Item 5 Appendix 1

ANGUS HEALTH AND SOCIAL CARE PARTNERSHIP

PERFORMANCE REPORT

Mid Year Report 2018-19

November 2018

Angus Health and Social Care Partnership

Mid Year Performance Report 2018-19

Contents

INTRODUCTION

The purpose of this mid-year Performance Report is to demonstrate performance to the end of quarter 2, 2018 against measures relating to Angus Health and Social Care Partnership's (HSCP) strategic plan 2016-19.

The quarter 2 performance report focuses on the four priorities of the strategic plan using both national and local indicators to describe current performance. This report also provides an update in relation to performance against Clinical, Care and Professional governance. These are:

- Improving health, wellbeing and independence
- Supporting care needs at home
- Developing integrated and enhanced primary care and community responses
- Improving integrated care pathways for priorities in care
- Clinical, Care and Professional Governance

The four priorities of our strategic plan aim to deliver the nine national health and wellbeing outcomes (Appendix 1).

The quarter 2 performance report does not provide an update in relation to the performance areas of workforce or resources

Data explanatory note: Social care information has been extracted from Care First. There have been some data anomalies and data quality issues which are being addressed to improve the quality of the performance information. ISD published data is not sufficiently up to date to provide in a mid-year report. In this mid-year report we therefore use local data for all health measures. Whilst the trends shown in both local and published ISD data are the same, local data only includes data from Tayside hospitals. It excludes data from admissions to hospitals outside Tayside.

2017/18 quarter definitions:

Each quarter reflects the full year performance to the end of that quarter.

Quarter 1 – 1st July 2017 to 30th June 2018
Quarter 2 – 1st October 2017 to 30th September 2018

Performance reporting by Integration Joint Boards requires to meet the standard set out in regulations. This includes building up performance data to cover a five year period.

1 Summary – National and Local Indicators 2017/18

Table 2 shows the summary of Angus 2017/18 performance in relation to the Scottish (2017/18) performance across a range of national indicators. Four national indicators remain undeveloped and are therefore not included in the summary table. More detail on performance in relation to these indicators is provided throughout the Strategic Progress and Performance Report**.** The national indicators are reported in relation to the four strategic priorities and 3 performance areas in the manner described in Table 2 which shows the association between the national outcomes, national indicators and the four AHSCP strategic priorities.

Qualitative Indicators (NI 1-10)

The Qualitative Indicators which form part of the National Core Data Set for Health and Social Care are derived from a national survey undertaken every 2 years. These were reported on in the Annual Strategic Progress and Performance report 2017/18 and will not be reported on again until the Annual report in 2019/20.

Quantitative Indicators (NI 11-23)

The quantitative indicators aim to show shift in the balance of care from institutional services to community based services.

All quantitative indicators are reported on annually using national published data. The mid-year report and summary includes only the 5 national indicators that are subject to most direct action in our strategic plan. The mid-year report uses local data. There may be a variance between national published and local data. Trends are the same. Two local indicators in relation to personal care and care home use are also described in the summary to begin to address information in relation to balance of care. A range of additional indicators are reported on in the narrative of the report.

For quick reference table 2 includes colours which describe Angus performance as follows:

G	Angus has seen improvement in local performance
A	Angus performance is similar to last performance report
R	Angus performance is declining compared to last performance report

Table 2 Summary of key national and local measures

	Quantitative Indicators 2017-18 Local data						
	Indicator	**Title**	**2015/16**	**2016/17**	**2017/18**	**2018/19 Q2**	**Notes**
National Data indicators	**NI - 12**	Emergency admission rate for adults (per 100,000 population)	10,224	10,353	11,253	10,782	The increase in admission rates in Angus had been slowing, mostly due to improvements in admission rates relating to people aged over 75. Quarter 1 and Quarter 2 2018/19 both show that admissions have reduced overall for the first time. Whilst this is encouraging we require to monitor progress to ensure that this is sustained. In part this will be related to the changes to the inpatient model delivered by the Angus Care Model. (page14)
	NI - 13	Emergency bed day rate for adults (per 100,000 population)	106,477	105,039	99,792	92,288	Improvements in this measure continue to be delivered by the multi-disciplinary team central to the delivery of the Angus Care Model. Average length of stay has declined from 10.4 days to 8.6 days and is a key factor in this achievement. (page 15)
	NI - 14	Readmission to hospital within 28 days for adults (per 1,000 population)	93.3	95.7	92.8	101.5	The improvement in this quarter in levels of hospital admissions experienced in Angus (NI 12) may contribute to higher levels of readmissions as this shows that those being admitted are likely to be those individuals with the greatest level of complexity and need. (page 17)
	NI - 16	Falls rate per 1,000 population aged 65+	18.8	20.3	20.5	22.3 (Q1)	Falls rates in Angus are increasing at a greater level than Scotland as a whole. This may be due to the over 85 population increasing in Angus at a greater rate than Scotland as a whole. Quarter 2 data is not yet available. A review of the falls pathway and public health issues to be addressed to reduce falls has been concluded and an improvement plan is due to be brought forward for implementation in the new Strategic Plan. (page 9)
	NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 75+ population)	343.7	350.8	411.7	367.6	Delays in timely discharge are low in Angus compared to Scotland as a whole. A separate report was provided to the IJB to explain the challenges Angus experienced in 2017 in relation to delays in discharge. Efforts to mitigate these issues have had some success. Of the delays affecting older people in the 12 months to the end of Quarter 2, 275 delays were considered to be standard and 12 were complex. (page 20)

	Quantitative Indicators 2017-18 Local data						
	Indicator	**Title**	**2015/16**	**2016/17**	**2017/18**	**2018/19 Q2**	**Notes**
Local Data indicators	**LI - 24**	Personal care hours rate per 1,000 18+	2697	3595	3924	4156	Personal care provision has increased across all localities of Angus. Some of the increase in the rate of provision will be due to people being supported at home for longer, the reduction in hospital bed days and maintaining levels of care home placements. Further work is required to fully understand rate increases. (page 11)
	LI - 25	Care home nights rate per 1,000 65+	10718	10923	10447	10508	People are entering care homes later in life and for a shorter periods. (page 17)

2 Improving Health, Wellbeing and Independence

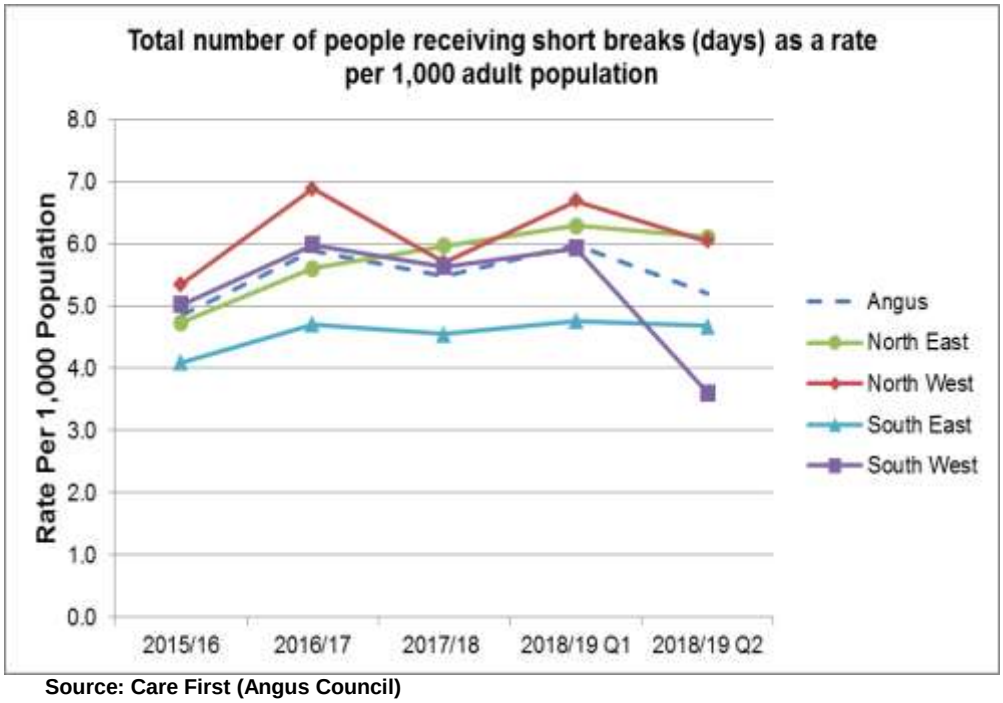
The aim of the Angus Health and Social Care Partnership's strategic plan is to progress approaches that support individuals to live longer and healthier lives. This includes having access to information and natural supports within communities. Angus HSCP's focus is on health improvement and disease prevention including addressing health inequalities; building capacity within our communities; supporting carers and supporting the self-management of long term conditions.

2.1 Carers Support

A carer's support plan delivered by Care Management offers the self-directed support options, providing carers with greater flexibility about what types of services they choose and how they are delivered.

Day time support

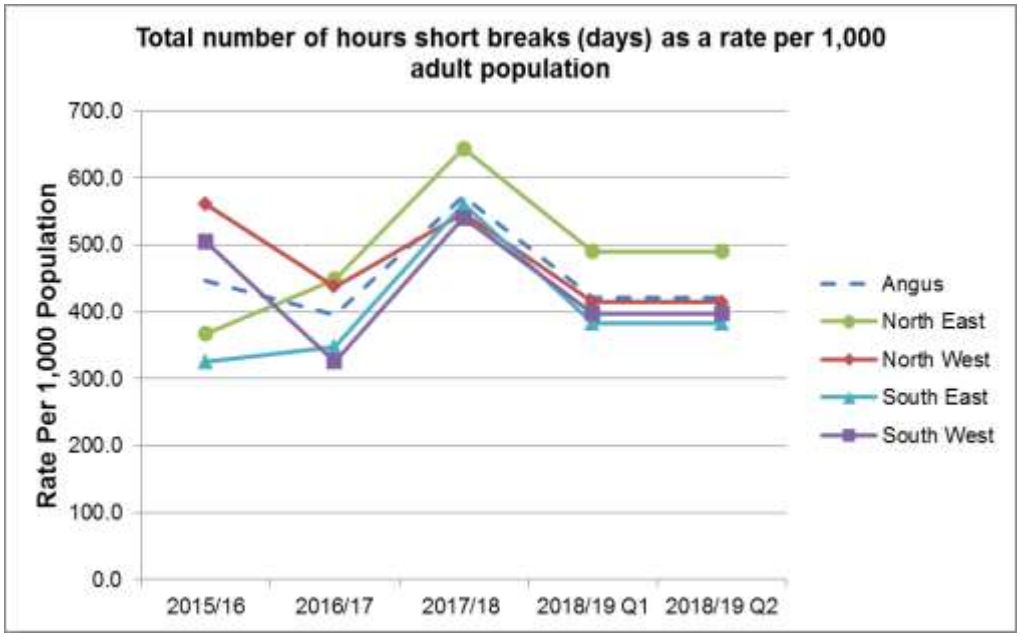
Graph 3: Management Information at Locality Level: Rate of people using short breaks



Source: Care First (Angus Council)

Supported people make their own choices about the services that make up their care plan. Day time respite hours are likely to have been impacted by day care where there has been a trend away from this type of service following the introduction of self-directed support. (Graphs 3 and 4). Graphs 3 and 4 show that during 2017/18 fewer people accessed greater levels of short breaks services. So far in 2018/19 we are seeing that fewer people are receiving similar levels of support except in the South West where there has been a greater reduction in people accessing this type of service.

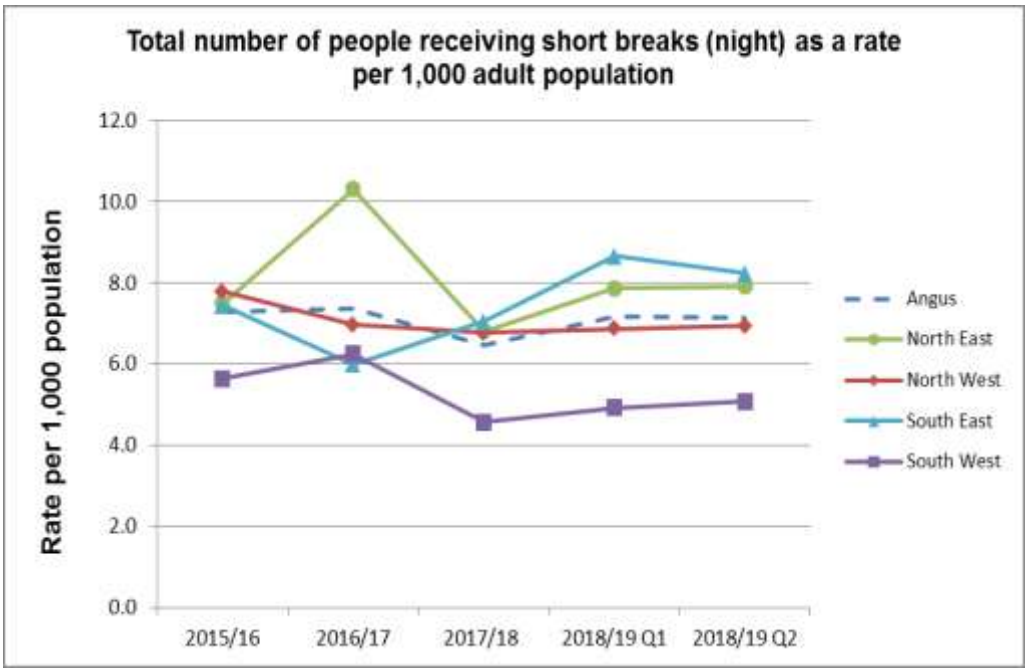
Graph 4: Management Information at Locality: Rate of short breaks (daytime hours)



Source: Care First (Angus Council)

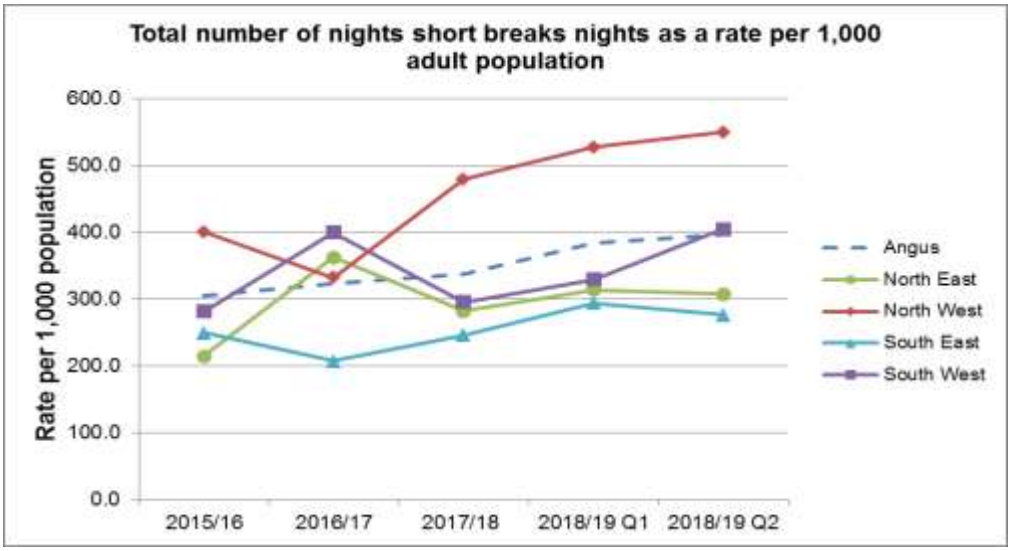
Overnight Support

Graph 5: Management Information at Locality Level: Rate of people using short breaks (nights)



Source: Care First (Angus Council)

Graph 6: Management Information at Locality Level: Rate of short breaks nights



Source: Care First (Angus Council)

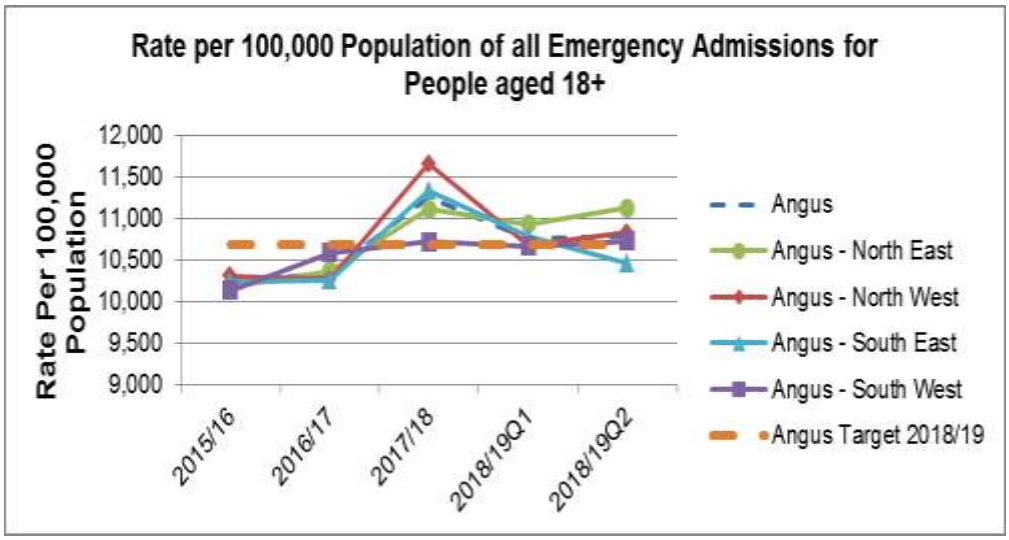
Variations in provision of respite overnight from year to year can be related to requirements for respite in an emergency. The number of people accessing respite is stabilising whilst there is an increase in the number of nights provided. This could suggest that carers may be getting older or have needs of their own that mean they require more frequent breaks from caring. (Graphs 5 and 6)

2.2 Community Alarm

Community alarm supported 4004 people across Angus in the year to the end of Quarter 2. This is a 16% increase from 2015/16. This is in line with our aim to improve technology enabled care. The range of available equipment and sensors has also increased e.g. GPS monitors, Truecall the call blocking system. There is variation between Angus localities in the uptake of community alarm.

2.3 Admissions following a Fall

Graph 7: Management Information at Locality Level: Rate of fall admissions per 1,000 population for people aged 65+ (NI 16)



Source: ISD LIST management information (not official ISD statistics)

There is a continued upward trend in the rate of falls leading to an admission in Angus. This upward trend is most evident in the North East locality which has seen a 20% increase since 2015/16. (Graph 7)

The rate of falls admissions continues to increase (Quarter 1 2018/19). As all admissions in an emergency (graph 12) have improved, this has led falls admissions to increase from 5% of all admissions in an emergency to 6% (598 admissions). Increases in falls admissions is a risk associated with supporting more people to live in the community for longer and the higher proportion of older people in the population of Angus.

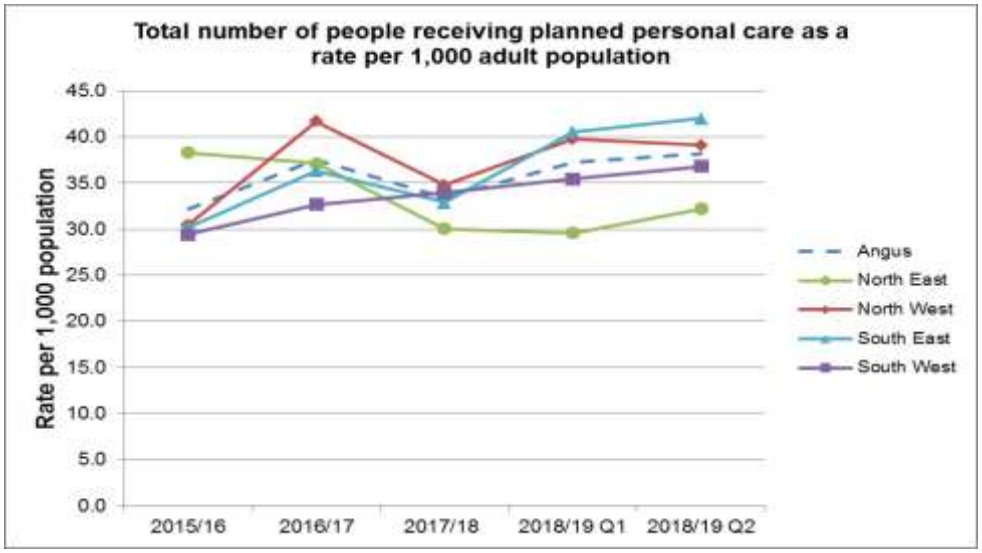
A review of the falls pathway and public health issues to be addressed to reduce falls has been concluded and an improvement plan is due to be brought forward for implementation in the new Strategic Plan.

3 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 further increase in 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.

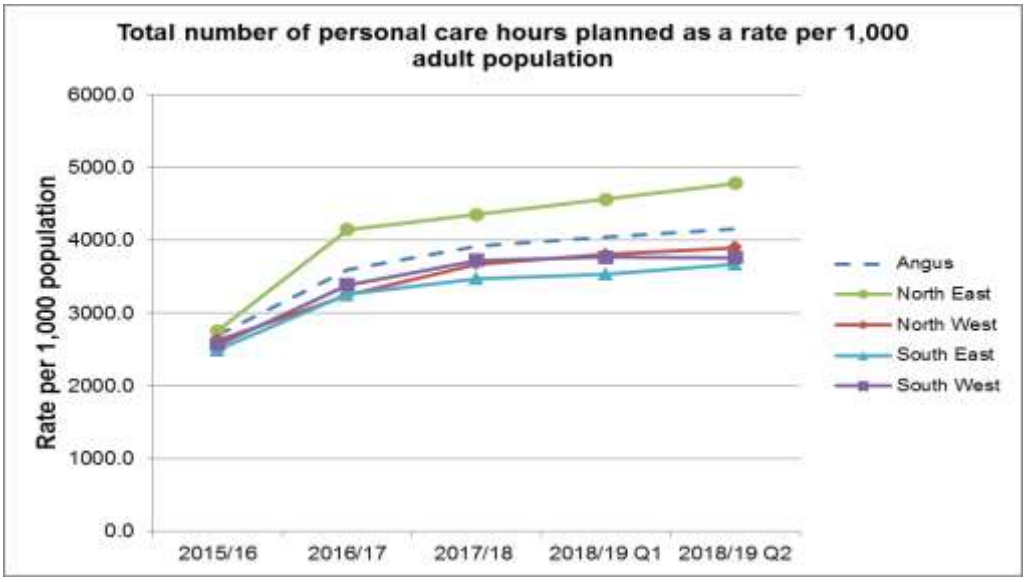
3.1 Care at home including personal care

Graph 8: Management Information at Locality level: Rate of People receiving Personal Care



Source Care First (Angus Council)

Graph 9: Management Information at Locality level: Rate of Personal Care Hours (NI 24)



Source: Care First (Angus Council)

There has been a 56% increase in personal care hours from 2015/16 to the end of Quarter 2 2018/19 (graph 8). Some of this additional demand for personal care is due to the delivery of the Angus Care Model where we are maintaining the level of care home placements rather than seeing an increase. Also the reduction in hospital bed days increases demand for personal care. These factors drawn from the implementation of the Angus Care Model are likely to account for around 20% of this increase. Supporting people in our communities through personal care is better value than care home placements and use of hospital beds as well as improving outcomes for people who use services.

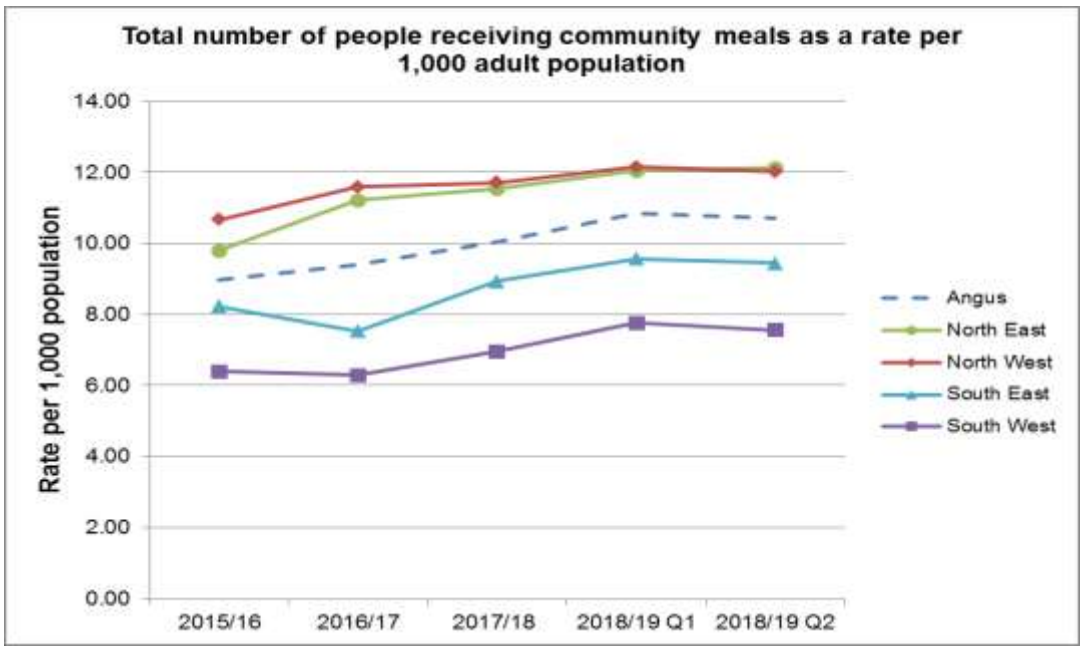
The provision of personal care hours to younger adults, particularly those with learning disability, have also increased. In 2015/16 people with learning disability accounted for approximately 19% of all personal care; in 2017/18 this had increased to approximately 25% of all personal care.

During the same period there has been an increase of 20% in the number of people using personal care services (graph 9). This in part also explains some of the overall increase in demand. Most personal care is used by people aged over 75; this population has grown by around 2.4% in this period while the adult population under 75 has decreased by 0.5%. The number of people with learning disabilities accessing personal care support has grown from 10% of all people to 16% of all people. This growth in the number of people with learning disabilities requiring support goes some way to explaining increase in demand. Overall however there is an element of growth that cannot be explained and suggests that we need to do more to reduce demand through enablement and other preventative services as well as low level services such as community meals.

Variance between localities is decreasing except in the North East where fewer people receive larger packages of personal care support. This suggests that care management teams are working with more complex individuals at home. This hypothesis does require further investigation as nursing care placements (graph 18) and emergency admissions (graph 12) also suggest a similar pattern of need in North East.

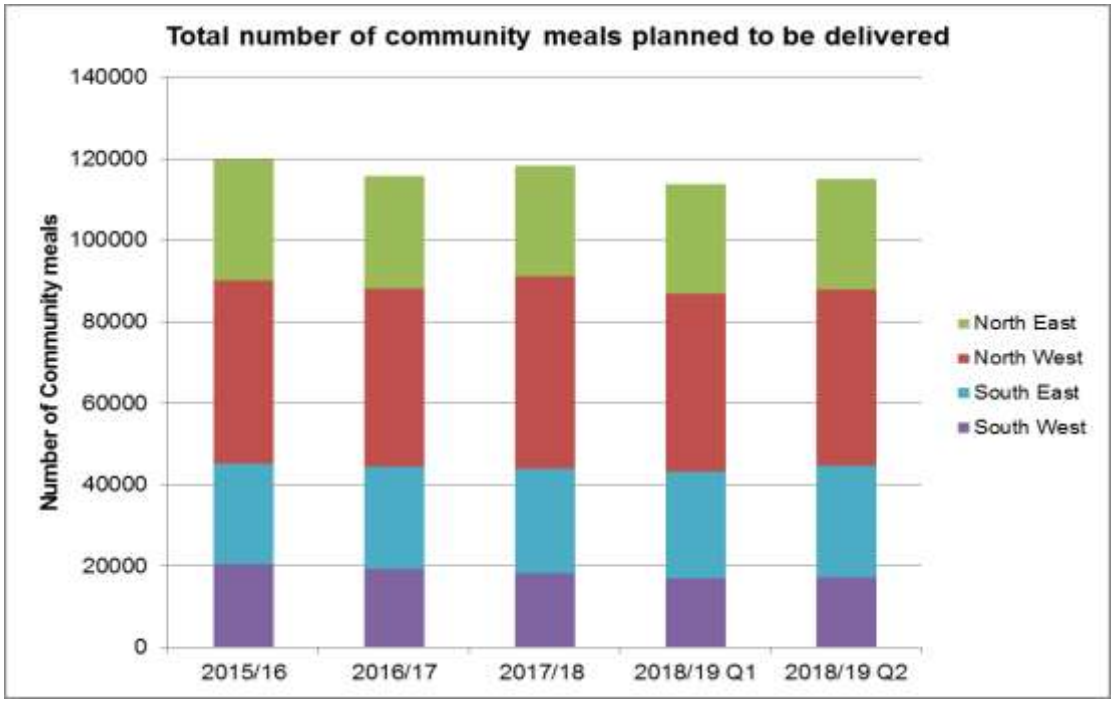
3.2 Community Meals

Graph 10: Management Information at Locality level: Rate of Community Meals provision



Source: Care First (Angus Council)

Graph 11: Management Information at locality level: Community Meals Delivered



Source: Care First (Angus Council)

The number of people using community meals services has increased, where the total number of meals delivered continues to be fairly static. This means that more people are receiving fewer meals over the course of the week. Part of this is likely to relate to the changed pattern of short breaks and day care where we have also seen a pattern of more people receiving fewer services. People are using a mix of day care and support in the home during the course of the week.

The static nature of meals delivered is likely to be due to the limit in capacity of the services. Variations in localities are historic and due to how services were initially set up and capacity allowed for in each locality based on demand at that time. It should also be noted that South West has the smallest population and North West the largest which is why in most performance information we use rates per 1000 population, as this smooths out this population variation.

There is an increase in demand for support at meal times which is being met through personal care services. A review of arrangements and distribution of community meals services is required to ensure that we are delivering best value in supporting the meal requirements of supported people.

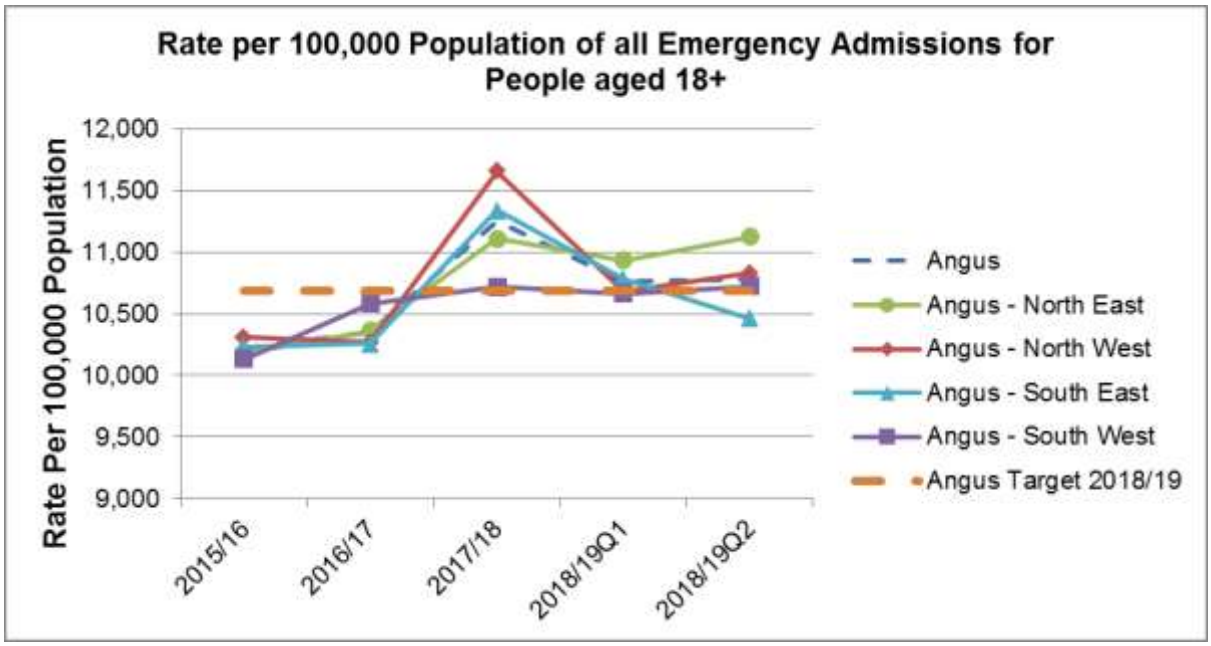
4 Developing integrated and enhanced primary care and community responses

Angus HSCP aims to deliver performance that meets the aspirations of Angus communities. This includes supporting individuals to stay at home when safe to do so. If a hospital admission is necessary then ensuring a timely discharge plan with relevant support available at home or in localities is important.

4.1 Emergency admissions

Local data shows that admission rates in Angus have fallen for the first time, this includes reductions in admissions to Ninewells Hospital (graphs 12 and 13). We need to be cautiously optimistic about this improvement and continue to aim to deliver improvement in this area.

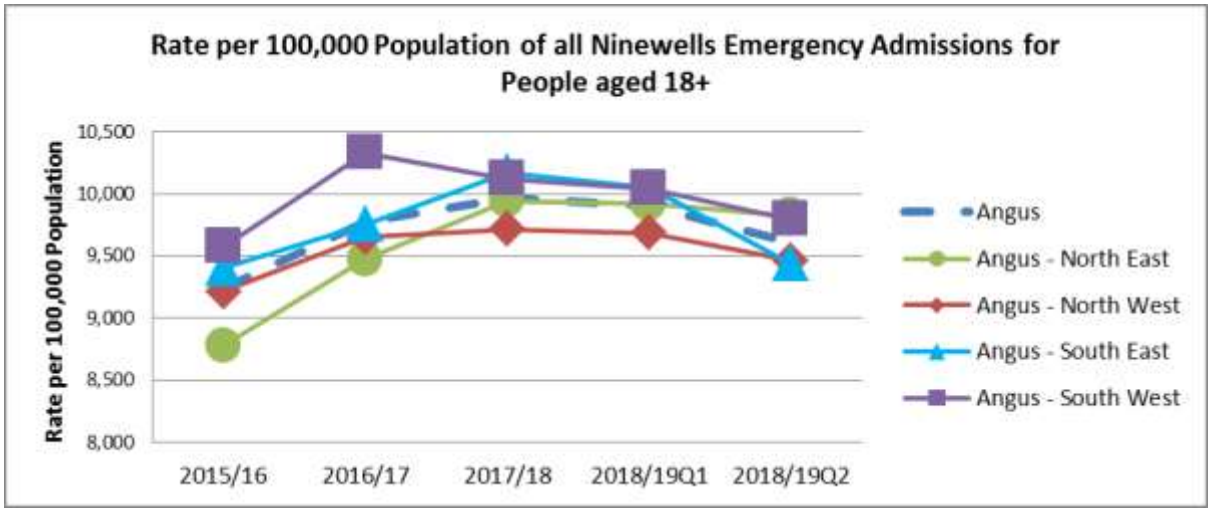
Graph 12: Management Information at Locality Level: Rate of Emergency Admissions for Adults (NI 12)



Source: ISD LIST management information (not official ISD statistics)

Angus has continued to manage admission rates within the locally set target however there is variation between localities and the target has been exceeded in North East. This and other indicators, personal care and nursing home placements, suggest that we are dealing with people with more complex care needs. This requires further investigation.

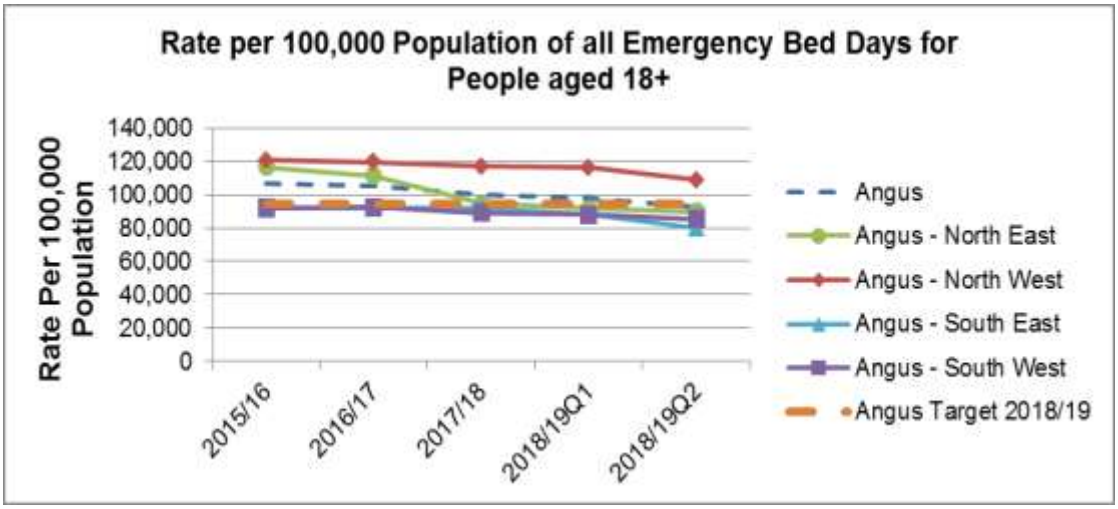
Graph 13: Management Information at Locality Level: Rate of Emergency Admissions to Ninewells Hospital for Angus Adults (NI 12)



There is an improving trend in relation to admissions to Ninewells in all localities. The South West and North West localities have higher levels of admission to Ninewells. This is likely due to proximity to Ninewells.

4.2 Hospital Bed days used following an emergency admission

Graph 14: Management Information at Locality Level: Rate of Emergency Bed Days for Adults (NI 13)

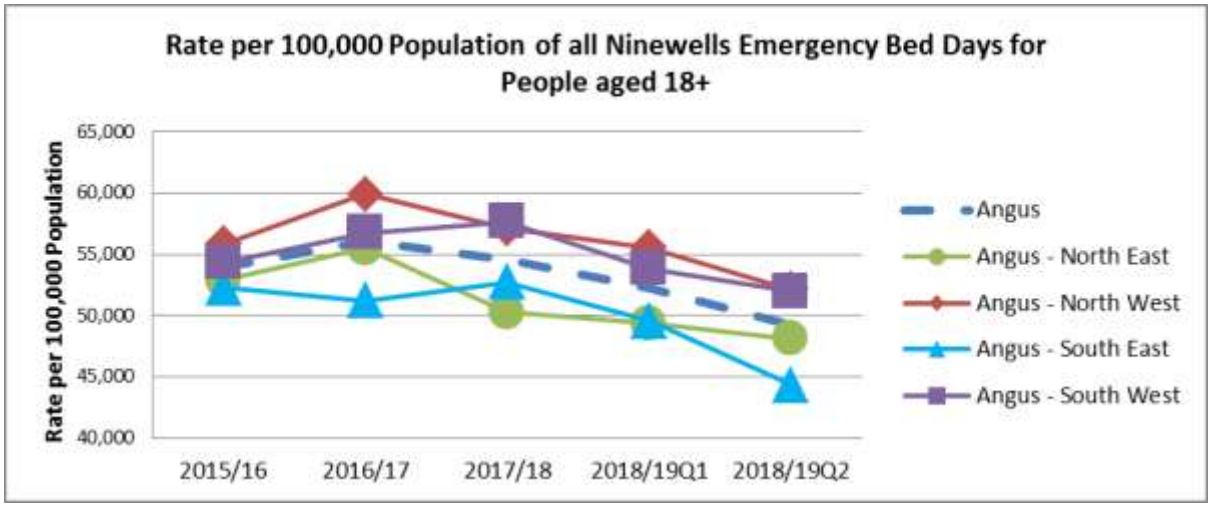


Source: NHS Tayside Business Unit (not official ISD statistics)

The bed day rate for all adults in Angus continues to improve (graph 14). Information from an unscheduled care analysis identifies an increase in bed day rate for the 18-74 age group. There continues to be a reduction in bed day use in relation to the 75+ age group which has been driving improvement. This mirrors performance in relation to admissions and is delivering reductions in average length of stay for people aged 75+. The variation between the North West and other localities can be explained due to the position of enhanced community support roll out and the impact of complex delayed discharge in this area. The North West includes the population serviced by a practice whose population is largely supported by Dundee HSCP services. We need to consider the data differently to identify if this is a contributing factor to performance in this area.

What is particularly encouraging is the reduction in bed day use in Ninewells (graph 16), down by more than 4,500 days from 2016/17 or approximately 9%.

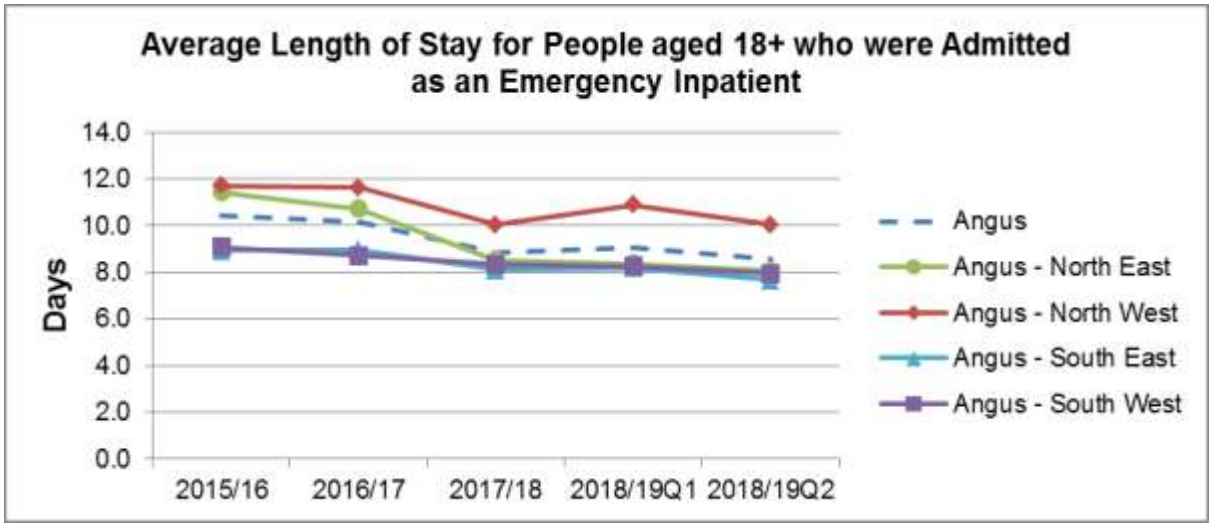
Graph 15: Management Information at Locality Level: Rate of Emergency Bed days in Ninewells Hospital for Angus Adults



Source: ISD LIST management information (not official ISD statistics)

4.3 Length of hospital stay following an emergency admission

Graph 16: Management Information at Locality Level: Average Length of Stay for Emergency Admissions for Adults



Source: ISD LIST management information (not official ISD statistics)

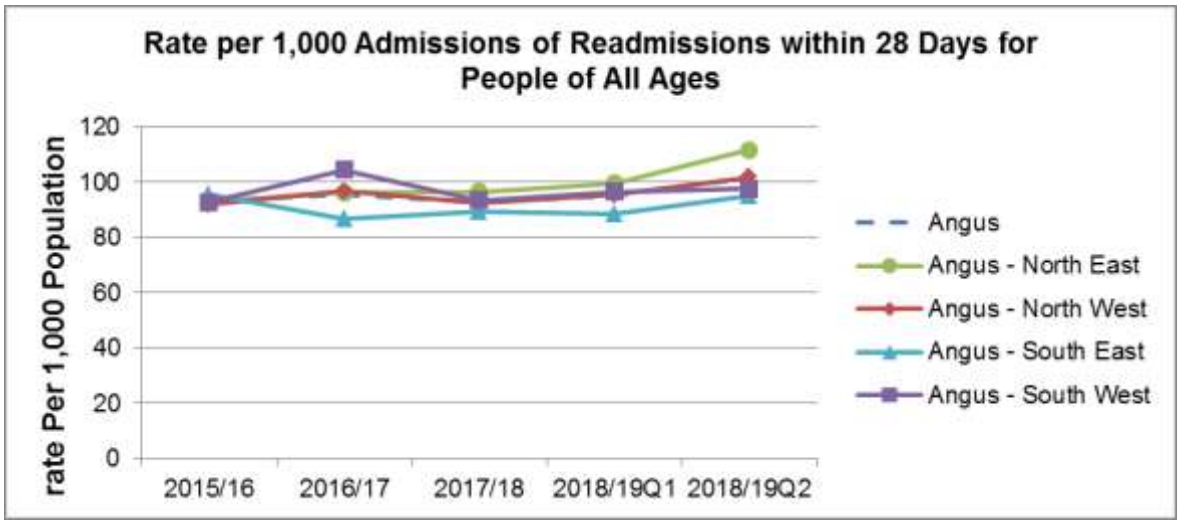
Average length of stay in hospital following an emergency admission continues to fall and contributes significantly to the overall bed day use. Enhanced community support services have not been fully developed in the North West, accounting for variation in performance.

Following an emergency admission, average length of stay in Ninewells Hospital is now 5.1 days.

4.4 Readmissions to hospital

Readmission rates per 1,000 admissions have increased in Angus. As admission rates per 1,000 population have decreased it is likely that readmission rates have increased due to repeated admissions of those individuals with the most complex needs who require more regular hospital based support.

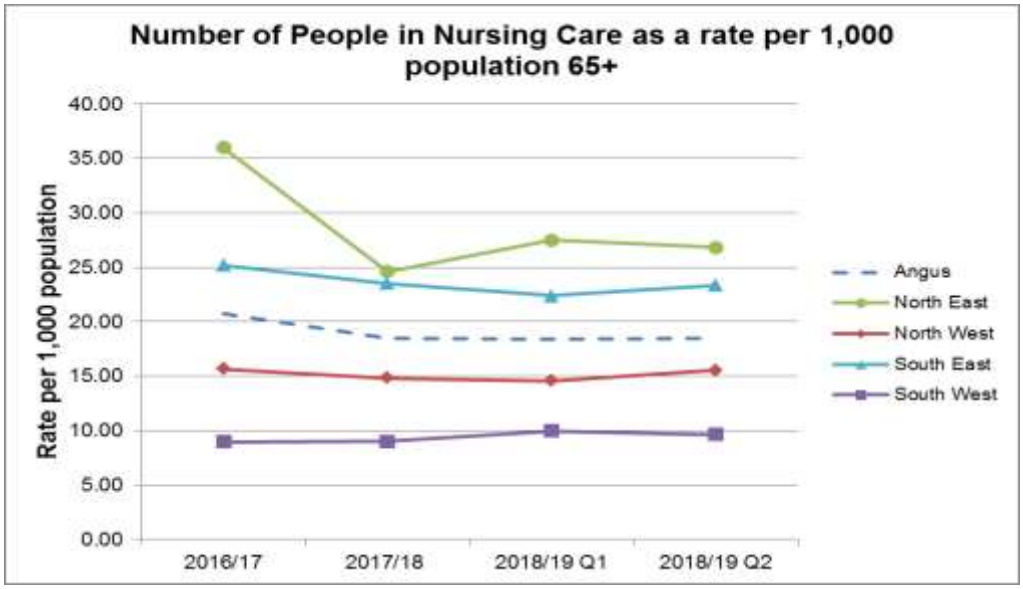
Graph 17: Management Information at Locality Level: Emergency Readmission Rates within 28 days (NI 14)



Source: ISD LIST management information (not official ISD statistics)

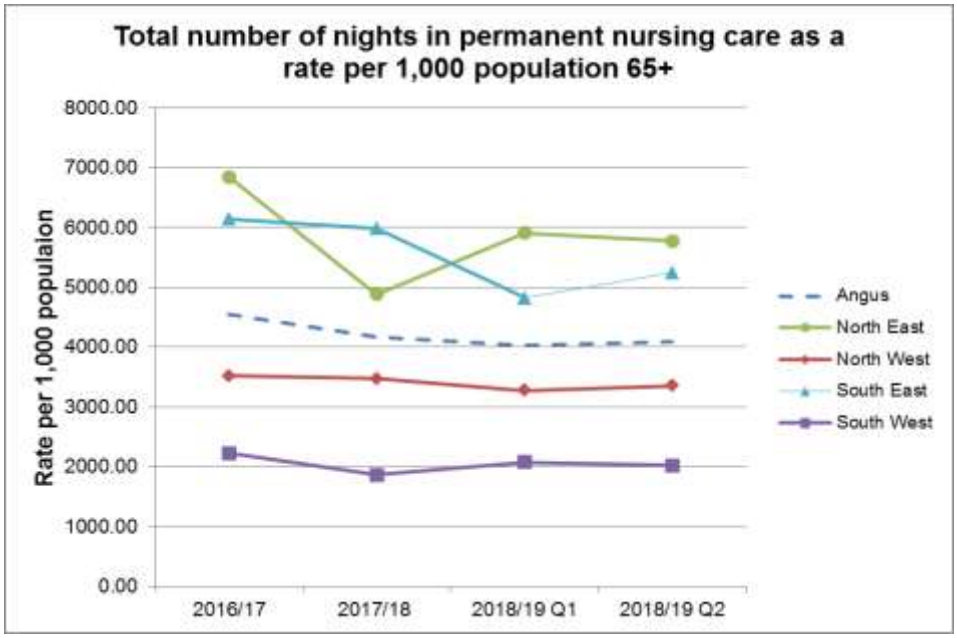
4.5 Residential and Nursing Care

Graph 18: Management Information at Locality Level: Nursing Care Placement Rate



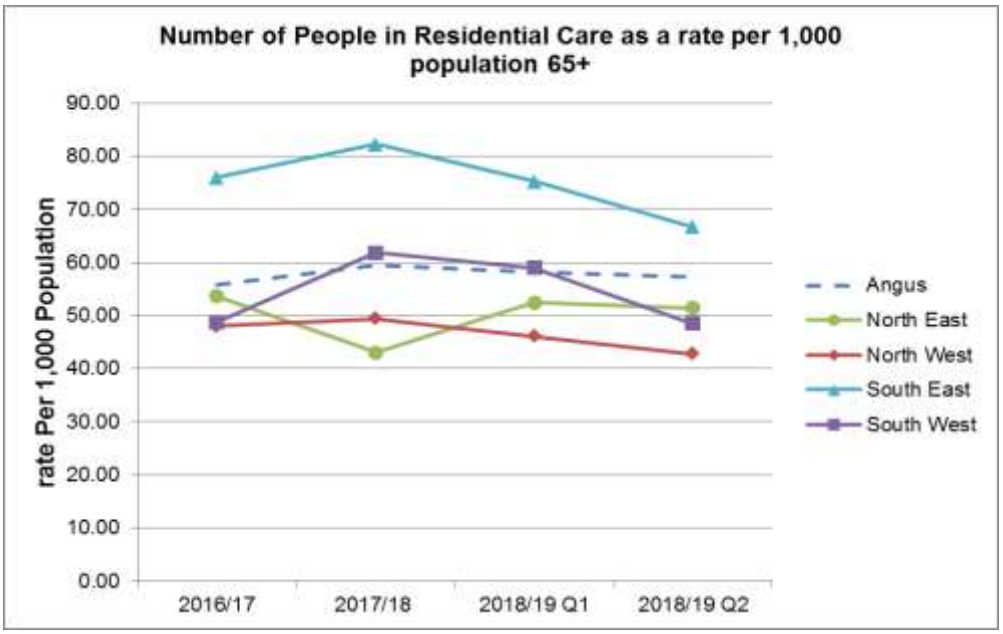
Source: Care First (Angus Council)

Graph 19: Management Information at Locality Level: Nursing Care Nights Rate



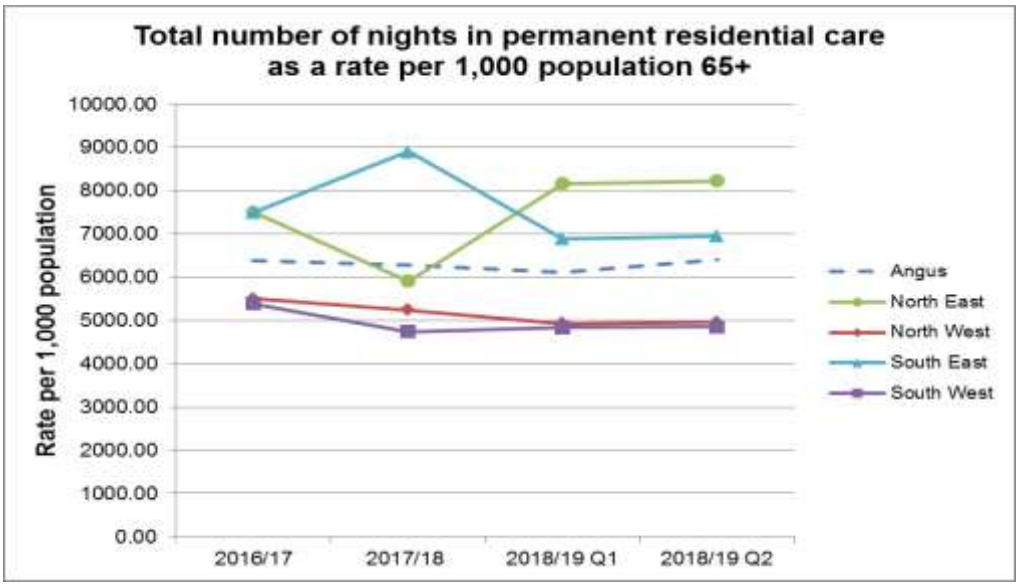
Source: Care First (Angus Council)

Graph 20: Management Information at Locality Level: Residential Care Placement Rate



Source: Care First (Angus Council)

Graph 21: Management Information at Locality Level: Nursing Care Placement Rate



Source: Care First (Angus Council)

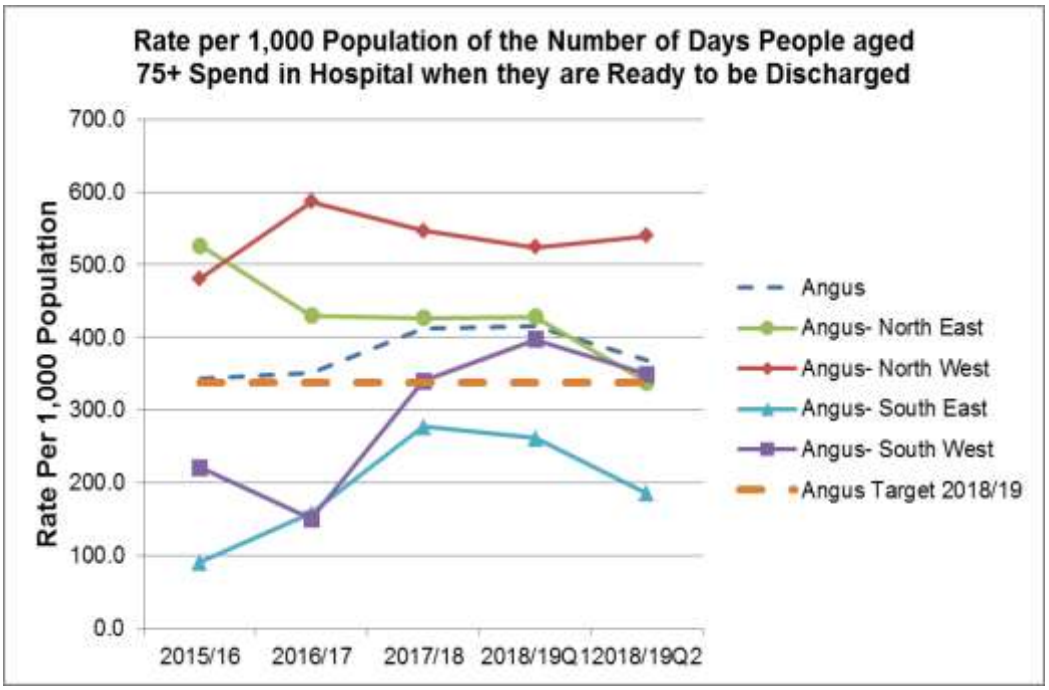
Care home placement levels remain fairly consistent. For older people this is around the 750 placements at any one time. This is a target level agreed as part of the Angus Care Model. This has the impact of reducing rates per 1,000 population over 65 years. There are variations between localities that continue to be unexplained. As reported earlier, trends in multiple measures indicate that there may be a population with more complex needs in the North East that requires further investigation. Deprivation levels in North East and South East may also be a factor in relation to placements, although the South East has lower levels of personal care hours and more care home beds per 1,000 population than the other localities, which may be contributing factors to the variance. There is a general trend of an increase in the number of people placed for very short periods of time towards the end of life; in the longer term the impact of this will be to maintain placement rates as the impact of demographic growth in older people is felt, or even to increase placement rates with no growth in the rate of nights. For future reporting we will bring nursing and residential placements together and report only on all care home placements which will better demonstrate the overall trend.

5 Improving integrated care pathways for priorities in care

Health and Social Care services are available to support all adults in need. There are some more complex needs that require additional support and improvement in specific pathways including pathways in and out of acute services.

5.1 Timely discharge

Graph 22: Management Information at Locality Level: Bed days lost to delays in discharge (NI 19)

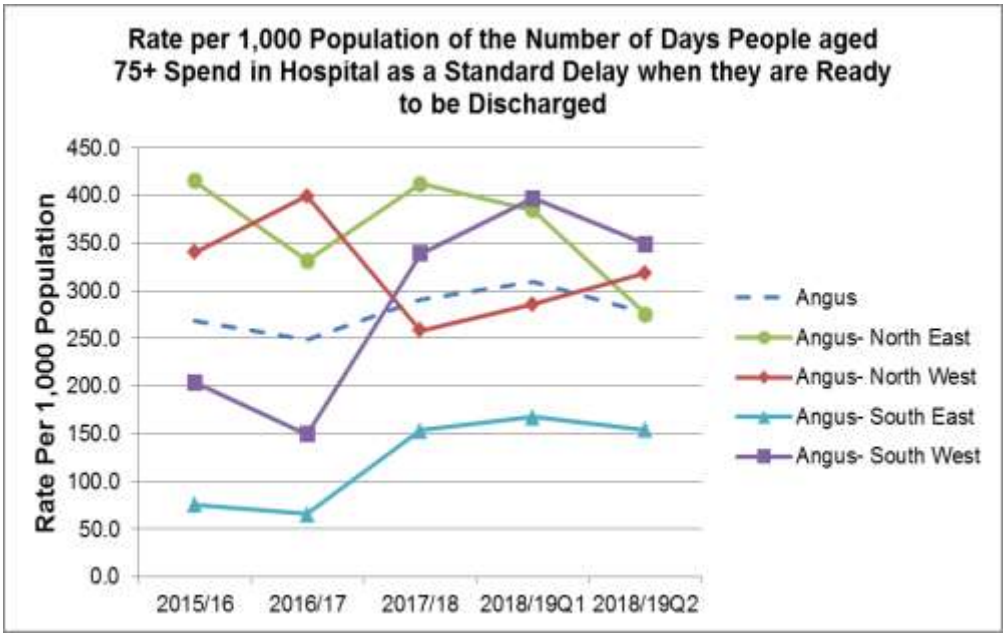


Source: ISD LIST management information (not official ISD statistics)

Delays in timely discharge are low in Angus compared to Scotland as a whole. A separate report was provided previously to the IJB to explain the challenges Angus experienced in 2017 in relation to delays in discharge. Efforts to mitigate these issues have had some success. Of the delays affecting older people in the 12 months to the end of Quarter 2, 275 delays were considered to be standard and 12 were complex.

The variation between localities in relation to the number of days someone is delayed following an agreed discharge date is generally related to the availability of personal care services in these localities. Earlier in the report the increase in demand for personal care services was explained. Providers continue to strive to manage increasing demand which very often requires further staff recruitment.

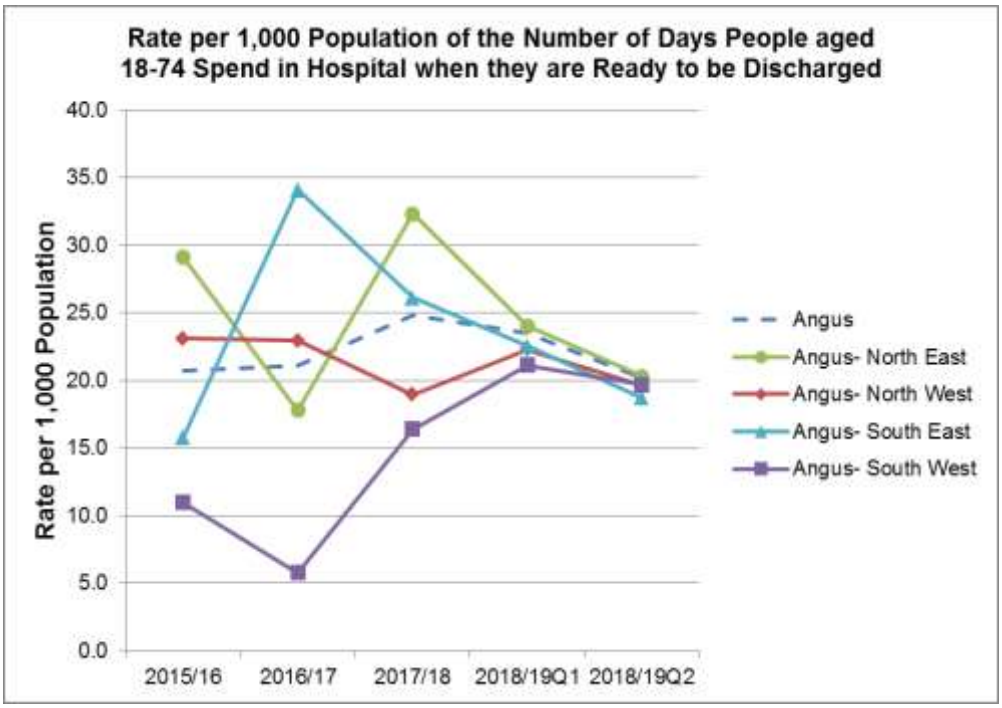
Graph 23: Management Information at Locality Level: Bed days lost to standard delays in discharge for people aged 75+



Source: ISD LIST management information (not official ISD statistics)

The variation in standard delays is mostly related to challenges related to the growth in demand for personal care that has been experienced over the last 3 years and continues. This has had the effect that enablement response teams continue to deliver some longer term personal care and have limited capacity to pick up new demand.

Graph 24: Management Information at Locality Level: Bed days lost to delays in discharge for people aged 18-74



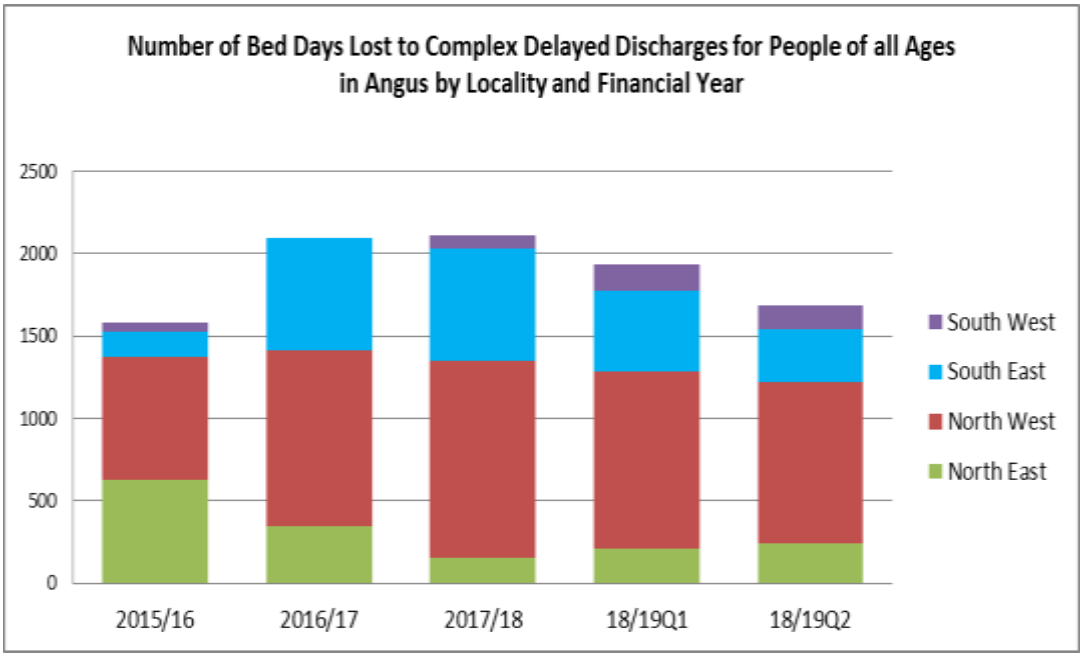
Source: ISD LIST management information (not official ISD statistics)

Whilst it is early to comment wholly on the trend in relation to the changes seen in graph 24, we are cautiously optimistic that changes in the personal care and housing support

framework and the arrangements for joint working on allocation with providers in localities is beginning to prioritise hospital discharge.

5.2 Complex delays

Graph 25: Management Information at Locality Level: Bed days lost to complex delays in discharge



Source: ISD LIST management information (not official ISD statistics)

As we have been working on the Quarter 2 performance data we have uncovered an error in previous reporting in relation to complex delays. This has been due to patients living in the Strathmartine Centre being coded to Angus rather than Dundee. We have worked to resolve this coding error. The effect of this adjustment means that we are revising bed days lost due to complex delays for Angus residents **down**. This error has affected the last 2 years of data and has accounted for around an additional 1000 days in 16/17 and again in 17/18 in previous reporting. Complex delays continue to fall in Angus. This improvement is largely driven by improvements in timescales associated with guardianship applications by the mental health officer team.

Variation between localities occurs for several reasons including:

- North West is affected by people affected by complex delays in the Strathmartine Centre which is physically located in this locality. These individuals do not have previous addresses to identify a locality of origin.
- People in South West are more likely to have established power of attorney.
- People in South East are affected by deprivation and experience greater health inequalities

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 which allows for multi-agency scrutiny. There is an exception reporting approach which reflects the 6 domains of assurance set out within the framework although the mid year report only includes a performance update in relation to 3 of these indicators. A regular reporting calendar assures that services under the direct responsibility of the Angus IJB including hosted services, alongside voluntary reporting by the wider partnership members, occurs. The risk register and any complaints are also considered. Some arrangements in relation to improving data availability and quality have still to be addressed, however progress is being made. Areas for development are highlighted in each domain.

6.1 Domain 1 - Information Governance

On 25 May 2018 the GDPR and Data Protection Act 2018 came into force. The Partnership has appointed a Data Protection Officer to ensure compliance with the new legislation and the Clinical Director has agreed to take on the role of senior information governance lead.

New high level information sharing agreements between the IJB, Angus Council, and NHS Tayside have been agreed covering both integration functions and information sharing in relation to non-integration functions such as public health.

A programme of training for teams across the partnership is progressing well. Between April and October there were nine general awareness sessions held for Council and NHS Tayside staff, and 16 teams and partner organisations received more tailored training.

Since April 2018 there have been a total of 37 breaches within Partnership services. Of these, 21 were in NHS Tayside services and 16 were in Angus Council services. By comparison over the full year to March 2018 there were only 12 breaches reported, 10 in NHS Tayside Services and 2 in Angus Council services.

The increase in breach reporting should not be interpreted as a sign of declining compliance but rather as a reflection of greater awareness of data protection amongst staff since the introduction of the GDPR and an indication of effectiveness of the training programme.

Two breaches were considered serious and were reported to the Information Commissioner, one affecting NHS Tayside and the other affecting Angus Council services. Both are still under investigation.

In the six months to October 2018 Angus Council received 59 enquiries in relation to adult care services. NHS Tayside received 5 enquiries in relation to services within the Partnership. The themes included:

- A wide range of information in relation to home care services
- Charging and funding
- Procurement and contractual arrangements including contract values

- Information in relation to services including: primary care; drug and alcohol services; adult mental health services; older people services; self-directed support; equipment; electric blanket testing
- Services for adult survivors of child sexual abuse
- Payments to persons with no recourse to public funds

6.2 Domain 2 - Professional Regulation and Workforce Development

Updates in relation to this domain are only provided annually.

6.3 Domain 3 - Patient, Service User and Staff Safety

Adult Protection

A full report on adult protection is published by the Angus Adult Protection Committee.

Adverse events

Information in relation to adverse events is only available for Quarter 1. In Quarter 1 there were a total of 327 local adverse events, of those 80 were with harm. It is important to report not just on the numbers of local adverse events with harm but to ensure that action plans arising from these events have been acted upon. We are working with NHS Tayside to improve reporting arrangements*.*

6.4 Domain 4 - Patient, Service User and Staff Experience

Updates in relation to this domain are only provided annually.

6.5 Domain 5 - Regulation of Quality and Effectiveness of Care

Care Inspectorate

There are 80 registered social care services supporting adults in Angus. There have been 43 inspections between April and the 30 September 2018. These inspections led to one requirement against one care home in relation to medication management.

Seven care homes, two care at home providers, one support service (day care provider) and three housing support services received a range of recommendations including the need to address improvements in:

- Staff training and practice issues,
- Interaction, communication and engagement with supported people and their families,
- Staff support and supervision,
- Outcome focused and personalised care plans,
- Confidentiality,
- Activities,
- Living environment

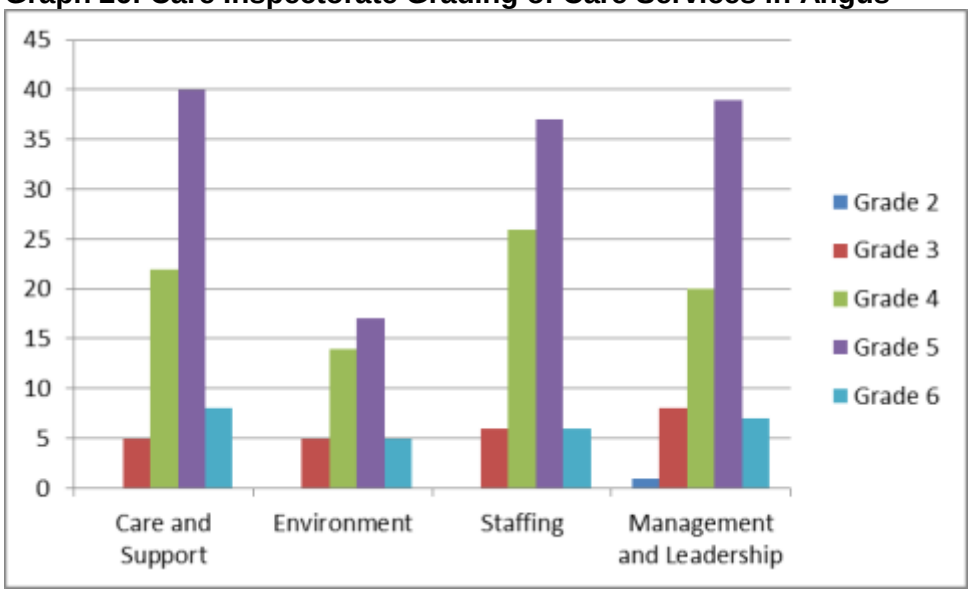
Note: A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law. Requirements are made where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would

affect people's health, safety or welfare. A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement. Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

No enforcement action was taken by the Care Inspectorate in Angus during this period.

Care Providers

Graph 26: Care Inspectorate Grading of Care Services in Angus



Source: Care Inspectorate data store

There is one care home continuing to carry a grade 2 in relation to management and leadership. An action plan is in place to address this grade. Grades under grade 3 are considered unacceptable by the partnership.

Complaints

Between 1 April 2018 and 30 September 2018 there were:

	Total number	AHSCP Health services	Hosted services	Local authority services	Joint complaints
Stage 1 Complaints	22	14	8	Information not collected	Information not collected
Stage 2 Complaints	24	15	9	0	6

Of the Stage 2 complaints:

73% of Angus HSCP health complaints were responded to within the 20 working days. 33% of complaints in respect of hosted services were responded to within 20 working days.

Stage 1 complaint themes included:

- The environment
- Staff attitude

Stage 2 complaints themes included:

- Communication
- Care and treatment

The Care Inspectorate upheld 6 complaints in this time period, involving 5 care homes. The issues raised in these complaints related to:

- record keeping;
- healthcare;
- staffing levels;
- adult protection.

No complaints were investigated by the Care Inspectorate in relation to other registered care services.

6.6 Domain 6 - Promotion of Equality and Social Justice

A review of the Equalities and Mainstreaming report has been undertaken and an update was approved by the IJB in April 2018. Indicators which show how services and outcomes vary between the most and least deprived communities in Angus are being developed. These are reported on separately.

6.7 Corporate Risk Management

The Corporate Risk Management Plan is overseen by the Clinical, Care and Professional Governance Group.

Table 3 shows the risk summary as at September 2018. Progress has been made in mitigating against some risks, plans continue to be delivered to address other risks including, for example, a training plan in conjunction with NHS Tayside and Angus Council on GDPR compliance.

Table 3 Angus Health & Social Care Partnership – Corporate Strategic Risk Rating Matrix

No	Risk Title	Risk Owner	Risk Exposure – no controls	16 Jan 2017	12 April 2017	25 May 2017	9 Aug 2017	4 Oct 2017	22 Nov 2017	19 Jan 2018	14 Mar 2018	30 May 2018	25 July 2018	13 Sept 2018	5 Dec 2018	Planned Risk Exposure	
1.	Sustainability of Primary Care Services • 2c Practices	Associate Director – Primary Care (MW)	12 (4x3) AMBER	9 (3x3) YELLOW	12 (4X3) AMBER	12 (4X3) AMBER	25 (5x5) RED	25 (5x5) RED	20 (5x4) RED	20 (5x4) RED	20 (5x4) RED	25 (5x5) RED	16 (4x4) AMBER	16 (4x4) AMBER		9 (3x3) YELLOW	↔
	Sustainability of Out of Hours Service	Chief Officer (VI)					12 (4X3) AMBER	12 (4X3) AMBER	9 (3x3) YELLOW	9 (3x3) YELLOW	9 (3x3) YELLOW	9 (3x3) YELLOW	9 (3x3) YELLOW	9 (3x3) YELLOW		6 (2x3) YELLOW	↔
2.	Prescribing Management	Clinical Director (AC)	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED		20 (4x5) RED	↔ ↓
3.	Financial Management	Chief Officer (VI)	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED	25 (5x5) RED		20 (4x5) RED	↔
4.	Enhanced Community Support	Head of Community Health & Care Services (North Angus) (GS)	In development	16 (4x4) AMBER	16 (4x4) AMBER	16 (4x4) AMBER	16 (4x4) AMBER	16 (4x4) AMBER	16 (4x4) AMBER	16 (4x4) AMBER	16 (4x4) AMBER	16 (4x4) AMBER	16 (4x4) AMBER	16 (4x4) AMBER		4 (2x2) YELLOW	↔
7.	Performance Management	Head of Community Health & Care Services (North Angus) (GS)	20 (5x4) RED	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	9 (3x3) YELLOW	9 (3x3) YELLOW	9 (3x3) YELLOW	9 (3x3) YELLOW		8 (2x4) YELLOW	↓
8.	Workforce Optimisation	Head of Mental Health Services (BT)	9 (3x3) YELLOW	12 (4X3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4X3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER	12 (4x3) AMBER		6 (2x3) YELLOW	↔
9.	Complex and Co-existing Conditions	Clinical Director (AC)	20 (4x5) RED	-	-	-	-	-	-	-	-	20 (4x5) RED	20 (4x5) RED	20 (4x5) RED		10 (2x5) AMBER	↔
10.	Compliance with GDPR and Data Protection Act 2018	Clinical Director (AC)	20 (4x5) RED	-	-	-	-	-	-	-	-	20 (4x5) RED	20 (4x5) RED	20 (4x5) RED		4 (2x2) GREEN	↔

Risk Exposure Rating

Critical/Extreme (5)	5 YELLOW	10 AMBER	15 AMBER	20 RED	25 RED
Major (4)	4 YELLOW	8 YELLOW	12 AMBER	16 AMBER	20 RED
Significant/Moderate (3)	3 GREEN	6 YELLOW	9 YELLOW	12 AMBER	15 AMBER
Marginal/Minor (2)	2 GREEN	4 YELLOW	6 YELLOW	8 YELLOW	10 AMBER
Negligible (1)	1 GREEN	2 GREEN	3 GREEN	4 YELLOW	5 YELLOW
	Very Low/Rare (1)	Low/Unlikely (2)	Low to High/Possible (3)	High/Likely (4)	Very High/Almost Certain (5)

Key

Green	Controls are working effectively
Yellow	Controls require further development
Amber	Significant controls not operating effectively
Red	Significant controls do not exist or have broken down

Appendix 1

Table 4 Relationship between Angus Strategic Priorities, the National Wellbeing Outcomes and the National Core Performance Indicators

Angus Strategic Priorities and Performance Areas	National Wellbeing outcomes	National Core performance measures
Priority 1 Improving health, wellbeing and independence	1. Healthier Living. People are able to look after and improve their own health and wellbeing and live in good health for longer. 5. Reduce Health Inequality. Health and social care services contribute to reducing health inequalities. 6. Carers are Supported. People who provide unpaid care are supported to look after their own health and wellbeing. This includes reducing any negative impact of their caring role on their own health and wellbeing.	NI-11 Premature mortality rate. NI-16 Falls rate per 1,000 population in over 65s. NI-1 Percentage of adults able to look after their health very well or quite well. NI-8 Percentage of carers who feel supported to continue in their caring role.
Priority 2 Supporting Care Needs at Home	2. Independent Living. People, including those with disabilities, long term conditions, or who are frail, are able to live as far as reasonably practicable, independently at home or in a homely setting in their community. 3. Positive Experiences and Outcomes. People who use health and social care services have positive experiences of those services and have their dignity respected. 4. Quality of Life. Health and social care services are centred on helping to maintain or improve the quality of life of service users. Everyone should receive the same quality of service no matter where they live.	NI-18 Percentage of adults with intensive needs receiving care at home. NI-15 Proportion of last 6 months of life spent at home or in community setting.
Priority 3 Developing integrated and enhanced primary care and community responses		NI-6 Percentage of people with positive experience of care at their G.P. practice. NI-12 Rate of emergency admissions for adults. NI-13 Rate of emergency bed days for adults. NI-14 Readmissions to hospital within 28 days of discharge. NI-21 Percentage of people admitted from home to hospital during the year, who are discharged to a care home (data not available) NI-22 Percentage of people who are discharged from hospital within 72 hours of being ready. (data not available)

Angus Strategic Priorities and Performance Areas	National Wellbeing outcomes	National Core performance measures
Priority 4 Improving Integrated care pathways for priorities in care		NI-19 Number of days people spend in hospital when they are ready to be discharged.
Performance Area 1 Managing our workforce	8. Engaged Workforce. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.	NI-10 Percentage of staff who say they would recommend their workplace as a good place to work.(data not available)
Performance Area 2 Clinical and Care Governance	7. People are Safe. People who use health and social care services are safe from harm.	NI-17 Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections. NI-2 Percentage of adults supported at home who agree that they are supported to live as independently as possible. NI-3 Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided. NI-4 Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated. NI-5 Percentage of adults receiving any care or support who rate it as excellent or good. NI-7 Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life. NI-9 Percentage of adults supported at home who agree they felt safe.
Performance Area 3 Managing our resources	9. Resources are used Efficiently and Effectively. To deliver Best Value and ensure scarce resources are used effectively and efficiently in the provision of health and social care services.	NI-20 Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency. NI- 23 Expenditure on end of life care(data not available)