinical capacity. Recruitment to psychology posts however is challenging due to the limited available workforce and is likely to become even more so with this significant national investment in psychological therapies. The Scottish Government Psychological Therapies Enhanced Support Team has indicated that a proportion of the resource should be used for non-clinical support in terms of e.g., ensuring access to appropriate data.

### **3.8. 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 1 has increased to 204 compared with 150 a year ago, the position has improved for the second consecutive quarter since the 230 reported at the end of 2020.

## 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.