



Fife Health & Social Care Partnership



Performance Report Executive Summary

October 2021

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Executive Summary

The Executive Summary of the full Performance Report highlights areas where Performance Indicators are showing in red on the indicator tables (Local Indicators, LDP Standards and Management Information) or are showing a decline in performance from previous reporting period.

Fife Health & Social Care Partnership delivers a wide range of delegated services on behalf of both NHS Fife and Fife Council as described within the Integration Scheme. The Health and Social Care Partnership is working towards delivery of the Health and Social Care Strategic Plan which is cognisant of the national outcomes of Integration, NHS Fife Clinical Strategy and the Plan for Fife.

This report details the performance relating to Partnership services which include both national and local performance as well as management performance targets. Many of these measures are already regularly included and referenced in reports to NHS Fife and Health & Social Care Partnership Committees.

We continue to see pressure across the system due to Covid this has seen an increase in recent weeks to care home closures although working closely with the care providers and the support from public health risk assessments have been undertaken to ensure safe opening.

The length of stay in STAR beds is reducing as care homes are opening up this is having a positive impact on the flow. Demand for care at home services continues to increase since February 2021 we have continue to see a monthly increase in people waiting on care packages, this is due to the availability of care both inhouse and external, work is underway to manage this including working with Scottish Care.

Complaints and Information requests dealt within the agreed timescale have dipped over the last month this is due to the pressure in the system to manage the workload and the increase in the number of queries and complaints coming into the service. Work is underway to manage this and to ensure that we respond within the timescale.

Unfortunately, we still are unable to report on sickness absence via Fife Council Oracle system, work is near conclusion and hopefully a full report will be available at the next meeting.

Positively, recent six monthly national reporting of people being supported at home in the last six months of their lives has risen from from 92.89% to 94.26% an increase of 1.38%

Fiona McKay
Head of Strategic Planning, Performance and Commissioning

Performance Matrix & Information

National Health & Social Care Outcomes

The Ministerial Strategic Group for Health and Community Care (MSG) requested partnerships submitted objectives towards a series of integration indicators based on 6 high level indicators:

- (1) Emergency admissions;
- (2) Unscheduled hospital bed days;
- (3) Emergency department activity;
- (4) Delayed discharges;
- (5) End of life care; and
- (6) Balance of care.

The table below shows current performance against these. The table summarises the current performance of each indicator's latest rolling month's data from the previous financial year's data. It uses the newest complete month and takes the sum of the 12 months prior and compares this with the previous financial year. For example, if the latest data for an indicator is available in July 2018, this will compare the rolling year figure (sum of previous 12 months i.e. from August 2017 to July 2018) with the equivalent figure from the 2017/18 financial year.

Arrows showing comparisons from the previous financial year are shown, with Green positive, Red negative or Yellow no change (as demonstrated on the key below). Percentage differences between the two figures are also provided.

| | |
|---------|--|
| ↑ | Improvement of indicator from previous |
| ↓ | |
| ↑ | Worsening of indicator from previous |
| ↓ | |
| No diff | No change |

| MSG Indicator | MSG Description | Latest Available Month | Previous Rolling Year | Fife Previous Rolling Year Total | Fife Current Rolling Year* | Fife Rolling Year diff from Previous Rolling Year | % Diff |
|---------------|---|------------------------|-----------------------|----------------------------------|----------------------------|---|---------|
| 1a.1 | Emergency Admissions | May-21 | May-20 | 41,434 | 38,816 | ↓ 2,618 | -6.32% |
| 1b.1 | Emergency Admissions from A&E | May-21 | May-20 | 21,595 | 19,377 | ↓ 2,218 | -10.27% |
| 1b.2 | A&E Conversion Rate (%) | May-21 | May-20 | 24.18% | 26.27% | ↑ 2.10% | 2.10% |
| 2a.1 | Unscheduled hospital bed days | Apr-21 | Apr-20 | 257,167 | 213,432 | ↓ 43,735 | -17.01% |
| 2b.1 | Unscheduled hospital bed days - GLS | Apr-21 | Apr-20 | 11,773 | 7,650 | ↓ 4,123 | -35.02% |
| 2b.2 | Unscheduled hospital bed days - Mental Health | Apr-21 | Apr-20 | 92,685 | 78,251 | ↓ 14,434 | -15.57% |
| 3a | A&E Attendances | May-21 | May-20 | 89,324 | 73,748 | ↓ 15,576 | -17.44% |
| 3b | A&E % seen within 4 hours | May-21 | May-20 | 92.53% | 92.80% | ↑ 0.27% | 0.27% |
| 4.1 | Delayed discharge bed days: All reasons | Jun-21 | Jun-20 | 37,685 | 36,376 | ↓ 1,309 | -3.47% |
| 4.2 | Delayed discharge bed days: Code 9 | Jun-21 | Jun-20 | 12,233 | 13,692 | ↑ 1,459 | 11.93% |
| 4.3 | Delayed discharge bed days: Health and Social Care Reasons | Jun-21 | Jun-20 | 25,112 | 22,329 | ↓ 2,783 | -11.08% |
| 4.4 | Delayed discharge bed days: Patient/Carer/Family-related reasons | Jun-21 | Jun-20 | 340 | 355 | ↑ 15.00 | 4.41% |
| 5a.1 | Percentage of last six months of life: Community | Aug-21 | Aug-20 | 92.89% | 94.26% | ↑ 1.38% | 1.38% |
| 6.1 | Percentage of population in community or institutional settings (65+) | 2019/20 | 2018/19 | 92.89% | 93.02% | ↑ 0.13% | 0.13% |

- **A&E conversion rate is the percentage of all A&E attendances that are subsequently admitted as an inpatient**

Improvement / Spread & Sustainability

Indicator 1:

The work that has begun with the localities will further evidence the need for a local solution, working closely with GP clusters and private/voluntary sectors to further support local people. Work on reducing Emergency Admissions will be developed in conjunction with acute colleagues.

Indicator 2:

In recognition of the Scottish Government Delivery Plan we will aim to reduce unscheduled bed days in hospital care by up to 10%. The Partnership also plan to develop our new models which originally supported delay in hospital to further roll out into the community given the evidence of success so far. Further work is required in collaboration with NHS Fife to consider appropriate interventions to reduce the number of unscheduled hospital bed days.

Indicator 3:

We are currently developing a plan to implement the recommendations of the National Out of Hours Review (Ritchie Report), which will include innovative ways of supporting people at home. The acute service continues to support a successful frailty model which will be further supported across the Partnership.

Indicator 4:

Work continues within Fife to reduce both the number of delays and the number of bed days lost to them. A range of programmes and projects has incorporated many of the models of care designed by the partnership such as:

- Short Term Assessment and Reablement (STAR)
- Short Term Assessment and Review Team (START)
- Assessment Beds

As a partnership we are planning to undertake further work on performance against the current 72-hour target for delay to ensure we are fully capturing the activity in respect of delay.

Indicator 5:

The Scottish Government Health and Social Care delivery plan includes an action to ensure that everyone who needs palliative care will get hospice, palliative or end of life care. The partnership continues working with the palliative and end of life services and external care providers to target people who wish to die at home or in a setting of their choice.

Indicator 6:

Work is being undertaken in the Partnership to shift the balance of care from an institutional setting to community resources which will support people at home or in a homely setting

Local Performance Scorecard

| Indicator | Target 2020/21 *Target to be decided/developed | Reporting Period | Year Previous | | Previous | | Current | | Performance Assessment/RAG |
|---|--|------------------|---------------|--------|----------|--------|---------|--------|----------------------------|
| | | | Aug-20 | | Jul-21 | | Aug-21 | | |
| Assessment Unit Beds | 42 Days | Monthly | Aug-20 | 66 | Jul-21 | 56 | Aug-21 | 55 | 1↓ |
| Short Term Assessment and Reablement (STAR) Beds | 42 Days | Monthly | Aug-20 | 68 | Jul-21 | 180 | Aug-21 | 159 | 21↓ |
| START (Short Term Assessment and Review Team) | 42 Days | Monthly | Aug-20 | 81 | Jul-21 | 71 | Aug-21 | 68 | 3↓ |
| Nursing & Residential Care Population | * | Monthly | Aug-20 | 2,454 | Jul-21 | 2,438 | Aug-21 | 2,404 | ↓ |
| Demand for New Care at Home Services – No of Service Users | * | Monthly | Aug-20 | 281 | Jul-21 | 315 | Aug-21 | 330 | ↑ |
| Demand for New Care at Home Services – Hours per week | * | Monthly | Aug-20 | 2,668 | Jul-21 | 2,486 | Aug-21 | 2,679 | ↑ |
| Weekly Hours of Care at Home – Externally Commissioned Services | * | Monthly | Aug-20 | 15,813 | Jul-21 | 17,912 | Aug-21 | 17,457 | ↓ |
| Weekly Hours of Care at Home – Internal Services | * | Monthly | Aug-20 | 12,095 | Jul-21 | 12,289 | Aug-21 | 11,935 | ↓ |
| Adult Packages of Care – Externally Commissioned | * | Monthly | Dec-18 | 771 | Jul-21 | 1,141 | Aug-21 | 1,191 | ↑ |
| Technology Enabled Care – Total Provision | * | Monthly | Aug-20 | 8,578 | Jul-21 | 8,622 | Aug-21 | 8,691 | ↑ |
| Technology Enabled Care – New Provision | * | Monthly | Aug-20 | 156 | Jul-21 | 228 | Aug-21 | 219 | ↓ |

LDP Standards Scorecard

Indicator Summary

| Performance | | Benchmarking | |
|---|--|--------------|----------------|
| meets / exceeds the required Standard / on schedule to meet its annual Target | | ● | Upper Quartile |
| behind (but within 5% of) the Standard / Delivery Trajectory | | ● | Mid Range |
| more than 5% behind the Standard / Delivery Trajectory | | ● | Lower Quartile |

| Section | Measure | Target 2021/22 | Reporting Period | Year Previous | Previous | Current | Trend | Reporting Period | Fife | Scotland | | | | |
|-------------------------|---------------------------------------|----------------|------------------|---------------|----------|---------|-------|------------------|-------|----------|------------|-------|---|-------|
| Operational Performance | Delayed Discharge (% Bed Days Lost) | 5% | Month | Jul-20 | 6.2% | Jun-21 | 9.7% | Jul-21 | 10.1% | ↓ | QE Dec-20 | 5.5% | ● | 4.8% |
| | Smoking Cessation | 473 | YTD | May-20 | 25.3% | Apr-21 | 62.5% | May-21 | 58.2% | ↓ | FY 2019/20 | 92.8% | ● | 97.2% |
| | CAMHS Waiting Times | 90% | Month | Jul-20 | 62.8% | Jun-21 | 79.5% | Jul-21 | 80.9% | ↑ | QE Jun-21 | 73.7% | ● | 72.6% |
| | Psychological Therapies Waiting Times | 90% | Month | Jul-20 | 74.5% | Jun-21 | 82.6% | Jul-21 | 86.9% | ↑ | QE Jun-21 | 80.4% | ● | 82.7% |

Management Information Scorecard

| Indicator | Target 2020/21 | Reporting Period | Year Previous | | Previous | | Current | | Performance Assessment/RAG |
|--|--|------------------|---------------|-------|-----------------------------------|---------------------------------|-----------------------------------|------------------------------|----------------------------|
| | | | Dec-18 | 6.60% | Jul-21 | NHS – 5.66% | Aug-21 | NHS – 5.76% | |
| Health & Social Care Absence Rolling 12-month absence % for employees of the Health and Social Care Partnership | NHS Target 4.0% FC Target 5.87% | Monthly | Dec-18 | 6.60% | Jul-21 (NHS Only) FC Oct-20 | NHS – 5.66% FC – 8.70% | Aug-21 (NHS only) FC Oct-20 | NHS – 5.76% FC – 8.70% | N/A |
| Complaints and Compliments | 80% of Complaints responded to within statutory timescales | Monthly | Aug-19 | 67% | Jul-21 | 77% | Aug-21 | 53% | ↓ |
| Information requests | 80% of requests responded to within statutory timescales | Monthly | Q1-19 | 75% | Jul-21 | 81% | Aug-21 | 69% | ↓ |

| | Standard/Local Target | Last Achieved | Current Performance | Benchmarking |
|---|-----------------------|---------------|---------------------|--|
| Local Performance Indicators | | | | |
| Assessment Unit - Assessment Beds | 42 Days | Apr-21 | 55 days | Aug-21  |
| <p>This model supports people to leave hospital and finalise their assessment within a Care Home. Currently nine care homes offer 58 Assessment Beds in Fife.</p> <p>Average Length of Stay on Discharge for individuals at week ending the 31st August 2021 was 55 days. This is above the service expectation, which is that an individuals' stay in an assessment unit on discharge does not exceed 42 days. During the month of August there were 15 admissions and 13 discharges. Of those 13 discharges 31% were below or met the service expectation of 42 days. Of those over the service expectation the highest length of stay at discharge was 162 days. The average length of stay over the previous 2 months has been decreasing closer to the target figure. The overall average continues to fluctuate, this is mainly due to a number of individual's first choice care home not having capacity to admit, resulting on a wait on this becoming available.</p> <p>It is always the intention to provide an individual's first choice care home as part of a person-centred approach. This will respectively impact on the average number days on discharge being higher than the expected performance level. The average length of stay in Assessment beds has increased since March 2020 due to the Covid-19 pandemic and the result of residents not moving care home to care home.</p> | | | | |
| Short Term Re-ablement (STAR) beds | 42 Days | May-21 | 159 days | Aug-21  |
| <p>These Intermediate care units enable individuals to be discharged to a registered care home from hospital or admitted into an intermediate care placement. The aim being to both prevent admission to hospital and support people to return to their own home</p> <p>Average Length of Stay on discharge at 31st August 2021 was recorded at 159 days, which is above the target. There were 8 admissions and 2 discharges during the month of August 2021. . During August 2 of the 3 STAR locations had to close due to Covid 19 (Lindsay House & Napier House) as a result both locations were closed to admissions and discharges.</p> <p>These Intermediate care units enable individuals to be discharged to a registered care home from hospital or admitted into an intermediate care placement. The aim being to both prevent admission to hospital and support people to return to their own home. Once admitted to a STAR Bed this can help to facilitate the return of an older person to their own home.</p> | | | | |
| START (Short Term Assessment & Review Team) | 42 Days | Aug-18 | 68 days | Aug-21  |
| <p>The START service is delivered by Fife Health & Social Care partnership Home Care service. The data is measured on the number of individuals whose service has stopped in the month and the average of days calculated for all.</p> <p>In August 2021, START recorded 68 days for an average period of support to individuals who finished their involvement with the service. This is above the service expectation level of 42 days. The overall trend is that the length of stay in the service has been increasing over the past 2 years and although still above the Service Expectation, the average days supported has been falling over the last 5 months.</p> <p>In August 2021 there were 38 new services started and 15 discharges, compared to the previous month which had 20 starts and 28 discharges.</p> | | | | |

| | Standard/Local Target | Last Achieved | Current Performance | Benchmarking | |
|---|-----------------------|---------------|---------------------|--------------|---|
| LDP Standards | | | | | |
| Smoking Cessation | 473 | N/a | 275 | May-21 |  |
| In 2021/22, we will deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife | | | | | |
| CURRENT CHALLENGES | | | | | |
| Remobilising face to face delivery in a variety of settings due to venue availability and capacity | | | | | |
| Moving from remote delivery to face to face provision, patients having confidence in returning to a medical setting | | | | | |
| Potential for slower recovery for services as they may require to rebuild trust in the brand | | | | | |
| Re-establishment of outreach work | | | | | |
| Action 1 - Prehabilitation is a multimodal approach, which will minimise the risk of surgery being cancelled or SACT being delayed. It ensures patients are actively managed against the pathway and is known to improve quality outcomes for patients. Patients identified as smokers and interested in quitting will have rapid access to support. New funding has been made available from April; to date, five rehabilitation patients have engaged with the service. | | | | | |
| Delayed Discharge (% of Bed Days Lost) | 5% | Jan-21 | 10.10% | Jul-21 |  |
| Reduce the hospital bed days lost due to patients in delay, excluding code 9, to 5% of the overall beds occupied | | | | | |
| CURRENT CHALLENGES | | | | | |
| Capacity in the community – demand for complex packages of care has increased significantly | | | | | |
| Information sharing – H&SC workforce having access to a shared IT, for example Trak, Clinical Portal | | | | | |
| Workforce – Ensuring adequate and safe staffing levels to cover the additional demand to facilitate discharge from the acute setting to the community hospitals and social care provision | | | | | |
| Action 1 - Progress HomeFirst model - The Oversight “Home First” group meeting with H&SC, NHS Fife, Fife Council and Scottish Care took place in April. Five subgroups will take forward the operational actions to bring together the “Home First” strategy for Fife. Regular monthly meetings take place, action plans/driver diagrams are now in place for the oversight and sub groups. | | | | | |
| Action 2 - Test of Change – Trusted Assessor Model (or similar) to support more timely discharges to STAR/Assessment placements in the community - A test of change is underway within our internal care homes linked to people admitted to STAR beds in care homes. | | | | | |
| CAHMS Waiting Time | 90% | Feb-20 | 80.90% | Jul-21 |  |
| At least 90% of clients will wait no longer than 18 weeks from referral to treatment | | | | | |
| CURRENT CHALLENGES | | | | | |
| Implementation of additional resources to meet demand | | | | | |
| Development of workforce to meet National CAMHS Service Specification | | | | | |
| Impact of COVID-19 relaxation on referrals | | | | | |
| Change to delivery ‘models’ to reflect social distancing | | | | | |
| Action 1 - Build CAMHS Urgent Response Team - The plan to develop a CURT in 2020 was postponed due to the COVID-19 position. Redesign has been incrementally introduced since March 2021 and a model has been implemented that prioritises responsiveness, increases the clinical remit and extends the age range of the previous Self Harm Service. An increase in staffing complement seeks to allow the consolidation of the CURT model through ensuring adequate staffing capacity to meet increasing demand. | | | | | |
| Action 2 - Recruitment of Additional Workforce - Investment from Fife HSCP has resulted in resources being made available to recruit additional permanent (8) and temporary (3) staff. To date, 4 permanent staff and 2 temporary staff have been appointed, with the permanent staff starting incrementally from 23/08/21. Vacant posts continue to be advertised and review of banding is underway. | | | | | |
| SG funds have been allocated in order to achieve the CAMHS National Service specification. Phase 1 recruitment is underway and Phase 2 recruitment will follow the completion of a Gap analysis against the national specification. | | | | | |
| Additional workspace and re-design of East and West CAMHS geographical boundaries has started, to accommodate staff and balance the population of referrals to best meet the ongoing demand | | | | | |
| Action 3 - Workforce Development -Programme of development has been instigated to ensure new and existing staff are functioning at optimal level and hold competencies to deliver evidence-based practice against the priorities established by the SG CAMHS National Service Specification. A Training programme for new and existing staff is being developed, and a training needs analysis will be re-run to ensure the right skills and competencies exist in the range of teams across CAMHS. | | | | | |
| Psychological Therapies Waiting Times | 90% | Feb-20 | 80.90% | Jul-21 |  |
| At least 90% of clients will wait no longer than 18 weeks from referral to treatment | | | | | |
| CURRENT CHALLENGES | | | | | |
| Meeting waiting times and waiting list trajectories in line with timescales set out for allocation of new resource | | | | | |
| Recruitment of staff required to achieve the above at a time of national workforce pressures | | | | | |
| Progressing vision for PTs within the timeframe required to sustain improved performance | | | | | |
| Action 1 - Trial of new group-based PT options - Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Pilot of Schema therapy group complete. Analysis of outcome data in progress. Pilot of Compassion Focused therapy group was delayed due to COVID | | | | | |
| Action 2 - Increase access via Guided self-help service - Recruitment of staff complete. Roll out of service across Fife, in progress | | | | | |
| Action 3 - Expansion of skill mix model to increase delivery of low intensity interventions in Clinical Health Psychology service -A change in establishment in the two Clinical Health specialities (General Medical and Pain Management) that are not meeting the RTT has allowed an expansion in capacity for low intensity psychological interventions and the introduction of a tiered service model of 1:1 psychological therapies. The impact of these changes is being evaluated. | | | | | |
| Action 4 - Recruit new staff as per Psychological Therapies Recovery Plan -Recruitment is underway for staff trained to provide specialist and highly specialist PTs (as per Scottish Government definitions). Increased capacity in this tier of service is required to meet the needs of the longest waiting patients (those with the most complex difficulties) and to support services to meet the RTT in a sustainable fashion | | | | | |

| | Standard/Local Target | Last Achieved | Current Performance | Benchmarking |
|--|-----------------------|---------------|---------------------|--------------|
|--|-----------------------|---------------|---------------------|--------------|

Management Performance Indicators

| | | | | | |
|---|-------|-----|-----|--------|---|
| <p>Complaints and Compliments</p> <p>* 80% of Complaints responded to within statutory timescales</p> <p>Overall, the HSCP closed 51 complaints in August 2021, this is a significant increase on the number of complaints closed in recent months (the average is 30 complaints closed each month). Of the 51 closed in August 22 were FC SW/Social Care and 29 NHS. The 22 FC complaints were split between : Community Care Services (12) (7 of the 12 were Care at Home), Complex and Critical Care Services (8) and Business Enabling Services (2).</p> <p>There was a decrease in the number of complaints closed on time during August (53%) compared to July (77%).</p> <p>In August there was a significant increase in the number of complaints that were fully upheld. 17 complaints were fully upheld in August compared to 6 complaints fully upheld in July.</p> <p>During August we received 25 Social Care enquires, this is above the average number of enquiries usually received each month (the average is 14 enquiries received each month)</p> <p>During the coronavirus outbreak the Partnership followed advice received from the Scottish Government and the Scottish Public Sector Ombudsman in relation to the prioritisation of complaints and related communications. This involved identifying and prioritising, enquiries and complaints that involved COVID-19 or its impact, those that related directly to current service provision, or where we believed there was a real and present risk to public health and safety.</p> <p>Please note that no legislative changes were introduced to complaint procedures or statutory timescales. Therefore, complaint performance has been measured against the usual criteria.</p> | 80% * | N/a | 53% | Aug-21 |  |
|---|-------|-----|-----|--------|---|

| | | | | | |
|--|-------|--------|-----|--------|---|
| <p>Information Requests</p> <p>* 80% of Information Requests responded to within statutory timescales</p> <p>During August 2021 the Health and Social Care Partnership closed 13 information requests, of these 9 (69%) were responded to within required timescales there have been no review requests closed during 2021.</p> <p>In February 2021 the Scottish Information Commissioner provided a Decision Notice for an Appeal relating to an IJB information request received in 2019 (OSIC Ref: 202000165 / Decision 014/2021). The Decision Notice advised the Partnership to release some additional information to the applicant and this has now been completed. During August we received 25 Social Care enquires, this is above the average number of enquiries usually received each month (the average is 14 enquiries received each month)</p> | 80% * | Jul-21 | 69% | Aug-21 |  |
|--|-------|--------|-----|--------|---|