

Agenda Item 11

Performance Monitoring Report



Falkirk Integration Joint Board

10 June 2022

Performance Monitoring Report

For Consideration & Comment

1. Executive Summary

- 1.1 The Performance Monitoring Report March 2021 – March 2022 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

- 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 The content of the Performance Monitoring report covers the reporting period March 2021 – March 2022. 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.
- 4.3 The report draws on a basic balanced scorecard approach designed to provide a comprehensive 'at a glance' view of measures against associated targets, with a comparison from the previous year and direction of travel. There is a focus on exception reporting with measures displaying a deteriorating position against the last comparable reporting timeframe or are particular areas of challenge.
- 4.4 Section 1 provides a summary of key performance issues for the Integration Joint Board, with an extract provided below:

- **ED Performance against the 4 Hour Access Standard**

The March 2022 compliance for the Falkirk Partnership highlights a decrease in performance to 63.9% compared with 85.6% in March 2021.

- **Adult Protection Referrals**

There were 37% more of Adult Protection referrals in 2021/22 compared to the previous year.

The Adult Protection Committee monitors and oversees activity.

- **Delayed Discharge**

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

- 28 Standard delays, 17 are delayed over 2 weeks
- 24 guardianship/code 9 exemptions
- 52 total delays.

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

Performance of complaints completed within timescale improved in 2021/22 to 75%, up from 59% throughout 2020/21.

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 February 2022, a total of 21 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 81%.

- **Attendance management – Social Work Adult Services**
The overall sickness absence figure for 2021/22 was 12.9% compared to 9.9% the previous year.
 - **Attendance management - NHS Forth Valley**
The overall February 2022 sickness absence position is reported as 5.6% with the 12-month rolling position noted as 6.1%.
 - **Psychological Therapies**
In March 2022, 80.0% of patients started treatment within 18 weeks of referral. This is an improvement from the previous month and better than the performance in March 2021 of 63.8%.
 - **The number of people who had a community care assessment or review completed**
The number of people receiving either an assessment or review in 2021/22 rose by nearly 18% compared with the previous year. The number of assessments and reviews increased by 4%.
 - **Overdue pending Occupational Therapy Assessments**
The number of overdue OT pending assessments was 292 at the end of March 2022, a similar figure to the end of the previous quarter (290).
- 4.5 Section 2 provides the Performance Dashboard which maps to the local outcomes detailed in the Strategy Map. This reflects the Strategic Plan outcomes.
- 4.6 Section 3 provides Performance Exception Reports for all indicators with a deteriorating position since the last reporting period, or indicators that require on-going monitoring.

5. Local Government Benchmarking Framework 2020/21

- 5.1 The Local Government Benchmarking Framework (LGBF) is a high-level benchmarking tool developed by the Improvement Service designed to support senior management teams and elected members to improve key council services
- 5.2 A briefing note is attached at Appendix 3 of the full report with focus on the eight performance indicators. This provides a contextual understanding of how Falkirk compares alongside the LGBF 'family grouping' of the following authorities: Clackmannanshire, Dumfries & Galloway, Fife, Renfrewshire, South Ayrshire, South Lanarkshire and West Lothian.

6. Conclusions

The Performance Monitoring Report presents a range of information on local indicators for the reporting period March 2021 – March 2022.

Resource Implications

The management of performance is critical to managing the overall budget of the IJB. The resource requirements to ensure effective performance management and performance reporting are under review.

Impact on IJB Outcomes and Priorities

By managing performance, the delivery of the IJB outcomes and priorities can be assessed, providing a sound basis from which to make decisions regarding investment and service redesign.

Directions

No amendment or new Direction is required for this report.

Legal & Risk Implications

Performance management is a legal requirement as defined in the IJB's Integration Scheme.

Consultation

This is not required for the report.

Equalities Assessment

This is not required for the report.

7. Report Authors

- 7.1 Calum MacDonald, Performance & Quality Assurance Manager, FHSCP
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8. List of Background Papers

- 8.1 n/a

9. Appendices

Appendix 1: Performance Monitoring Report March 2021 – March 2022



Performance Monitoring Report

Reporting Period
March 2021 – March 2022

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1. KEY PERFORMANCE ISSUES

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

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

The March 2022 compliance for the Falkirk Partnership highlights a decrease in performance to 63.9% compared with 85.6% in March 2021.

1.2 Adult Protection Referrals

There were 37% more of Adult Protection referrals in 2021/22 compared to the previous year.

The Adult Protection Committee monitors and oversees activity.

1.3 Delayed Discharge

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

- 28 Standard delays, 17 are delayed over 2 weeks
- 24 guardianship/code 9 exemptions
- 52 total delays.

Within the Falkirk Partnership the number of bed days occupied by delayed discharges is noted as 662 at the March 2022 census. As with the Forth Valley position this is a significant increase from the March 2021 census position of 209.

1.4 Complaints - Falkirk Council Social Work Adult Services

Performance of complaints completed within timescale improved in 2021/22 to 75%, up from 59% throughout 2020/21.

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 February 2022, a total of 21 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 81% with 83.3% of Stage 1 complaints responded to within the timescale and 73.3% of Stage 2 complaints.

1.6 Attendance Management – Social Work Adult Services

The overall sickness absence figure for 2021/22 was 12.9%, compared to 9.9% the previous year.

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 February 2022 sickness absence position is reported as 5.6% with the 12-month rolling position noted as 6.1%.

1.8 Psychological Therapies

In March 2022, 80.0% of patients started treatment within 18 weeks of referral. This is an improvement from the previous month and better than the performance in March 2021 of 63.8%. The remobilisation plan trajectory of 60% by March 2022 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 The number of people who had a community care assessment or review completed

The number of people receiving either an assessment or review in 2021/22 rose by nearly 18% compared with the previous year. The number of assessments and reviews increased by 4%.

1.10 Overdue pending Occupational Therapy (OT) Assessments

The number of overdue OT pending assessments was 292 at the end of March 2022, a similar figure to the end of the previous quarter (290). Of these 292 cases, 246 (84%) were priority 2 and the remainder - 46 (16%) - 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	Mar 2021	Mar 2022	Direction of travel	Exception Report
24	Emergency department 4 hour wait Forth Valley	86.6%	68.4%	▼	Page 10
25	Emergency department 4 hour wait Falkirk	85.6%	63.9%	▼	
26	Emergency department attendances per 100,000 Forth Valley Population	1569	1812	▼	-
27	Emergency department attendances per 100,000 Falkirk	1642	1865	▼	-
28	Emergency admission rate per 100,000 Forth Valley population (all ages)	1100	1102	▼	-
29	Emergency admission rate per 100,000 Falkirk population	1126	1117	▲	-

Ref	Measure	Feb 2021	Feb 2022	Direction of travel	Exception Report
30	Acute emergency bed days per 1000 Forth Valley population	613	710	▼	-
31	Acute emergency bed days per 1000 Falkirk population	635	735	▼	-

Ref	Measure	Mar 2021	Mar 2022	Direction of travel	Exception Report
32	Number of patients with an Anticipatory Care Plan in Forth Valley	55,811	56,339	▲	-
33	Number of patients with an Anticipatory Care Plan in Falkirk	28,628	29,079	▲	-
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	2020/21	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	Mar 2021	Mar 2022	Direction of travel	Report Exception
42	Readmission rate within 28 days per 1000 admissions FV	39.9	43.9	▼	-
43	Readmission rate within 28 days per 1000 admissions Falkirk	38.3	42.9	▼	-
Ref	Measure	2020/21	2021/22	Direction of travel	Exception Report
45	Number of Adult Protection Referrals (data only)	805	1,101	-	P11
46	Number of Adult Protection Investigations (data only)	164 (76 SW, 88 Police only)	65 (40 SW, 25 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)	20 (at 31/03/21)	18 (at 31/02/22)	-	-
Ref	Measure	2020/21	2021/22	Direction of travel	Exception Report
48	The total number of people with community alarms at end of the period	3,989 (at 31/03/21)	3,811 (at 31/03/22)	-	-
Ref	Measure	2020/21	2021/22	Direction of travel	Exception Report
49	Percentage of community care service users feeling safe	89%	88%	▼	-

2.4. Table 3: Experience Indicators 54-68

Ref	Measure	Mar 2021	Mar 2022	Direction of travel	Exception Report
54	Standard delayed discharges	15	28	▼	Page 12
55	Standard delayed discharges over 2 weeks	6	17	▼	
56	Bed days occupied by delayed discharges	209	662	▼	
57	Number of code 9 delays, including guardianship	19	24	▼	
58	Number of code 100 delays	3	3	▼	
59	Delays - including Code 9 and Guardianship	34	52	▼	

Ref	Measure	2020/21	2021/22	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%	90%	▲	-
62	Percentage of carers satisfied with their involvement in the design of care package	93%	90%	▼	-
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	2021/22	2021/22 Stage 1	2021/22 Stage 2	Direction of travel	Exception Report
64	a. The number of Social Work Adult Services (Stage 1 & 2) complaints completed within 20 days	32/57	51/68	46/60	5/7	-	P15
	b. The proportion of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales	56%	75%	77%	71%	▲	
	c. Proportion of Social Work Adult Services complaints upheld	% Upheld		27%	13%	-	
		% Partially upheld		15%	13%	-	
		% Not upheld		40%	75%	-	
		% Resolved		18%	0%		

Ref	Measure	Apr 2020-Mar 2021	Apr-Feb 2022	Direction of travel	Exception Report
65	a. The number of complaints to NHS Forth Valley applicable to Falkirk IJB (Stage 1 & Stage 2)	24	21	-	P17
	b. The percentage of complaints responded to within 20 days (Stage 1 & Stage 2)	75%	80.9%	▲	
	c. The number of SPSO cases received	0	2	-	

Ref	Measure	2020/21	2021/22	Direction of travel	Exception Report
66a	Attendance Management - Social Work Adult Services (Target – 5.5%)	9.9%	12.95%	▼	P19

Ref	Measure	Feb 2021	Feb 2022	Direction of travel	Exception Report
66b	Attendance Management – NHS Forth Valley (Interim target 4.5%)	5.2%	5.6%	▼	P21

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	Oct 2020-Dec 2020	Oct 2021-Dec 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)	94.5%	90.5%	▼	-
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	Mar 2021	Mar 2022	Direction of travel	Exception Report
69	Access to Psychological Therapies – Percentage of people that commenced treatment within 18 weeks of referral	63.8%	80.0%	▲	P22

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	2021/22	Direction of travel	Exception Report
77	Number of new Telecare service users 65+	177	185	-	-

Ref	Measure	2020/21	2021/22	Direction of travel	Exception Report
83	The number of people who had a community care assessment or review completed	8,091 people (13,724 assessments 6,207 reviews)	9,522 people (14,528 assessments 6,230 reviews)	▲	P23

Ref	Measure	2020/21	2021/22	Direction of travel	Exception Report
84	Number of Adult Carer Support Plans that have been completed by the Carers Centre	153	474	▲	-

Ref	Measure	At 31 Mar 2021	At 31 Mar 2022	Direction of travel	Exception Report
85	The number of overdue 'OT' pending assessments at end of the period	226	292	▼	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

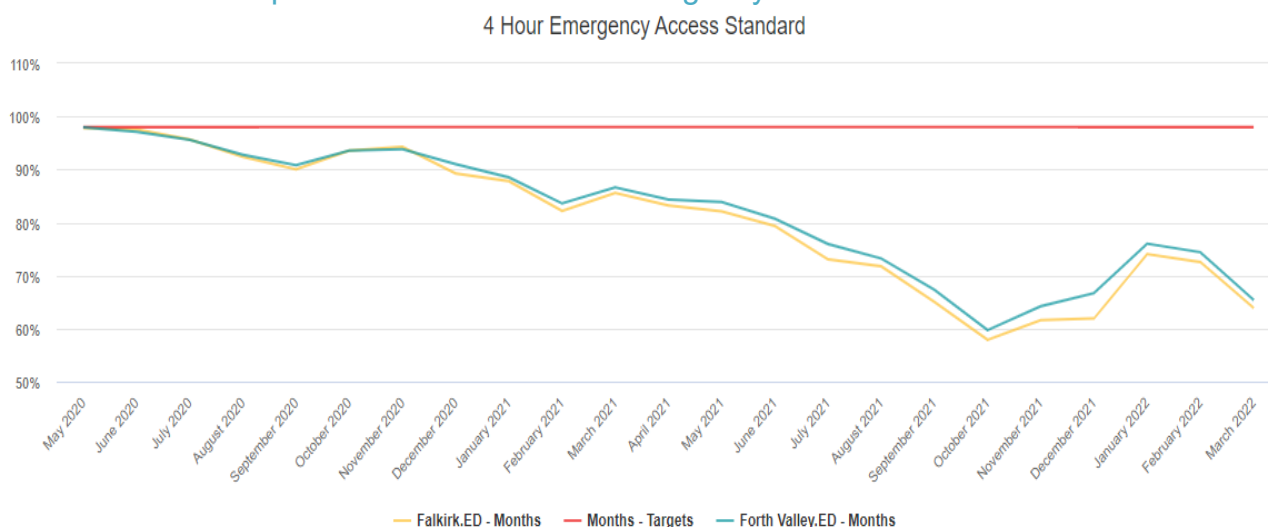
Overall compliance with the 4 hour target in March 2022 was 68.4%; Minor Injuries Unit 99.4%, Emergency Department 55.4%. A total of 2,295 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 653 waits longer than eight hours and 203 waits longer than 12 hours. The main reason for patients waiting beyond 4 hours continues to be wait for first assessment with a cohort of 1,416 patients, an increase from 990 in February. Note that this continues to be as a result of issues in relation to flow through the system and system-wide pressures. Wait for a Bed accounted for 440 patients waiting beyond 4 hours with Clinical Reasons accounting for 195 breaches.

The March 2022 compliance for the Falkirk Partnership highlights a reduction in performance to 63.9% compared with 85.6% in March 2021.

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 March 2021 – March 2022.

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 37% more Adult Protection referrals in 2021/22 compared to the previous year.

While this has included a noticeable increase in referrals relating to self-harm and neglect, perhaps reflecting the mental health pressures of the persistent circumstances of the Covid pandemic, there is a broader increase in referrals which continues a trend that began before the pandemic. The period has also seen improvement activity across professional groups to raise awareness.

However, overall investigation activity is 60% less, including police only investigations. It is the 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. The introduction of the IRD (Inter-agency Referral Discussion) desk by the Police has brought greater scrutiny around the inquiry process, whether an IRD is required and the Police element of investigations.

We have recognised areas for improvement for recording ASP interventions 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. Moving forward the implementation of eIRD and of Liquid Logic over the next few months will also improve the consistency of recording

In relation to the increase in self-harm and self-neglect referrals through the Covid period, we have recognised the need to support our workforce with their interventions and the appropriate recording of this.

Where inquiries under the ASP Act do not proceed to investigation it is rare that no further actions are taken by Social Work Adult Services or partner organisations. While the adult protection episode is completed, ongoing support to reduce the likelihood of harm occurring in the future will be offered. 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 March 2022 census.

Table 1: Delayed Discharge Breakdown – March 2022

	Under 2 wks	Over 2 wks	Standard Delays	Guardianship 9/51X	Code 9_Other	TOTAL (Ex code 100)	Code 100	Infection Codes
Falkirk	11	17	28	22	2	52	3	1
Total FV	28	30	58	32	2	92	4	4

The March 2022 census position for Forth Valley delays over 14 days is 30 against a zero standard. A further 28 delays waiting under 2 weeks brings the total number of standard delays to 58. Including 29 code 9 exemptions the total number of delayed discharges at the March 2022 census point is noted as 92.

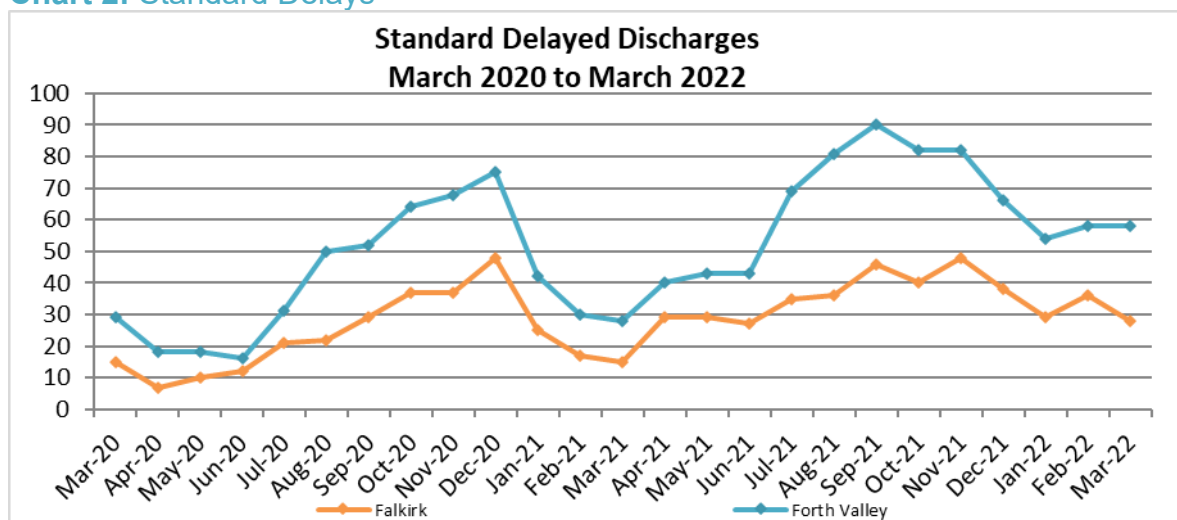
A further 3 delayed discharges are noted from residents living in Local Authority outwith the Forth Valley area.

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

- 28 Standard delays, 17 are delayed over 2 weeks
- 24 guardianship/code 9 exemptions
- 52 total delays

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

Chart 2: Standard Delays



In addition, at the March census there were 4 code 100 delays within Forth Valley, 3 for Falkirk Partnership.

Of the 28 Standard Delays in Falkirk:

- 6 awaiting move to care homes (5 patients are over two weeks and 1 under two weeks)
- 8 awaiting care packages for home (3 patient over two weeks and 5 under two weeks)
- 10 allocated and assessment commenced (7 patients over two weeks and 3 under two weeks)
- 1 awaiting allocation and assessment (1 under two weeks)
- 3 awaiting housing, care arrangement or adaptations (2 over two weeks and 1 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	82	580	662
Total FV	162	1114	1276

Across Forth Valley, the number of bed days occupied (BDO) by people delayed in their discharge at the March 2022 census was 1276, as noted in table 2 above. This is an increase from the March 2021 position of 334. An average of 1450 bed days occupied was noted at the monthly census April 2021 to March 2022. Of note is that a further 93 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 209 in

March 2021 compared to 662 in March 2022. The average number of occupied bed days at the monthly census March 2021 to March 2022 was 704.

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

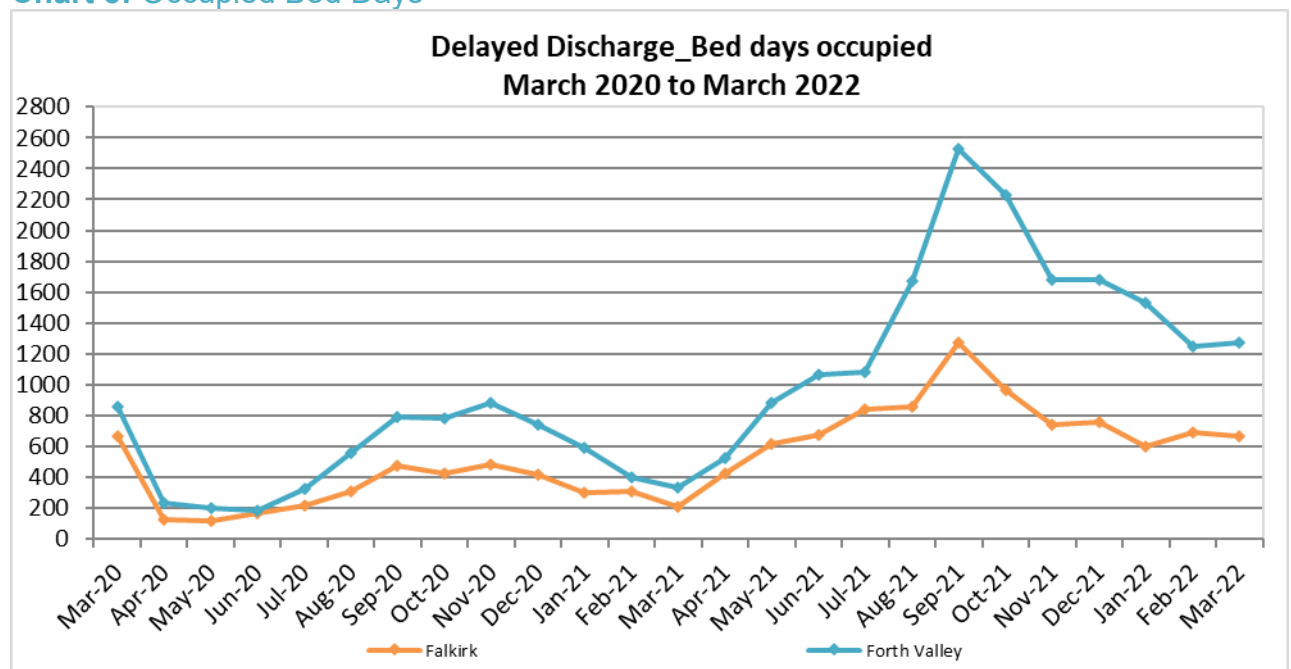
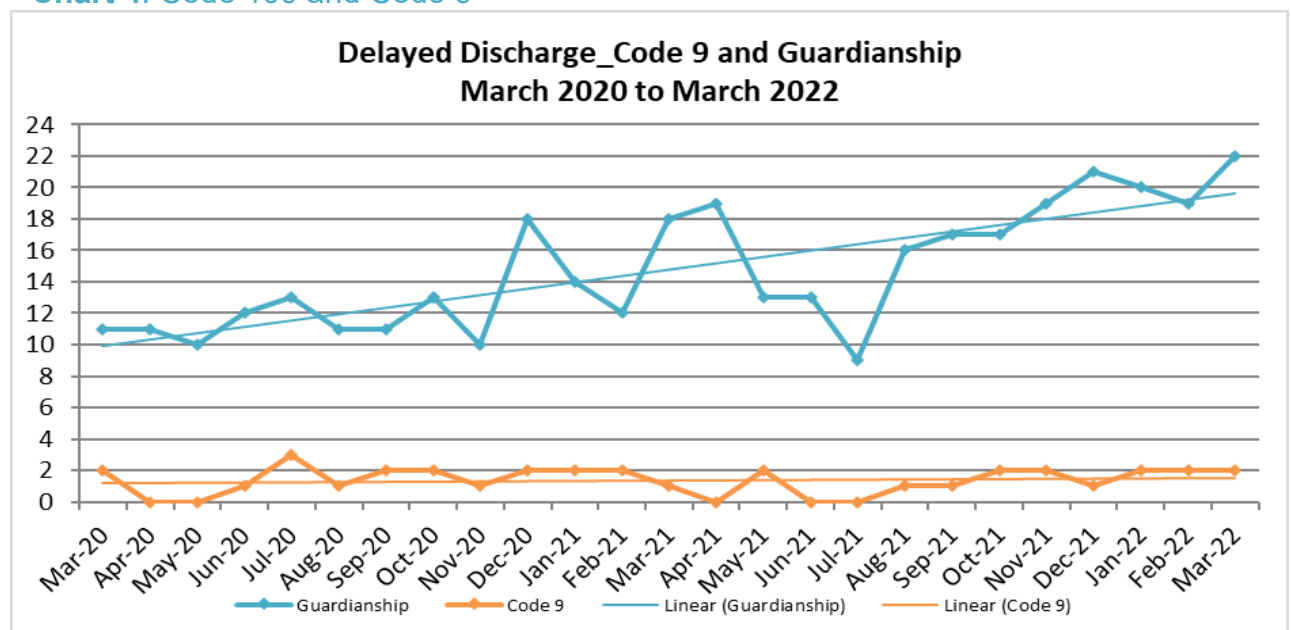


Chart 4: Code 100 and Code 9



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.

Of note is a significant number of patients waiting for a community bed, however 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, including third sector, to ensure appropriate care and to support timely discharge with care in the community, community intermediate care and community hospital facilities a high priority.

Actions 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 and third sector link worker based on the acute site. A number of further supporting actions continue to be 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 in 2021/22 to 75%, up from 56% throughout 2020/21. Stage 1 performance increased from 56% across 2020/21 to 75% in 2021/2022. Similarly, the Stage 2 complaints completed within the timescale increased from 58% in 2020/21 to 71% in 2021/2022.

Chart 5 shows the trend over the last three years.

Between 1st April 2021 and 31st March 2022, there were 67 complaints completed (Stage 1 – 60; Stage 2 – 7). This is in comparison to 57 (Stage 1 – 45; Stage 2 – 12) for the year previously. While the overall number of complaints has increased each of the last 2 years they remain below pre-pandemic levels.

Chart 5: Percentage of complaints completed within timescales

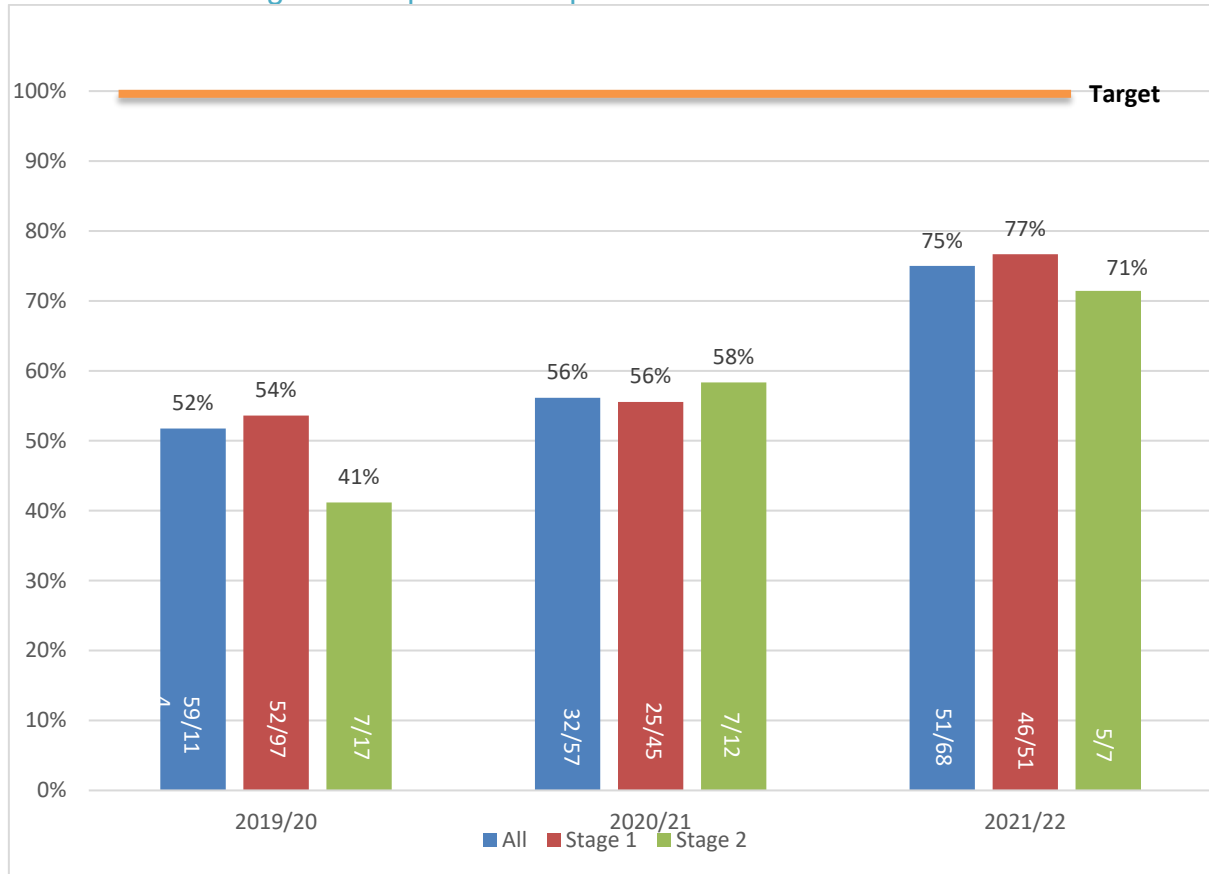
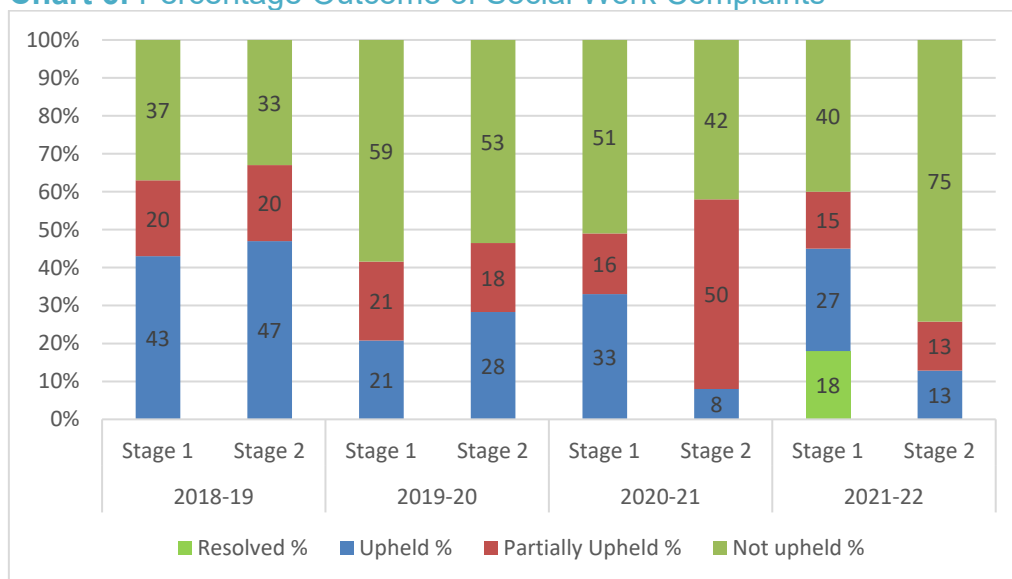


Chart 6 shows the outcomes of the complaints for the last 3 years. In April 2021, the SPSO introduced a new response for Stage 1 and Stage 2 complaints. If, following discussion, the complainant and organisation can agree what action will be taken to resolve the complaint an outcome of resolved is recorded. During 2021/22, 18% of Stage 1 complaints were agreed as resolved.

Chart 6: Percentage Outcome of Social Work Complaints



Updates to the complaint categories, to reflect the most common complaint themes identified by the SPSO, were implemented in April 2022. Complaint themes will be reported on under themes from Q1 of 2022-23. 2021/22 complaints were recorded using the original complaint categories.

The most common category recorded for complaints received in 2021-22 is “staff conduct”, which was recorded for 29 stage 1 complaints, and three stage 2 complaints. The next most common category recorded was “care at home”; for 12 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 – February 2022, a total of 21 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 81.0%; Stage 1, 83.3%; Stage 2, 73.3%.

- Five complaints were responded to within 5 working days (Stage 1)
- Eleven 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 – February 2022 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
Jan-22	Staff/Attitude and Behaviour	Staff Attitude	District Nursing (Falkirk)
		Staff Disposition	District Nursing (Falkirk)
Feb-22	Staff/Attitude and Behaviour	Staff Attitude	District Nursing (Falkirk)
	Treatment/clinical	Disagreement With Treatment/Ca	Ward 1, Bo'ness
			Woodlands Resource Centre
		Wrong Diagnosis	Woodlands Resource Centre

In total there are approximately 17 departments listed against the delegated functions. During the period April – February 2022, 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 – February 2022, one complaint out of the 16 complaints received by Falkirk H&SCP has been fully upheld and 3 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

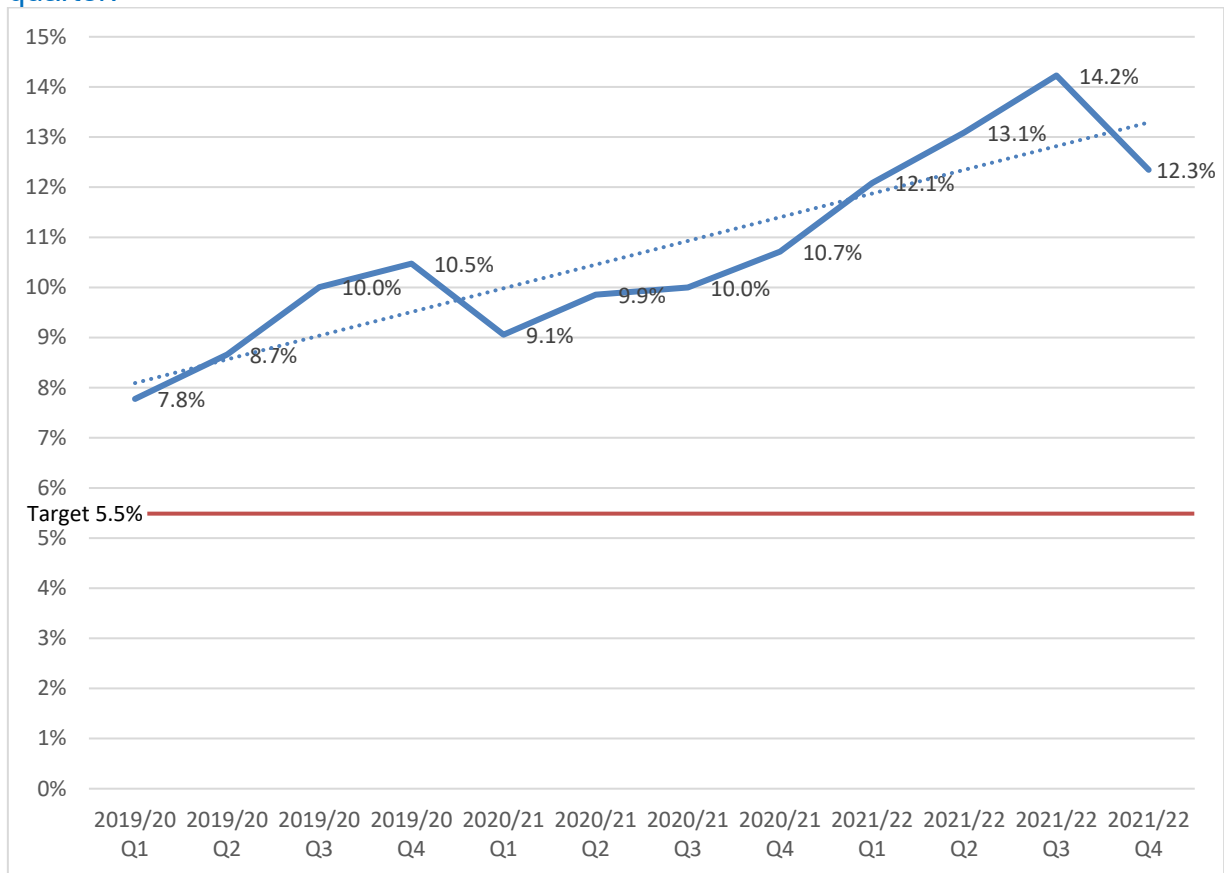
Purpose

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 was 12.9%, compared to 9.9% the previous year. 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: Sickness Absence in Social Work Adult Services since 2019/20, by quarter.

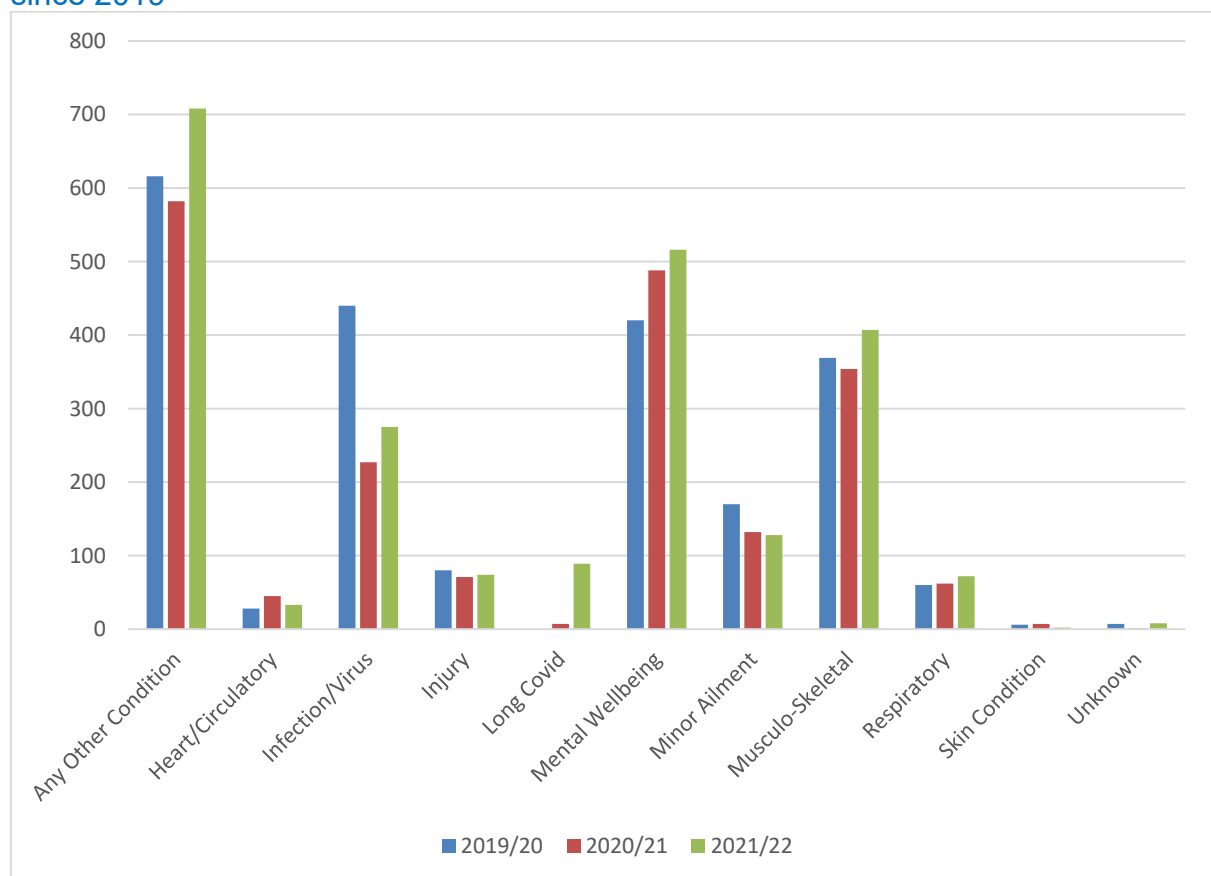


In 2019/20, pre-Covid, the figure was 9.2%. Although an increase in sickness absence has occurred through the pandemic period, specific Covid sickness figures alone do not account for this rise through 2020/21 and 2021/22.

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.

Sickness absence occurrences for the last three years, by absence reason, are shown in Chart 8. Mental wellbeing absences have increased for both of the last 2 years (2020/21 and 2021/22), musculo-skeletal in 2021/22, as well as 'Any Other Conditions'. The increase in this latter category is likely to 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, last year, 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 8: 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

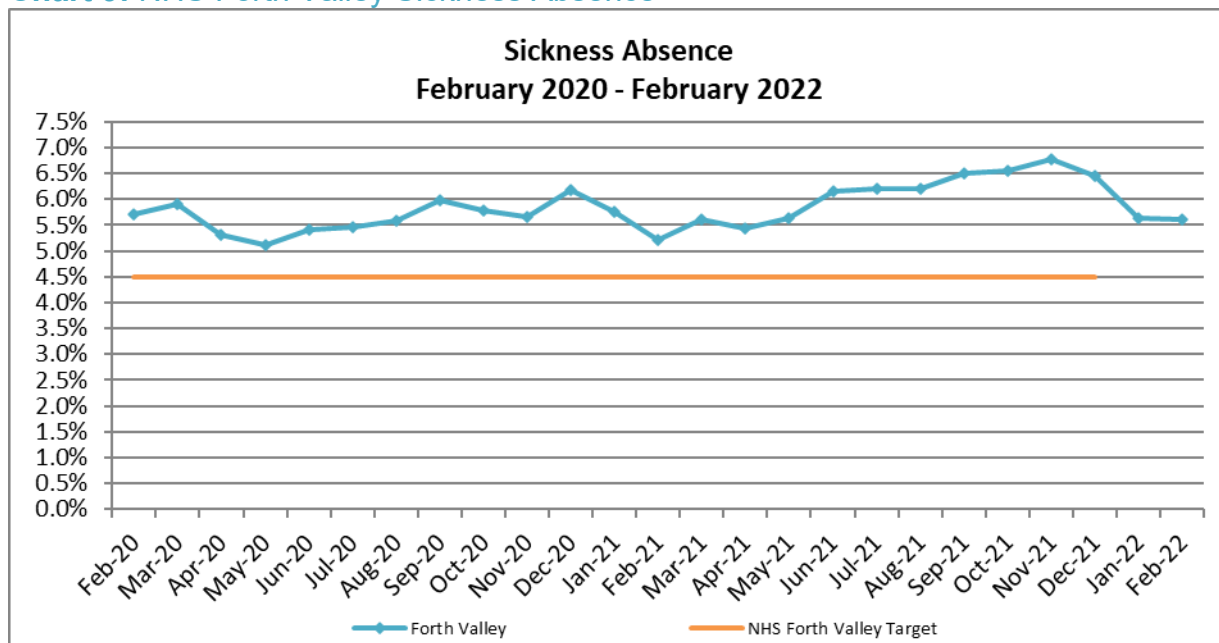
Absence remains above the target at 5.61% in February 2022. This is a slight improvement from the previous month however a deterioration from 5.21% in February 2021. The 12 month rolling average March 2021 to February 2022 is: NHS Forth Valley 6.09%; Scotland 5.60%.

Coronavirus absences are recorded as Special Leave and are not included within the sickness absences figures. The absence for Coronavirus reasons is noted as 3.14% in February 2022; a decrease from 4.51% in February 2021 and 4.15% in January 2022.

Total absence for February 2022 is 8.75%, a decrease from a total of 9.78% in January 2022.

Chart 9 highlights the sickness absence position, excluding COVID-19 absence reasons, from February 2020 to February 2022.

Chart 9: 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 continue to be examined and discussed at the quarterly Staff Governance Committee.

3.8. Local Outcome: Experience – Psychological therapies

Target

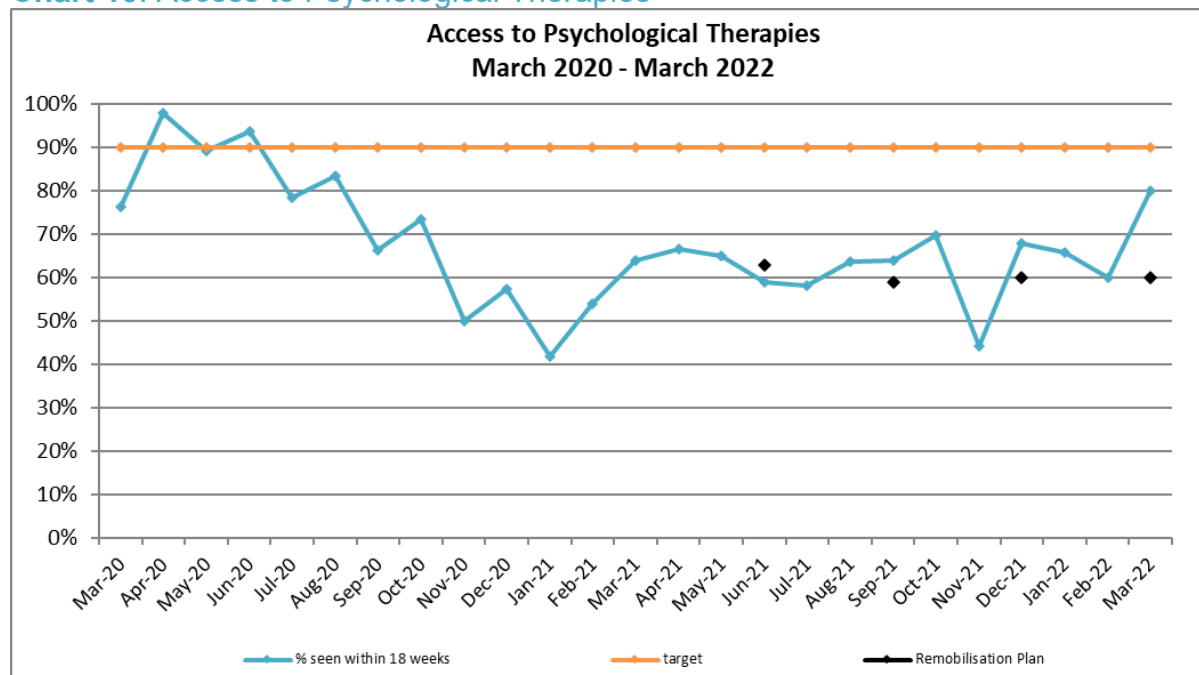
90% of patients should start treatment within 18 weeks of referral to Psychological Therapies (18 week Referral to Treatment).

Position

In February 2022, 60.0% of patients started treatment within 18 weeks of referral. This is a reduction from the previous month however better than the performance in February 2021 of 53.8%. The Remobilisation Plan trajectory of 60% was exceeded in December with current performance equal to the plan.

The provisional March position is 80.0% however this data is currently undergoing validation. Data indicates that the proportion of patients seen online was greater than normal. This was coupled with a peak period for annual leave where less new patients were seen, and this has had a positive impact on the 18 week Referral to Treatment standard. It is noted that this will not be a sustained improvement with the position expected to be about 60%. There remain challenges with staffing and recruitment. The service has recruited to 9 posts however there remain 10 core vacancies. The service is working with the Scottish Government with Remobilisation Plan trajectories currently being revisited to take account of the position.

Chart 10: Access to Psychological Therapies



In the quarter ending December 2021 the published 18 week referral to treatment standard comparison is Scotland 84.4%; Forth Valley 64.1%.

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

Purpose

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

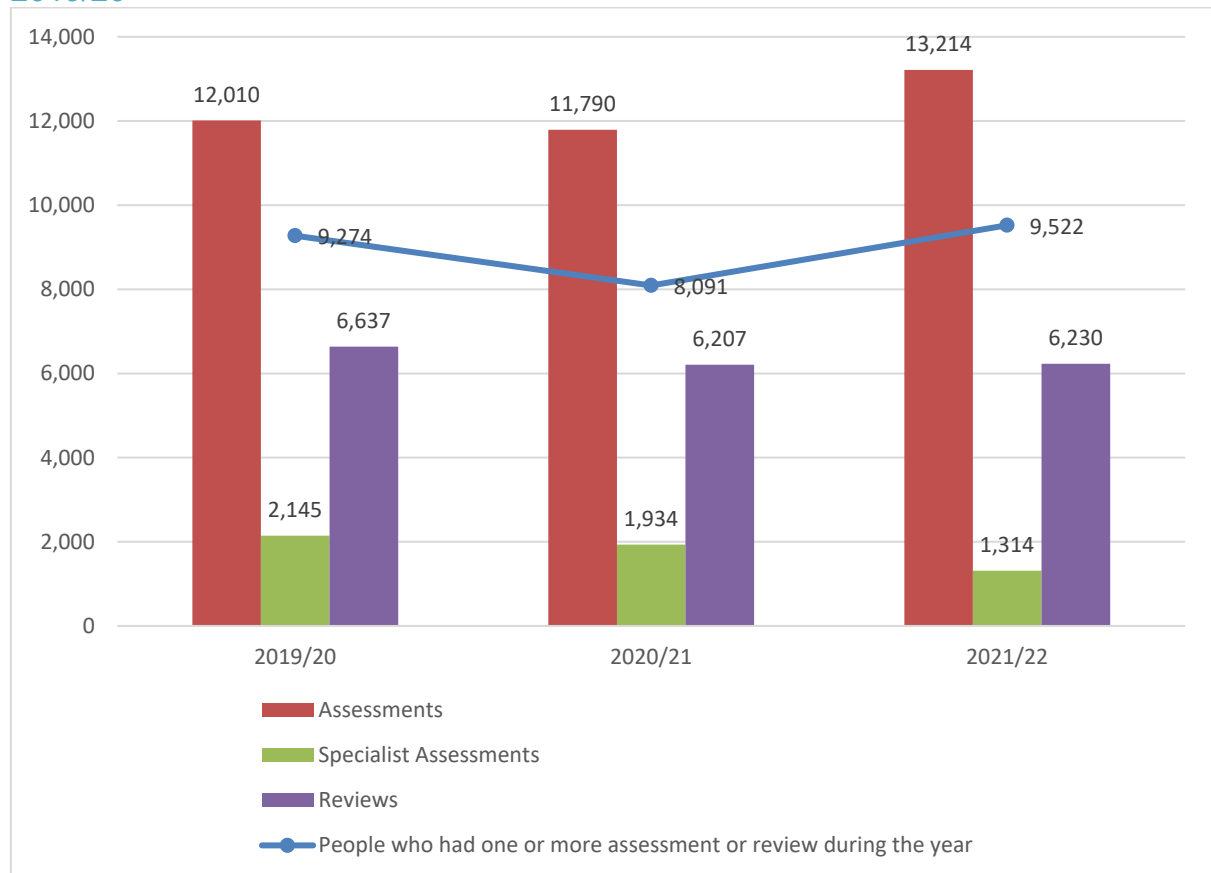
Position

The number of people receiving either an assessment or review in 2021/22 rose by nearly 18% compared with the previous year. The number of assessments and reviews increased by 4%.

Chart 11 shows the number of people receiving either an assessment or review and the total assessment and review activity over the last three years.

In 2021/22, there was a 12% increase in assessments, including 31% increase in Intake assessments; a 32% fall in specialist assessments and reviews remained at the same level as in 2020/21.

Chart 11: Number of people who had one or more assessment or review in the year and the number of assessments, specialist assessments and reviews since 2019/20



Whilst some of the increased activity in 2021/22 may have reflected less covid restrictions in accessing adult social work services, the period also saw a shift in the age groups of those assessed and or reviewed. For example, assessment and review activity for those aged between 18 and 64 years increased by 26%; it decreased by 10% for people over 85 years.

It should also be noted that ongoing challenges in recruitment and retention of staff across social work adult services, as well as the higher absence rates we have seen in the past year, impacts on the number of assessments and reviews. Against this background the significant overall increase in assessments is testament to the hard work and commitment of the staff who continue to work through this difficult time for us.

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

Purpose

Currently Occupational Therapists (OT) in Social Work Adult Services work with people with complex health and social needs. The focus of the work of the OT is to work collaboratively with a person to find solutions to assist them to live

independently at home for as long as possible. This includes advising on self-management techniques, providing advice to carers, intense reablement, technology solutions and provision of equipment and adaptations if required. OTs will also offer advice and support to paid care staff, NHS and Social Work Adult Services colleagues in regard to more straightforward solutions to meet service user needs.

Position

The number of overdue OT pending assessments was 292 at the end of March 2022, a similar figure to the end of the previous quarter (290). Of these 292 cases, 246 (84%) were priority 2 and the remainder - 46 (16%) - 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

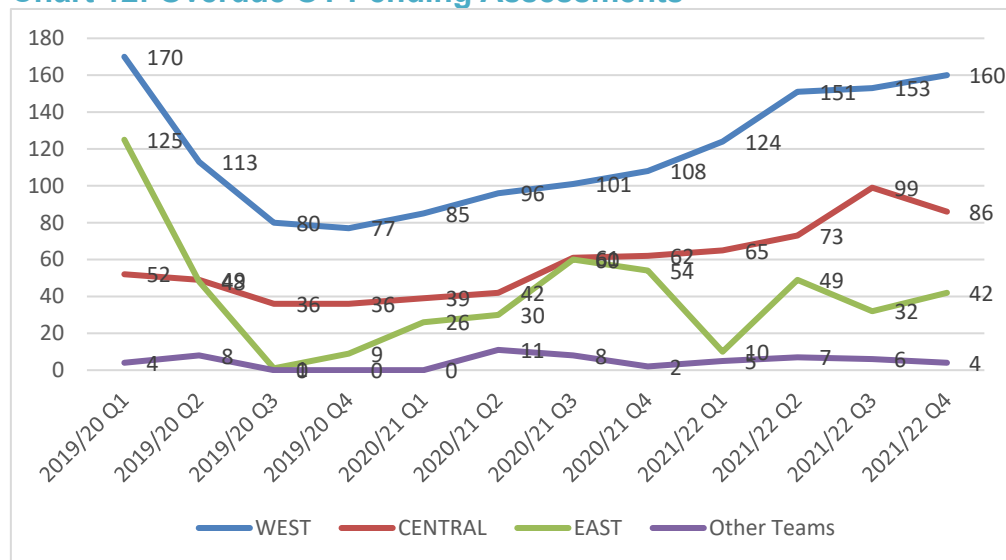


Chart 12 shows the trend since the beginning of 2019/20 demonstrating significant improvement through that year before the pressure of the Covid pandemic hindered sustaining this progress. Through the winter of 2020/21 overall numbers fell marginally but the period between July and September last year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

Change in Staffing

Vacancies in posts for Occupational Therapists and Social Workers across the locality teams represent an ongoing challenge for the service. The loss of experienced staff results in a reduction in the volume of activity which can be delivered as well as a depletion of skills and experience, which take time to replace. New appointments are predominantly newly qualified practitioners who require time and training to develop their professional skills and expertise. The service is actively work with the Council's Children and Families service and HR to address the underlying issues affecting recruitment and retention.

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 utilised towards supporting the work of reducing delayed discharges and supporting the 'flow' through intermediate and community beds.

However, 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.

However, as a result, the early intervention and prevention work undertaken by Occupational Therapists within a Reablement model of assessment and intervention has reduced.

Similarly, the Living Well service, which were giving people with lower level needs an alternative to waiting on a pending list for a home assessment by a Social Care Officer was suspended at the start of the pandemic, in order to free up staff to deal with acute need. As a result some of those individuals have come to the locality teams for a service. Within the current recruitment plan, additional Social Care Officer posts are being progressed to support the re-opening of the Living Well Centre, which will reduce some of the pressure on locality waiting lists for Occupational Therapist input.

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 as well as help to address some of the recruitment and retention issues.

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	
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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.

Appendix 3 Local Government Benchmarking Framework Briefing 20/21

The following briefing covers the recently released 2020/21 Adult social work indicators which form part of the overall Local Government Benchmarking Framework and were included in the recent overview publication. This briefing will look at each of the adult social work indicators in two ways:

1. Trend analysis compared to the national average
2. Latest year comparison with Scotland and comparable local authority peers

The indicators which are included in the LGBF Adult Social work section are as follows:

SW1	Home care costs per hour for people aged 65 or over
SW2	Self Directed Support (Direct Payments + Managed Personalised Budgets) spend on adults 18+ as a % of total social work spend on adults 18+
SW3a	% of people aged 65 and over with long-term care needs who receiving personal care at home
SW4b	% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life
SW4c	Percentage of adults supported at home who agree that they are supported to live as independently as possible
SW4d	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided
SW4e	Percentage of carers who feel supported to continue in their caring role
SW5	Residential costs per week per resident for people aged 65 or over
SW6	Rate of readmission to hospital within 28 days per 1,000 discharges
SW7	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections
SW8	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)

Note – while the LGBF 2020/21 data extract allows for both "Cash" (true figures not adjusted for inflation) and "Real" (adjusted for inflation) for all cost related indicators (SW1 and SW5) we have only used "Real" figures in this briefing so the following charts are adjusted for inflation.

Indicators SW4b, SW4c, SW4d and SW4e come from the health and care experience survey which is carried out every 2 years. The Survey is sample based and each question can have a varying number of responses. The responses received for each questions were: 265, 260, 265 and 573 respectively. For more details see <https://publichealthscotland.scot/publications/health-and-care-experience-survey/health-and-care-experience-survey-2022/detailed-experience-ratings-results/>

Falkirk is in Family group 3 for the Improvement Services' LGBF Children, Social Work and Housing indicators. The comparator peers for Falkirk are those with a similar population in terms of relative deprivation and affluence.

Family Group 3

Falkirk
Dumfries & Galloway
Fife
South Ayrshire
West Lothian
South Lanarkshire
Renfrewshire
Clackmannanshire

Summary of Performance 2020/21

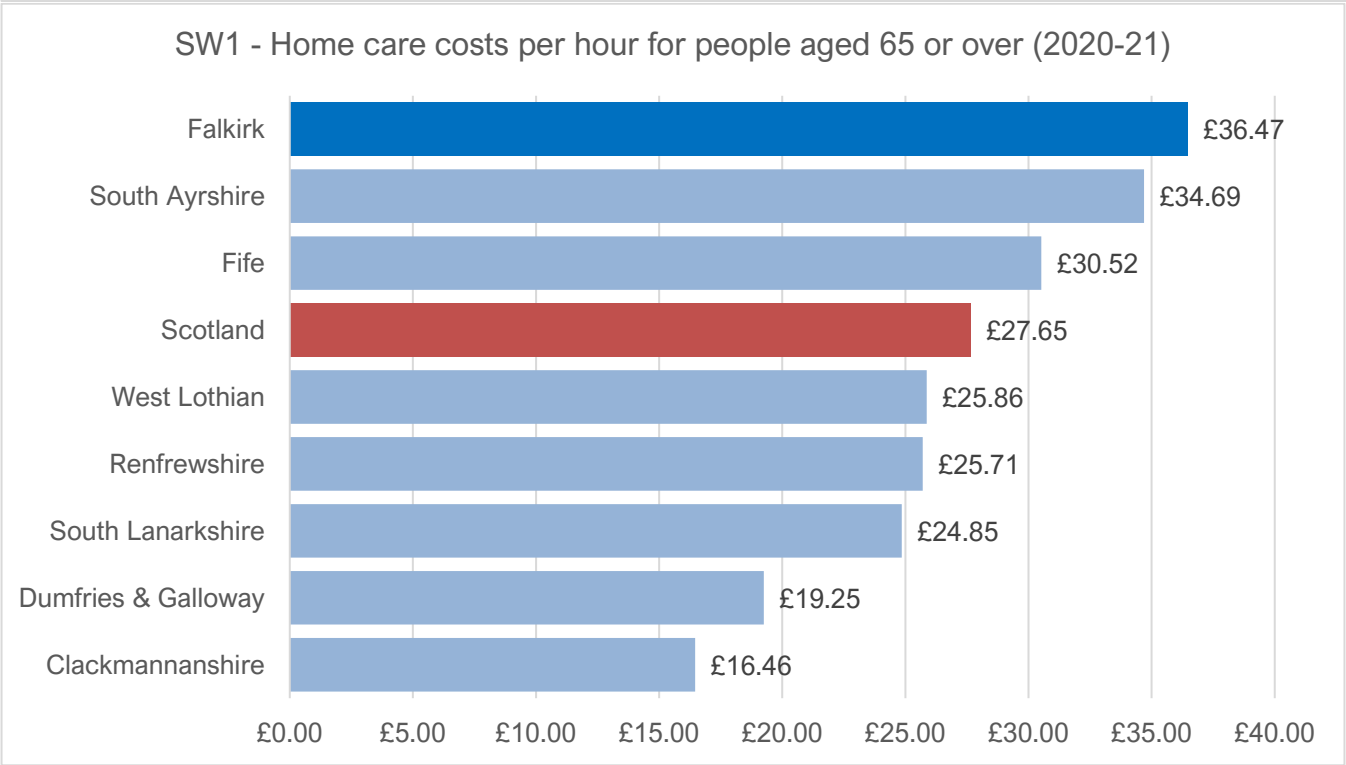
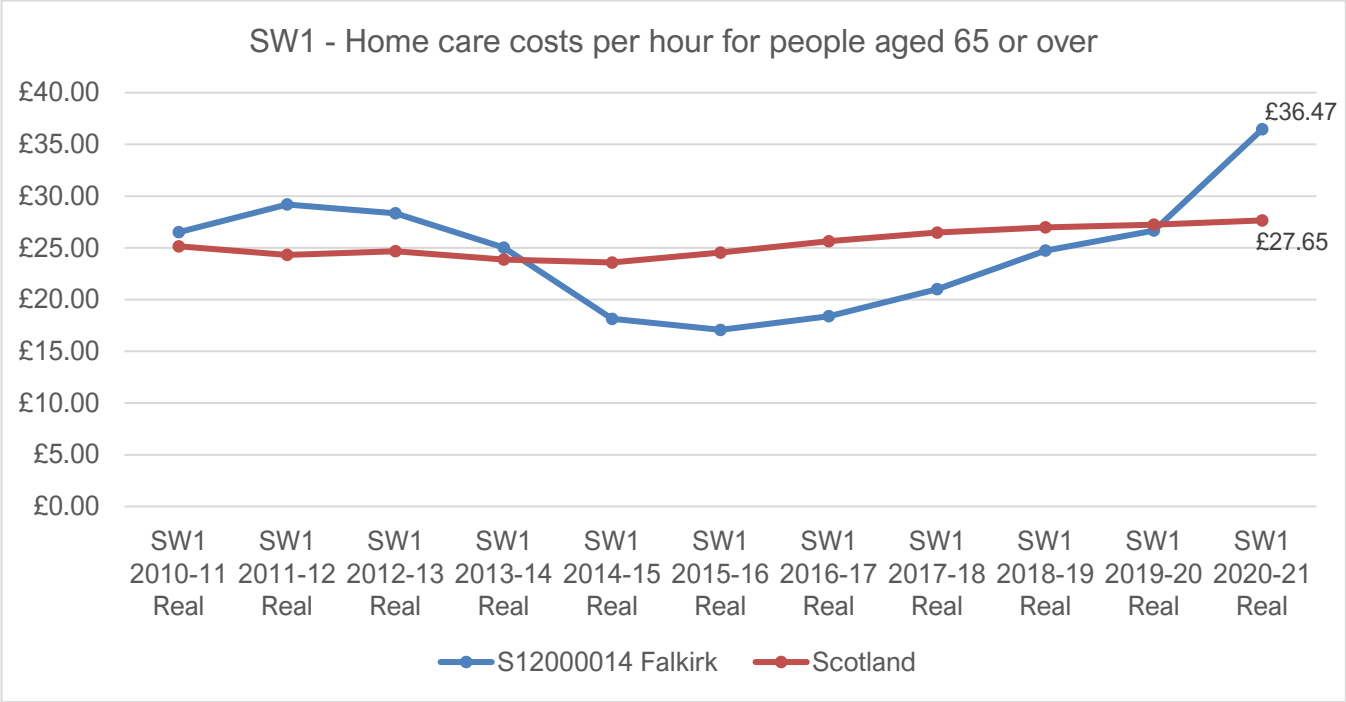
The table below provides a brief overview on how Falkirk compares to the Scotland average for the 2020/21 financial year indicators

£36.47 – Home care costs per hour for people aged 65 or over (SW1 – Scotland £27.65)	4.77% - Self Directed Support spend on adults 18+ as a % of total social work spend on adults 18+ (SW2 – Scotland 8.17%)	66.8% of people aged 65 and over with long-term care needs who receiving personal care at home (SW3a – Scotland 61.7%)
78.8% - % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life (SW4b – Scotland 80.0%)	79.2% - % of adults supported at home who agree that they are supported to live as independently as possible (SW4c – Scotland 80.8%)	78.6% - % of adults supported at home who agree that they had a say in how their help, care or support was provided (SW4d – Scotland 75.4%)
36.6% - % of carers who feel supported to continue in their caring role (SW4e – Scotland 34.3%)	£301 - Residential costs per week per resident for people aged 65 or over (SW5 – Scotland £439)	162.96 - Rate of readmission to hospital within 28 days per 1,000 discharges (SW6 – Scotland 120.0)
87% Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (SW7 – Scotland 82.5%)	684.3 Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+) (SW8 – Scotland 484.3)	

	Performs better than Scotland average (>2% points better)
	Similar to Scotland average (within 2%)
	Does not perform well compared to Scotland average (not within 2% points)

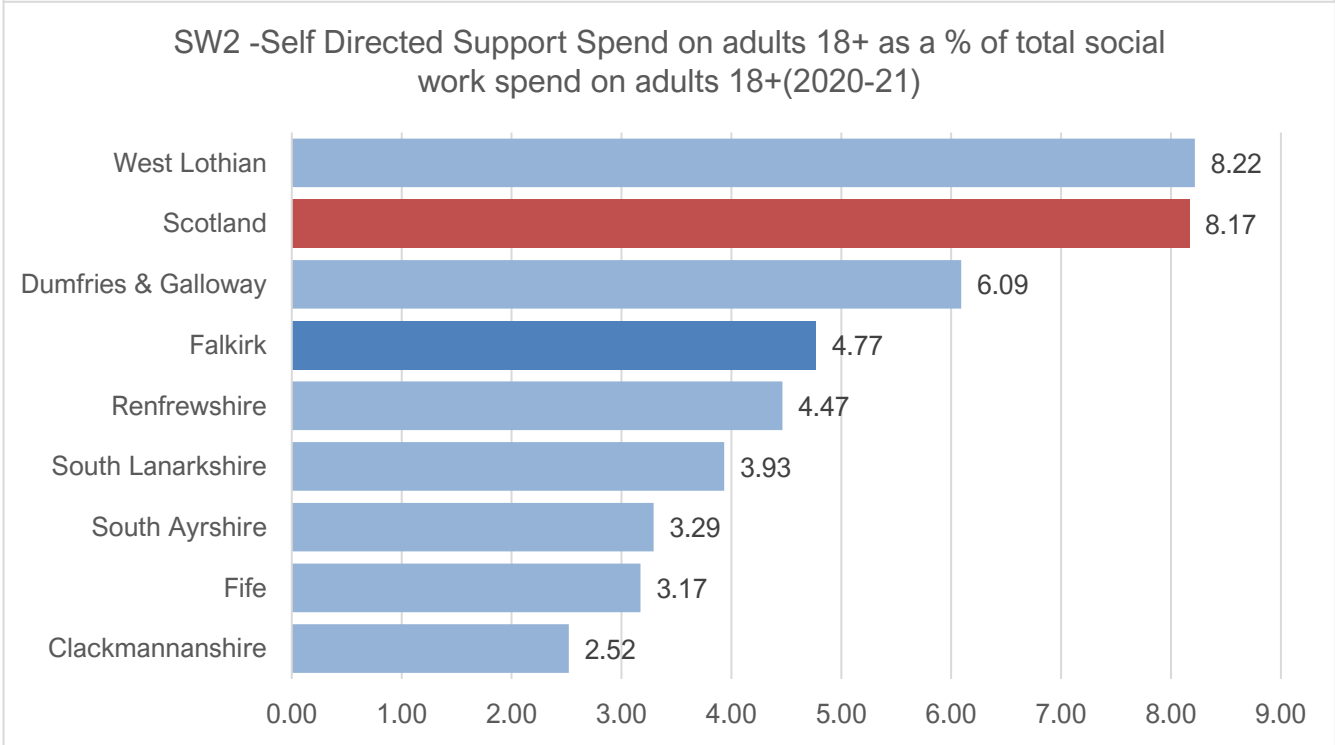
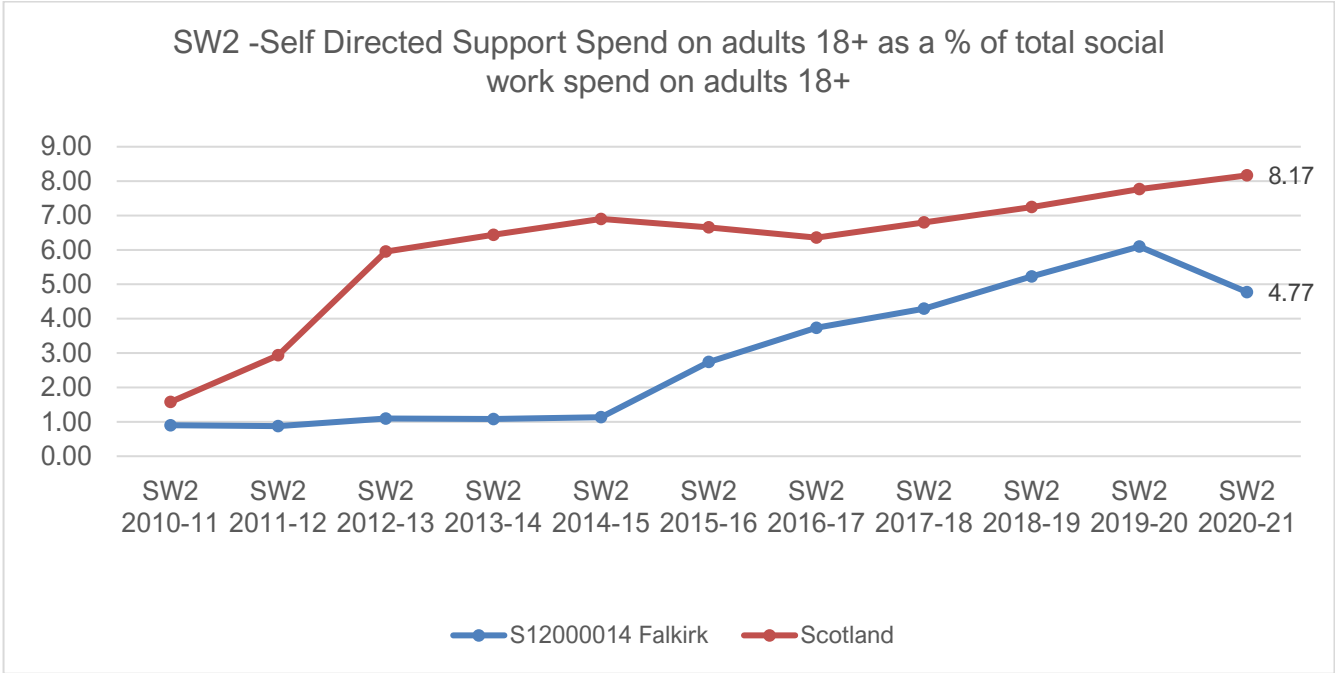
SW1 - Home care costs per hour for people aged 65 or over

Falkirk has seen an increasing trend for home care costs per hour (people 65+) in the past 6 years and peaked at £36.47 per hour in 2020/21, nearly £10 per hour more than Scotland average in 2020/21, and a sharp increase of approximately £10 per hour on the 2019/20 figure. More so Falkirk has the highest hourly cost compared to its comparator group. It is important to note that there is a wide variance of costs across areas. This suggests it is likely that the approach in terms of costs and services included may differ across areas and not be entirely comparable.



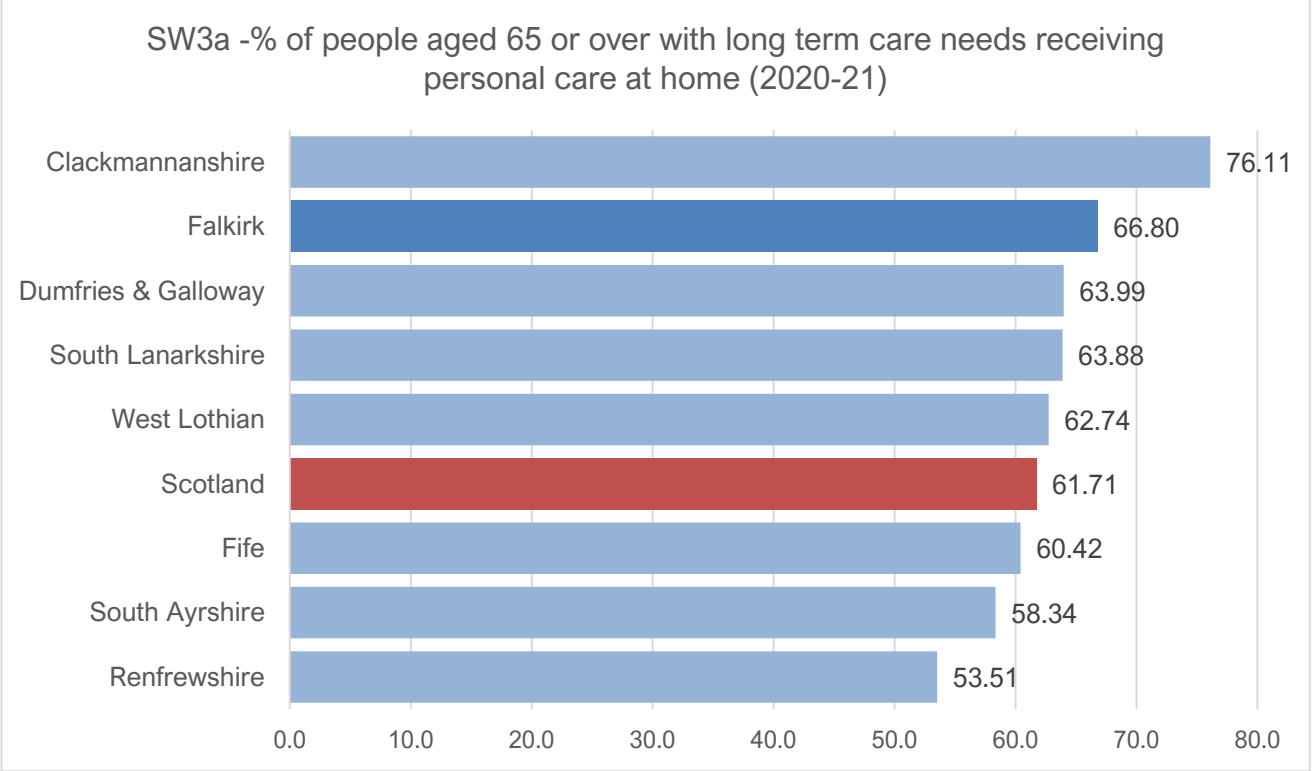
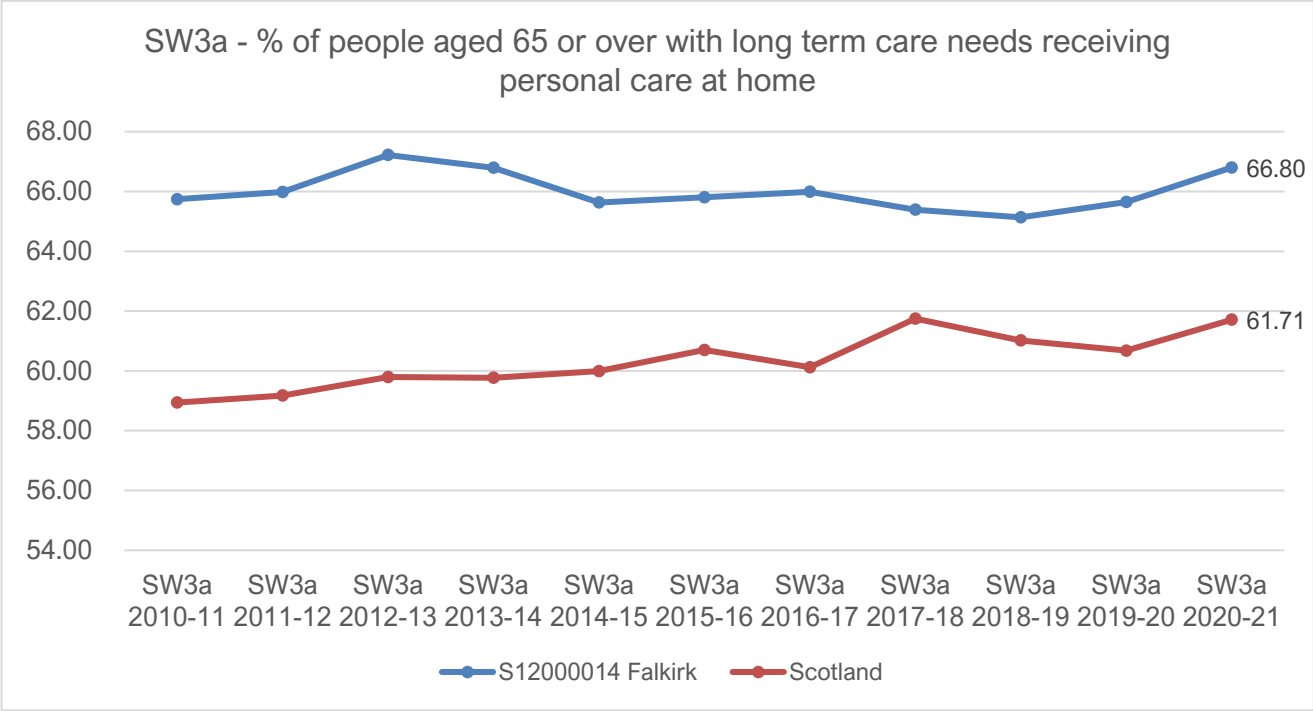
SW2 - Self Directed Support (Direct Payments + Managed Personalised Budgets) spend on adults 18+ as a % of total social work spend on adults 18+

For self directed support payments Falkirk was mirroring an increasing trend with the overall Scotland average over the past 5 years however a drop from 6.1% (2019/20) to 4.8% of total adult social care spend was observed in 2020/21. In terms of comparison to the peer group, Falkirk has a lower percentage spend than West Lothian and Dumfries & Galloway but sits higher than the five other peer local authorities.



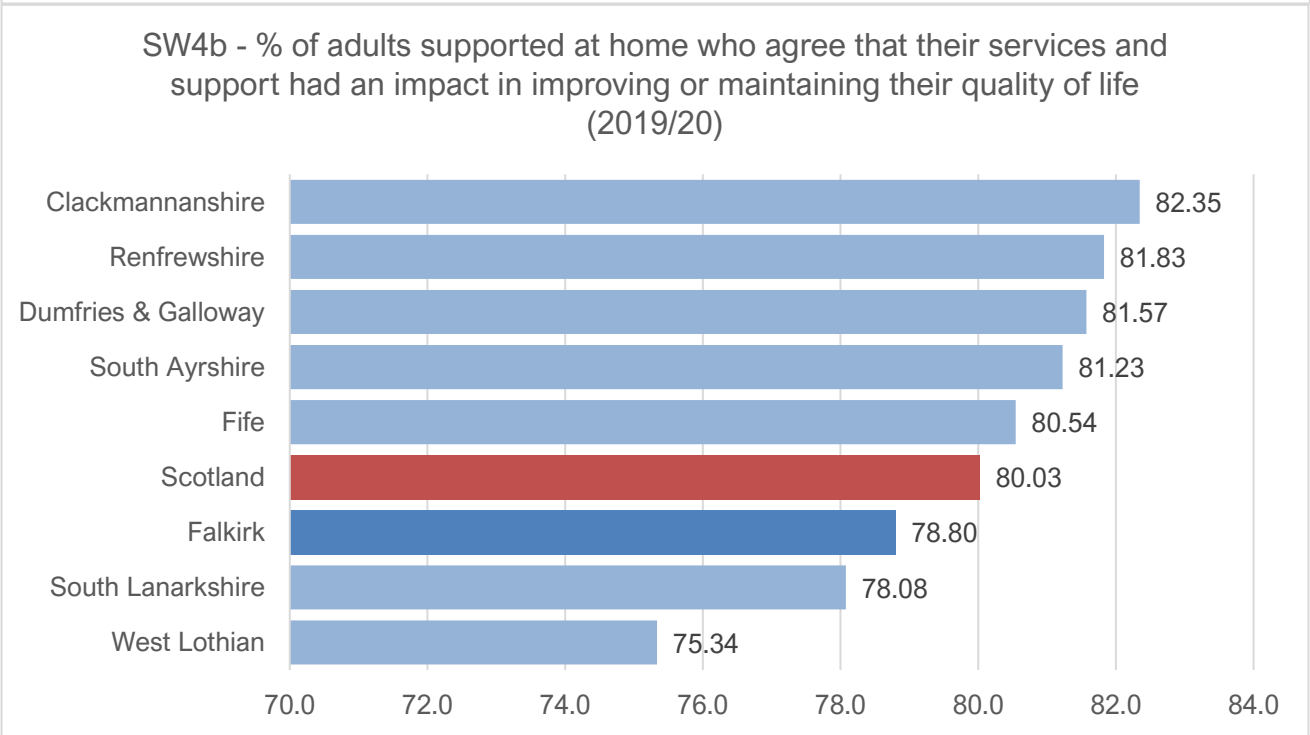
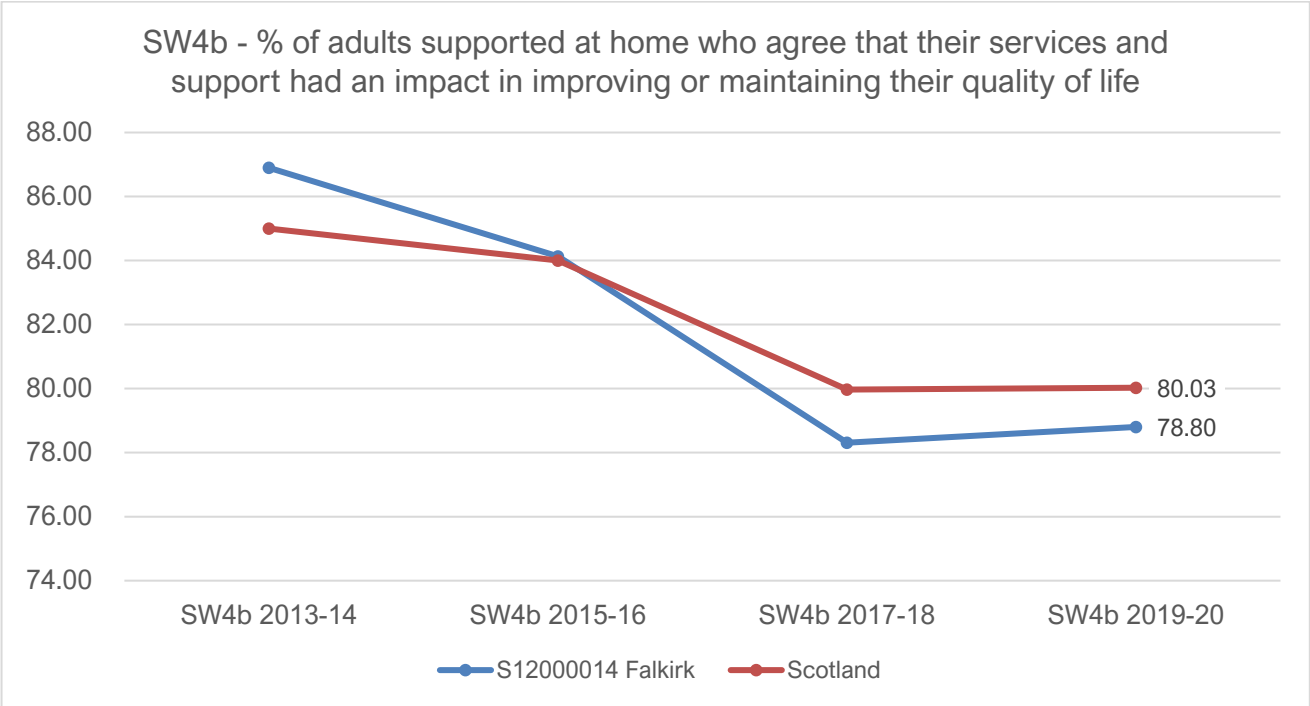
SW3a - % of people aged 65 and over with long-term care needs who receiving personal care at home

Over the past 10 years Falkirk has remained in a very similar position for this indicator with approximately two thirds (66%) of people aged 65+ with long term care needs receiving personal care at home. This has consistently been around 5%-7% higher than the Scotland average. When comparing to peers Falkirk is 2nd top of the group behind neighbouring Clackmannanshire in 2020/21.



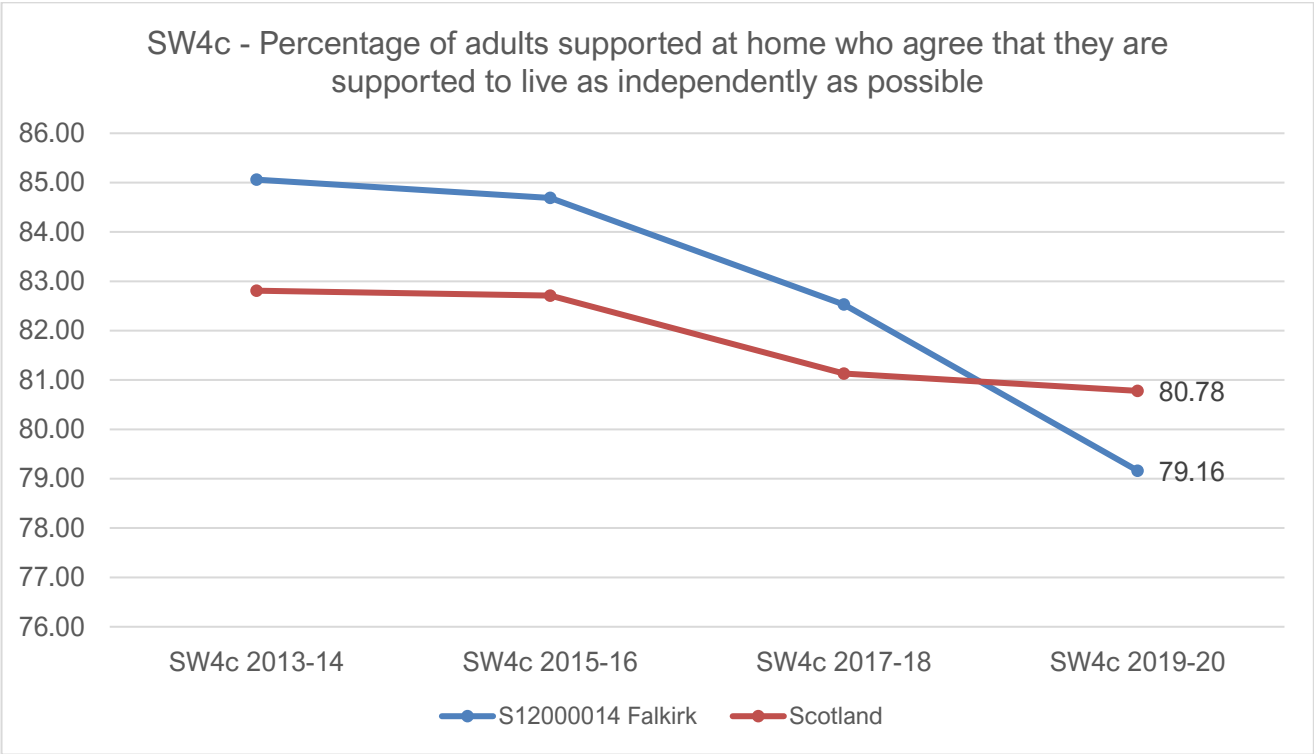
SW4b - % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life

Indicator SW4b comes from the health and care experience survey which is carried out every 2 years. The trend chart shows a small improvement for Falkirk in the most recent year, however this is a substantial drop from the 2013-14 & 2015-16 surveys (methodological changes to the health and care experiences survey have caused a drop in performance across Scotland too). The peer comparison sees Falkirk below the National average and in the bottom 3 of the peer group.

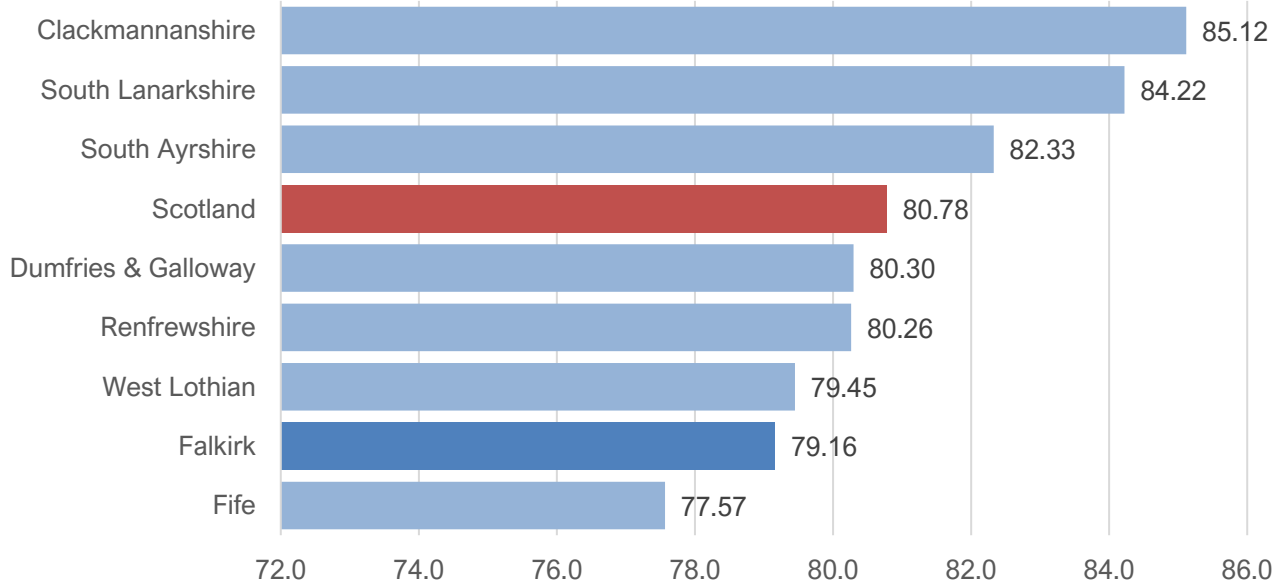


SW4c - Percentage of adults supported at home who agree that they are supported to live as independently as possible

Indicator SW4c comes from the health and care experience survey. Over the past 4 surveys, Falkirk has seen a decrease in performance against this indicator. In the past 3 surveys Falkirk performed better than the Scotland average but in the most recent survey the % of adults who agreed they were supported to live as independently as possible dropped below 80% and below the national average. Falkirk sits 2nd bottom of the peer group in 2019/20 but is very close to the Scotland average.



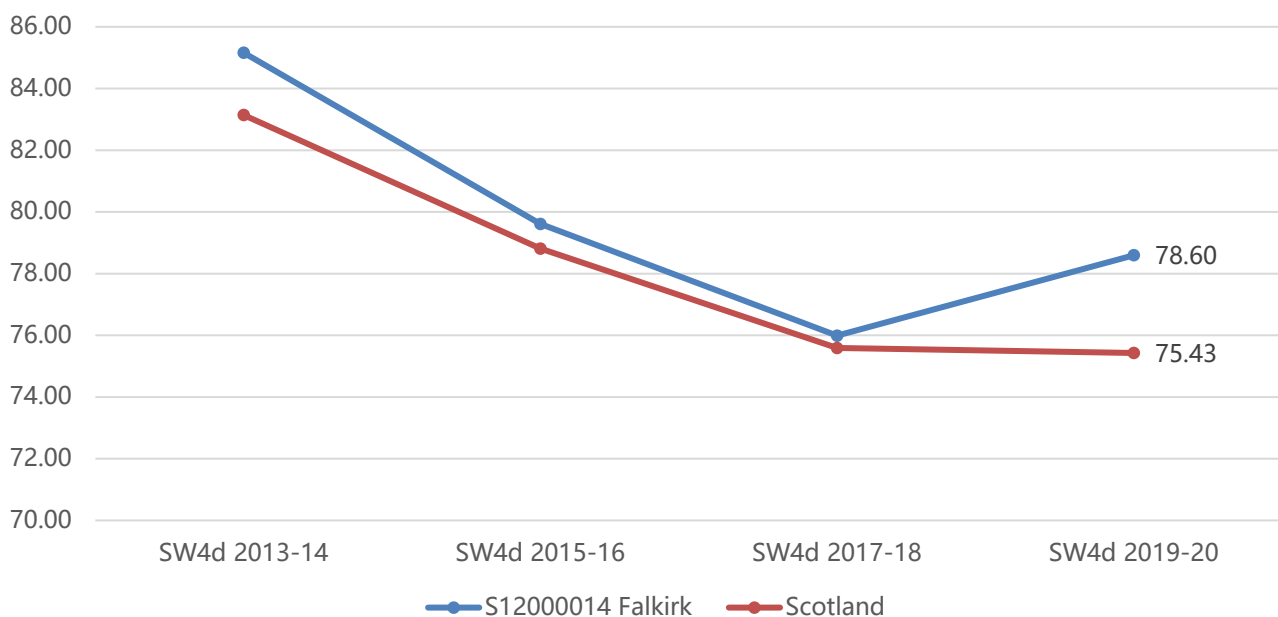
SW4c - Percentage of adults supported at home who agree that they are supported to live as independently as possible (2019/20)



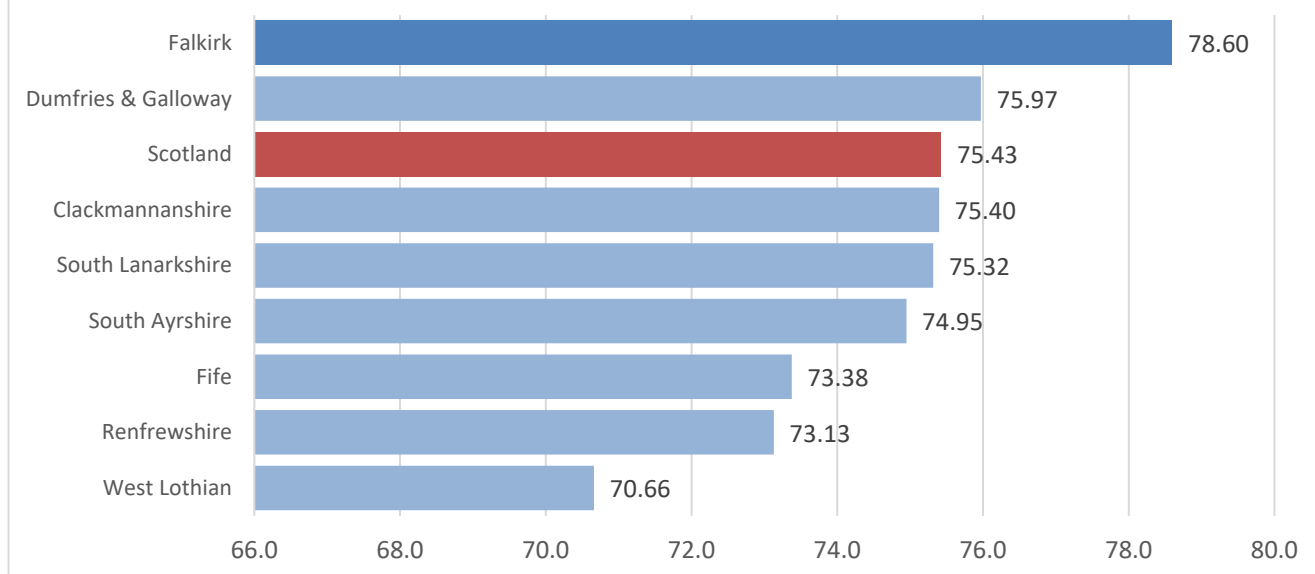
SW4d - Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided

Indicator SW4d comes from the health and care experience survey. After 3 consecutive drops in performance for Falkirk (mirrored by Scotland average) there was an improvement from 76% to 78.6% in 2019/20. Falkirk also topped the peer group comparison for this indicator and was nearly three percentage points higher than the nearest comparator local authority.

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

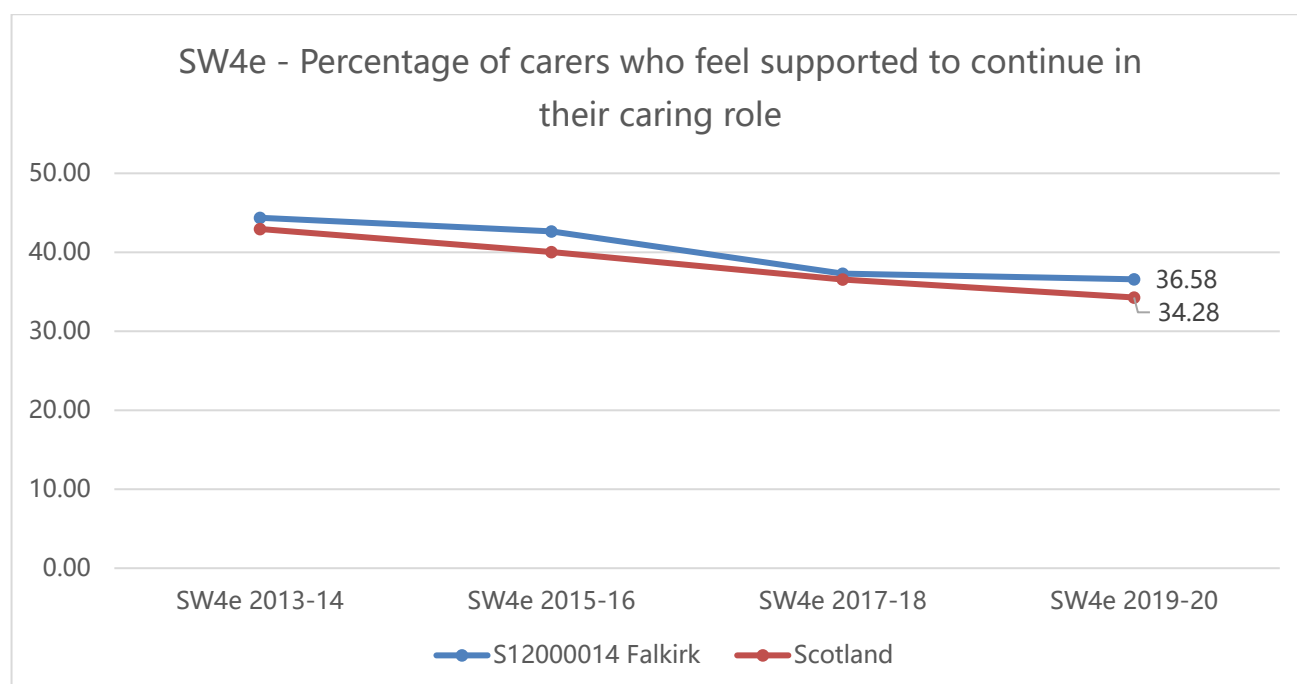


SW4d - Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (2019/20)

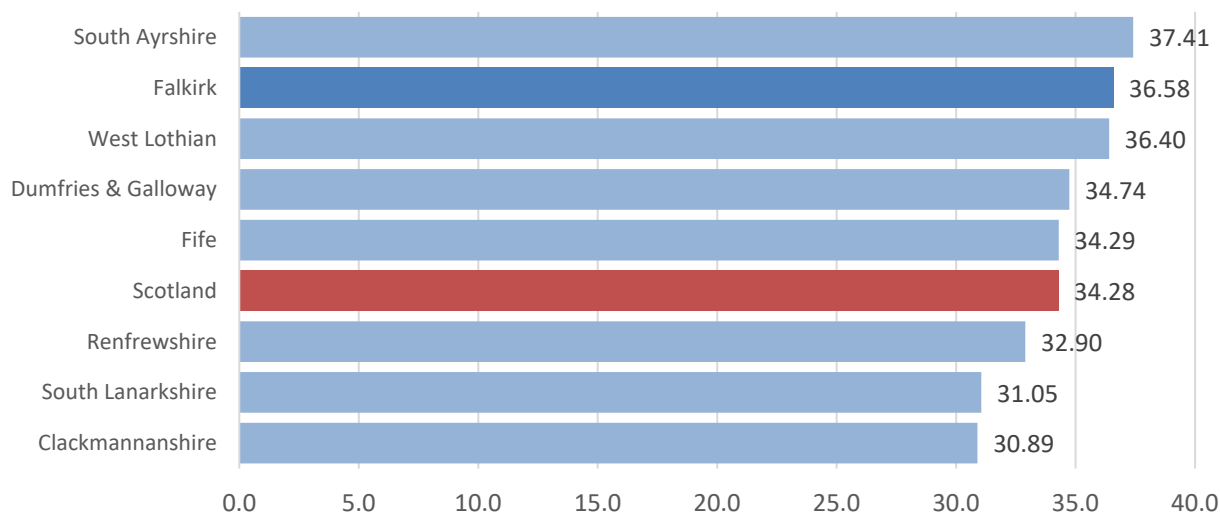


SW4e - Percentage of carers who feel supported to continue in their caring role

Indicator SW4e comes from the health and care experience survey. Historically Falkirk has mirrored very closely a decreasing trend with the national average but has retained a higher level of performance for this indicator. In 2019/20 36.6% of carers felt supported to continue in their caring role in Falkirk. This is the 2nd top rating amongst the peer group and better than the national average.



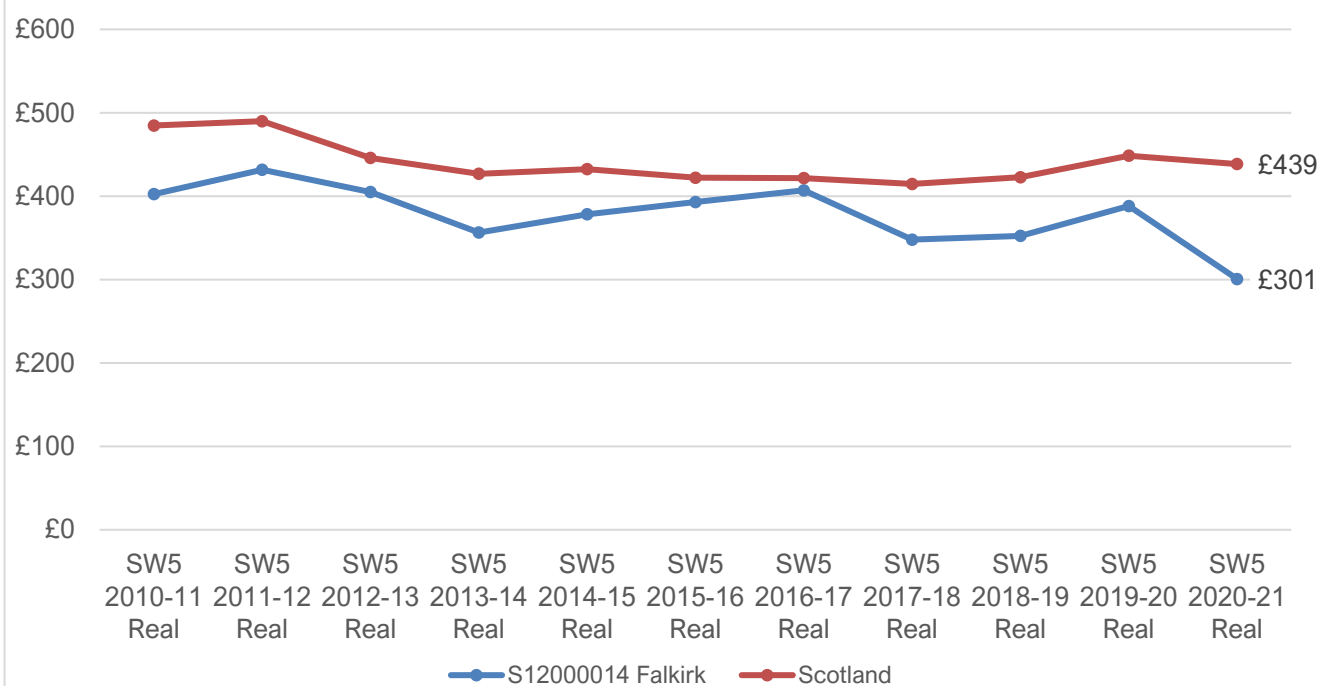
SW4e - Percentage of carers who feel supported to continue in their caring role (2019/20)



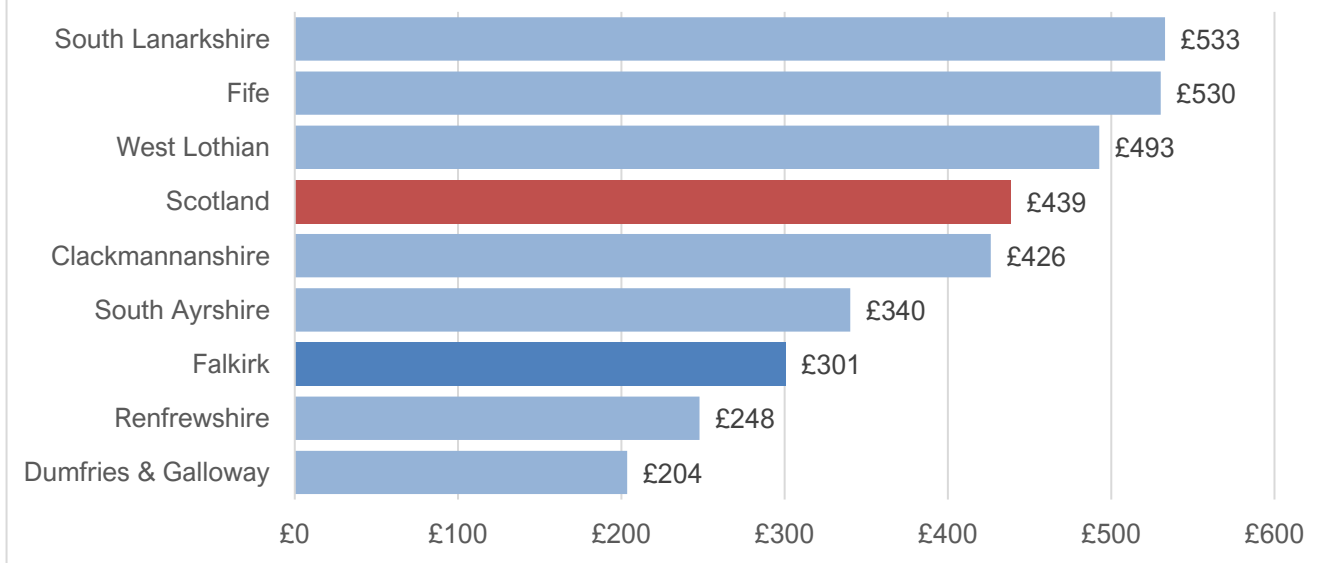
SW5 – Residential costs per week per resident for people aged 65 or over

Indicator SW5 tracks the residential costs per week per resident for people aged 65 or over. In the past decade Falkirk has consistently had a lower average cost compared to Scotland and 2019/20 was the lowest cost in 10 years (£301 vs £439 for Scotland). Costs varied widely for comparators between £209 in Dumfries & Galloway and £533 in South Lanarkshire but Falkirk was towards the lower end of the scale in 2020/21.

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

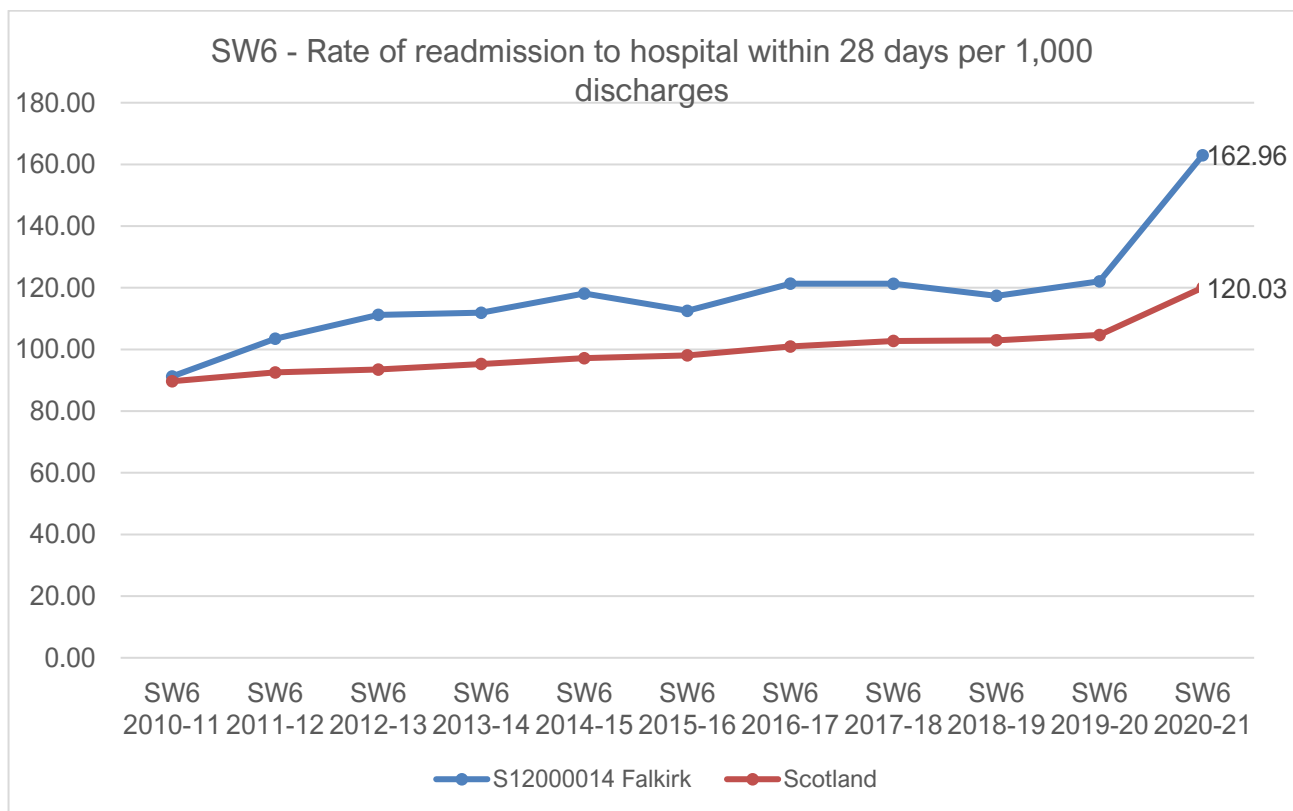


SW5 - Residential costs per week per resident for people aged 65 or over (2020/21)

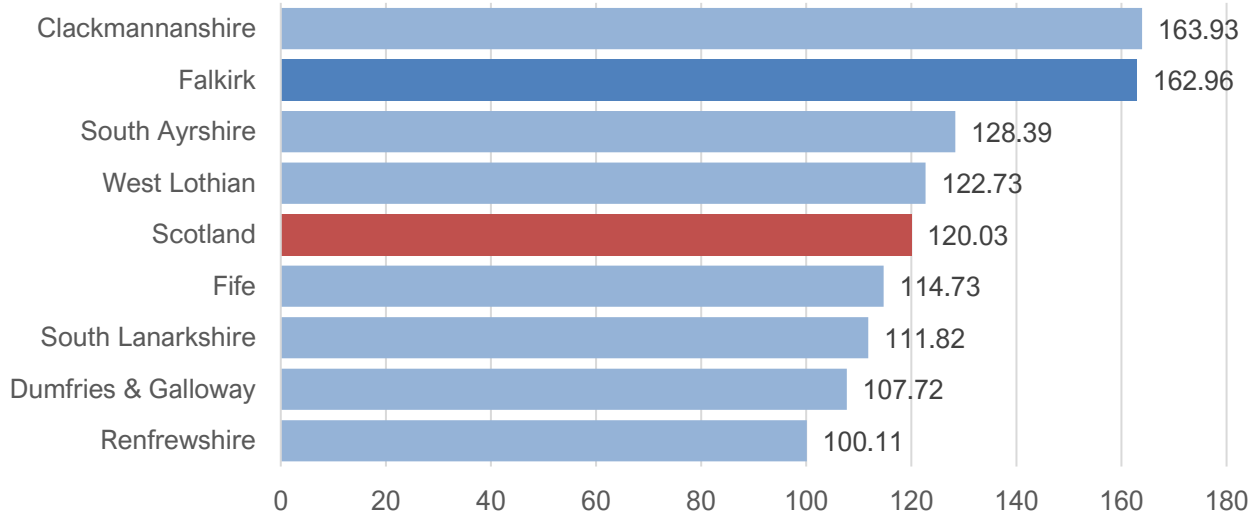


SW6 – Rate of readmission to hospital within 28 days per 1,000 discharges

Readmission rates drastically increased in 2020-21 for Falkirk after a very gentle increase in the previous 9 years. This is a result of changes in how patients were coded in clinical assessment areas from outpatients to inpatients as detailed at the March 2022 IJB in the Hospital Readmissions Paper.



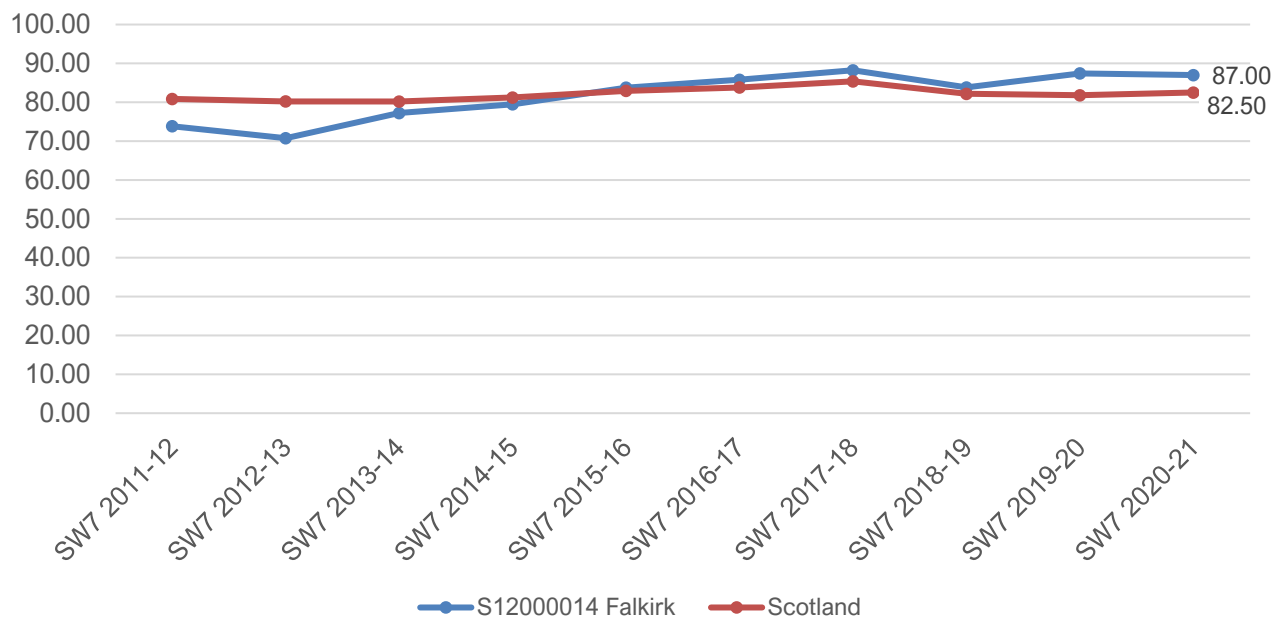
SW6 - Rate of readmission to hospital within 28 days per 1,000 discharges (2020/21)



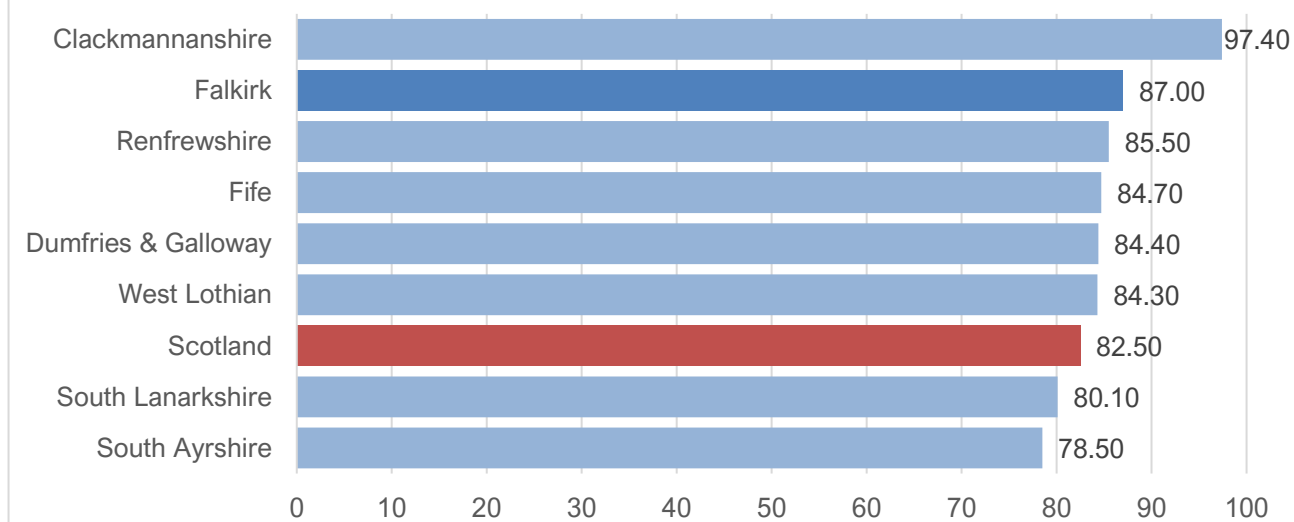
SW7 – Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections

Falkirk has seen a marginal improvement in this indicator over the past decade, with 87% of care services rated as 'Good' or better in care inspectorate inspections in 2020/21. This is higher than the Scottish average and Falkirk has the 2nd highest proportion of care services ranked as 'Good' or better in the peer group for 2020/21.

SW7 - Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections



SW7 - Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (2020/21)



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

Both Scotland and Falkirk have seen a considerable drop for 2020/21 though the number of days the Falkirk residents (75+) spend in hospital when ready to be discharged is substantially higher than the Scotland Average. Of the peer group, only South Ayrshire residents spent more days in hospital when ready to be discharged in 2020/21.

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

