

# **Agenda Item 13**

## **Performance Monitoring Report**



## **Falkirk Integration Joint Board**

**31 March 2023**

### **Performance Monitoring Report**

#### **For Consideration & Comment**

### **1. Executive Summary**

- 1.1 The Performance Monitoring Report December 2021 – December 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:

- 2.1 consider and comment on 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, 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 2023. This has been based on the IJB programme of meetings.

- 4.2 This timetable can be amended dependant on feedback from the Board and any emerging issues over the year. This will include the publication of national reports such as the Local Government Benchmarking Framework adult social care indicators when these are available.

IJB Meetings 2023	Performance Monitoring Report Content
31 March 2023	Local indicators to Q3 (Dec 21)
30 June 2023	Local indicators to Q4 (Mar 22)
29 September 2023	Local indicators to Q1 (Jun 22) Annual Performance National Indicators
1 December 2023	Local indicators to Q2 (Sep 22)

- 4.3 The content of the Performance Monitoring report covers the reporting period December 2021 – December 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.
- 4.4 The previous report detailed that the introduction of the new social work information system during June and July 2022 had impacted on our ability to report on several indicators. This was due to ongoing data migration and differences between old and new systems that required further investigation. The table below provides an update on progress:

Number	Indicator	Update
49	Percentage of community care service users feeling safe	Not able to report, indicator will be removed.
60-63	Service User satisfaction and experience indicators	Not able to report, indicators will be removed.
72-76	Home Care Indicators	Now able to report, numbers updated in this iteration.
83	The number of people who had a community care assessment or review completed	Difference in definitions means numbers not comparable to previous system. Further investigation ongoing.
85	The number of overdue 'OT' pending assessments at end of the period	Further investigation ongoing.

- 4.5 Indicators 49 and 60-63 related to service user satisfaction and experience but are no longer able to be reported due to differences between the systems. However, there is cross-over between these indicators and National Indicators 2, 3, 4, 5, 7 and 9 from the Core Suite of Integration Indicators. These are included in the Annual Performance Report and we will continue to monitor closely. The HSCP is also introducing Care Opinion which will help us monitor service user experience and satisfaction. Introduction of Liquid Logic Adult System also presents an opportunity as the system records personal outcomes and if these are being met. Work is underway to better understand this functionality and explore how this could be used for meaningful performance measurement.
- 4.6 The Performance Management Framework is currently being updated and work is underway to identify and fill reporting gaps, as well as mapping indicators against the outcomes and priorities from the new Strategic Plan. New indicators will be introduced over time, and it is envisaged that for the Board meeting in June 2023, Performance Monitoring Report indicators will be introduced on outstanding demand for packages of care, as well as post-diagnostic support for dementia.
- 4.7 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.
- 4.8 Section 1 provides a summary of key performance issues for the Integration Joint Board, with an extract provided below:
- **ED Performance against the 4 Hour Access Standard**  
The December 2022 compliance for the Falkirk Partnership highlights a decrease in performance to 47.5% compared with 61.9% in December 2021.
  - **Delayed Discharge**  
The Falkirk Partnership breakdown at the December 2022 census is noted as:
    - 44 Standard delays, 23 are delayed over 2 weeks
    - 26 guardianship/code 9 exemptions
    - 70 total delays.
  - **Complaints – Falkirk Council Social Work Adult Services**  
In the first three quarters of 2022/23, 79 complaints were received with 48 (61%) of them completed within timescales. This compares to 51 complaints received and 39 (76%) completed within timescales in the equivalent period in the year before.

- **Complaints – NHS Forth Valley**  
 In the period April 2022 to December 2022, a total of 17 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 82.4%.
  - **Attendance management – Social Work Adult Services**  
 The overall sickness absence figure for the first three quarters of 2022/23 was 11.1%, compared to 13.1% in the same period last year.
  - **Attendance management - NHS Forth Valley**  
 The overall December 2022 sickness absence position is reported as 8.31%, with the 12-month rolling position noted as 6.76%.
  - **Psychological Therapies**  
 In December 2022, 77.2% of patients started treatment within 18 weeks of referral. This is an improvement from the previous month position of 72.1% and from 67.9% in December 2021.
- 4.9 Section 2 provides the Performance Dashboard which maps to the local outcomes detailed in the Strategy Map. This reflects the Strategic Plan outcomes.
- 4.10 Section 3 provides Performance Exception Reports for all indicators with a deteriorating position since the last reporting period, or indicators that require on-going monitoring.

## 5. Conclusions

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

EPIA reference: 00481

An initial EPIA has been completed. This report provides a summary of key performance issues for the Board to note. The Board is not being asked to make a decision which will impact on people. Therefore, a full EPIA is not required.

Should measures be introduced to improve performance in relation to the delivery of services, a full EPIA may be required.

## 6. Report Authors

- 6.1 Calum MacDonald, Performance & Quality Assurance Manager, Falkirk HSCP  
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## 7. List of Background Papers

- 7.1 n/a

## 8. Appendices

**Appendix 1:** Performance Monitoring Report December 2021 – December 2022

# Performance Monitoring Report

**Reporting Period**  
**December 2021 – December 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 December 2022 compliance for the Falkirk Partnership highlights a decrease in performance to 47.5% compared with 61.9% in December 2021.

### 1.2 Delayed Discharge

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

- 44 Standard delays, 23 are delayed over 2 weeks
- 26 guardianship/code 9 exemptions
- 70 total delays.

Within the Falkirk Partnership the number of bed days occupied by delayed discharges is noted as 1406 at the December 2022 census. As with the Forth Valley position this is a significant increase from the December 2021 census position of 761.

### 1.3 Complaints - Falkirk Council Social Work Adult Services

In the first three quarters of 2022/23, 79 complaints were completed with 48 (61%) of them completed within timescales. This compares to 51 complaints completed and 39 (76%) completed within timescales in the equivalent period in the year before.

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

### 1.4 Complaints - NHS Forth Valley

In the period April 2022 to December 2022, a total of 17 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 82.4% with 75.0% of Stage 1 complaints responded to within the timescale and 76.9% of Stage 2 complaints.

### 1.5 Attendance Management – Social Work Adult Services

The overall sickness absence figure for the first three quarters of 2022/23 was 11.1%, compared to 13.1% 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 December 2022 sickness absence position is reported as 8.31% with the 12-month rolling position noted as 6.76%.

### 1.7 Psychological Therapies

In December 2022, 77.2% of patients started treatment within 18 weeks of referral. This is an improvement from the previous month position of 72.1% and from 67.9% in December 2021.

The Scotland position for the quarter ending September 2022 was 80.7% with Forth Valley 59.7%.

## 2. PERFORMANCE DASHBOARD

### 2.1. Format and Structure

The Partnership focus is across the local outcomes with work continuing to support a balanced approach to measurement and reporting.

This section of the report highlights local data based on the most up to date position against the previously reported timeframe where applicable, giving a year on year comparison. Performance data relates to adults aged 18 and over.

The Performance Exception Reports at section 3 detail areas of challenging performance or indicators that require on-going monitoring. Key issues are highlighted along with actions underway to support improvements.

**Key:**

Direction of travel relates to previously reported position	
▲	Improvement in period
◀▶	Position maintained
▼	Deterioration in period
—	No comparative data

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

Ref	Measure	Dec 2021	Dec 2022	Direction of travel	Exception Report
24	Emergency department 4 hour wait Forth Valley	68.4%	54.9%	▼	Page 10
25	Emergency department 4 hour wait Falkirk	61.9%	47.5%	▼	
26	Emergency department attendances per 100,000 Forth Valley Population	1648	1761	▼	-
27	Emergency department attendances per 100,000 Falkirk	1689	1806	▼	-
28	Emergency admission rate per 100,000 Forth Valley population (all ages)	1158	1149	▲	-
29	Emergency admission rate per 100,000 Falkirk population	1191	1166	▲	-

Ref	Measure	Dec 2021	Dec 2022	Direction of travel	Exception Report
30	Acute emergency bed days per 1000 Forth Valley population	698	784	▼	-
31	Acute emergency bed days per 1000 Falkirk population	708	840	▼	-

Ref	Measure	Dec 2021	Dec 2022	Direction of travel	Exception Report
32	Number of patients with an Anticipatory Care Plan in Forth Valley	56,335	56,413	▲	-
33	Number of patients with an Anticipatory Care Plan in Falkirk	29,095	28,734	▼	-
34	Key Information Summary as a percentage of the Board area list size Forth Valley	18.4%	18.5%	▲	-
35	Key Information Summary as a percentage of the Board area list size Falkirk Acute emergency bed	18.1%	17.9%	▼	-

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%)	-	-
<p>Total service option choices - Option 1 – 64 (1.3% of people choosing)</p> <p>- Option 2 – 197 (4.1%)</p> <p>- Option 3 – 4,659 (97.4%)</p> <p><b>Note:</b> 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.</p>					

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

Ref	Measure	Dec 2021	Dec 2022	Direction of travel	Report Exception
42	Readmission rate within 28 days per 1000 admissions FV	51.7	55.5	▼	-
43	Readmission rate within 28 days per 1000 admissions Falkirk	55.2	60.0	▼	-

Ref	Measure	2021/22 to end of Q3	2022/23 to end of Q3	Direction of travel	Exception Report
45	Number of Adult Protection Referrals (data only)	833	706	-	-
46	Number of Adult Protection Investigations (data only)	29	39	-	-
	<i>% of protection referrals that result in an investigation</i>	3.5%	5.5%	-	-
47	Number of Adult Protection Support Plans at end of period (data only)	20 (at 30/12/21)	10 (at 31/12/22)	-	-

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	Dec 2021	Dec 2022	Direction of travel	Exception Report
54	Standard delayed discharges	38	44	▼	Page 11
55	Standard delayed discharges over 2 weeks	14	23	▼	
56	Bed days occupied by delayed discharges	761	1406	▼	
57	Number of code 9 delays, including guardianship	22	26	▼	
58	Number of code 100 delays	6	3	▲	
59	Delays - including Code 9 and Guardianship	60	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 To end of Q3	2022/23 To end of Q3	2022/23 Stage 1 to end of Q3	2022/23 Stage 2 to end of Q3	Direction of travel	Exception Report
64	a. The number of Social Work Adult Services (Stage 1 & 2) complaints completed within 20 days	39/51	48/79	39/69	9/10	-	P14
	b. The proportion of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales	76%	61%	57%	90%	▼	
	c. Proportion of Social Work Adult Services complaints upheld	% Upheld		14%	33%	-	
		% Partially upheld		30%	22%	-	
		% Not upheld		39%	44%	-	
		% Resolved		7%	0%		

Ref	Measure	Apr 2021-Mar 2022	Apr-Dec 2022	Direction of travel	Exception Report
65	a. The number of complaints to NHS Forth Valley applicable to Falkirk IJB (Stage 1 & 2)	23	17	-	P17
	b. The percentage of complaints responded to within 20 days (Stage 1 & Stage 2)	82.6%	82.4%	▼	
	c. The number of SPSO cases received	3	0	-	

Ref	Measure	2021/22 to end of Q3	2022/23 To end of Q3	Direction of travel	Exception Report
66a	Attendance Management - Social Work Adult Services (Target – 5.5%)	13.1%	11.1%	▲	P18

Ref	Measure	Dec 2021	Dec 2022	Direction of travel	Exception Report
66b	Attendance Management – NHS Forth Valley (Interim target 4.5%)	6.45%	8.31%	▼	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	July 2021- Sep 2021	July 2022- Sep 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)	92.9%	89%	▼	-
68b	Substance Use - Percentage of patients that commence treatment within 3 weeks of referral – Forth Valley Prisons - 90% target (most up to date published position)	100%	100%	-	-

Ref	Measure	Dec 2021	Dec 2022	Direction of travel	Exception Report
69	Access to Psychological Therapies – Percentage of people that commenced treatment within 18 weeks of referral	67.9%	77.2%	▲	P21

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

Ref	Measure	End Dec 2021	End Dec 2022	Direction of travel	Exception Report
72	Number of people aged 65+ receiving homecare	1,421	1,419	**	-
73	Number of homecare hours for people aged 65+	10,510	11,103		-
74	Rate of homecare hours per 1000 population aged 65+	338	357		-
75	Number people aged 65+ receiving 10+ hrs of home care	388	402		-
76	a. Number & percentage of Home Care service users aged 65+ receiving personal care	1,418 & 99.8%	1,415 & 99.7%		-
76	b. Number & percentage of Home Care service users aged 18-64 receiving personal care	200 & 100%	171 & 99.4%	-	-

\*\*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.\*\*  
Note the most recent figure is likely to under report the true volume of care. This is because one providers reablement service provision information is not currently fully collected via social work adult services system. Discussions and actions are progressing to improve this reporting gap.

Ref	Measure	2021/22 to end of Q3	2022/23 to end of Q3	Direction of travel	Exception Report
77	Number of new Telecare service users 65+	124	87	-	-

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 to end of Q3	2022/23 to end of Q3	Direction of travel	Exception Report
84	Number of Adult Carer Support Plans that have been completed by the Carers Centre	301	397	▲	-

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	2020/21	2021/22	Direction of travel	Exception Report
86	Proportion of last six months of life spent at home or in a community setting	89.1%	88.4%	▼	-

### 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 December 2022 was 54.9%; Minor Injuries Unit 99.9%, Emergency Department 42.1%. A total of 2,846 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 1,260 waits longer than eight hours and 649 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 1,436 patients, noting this is an increase or deterioration from 1,306 in November. The high number of patients waiting for first assessment continues to be as a result of issues in relation to capacity. Wait for a bed accounted for 736 patients waiting beyond 4 hours and Clinical Reasons accounting for 187 breaches.

The position over time in respect of ED attendance and compliance highlights an overall increasing trend in the number of attendances from the beginning of the pandemic. It is noted that attendances in December 2022 were higher than December 2021, with 4,911 and 4,537 attendances respectively.

In December there were 489 new attendances to Rapid Assessment and Care Unit (RACU), 157 of which were via ED. This is compared to 327 new attendances in December 2021, 114 of which presented via ED. There were 69 scheduled returns in December 2022 an increase from 64 in December 2021. 346 patients were redirected from ED to a more suitable setting enabling receipt of the right care, in the right place at the right time. This number equates to 7.1% of all ED attendances in December.

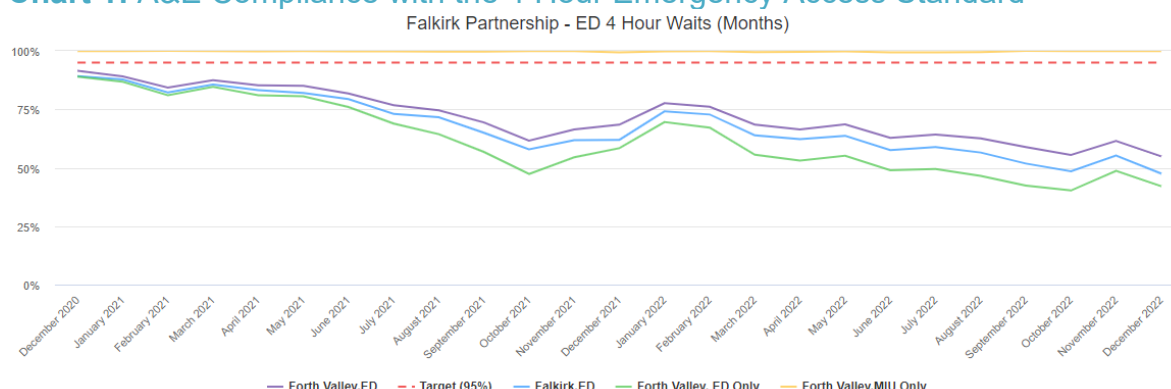
The position within ED remains challenging with continued pressure system-wide impacting on compliance with the 4 hour access standard. Factors in relation to bed occupancy, length of stay, delayed discharges, and time of discharge continue to have an impact on flow with issues in respect of capacity remaining significant. Priority is being given to the identification of capacity to relieve pressure within the system with focussed work underway to support decompression of the acute site and sustained recovery. Work is planned to support the withdrawal from contingency spaces where possible, along with the work underway in respect of discharge without delay and rapid assessment and discharge.

NHS Forth Valley has agreed with Scottish Government colleagues a whole system Urgent & Unscheduled Care Collaborative plan with implementation work commenced. A refocussed programme of priority workstreams has been developed and support from the Scottish Government has been agreed. Improvement trajectories are being confirmed focussing on delivering 70% compliance with the Emergency Access Standard by summer 2023.



The chart below notes performance from December 2020 – December 2022.

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



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.

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

#### Performance

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

**Table 1: Delayed Discharge Breakdown – December 2022**

	Under 2 wks	Over 2 wks	Standard Delays	Guardianship 9/51X	Code 9_Other	TOTAL (Ex code 100)	Code 100	Infection Codes
Falkirk	21	23	44	23	3	<b>70</b>	3	0
Total FV	28	36	64	38	5	<b>107</b>	3	0

The December 2022 census position for Forth Valley delays over 14 days is 36 against a zero standard. A further 28 delays waiting under 2 weeks brings the total number of standard delays to 64. Including 43 code 9 exemptions the total number of delayed discharges at the December 2022 census point is noted as 107.

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

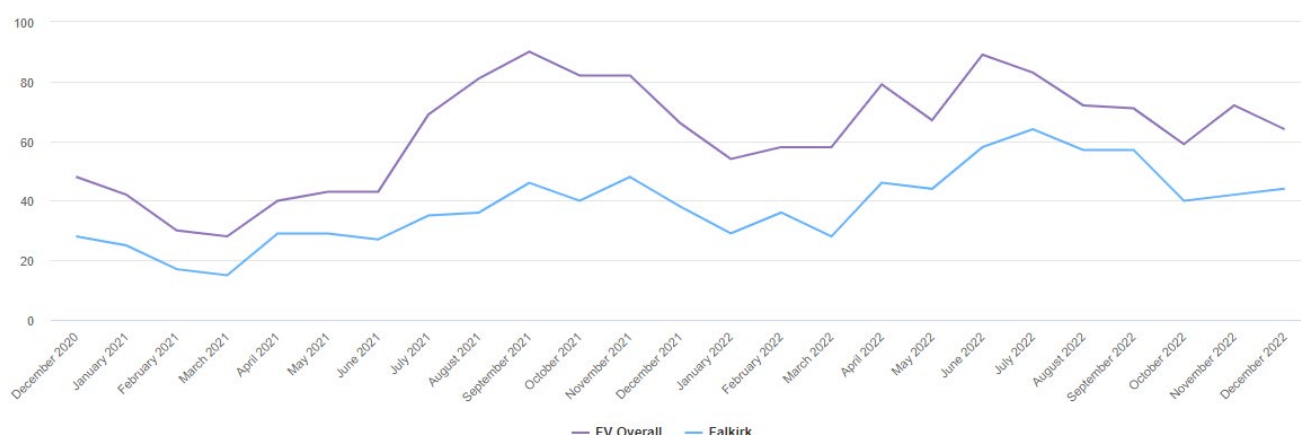
The Falkirk partnership breakdown at the December 2022 census is noted as:

- 44 Standard delays, 23 are delayed over 2 weeks
- 26 guardianship/code 9 exemptions
- 70 total delays

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

## Chart 2: Standard Delays

Falkirk Partnership - Delayed Discharge - Standard Delays



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

The figures reported to the Scottish Government were 44 standard delays for Falkirk.

Of the 44 Standard Delays reported to Scottish Government in Falkirk:

- 13 awaiting move to care homes (11 patients are over two weeks and 2 under two weeks)
- 13 awaiting care packages for home (4 patient over two weeks and 9 under two weeks)
- 13 allocated and assessment commenced (6 patients over two weeks and 7 under two weeks)
- 3 awaiting allocation and assessment (1 over 2 weeks and 2 under 2 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	170	1236	1406
Total FV	216	1591	1807

Across Forth Valley, the number of bed days occupied (BDO) by people delayed in their discharge at the December 2022 census was 1807, as noted in table 2 above. This is an increase from the December 2021 position of 1678. An average of 1873 bed days occupied was noted at the monthly census December 2021 to December 2022. Of note is that a further 302 bed days were occupied by people delayed in their discharge from outwith Forth Valley.

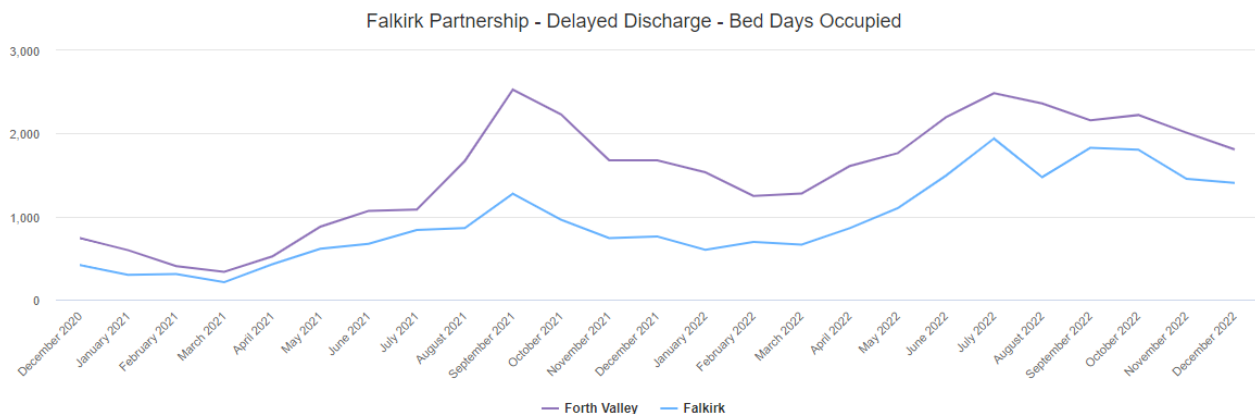
Falkirk Partnership position mirrors that of NHS Forth Valley. There was an increase in the number of bed days occupied by delayed discharges from 761 in December 2021 compared to 1406 in December 2022. The average number of occupied bed days at the monthly census December 2021 to December 2022 was 1237.

There remains month on month variability in the number of bed days occupied by people delayed in their discharge with the position December 2020 to December 2022 detailed in chart 3 below.

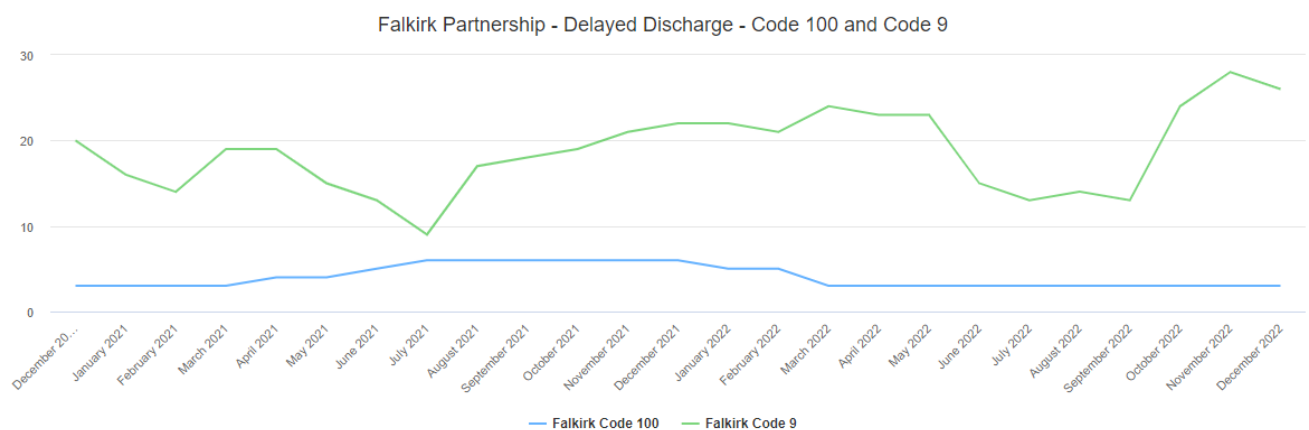
Chart 4 highlights the position in relation to the number of Code 9 and Guardianship patients.

The overall position remains under continual review.

**Chart 3: Occupied Bed Days**



**Chart 4: Code 100 and Code 9**



## Position

Significant focus continues in respect of the delayed discharge position to support capacity and 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 continue linked to Health & Social Care Partnership Recovery Planning and Winter Planning. Included are actions 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 - Percentage of complaints completed within timescale

As a result of the low overall compliance rate (56%) in 20/21, a programme of management interventions and support was put in place which resulted in significant improvements through 21/22 and overall compliance rose to 75%. However, this subsequently declined in the first 3 quarters of 22/23 to 61%, and further management focus and support is being provided.

Feedback indicates that the decline in performance is largely the result of pressure on frontline manager workload – support is being provided to frontline managers, but workload pressures remain very challenging.

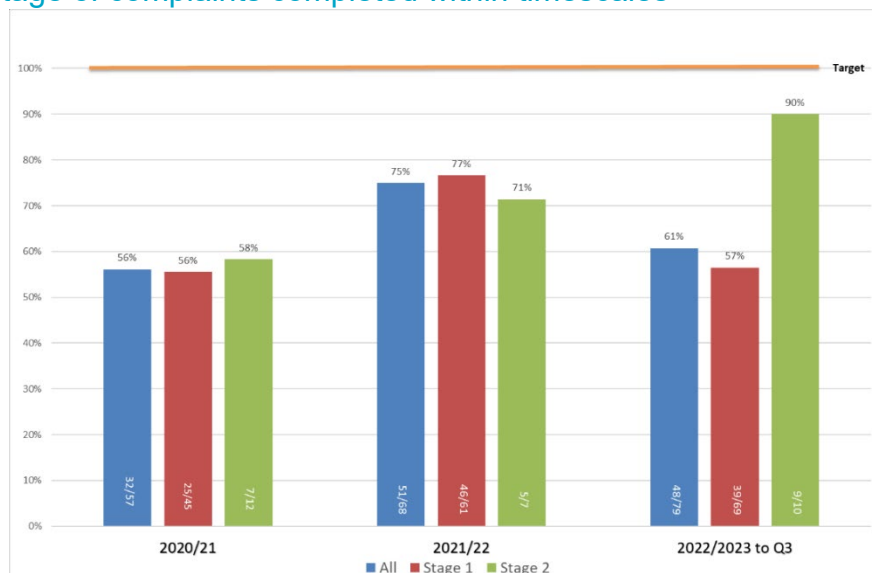
There has however been a vast improvement in stage 2 complaints which has increased to 90% within timescale.

There are also more stage 1 and stage 2 complaints at quarter 3 of 2022/23 (stage 1 - 69; stage 2 - 10), compared to the whole of 2021/22 (stage 1 - 61; stage 2 - 7).

The increase was during Q1 and Q2 where the number of stage 2 complaints more than doubles and the number of stage 1 complaints increased by 65% in Q1 and doubled in Q2. Q3 has stayed at a similar level to last year.

Chart 5 shows the trend over the last three financial years.

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



## Complaint outcomes

Chart 6 shows the outcomes of the complaints for the last 3 financial 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.

No stage 2 complaints have been completed as resolved. This could be due to the complexity of the complaint or the continued dissatisfaction of the complainant.

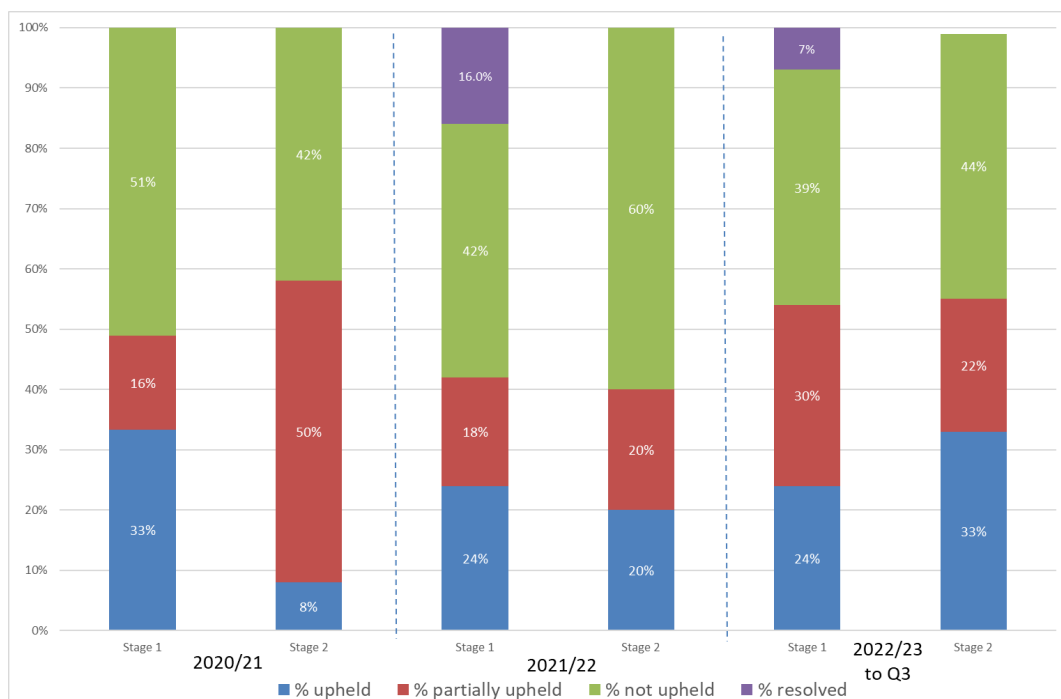
The number of complaints closed as resolved at stage 1 has halved since 2021/22.

The number of stage 1 complaints partially upheld has increased each financial year over the last 3 years, and the number of not upheld has decreased. The number of not upheld decreased in 2021/22 and at Q3 of 2022/23 is at the same percentage as last year so will most likely increase by the end of the year. The small number of yearly complaints and the individual nature of these may not be easily defined, making the results vary each quarter and year.

The number of stage 2 complaints upheld have largely increased each year from 8% to 33%, and the number of partially upheld has decreased since 2020/21. The number of not upheld has greatly varied and largely dropped from 60% in 2021/20 to 44% this year.

The variation year on year could be due the small numbers of complaints involved and may be difficult to determine a trend.

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



### Complaint Categories

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.

The top 3 most selected categories for stage 1 Complaints, for this financial year to date is, in order of largest number are, "Delay or perceived delay in providing a service" (24 Complaints), "Conduct, treatment, or attitude of a member of staff" (18 Complaints) and "Inadequate quality or standard of service" (12 Complaints).

For stage 2 complaints this is much more varied however in quarter 2 "Inadequate quality or standard of service" (3 Complaints) was the most used.

Although the number of complaints has risen since 2021/22, the number of complaints still remain 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 – December 2022, a total of 17 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 82.4%; Stage 1, 75.0%; Stage 2, 76.9%.

- Three out of four complaints were responded to within 5 working days (Stage 1)
- Ten out of Thirteen 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 – December 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
Sep-22	Communication - Not Given Full Information	Unacceptable WT For Appt	AHP Out-Patients Care Group
	Staff/Attitude And Behaviour	Patient/Family Not Kept Update	AHP Out-Patients Care Group
		Staff Attitude	District Nursing (Falkirk)
		Insensitive To Patient Needs	AHP Out-Patients Care Group
	Staff/Complaint Handling	Staff Attitude	District Nursing (Falkirk)
		All Points Raised Not Answered	Woodlands Resource Centre
		Staff Attitude	Woodlands Resource Centre
	Treatment/Poor Co-Ordination/Aftercare	Lack Of Continuity	Woodlands Resource Centre
	Treatment/Poor Nursing Care	Lack Of Continuity	District Nursing (Falkirk)
		Lack Of Support	District Nursing (Falkirk)
Oct-22	Treatment/Poor Co-ordination/Aftercare	Poor Aftercare	Woodlands Resource Centre
Nov-22	Process Issue/Policy NHS Board	Poor Aftercare	AHP Out-Patients Care Group
	Staff Attitude & Behaviour	Treatment not available	Poor Aftercare
		Staff Attitude	AHP Out-Patients Care Group
		Staff Attitude	Contenance Service
Dec-22	Treatment/Delay in Diagnosis Treatment	Contenance Service	Contenance Service
		Insensitive To Patient Needs	Contenance Service
		Treatment Cancelled	District Nursing (Falkirk)

In total there are approximately 17 departments listed against the delegated functions. During the period April – December 2022, 5 departments received complaints.

## Position

- Table 3 details the category of complaint raised enabling Directorates to focus any key learning required or improvements to be made to the services provided
- During the period April – December 2022, two complaints out of the 17 complaints received by Falkirk H&SCP have 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 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



### 3.5. 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 three quarters of 2022/23 was 11.1%, compared to 13.1% 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 2020

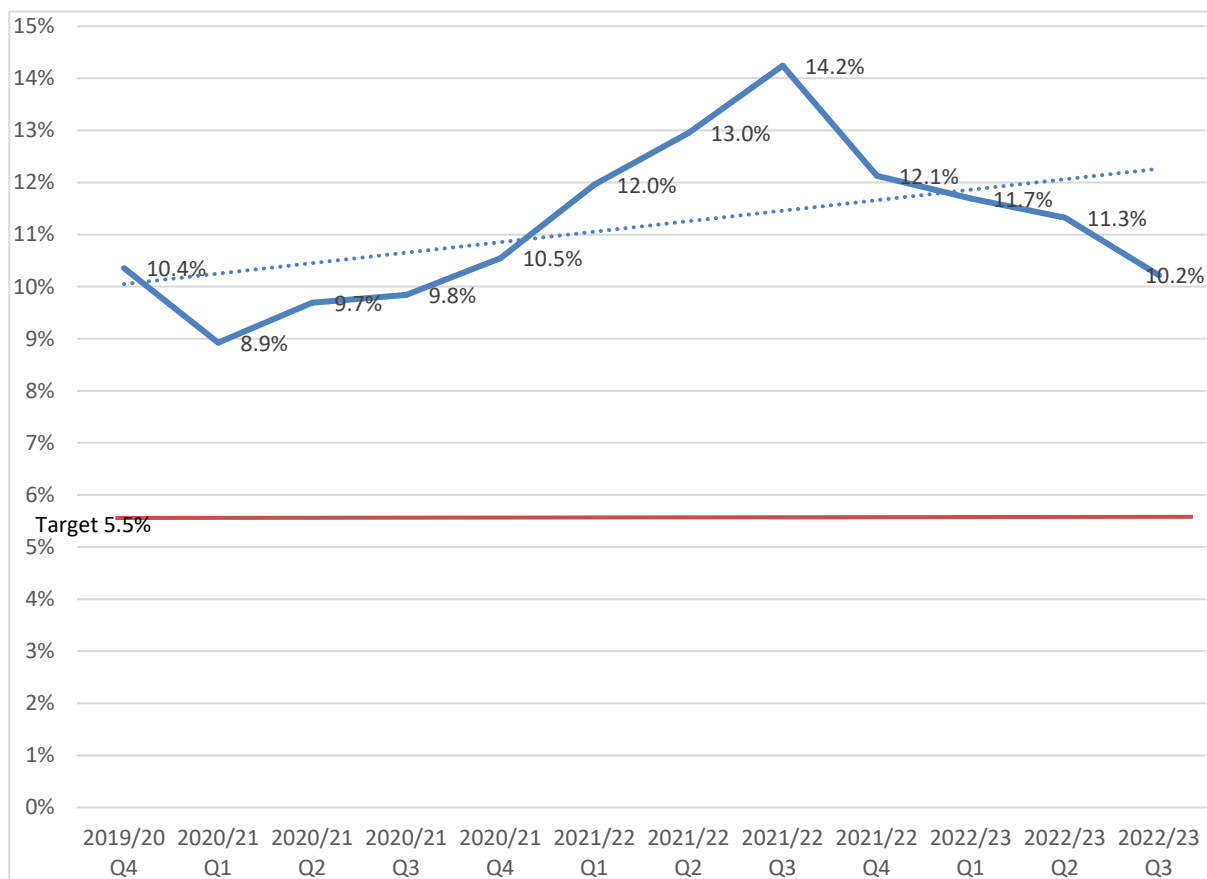
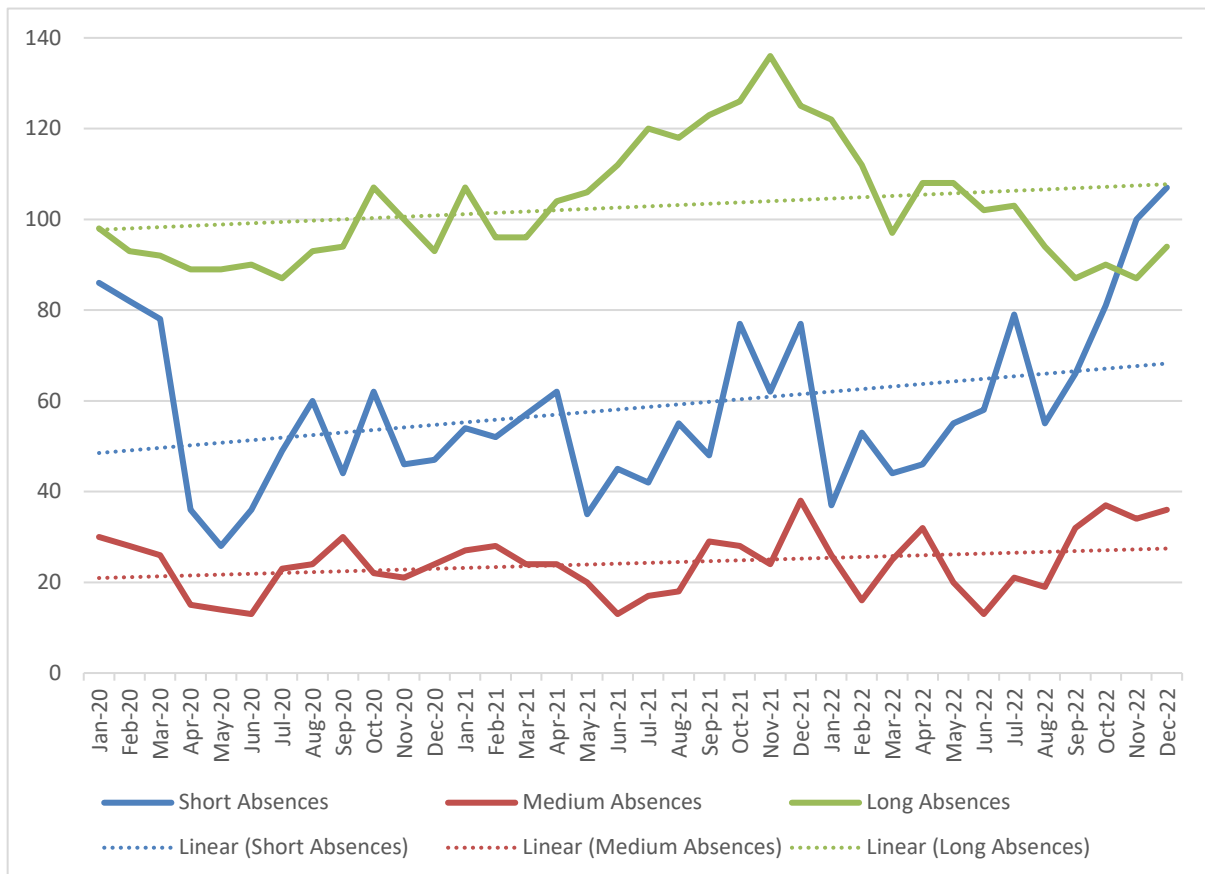


Chart 7 shows the trend by quarter since 2020. In the final quarter of 2019/20, pre-Covid, the figure was just above 10%. However, it is noted that there have been four consecutive quarter reductions since Q3 of 2021/22, with the latest quarter figure now 10.2%. Whilst promising and closer to pre-pandemic levels, this remains well in excess of the long-term target of 5.5% and there remains some 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 the beginning of 2020 are shown in Chart 8. The figures show encouraging signs with long absences falling significantly since a peak a year ago, having grown significantly through Covid. However, short absences increased in the autumn and early winter months of 2022/23. 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 2020**



## 10.1. 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 8.31% in December 2022 which is a deterioration from 6.45% in December 2021 and 5.66% in April 2022. The 12 month rolling average December 2021 to December 2022 is: NHS Forth Valley 6.76%; Scotland 5.97%.

Coronavirus absences are recorded as Special Leave and are not included within the sickness absences figures. The absence for Coronavirus reasons is noted as 0.45% in December 2022. This is an improvement from 3.32% in December 2021 and an improvement from 3.22% in April 2022.

Total absence for December 2022 is 8.76%, a slight improvement from a total of 8.88% in April 2022.

Chart 9 highlights the sickness absence position, excluding COVID-19 absence reasons, from December 2020 to December 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 on-going 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.

## 10.2. Local Outcome: Experience – Psychological therapies

### Target

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

### Position

In December 2022, 77.2% of patients started treatment within 18 weeks of referral. This is an increase or improvement from the previous month position of 72.1% and from 67.9% in December 2021. The Scotland position for the quarter ending September 2022 was 80.7% with Forth Valley 59.7%.

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. Work is underway to revise the modelled trajectory to take into account several factors including current staffing levels and the reduction in waiting list size. 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 has now contacted all patients on the Adult Psychological Therapies waiting list to offer them an assessment appointment. Following assessment, patients have been allocated to the appropriate type of treatment, some of which are available without a further wait (e.g., digital therapies). Detailed analysis of the assessment outcomes is underway, which will support ongoing work to align 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 ▾



## Appendix 1 Falkirk Integration Joint Board Strategy Map

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

## Partnership Indicators

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

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

#### Local Indicators no longer needed / superseded

Self Management		Freq	Safe		Freq	Experience		Freq	Strong Sustainable Communities		Freq
41	No recorded SDS option								78	The proportion of Home Care service users aged 65+ receiving a service during evening/overnight	
									79	The proportion of Home Care service users aged 65+ receiving a service at weekends	
									80	Percentage of Rehab At Home service users who attained independence after 6 weeks (target – 80%)	
									81	Percentage of Crisis Care service users who are retained in the community when service ends (target - 70%)	

#### Local Indicators Under Development

Self Management		Freq	Safe		Freq	Experience		Freq	Strong Sustainable Communities		Freq
							Alcohol related deaths (per 100,000 population aged 19 and over)				
							Suicide Rate per 100,000 population				

## Appendix 2 GLOSSARY

**Accident & Emergency (A&E) Services** - Collectively the term Accident and Emergency (A&E) Services includes the following site types: Emergency Departments; Minor Injury Units, community A&Es or community casualty departments that are GP or nurse led.

**Admission** - Admission to a hospital bed in the same NHS hospital following an attendance at an ED service.

**Admission rate** - the number of admissions attributed to a group or region divided by the number of people in that group (the population).

**Anticipatory Care Plan (ACP)** - The measure is the number of patients who have a Key Information Summary or Electronic Palliative Care Summary uploaded to the Emergency Care Summary. The Emergency Care Summary provides up to date information about allergies and GP prescribed medications for authorised healthcare professionals at NHS24, Out of Hours services and accident and emergency.

**Attendance** - The presence of a patient in an A&E service seeking medical attention.

**Attendance rate** - The number of attendances attributed to a group or region divided by the number of residents in that group (the population).

**COPD** – Chronic Obstructive Pulmonary Disease

### **Delayed Discharge**

**Code 9** - Code 9 and its various secondary codes, are used by partnerships that are unable, for reasons beyond their control, to secure a patient's safe, timely and appropriate discharge from hospital:

- The patient is delayed awaiting availability of a place in a specialist facility, where no facilities exist and an interim move would not be appropriate i.e. no other suitable facility available
- Patients for whom an interim move is not possible or reasonable
- The patient lacks capacity, is going through a Guardianship process

**Code 100** - Some patients destined to undergo a change in care setting should not be classified as delayed discharges and can be categorised as:

- Long-term hospital in-patients whose medical status has changed over a prolonged period of treatment and discharge planning such that their care needs can now be properly met in non-hospital settings. These might be Mental Health patients or Hospital Based Complex Clinical Care patients who have been reassessed as no longer requiring such care
- Patients awaiting a 'reprovisioning' programme where there is a formal (funded) agreement between the relevant health and/or social work agencies
- Information on patients recorded as code 100 is not published but details are made available to the Scottish Government.

**Emergency Department (ED)** – The department of a hospital responsible for the provision of medical and surgical care to patients arriving at the hospital in need of immediate care



**4 hour wait standard** - since 2007 the national standard for A&E waiting times is that new and unplanned return attendances at an A&E service should be seen and then admitted, transferred or discharged within four hours. This standard applies to all areas of emergency care such as EDs, assessment units, minor injury units, community hospitals, anywhere where emergency care type activity takes place.

**Frequent attenders** - Have been defined as patients who attend a health care facility repeatedly. The frequency of attendance has been variously defined between 3 and 12 attendances per annum.

**HAI** - Healthcare Acquired Infections

**MSG** – Ministerial Strategic Group (Scottish Government)

**Pentana** – Performance Management eHealth system formerly referred to as Covalent

**RAG** – Red, Amber or Green status of a measure against agreed target.

**Readmission** – admission to hospital within either 7 or 28 days of an index admission standardised by specialty

**SAS** – Scottish Ambulance Service

**Scottish Index of Multiple Deprivation** - The area based measurement of multiple deprivation ranking areas based on 38 indicators spanning 7 dimensions of deprivation; employment, income, health, education, housing, geographic access to services and crime.

**SPSO** - The Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about councils, the National Health Service, housing associations, colleges and universities, prisons, most water providers, the Scottish Government and its agencies and departments and most Scottish authorities.

**Unscheduled Care** - is “NHS care which cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional, or is care which, unavoidably, is out with the core working period of NHS Scotland. It relates to aim of reducing the number of patients and the amount of time they spend in hospital where it is not planned e.g. operation. Shorter lengths of stay results in better outcomes for patients, reduced risk of healthcare acquired infections, and improved patient flow through hospital systems.

**Variance Range** – The percentage difference between data at 2 different points in time.