

Agenda Item 9

Performance Monitoring Report



Falkirk Integration Joint Board

18 March 2022

Performance Monitoring Report

For Consideration & Comment

1. Executive Summary

- 1.1 The Performance Monitoring Report December 2020 –December 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 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 2022. This has been based on the IJB programme of meetings.
- 4.2 This timetable can be amended dependant on feedback from the Board and any emerging issues over the year. This will include the publication of national reports such as the Local Government Benchmarking Framework adult social care indicators when these are available.

IJB Meeting 2022	Performance Monitoring Report Content
18 March 2022	Local indicators to Q3 (Dec 21)
10 June 2022	Local indicators to Q4 (Mar 22)
2 September 2022	Local indicators to Q1 (Jun 22), Annual Performance National Indicators
18 November 2022	Local indicators to Q2 (Sep 22)

- 4.3 The content of the Performance Monitoring report covers the reporting period December 2020 – December 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 December 2021 compliance for the Falkirk Partnership highlights a decrease in performance to 61.9% compared with 89.2% in December 2020.

- **Adult Protection Referrals**

There were 48% more of Adult Protection referrals in the first three quarters of 2021/22 compared to the same period in the previous year.

The Adult Protection Committee monitors and oversees activity. The recent outcome of the Joint Inspection of Adult Support and Protection is reported in the Chief Officer report on this agenda.

- **Delayed Discharge**

The Falkirk partnership breakdown at the January 2022 census is noted as:

- 29 Standard delays, 11 are delayed over 2 weeks
- 22 guardianship/code 9 exemptions
- 51 total delays.

- **Complaints – Falkirk Council Social Work Adult Services**

In the first three quarters of 2021/22, 51 complaints were completed with 39 (76%) of them completed within timescales. This compares to 46 complaints completed and 27 (59%) completed within timescales in the equivalent period in the year before.

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 December 2021, a total of 16 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 – Social Work Adult Services**

The overall sickness absence figure for 2021/22 to the end of Q3 was 12.1%. For the same period last year sickness absence was 9.5%.

- **Attendance management - NHS Forth Valley**

The overall December 2021 sickness absence position is reported as 6.8% with the 12-month rolling position noted as 6.1%.

- **Psychological Therapies**

In December 2021, 67.8% of patients started treatment within 18 weeks of referral. This is an improvement from the previous month and better than the performance in December 2020 of 57.4%.

- **Overdue pending Occupational Therapy Assessments**

The number of overdue OT pending assessments increased by 3.5% from 280 at the end of September 2021 to 290 at the end of December 2021.

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. Conclusions

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



Performance Monitoring Report

**Reporting Period
December 2020 – December 2021**

Contents

1. KEY PERFORMANCE ISSUES.....	2
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 – Social Work Adult Services.....	2
1.7 Attendance Management - NHS Forth Valley.....	3
1.9 Overdue pending Occupational Therapy (OT) Assessments.....	3
2. PERFORMANCE DASHBOARD	4
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
3. PERFORMANCE EXCEPTION REPORTS	10
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	12
3.4. Local Outcome: Experience – Complaints to Social Work Adult Services	15
3.5. Local Outcome: Experience – Complaints to NHS Forth Valley	18
3.6. Local Outcome: Experience – Attendance Management in Social Work Adult Services..	20
3.7. Local Outcome: Experience – Attendance Management in NHS Forth Valley.....	22
3.8. Local Outcome: Experience – Psychological therapies	23
3.9. Local Outcome: Strong Sustainable Communities - Overdue pending Occupational Therapy (OT) Assessments	24
Appendix 1 Falkirk Integration Joint Board Strategy Map	27
Appendix 2 GLOSSARY	30

1. KEY PERFORMANCE ISSUES

1.1 Emergency Department (ED) Performance against the 4 hour Access Standard

95% of patients should wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment.

The December 2021 compliance for the Falkirk Partnership highlights a decrease in performance to 61.9% compared with 89.2% in December 2020.

1.2 Adult Protection Referrals

There were 48% more of Adult Protection referrals in the first three quarters of 2021/22 compared to the same period in the previous year.

The Adult Protection Committee monitors and oversees activity.

1.3 Delayed Discharge

The Falkirk partnership breakdown at the January 2022 census is noted as:

- 29 Standard delays, 11 are delayed over 2 weeks
- 22 guardianship/code 9 exemptions
- 51 total delays.

Within the Falkirk Partnership the number of bed days occupied by delayed discharges is noted as 601 at the January 2022 census. As with the Forth Valley position this is a significant increase from the January 2021 census position of 297.

1.4 Complaints - Falkirk Council Social Work Adult Services

In the first three quarters of 2021/22, 51 complaints were completed with 39 (76%) of them completed within timescales. This compares to 46 complaints completed and 27 (59%) completed within timescales in the equivalent period in the year before.

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 December 2021, a total of 16 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 75% with 100% of Stage 1 complaints responded to within the timescale and 63.6% of Stage 2 complaints.

1.6 Attendance Management – Social Work Adult Services

The overall sickness absence figure for 2021/22 to the end of Q3 was 12.1%. For the same period last year sickness absence was 9.5%.

1.7 Attendance Management - NHS Forth Valley

The target is to reduce sickness absence to 4% or less however an interim or milestone target of 4.5% has been agreed. The overall December 2021 sickness absence position is reported as 6.8% with the 12-month rolling position noted as 6.1%.

1.8 Psychological Therapies

In December 2021, 67.8% of patients started treatment within 18 weeks of referral. This is an improvement from the previous month and better than the performance in December 2020 of 57.4%. The remobilisation plan trajectory of 60% by December 2021 was met. Patients who have experienced the longest waits are being prioritised however this can adversely impact achievement of the 18 week Referral to Treatment standard.

1.9 Overdue pending Occupational Therapy (OT) Assessments

The number of overdue OT pending assessments increased by 3.5% from 280 at the end of September 2021 to 290 at the end of December 2021. Of these 290 cases, 232 (80%) were priority 2 and the remainder - 58 (20%) - were priority 3. The service has consistently been able to respond to priority one assessment and there has been no waiting list for these.

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	Dec 2020	Dec 2021	Direction of travel	Exception Report
24	Emergency department 4 hour wait Forth Valley	91.5%	68.4%	▼	Page 10
25	Emergency department 4 hour wait Falkirk	89.2%	61.9%	▼	
26	Emergency department attendances per 100,000 Forth Valley Population	1275	1593	▼	-
27	Emergency department attendances per 100,000 Falkirk	1278	1711	▼	-
28	Emergency admission rate per 100,000 Forth Valley population (all ages)	1098	1123	▼	-
29	Emergency admission rate per 100,000 Falkirk population	1072	1165	▼	-

Ref	Measure	Aug 2020	Aug 2021	Direction of travel	Exception Report
30	Acute emergency bed days per 1000 Forth Valley population	635	631	▲	-
31	Acute emergency bed days per 1000 Falkirk population	669	647	▲	-

Ref	Measure	Feb 2021	Dec 2021	Direction of travel	Exception Report
32	Number of patients with an Anticipatory Care Plan in Forth Valley	55,727	56,335	▲	-
33	Number of patients with an Anticipatory Care Plan in Falkirk	28,593	29,050	▲	-
34	Key Information Summary as a percentage of the Board area list size Forth Valley	18.2%	18.4%	▲	-
35	Key Information Summary as a percentage of the Board area list size Falkirk Acute emergency bed	17.8%	18.1%	▲	-

Ref	Measure	2019/20	202/21	Direction of travel	Exception Report
Self Directed Support (SDS) options selected: People choosing					
37	SDS Option 1: Direct payments (data only)	27 (0.6%)	29 (0.7%)	-	-
38	SDS Option 2: Directing the available resource (data only)	101 (2.2%)	17 (0.4%)	-	-
39	SDS Option 3: Local Authority arranged (data only)	4,009 (88.8%)	4,128 (92.7%)	-	-
40	SDS Option 4: Mix of options (data only)	376 (8.3%)	279 (6.3%)	-	-

Total service option choices - Option 1 – 61 (1.4% of people choosing)
- Option 2 – 268 (6.0%)
- Option 3 – 4,406 (98.9%)

Note: The significant fall in Option 2 is attributed to a reduction of respite care provided during this Covid affected period. These service users often receive no other service and, where they do, are frequently receivers of LA arranged Home Care (Option 3), leading to reduction in multiple option choices (Option 4) and increase in single choice of Option 3.

2.3. Table 2: Safety Indicators 42 - 49

Ref	Measure	Dec 2020	Dec 2021	Direction of travel	Report Exception
42	Readmission rate within 28 days per 1000 FV population	1.82	1.43	▲	-
43	Readmission rate within 28 days per 1000 Falkirk population	2.09	1.88	▲	-
Ref	Measure	2020/21 to Q3	2021/22 to Q3	Direction of travel	Exception Report
45	Number of Adult Protection Referrals (data only)	561	833	-	P11
46	Number of Adult Protection Investigations (data only)	120 (58 SW, 62 Police only)	52 (29 SW, 23 Police only)	-	-
	<i>% of protection referrals that result in an investigation</i>	11%	4%	-	-
47	Number of Adult Protection Support Plans at end of period (data only)	19 (at 31/12/20)	20 (at 30/12/21)	-	-

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	2020/21 H1	2021/22 H1	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	Jan 2021	Jan 2022	Direction of travel	Exception Report
54	Standard delayed discharges	25	29	▼	Page 12
55	Standard delayed discharges over 2 weeks	8	11	▼	
56	Bed days occupied by delayed discharges	297	601	▼	
57	Number of code 9 delays, including guardianship	16	22	▼	
58	Number of code 100 delays	3	5	▼	
59	Delays - including Code 9 and Guardianship	41	51	▼	

Ref	Measure	2020/21 H1	2021/22 H1	Direction of travel	Exception Report
60	Percentage of service users satisfied with their involvement in the design of their care package	98%	98%	◀▶	-
61	Percentage of service users satisfied with opportunities for social interaction	89%	92%	▲	-
62	Percentage of carers satisfied with their involvement in the design of care package	93%	91%	▼	-
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	92%	92%	◀▶	-

Ref	Measure	2020/21 to Q3	2021/22 to Q3	2021/22 to Q3 Stage 1	2021/22 to Q3 Stage 2	Direction of travel	Exception Report
64	a. The number of Social Work Adult Services (Stage 1 & 2) complaints completed within 20 days	27/46	39/51	36/46	3/5	-	P15
	b. The proportion of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales	59%	76%	78%	60%	▲	
	c. Proportion of Social Work Adult Services complaints upheld	% Upheld		24%	20%	-	-
		% Partially upheld		18%	20%	-	-
		% Not upheld		42%	60%	-	-
		% Resolved		16%	0%		

Ref	Measure	Apr 2020-Mar 2021	Apr-Dec 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	16	-	P18
	b. The percentage of complaints responded to within 20 days (Stage 1 & Stage 2)	75%	75%	-	
	c. The number of SPSO cases received	0	2	-	

Ref	Measure	2020/21 to Q3	2021/22 To Q3	Direction of travel	Exception Report
66a	Attendance Management - Social Work Adult Services (Target – 5.5%)	9.5%	12.1%	▼	P20

Ref	Measure	Dec 2020	Dec 2021	Direction of travel	Exception Report
66b	Attendance Management – NHS Forth Valley (Interim target 4.5%)	6.2%	6.8%	▼	P22

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 (most up to date published position)	9158	9030	▼	-

Ref	Measure	Jul 2020-Sep 2020	Jul 2021-Sep 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 (most up to date published position)	99.3%	95.9%	▼	-
68b	Substance Use - Percentage of patients that commence treatment within 3 weeks of referral – Forth Valley Prisons - 90% target (most up to date published position)	100%	100%	◀▶	-

Ref	Measure	Dec 2020	Dec 2021	Direction of travel	Exception Report
69	Access to Psychological Therapies – Percentage of people that commenced treatment within 18 weeks of referral	57.4%	67.8%	▲	P23

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	1,536	**	-
73	Number of homecare hours for people aged 65+	11,352	11,673		-
74	Rate of homecare hours per 1000 population aged 65+	371.4	380.8		-
75	Number people aged 65+ receiving 10+ hrs of home care	373	420		-
76	a. Number & percentage of Home Care service users aged 65+ receiving personal care	1,650 & 99.4%	1,514 & 98.6%		-
76	b. Number & percentage of Home Care service users aged 18-64 receiving personal care	205 & 100%	208 & 99.0%	-	-

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 to Q3	2021/22 to Q3	Direction of travel	Exception Report
77	Number of new Telecare service users 65+	136	124	-	-

Ref	Measure	2020/21 H1	2021/22 H1	Direction of travel	Exception Report
83	The number of people who had a community care assessment or review completed	5,384 people (7,170 assessments 3,314 reviews)	5,929 people (7,212 assessments 2,959 reviews)		

Ref	Measure	2020/21 to Q3	2021/22 to Q3	Direction of travel	Exception Report
84	Number of Adult Carer Support Plans that have been completed by the Carers Centre	103	301	▲	-

Ref	Measure	At 31 Dec 2020	At 31 Dec 2021	Direction of travel	Exception Report
85	The number of overdue 'OT' pending assessments at end of the period	230	290	▼	P25

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

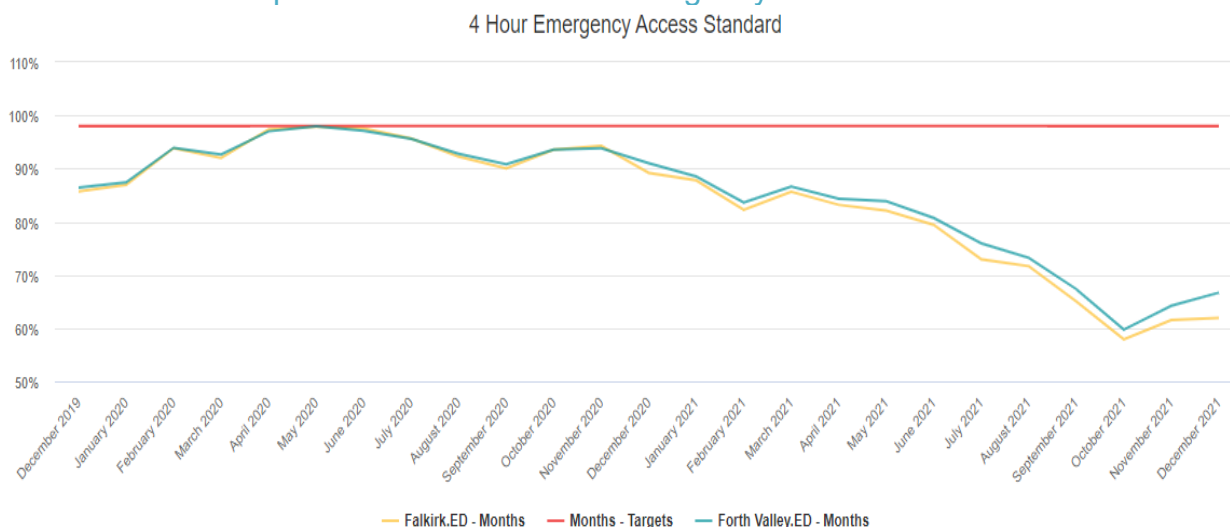
Overall compliance for with the 4 hour target in December 2021 was 68.4%; Minor Injuries Unit 99.3%, Emergency Department 58.3%. In December 2021, a total of 1900 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 293 waits longer than eight hours and 43 waits longer than 12 hours. This is a significant reduction from the November position of 482 and 92 respectively. The main reason for patients waiting beyond 4 hours remains wait for first assessment with a cohort of 1282 patients. Note that this is as a result of issues in relation to flow and system pressures. Wait for a Bed accounted for 271 patients waiting beyond 4 hours with Clinical Reasons accounting for 145 breaches.

The December 2021 compliance for the Falkirk Partnership highlights a reduction in performance to 61.9% compared with 89.2% in December 2020.

The position within ED continues to be challenging with variation in performance. A number of factors continue to impact on flow through ED including bed occupancy, length of stay, delayed discharges, and time of discharge. Daily meetings continue to review any urgent actions required to improve the system capacity and flow. The focus on patient and staff safety continues.

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

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



A programme of redesign is being undertaken as part of NHS Forth Valley's plan to improve the unscheduled care performance through a series of three programmes; Access, Optimise Flow and Transfer. The programmes are aligned to key drivers and to an overarching vision of 'Transforming Our Care'. The Access programme will see the Emergency Department reviewed in its totality including pathways into and out of ED. Key 30, 60, 90 day actions are in place to support transformation.

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 48% more of Adult Protection referrals in the first three quarters of 2021/22 compared to the same period in 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 the persistent circumstances of the Covid pandemic, there is a broader increase in referrals which continues a trend that began before the pandemic.

However, overall investigation activity is 57% less, including police only investigations. It is also the case that a lower percentage of referrals have led to investigations involving Council Officers, 11% in the first three quarters of 2021/22, 4% in the same period this year.

Following receipt of referral the council is required to initiate an inquiry as they will have grounds for believing that the person referred may be an adult at risk of harm. If initial inquiries do not provide sufficient information to determine whether or not the adult is at risk, then further steps should be taken to allow for such a determination to be made. If this involves a visit and direct contact with the adult for interview or medical examination, or for the examination of records then the inquiry will progress to the investigation stage, and the Act requires that a council officer must be involved.

In summary an adult protection investigation will contain any or all of the following elements, all of which require the involvement of a council officer:

- a visit
- an interview with the adult
- a medical examination of the adult
- the examination of records.

We have recognised areas for improvement for recording these interventions as an investigation to support our workforce to make a clear distinction between initial inquiry and investigation processes. Difficulties with this distinction are recognised nationally and the refresh to the ASP Codes of Practice aims to provide improved guidance in this area.

We have experienced an increase in self-harm and self-neglect referrals during our last reporting year. Again we need to support our workforce with recognising their interventions with an adult where the category of harm is 'self' as an investigation. Investigations may be more certain or understood if there is a third party perpetrating harm.

Where inquiries do not proceed to investigation after initial referral discussions with Health and Police, it is rare that no further actions are taken by Social Work Adult Services community care teams. An adult protection closure is completed however ongoing support through care management process are taken to reduce the likelihood of harm occurring in the future. This is evidenced in our adult support and protection outcomes; adults are more likely to be better able to protect themselves or confide any future concerns if they have a strengthened support network and trusted relationships in their community.

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 January 2022 census.

Table 1: Delayed Discharge Breakdown – December 2021

	Under 2 wks	Over 2 wks	Standard Delays	Guardianship 9/51X	Code 9_Other	TOTAL (Ex code 100)	Code 100	Infection Codes
Falkirk	18	11	29	20	2	51	5	2
Total FV	30	24	54	27	2	83	8	4

The January 2022 census position for Forth Valley delays over 14 days is 30 against a zero standard. A further 24 delays waiting under 2 weeks brings the total

number of standard delays to 54. Including 29 code 9 exemptions the total number of delayed discharges at the January 2022 census point is noted as 83.

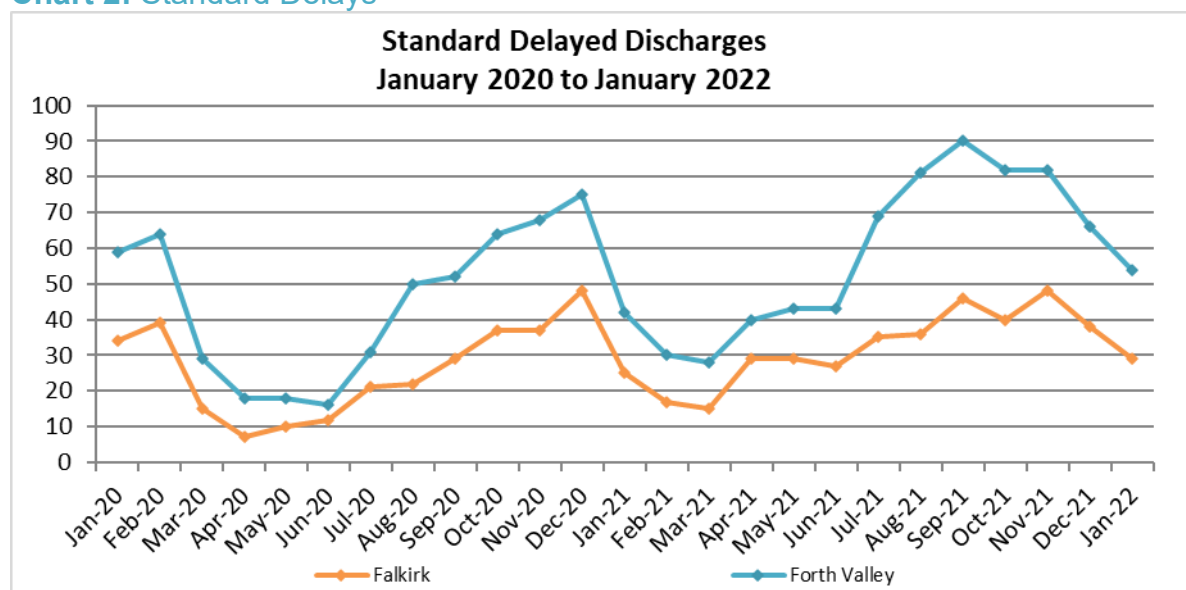
A further 5 delayed discharges are noted from residents living in Local Authority outwith the Forth Valley area.

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

- 29 Standard delays, 11 are delayed over 2 weeks
- 22 guardianship/code 9 exemptions
- 51 total delays

Standard delays January 2020 to January 2022 are detailed in chart 2 below.

Chart 2: Standard Delays



In addition, at the January census there were 8 code 100 delays within Forth Valley, 5 for Falkirk Partnership.

Of the 29 Standard Delays in Falkirk:

- 8 awaiting move to care homes (4 patients are over two weeks and 4 under two weeks)
- 9 awaiting care packages for home (1 patient over two weeks and 8 under two weeks)
- 8 allocated and assessment commenced (4 patients over two weeks and 4 under two weeks)
- 2 awaiting allocation and assessment (2 under two weeks)
- 2 awaiting AWI case conferences - Legal reasons (2 under two 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	101	500	601
Total FV	176	1752	1928

Across Forth Valley, the number of bed days occupied (BDO) by people delayed in their discharge at the January 2022 census was 1928, as noted in table 2 above. This is an increase from the January 2021 position of 594. An average of 1333 bed days occupied was noted at the monthly census February 2021 to January 2022. Of note is that a further 402 bed days were occupied by people delayed in their discharge from outwith Forth Valley.

Falkirk Partnership position mirrors that of NHS Forth Valley. There was an increase in the number of bed days occupied by delayed discharges from 297 in January 2021 compared to 601 in January 2022. The average number of occupied bed days at the monthly census February 2021 to January 2022 was 688.

There remains month on month variability in the number of bed days occupied by people delayed in their discharge with the position January 2020 to January 2022 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

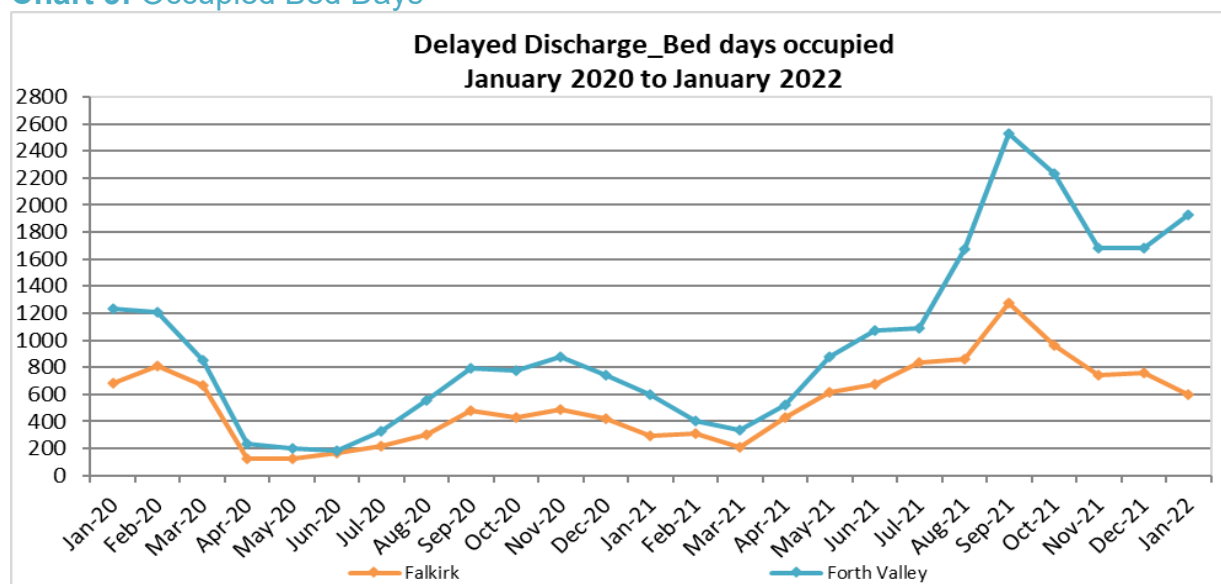
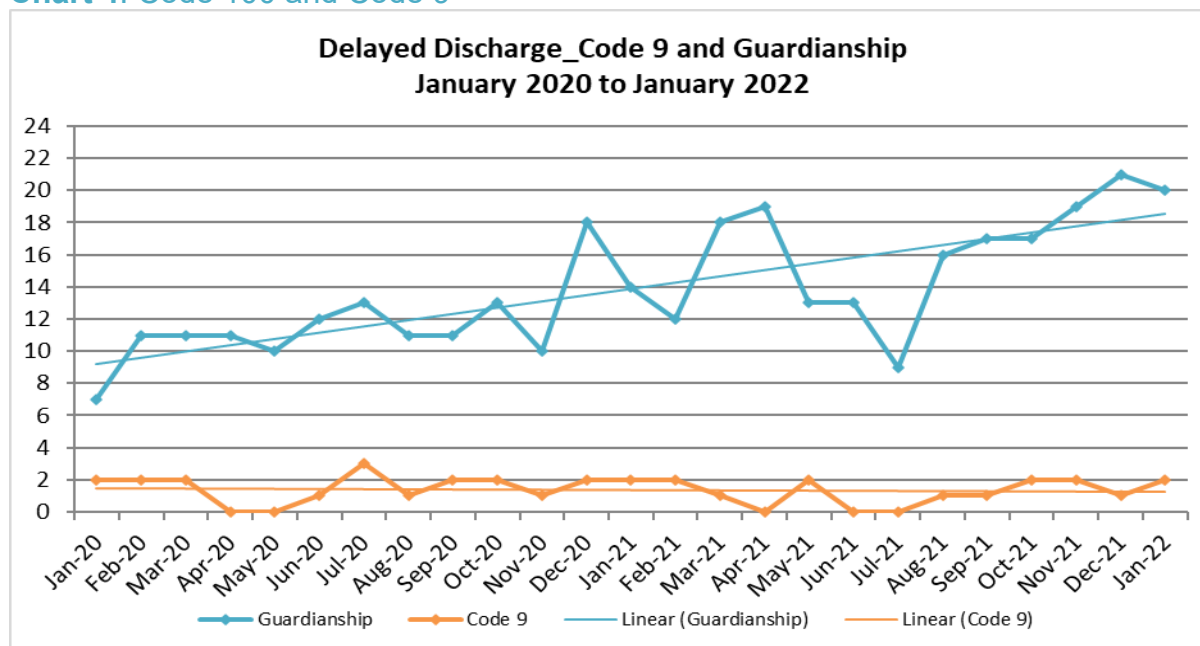


Chart 4: Code 100 and Code 9



Position

As a result of the ongoing pandemic there continues to be significant focus on the delayed discharge position with care in the community, community intermediate care and community hospital facilities a high priority. Work to support and develop these activities is on-going through the Falkirk HSCP remobilisation plan.

Significant focus remains on the delayed discharge position to support flow of patients through Forth Valley Royal Hospital and the Community sites. Work is continuing in partnership to ensure appropriate care and to support timely discharge with care in the community, community intermediate care and community hospital facilities a high priority.

A number of actions are in place include enabling the right short term support at home through responsive community care and support, coordination of community support with less duplication and a more efficient support model, Care home multi agency working, interim placements to care homes, third sector link worker based on the acute site and review of Winter Plan template 2021/22, with implementation of agreed actions. A number of further supporting actions are being developed.

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

Purpose

Monitoring and managing complaints are 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 significantly in the first three quarters of 2021/22 to 76%, up from 56% throughout 2020/21. This was due to the Stage 1 performance increasing from 56% across 2020/21 to 78% in the first three quarters of 2021/2022. Similarly, the Stage 2 complaints

completed within the timescale increased from 58% in 2020/21 to 60% by the end of the third quarter of 2021/2022.

Between April and December, there were 51 complaints completed (Stage 1 – 46; Stage 2 – 5). This is in comparison to 46 (Stage 1 – 37; Stage 2 – 9) for the same period last year.

Chart 5: Percentage of complaints completed within timescales

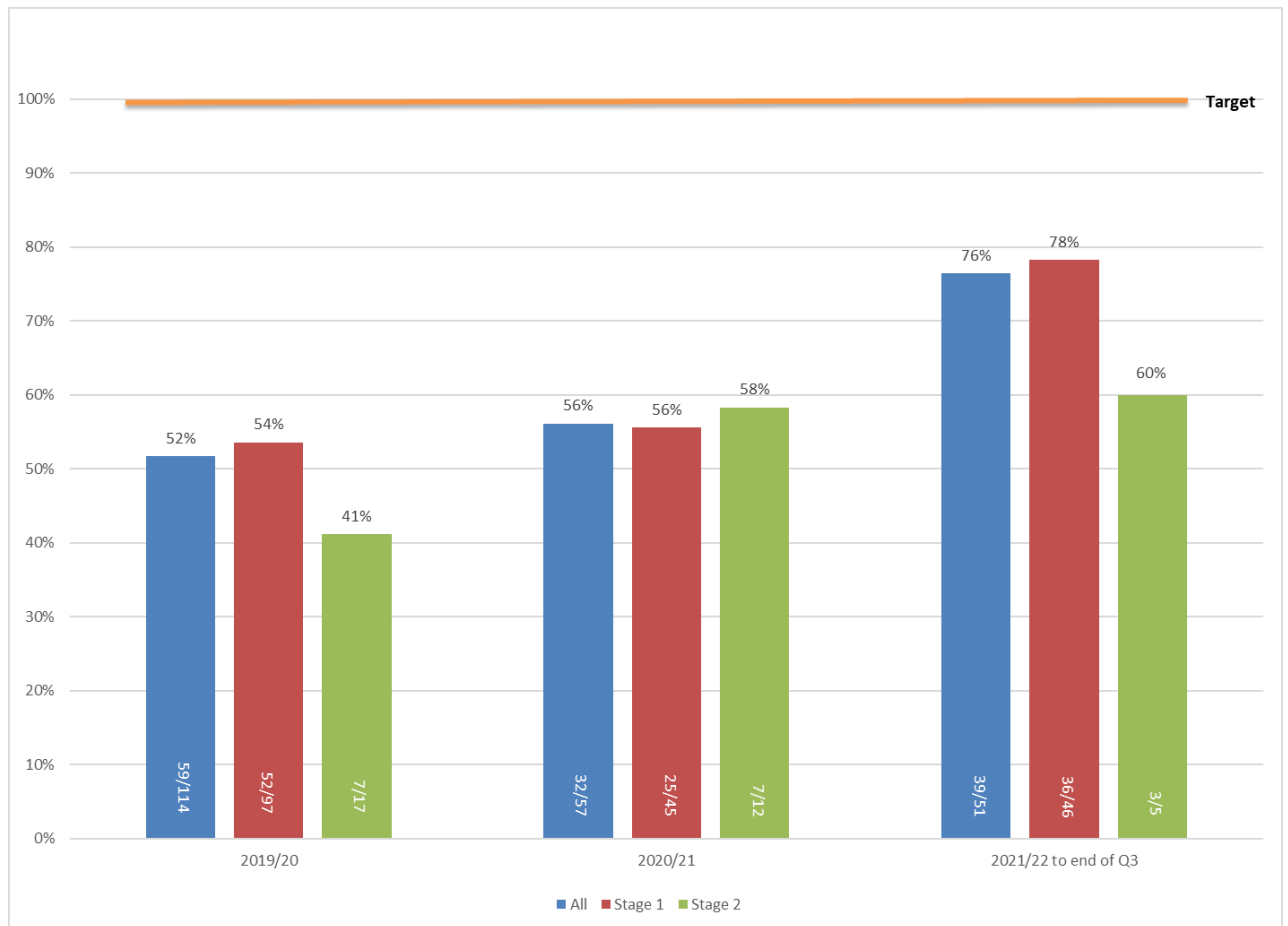
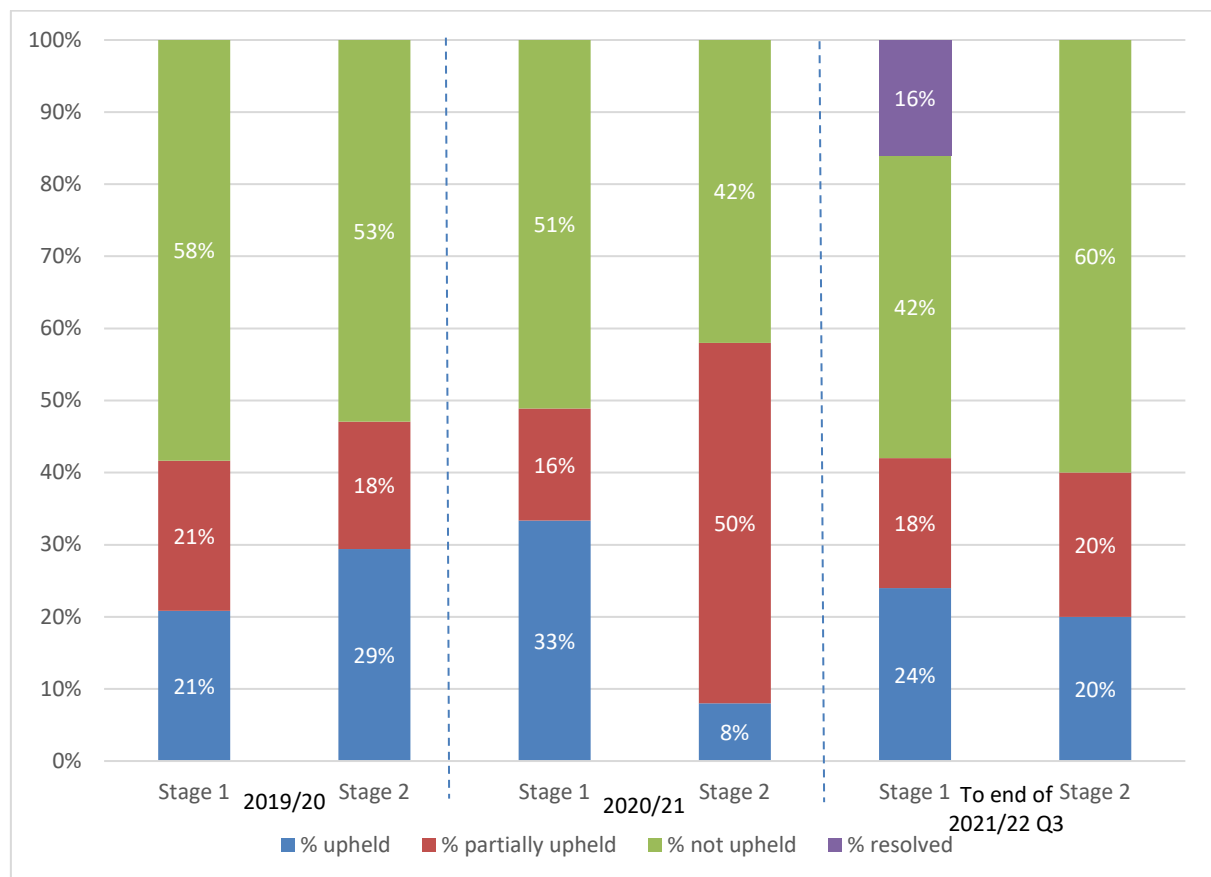


Chart 6 shows the outcomes of the complaints for the last 3 years. In April 2021, the SPSO introduced a new response for Stage 1 and Stage 2 complaints. If, following discussion, the complainant and organisation can agree what action will be taken to resolve the complaint an outcome of resolved is recorded. During the period from April to December 2021, seven Stage 1 complaints were agreed as resolved.

Chart 6: Outcome of Social Work Complaints



The most common category recorded for complaints received in 2021-22 is “staff conduct”, which was recorded for 23 stage 1 complaints and two stage 2 complaints. The next most common category recorded was “care at home”; for nine stage 1 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.

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 – December 2021, a total of 16 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 75.0%; Stage 1, 100%; Stage 2, 63.6%.

- Five complaints were responded to within 5 working days (Stage 1)
- Seven complaints were responded to within 20 working days (Stage 2)

If a complainant remains unhappy with the response received from NHS Forth Valley, they have the right to contact the Scottish Public Services Ombudsman (SPSO) to request an investigation into their complaint. The SPSO is the final opportunity for the complainant in the NHS complaint process and offers an independent view on whether the NHS have reasonably responded to a complaint.

The SPSO has received 2 cases relating to Falkirk Health & Social Care Partnership complaints during April – December 2021 and the Board has been notified by the SPSO that no investigation will be conducted into the cases.

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.

A breakdown of the complaint themes and departments is 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 detail of the issues raised by complainants and areas for the Directorates to focus any key learning or improvements that require to be made to services provided.

Table 3: Complaint Type and Category

Month	Category Type	Category	Department
Apr-21	Env/Dom/Patient Property/exp	Lost Property	Ward 1, Bo
	Staff/Attitude And Behaviour	Insensitive To Patient Needs	Unit 5, FCH
	Treatment/clinical	Disagreement With Treatment/Ca	District Nursing (Falkirk)
May-21	Staff/Attitude And Behaviour	Insensitive To Patient Needs	Ward 2, Bo
			Woodlands Resource Centre
		Staff Attitude	Ward 2, Bo
	Treatment/clinical	Disagreement With Treatment/Ca	Woodlands Resource Centre
		Waiting For Test To Be Carried	Woodlands Resource Centre
Jun-21	Staff/Communication (Oral)	Telephone	Continence Service
Aug-21	Env/Dom/Patient Privacy	On Ward Activities	Ward 2, Bo
	Staff/Attitude And Behaviour	Inappropriate Comments	Ward 2, Bo
		Insensitive To Patient Needs	CMHT(E) Falkirk
			Ward 2, Bo
	Treatment/clinical	Falls	Ward 2, Bo
		Poor Aftercare	District Nursing (Falkirk)
Sep-21	WT/Date of Appointment	Unacceptable WT for Appointment	AHP Out-Patients Care Group
Oct-21	Staff Communication (Written)	Letter Wording	Woodlands Resource Centre
	Treatment/clinical	Disagreement With Treatment/Ca	Woodlands Resource Centre
		Wrong Diagnosis x 2	Woodlands Resource Centre
Nov-21	Treatment/clinical	Nursing Care	District Nursing (Falkirk)
		Disagreement With Treatment/Ca	Woodlands Resource Centre
	WT/Date of Appointment	Cancellation of Appointment	Woodlands Resource Centre
		Unacceptable WT for Appointment	Woodlands Resource Centre
Dec-21	Staff/Attitude And Behaviour	Insensitive To Patient Needs	Woodlands Resource Centre

In total there are approximately 17 departments listed against the delegated functions. During the period April - December 2021, 8 departments received complaints.

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
- During the period April – December 2021, one complaint out of the 16 complaints received by Falkirk H&SCP has been fully upheld and 2 complaints were partially upheld
- 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 Social Work Adult Services

Purpose

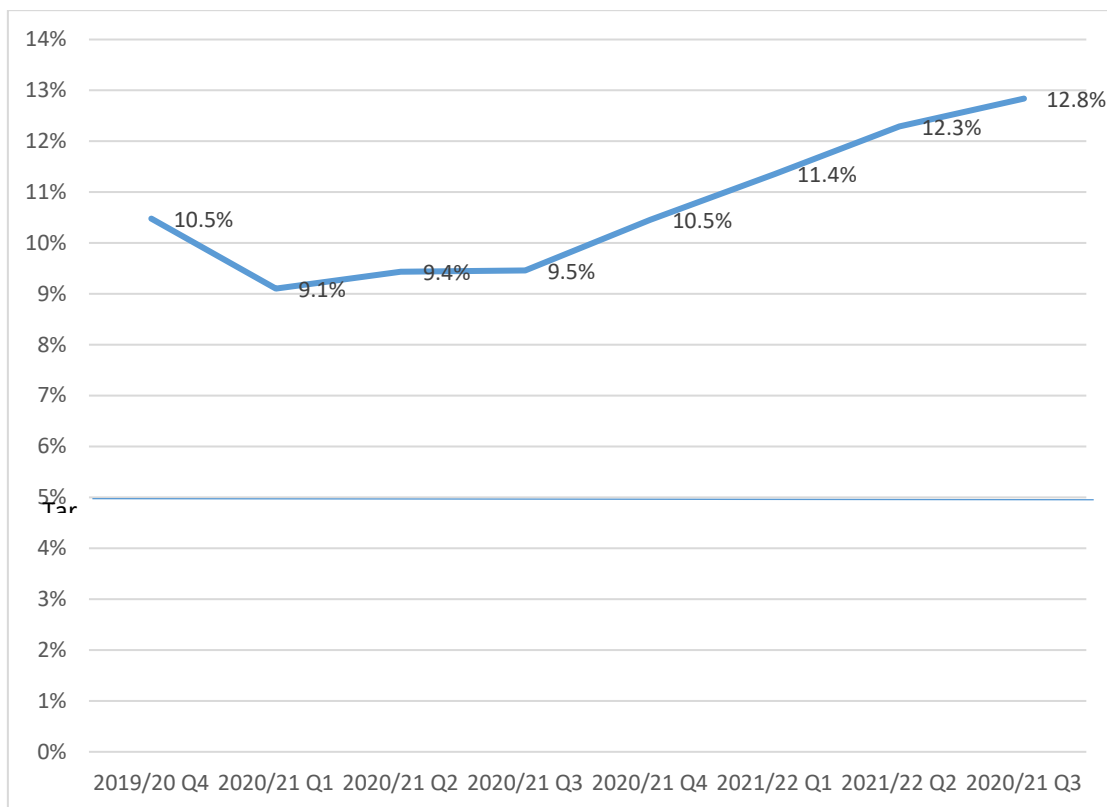
The management of sickness absence and the improvement of staff wellbeing is an important management priority. A target of 5.5% has been set for Social Work Adult Services in recognition of the fact that the service includes those engaged in Home Care and Residential Care which are recognised nationally as physically demanding and stressful occupations.

Position

The overall sickness absence figure for 2021/22 to the end of Q3 was 12.1%. For the same period last year sickness absence was 9.5%. The figures include Covid sickness but not Covid related absence, such as individuals self-isolating and/or having underlying health conditions, shielding or Carer responsibilities.

Chart 7 shows sickness absence by quarter since the beginning of 2020.

Chart 7: Sickness Absence in Social Work Adult Services since 2020



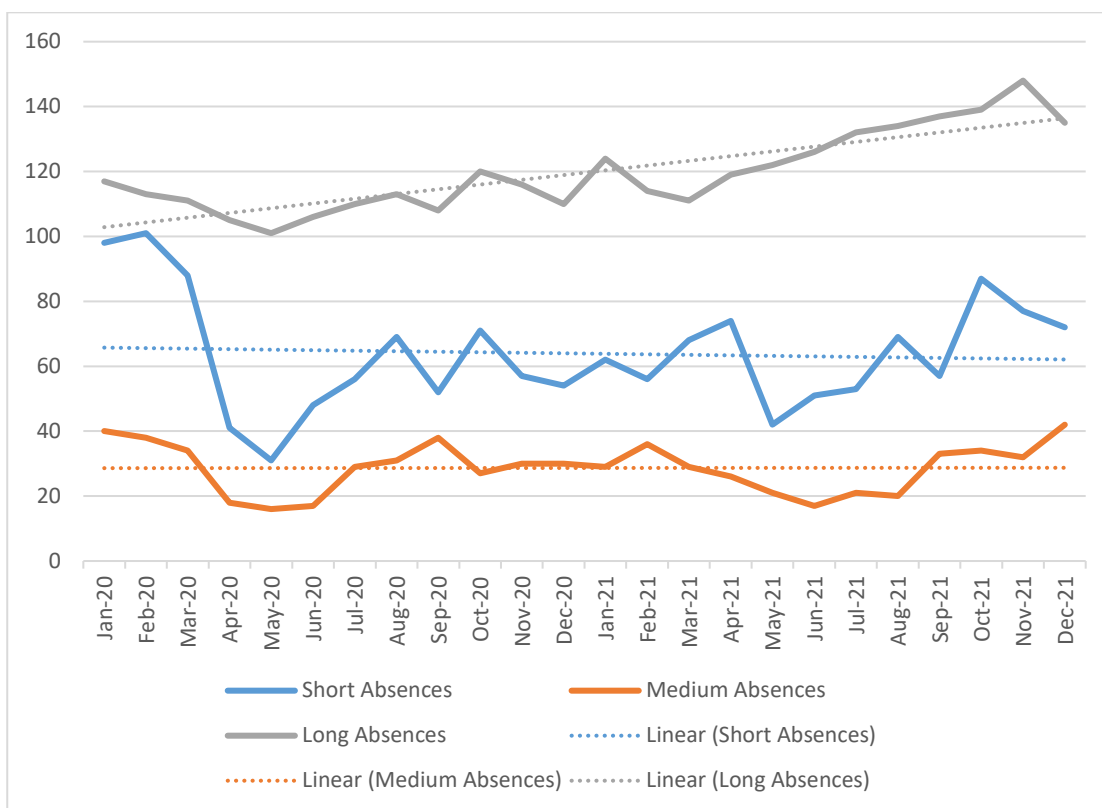
In 2019/20, pre-Covid, the figure to the end of Q3 was 9.0%. Although an increase in sickness absence has occurred through the pandemic period, specific Covid sickness figures alone do not account for this rise through 2020/21 and 2021/22.

However, the general consensus amongst management is that the persistent and ongoing demands of working through the pandemic has taken its toll on staff and that this is, primarily, what is pushing up the sickness rates. For example, Covid

related absences such as, where individual staff members are self-isolating, have to be covered from existing staff resources.

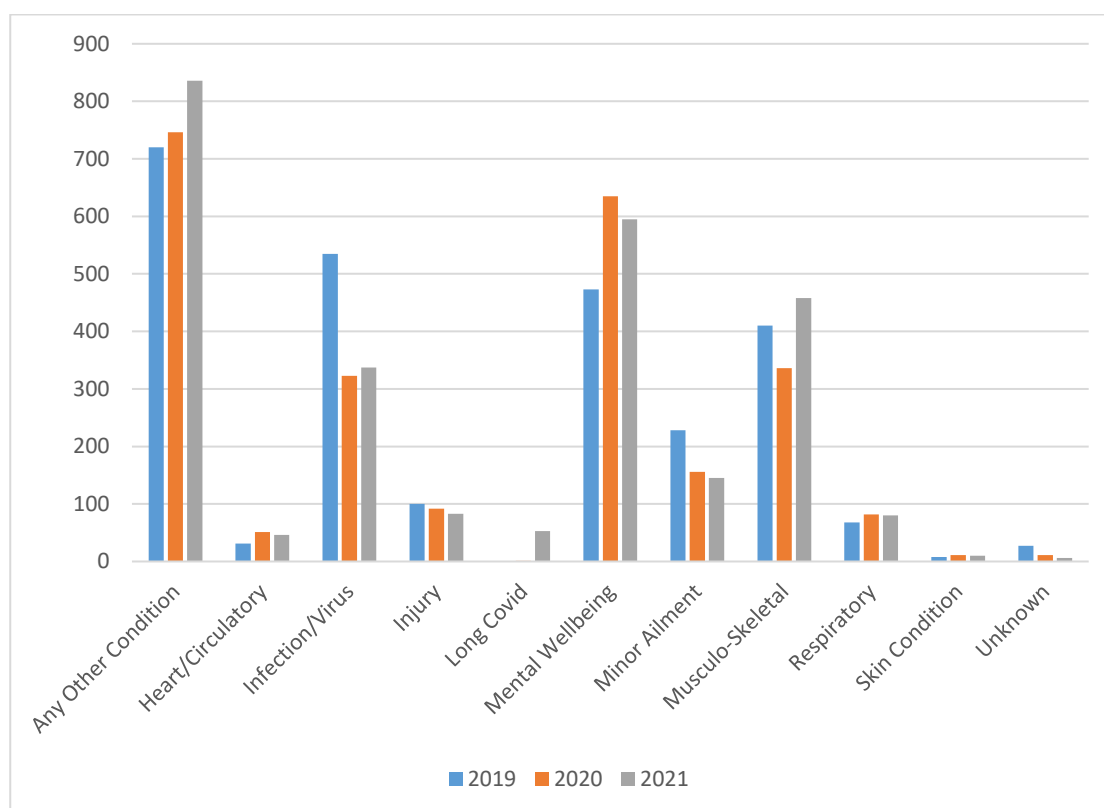
Chart 8 shows absences by length by month since the beginning of 2020. Interestingly, it is long term absences (over 25 days) that have an increased trend over the period; short term (up to a week) shows a marginal decline, medium term (8 to 25 days) have a reasonably stable trend. However, it should be noted that the use of notional end dates (end of current calendar month) in the absence recording system mean that relatively little falls into the medium category and can artificially inflate the long absence category.

Chart 8: Sickness Absences by Length of Absence in Social Work Adult Services since 2020



Sickness absence occurrences by absence reason for the last three years are shown in Chart 9. Mental wellbeing issues increased during 2020 and 2021 and musculo-skeletal in 2021, as well as any other conditions which may reflect the imprecise nature of symptoms over the Covid period. As expected Long Covid has appeared in the last year, affecting over 50 people. The decrease in infection/virus may be associated with the Council's policy to treat Covid outwith the usual sickness recording, and interpretation of Covid flu like symptoms accordingly.

Chart 9: Sickness Absence by Absence Reason in Social Work Adult Services since 2019



The service will use this analysis to support appropriate actions to address this complex issue.

3.7. 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

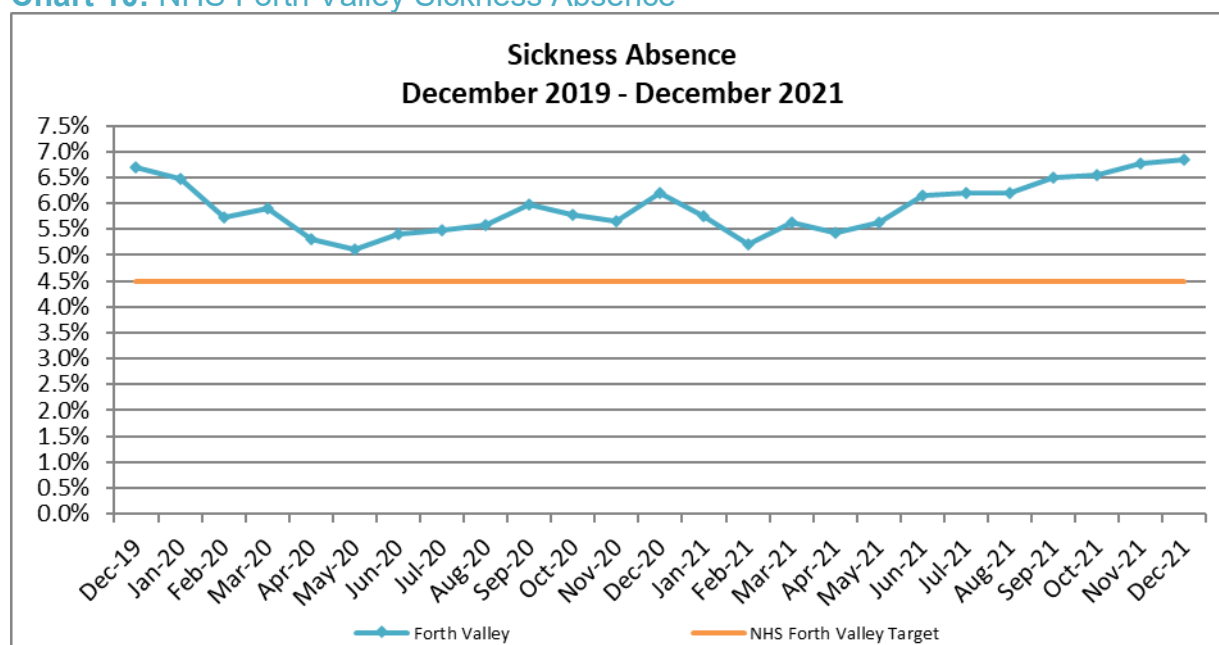
Absence remains above the target at 6.8% in December 2021. This is an increase from 6.2% in December 2020. Coronavirus absences are recorded as Special Leave and are not included within the sickness absences figures. The 12 month rolling average January 2021 to December 2021 is: NHS Forth Valley 6.1%; Scotland 5.4%.

The absence for Coronavirus reasons is noted as 3.3% in December 2021; an increase or deterioration from 1.8% in November 2021 and 1.8% in December 2020.

Total absence for December 2021 is 10.1%, an increase from a total of 8.6% in November 2021.

Chart 10 highlights the sickness absence position, excluding COVID-19 absence reasons, from December 2019 to December 2021.

Chart 10: NHS Forth Valley Sickness 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, to staff within the shielding category and to enable home working.

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

3.8. 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).

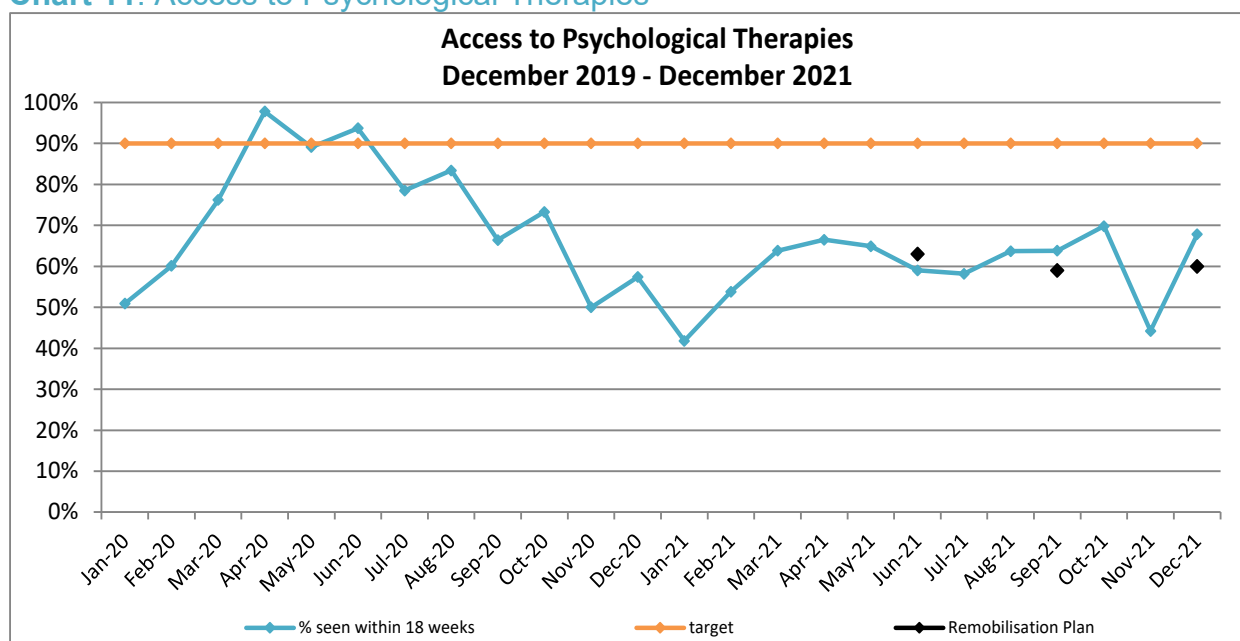
Position

In December 2021, 67.8% of patients started treatment within 18 weeks of referral. This is an improvement from the previous month and better than the performance in December 2020 of 57.4%. The remobilisation plan trajectory of 60% by December 2021 was met.

The prioritisation of patients who have experienced long waits continues however this can adversely impacts on performance against the 90% 18-week referral to treatment standard.

Chart 11 highlights the 18 week referral to treatment position December 2019 to December 2021.

Chart 11: Access to Psychological Therapies



In the quarter ending September 2021 the published 18 week referral to treatment standard comparison is Scotland 87.2%; Forth Valley 62.1%. This is a slight reduction from 63.4% in the previous quarter.

As one of the Board areas receiving a programme of enhanced support, NHS Forth Valley submitted a comprehensive Psychological Therapies Improvement Plan to the Scottish Government. This provides details of improvement actions, anticipated trajectories and plans for use of the allocation from the Mental Health Recovery & Renewal Fund.

A full programme of improvement actions is in place and includes:

- Use of Netcall to complete a waiting list validation exercise.
- Introduction of Netcall appointment reminders by text.
- Introduction of online therapeutic groups.
- Mainstreaming of Near Me and telephone appointments as long-term options for patients.
- Development of the NHS Forth Valley public website mental health pages to include signposting and access to online packages.
- Continuation of the Primary Care Support Service established during covid, providing rapid access to short-term psychologically informed support.
- A visible focus on staff wellbeing, both because it is the right thing to do and because of the positive impact on recruitment and retention.

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

The number of overdue OT pending assessments increased by 3.5% from 280 at the end of September 2021 to 290 at the end of December 2021. Of these 290 cases, 232 (80%) were priority 2 and the remainder - 58 (20%) - were priority 3. These assessments are specifically identified as requiring an assessment by a qualified OT. The service has consistently been able to respond to priority one assessment and there has been no waiting list for these.

Chart 12: Overdue OT Pending Assessments

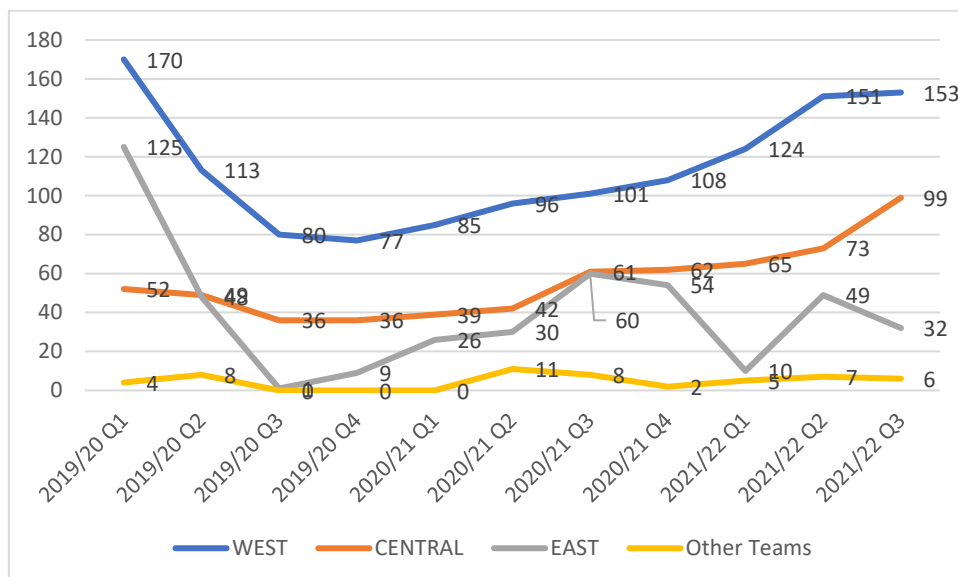


Chart 12 shows the trend since the beginning of 2019/20 demonstrating significant improvement through that year before the pressure of the Covid pandemic hindered sustaining this progress. Through the winter of 2020/21 overall numbers fell marginally but the period between July and September saw an increase to around the current level.

Change in Staffing

Vacancies in qualified posts (Occupational Therapists and Social Workers) across the locality teams continues to be high with a further anticipated loss in experienced and senior OT staff. Ongoing recruitment to these vacancies continues however is not replacing experienced staff at the same rate. New appointments are predominantly newly qualified practitioners who require time and training to develop their clinical skills. The impact of vacancies at these levels means that there are challenges for managers in allocating cases across both professional disciplines.

Significance of Covid pressures

The prioritisation of adult support and protection work and 'critical need' activity, such as care at risk of breakdown, supporting hospital discharge and avoiding hospital admissions continues. Social Work Occupational Therapy staff resource continues to be diverted towards supporting the work of reducing delayed discharges and additional community flow beds.

The locality teams continue to utilise the flexibility of our Occupational Therapy workforce to respond to critical work and have been heavily reliant on the broad skills and knowledge of our experienced Occupational Therapist.

Occupational Therapists continue to make up a significant percentage of the council officers responding to Adult Support and Protection work. This flexibility remains essential to the team's ability to deliver an effective service to support citizens' safety and wellbeing.

The early intervention and prevention work undertaken by Occupational Therapists within a Reablement model of assessment and intervention has also been significantly reduced in response to Covid pressures.

Team Managers and Senior Workers continue to monitor recommendations made by duty workers regarding appropriate worker to carry out next assessment to ensure that the figures awaiting OT assessment are minimised.

Review of Occupational Therapy Services

A Review of Occupational Therapy service provision across the Partnership (NHS & SW) is currently under way. The aim of the review is to reduce unnecessary duplication and delay of referrals, assessments and interventions between health and social care partnership Occupational Therapists. This should improve the access to Occupational Therapy services for service users in the medium to longer term.

Living Well Centres were giving people with lower level needs an alternative to waiting on a pending list for a home assessment by a Social Care Officer. However, The Living Well Falkirk Centre has been closed since March 2020 but plans are being progressed to reopen the service in the coming months. People with early stage functional decline are being added to locality teams waiting lists. Within the current recruitment plan, additional Social Care Officer posts are being progressed to support the re-opening of the Living Well Centre. However, it is acknowledged that there is a limited number of available skilled staff to fill these vacancies and often this results in staff resource being drawn from other essential services.

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.