



ANGUS HEALTH AND SOCIAL CARE PARTNERSHIP

PERFORMANCE REPORT

2016 Quarter 2 Report

Angus Health and Social Care Partnership

Performance Report 2015/16

Introduction

The purpose of this performance report is to set the baseline performance from 2015-16 against the four priorities set out in our strategic plan. We are working with primary data providers including NHS Tayside business unit, Angus Council and nationally with Information Services Division (ISD) to develop data that reflects performance across Angus and within each of our localities.

ISD will be able to provide the partnerships with recent quarterly data (or at locality level) until January 2017, the Angus Improvement and Performance Team have decided to produce two interim reports before then. This report will show locality data for 2016/17 quarter 2. All of the health data shown in these reports will be sourced from national datasets, social care data will continue to be extracted locally until the national SOURCE data is available.

National Indicators 1-10 are gathered from a biennial survey. There is no further update on these indicators following the 15/16 baseline report provided previously. Not all indicators 11-23 are available at locality level at this time, so only the following indicators at locality level have been provided:

- Rate of emergency admissions for adults
- Rate of emergency bed days for adults
- Readmissions to hospital within 28 days of discharge
- Falls rate per 1,000 population in over 65s
- Number of days people spend in hospital when they are ready to be discharged
- Percentage of people who are discharged from hospital within 72 hours of being ready

The Angus Improvement and Performance team have extracted health information from a different source than the ISD Source team and there are some minor discrepancies between the ISD published and non-ISD published health information. For example, the emergency bed days rates show 112,685 per 100,000 population at 2014/15 and the locality level data shows Angus at 109,971; this is a difference of 2%. All non-published information, such as health information shown by localities, should therefore be treated with caution. The trends between the national data and data produced locally are very similar, as shown in the graph for "Rate per 100,000 Population of All Emergency Bed Days for People Aged 18+ by Locality and Financial Year".

Overall Locality Performance

- Most improved locality for the majority of indicators is the South East, both in terms of its position across a number of performance indicators and in comparison to the baseline year 2015/16 (see table 2).
- Only West Dunbartonshire, Renfrewshire and Clackmannanshire have a higher proportion than Angus of all its care services (Care Homes, Care at Home, Day Care etc) graded as good or better by the Care inspectorate in Scotland as at 2015/16.
- Angus performs well nationally in relation to premature mortality rates, emergency admission rates, emergency bed day rates, last 6 months of life spent at home or in a community setting, falls and delayed discharges. The good performance in relation to these indicators shows the progress the partnership has made in addressing timely discharge and shifting the balance of care to more community based and responsive services.
- Angus performs above the Scottish average in relation to the percentage of time that people spend at home or in a community setting in the last 6 months. At 90% this is an improved performance area against previous years.
- Significant progress has been made in addressing hospital bed occupancy as Angus has seen a continual decrease in the bed day rates since 2012/13 and as at 2016/17 Q2, it is below the Scottish rate for the first time in the last 5 years.
- Enhanced Community Support, managing delays in timely discharge, and increasing levels of personal care have contributed to a significant (61%) reduction in bed days lost to delayed discharges for people aged 75+ between 2012/13 and 2015/16. The reduction in delayed discharges continues. There has been a 37% decrease in bed days lost to delayed discharge between 2015/16 and 2016/17 Q2 . These improvements contribute significantly to improvements in outcomes for individuals.
- The rate of hospital bed days in Angus when adults are admitted in an emergency is reducing and in 2015/16 fell below the Scottish average rate. The Scottish average rate is also falling.
- A high proportion (89%) of users of care rate the services as excellent or good.

Angus' Ranked Performance as between 2010/11 and 2015/16

The tables below show the summary of Angus performance in relation to the Scottish performance across a range of national indicators.

G	Angus is performing well against the Scottish average
A	Angus rate is approximately the same as the Scottish average
R	Angus has greater room for improvement against the Scottish average

Table 1: Angus' Ranked Performance for national indicators as between 2010/11 and 2015/16

National Indicators	2011/12	2012/13	2013/14	2014/15	2015/16
11. Premature mortality	G	G	G	G	G
12. Emergency Admissions	G	G	G	G	G
13. Bed Days following emergency admission	A	R	A	A	G
14. Re-admissions after 28 days	G	A	A	G	R
15. Last 6 months of life at home	G	G	G	G	G
16. Falls	G	G	G	G	G
17. Care Inspectorate grades	N/A	N/A	N/A	G	G
18. Intensive Needs at home	R	G	A	R	N/A *
19. Delayed Discharges	N/A	R	G	G	G
20. Spend on emergency admissions	R	R	R	R	R

* definition of indicator is changing

Performance in 2016/17 Q2 against baseline year 2015/16




	2016/17 performance Q2 has improved against the 2015/16 baseline rate
	2016/17 performance Q2 is approximately the same as the 2015/16 baseline rate
	2016/17 performance Q2 has declined against the 2015/16 baseline rate

Table 2: Percentage change in 2016/17 Q2 against the baseline year 2015/16

National Indicator	Angus	North East	North West	South East	South West
12. Admissions	+1.1%	+0.1%	+2.3%	-0.4%	+2.2%
13. Bed Days	-2.4%	-3.5%	-4.0%	-4.7%	+0.2%
14. Re-admissions	-3.2%	-1.3%	-4.4%	-5.8%	+6.3%
16. Falls	+7.5%	+13.3%	+17.2%	+4.5%	-5.3%
19. Delayed Discharges	-4.3%	-8.0%	+10.2%	-24.2%	-27.8%

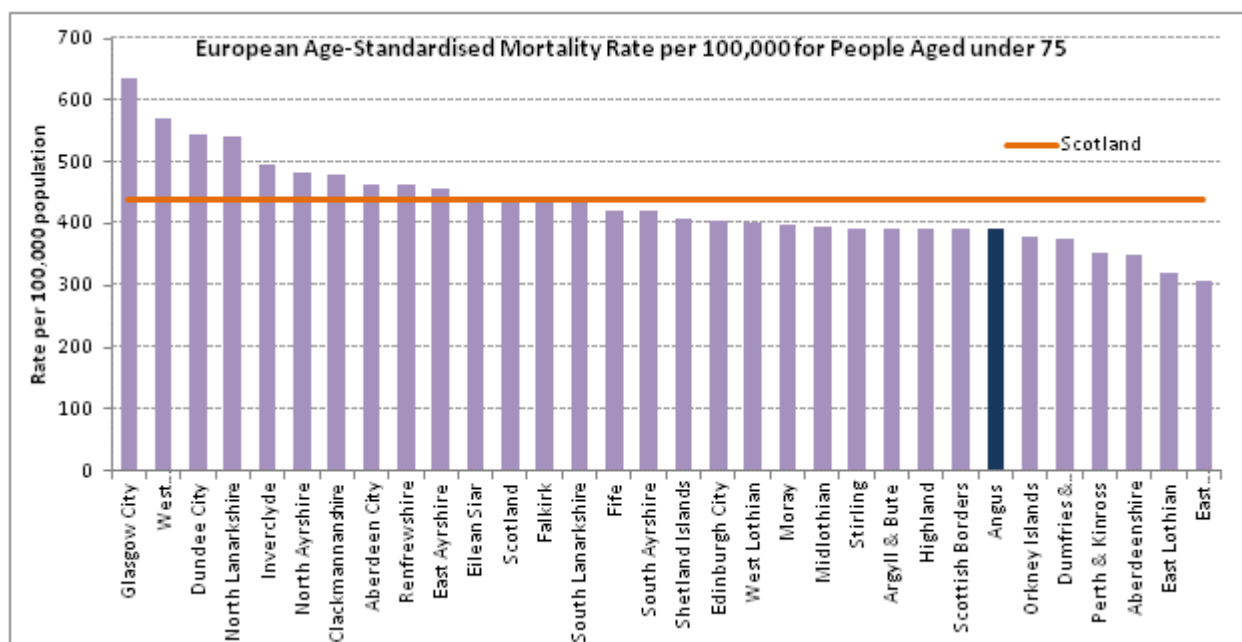
Performance against Strategic Priorities

Priority 1: Improving Health, Wellbeing and Independence

The aim of the Angus Health and Social Care Partnership's strategic plan is to progress approaches that support individuals to live longer and healthier lives. This includes having access to information and natural supports within communities. AHSCP's focus is on health improvement and disease prevention including addressing health inequalities; building capacity within our communities; supporting carers and supporting the self- management of long term conditions. There are health inequalities in some areas of Angus; these were identified in the Joint Strategic Needs Assessment. We are working with public health to determine appropriate measures which provide evidence in relation to health equity and the impact of services across Angus. This will include ensuring that data from primary providers is available so that we can see performance in the most and least deprived areas of Angus against the Angus average performance. Addressing performance variation will go some way to begin to address health inequalities. One indicator of health inequalities is premature mortality rates.

Graph 1 National Indicator 11: Premature Mortality Rate

Latest National Position as at Calendar Year 2015



Source: ISD Scotland

- 1.1 Angus is consistently below the Scottish average in relation to premature mortality rates. As at 2015, Angus is the 7th lowest ranked partnership for premature deaths with 391 per 100,000 population.
- 1.2 Angus continues to have high levels of volunteering. Voluntary Action Angus are supporting the development of voluntary organisations and volunteering across Angus. The capacity of communities to care is a focus of the work. In 2015/16 there were 902 voluntary organisations working and supporting communities in Angus. There were 6,017 adults volunteering in Angus, a volunteering rate of 65.5 adults per 1,000 adult populations. As yet this cannot be benchmarked nationally. AHSCP is supporting the development of the

voluntary sector and volunteering through integration care fund resources. Significant progress has been made in making information available about the range of opportunities for voluntary support in Angus. Information on most organisations can now be found on ALISS (a local system for Scotland).

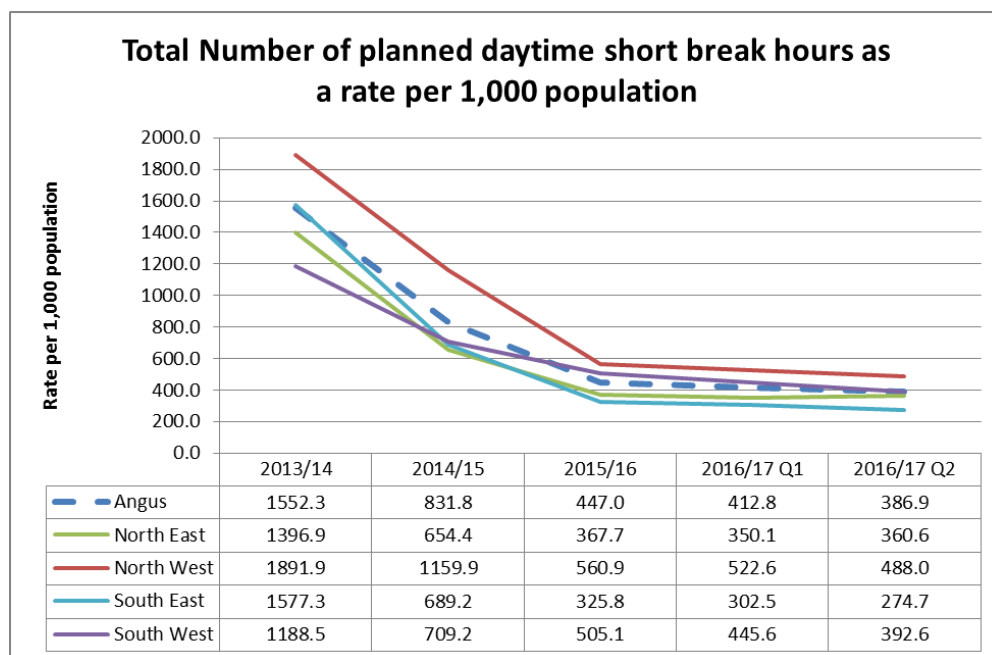
1.13 AHSCP is working with Angus Carers to continue to address support for carers, Angus performance in relation to carers feeling supported to continue their caring role is marginally less than the Scottish average. There is an improving picture of the number of carers that have been identified in Angus and the number of carers support plans that have been put in place. In 2015/16, Angus carers:

- provided 1,621 carers with one to one support,
- developed 178 new carers support plans with carers over 50 years old and 81 reviews
- achieved a total of 363 support plans in place with cares over 50 years

AHSCP has invested a significant amount of the integration care fund to ensure that accessible support for carers in available in each locality.

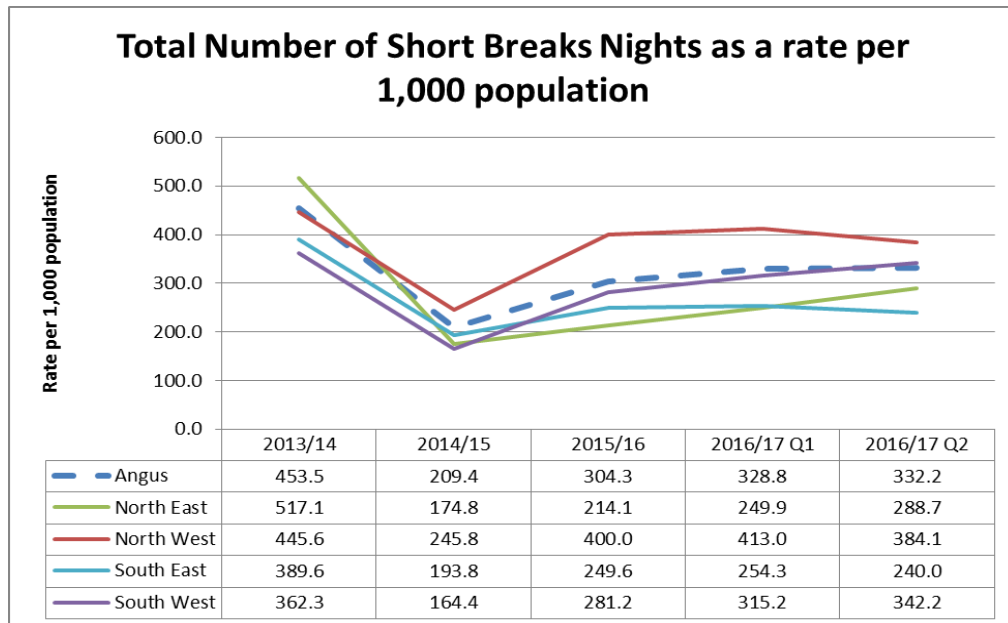
1.14 A range of supports are put in place following an assessment of carers needs, this includes daytime short breaks and overnight breaks.

Graph 2 Management Information at Locality Level – rate of daytime short breaks hours



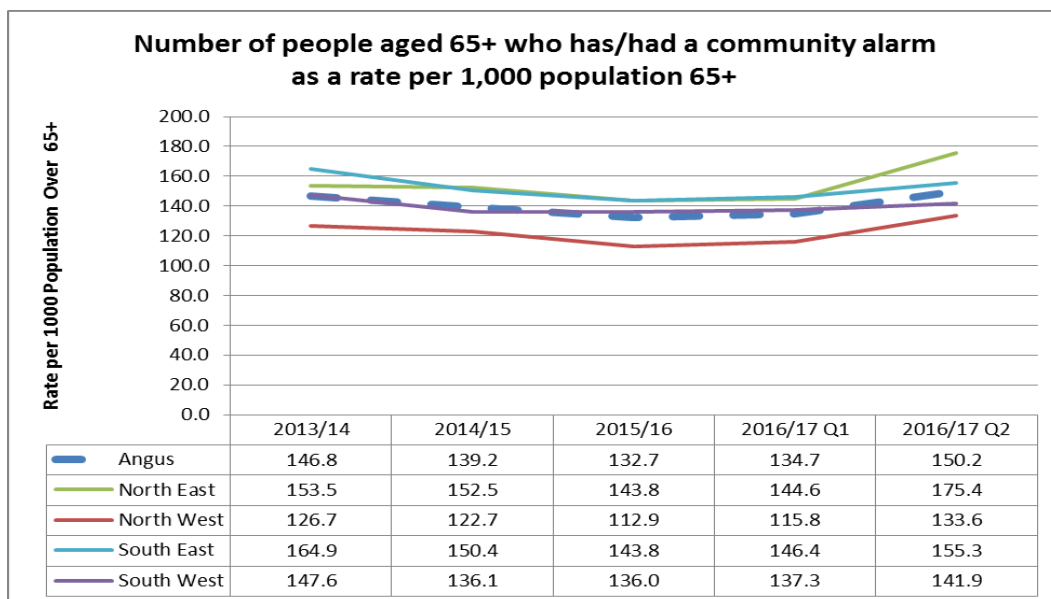
1.15 Day time short breaks saw a decrease between 13/14 and 15/16 following changes to specific short breaks services. These hours were merged into personal care services and in part contribute to the increasing rate of personal care provision.

Graph 3 Management Information at Locality Level Rate of short breaks nights



- 1.16 There has been an increasing rate of provision of short break nights, whilst small this increasing trend has continued into Q1 and Q2.
- 1.17 Services all aim to enable individuals to be as independent as possible. Community alarm services contribute significantly towards supporting individuals to feel safe.

Graph 4 Management Information at Locality Level Rate of community alarm use



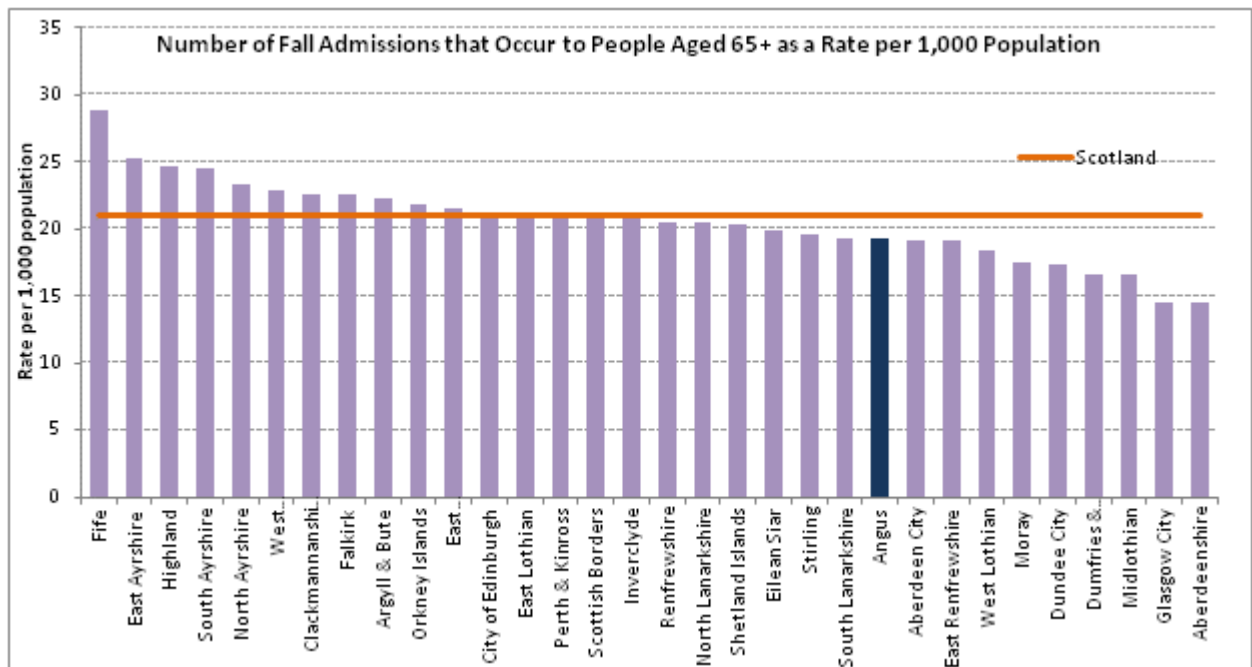
Source: Community Alarm.

- 1.18 There was a reduction in community alarm installations following the introduction of charging. Installation of community alarm has subsequently risen in both Q1 and Q2. This shows progress in our aim to improve tele-enabled care.
- 1.19 All new referrals for a social care service, where eligible needs exist, are supported by a period of enablement lasting between four to six weeks.

Enablement services have been successful in returning individuals to full independence. Currently 52% of people who are over 65 years require no further services following a period of enablement. The success rate has reduced over the past 3 years, partly due to individuals having repeated enablement referrals. Individuals using enablement in 2015/16 are much more likely to have had previous successful enablement contacts. There are people who require ongoing services but cannot be discharged from enablement due to a shortage of long term personal care services in all localities. This is being addressed through the Help to Live at Home programme. Due to changes in operational procedures we are currently unable to show enablement performance into 2016/17.

- 1.20 The level of falls in our community contribute significantly to hospital admissions and place ongoing pressure on services as individuals are more likely to need ongoing support. Community alarm addresses some support needs but we must continue to identify opportunities to reduce falls across Angus

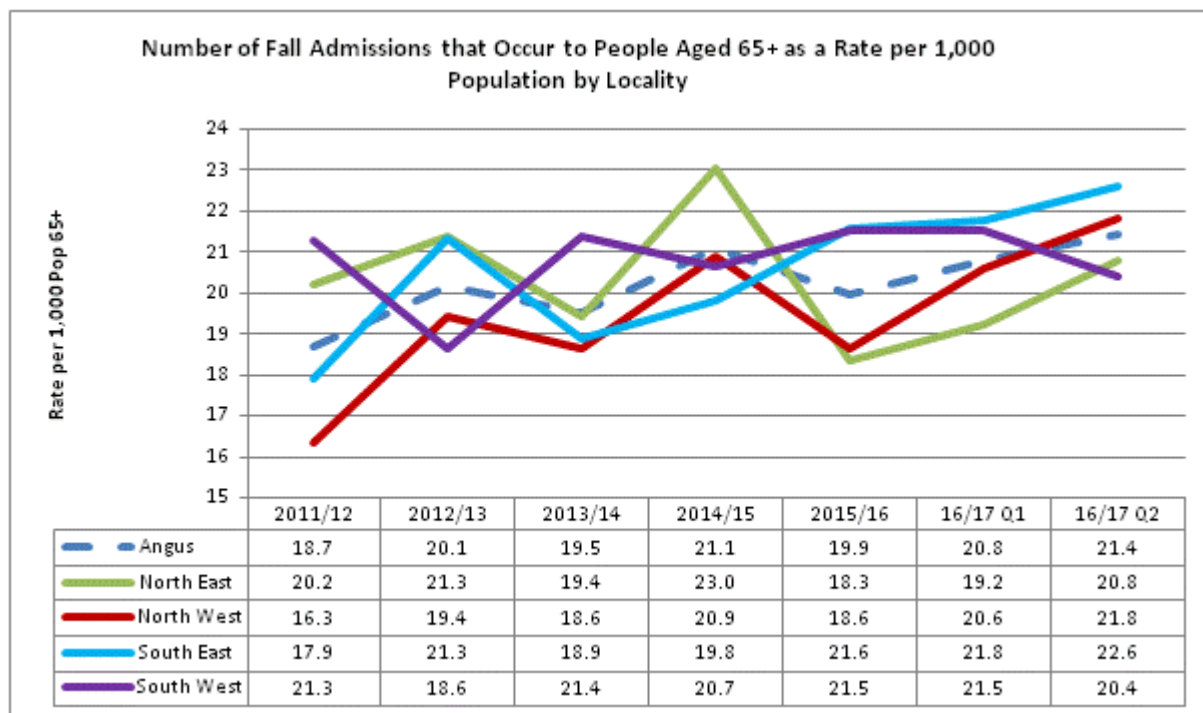
Graph 5 National Indicator 16: Falls rate per 1,000 population in over 65s
Latest National Position as at 2015/16



Source: ISD Scotland

- 1.21 The rate of fall admissions in Angus is at 19.2 per 1,000 population which is just below the Scottish rate of 21 per 1,000 population. There is no significant change in the rate of fall admissions in Angus from the 14/15 rate (19.6).

Graph 6 Management Information at Locality Level for 2016/17 Q2



Source: SMR01 Dataset (management information)

1.22 The rate of fall admissions per 1,000 population aged 65+ are highest in the South East and North West. The South West is the only locality that showed a decrease between Q1 and Q2 in 2016/17. Previously the South West had the highest rate of fall admissions for 4 of the last 6 years. The reason for this recent improvement in the South West is not known and requires to be investigated in order that any improvement opportunities can be shared across Angus. The North localities have both seen sharp increases in the rate of falls since 2015/16.

Priority 2: Supporting care needs at Home

The Joint Strategic Needs assessment identifies that the population of Angus is growing older and that the population of Angus will continue to age for the next 20 years. It is anticipated that this change in demographics will place a significant demand on services if they continue to be delivered in the same way. The strategic plan aims to address demographic change by changing the way that services are provided. The focus of the strategic plan is to support care needs at home by enhancing opportunities for technology enabled care; further progressing self-directed support, and; delivering change in care at home services through the Help to Live at Home project.

- 2.1 Access to long term support requires an assessment of need with an individual making choices about what services would meet their personal outcomes, how and when those supports will be delivered/accessed and who will provide them. Self-directed support is the mechanism by which these choices are provided. Option 1 is a direct payment, option 2 directed services, option 3 arranged services, and option 4 a mixture of options 1,2 and 3. Option 2 was not available before the introduction of the Social Care (Self-Directed Support) (Scotland) Act 2013 and has therefore seen a significant rise. Most people in Angus continue to access option 3, continuing to ask social work staff to organise care on their behalf. As yet there is very little shift from traditional models of support provision with most resources continuing to be spent on personal care

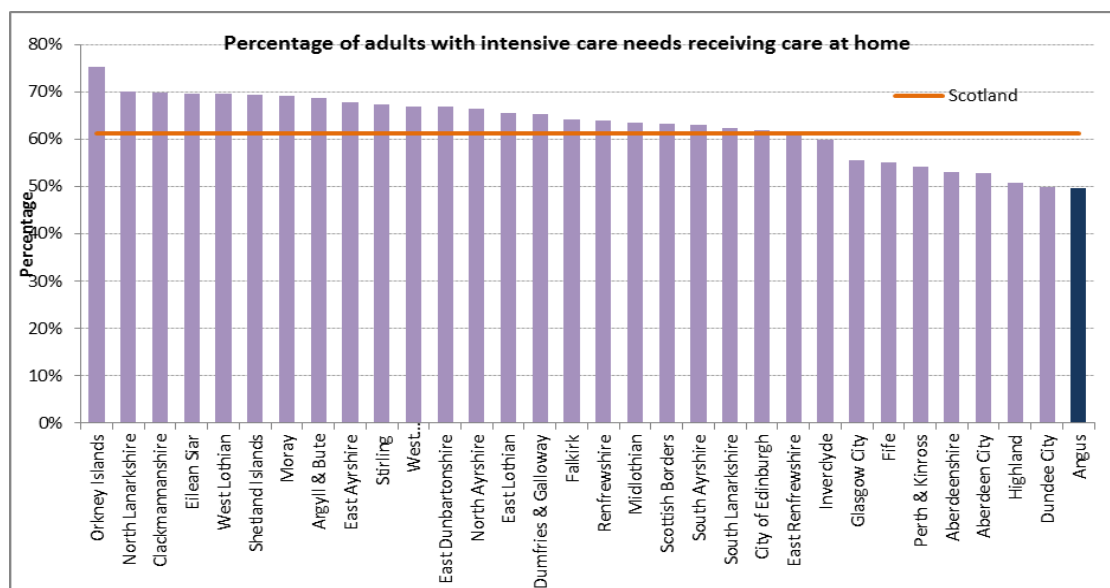
Table 3 Self-Directed Support Uptake of Options

Indicator	2015/16 Value
Percentage of people who access SDS (Option 1)	4%
Percentage of people who access SDS (Option 2)	13%
Percentage of people who access SDS (Option 3)	79%
Percentage of people who access SDS (Option 4)	4%

Graph 7 National Indicator 18: Percentage of adults with intensive needs receiving care at home

Percentage of adults with intensive needs receiving care at home

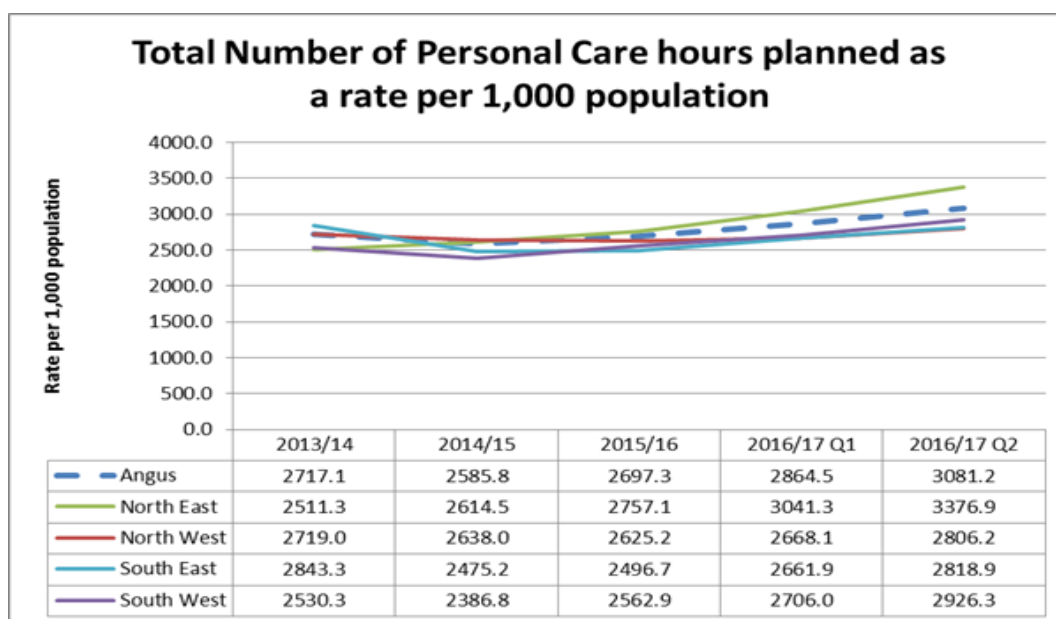
Latest National Position as at 2014/15 (15/16 update not yet available)



Source: ISD Scotland

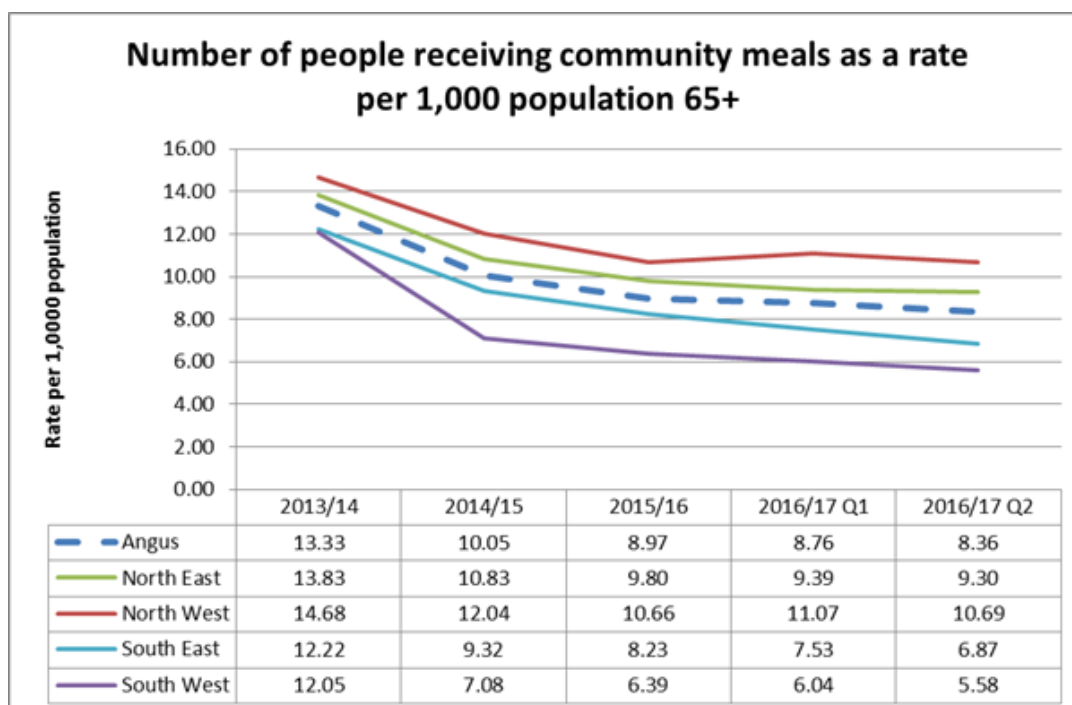
- 2.2 The percentage of adults with intensive care needs receiving care at home in Angus is 50%. This is below the Scottish average of 61%. To date this indicator has been based on the percentage of people receiving 10 hours or more of home care, it excludes all other community based social care provision such as community alarm, community meals, short breaks and day care. This indicator is being redeveloped to focus on the percentage of people receiving care at home, who receive personal care as part of their support plan.

Graph 8 Management Information at Locality level rate of Personal Care Hours

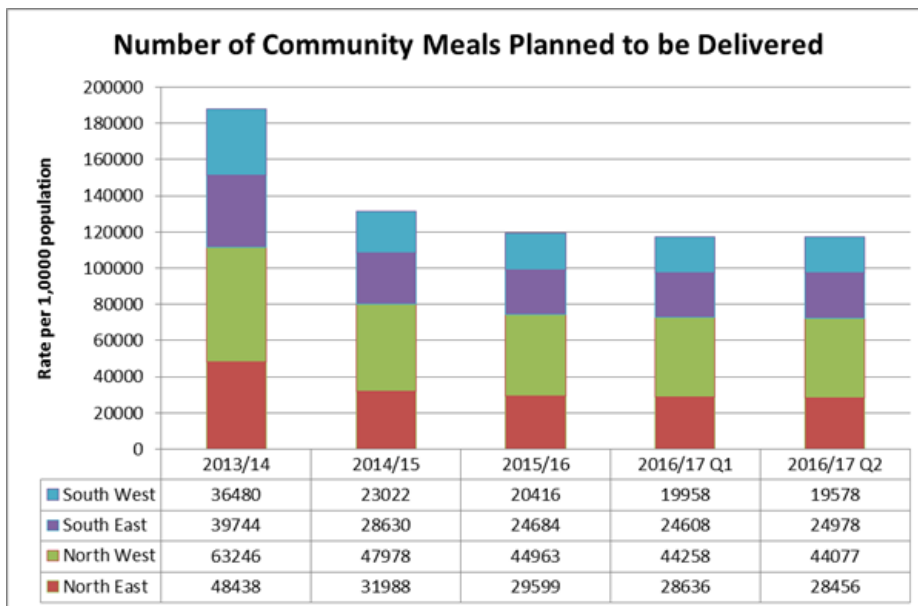


- 2.3 Levels of personal care provision are currently increasing in Angus. The rate of personal care hours delivered in Angus has grown from 2015 into Q1 and Q2. Both more individuals and individuals with greater needs are being supported in the community. The increase in the number of people supported does not wholly account for the increase in the total number of hours provided. Further work is required to identify the median level of personal care an individual might receive and the age from which personal care might be required to better understand the increase in provision. The Help to Live at Home project has expanded both the range of provider choice and the availability of personal care.
- 2.4 Social Care in Angus is not focused solely on personal care. There are a range of different types of supports available, including community meals, community alarm, volunteer arrangements for transport and befriending and day care. These different types of support are excluded from this indicator. Such services may not exist in other partnership areas where the focus may be wholly on 'home help' type services. The rate of uptake of community meals declined following the withdrawal of the tea time hot service. The number of people using the tea time sandwich service, delivered along with a hot lunch, continues to decline. This rate of decline is now reducing. It should be noted however that although the rate is reducing the number of meals delivered remains reasonably constant in Q1 and Q2.

Graph 9 Management Information at Locality level rate of Community Meals provision



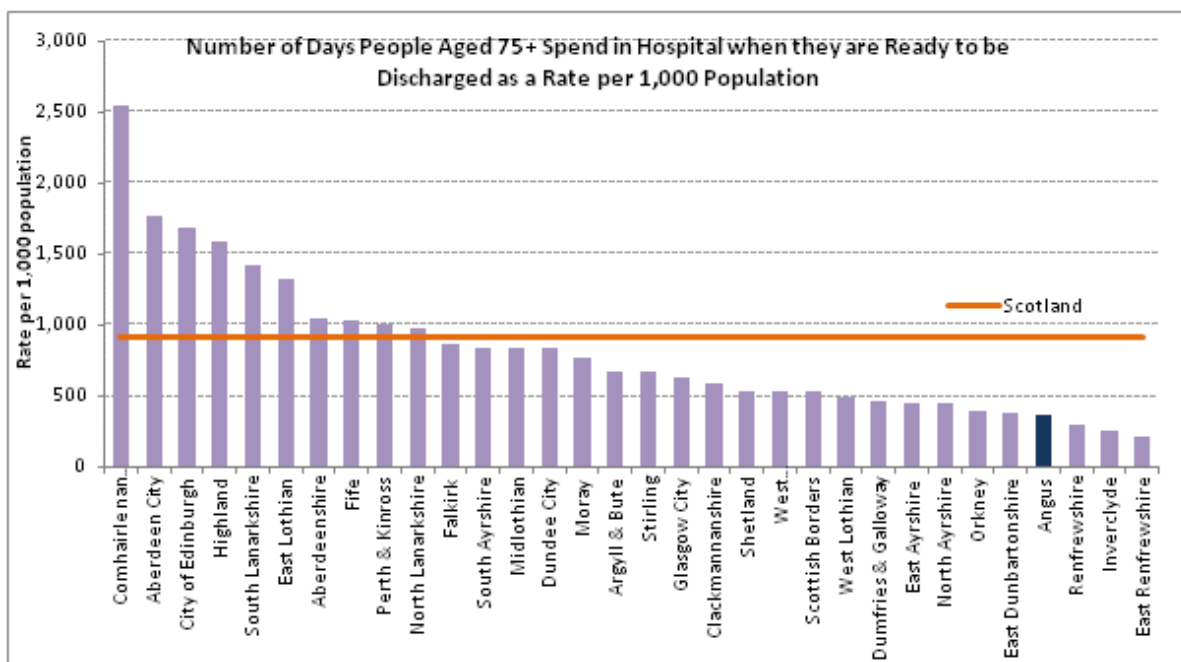
Graph 10 Management Information at locality level Community Meals Delivered



2.5 One of the recorded reasons for delays in timely discharge is the lack of capacity in personal care services. The Help to Live at Home project has made progress in addressing this. There been an increase in personal care provision and a commensurate decrease in bed days lost to delayed discharge.

Graph 11 National Indicator 19: Number of days people aged 75+ spend in hospital when they are ready to be discharged

Latest National Position as at 2015/16

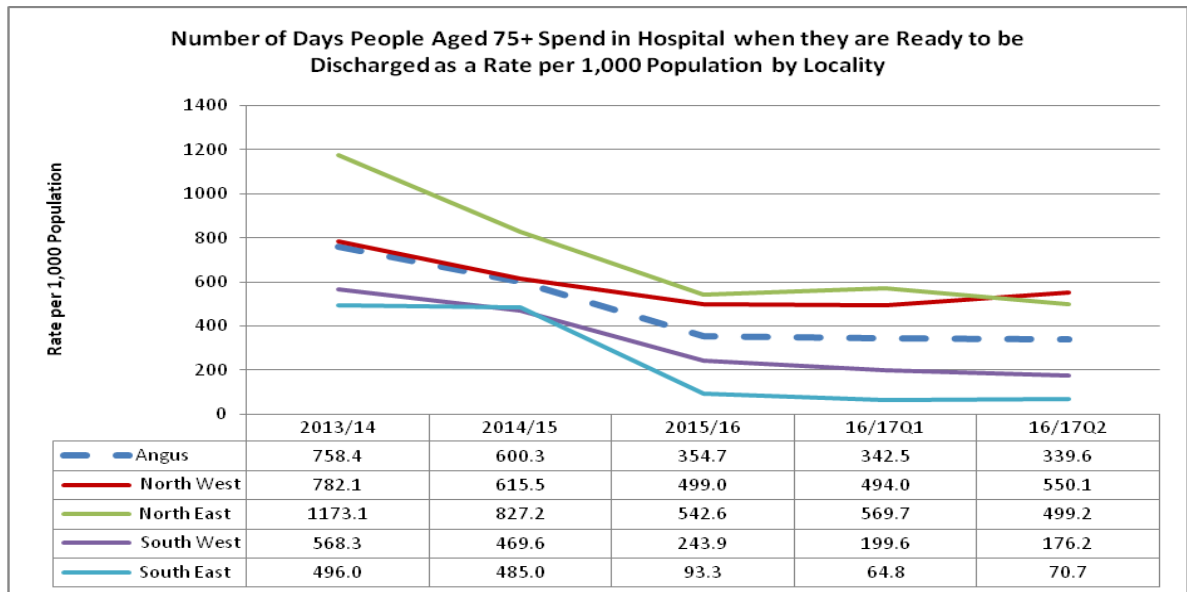


Source: ISD Scotland

2.6 The number of days people spend in hospital when they are ready to be discharged as a rate per 1,000 population, is 368 per 1,000 in Angus. This is

below the Scottish rate of 915 per 1,000 population. This places Angus as the 4th best performing partnership and demonstrates the improving performance from 14/15 when Angus was 8th best performing partnership with a rate of 601 per 1,000 population.

Graph 12 Management Information at Locality Level for 2016/17 Q2

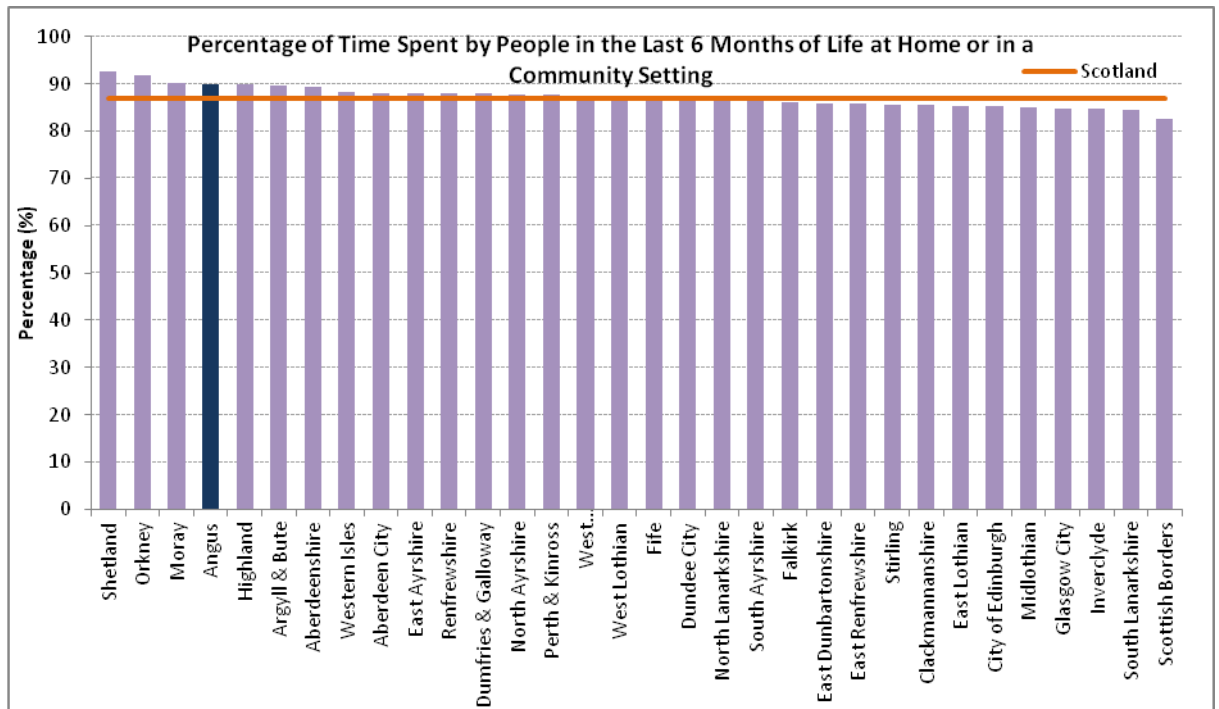


Source: Edison Dataset

- 2.7 Delayed discharge bed day rates for people aged 75+ has fallen sharply in Angus between 2013/14 and 2015/16, by approximately 53%. The rate has started to level out into Q1 and Q2. The South East has the lowest delayed discharge bed day rate in Angus at 2016/17 Q2 with 70 per 1,000. This is approximately 87% less than the North East rate of 550 per 1,000 population. Help to Live at Home is focusing on addressing capacity issues for personal care in the North East. The North East has commenced the implementation of Enhanced Community Support.

Graph 13 National Indicator 15 Proportion of last 6 months of life spent at home or in a community setting

Latest National Position as at 2015/16



Source: ISD Scotland

An example of success is the percentage of time that people spend at home or in a community setting in the last 6 months of their life in Angus is 90%. This is an increase of 1% on 14/15 and is above the Scottish rate.

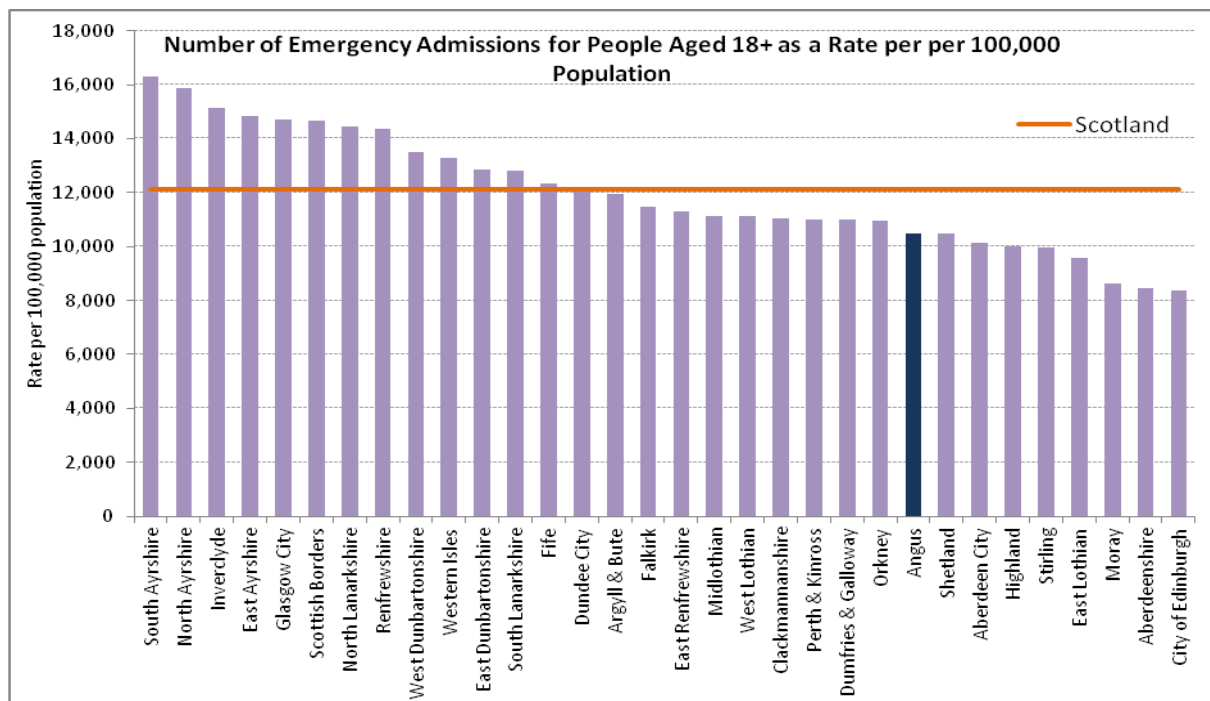
Priority 3: Developing integrated and enhanced primary care and community responses

Over the next three years AHSCP aims to deliver performance that meets the aspirations of Angus communities. The aspiration is to support individuals to stay at home when appropriate; if a hospital admission is necessary then to ensure a timely discharge plan with relevant support available at home or in localities is important. In Priority 3 we consider the impact of improvements on the unplanned use of hospital beds.

3.1 Understanding emergency admissions to hospital helps identify where improvements need to be developed and enhanced.

Graph 16 National indicator 12: Rate of Emergency Admissions for Adults

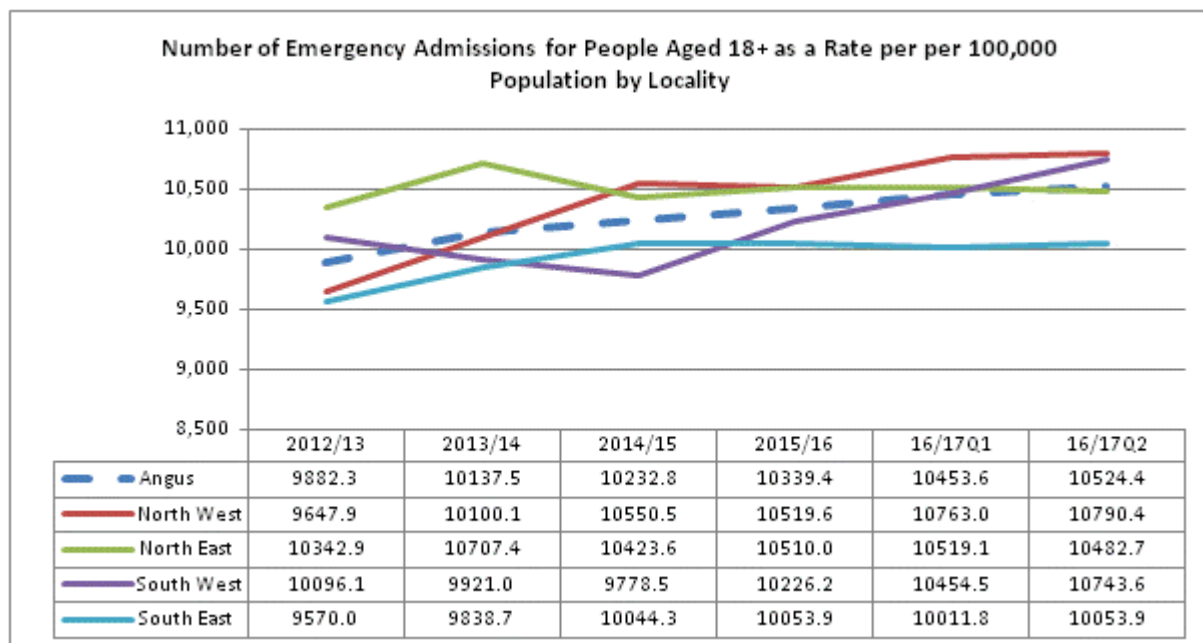
Latest National Position as at 2015/16



Source: ISD Scotland

3.2 Angus continues to perform well against the national picture, although the rate of emergency admissions has increased since 2012/13, from 9,882 to 10,524 per 100,000 population in 2016/17 quarter 2 (an increase of 6%). Opportunities for improving performance in this area need to be identified by exploring what, if any, admissions are potentially preventable if appropriate responses in localities could be further developed.

Graph 17 Management Information at Locality Level for 2016/17 Q2

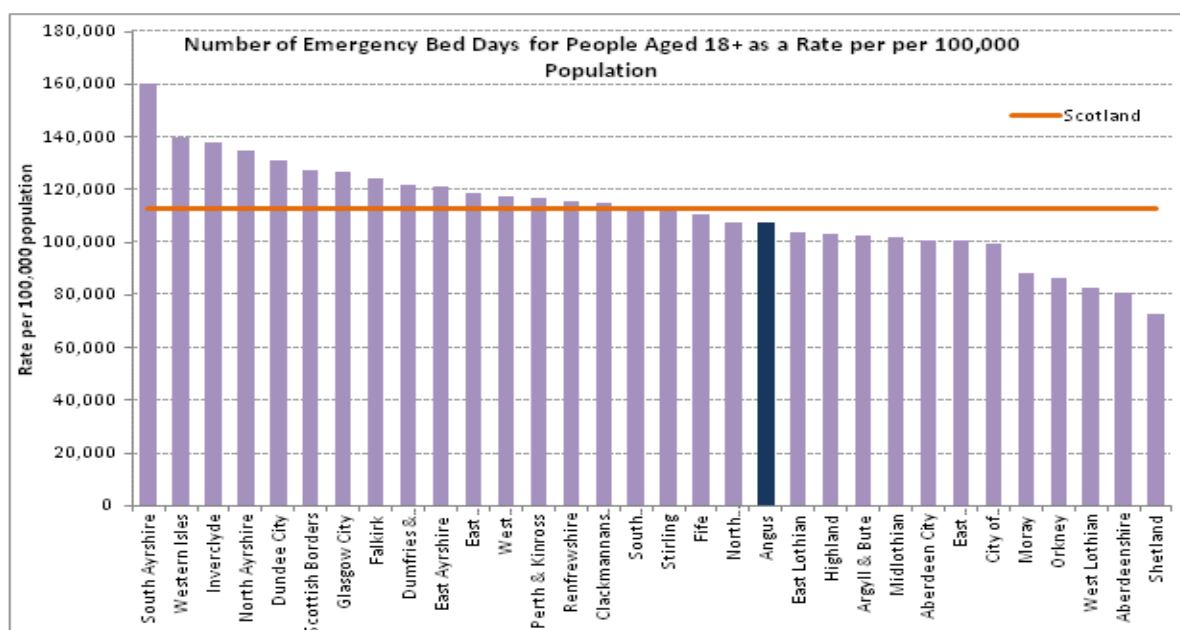


Source: SMR01/SMR50/SMR04 Datasets (management information)

3.3 The South East has the lowest emergency admission rate for people aged 18+ in Angus. This has remained the same from 2015/16 to 2016/17 quarter 2. The North West and the South West have the seen the highest increase in emergency admission rates since 2012/13. The variation between the North East, North West and South West is very small as at 2016/17 Q2. The South East however, has a much lower emergency admission rate than the other three localities. Linked to the rate of emergency admission is the use of bed days following those admissions.

Graph 18 National Indicator 13: Rate of Emergency Bed Days for Adults

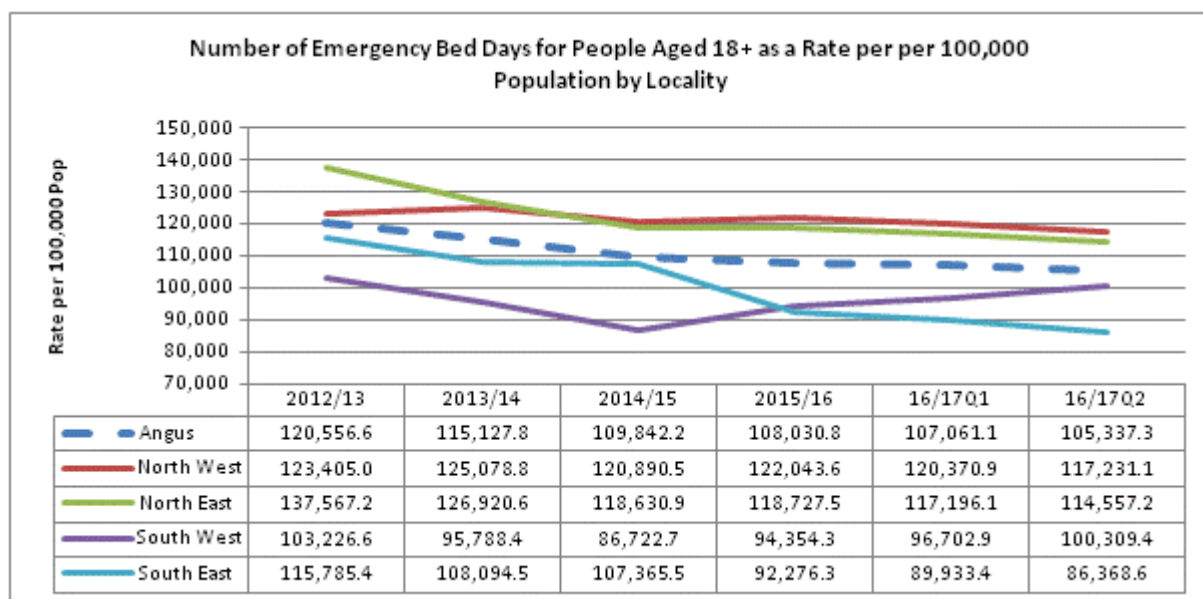
Latest National Position as at 2015/16



Source: ISD Scotland

3.4 Angus has a slightly lower emergency bed day rate than the Scottish average at 107,489 per 100,000 population. This is an improving performance from 14/15 when Angus was at the national average rate.

Graph 19 Management Information at Locality Level for 2016/17 Q2

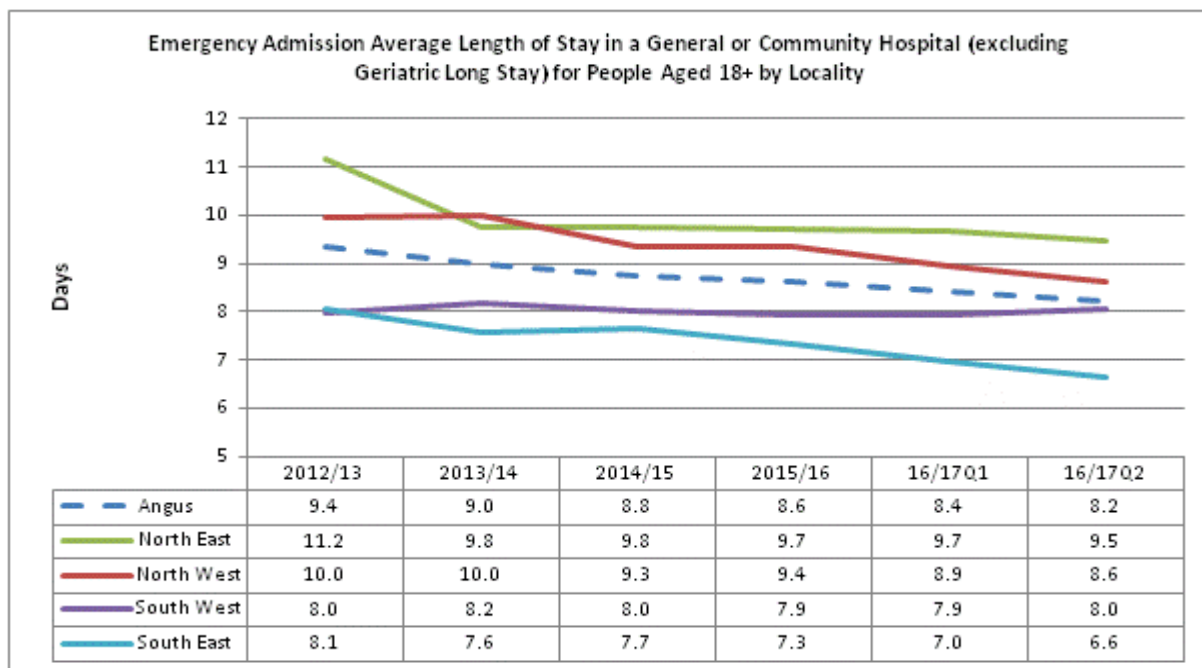


Source: SMR01/SMR50/SMR04 Datasets (management information)

3.5 Although emergency admission rates have been increasing, emergency bed day rates in Angus have been steadily decreasing since 2012/13 from 120,252 to 105,533 per 100,000 population in 2016/17 quarter 2 (a decrease of 12%). The lowest bed day rates are in the South East. The South West is the only locality that has seen an increase since 2015/16. Both the North West and the North East have experienced very similar bed day rates since 2013/14.

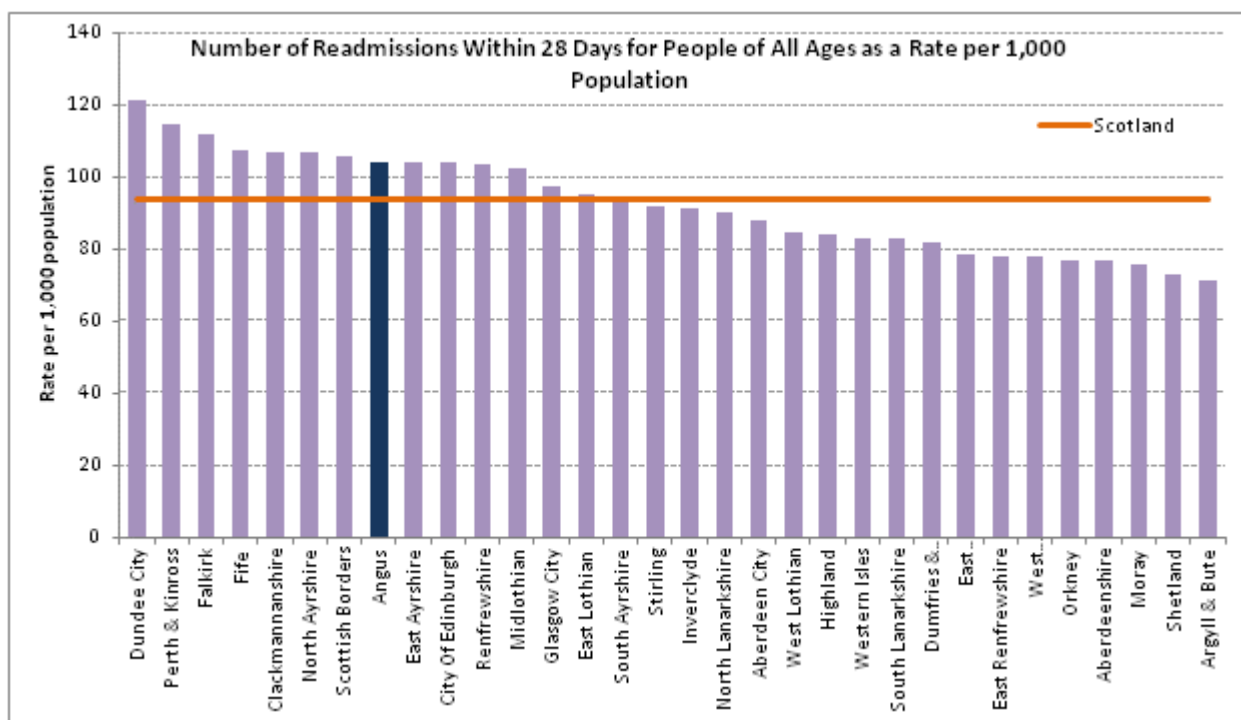
3.6 Enhanced Community Support (ECS) has contributed to the success of supporting shorter hospital stays and thereby reducing bed day rates in the South localities. ECS has not yet commenced in the North West and is currently being implemented in the North East. The overall bed day rate has reduced due to improvements in average length of stay following an emergency admission. Average length of stay continues to improve in 3 of the 4 localities, variance in the rates remains at 38%. Following the implementation of Enhanced Community Support in all localities the variation is expected to narrow.

Graph 20 Management Information at Locality Level Length of Stay (not updated for Q2)



Source: Linked Catalogue SMR01 Dataset (ISD Scotland)

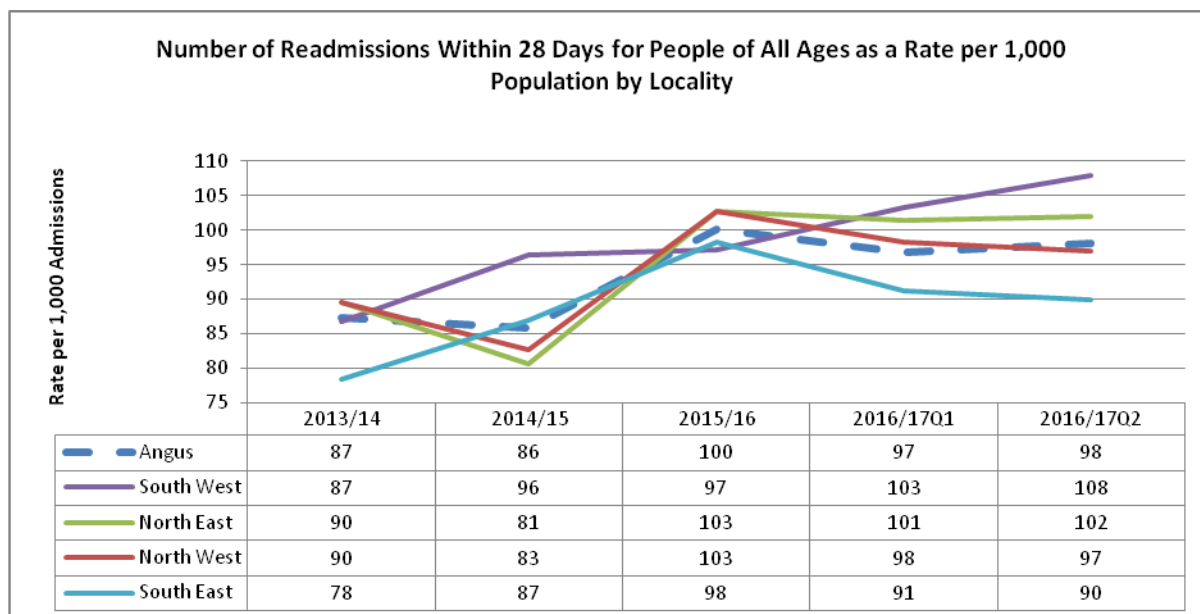
Graph 21 National Indicator 14: Readmissions to Hospital within 28 Days of Discharge Latest National Position as at 2015/16



Source: ISD Scotland

3.8 The readmission rate for Angus is 104 readmissions for every 1,000 admissions. This is above the Scottish readmission rate and ranks Angus as the 8th highest ranked partnership. Opportunities to improve in this area require further investigation of the reason for readmission and further detail in relation to the time of readmission.

Graph 22 Management Information at Locality Level for 2016/17 Q2



Source: ISD Discovery (localities are defined by GP Practice locations)

3.9 Readmission rates have increased slightly in Angus. South West locality has seen a more marked increase in readmissions between 2013/14 and 2016/17 Q2. This is the only locality that has seen a continual increase during this period. The other three localities have a similar pattern of readmissions and have all shown a decrease since 2015/16. Greater understanding of readmission data is required to understand how community responses might reduce readmission to hospital.

Priority 4: Improving Integrated care pathways for priorities in care

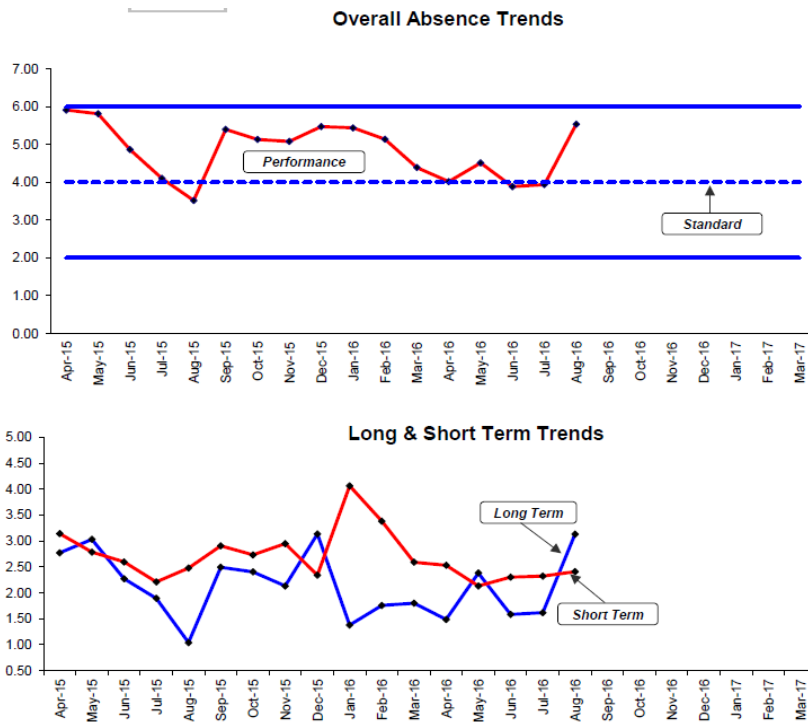
Angus Health & Social Care Partnership is working with housing, learning disability, adult mental health and other services to identify appropriate measures

Performance Area 5 Workforce

There appears to be a significant variation in sickness absence rates between those staff employed by Angus Council and those employed by NHS Tayside. The organisations measure sickness absence differently. Angus Health & Social Care Partnership is working with employers to improve the comparability of the data and present information in a consistent way.

4.1 NHS Tayside Staff of Angus Health and Social Care Partnership

Graph 23 Management Information Staff Absence



Statistics from Data Table					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual
2016/17	4.14%				
2015/16	5.53%	4.34%	5.23%	4.99%	5.02%
Trend	-1.39%				

Previous Mth v Current Mth		Notes	
	Jul-16	Aug-16	
Overall	3.94%	5.54%	▲ Increase by 1.60%
Long	1.62%	3.13%	▲ Increase by 1.51%
Short	2.32%	2.41%	▲ Increase by 0.09%

Last Year v Current Mth		Notes	
	Aug-15	Aug-16	
Overall	3.52%	5.54%	▲ Increase by 2.02%
Long	1.04%	3.13%	▲ Increase by 2.09%
Short	2.48%	2.41%	▼ Decrease by -0.07%

4.2 Angus Council Staff of Angus Health & Social Care Partnership

The percentage absence by Council staff working in Angus Health and Social Care Partnership is much higher than the percentage for all Angus Council staff (4.66%)

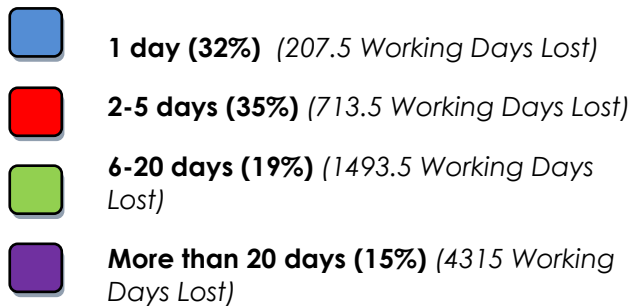
Table 4 Management Information Days lost to absence – Angus Council staff

<p>6729.5 working days lost due to sickness absence</p> <p>7.66% of total productive days available</p>	<p>Top 5 Reasons for Absence</p> <ol style="list-style-type: none"> 1. Other Medical Reason (28% of days lost) 2. Stress-related (24% of days lost) 3. Lower Limb (9% of days lost) 4. Back (8% of days lost) 5. Stomach (8% days lost)
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Absence Duration – Angus Council Staff

There were 720 spells of absence with in the period April to September 2016. The distribution of these absences is detailed below. The number of working days lost within each duration range is also given.

Chart 1



Source: Angus Council

Table 5 Management Information – mileage costs

Service	Q1 16/17	Q2 16/17
Angus Council staff	£81,258.23	£72,480.73

Performance Area 6 Clinical, Care and Professional Governance

Clinical, Care and Professional governance is overseen through a governance group established under the agreed Clinical and Care Governance Framework. The group are actively developing systems using an exception reporting approach which will allow any governance issues to be raised through services. All reporting approaches will use the 6 domains of assurance set out in the clinical and care governance framework. The R2 has identified a service reporting framework through exception reporting to begin to understand any clinical and care governance issues and good performance. Some arrangements in relation to data gathering have to be addressed. These areas will be highlighted in each domain

6.1 Domain 1 - Information Governance

Angus Council Internal Audit has completed an audit of data security. The objectives of the audit were to review the controls in place to manage the following business risks:

- The Council has not put appropriate arrangements in place for the physical and environmental security of information and data including when transferring data to third parties.
- Staff and approved users of Angus Council's information are not aware of or do not understand policy and procedures relating to information security resulting in non-compliance.
- The Council is subject to fines from the Information Commissioner due to staff and users not complying with existing policies and processes.

The results from the audit testing demonstrate that the objectives of the audit have not been met in full in adult services. A number of areas have been identified where improvements could be made to strengthen the control environment and ensure compliance with existing guidance. The most material recommendations are:

- Managers ensure that the data security e-learning module is completed by all of their staff in compliance with the reminder issued by the Strategic Director (People) in June 2015 and that guidance is issued to staff to ensure that work data is not transferred to personal email accounts.
- Management review the security of archive filing at Bruce House to ensure that unauthorised access is restricted and that storage arrangements are appropriate.
- Managers ensure that the clear desk policy at Bruce House is adhered to and all confidential files are locked away when not in use.

Whilst all actions have been completed consideration is being given to how to better monitor the uptake of the information governance e-learning module through the e-learning system. An information governance group has been established in order to develop an internal information governance plan which complies with policy.

No breaches in information governance have been reported during Q2.

6.2 Domain 2 - Professional Regulation and Workforce Development

A registration policy exists within Angus Council. The policy states that all staff that require to be registered must be registered within the timescales set out by the registering body. Where registration requirements are not met individuals continued employment is at risk.

Of the 91 Angus Council staff working in AHSCP who require professional registration 64 are registered with the Scottish Social Services Council (SSSC); 12 with the Nursing and Midwifery Council (NMC) and 15 with the Health and Care Professions Council (HCPC).

Of those registered: 4 NMC registrants and 6 SSSC registrants require to revalidate prior to April 2017. Two new social workers require to have registrations in place before March 2017. 1 NMC registration appears to have lapsed prior to the end January 2016.

Robust processes in place within NHS systems/services which ensure renewal of registration is completed within required timescales. One breach recorded in the last year.

From April 2016 all nurses and midwives will have to revalidate every three years to maintain their registration with the Nursing & Midwifery Council (NMC).

Revalidation will encourage a culture of sharing, reflection and improvement amongst nurses and midwives which relates directly to the NMC Code of Conduct. It will also allow nurses and midwives to demonstrate that they practise safely and effectively, strengthening public confidence in the nursing and midwifery professions.

NHS Tayside and local governance assurance processes are in place to monitor compliance in view of the associated risks to the workforce and the organisation.

6.3 Domain 3 - Patient, Service User and Staff Safety

New indicators are being developed in relation to adult protection.

Adverse events

Approaches to care that encourage rehabilitation and enablement carry a greater risk of falls as greater mobilisation is part of the rehabilitation. This likely accounts for the higher levels of falls which are category 3 (green event/ negligible impact)) and all falls in designated rehab facilities. The available information does not include the number of individuals who have fallen. One person may account for multiple recorded falls. Given the number of individuals who pass through premises each year, the falls rate is low. All falls are investigated and any required action is taken.

In Q2 there has been 91 falls with harm on NHS premises, only 35 of those falls were category 2 of which 24 were minor events. The remaining falls were considered to be negligible.

There have been no incidents of unintended weight loss recorded during Q2.

Local NHS Adverse Event Reviews or Incident Reviews

221 NHS adverse events have been recorded in Q2, 36 were considered to be category 1 (major/red) events.

Operational Risks

Three red risks in relation to operational NHS services continue to be held on the risk register for Angus. The information does not identify when these were last reviewed. Two of those risks have been on the register at red since 2014.

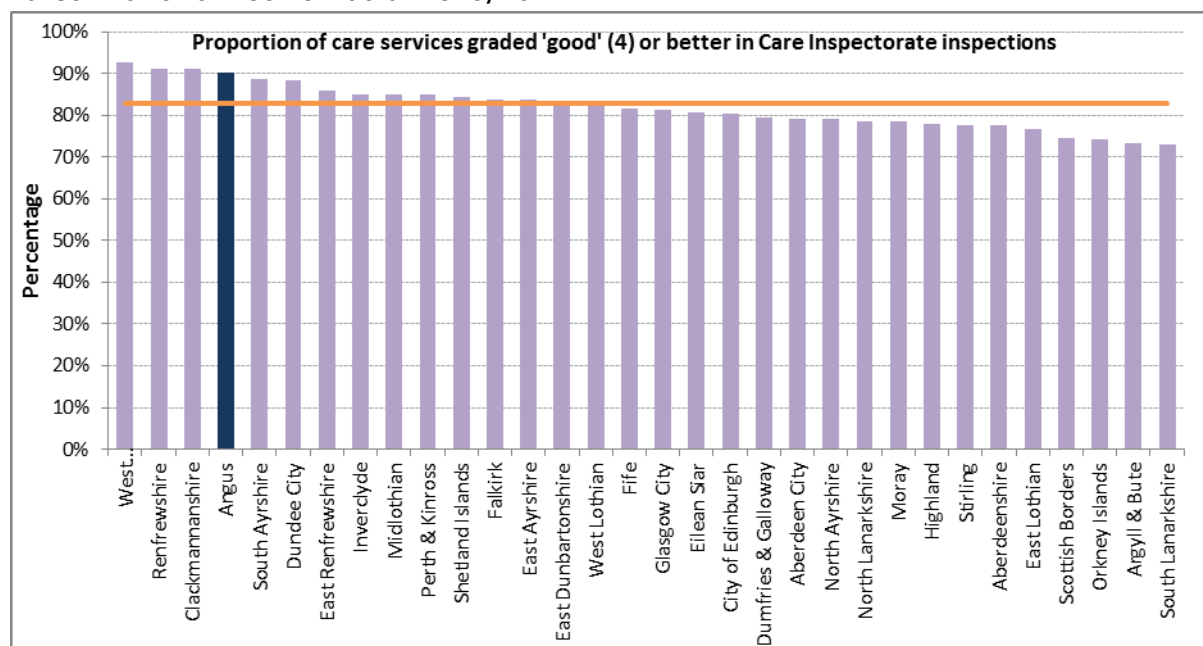
3.4 Domain 4 - Patient, Service User and Staff Experience

As at 2013/14, 89% of Angus adults care/support users rates their care as excellent or good. (Source: Biennial Health and Care Experience Survey 2013/14).

3.5 Domain 5 - Regulation of Quality and Effectiveness of Care

Graph 24 National Indicator 17 Proportion of care and care services rated good or better in care inspectorate inspections

Latest National Position as at 2015/16



Source: ISD Scotland

The proportion of care services graded good or better in Care Inspectorate inspections in Angus is 90% which is above the Scottish rate of 83%. This ranks Angus as the 4th best performing partnership for this indicator. Care services includes all registration categories: for example care home, day care, care at home.

Complaints

Three formal complaints were received by NHS Tayside in July and August in relation to Angus services. All complaints were responded to within 20 working days.

Angus Council (Adult Services) received one formal complaint in Q2.

3.6 Domain 6 - Promotion of Equality and Social Justice

The IJB has approved a set of equality outcomes and mainstreaming report in May 2016. Indicators which show how services and outcomes vary between the most and least deprived communities in Angus are being developed.

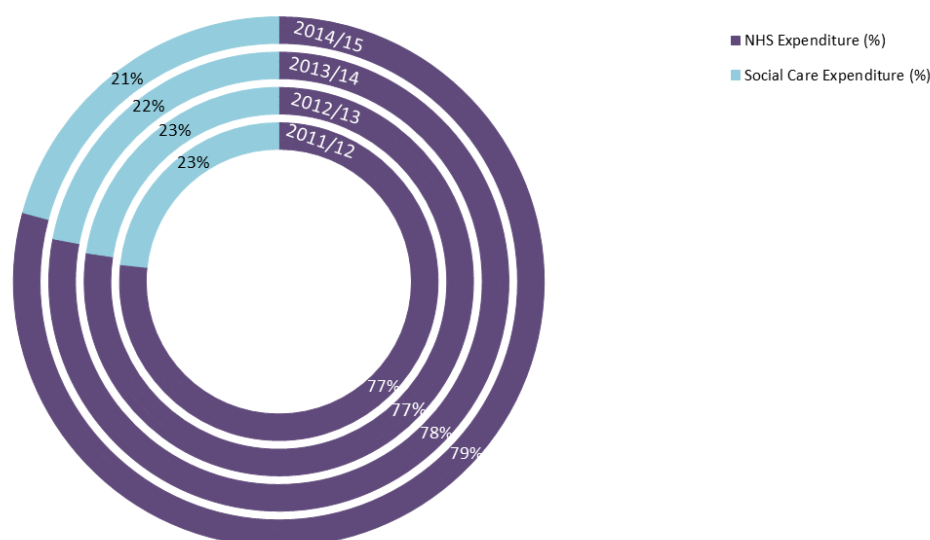
Performance Area 7 Resources

Detailed reports on finance are submitted by the Chief Finance Officer. The aim of our strategic plan is to evidence a shift in resources from health to social care provision and from institutional based care to community based support within our localities. We are working with Information Services Division (ISD) on the development of Source. This is a system which matches health and social care data and generates information from spend on individuals to demonstrate the split between health and social care spend and between spend on institutions and community based services. We are working with ISD to improve the information we submit to the source project and to work towards accessing the analysed data more quickly.

- 7.1 For Scotland as a whole, between 2011 and 2015, the balance of spend on social care decreased from 25.4% to 24.4% with a commensurate increase from 75.6% to 76.6 on healthcare. During this period the total expenditure for Scotland as a whole increased both for social care and for health care.

In Angus the proportion of expenditure on social care has declined at a faster rate than in Scotland as a whole. During this period in Angus there has been no increase in expenditure on social care whilst there has been an increase in health care expenditure.

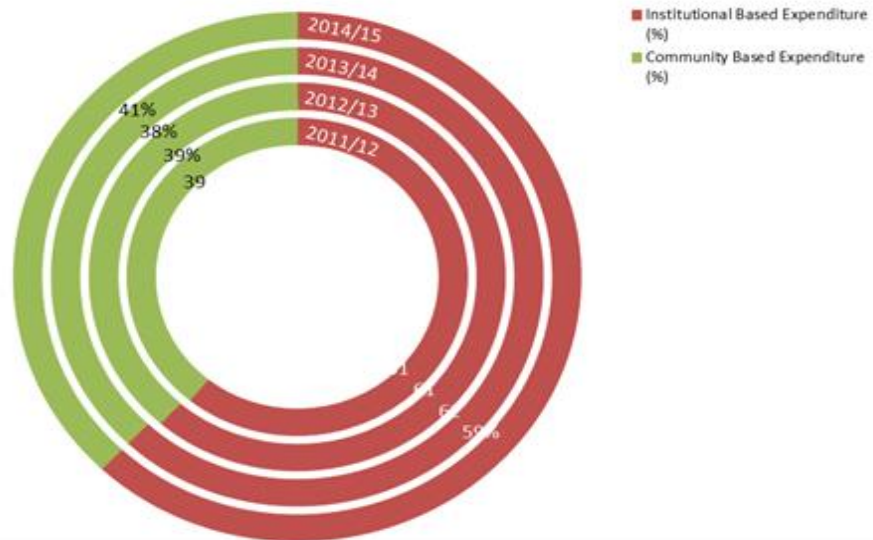
Chart 2 Balance of spend 2011-2015 -Health versus social care expenditure



Source ISD

- 7.2 For Scotland the proportion of expenditure on community based services increased between 2001 and 2015 from 43.7% to 46.4% and declined from 56.3% to 53.6% expenditure on institutional based services. Although the balance of expenditure between community and institutional expenditure also improved from 39% to 41% on community expenditure this shift in the balance of expenditure is not as fast as Scotland as a whole. Angus continues to have a worse picture in relation to the balance of expenditure than Scotland as a whole.

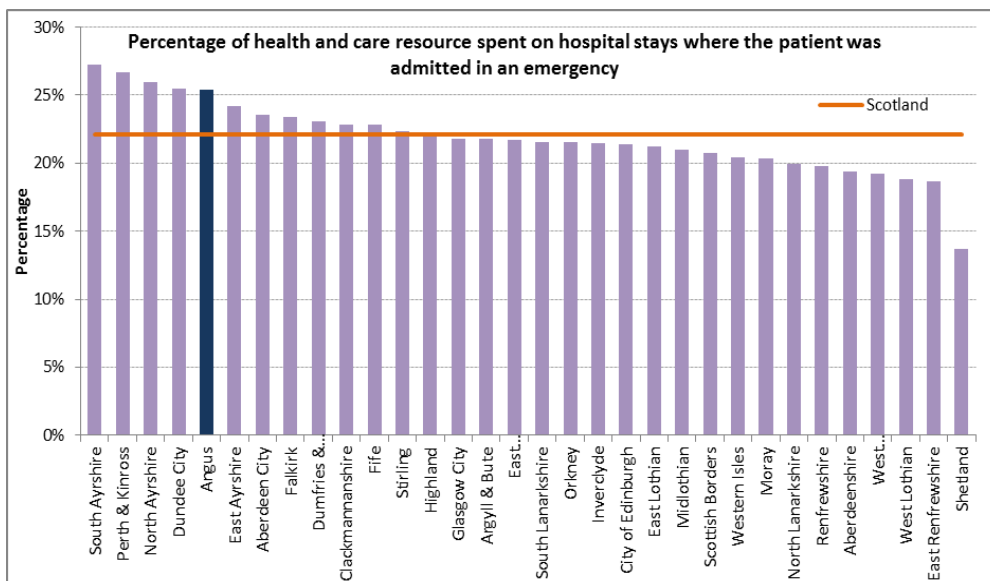
Chart 3 Balance of spend 2011-2015 -Community versus institutional expenditure



Source ISD

Graph 25 National Indicator 20: Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency

Latest National Position as at 2015/16



Source: ISD Scotland

7.3 Angus has one of the biggest percentages of total health and care spend on hospital stays where the patient was admitted as an emergency. This is not directly in the control of the IJB as most admissions are of an acute nature and are to Ninewells Hospital.