Argyll & Bute Health and Social Care Partnership

Performance Exception Report for Integrated Joint Board
Outcomes 7 & 8 (FQ3-17/18) – January 2018

Performance & Information Team

"People in Argyll and Bute will live longer, healthier, happier, independent lives"

Exception Reporting & Briefing Frequency

The Integrated Joint Board will receive this performance and exception report on a 6 weekly basis, this will be taken from a live snapshot of the current overall HSCP performance; focussing on those measures showing as below target performance. The layout of the report is designed to give IJB members a quick easy-read overview of exception across the IJB Scorecard, the format of the report uses the key aspects of the Pyramid Performance Management System in order to ensure continuity and consistency. Trend indicators are included within the report to ensure that performance variance and movement is reflected against the most recent reporting episodes.

This exception report format will be used to communicate performance across the HSCP and key stakeholders including its host bodies. The table below notes the groups and briefing frequency:

Group	Briefing Frequency
Integrated Joint Board	Quarterly
Local Area Committees	Quarterly
NHS Board	Quarterly
Community Planning Partnership *	Quarterly
Locality Planning Groups	Quarterly
East & West Operational Management Teams	Quarterly

Exception Reporting FQ3 (17/18)

Outcome Indicators – 7 & 8

Outcome 7 – Service Users Are Safe From Harm

	Outcome / Performance Indicator	Target	Actual	Trend	Period	Responsible Manager
1	CP15 - % of Children on CPR with no Change of Social Worker	80%	79%	⇓	FQ3 17/18	Alex Taylor
2	CP16 - % of Children on CPR with a completed CP plan	100%	81%	⇓	FQ3 17/18	Alex Taylor
3	CP17 - % of CP investigations with IRTD within 24 hours	95%	86%	⇓	FQ3 17/18	Alex Taylor
4	Falls rate per 1,000 population aged 65+	22	26	⇒	FQ3 17/18	Lorraine Paterson

Outcome 8 – Health & Social Care Workers Are Supported

	Outcome / Performance Indicator	Target	Actual	Trend	Period	Responsible Manager
1	Health & Social Care Partnership % of PRDs completed	90%	58%	⇓	FQ3 17/18	Alex Taylor

FQ3 17/18 Other NHWBO indicators currently off track presented for IJB reference

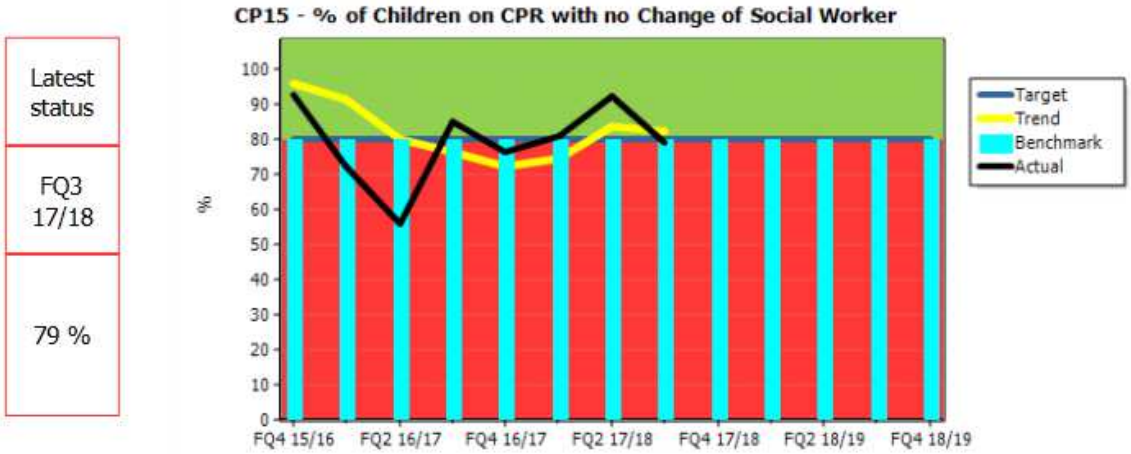
Outcome/Performance Indicator	Target	Actual	Trend	In charge
Outcome 1				
AC1 - % of Older People receiving Care in the Community	83%	73%	⇓	James Littlejohn
AC15 - No waiting more than 12 weeks for homecare service - assessment authorised	6	10	⇓	James Littlejohn
A&B - % of LD Service Users with a PCP	90%	87%	⇓	James Littlejohn
NHS-H7 - Proportion of new-born children breastfed - STANDARD	33.3%	30.0%	⇒	Alex Taylor
Outcome 2				
AC5 - Total No of Delayed Discharge Clients from A&B	12	25	⇓	James Littlejohn
Outcome 4				
AC11 - Average working days between Referral & Initial AP Case Conference	15 Days	18 Days	⇓	James Littlejohn
Outcome 9				
SCRA43 - % of SCRA reports submitted on time	75%	67%	⇓	Alex Taylor

Management Exception Reporting

Performance Indicator: Outcome 7 CP15 - % of Children on CPR with no Change of Social Worker	**Responsible Manager:** Alex Taylor
Target: 80% Actual: 79%	Date of Report: FQ3 17/18

Description of Exception

(Consideration should be given when describing the nature of the exception with regards to previous trends, reasons for exception, external /internal influences on performance, previous action taken to address performance, actions current in place to improve performance)



Percentage of children on the Child Protection Register at end of quarter who have had no change of Social Worker from date of registration. Improved outcomes for children on the CPR have been shown to be related to stability of relationship with social worker.

Data source - CareFirst

Linked to IJB Outcome 7.

Actions Identified to Address Exception and Improve Performance

(Consideration should be given when describing actions to address performance with regards what requires to be done, who is going to do it and how will this improve performance)

This is an important indicator because the continuity of social worker in cases of this nature is linked to improved outcomes for the child and their family. The indicator also reflects the stability of the wider system and is linked to the child's overall safety. Measures are in place to maximise staff retention and ensure new staff are properly inducted, offered good support and are professionally developed.

Actions Identified to Address Current /Future Barriers

(Consideration should be given when describing barriers with regards to, how are the barriers going to be managed, who will take this work forward)

Working in remote and rural communities can be more stressful and isolating than it first appears. The "grow our own" initiative combined with other measures is an effective way of addressing the challenge of staff turnover.

Additional Support Requirements Identified

None at this stage,

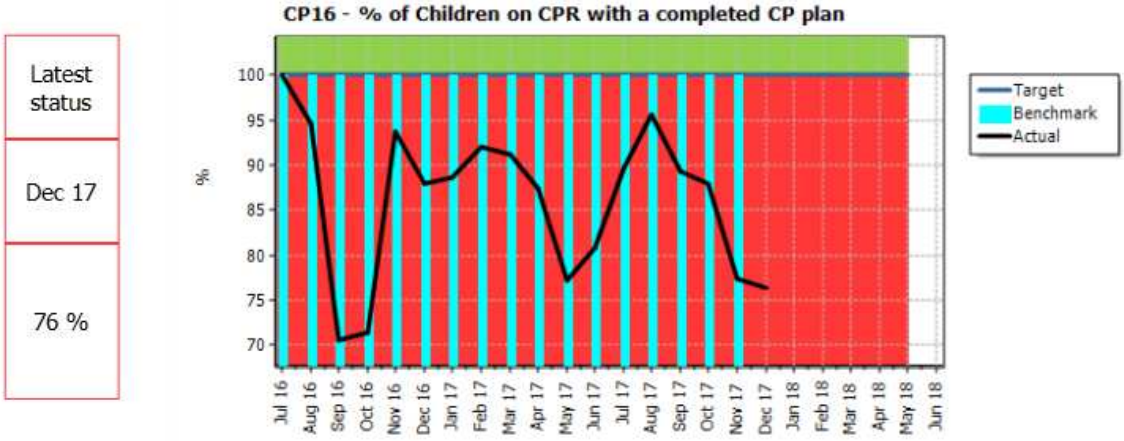
Improvement Forecast Date:	**Review Date:**
Next Financial Quarter (FQ4).	Next Financial Quarter (FQ4).

Management Exception Reporting

Performance Indicator: Outcome 7 CP16 - % of Children on CPR with a completed CP plan	**Responsible Manager:** Alex Taylor
Target: 100% Actual: 81%	Date of Report: FQ3 17/18

Description of Exception

(Consideration should be given when describing the nature of the exception with regards to previous trends, reasons for exception, external /internal influences on performance, previous action taken to address performance, actions current in place to improve performance)



The percentage of children on the Child Protection Register (CPR) with a completed Child Protection Plan (CP).

Data source – Carefirst / Local reporting

Linked to IJB Outcome 7

Actions Identified to Address Exception and Improve Performance

(Consideration should be given when describing actions to address performance with regards what requires to be done, who is going to do it and how will this improve performance)

Every child on the Child Protection Register has a Child Protection Plan and the indicator should read as being 100%. A problem has arisen in staff entering this data correctly into Carefirst.

Actions Identified to Address Current /Future Barriers

(Consideration should be given when describing barriers with regards to, how are the barriers going to be managed, who will take this work forward)

I have personally confirmed with each Locality Manager at regular intervals during the course of FQ3 that every child on the CPR has a plan. Despite this the data is still not being correctly entered in to Carefirst. I have now made arrangements for the Locality Managers to be trained so they can return to their localities to oversee the inputting of the data correctly.

Additional Support Requirements Identified

Training and improved support to front line C&F managers.

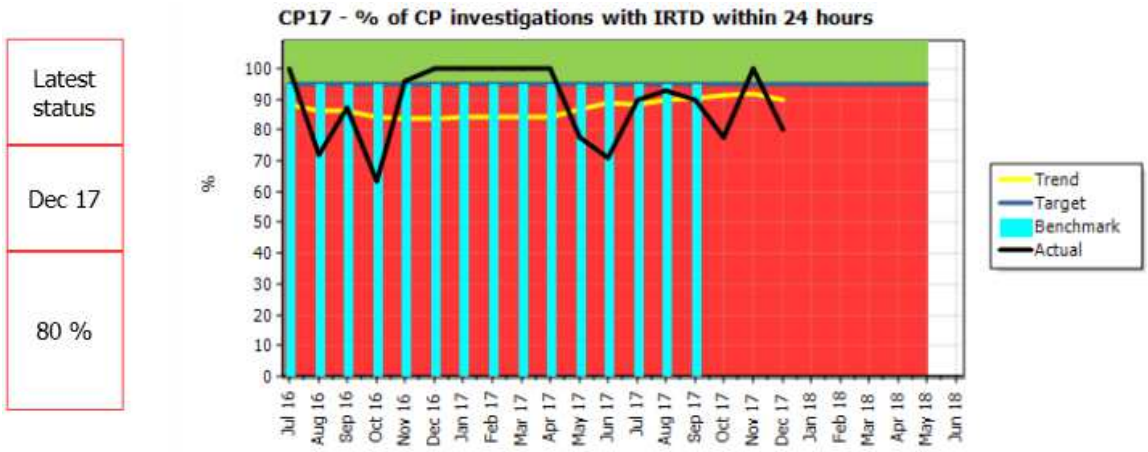
Improvement Forecast Date:	**Review Date:**
Financial Quarter 4 (FQ4)	Financial Quarter 4 (FQ4).

Management Exception Reporting

Performance Indicator: Outcome 7 CP17 - % of CP investigations with IRTD within 24 hours	**Responsible Manager:** Alex Taylor
Target: 100% Actual: 80%	Date of Report: FQ3 17/18

Description of Exception

(Consideration should be given when describing the nature of the exception with regards to previous trends, reasons for exception, external /internal influences on performance, previous action taken to address performance, actions current in place to improve performance)



The percentage of Child Protection (CP) investigations where there is an inter-agency planning meeting (Initial Referral Tripartite Discussion - IRTD) within 24 hours.

Data source - CareFirst

Linked to IJB Outcome 7.

Actions Identified to Address Exception and Improve Performance

The Initial Tripartite Referral Discussion (IRTD) should take place on receipt of a child protection referral to determine how it is to be managed. The discussion usually entails a conversation between social work, the police and health ideally within 24 hours. IRTDs are therefore a multi-agency activity and this is a multi-agency indicator. There are some practical aspects to completing this within 24 hours, for example, all the information may not available or the investigation may require a high level of planning.

Actions Identified to Address Current /Future Barriers

There is a need to restate the standard and provide training and support across the participating agencies where it is required.

Additional Support Requirements Identified

None at this time.

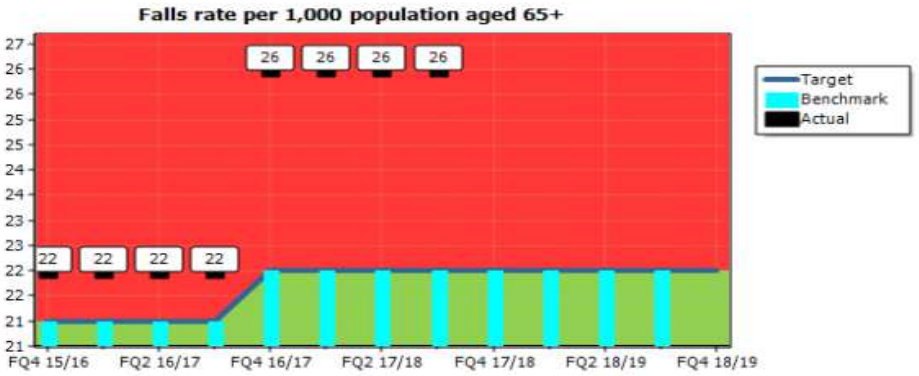
Improvement Forecast Date:	**Review Date:**
Financial Quarter 4 (FQ4)	Financial Quarter 4 (FQ4)

Management Exception Reporting

Performance Indicator: Outcome 7 Falls rate per 1,000 population for adults aged 65+	**Responsible Manager:** Lorraine Paterson
Target: 22 Actual: 26	Date of Report: FQ3 17/18

Description of Exception

Latest status
FQ3 17/18
26



QUARTERLY CONVERSION – Shows annual values
The focus of this indicator is the rate per 1,000 population of falls that occur in the population (aged 65 plus) who were admitted as an emergency to hospital.
Linked to IJB Outcome 2, 4, 7 and 9.

Actions Identified to Address Exception and Improve Performance

Argyll and Bute has a quarter of the population over 65 years of age. This is significantly higher than Scotland as a whole and the number of people 75+ is projected to increase by 36% (NRS, 2014). Our demographic makes having a hospital admission due to a fall more likely. Half of people over 80 years of age fall each year and occupied bed days for 2016/17 in Argyll and Bute show the majority of bed occupancy for falls is for this group. It has been identified by the HSCP that we require falls admission data at a hospital and locality level to understand who is being admitted, where and why. We have work starting this year with the national falls programme, ISD and ALIP to develop a quality dashboard for falls for incidences of admissions due to hip fracture and falls in localities and to determine where people come into contact with services such as emergency department, telecare alarms, Scottish Ambulance Service.

Argyll and Bute is taking action to reduce falls and each locality has an action plan based on the national minimum standards set out in the Framework for Prevention and Management of Falls in the http://www.gov.scot/Resource/0045/00459959.pdf through the 4 stages identified. In Stage 1 to raise awareness of falls as an issue with people who may be beginning to experience difficulties with their mobility and balance, we are promoting the national 'Move and Improve Campaign' https://www.facebook.com/notes/argyll-and-bute-hscp/take-the-balance-challenge-move-improve-takethebalancechallenge/1835018406813438/ . We are working with partners to provide evidence based exercise programmes in our communities for older people to improve strength and balance which reduces risk of falls.

In Stage 2, to identify those at highest risk, Argyll and Bute HSCP is working to provide the best opportunities for people to remain independent through the

systematic application of evidence based interventions known to prevent falls. Individual multifactorial falls risk screening and interventions based on modifiable risk factors and the provision of evidence based exercise programmes are being applied systematically.

Work is ongoing with Scottish Fire and Rescue service (in the context of Building Safer Communities) to identify older people at high risk at home safety checks and to signpost them on to have a multi factorial falls risk screening and interventions using our postcard developed in Argyll and Bute.

Work with Scottish Ambulance Service to embed pathways to avoid conveyance to hospital where possible and to refer on for community interventions to reduce risk has been very slow and we are currently seeking to increase the pace and scale with this work.

Falls and frailty are linked in older age groups and the identification of frail individuals through the efrailty tool would allow the concept of realistic medicine to be more effectively applied in our communities to avoid hospital admissions. Management of falls and frailty in community settings identifying transitions through stages of frailty has the potential to address advanced frailty as a palliative condition with anticipatory care planning and care at home. This is particularly relevant in view of our demographic projections from NRS which show an 80% increase in over 75's in the next 25 years (see appendix).

Actions Identified to Address Current /Future Barriers

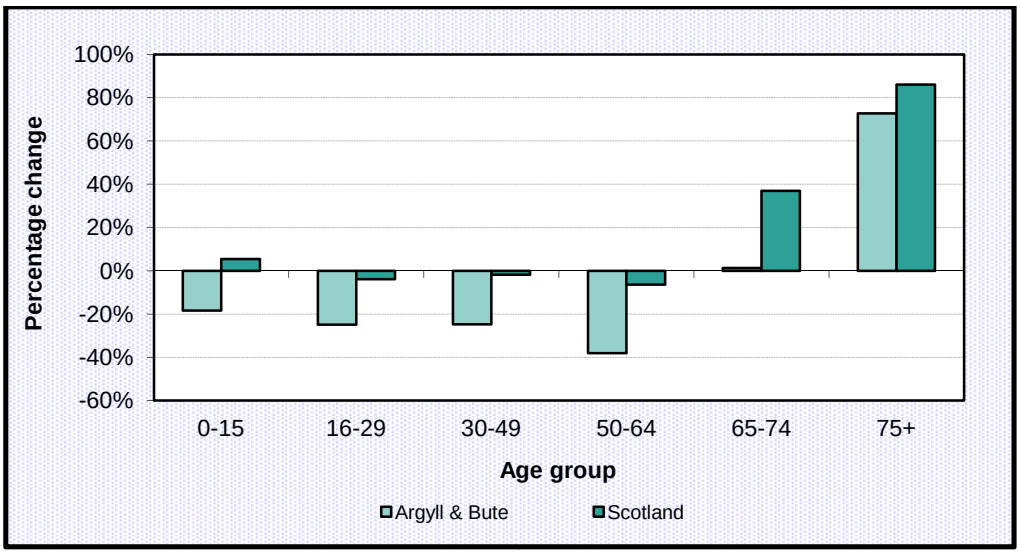
Development work is taking place with National Programme Manager for Prevention of Falls, LIST team from ISD and the support of the Active and Independent Living Programme to produce a quality dashboard of falls data for each locality. The data will have both outcome and process measures. This will be used to increase understanding of how we are intervening to reduce falls risk for individuals and our communities and to drive improvement. Meetings are arranged for January 2018 and testing will begin shortly working with service planning quality improvement team to identify in each locality where people who fall are presenting to services and what interventions they are currently having.
Pathways for people who require assistance for a fall are in development. The test site in Helensburgh and Lomond has been very slow. The pathway developed for testing in August 2017 by Helensburgh community team has had very few referrals so far from Scottish Ambulance Service. Support is being provided from the National Programme Manager to develop pathways with Scottish Ambulance Service to avoid unnecessary conveyance for falls. Locality work in Bute with SAS and community team planned for Feb 2018. A scale up and spread of the pathway for intervention by the community teams across A&B should be relatively straightforward as numbers are low and should be manageable in each locality. Pathways for responding to individuals who have fallen and do not require SAS attendance but require assistance to get up are being progressed on a locality level. Locality Area Managers are being asked to update the Falls Lead for A&B about arrangements in place in each locality and a phone call will take place by Falls Lead to each LAM to finalise the response in each locality in Jan/Feb 2018. We require a single point of contact phone number for Argyll and Bute for this pathway. Lead AHP is progressing these discussions.

Additional Support Requirements Identified

Improvement Forecast Date:	Review Date:
July 2018	February 2018

Appendix

Percentage change in population in Argyll & Bute and Scotland, 2012-2037 (2012-based projections)

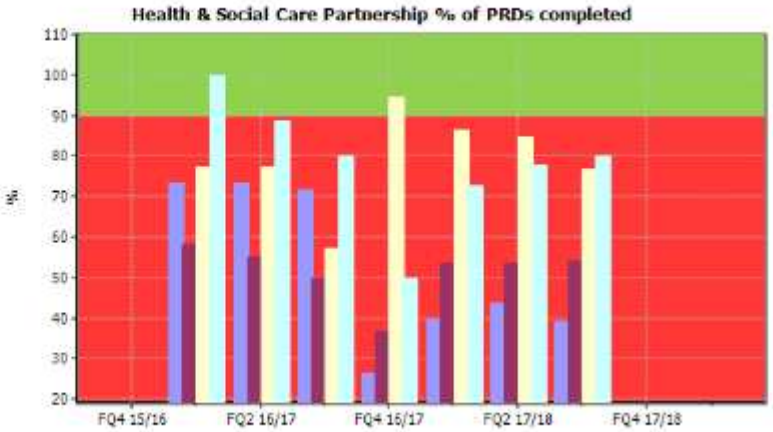


National Records of Scotland accessed 22.01.18 https://www.nrscotland.gov.uk/statistics-and-data/statistics/stats-at-a-glance/council-area-profiles

Management Exception Reporting

Performance Indicator: Outcome 8 Health & Social Care Partnership % of PRDs completed	**Responsible Manager:** Alex Taylor
Target: 90% Actual: 58%	Date of Report: FQ3 17/18

Description of Exception



Sub-elements

Type	Name	Value
	Adult Care East % of PRDs completed	39 % (FQ3 17/18)
	Adult Care West % of PRDs completed	54 % (FQ3 17/18)
	Children & Families and Criminal Justice % of PRDs completed	77 % (FQ3 17/18)
	Strategic Planning & Performance % of PRDs completed	80 % (FQ3 17/18)

Actions Identified to Address Exception and Improve Performance

Performance Review and Development (PRD) is the cornerstone of the HSCP performance framework. It aligns individual performance and development with the work unit, the service plan and the strategic plan. This activity is not always recognised to be the priority it should be by some staff and managers and where this is identified it is addressed.

Actions Identified to Address Current /Future Barriers

Traditionally most PRDs are completed during Financial Quarter 4 and I would expect to see an improvement in these figures. In the meantime PRD activity is being closely monitored and reported on.

Additional Support Requirements Identified

None.

Improvement Forecast Date:	**Review Date:**
Financial Quarter 4 (FQ4)	Financial Quarter 4 (FQ4)