

Agenda Item 14

Performance Monitoring Report



Falkirk Integration Joint Board

18 November 2022

Performance Monitoring Report

For Consideration & Comment

1. Executive Summary

- 1.1 The Performance Monitoring Report September 2021 – September 2022 is presented to support the Integration Joint Board (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 The content of the Performance Monitoring report covers the reporting period September 2021 – September 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 Social Work Adult Services (SWAS) introduced a new social work information system during June and July 2022. Once established, the system will allow for more effective and efficient performance monitoring. Data from the previous system is not yet fully migrated across. The team are currently working hard to understand the data in the new system and work through queries where there are differences in definitions between systems. For these reasons, it is not currently possible to update indicators 49, 60-63, 72-76, 83 and 85. Further investigative work is underway to establish if reporting for these indicators can be re-established and where this is not possible, if there are alternative new indicators that could be used.
- 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 September 2022 compliance for the Falkirk Partnership highlights a decrease in performance to 51.6%, compared with 65% in September 2021.
 - **Delayed Discharge**
The Falkirk partnership breakdown at the September 2022 census is noted as:
 - 57 Standard delays, 33 are delayed over 2 weeks
 - 13 guardianship/code 9 exemptions
 - 70 total delays.
 - **Complaints – Falkirk Council Social Work Adult Services**
Performance of complaints completed within timescale has declined to 63% in the first half of 2022/23, compared to 75% through 2021/22

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 2022 to August 2022, a total of 9 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 77.8%.
 - **Attendance management – Social Work Adult Services**
The overall sickness absence figure for the first half of 2022/23 was 11.3%, compared to 11.9% in the same period last year.
 - **Attendance management - NHS Forth Valley**
The overall August 2022 sickness absence position is reported as 6.47% with the 12-month rolling position noted as 6.89%.
 - **Psychological Therapies**
In September 2022, 62.4% of patients started treatment within 18 weeks of referral. This is an improvement from the previous month, however a reduction in performance compared with September 2021 of 63.9%.
- 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 September 2021 – September 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 to an existing Direction 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 September 2021 – September 2022



Performance Monitoring Report

Reporting Period
September 2021 – September 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 September 2022 compliance for the Falkirk Partnership highlights a decrease in performance to 51.6% compared with 65% in September 2021.

1.2 Delayed Discharge

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

- 57 Standard delays, 33 are delayed over 2 weeks
- 13 guardianship/code 9 exemptions
- 70 total delays.

Within the Falkirk Partnership the number of bed days occupied by delayed discharges is noted as 1826 at the September 2022 census. As with the Forth Valley position this is a significant increase from the September 2021 census position of 1274.

1.3 Complaints - Falkirk Council Social Work Adult Services

Performance of complaints completed within timescale has declined to 63% in the first half of 2022/23, compared to 75% through 2021/22.

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.

1.4 Complaints - NHS Forth Valley

In the period April 2022 to August 2022, a total of 9 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 77.8% with 100.0% of Stage 1 complaints responded to within the timescale and 66.7% of Stage 2 complaints.

1.5 Attendance Management – Social Work Adult Services

The overall sickness absence figure for the first half of 2022/23 was 11.3%, compared to 11.9% in the same period last year.

1.6 Attendance Management - NHS Forth Valley

The target is to reduce sickness absence to 4% or less however an interim or milestone target of 4.5% has been agreed. The overall August 2022 sickness absence position is reported as 6.47% with the 12-month rolling position noted as 6.89%.

1.7 Psychological Therapies

In September 2022, 62.4% of patients started treatment within 18 weeks of referral. This is an improvement from the previous month however, a drop in performance compared with September 2021 of 63.9%. Patients who have experienced the longest waits are being prioritised however this can adversely impact achievement of the 18-week Referral to Treatment standard.

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 September 2021 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	Sep 2021	Sep 2022	Direction of travel	Exception Report
24	Emergency department 4 hour wait Forth Valley	69.4%	58.8%	▼	Page 10
25	Emergency department 4 hour wait Falkirk	65.0%	51.6%	▼	
26	Emergency department attendances per 100,000 Forth Valley Population	1898	1779	▼	-
27	Emergency department attendances per 100,000 Falkirk	1935	1766	▼	-
28	Emergency admission rate per 100,000 Forth Valley population (all ages)	1112	1055	▼	-
29	Emergency admission rate per 100,000 Falkirk population	1107	1013	▼	-

Ref	Measure	Aug 2021	Aug 2022	Direction of travel	Exception Report
30	Acute emergency bed days per 1000 Forth Valley population	652	727	▼	-
31	Acute emergency bed days per 1000 Falkirk population	655	779	▼	-

Ref	Measure	Sep 2021	Sep 2022	Direction of travel	Exception Report
32	Number of patients with an Anticipatory Care Plan in Forth Valley	56,055	56,535	▲	-
33	Number of patients with an Anticipatory Care Plan in Falkirk	28,813	28,851	▲	-
34	Key Information Summary as a percentage of the Board area list size Forth Valley	18.3%	18.5%	▲	-
35	Key Information Summary as a percentage of the Board area list size Falkirk Acute emergency bed	17.9%	18.0%	▲	-

Ref	Measure	2020/21	2021/22	Direction of travel	Exception Report
Self Directed Support (SDS) options selected: People choosing					
37	SDS Option 1: Direct payments (data only)	29 (0.7%)	25 (0.5%)	-	-
38	SDS Option 2: Directing the available resource (data only)	17 (0.4%)	96 (2.0%)	-	-
39	SDS Option 3: Local Authority arranged (data only)	4,128 (92.7%)	4,525 (94.6%)	-	-
40	SDS Option 4: Mix of options (data only)	279 (6.3%)	135 (2.8%)	-	-

Total service option choices

- Option 1 – 64 (1.3% of people choosing)
- Option 2 – 197 (4.1%)
- Option 3 – 4,659 (97.4%)

Note: Option 2 numbers recovered in 2021/22 having fallen due to a reduction of respite care provided during the 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), which had led to reduction in multiple option choices (Option 4) and an increase in single choice of Option 3.

2.3. Table 2: Safety Indicators 42 - 49

Ref	Measure	Sep 2021	Sep 2022	Direction of travel	Report Exception
42	Readmission rate within 28 days per 1000 admissions FV	50.5	54.3	▲	-
43	Readmission rate within 28 days per 1000 admissions Falkirk	51.2	56.7	▲	-
Ref	Measure	2021/22 H1	2022/23 H1	Direction of travel	Exception Report
45	Number of Adult Protection Referrals (data only)	543	502	-	-
46	Number of Adult Protection Investigations (data only)	22	33	-	-
	% of protection referrals that result in an investigation	4.1%	6.6%	-	-
47	Number of Adult Protection Support Plans at end of period (data only)	19 (at 30/06/21)	24 (at 30/06/22)	-	-

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	Sep 2021	Sep 2022	Direction of travel	Exception Report
54	Standard delayed discharges	46	57	▼	Page 11
55	Standard delayed discharges over 2 weeks	27	33	▼	
56	Bed days occupied by delayed discharges	1274	1826	▼	
57	Number of code 9 delays, including guardianship	18	13	▲	
58	Number of code 100 delays	6	3	▲	
59	Delays - including Code 9 and Guardianship	64	70	▼	

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	2021/22 H1	2022/23 H1	2022/23 H1 Stage 1	2022/23 H1 Stage 2	Direction of travel	Exception Report
64	a. The number of Social Work Adult Services (Stage 1 & 2) complaints completed within 20 days	25/32	35/56	29/49	6/7	-	P14
	b. The proportion of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales	78%	63%	59%	86%	▼	
	c. Proportion of Social Work Adult Services complaints upheld	% Upheld		30	33		
		% Partially upheld		27	33		
		% Not upheld		32	33		
		% Resolved		11	0		

Ref	Measure	Apr 2021-Mar 2022	Apr-Aug 2022	Direction of travel	Exception Report
65	a. The number of complaints to NHS Forth Valley applicable to Falkirk IJB (Stage 1 & Stage 2)	23	9	-	P17
	b. The percentage of complaints responded to within 20 days (Stage 1 & Stage 2)	82.6%	77.8%	▼	
	c. The number of SPSO cases received	3	0	-	

Ref	Measure	2021/22 H1	2022/23 H1	Direction of travel	Exception Report
66a	Attendance Management - Social Work Adult Services (Target – 5.5%)	11.9%	11.3%	▲	P18

Ref	Measure	Aug 2021	Aug 2022	Direction of travel	Exception Report
66b	Attendance Management – NHS Forth Valley (Interim target 4.5%)	6.21%	6.47%	▼	P20

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	Apr 2021-Jun 2021	Apr 2022-Jun 2022	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)	97.8%	91.9%	▼	-
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)	98.4%	97.0%	▼	-

Ref	Measure	Sep 2021	Sep 2022	Direction of travel	Exception Report
69	Access to Psychological Therapies – Percentage of people that commenced treatment within 18 weeks of referral	63.9%	62.4%	▼	P21

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

Ref	Measure	End Sep 2020	End Sep 2021	Direction of travel	Exception Report
72	Number of people aged 65+ receiving homecare	1,591	1,643	**	-
73	Number of homecare hours for people aged 65+	12,065	12,414		-
74	Rate of homecare hours per 1000 population aged 65+	394.7	405.0		-
75	Number people aged 65+ receiving 10+ hrs of home care	420	441		-
76	a. Number & percentage of Home Care service users aged 65+ receiving personal care	1,561 & 98.1%	1,636 & 99.6%		-

Ref	Measure	End Sep 2020	End Sep 2021	Direction of travel	Exception Report
76	b. Number & percentage of Home Care service users aged 18-64 receiving personal care	200 & 99.0%	206 & 100.0%	-	-

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

Ref	Measure	2021/22 H1	2022/23 H1	Direction of travel	Exception Report
77	Number of new Telecare service users 65+	73	52	-	-

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)	▲	-

Ref	Measure	2021/22 H1	2022/23 H1	Direction of travel	Exception Report
84	Number of Adult Carer Support Plans that have been completed by the Carers Centre	192	285	▲	-

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	▼	-

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 September 2022 was 58.8%; Minor Injuries Unit 100%, Emergency Department 42.3%. A total of 2,878 patients waited longer than the 4-hour target across both the ED and Minor Injuries Unit (MIU); with 1,382 waits longer than eight hours and 600 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 1,556 patients, an increase from 1,522 in August 2022. It is important to note that this continues to be as a result of issues in relation to flow through the system and system-wide pressures with the Forth Valley Royal Site in extremis on a number of occasions. Wait for a Bed accounted for 760 patients waiting beyond 4 hours with ED space wait accounting for 171 breaches and Clinical Reasons accounting for 124 breaches.

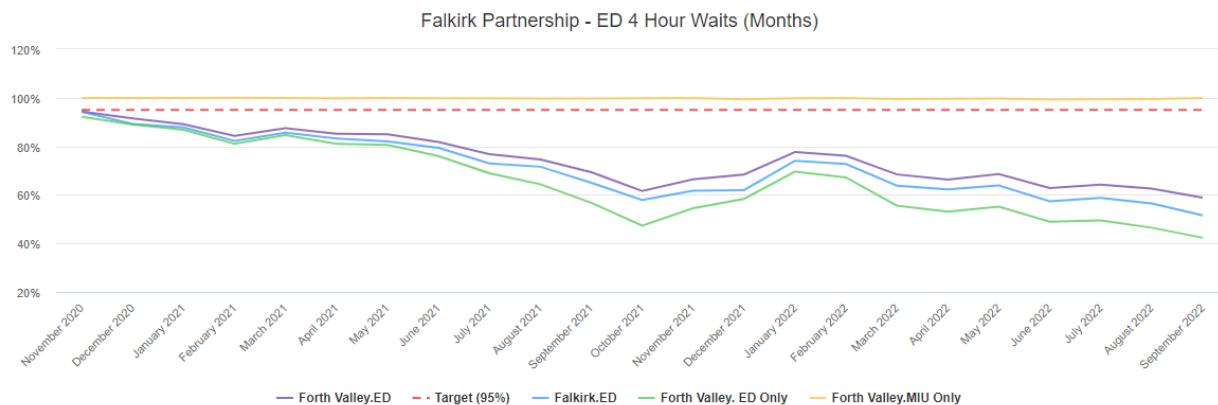
The September 2022 compliance for the Falkirk Partnership highlights a decrease in performance to 51.6%, compared with 65.0% in September 2021.

The position within ED remains challenging with a significant exacerbation of pressure across the system impacting on compliance with the 4 hour emergency access standard. Factors in relation to bed occupancy, length of stay, delayed discharges, and time of discharge continue to impact on flow through ED.

Daily meetings are in place with senior clinical decision makers and service leads from across the system to identify potential solutions and review urgent actions that can be taken to improve the system capacity and flow. The focus on patient and staff safety continues, and priority is being given to the identification of capacity to relieve pressure within the system.

The chart below notes performance from September 2021 – September 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 in their care circle/community. At a time of escalating need or 'crisis', services support people to access care or support at the lowest level of intervention appropriate to address their needs.

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

Performance

Table 1 provides a breakdown of Delayed Discharge performance at the September 2022 census.

Table 1: Delayed Discharge Breakdown – September 2022

	Under 2 wks	Over 2 wks	Standard Delays	Guardianship 9/51X	Code 9_Other	TOTAL (Ex code 100)	Code 100	Infection Codes
Falkirk	24	33	57	12	1	70	3	0
Total FV	29	42	71	24	2	97	4	0

The September 2022 census position for Forth Valley delays over 14 days is 42 against a zero standard. A further 29 delays waiting under 2 weeks brings the total number of standard delays to 71. Including 26 code 9 exemptions, the total number of delayed discharges at the September 2022 census point is noted as 97.

A further 2 delayed discharges are noted from residents living in Local Authorities outwith the Forth Valley area.

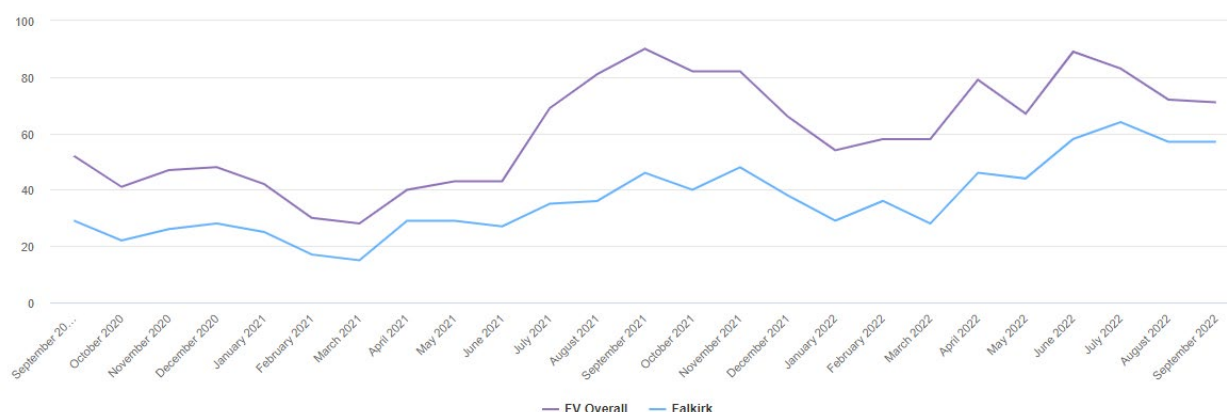
The Falkirk partnership breakdown at the September 2022 census is noted as:

- 57 Standard delays, 33 are delayed over 2 weeks
- 13 guardianship/code 9 exemptions
- 70 total delays

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

Chart 2: Standard Delays

Falkirk Partnership - Delayed Discharge - Standard Delays-



In addition, at the September 2022 census, there were 4 code 100 delays within Forth Valley, 3 for Falkirk Partnership.

The figures reported to the Scottish Government were 63 standard delays for Falkirk, however when the local monthly report was produced, 5 of the original 63 delays were coded differently post census date to make the standard delay total at 57. The figures below are based on the 63 standard delays reported to Scottish Government. (NHS Forth Valley Discharge Team Manager confirmed this information)

Of the 63 Standard Delays reported to Scottish Government in Falkirk:

- 19 awaiting move to care homes (11 patients are over two weeks and 8 under two weeks)
- 4 awaiting care packages for home (3 patient over two weeks and 1 under two weeks)
- 38 allocated and assessment commenced (17 patients over two weeks and 21 under two weeks)
- 2 awaiting housing provision (2 over 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	173	1653	1826
Total FV	211	1948	2159

Across Forth Valley, the number of bed days occupied (BDO) by people delayed in their discharge at the September 2022 census was 2,159, as noted in table 2 above. This is a decrease from the September 2021 position of 2,528. An average of 1,903 bed days occupied was noted at the monthly census September 2021 to September 2022. Of note is that a further 219 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 1,274 in September 2021 compared to 1,826 in September 2022. The average number of occupied bed days at the monthly census September 2021 to September 2022 was 1,107.

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

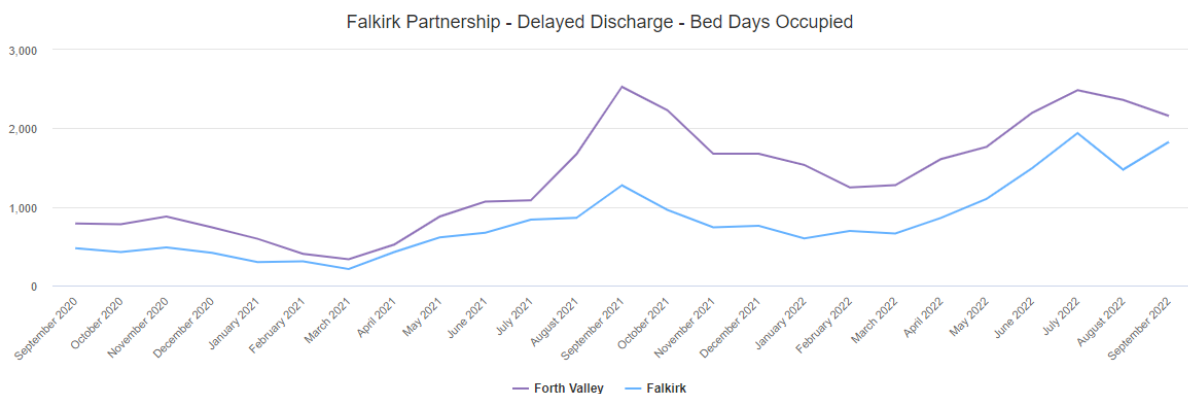
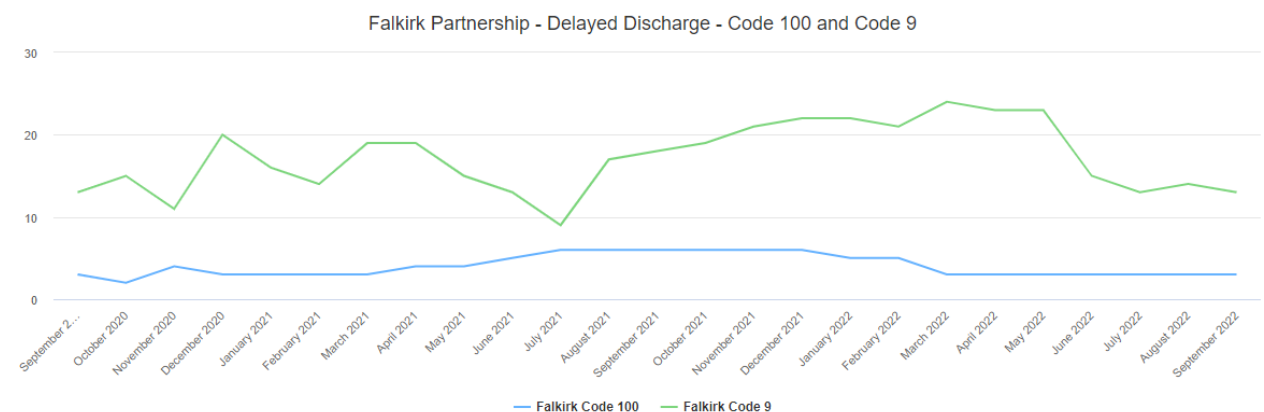


Chart 4: Code 100 and Code 9



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 ongoing 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 the flow of

patients through Forth Valley Royal Hospital and the community sites. Work is continuing in partnership, including with the 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.

3.3. 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 has declined to 63% in the first half of 2022/23, compared to 75% through 2021/22.

Chart 5 shows the trend over the last three years.

Between 1st April and 30th September 2022, there were 56 complaints completed (Stage 1 – 49; Stage 2 – 7). This is in comparison to 32 (Stage 1 – 29; Stage 2 – 3) for the same period last year, suggesting numbers are returning to pre-pandemic levels.

Chart 5: Percentage of complaints completed within timescales

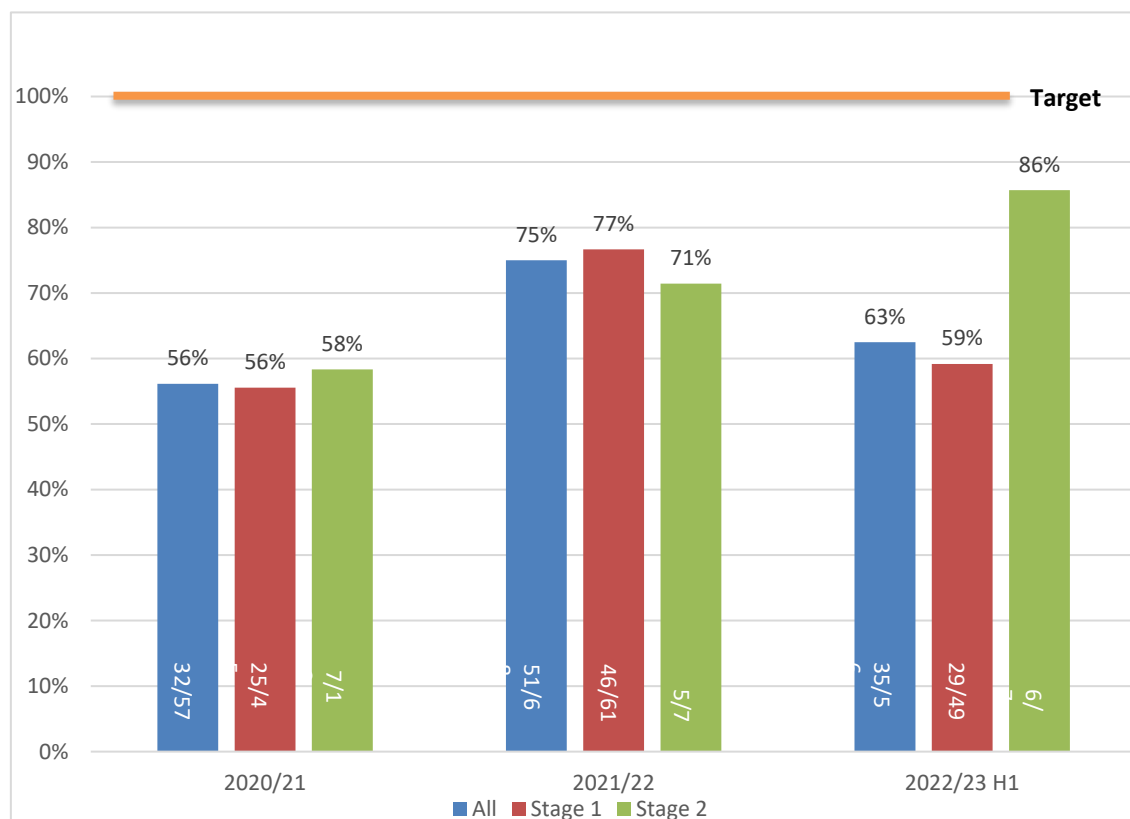
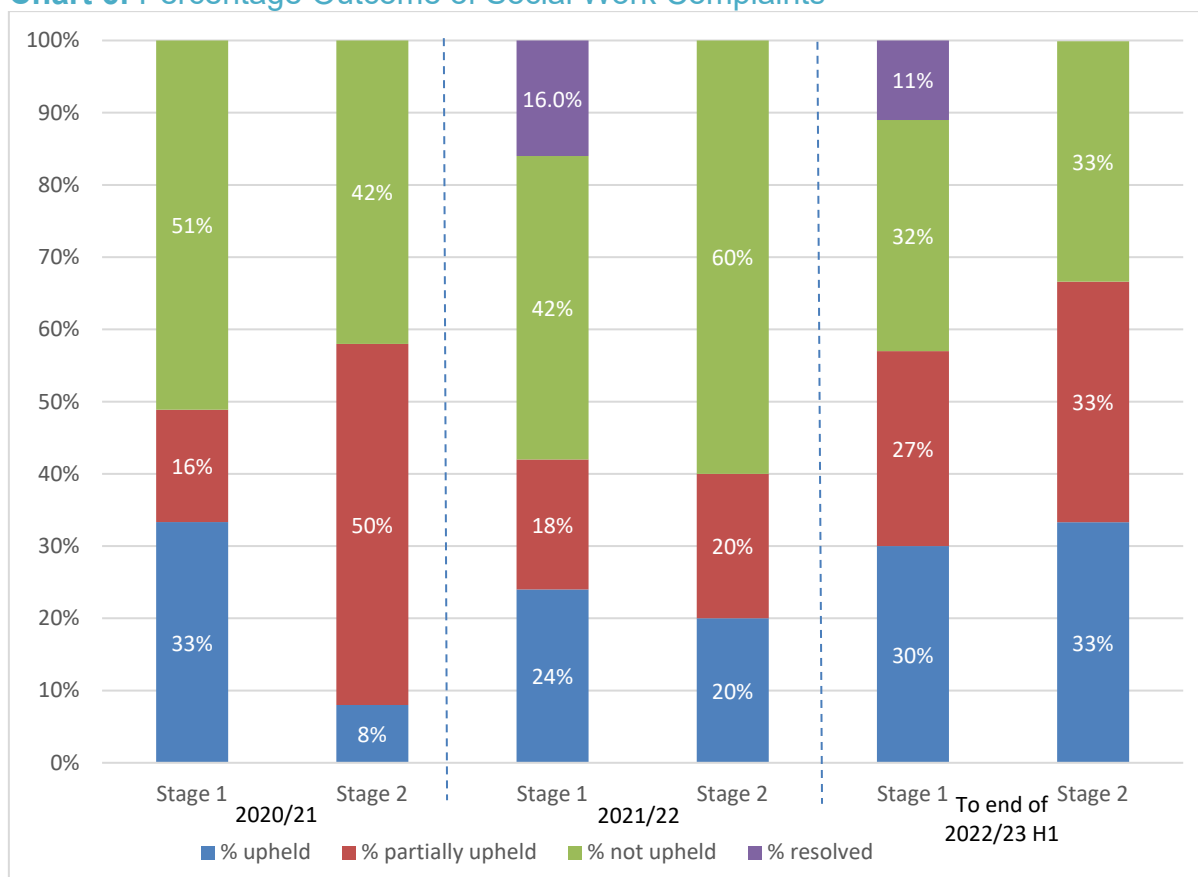


Chart 6 shows the outcomes of the complaints for the last 3 years. In April 2021, the Scottish Public Services Ombudsman (SPSO) introduced a new response for Stage 1 and Stage 2 complaints. If, following discussion, the complainant and organisation can agree what action will be taken to resolve the complaint an outcome of resolved is recorded. During the first half of 2022/23, 11% of Stage 1 complaints were agreed as resolved, compared to 16% across 2021/22.

Chart 6: Percentage Outcome of Social Work Complaints



Updates to the complaint categories within Falkirk Council's recording system were implemented in April 2022 to reflect the most common complaint themes identified by the SPSO.

In Quarter 2, the most common categories recorded for stage 1 complaints received were "delay or perceived delay in providing a service", (seven complaints) and "inadequate quality or standard of service" (six complaints). Of the four complaints that escalated to stage 2, three of these related to "inadequate quality or standard of service".

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.

3.4. Local Outcome: Experience – Complaints to NHS Forth Valley

Performance

During the reporting period April – August 2022, a total of 9 complaints were received by the Patient Relations Team relating to the delegated functions of the HSCP. This excludes complaints transferred, withdrawn or where consent was not received. The overall response rate for Stage 1 and Stage 2 is 77.8%; Stage 1, 100.0%; Stage 2, 66.7%.

- Three complaints were responded to within 5 working days (Stage 1)
- Four 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 no cases relating to Falkirk Health & Social Care Partnership complaints during April – August 2022.

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-22	Patient Privacy Dignity	Breach of Confidentiality	Woodlands Resource Centre
	Staff Communication (Oral)	Lack of Clear Explanation	Thistle Suite
	Treatment/Clinical	Co-ordination of Clinical Treatment	District Nursing (Falkirk)
May-22	Treatment - Investigation carried out poorly	Treatment didn't have expected outcome	Woodlands Resource Centre
Jun-22	Staff /Attitude & Behaviour	Staff Attitude	AHP Outpatients Care Group
	Treatment/Invest Carried out Poorly	Treatment didn't have expected outcome	AHP Outpatients Care Group
Jul-22	Staff/Attitude & Behaviour	Staff Attitude	District Nursing (Falkirk)
	Treatment/Problems with Medication	Problems with Medication Prescribing	Woodlands Resource Centre
	Treatment/Wrong Diagnosis	Wrong Treatment Given	Woodlands Resource Centre
Aug-22	Communication - Not Given Full Information	Patient/Family Not Kept Update	AHP Out-Patients Care Group
	Patient Privacy Dignity/Pt Status/Discrimination	Age Discrimination	AHP Out-Patients Care Group
		Disability Discrimination	AHP Out-Patients Care Group
		Sexual Discrimination	AHP Out-Patients Care Group
		Wrong Diagnosis	AHP Out-Patients Care Group
	Treatment/Wrong Diagnosis/Treatment	Wrong Diagnosis	AHP Out-Patients Care Group
	WT/Date Of Appointment	Cancellation Of Appointment	AHP Out-Patients Care Group
		Unacceptable WT For Appt	AHP Out-Patients Care Group

In total, there are approximately 17 departments listed against the delegated functions. During the period April – August 2022, 4 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 – August 2022, one complaint out of the 9 complaints received by Falkirk H&SCP has been fully 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 online, 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

3.5. 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 the first half of 2022/23 was 11.3%, compared to 11.9% in the same period last 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

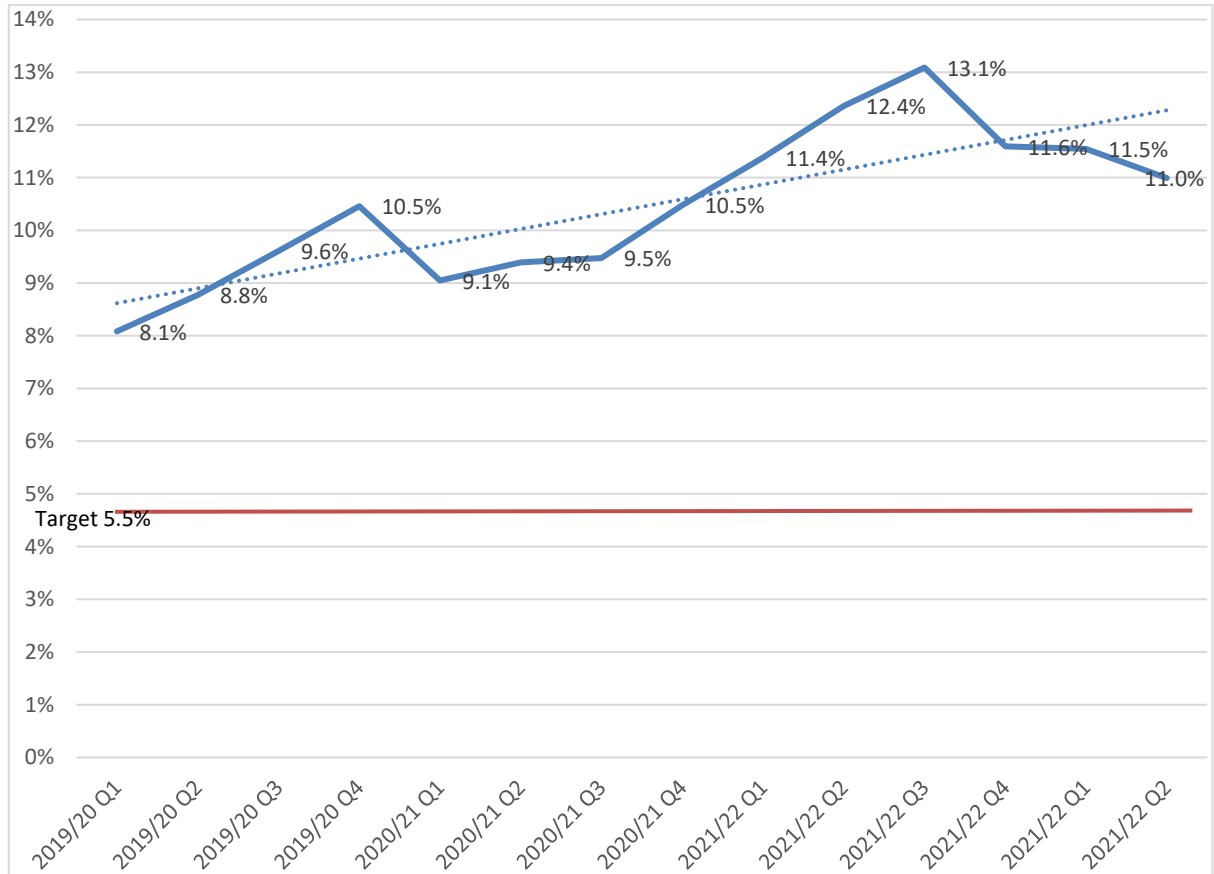
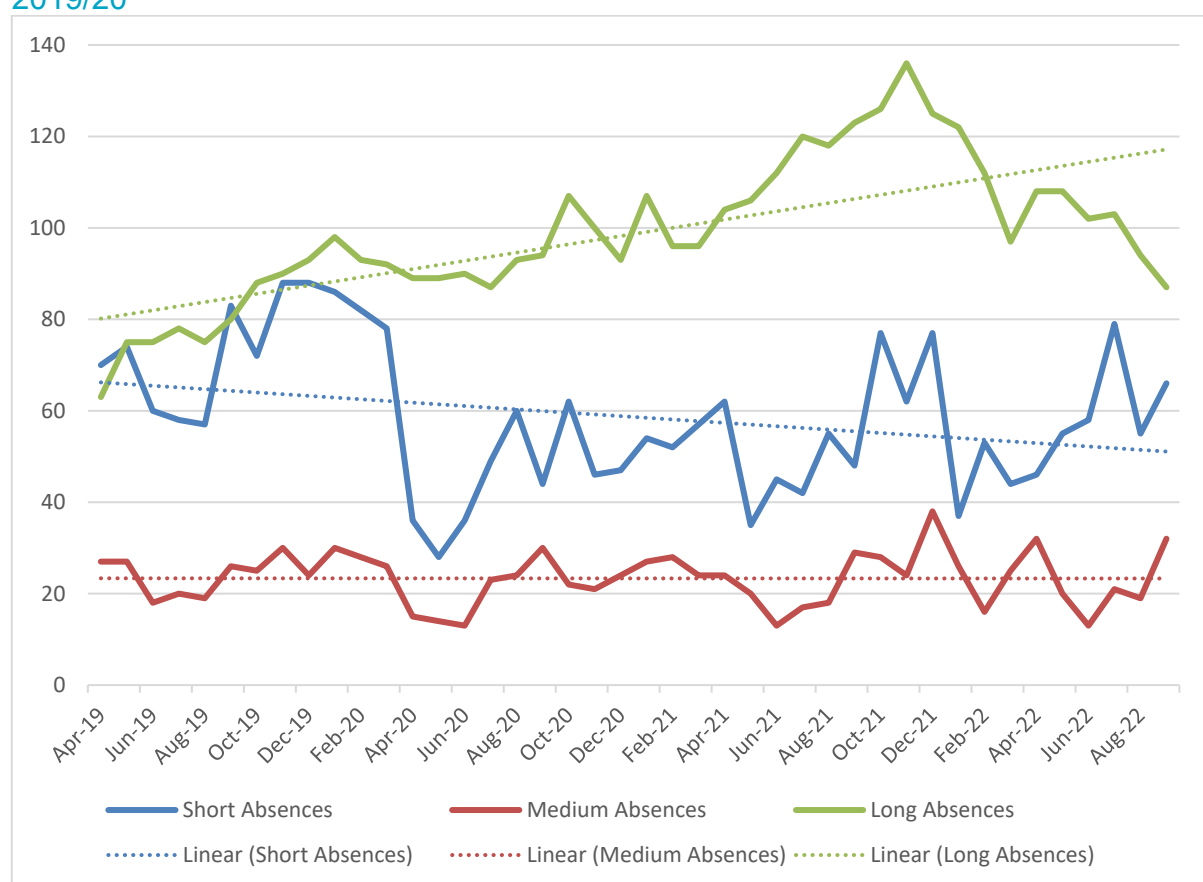


Chart 7 shows the trend by quarter since 2019/20. In the third quarter of that year, pre-Covid, the figure was just below 10%. However, it is noted that there have been three consecutive quarter reductions since the end of 2021, with the latest figure (Q2) now 11.0%. While closer to pre-pandemic levels, this is well in excess of the long-term target of 5.5% and there remains a lot of uncertainty about the long term effects of the pandemic on staff absence. However, management will continue to monitor this closely and use the analysis to inform actions accordingly.

Sickness by length of absence since 2019/20 are shown in Chart 8. The figures show encouraging signs, with short absences on a declining trend and long absences, whilst growing significantly through Covid, have been falling since a peak a year ago. Moreover, 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 this can artificially inflate the long absence category.

Chart 8: Sickness by Length of Absence in Social Work Adult Services since 2019/20



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

3.6. Local Outcome: Experience – Attendance Management in NHS Forth Valley

Target

To reduce sickness absence to 4% or less, however an interim or milestone target of 4.5% has been agreed at the Staff Governance Committee.

Performance

Absence remains above the target at 6.47% in August 2022, which is a deterioration from 6.21% in August 2021 and 5.66% in April 2022. The 12-month rolling average August 2021 to August 2022 is: NHS Forth Valley 6.89%; Scotland 5.81%.

Coronavirus absences are recorded as Special Leave and are not included within the sickness absences figures. The absence for Coronavirus reasons is noted as 1.43% in August 2022. This is an improvement from 2.14% in August 2021 and an improvement from 3.22% in April 2022.

Total absence for August 2022 is 7.9%, a decrease or improvement from a total of 8.88% in April 2022.

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

Chart 9: NHS Forth Valley Sickness Absence

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.

3.7. Local Outcome: Experience – Psychological therapies

Target

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

Position

In September 2022, 62.4% of patients started treatment within 18 weeks of referral. This is an increase or improvement from the previous month's position of 61.6%, however a reduction from 63.9% in September 2021. The Scotland position for the quarter ending June 2022 was 81.4%.

The reduction in the referral to treatment (RTT) position reflects a temporary phase of ongoing redesign work. The focus has been on assessing those patients who have been waiting to be appropriately directed to an increased range of therapeutic options. This work is ongoing and has so far resulted in a 16% reduction in waiting list size.

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. As part of this, trajectory modelling was

completed. The trajectory will be revised next month to take account of both current staffing levels and the reduction in waiting list size highlighted above. Achievement of the Standard remains challenging, with national workforce availability presenting the most significant risk. While the service has recently recruited to a number of posts, there remain several core vacancies, and national published data indicates that Forth Valley remains below the Scottish average for Psychological Therapies staff per 100,000 population.

Psychological Services are continuing to redesign to make best use of all available resources. As part of this, the service is in the process of contacting all patients on the Adult Psychological Therapies waiting list to offer them an assessment appointment. At our last data collection point, of 1,135 patients contacted, 406 had been discharged due to not taking up the offer of an appointment, and 729 had been assessed. Once the waiting list assessment process is complete, the service will realign its current capacity to best match the assessed type of clinical demand.

There is also considerable development within the Psychological Therapies support services, including new roles for a waiting list co-ordinator and an information analyst, and an expansion of online therapies administration support. There is a focus on staff wellbeing to aid both retention of existing staff and recruitment of new staff.

Chart 10: Access to Psychological Therapies

Access to Psychological Therapies-



In the quarter ending June 2022, the published 18 week referral to treatment standard comparison is Scotland 81.4%; Forth Valley 66.6%.

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.