Adult Health and Social Care Performance Report 2023/24 - Front Page

Midlothian

01. Progress in delivery of strategic outcomes

The Midlothian Integration Joint Board (IJB) plan and direct delegated health and social care services for the people of Midlothian. Midlothian Health and Social Care Partnership (HSCP) oversees the delivery of all the services delegated to Midlothian IJB. The aim of integrated health and social care is for the people to experience more joined up treatment and care.

Justice, Duty Social Work and Adult Protection
Prevention
Duty Social Work continue to ensure that individuals referred to the service are supported and supported in crisis, this includes signposting to appropriate services, undertaking assessments and direct interventions.

The Duty team continue to work with colleagues and Vocal to identify and support unpaid carers.   Within this quarter there were a total of 64 referrals received with the reason for making contact noted as 'Carer Stress' and the Duty Team dealt with 6% of these due to the nature of the concern and impact.   The Duty supported 5% of the 41 adults who were supported with an Adult Carer Support Plan.

Work continues to ensure that staff have the relevant skills, competence and knowledge to work effectively, and that they are trauma informed and able to engage with service users using a range of approaches including the Midway. Across Justice and Protection Services, 100% of staff are trained to level 1 Trauma training and the social work staff within the Justice are trained to level 2 of the NHS Education for Scotland (NES) framework.   There is work in progress to ensure that social work staff with the Duty Team and all Council Officers are able to complete Level 2.

The Justice Service are working closely with colleagues on Psychological Therapy Team to ensure that appropriate responses are taken with those with complex needs and to ensure that risk assessment are robust. This is achieved through weekly formulation sessions. Staff also have access to clinical supervision with a Psychologist to ensure that they are supported to manage the complexities of the work and reduce the risk of vicarious trauma.

The Adult Support and Protection Team (ASP Team) undertake a range of duties to identify, minimise and manage risk and ensure that all suspicions, disclosures or actual harm are acted upon.   Measures to protect adults need to be considered in the context of wider range of support services and an ASP investigation may highlight gaps in support. In these instances, an assessment of need should be undertaken to identify and develop an outcomes focused care plan. During Q 4 there were 232 referrals submitted under ASP 57% of these referrals were allocated to a Council Officer for an inquiry to be completed to determine if the individual was an adult at risk of harm as defined by the Adult Support and Protection (Scotland) Act 2007 and appropriate action taken to reduce and/or mitigate the risk.

For Understanding Changing needs
The Justice Service have increased access to services for perpetrators of domestic abuse and to victims and children who may have been impacted by the behaviour. There are two routes through which men can access this support: following conviction the Court can impose a Community Payback Order with a requirement to undertake the Caledonian Programme – if the man is assessed as suitable. There is the option to undertake the programme on a voluntary basis (non-court mandated) via Your Chance to Change Referrals can also be received from partner agencies. In Q4, 7 men were engaging with the programme.

Learning and Development
The Midlothian Trauma Training Programme was launched in July 2023 and, since then, training has been delivered to 387 participants, and incorporates both open access training sessions and bespoke service support events. In total, 37 training events have been delivered between July 2023 and February 2024.

The learning and development team have also organised and delivered a wide range of training both mandatory and further training to ensure all staff are skilled and competent in their role. The service has funded 10 social workers across Adult services and Children service to undertake post grad qualification in Leadership and Management, Practice Education, Mental health officer Training and Child Welfare and protection. In addition, we have funded 10 workers across the same service to undertake modules with the Open University to work towards a degree in Social Work. The SVQ Team have delivered SVQ's across levels 5,6,7 and 8 to around 95 candidates and working closely with schools and young people to further develop the Foundation Apprenticeships for Health and Social Care.
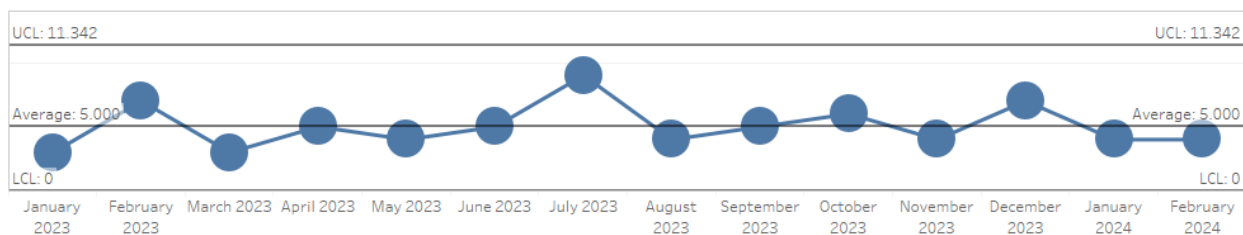
Care at Home
The Care at home continues to be challenged with increasing demand for people to live safely at home in the community. There are approximately 7,200 hours of care at home delivered every week across Midlothian from our in house service, the external providers and through SDS Option 2 pathways. The commissioned providers and the in house service have all recently been inspected by the Care Inspectorate and received positive grades relating to service delivery.

Bed Performance
Midlothian HSCP continue to robustly manage the Adult Mental Health Bed performance. Over 2023/2024 Midlothian has seen a total of 71 admissions, with a mean average of 5 beds used per month. The effective collaborative working between the Adult Community Mental Health Team and Intensive Home Treatment Team has been essential in providing an effective response to supporting individuals at home rather than in hospital. This is achieved through assertive outreach, dynamic risk assessment, early intervention, and prevention, supporting individuals in their own home environment where appropriate.
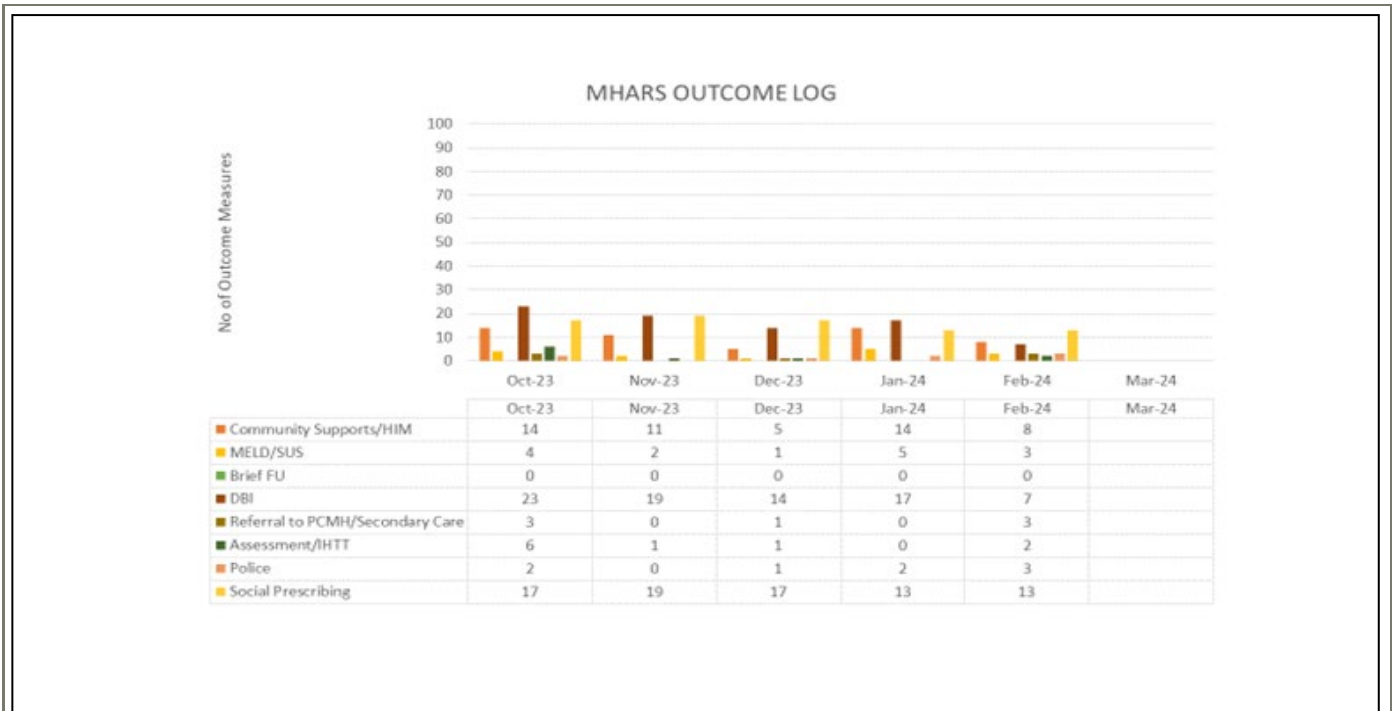

Monthly admissions:

Midlothian Substance Use Services A 11 target
Midlothian Substance Use Services A 11 target Midlothian Substance Use Services continue to make ongoing improvements to deliver the 90% target for A 11 (A11 individuals accessing services will be seen within 21 days from point of referral to treatment). Q3 performance for Midlothian services is 91.46% overall and 95.29% for MELDAP. In Midlothian in quarter 3, 75 out of 82 [91.46%] people accessed support and treatment within 21 days. In January of this year, 19 out of 20 people in Midlothian were seen within 3 weeks. For the MELDAP area, 39 out of 40 people received help within the standard time.

Midlothian services in quarter 4 ensured that 67 people [100%] were seen referral to treatment within 3 weeks. The whole MELDAP area also recorded 100% for this standard in the same quarter.

Mental Health and Resilience Service (MHARS)
Midlothian's Mental Health and Resilience Service (MHARS) continues to provide prompt, effective and compassionate support to individuals aged 18-65 residing in Midlothian. The service continues to provide a wide range of support with positive outcomes.

MHARS OUTCOME LOG

	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Community Supports/HIM	14	11	5	14	8	
MELD/SUS	4	2	1	5	3	
Brief FU	0	0	0	0	0	
DBI	23	19	14	17	7	
Referral to PCMH/Secondary Care	3	0	1	0	3	
Assessment/IHTT	6	1	1	0	2	
Police	2	0	1	2	3	
Social Prescribing	17	19	17	13	13	

Our unique collaborative workforce delivery model between Penumbra and Midlothian IHTT, support the phone lines with IHTT staff and the delivery of level 2 Distress Brief Intervention (DBI). Midlothian's commissioning element of the model is 4.5 Penumbra practitioners. Early into the delivery of the service we recognised that to ensure a full delivery of our model, we needed to increase our workforce to support 7 days a week, 8am-10pm access. This being a priority due to the additional work IHTT staff conduct (urgent same day specialist assessments, unscheduled care and in reach into the REB).

Midlothian had the opportunity to increase the workforce from 4 to 6 Penumbra practitioners through funding from the National DBI Service on a 1-year basis, who recognised the impressive service design model. This additional funding is due to end in June 2024.

Through regular monitoring and evaluation, we have considered the potential of increasing the MHARS service to included access for individuals 65+. We recognise the positive addition of support this would provide individuals over the age of 65 across Midlothian, who may require support with their crisis and/or distress, mental health and/or well-being. The main challenges to the delivery of this model are the current workforce and the financial implications.
We are now in the process of evaluating and reviewing our current staffing model and exploring opportunities to use any existing resource to maintain the increased workforce of 6 Penumbra practitioners permanently. This increased workforce will enable the service to trial a test of change, to include access to the service for individuals aged 65+ in Year 3 of the commissioning contract, reviewing and evaluating the service in 2025.

Suicide Prevention
The Creating Hope Together strategy has a clear focus on inequalities, prevention and determinants of health and wellbeing. Specifically, the strategy aims to take a population health approach to Suicide Prevention and try to tackle key risk factors such as poverty and isolation. Within the HSCP one of our Public Health Practitioners has recently taken the responsibility of Suicide Prevention Lead for the partnership. There is a current Suicide Prevention Action Group which has been active in Midlothian for many years and is chaired by an NHS Lothian Public Health Consultant. The group has representation from a variety of partners across the partnership, including Primary Care, mental health services, workforce development and 3rd sector. The action group has developed a 1 year interim plan which has a focus on data collection and sharing, conducting a training review, developing a lived experience panel and developing the governance structure going forward. After this 1 year interim plan the group will develop a 3 year action plan to support the prevention of suicide in Midlothian.

Learning Disabilities – Primrose Lodge
Five sound bids have been received for the construction work at Primrose Lodge. The Programme Director has raised some queries that need to be addressed before we can proceed with the award. This will be resolved within three weeks at which point a starting date for the works will be set.

The Invitation to Tender for the Care and Support service closes on 9th May. There has been considerable interest from potential providers. The evaluation process will follow, with interviews of during May and June, and an award in July. Families of tenants have been involved in the development of the Invitation to Tender and will also be involved in the evaluation process.

The project will be ready to go live in August contingent on building work being complete and tenants will move in on a phased basis.

02. Challenges and Risks

We adopt a whole system approach to service design and delivery. This relies on shared decision-making, and shared responsibility for outcomes that enable proactive and consistent approaches to performance and quality improvement.

We continue to invest in the wellbeing, training, and development of our workforce, including our third sector partners and unpaid carers. We also have ongoing challenges in rolling out our trauma-informed approaches to all aspects of the HSCP. There are some areas of very proactive practice but there are other areas who have had less exposure to trauma-informed approaches.

Whilst our digital agenda is gaining prominence, we continue to improve the coordination of care and find ways to share information between services. We will have to make better use of existing technologies and provide people with access to accurate information and services. Our daily huddles are great examples of creating daily opportunities for quick, agile spaces that enable us to work together across the system.

The Digital Champions Network is reaching across the HSCP to support teams from the ground up making best use of the technology we already have. One of the areas of focus is to enable teams across Council and Health to have collaborative workspaces. This involves both IT departments and staff and is being supported by our Midlothian HSCP Digital Programme and Oversight Board (which reports back to SMT) This aligns to the wider national work (led by Digital Office and NSS) around Teams Federation.

The DPIA is progressing to support a new dashboard for Midcare. This developmental build has oversight of our TEC Team's performance on Analogue to Digital including risk indexes (how we prioritise clients), how many clients have switched over, where reviews are required, stock management including equipment reclaim. We are currently augmenting this with Highlight reports (from April, monthly docked at SMT, attached for info)

The Flow Hub are the single point of access for clients, enabling the flow of clients and their information safely across our HSCP. A recent example is the falls review work in Highbank. It was identified that the Acute/Midlothian Community Hospital falls risk assessment was a gap in discharge handover which has now been added to reduce duplication and support local management of falls risks.

A Flow App is creating visible oversight of all Midlothian residents currently within the Emergency Department. This is enabling greater oversight and responsiveness.

The financial context continues to create challenges in ensuring long term sustainability of services, however, across the HSCP, positive steps are being taken to understand opportunities for redesign with a focus on efficacy, that also bring the required financial efficiencies.

Our workforce
We have competed a full review of the functionality, effectiveness and uptake of Health and Social Care specific LearnPro modules.

We continue to have areas where sickness rates are high. These are predominantly within areas where direct care is being delivered so the impact of this can present a challenge. HR are supporting managers to move long term sickness absence cases through to a conclusion as quickly as possible and managers are also looking at how they can better work with trade unions to resolve issues at the earliest opportunity. Wellbeing and trauma work with staff continues.

Sickness Absence

Sickness absence has remained a stubborn challenge within the HSCP. The total number of days lost from 1 April 2023 to 31 March 2024 was 12249 and 506 FTE of staff that make up the total number of days lost.
The ten areas with the highest sickness absence are set out in the table below.

Highest Absence Areas	FTE of staff	Total Days Lost
Newbyres Village Residential Home	74	1899
Highbank Residential Home	50	1771
Home Care - Reablement	31	1146
Home Care- Complex East	25	1105
Home Care- Complex West	31	807
Cowan Court	18	752
Home care- Midlothian West	18	614
Home care- MERRIT	12	598
Catering & Domestic- Newybres	15	397
Home Care Team	20	346

Please see the table below with the highest five reasons for absence.

Absence Reason	Grand Total (days lost)
Psychological	4467
Stomach / Bowel / Blood / Metabolic Disorders	1866
Musculoskeletal & Joint Disorders	1721
Hospital Treatment	934
Colds & Flu	814

From the information provided, it is apparent that sickness remains highest within the high volume areas of care, specifically Newbyers Care Village, Highbank Intermediate Care Home and Care at Home.

Within Care at Home, we have piloted having a dedicated part-time care team supervisor where their main role is to manage all the long-term sickness absence and those on stages from repeated sickness absence periods. There is therefore a consistent approach and this manager ensures the policy and protocols are followed clearly. We are clear that long term sickness cannot be sustained in the service, so we are looking at managing staff out of the service who are unable to maintain acceptable period of time at work. We do this with the support of HR colleagues. By way of an example of the effect of this approach, in November 2023 there were 23 Care at Home staff who were on the long term sickness absence list. By April 2024, this had reduced to 10. Out of the original 23 there are 4 who have returned to work, 4 who have resigned and 5 already gone to capability with a view to dismissal or move. Out of the remaining 10, 7 of them are going to capability hearings.

We are looking to replicate this approach in Newbyers Care Village which has had a recent history of high sickness rates, particularly amongst evening and night staff. We will align a portfolio of sickness absence management to one dedicated manager, again to ensure consistency of approach as per Care at Home.

Similar action is being taken in Highbank Intermediate Care Home. Whilst all managers there have had previous training in absence management, a refresher is being organised.
All staff are supported in maximising attendance at work.

In all areas across the HSCP we are focusing on having a strong adherence to timescales within the policy so as to avoid drift. HR colleagues have oversight of all long term cases and work with individual managers to progress. However, it is acknowledged that at times, due to other operational demands, timescales slip resulting in longer sickness absence than is optimal. This is an area for improvement and the Head of Service for Adults has requested that reports are provided to him for each area so outliers can be identified and remedial action taken. This remains a work in progress, but it is anticipated that this will see some positive effect in 2024-25.

Whilst adherence to the policy and procedure is of vital importance, work is also undertaken to manage staff wellbeing and change cultures in some areas. So, all the high volume areas have a range of training offered, from manual handling training with a view to reducing sickness absence through musculoskeletal injuries to trauma training to manage challenging situations and emotions to medication management training to reduce medication errors. Linked to this is an adapted managerial approach to staff making errors. Whilst some actions at work are

serious enough to warrant investigation and subsequent disciplinary action, others are genuine errors and there is an attempt to create a more supportive culture regarding this. This is important as we know that staff investigations can often result in sickness absence. A more nuanced and proportionate approach is being taken with a view to this contributing to a reduction in sickness absence. It will take some time to see if this has the desired effect but it will be monitored throughout 2024.

Similarly, work on staff well-being is ongoing and includes the creation of a well-being space in both Newbyers and Highbank and packs have been given to Care at Home staff. Moreover, flexible working arrangements are accommodated where possible, along with any indicated feasible modifications to work that may be required. People returning from sick leave are offered other supports including short term phased return-to-work patterns, short term lighter duties, and referrals to the physiotherapy service, Employee Assistance Programme guidance, and referrals to the Occupational Health Service.

In the Social Work teams, sickness absence rates can be variable and there are a number of small teams which can make managing sickness absence challenging. The current Social Work and OT Review will look to factor in how the service can manage this type of absence in a more resilient way, but current measures largely involve resources being moved from team to team depending on demand and availability. Managers work closely with HR colleagues as per the high volume service areas and additional training is offered to newer members including having difficult conversations with staff. More challenging cases are escalated to Service Manager level.
Our communities
Health inequalities are generally well understood across the HSCP, and services are becoming more aware of how their work can contribute to reducing the gap. Work is underway to build more detailed understanding of how the profile of communities across Midlothian is changing, within the context of significant population expansion driven by private sector housing development.

Adult Health and Social Care PI summary

01. Manage budget effectively

Priorities	Indicator	2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	2023/24			Short Trend	Annual Target 2023/24	Feeder Data	Value
		Value	Value	Value	Value	Value	Value	Value	Status	Note				
01. Manage budget effectively	Performance against revenue budget	N/A	N/A	£56.580m	£56.538m	£57.337m			❓	**23/24:** Final outturn figures will be available late-May / Early June.	❓			

02. Manage stress and absence

Priorities	Indicator	2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	2023/24			Short Trend	Annual Target 2023/24	Feeder Data	Value
		Value	Value	Value	Value	Value	Value	Value	Status	Note				
02. Manage stress and absence	Average number of working days lost due to sickness absence (cumulative)	21.16	21.16	5.60	13.19	18.54	24.26	24.26	🛑	**23/24:** Off target We continue to have areas where sickness rates are high. These are predominantly within areas where direct care is being delivered so the impact of this can present a challenge. HR are supporting managers to move long term sickness absence cases through to a conclusion as quickly as possible and managers are also looking at how they can better work with trade unions to resolve issues at the earliest opportunity. Wellbeing and trauma work with staff continues.	⬇️	10.53	Number of days lost	12,706.57
													Number of FTE in service	523.72

03. Complete all service priorities

Priorities	Indicator	2022/23 Value	Q4 2022/23 Value	Q1 2023/24 Value	Q2 2023/24 Value	Q3 2023/24 Value	Q4 2023/24 Value	2023/24 Value	2023/24 Status	2023/24 Note	2023/24 Short Trend	Annual Target 2023/24	Feeder Data	Value
03. Complete all service priorities	% of service priority Actions on target / completed, of the total number	72.97%	72.97%	100%	87.5%	87.5%	93.75%	93.75%	✅	**23/24:** On target	⬆	90%	NUMBER of service priority actions in total	16
													NUMBER of service priority actions on target / completed	15

04. Process invoices efficiently

Priorities	Indicator	2022/23 Value	Q4 2022/23 Value	Q1 2023/24 Value	Q2 2023/24 Value	Q3 2023/24 Value	Q4 2023/24 Value	2023/24 Value	2023/24 Status	2023/24 Note	2023/24 Short Trend	Annual Target 2023/24	Feeder Data	Value
04. Process invoices efficiently	% of invoices paid within 30 days of invoice receipt (cumulative)	97%	97%	98%	99%	99%	99%	99%	✅	**23/24:** On target	⬆	97%	Number of invoices received (cumulative)	1,622
													Number paid within 30 days (cumulative)	1,599

05. Improve PI performance

Priorities	Indicator	2022/23 Value	Q4 2022/23 Value	Q1 2023/24 Value	Q2 2023/24 Value	Q3 2023/24 Value	Q4 2023/24 Value	2023/24 Value	2023/24 Status	2023/24 Note	2023/24 Short Trend	Annual Target 2023/24	Feeder Data	Value
05. Improve PI performance	% of Service PIs that are on target/ have reached their target. (does not include Corporate PIs)	70.45%	70.45%	80%	85%	90%	77%	77%	🛑	**23/24:** Off target 7 Indicators 'off target' at time or reporting. Commentary contained within the report.	⬆	90%	Number on tgt/complete or Data Only	24
													Number of PI's in total	31

06. Control Risk

Priorities	Indicator	2022/23 Value	Q4 2022/23 Value	Q1 2023/24 Value	Q2 2023/24 Value	Q3 2023/24 Value	Q4 2023/24 Value	2023/24 Value	2023/24 Status	2023/24 Note	Short Trend	Annual Target 2023/24	Feeder Data	Value
06. Control Risk	% of high risks that have been reviewed in the last quarter	100%	100%	100%	100%	100%	0%	0%	🛑	**23/24:** The HSCP Chief Allied Health Professional is currently implementing the Governance and Assurance Framework across all Group Services within the HSCP. This includes a full review of all processes for risk identification and escalation. This will inform the processes for understanding and reporting of risk through Pentana.	⬇	100%	Number of high risks reviewed in the last quarter	0
													Number of risks that are graded as high	0

07. Implement Improvement Plans

Priorities	Indicator	2022/23 Value	Q4 2022/23 Value	Q1 2023/24 Value	Q2 2023/24 Value	Q3 2023/24 Value	Q4 2023/24 Value	2023/24 Value	2023/24 Status	2023/24 Note	Short Trend	Annual Target 2023/24	Feeder Data	Value
07. Implement Improvement Plans	% of internal/external audit actions progressing on target or complete this quarter.	100%	100%	100%	93.33%	100%	73%	73%	🛑	**23/24:** Off target One internal audit action off target.	⬇	90%	Number of internal/external audit actions on target or complete	7
													Total number of internal/external audit actions	7

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Adult Health and Social Care Complaints Indicator Summary

Commitment to valuing Complaints - Outcomes and Customer Feedback

Indicator	2022/ 23	Q4 2022/ 23	Q1 2023/ 24	Q2 2023/ 24	Q3 2023/ 24	Q4 2023/ 24	2023/24			Short Trend	Annual Target 2023/ 24
	Value	Value	Value	Value	Value	Value	Value	Status	Note		
Number of complaints received (quarterly)	75	19	20	33	15	17	85	📈	**23/24**: Data Only	⬇	
Number of complaints closed in the year	65	14	19	29	10	15	73	📈	**23/24**: Data Only	⬆	
Number of complaints upheld (quarterly)	4	1	4	7	1	3	15	📈	**23/24**: Data Only	⬆	
Number of complaints partially upheld (quarterly)	7	1	3	6	2	3	17	📈	**23/24**: Data Only	⬆	
Number of complaints not upheld (quarterly)	40	9	7	12	4	5	28	📈	**23/24**: Data Only	⬇	
Number of complaints Resolved (quarterly)	11	1	5	4	3	1	13	📈	**23/24**: Data Only	⬆	
Average time in working days to respond to complaints at stage 1	5.11	5.8	2.85	1.88	5.78	4.33	3.33	✅	**23/24**: On target	⬆	5
Average time in working days to respond to complaints at stage 2	14.6	17.75	15.75	19.5	9	8.5	14.22	✅	**23/24**: On target	⬆	20
Average time in working days for a full response for escalated complaints	0	0	11.5	13	0	15	13.31	✅	**23/24**: On target	⬇	20
Percentage of complaints at stage 1 complete within 5 working days	77.78 %	70%	100%	100%	55.56 %	88.89 %	89.58 %	🛑	**23/24**: Off target 5 complaints took between 6 and 10 days.	⬆	95%
Percentage of complaints at stage 2 complete within 20 working days	73.33 %	75%	75%	50%	100%	100%	77.78 %	🛑	**23/24**: Off target Breach reflects the increased complexity of the complaints being managed within Adult Social Care, alongside the system-wide service pressures. It should also be noted that Sport & Leisure moved to the Place Directorate partway through Q2, although their complaints were included within the HSCP numbers for the whole quarter.	⬆	95%
Percentage of complaints escalated and complete within 20 working days	100%	100%	100%	90%	0%	75%	87.5%	🛑	**23/24**: Off target Breach reflects the increased complexity of the complaints being managed within Adult Social Care, alongside the system-wide service pressures. It should also be noted that Sport & Leisure moved to the Place	⬇	95%

								Directorate partway through Q2, although their complaints were included within the HSCP numbers for the whole quarter.		
Number of complaints where an extension to the 5 or 20 day target has been authorised (quarterly)	10	0	0	2	4	2	8	📈	**23/24**: Data Only	⬆	
Number of Compliments	3	0	1	3	1	1	6	📈	**23/24**: Data only	⬆	

Adult Social Care Performance

Midlothian

1. Prevention

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note		
23/24.AH SC1.1a	Justice services work collaboratively to ensure those subject to statutory supervision are enabled and supported to effectively participate.	23/24: On target The majority of individuals subject to statutory supervision are on a Community Payback Order. At the end of Q4 there were 299 Community Payback Orders in place; this is a slight decrease (no = 9) from the previous quarter. The number of orders does not equate to the number of people as an individual can be on more than one order at any given time. At the end of Q4 there were 255 individuals subject to a CPO, 10 less people than at the end of Q3. Based on the number of individuals on orders and the	% of people subject to a Community Payback Order and effectively participate.	91%	92%	88%	92%	92%		-	23/24: Data only		

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note		
		number of individuals in breach of their order, I can advise that there are currently 237 people actively engaging with our service on a CPO which is 92%. The number engaging is dynamic and this is a snapshot at the end of April 2024. This is a higher level of engagement than the previous quarter but this will be due to a number of factors outwith service control. Justice Service staff take a person centred and flexible approach when seeking to engage individuals, including how we support them to engage on their order, or licence. A Community Payback Order is imposed by a Court and it is critical that we manage these orders responsibly to maintain the confidence of sentencers and the general public. Therefore disciplinary action, including returning the order to court for breach action, is taken when necessary. During the breach process we will continue to seek to engage with individuals to enable the person to re-engage with interventions to reduce and manage the risk of re-										

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note		
		offending. In these circumstances the Court would take this information into consideration when reaching a decision on how to sentence the person for the breach of the order.											
23/24.AH SC1.1b	Justice services work collaboratively to ensure those subject to statutory supervision are enabled and supported to effectively participate.	23/24: On target The majority of individuals subject to statutory supervision are on a Community Payback Order. At the end of Q4 there were 299 Community Payback Orders in place; this is a slight decrease (no = 9) from the previous quarter. The number of orders does not equate to the number of people as an individual can be on more than one order at any given time. At the end of Q4 there were 255 individuals subject to a CPO, 10 less people than at the end of Q3. Based on the number of individuals on orders and the number of individuals in breach of their order, I can advise that there are currently 237 people actively engaging with our service on a CPO which is 92%. The number engaging is dynamic	Successful completion rate of Community Payback Orders is maintained at or above the national average.					78%	✅	_	23/24: On target	74%	74%

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note		
		and this is a snapshot at the end of April 2024. This is a higher level of engagement than the previous quarter but this will be due to a number of factors outwith service control. Justice Service staff take a person centred and flexible approach when seeking to engage individuals, including how we support them to engage on their order, or licence. A Community Payback Order is imposed by a Court and it is critical that we manage these orders responsibly to maintain the confidence of sentencers and the general public. Therefore disciplinary action, including returning the order to court for breach action, is taken when necessary. During the breach process we will continue to seek to engage with individuals to enable the person to re-engage with interventions to reduce and manage the risk of re-offending. In these circumstances the Court would take this information into consideration when reaching a decision on how to sentence the person for the breach of the order.											

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note		
23/24.AHSC1.2a	Evidence improvements in population health by expanding integrated working with key strategic partners to develop change.	23/24: On target Prevention is a long-term ongoing challenge, which we continue to work towards. For 2023/24 Public Health worked with key strategic partners across health and social care, the third and voluntary sector to influence improvements in outcomes as detailed below: - The health inclusion team continue to provide outreach and have carried out a health assessment with 171 people since April 2023. Most assessments were in the persons home, the top intervention was healthcare and lifestyle, followed by advocacy/liaise/referral to partner agencies. - Suicide prevention lead, taking forward the 1-year interim action plan alongside key partners. - Whole Systems Approach to Type II diabetes: increased strategic partners working both locally and regionally to ensure work fits within NHS Lothian's public health priorities and the	Increased number of strategic partners					Yes	✅	_	23/24: On target	Yes	Yes

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note		
		partnerships objectives. Working with partners around evaluation of the funded projects. These projects will help the people of Mayfield and Easthouses to have more access to healthy food options, keep physically active and have more money in their pockets. - Green health prescribing has integrated working with key strategic partners through expanding the working group, linking with researchers to expand our knowledge, and sharing practice with colleagues. - Finalising the Joint Strategic Needs Assessment to be published on the HSCP website and working alongside data colleagues in NHS Lothian to further improve the data presentation. - Continue to contribute to working groups to promote a public health agenda and increase strategic partners. Members of various groups including trauma training steering group, Mid & East Lothian Drug and Alcohol											

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note		
		Partnership Group, Midlothian Suicide Prevention Group, Equally Safe Strategy Leadership Group, Midlothian will be Healthier Thematic Group, Lothian Green Health Network and the Third Sector Summit.											
23/24.AHSC1.3a	Duty Social Work will be able to provide unpaid carers with timely support and interventions and are supported in crisis	23/24: On target The Duty team continue to work with colleagues and Vocal to identify and support unpaid carers. Within this quarter there were a total of 64 referrals received with the reason for making contact noted as 'Carer Stress' and the Duty Team dealt with 6% of these due to the nature of the concern and impact. The Duty team worked directly with 5% of the 41 adults who were supported with an Adult Carer Support Plan.	Percentage of people making contact with Duty Social Work Team who are identified as unpaid carers and documented within Mosaic.	10%	14%	3%	6%	9%		_	23/24: Data only		
23/24.AHSC1.3b	Duty Social Work will be able to provide unpaid carers with timely support and interventions and are supported in crisis	23/24: On target The Duty team continue to work with colleagues and Vocal to identify and support unpaid carers. Within this quarter there were a total of 64 referrals received with the reason for making contact noted as 'Carer Stress' and the Duty Team dealt with 6% of these due to the nature of	Number of completed Adult Carer Support plans by VOCAL (accumulative)	144	257	418	615	615		_	23/24: On target	600	600

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note		
		the concern and impact. The Duty team worked directly with 5% of the 41 adults who were supported with an Adult Carer Support Plan.											
23/24.AHSC1.3c	Duty Social Work will be able to provide unpaid carers with timely support and interventions and are supported in crisis	23/24: On target The Duty team continue to work with colleagues and Vocal to identify and support unpaid carers. Within this quarter there were a total of 64 referrals received with the reason for making contact noted as 'Carer Stress' and the Duty Team dealt with 6% of these due to the nature of the concern and impact. The Duty team worked directly with 5% of the 41 adults who were supported with an Adult Carer Support Plan.	Number of completed Adult Carer Support plans by HSCP (accumulative)	38	85	111	152	152	✅	_	23/24: On target	80	80
23/24.AHSC1.3d	Duty Social Work will be able to provide unpaid carers with timely support and interventions and are supported in crisis	23/24: On target The Duty team continue to work with colleagues and Vocal to identify and support unpaid carers. Within this quarter there were a total of 64 referrals received with the reason for making contact noted as 'Carer Stress' and the Duty Team dealt with 6% of these due to the nature of the concern and impact. The Duty team worked directly with 5% of the 41 adults who	% of HSCP Adult Carer Support plans assessed by the Duty Team	42%	20%	23%	5%	21%	📈	_	23/24: Data only		

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note		
		were supported with an Adult Carer Support Plan.											
23/24.AHSC1.4a	All Mental Health teams use of a variety of digital models to adopt a@ supported self-management approach	**23/24:** On target All services continue to promote self-management by , informing, sign posting and encourage the use of digital platforms, currently mental health services support the use of a variety of 33 on line platforms.	Number of digital models being used	33	33	33	33	33		_	**23/24:** Data as per action note		
23/24.AHSC1.4b	All Mental Health teams use of a variety of digital models to adopt a@ supported self-management approach	**23/24:** On target All services continue to promote self-management by , informing, sign posting and encourage the use of digital platforms, currently mental health services support the use of a variety of 33 on line platforms.	% increase in the number of people who access MidSpace	33%	11%	11%	7.5%	23.56%		_	**23/24:** On target completed overall increase	10%	5%

2. Understanding changing needs

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note		
23/24.AHSC2.1a	All services will explore, define and implement a mechanism to capture	**23/24:** On target	Number of service areas with a functioning	3	4	5	7	7		_	**23/24:** On target	7	7

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note		
	experience information of those using health and social care	Development of a local feedback questionnaire in place for Highbank respite users. The Care Opinion independent feedback website will be promoted for people using and/or affected by the Highbank respite service.

The wards within Midlothian Community Hospital have developed short, user friendly feedback forms for patients and their relatives enabling them to share their thoughts and views of their experience of care within the hospital. There is also a QR code enabling people to leave the same type of feedback using their phones. The AHP team have also developed a specific feedback questionnaire around the therapies they deliver and this is being used without patients on our rehabilitation wards.

Occupational Therapy and Physical Disabilities service has introduced a paper and electronic feedback form for people to undertake when their involvement with the Service is complete. Through | feedback mechanism. | | | | | | | | | | |

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note		
		the use of Outnav, responses from service users to our feedback form and collation of emails from people we have supported we are gathering more information to evidence that people engaging with our Service feel listened to and are treated with dignity and respect. People are letting us know that when we are able to work together, that even a small piece of equipment or change to their home environment can make a huge difference to the quality of their life. MELDAP carried out a consultation process during the summer with people with livened and living experience, carers/families, members of the public, services and partners. This included noting their priorities in relation to prevention/children/families services, treatment service and recovery orientated provision. MELDAP is using the product from the latest service user/carer/public/service consultation to inform its priorities for the development											

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note		
		of its next 3 year delivery plan. All mental health services gather patient feedback via various routes. In 2022-23 we established a lived experienced panel for mental health which we have done in collaboration with CAPS. A session for mental health and substance use services (SUS) has be held with VOCAL. A Carer group for older adults established and is up and running. SUS has embedded lived experience, carers and staff experience in relation to all MAT, and over the last month completed trauma focused lived and staff experience mat 6 and 10 specifically, which will continually roll out as part of MAT. Duty Social Work Team introduced a paper and electronic feedback form initially sent out to those identified as Unpaid Carers. This commenced in September 2023. The feedback survey is now offered to all service users the Duty team are in contact with.										

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note		
		Justice Service users subject to community based sentences are asked for feedback at regular points in their orders or licences and they also complete an entry and exit questionnaire to measure changes in areas identified as impacting on risk of re-offending. Women who are supported as part of the Caledonian system are asked to complete a feedback/experiential feedback form at the end of engagement. We seek feedback from beneficiaries of unpaid work projects this includes individuals and organisations. The Spring Service use a variety of methods to seek feedback from the women involved in this service as not all are directly involved in the Justice Service. As part of community justice we have service user groups through which we seek feedback and public consultation events.

The InReach team continue to explore ways of strengthening their methods for capturing experience information. Informal | | | | | | | | | | | |

PI Code	Priority/Action	Action Note	PI	Q1 2023/24 Value	Q2 2023/24 Value	Q3 2023/24 Value	Q4 2023/24 Value	2023/24 Value	Status	Short Trend	Note	Annual Target 2023/24	Target
		mechanisms for capturing client feedback continue. Complaints are monitored, and actioned appropriately. The Care at Home team seek feedback on their services from clients at each review asking what the client feels about the service in terms of reliability, caring approach, needs met outlined in the care and support plan.											
23/24.AH SC2.2a	Reintroduce and evaluate the effectiveness of a new model of respite at Highbank Intermediate Care Facility that meets changing needs of people who require support and their unpaid carers	**23/24:** On target Positive response. 13 referrals resulting in 16 respite bookings. A further two enquiries have been made about this service.	Highbank bed occupancy (both available beds and occupied beds)					3	🛑	_	**23/24:** Off target The current number of respite beds is 3, and this will increase to 4 as the demand for this service builds.	4	4
23/24.AH SC2.2b	Reintroduce and evaluate the effectiveness of a new model of respite at Highbank Intermediate Care Facility that meets changing needs of people who require support and their unpaid carers	**23/24:** On target Positive response. 13 referrals resulting in 16 respite bookings. A further two enquiries have been made about this service.	Percentage number of unpaid carers reporting positive experience.					100%	✅	_	**23/24:** On target Approximately 60% f feedback forms issued to clients and carers are returned.	100%	100%
23/24.AH SC2.2c	Reintroduce and evaluate the effectiveness of a new model of respite at Highbank Intermediate Care Facility that meets	**23/24:** On target Positive response. 13 referrals resulting in 16 respite bookings. A further	Number of people receiving respite who have the opportunity to complete					0	🛑	_	**23/24:** Off target Unable to progress with this as training in Emotional touchpoints in not available.	100	100

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note		
	changing needs of people who require support and their unpaid carers	two enquiries have been made about this service.	Emotional Touchpoints activity								Meaningful engagement and activity is provided by the Activities Coordinator and the care team.		
23/24.AHSC2.3a	The InReach team will establish a mechanism to extract data to inform the breakdown of service processes to identify areas for improvement.	23/24: On target Performance colleagues worked with the team and put in place a suite of reports to track workflow trends and support service planning activity. These reports are being used operationally and will continue to be refined, as required, to continue supporting the service.	Average time from referral being received by the Inreach Team to being allocated to a worker.					0.08		_	23/24: Data only		
23/24.AHSC2.4a	Review and evaluate the functionality, effectiveness and uptake of Health and Social Care specific LearnPro modules.	23/24: On target All Health and Social Care specific LearnPro modules have up to date content that relate to registered professional practice. All Health and Social Care specific LearnPro modules relating to registered professional practice working and accessible. Developing a monthly reporting mechanism and trialling with one specific service. All modules up to date and working. Care at home service used as a trial service – this is now complete. Now working	Percentage of Health and Social Care specific LearnPro modules working / accessible that relate to registered professional practice.	100%	100%	100%	100%	100%		_	23/24: On target	100%	100%

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note		
		through other large services and the team are working on Newbyres at the moment.											
23/24.AHSC2.4b	Review and evaluate the functionality, effectiveness and uptake of Health and Social Care specific LearnPro modules.	23/24: On target All Health and Social Care specific LearnPro modules have up to date content that relate to registered professional practice. All Health and Social Care specific LearnPro modules relating to registered professional practice working and accessible. Developing a monthly reporting mechanism and trialling with one specific service. All modules up to date and working. Care at home service used as a trial service – this is now complete. Now working through other large services and the team are working on Newbyres at the moment.	All Health and Social Care specific LearnPro modules with up to date content that relate to registered professional practice.	No	Yes	Yes	Yes	Yes	✅	_	23/24: On target	Yes	Yes
23/24.AHSC2.4c	Review and evaluate the functionality, effectiveness and uptake of Health and Social Care specific LearnPro modules.	23/24: On target All Health and Social Care specific LearnPro modules have up to date content that relate to registered professional practice. All Health and Social Care specific LearnPro modules relating to registered professional practice working and accessible. Developing a	Establish the mechanism to report accurately on staff completion rate.	Not measured for Quarters				Yes	✅	_	23/24: On target	Yes	Yes

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note		
		monthly reporting mechanism and trialling with one specific service. All modules up to date and working. Care at home service used as a trial service – this is now complete. Now working through other large services and the team are working on Newbyres at the moment.											
23/24.AHSC2.5a	Complete a service review of MERRIT to improve staff wellbeing and increase sustainability	**23/24:** On target The service has identified current rotas aren't cost effective and placing pressure on staff. We met with staff, trades unions and staff-side representation to discuss solutions. New rotas have been proposed to support the provision of the same level of service. Staff will be transferred to the new rotas as appropriate. Organisational review paper has been discussed by Senior Management Team. Proposed rota pattern reviewed by Trade Unions'. The rationale report was agreed by SMT and approved by CMT on 27th March. Formal consultation with staff will now commence.	% of staff working on new rota	0%	0%	0%	0%	0%		–	**23/24: Data only** None as yet. Formal consultation with staff due to commence following CMT approval.		

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note		
23/24.AHSC2.5b	Complete a service review of MERRIT to improve staff wellbeing and increase sustainability	**23/24:** On target The service has identified current rotas aren't cost effective and placing pressure on staff. We met with staff, trades unions and staff-side representation to discuss solutions. New rotas have been proposed to support the provision of the same level of service. Staff will be transferred to the new rotas as appropriate. Organisational review paper has been discussed by Senior Management Team. Proposed rota pattern reviewed by Trade Unions'. The rationale report was agreed by SMT and approved by CMT on 27th March. Formal consultation with staff will now commence.	Maintain or improve percentage of employee engagement index score (iMatter)	80%	80%	80%	80%	80%	✅	–	**23/24:** On target Current iMatter score	78%	78%

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note		
23/24.AHSC3.1a	Explore and design a model of who system support for unpaid carers from the point of Planned Date of Discharge	**23/24:** Off target Design support pathway:- Initial meeting between HSCP Carer and Home First Service Leads with plan for SLWG to connect relevant HSCP, Health and Voluntary Sector partners to take forward mapping/planning, establishing stakeholders, services, processes and timescales involved in the discharge process. Planned connection to VOCAL Capacity – Partnerships & Employers work being taken forward with Carers Act funding support. This work aims to re-establish referral pathways and connections. Worker has recently started in post and is making connections with HSCP staff. Establish monthly activity numbers:- SLWG and connection to in-patient discharge teams and data would support understanding of service requirement, and link to inpatient care resources. Develop mechanisms to support the recording and capture of this data to be established as part of design of pathway.	Design a support pathway for unpaid carers of people in hospital with a Planned Date of Discharge					No	🔴	_	**23/24:** Off target Work to develop a support pathway is being progressed.	Yes	Yes

PI Code	Priority/Action	Action Note	PI	Q1 2023/24 Value	Q2 2023/24 Value	Q3 2023/24 Value	Q4 2023/24 Value	2023/24 Value	Status	Short Trend	Note	Annual Target 2023/24	Target
23/24.AHSC3.1b	Explore and design a model of who system support for unpaid carers from the point of Planned Date of Discharge	**23/24: Off target** <u>Design support pathway:-</u> Initial meeting between HSCP Carer and Home First Service Leads with plan for SLWG to connect relevant HSCP, Health and Voluntary Sector partners to take forward mapping/planning, establishing stakeholders, services, processes and timescales involved in the discharge process. Planned connection to VOCAL Capacity – Partnerships & Employers work being taken forward with Carers Act funding support. This work aims to re-establish referral pathways and connections. Worker has recently started in post and is making connections with HSCP staff. <u>Establish monthly activity numbers</u>:- SLWG and connection to in-patient discharge teams and data would support understanding of service requirement, and link to inpatient care resources. Develop mechanisms to support the recording and capture of this data to be established as part of design of pathway.	Establish monthly activity numbers for referrals to VOCAL for unpaid carers of people in hospital with a Planned Date of Discharge.	Not measured for Quarters				No	🔴	_	**23/24:** Off target Targets will be developed as part of the design of the pathway.	Yes	Yes

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note		
23/24.AH SC3.2a	People who are referred to Occupational Therapy are assessed in a timely manner.	**23/24:** On target Improvement in median wait time since previous quarter.- Measures taken to improve performance are as follows:- 4 weekly Team Lead supervision to actively review staff caseloads (with a greater emphasis on performance and self-management). Dynamic management review of waiting lists and priorities by Team Lead. Support to staff in relation to time management. Increased data provision to better understand staff caseloads in order to identify and address differences in clinical practice. A more proactive approach to engaging with referrers at the point of referral through Team Lead having a conversation with the referrer – in some cases this results in more appropriate signposting or advice and can negate the need for further involvement.	Maintain or improve median wait time for OT waiting lists since previous quarter.	20%	20%	0%	100%	100%	✅	_	**23/24:** On target Target amended in Q3 to reflect the primary source of data. OT wait lists managed and recorded in Mosaic are included in this PI. Please note these metrics are not representative of the overall OT wait times across the Health and Social Care partnership. Some are managed and recorded in TRAK the NHS patient management system.	30%	30%

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note		
23/24.AHSC3.3a	People who are referred to Social Work are assessed in a timely manner	**23/24:** On target Improvement in median wait time since previous quarter. The following measures have been adopted:- 4 weekly supervision from Team Lead to actively review staff caseloads (ie. A greater emphasis on performance and self-management). Dynamic management review of waiting lists and priorities. Support to staff in relation to time management. Increased data provision to better understand staff caseloads in order to identify and address differences in clinical practice. A more proactive approach to engaging with referrers at the point of referral through Team Lead having a conversation with the referrer – in some cases this results in more appropriate signposting or advice and can negate the need for further involvement.	Maintain or improve median wait time for Social Work waiting lists since previous quarter.	60%	40%	40%	60%	60%	✅	_	**23/24:** On target	60%	60%

PI Code	Priority/Action	Action Note	PI	Q1 2023/24 Value	Q2 2023/24 Value	Q3 2023/24 Value	Q4 2023/24 Value	2023/24 Value	Status	Short Trend	Note	Annual Target 2023/24	Target
		Through communication with other Team Leads, more robust and regular structures in place for professional supervision.											
23/24.AH SC3.4a	All services to consider and demonstrate Best Value with evidence-based data and meet cost efficiency targets	**23/24:** On target All services attended a series of three Financial Recovery Workshops hosted by Midlothian Health and Social Care Partnership with support from NHS Lothian's Sustainability & Value Team. All services were required to submit Financial Recovery Templates, which were initially examined and monitored by Midlothian HSCP's Finance and Performance Group. Ongoing work to connect the strategic and financial ambitions of the IJB, to operational strategic and financial planning, continue and will be addressed through Midlothian HSCP's Operational Transformation Group, alongside Midlothian HSCP's Finance and Performance Group. Examples of work already underway include the Midlothian Bed-Based Care	Meet Mental Health Officer service budget.					Yes	✅	_	**23/24:** On target	Yes	Yes

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note		
		Review, redesign of Home First and a review of the strategy and vision for Newbyres Care Village. In addition, Midlothian HSCP is mindful of increasing demands on adult services as young people transition across the system with an estimated financial pressure of £2.5m within Learning Disability services for the period 2023-24 to 2025-26. A Transition Development Worker is now in post to support the development of a Transitions Framework.												
23/24.AHSC3.4b	All services to consider and demonstrate Best Value with evidence-based data and meet cost efficiency targets	**23/24:** On target All services attended a series of three Financial Recovery Workshops hosted by Midlothian Health and Social Care Partnership with support from NHS Lothian's Sustainability & Value Team. All services were required to submit Financial Recovery Templates, which were initially examined and monitored by Midlothian HSCP's Finance and Performance Group. Ongoing work to connect the strategic and financial ambitions of the IJB, to	Meet Mental Health Officer service cost efficiency target.					Yes	✅	_	**23/24:** On target	Yes	Yes

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note		
		operational strategic and financial planning, continue and will be addressed through Midlothian HSCP's Operational Transformation Group, alongside Midlothian HSCP's Finance and Performance Group. Examples of work already underway include the Midlothian Bed-Based Care Review, redesign of Home First and a review of the strategy and vision for Newbyres Care Village. In addition, Midlothian HSCP is mindful of increasing demands on adult services as young people transition across the system with an estimated financial pressure of £2.5m within Learning Disability services for the period 2023-24 to 2025-26. A Transition Development Worker is now in post to support the development of a Transitions Framework.										

4. Improving Outcomes - socioeconomic, health and wellbeing, personal outcomes

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note		
23/24.AHSC4.1a	Every service are will be using the OutNav software and have completed a heat map and first full draft of the complete framework	**23/24:** On target This work continues and has made important steps forward in 2023/24. More services are onboarded to OutNav, and a number of areas are using this information to better inform service redesign that it person-led. However, it has not been possible to progress as anticipated due to a combination of service pressures and the significant focus in Q3 and Q4 on financial 'Grip and Control' exercises and Recovery Action Planning. Additionally, this work has been interrupted by personnel changes and some reconfiguration of service structures and oversight. Despite this 5/6 service areas are using OutNav and 9/14 Heatmaps are underway or completed.	Number of service areas using OutNav.	Not measured for Quarters				5	🛑	_	**23/24:** Off target L&D is the only service area that remains to be onboarded to OutNav. *Target amended from 7 to 6 to reflect reconfiguration of service structures.*	6	6
23/24.AHSC4.1b	Every service are will be using the OutNav software and have completed a heat map and first full draft of the complete framework	**23/24:** On target This work continues and has made important steps forward in 2023/24. More services are onboarded to	Number of heat maps.	Not measured for Quarters				9	🛑	_	**23/24:** Off target Personnel changes and some reconfiguration of service structures and oversight has	14	14

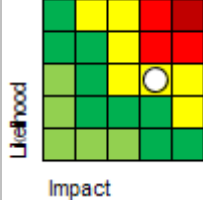| PI Code	Priority/Action	Action Note	PI	Q1 2023/24 Value	Q2 2023/24 Value	Q3 2023/24 Value	Q4 2023/24 Value	2023/24 Value	Status	Short Trend	Note	Annual Target 2023/24	Target
		OutNav, and a number of areas are using this information to better inform service redesign that it person-led. However, it has not been possible to progress as anticipated due to a combination of service pressures and the significant focus in Q3 and Q4 on financial 'Grip and Control' exercises and Recovery Action Planning. Additionally, this work has been interrupted by personnel changes and some reconfiguration of service structures and oversight. Despite this 5/6 service areas are using OutNav and 9/14 Heatmaps are underway or completed.									interrupted this work. The significant focus on financial 'Grip and Control' exercises and Recovery Action Planning in Q3&4 has also delayed progression. *Target amended from 7 to 6 to reflect reconfiguration of service structures.*		
23/24.AHSC4.1c	Every service are will be using the OutNav software and have completed a heat map and first full draft of the complete framework	23/24: On target This work continues and has made important steps forward in 2023/24. More services are onboarded to OutNav, and a number of areas are using this information to better inform service redesign that it person-led. However, it has not been possible to progress as anticipated due to a combination of service pressures and the significant	Number of full drafts of completed framework.	Not measured for Quarters				2	🛑	–	23/24: Off target Personnel changes and some reconfiguration of service structures and oversight has interrupted this work. The significant focus on financial 'Grip and Control' exercises and Recovery Action Planning in Q3&4 has also delayed progression.	14	14

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note		
		focus in Q3 and Q4 on financial 'Grip and Control' exercises and Recovery Action Planning. Additionally, this work has been interrupted by personnel changes and some reconfiguration of service structures and oversight. Despite this 5/6 service areas are using OutNav and 9/14 Heatmaps are underway or completed.									*Target amended from 7 to 14 to reflect reconfiguration of service structures.*		
23/24.AHSC4.2a	People with a Learning Disability are able to look after and improve their health and wellbeing and live in good health for longer	**23/24:** On target Feedback being obtained through People First and expert panels. Proposal for service user survey is not being progressed. Performance measures 4.2b and 4.2 relating to proposed service user survey deleted as no longer relevant.	Number of people with a Learning Disability who require support from services in Midlothian.	409	410	433	444	444		_	**23/24:** Data only		
23/24.AHSC4.3a	Medication Assisted Treatment (MAT) Standards for Scotland - Improved access, choice & support	**23/24:** On target PI data for Q4 will not be finalised until end of April. Focus of developments so far has been to address opioid dependence, however the standards aim to support system improvements for all drug related problems. Achievements to date for MAT 1-5:	Number of MAT standard RAG rating as Green	5	5	5	5	5		_	**23/24:** On target	5	5

PI Code	Priority/Action	Action Note	PI	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	2023/24				Annual Target 2023/24	Target
				Value	Value	Value	Value	Value	Status	Short Trend	Note		
		1] Improved waiting times performance. 2] Same day start for people seeking OST [Opiate Substitute Therapies]. 3] Increased choice of medication with service delivering Buvidal as well as other opiate substitute therapies. 4] Assertive outreach to people who have experienced NFO with range of interventions including support into treatment offered. 5] Improved range of harm reduction interventions delivered at same location. 6] Ongoing support including links to third sector partners and recovery community to help people remain in treatment for as long as possible.											
23/24.AHSC4.3b			Percentage of people commence treatment within 21 days of referral	88.06%	95%	91.46%	100%	100%	✅	_	**23/24:** On target	90%	90%

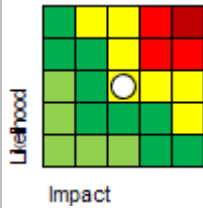# Adult Health and Social Care Service Risks

Midlothian

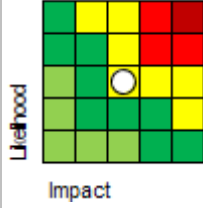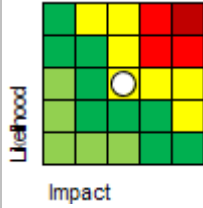| Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
ASC.RR.01 Adult and Social Care Service		This is a Head of Service operational risk register which should set a risk appetite for risks/threats within the services run. Some are 'generic' and may be found in all HOS's risk registers e.g. Fraud, Waste and Error. It has been agreed that the risk register should only list operational risks that are above a risk appetite (residual risk). Once risks are reduced to low risk they can be sidetracked. Emerging risks of any consequence should be registered immediately. This risk register should correlate with the 'Successes/Challenges' part of the Quarterly Performance Report. Each risk must have an original/inherent risk score, a current risk score, a target risk (appetite) score and a target date for low risk achievement. Each quarter a latest note should be placed	⚠️					Adult Health and Social Care

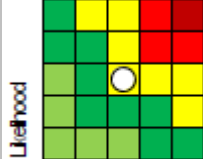| Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
		against each risk, projecting the future. Internal Controls should also be reviewed as to their effectiveness. The Heat Map below gives an indication of the level of risk within the service.						
ASC.RR.01–01 Capacity of voluntary and private sector to meet Council's requirements in relation to quality and cost of services	01 - Service level agreements and contracts 02 - Quality assurance officers monitoring of care homes and home care provision 03 - Large scale investigation protocol involving multi-agency investigation of risk of harm within services and risk management planning. 04 - Monitoring of Care Inspectorate Reports and reporting performance across the sector including exception reports. 05 - Quarterly care home, care at home and day care providers forum to ensure good communication and partnership working with commissioned services 06 - Service Managers role with responsibility for monitoring of commissioned services 07 - Ensuring regular review of cases in accordance with level of	**Risk Cause: P**roviders have a lack of capacity to deliver contracted service **Risk Event:** Shortfall in service volume and or quality **Risk Effect: D**elivering poor quality care that places service users at risk of harm. Unable to meet the increasing demands for provision particularly in relation to care at home. Ceasing trading due to financial difficulties creating risks around service provision for large groups of very vulnerable people.	⚠️	A review of the continuing difficulties in the provision of services by one of the Care at Home providers is being undertaken to determine whether a new Provider should be commissioned Workforce Plan is being developed to address long term sustainability of services. This work includes the involvement of MVA, Council and NHS Lothian.			12	Adult Health and Social Care

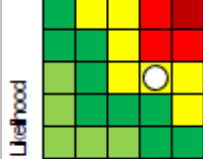| Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
	risk and designated team leader responsibilities. 08 - Commissioning processes to ensure robust decision-making.							
ASC.RR.01–05 Meeting growing demands with constrained /reduced budgets, especially from external funders.	01 - Eligibility criteria; fair access to care policy etc, 02 - Performance reporting 03 - Service transformation programme 04 - Capacity planning and commissioning LD and complex needs 05 - Monitoring and reporting waiting times 06 - Developing performance indicators for reviewing policy 07 - Monitoring performance to meet contractual requirements 08 - Budget monitoring	**Risk Cause:** Increasing ageing population of over 75's Increasing numbers of adults with disabilities and complex needs Rising customer expectations Insufficient budget **Risk Event:** Change programme does not meet future years projected budget gaps **Risk Effect:** Inability to deliver against strategic priorities	⚠	In preparation for the 72 hour Delayed Discharge target the expansion of key services including Merrit intermediate care and re-ablement will be undertaken through the new Social Care Monies			12	Adult Health and Social Care
ASC.RR.01–06 Capacity of communities to meet changing requirements of them to support social inclusion within local communities	01 - Role of MVA in supporting the voluntary sector 02 - Voluntary Sector Compact agreement 03 - Day Opportunities Review for Older people 04 - Day Service Modernisation Programme LD 05 - Change fund programme 06 - FSF Programme 07 - Developing capacity of Community Councils	In the current financial climate service users and family carers will become increasing dependent on support from local communities to ensure that their needs for meaningful activities and social interaction are met. Significant investment of resources and skills will be required to ensure that communities are able to respond to these needs. **Risk Cause:**	⚠				9	Adult Health and Social Care

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
	08 - Neighbourhood planning 09 - Community planning processes	**Risk Event:** **Risk Effect:**						
ASC.RR.01–07 Property risks in terms of maximising the property asset to the benefit of service delivery and accessibility including DDA compliance	01 - Regular dialogue with Asset Management re needs of service. 02 - Divisional Business Continuity Plan advises on crises management situations. 03 - Development of community assets through regeneration 04- Strategic Capital Programme Board 05- Development of IJB Property Strategy	**Risk Cause:** Insufficient Capital Resources. **Risk Event:** Failure to maintain and modernise existing building stock **Risk Effect:** People are supported in environments of poor quality	⚠️				9	Adult Health and Social Care
ASC.RR.01–08 Harm by offenders to members of the public	01 - Risk management authority for serious violent and sex offenders is now established and is able to provide guidance. 02 - Various risk assessment tools and associated training mandatory for relevant Criminal Justice staff. 03 - Partnership working with other agencies around the management of risk in individual cases well established. 04 - Standards forms and procedures for staff to follow with relevant training.	This is the risk of despite having comprehensive procedures and systems in place but one offender may commit a serious crime, causing harm to a member of the public and the council reputation damage. Risk Score likely to remain medium (low likelihood but high impact = medium). **Risk Cause:** Offender committing a serious crime **Risk Event:** Offence incident occurs.	⚠️				9	Adult Health and Social Care

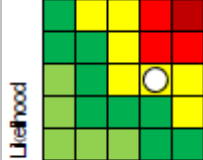| Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
	05 - Multi-agency Risk Panels (MARP) meet monthly 06 - MAPPA which is a process for managing Registered Sex Offenders . 07 - Integration of group work programme with probation supervision 08 - Monitoring of staff compliance with National Outcomes and Standards through client review system. 09 - Access to Visor database of sex offenders linked to MAPPA. 10 - Offender Management Group established	**Risk Effect:** Harm to member of the public Reputational damage to the Council						
ASC.RR.01–09 Adult Protection	01 - Public Protection Committee 02 - Adult Protection Procedures 03 - Large scale investigation protocol 04 - IRD Review Group established (and links with the Police) 05 - Adult protection training programme 06 - Case file governance arrangements 07 - Adult Protection Lead Officer 08 - Training Programme	**Risk Cause:** Failure to identify the risk to the individual. Failure of adult protection procedures when invoked to adequately assess and manage the risk. **Risk Event:** Adult at risk of harm. **Risk Effect:** Reputational Damage to the Council. Harm to vulnerable service user.	⚠️				9	Adult Health and Social Care

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
	09 - Development of Adult Protection Team within Fieldwork							
ASC.RR.01–10 Capacity to manage scale of transformational change	01 - Project management approach adhered to 02 - Business Transformation Board and reporting arrangements. 03 - New posts to support implementation of IRF, Dementia Demonstrator site and Change Fund 04 - Support for service review from Business Transformation Section. 05 - Project Plans agreed. 06 - 2 new Project Officers	A major programme of service review and transformation is currently underway. Failure to manage this programme will lead to risks in not achieving coherent arrangements for the continuing delivery of sustainable public services in the new financial climate. **Risk Cause:** **Risk Event:** **Risk Effect:**	⚠️	Business Transformation is supporting the transformation of Learning Disability services . Additional capacity is also being put in place to support the redesign of Highbank and the relocation of services from Liberton Hospital.			9	Adult Health and Social Care
ASC.RR.01–13 Capacity of Workforce	01- Workforce Plan 02- Learning and Development Team	**Risk Cause:** Employees not suitably trained/development for the roles required of them. Challenges around maximising attendance Limited availability of staff in certain sectors Ageing workforce **Risk Event:** Inadequate staffing levels/skills. **Risk Effect:** Low morale. Inability to deliver services.	⚠️	In recognition of the changing role of Newbyres and in response to the recent internal review a new staffing structure has been developed.			9	Adult Health and Social Care
				Data sharing				

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
ASC.RR.01–14 Information Management and Data Protection	01 - Action Plan to improve information management and data protection. This is being controlled through covalent.	All Heads of Service are mandated to monitor compliance with the Data Protection Act. **Risk Cause:** **Risk Event:** **Risk Effect:**	⚠️	The frameworki system has been upgraded to Mosaic and arrangements are being finalised to enable local staff to use the Information Exchange portal.			9	Adult Health and Social Care
ASC.RR.01–16 Legislative requirement for health and community care to integrate	01 - Business Transformation Board and an NHS Lothian Project Group regularly review progress with arrangements in Midlothian 02 - NHS Lothian and Midlothian Council have both conducted Internal Audit reviews 03- The Joint Management Team chaired by the Joint Director maintains an overview of the implementation of the new arrangements	This is viewed as a major change that will require huge investment in time and buy-in from stakeholders **Risk Cause:** **Risk Event:** **Risk Effect:**	⚠️				9	Adult Health and Social Care
ASC.RR.01–17 COVID 19	1. Communication systems and processes have been put in place. 2. Daily conferences have been set up to appraise evolving situation. 3. COVID-19 Control Team established. 4. A system set up to share information through	There is a risk that due to the ongoing pandemic, Midlothian Health and Social Care Partnership may suffer from continued disruption in providing services: This may lead to: -shortages of staff due to contraction of COVID or being identified as a close contact	⚠️				12	Adult Health and Social Care

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
	Directors to all Midlothian staff. 5. Signage on front door of all premises advising people not to enter any of our buildings if they are suffering from COVID-19 symptoms. 6. Signage up across all buildings advising of good handwashing routines and the necessity of ensuring frequent handwashing taking place. 7. In reception areas staff have been provided with masks and alcohol gel. 8. Staff updated regularly on NHS Lothian and National Guidelines. 9. Resilience plans in place across the Partnership. 10. Staff briefings to discuss responses to COVID-19 have been actioned with a focus on personal resilience plans to ensure attendance at work. 11. Asked staff to consider unnecessary face to face contact with patients is replaced by telephone contact. 12. Homeworking in place where appropriate. 13. Absence reporting and monitoring in place	-additional workload for those staff still able to attend work -increased pressure on other parts of the health and social care system -reduction of care provided to patients due to reduced staffing levels with a move to focus on essential work only						

Code & Title	Risk Control Measure	Risk Identification	Risk Evaluation	Related Action	Related action latest note	Current Risk Matrix	Risk Score	Service
	highlighting COVID related absence. 14. Midlothian Health and Social Care Partnership 'Remobilisation Plan' sets out a four-phased approach and recovery priorities.							
SRP.RR.07 Care at Home	1. Care at Home winter assurance plan and business continuity plan complete 2. Development of Care at Home Service Improvement action plan near completion 3. External commissioning complete and ongoing contract monitoring in place 4. External provider audits complete 5. Re-established Multi-Agency Quality in Care at Home quarterly review meetings jointly with East Lothian 6. Weekly provider meetings in place 7. Additional locum team members and contracts with agency staff in place 8. Daily discharge meeting with Multidisciplinary and Multi-agency team planning to plan and coordinate discharge to ensure care at hone support in place	**Risk cause** Internal and External providers of Care at Home services unable to meet service and quality requirements as a result of a lack of capacity. **Risk event** Capacity of Community Support outstripped by demand. **Risk effect** There is a risk that patients will have their discharge delayed because there is insufficient community supports to enable timely discharge leading to deterioration in their health, beds being blocked and elective operations potentially being cancelled.	⚠️	Independent review of adult and social care	**Q1 23/24:** Pause remains in place.		12	Adult Health and Social Care

Published Local Government Benchmarking Framework – Adult Social Care

Midlothian

Adult, Social Care

Code	Title	2015/16 Value	2016/17 Value	2017/18 Value	2018/19 Value	2019/20 Value	2020/21 Value	2021/22 Value	2022/23 Value	External Comparison
SW1	Corporate Indicator - Older Persons Home Care Costs per Hour (Over 65) (LGBF)	£31.38	£28.65	£43.01	£39.85	£21.78	£27.75	£29.75	£56.96	22/23 Rank 29 (Bottom Quartile) 21/22 Rank 14 (Second Quartile) 20/21 Rank 11 (Second Quartile) 19/20 Rank 6 (Top Quartile) 18/19 Rank 27 (Bottom Quartile). 17/18 Rank 29 (Bottom Quartile). 16/17 Rank 21 (Third Quartile).
SW2	Corporate Indicator -Self Directed Support	4%	6.1%	4.8%	4.5%	5.1%	4.3%	4.4%	3.6%	22/23 Rank 27 (Bottom Quartile) 21/22 Rank 22 (Third Quartile) 20/21 Rank 21 (Third Quartile) 19/20 Rank 16 (Second Quartile) 18/19 Rank 18 (Third Quartile). 17/18 Rank 13 (SecondQuartile). 16/17 Rank 8 (Top Quartile).
SW3	Percentage of people aged 65 and over with long-term care needs receiving personal care at home (LGBF)	66.67%	66.98%	68.04%	50.4%	52.54%	53.6%	58.93%	58%	22/23 Rank 26 (Bottom Quartile) 21/22 Rank 22 (Third Quartile) 20/21 Rank 29 (Bottom Quartile) 19/20 Rank 32 (Bottom Quartile) 18/19 Rank 32 (Bottom Quartile). 17/18 Rank 5 (Top Quartile). 16/17 Rank 6 (Top Quartile).
SW4b	New - Percentage of adult supported at home who agree that their services and support had an impact in improving or maintaining	85.7%		73.05%		67.57%	67.57%	80.57%		21/22 Rank 10 (Second Quartile) 19/20 Rank 32 (Bottom Quartile). 17/18 Rank 31 (Bottom Quartile). 15/16 Rank 15 (SecondQuartile). 14/15 Rank 28 (Bottom Quartile)

Code	Title	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	External Comparison
		Value	Value	Value	Value	Value	Value	Value	Value	
	their quality of life. (data based on respondents whose care was funded by the council or health board) (LGBF)									
SW4c	New - Percentage of adults supported at home who agree that they are supported to live as independently as possible (data based on respondents whose care was funded by the council or health board) (LGBF)	77.96%		86.28%		80.05%	80.05%	73.44%		21/22 Rank 25 (Bottom Quartile) 19/20 Rank 20 (Third Quartile). 17/18 Rank 3 (TOP Quartile). 15/16 Rank 30 (Bottom Quartile). 13/14 Rank 19 (Third Quartile).
SW4d	New - Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided (data based on respondents whose care was funded by the council or health board) (LGBF)	84.44%		79.68%		66.95%	66.95%	70.46%		21/22 Rank 19 (Third Quartile) 19/20 Rank 32 (Bottom Quartile). 17/18 Rank 6 (TOP Quartile). 15/16 Rank 1 (TOP Quartile). 14/15 Rank 8 (TOP Quartile)
SW4e	New - Percentage of carers who feel supported to continue in their caring role (data based on respondents whose care was funded by the council or health board) (LGBF)	39.43%		32.1%		31.54%	31.54%	27.36%		21/22 Rank 26 (Bottom Quartile) 19/20 Rank 27 (Bottom Quartile). 17/18 Rank 31 (Bottom Quartile). 15/16 Rank 21 (Third Quartile). 13/14 Rank 11 (SecondQuartile).
SW5	Corporate Indicator - The Net Cost of Residential Care Services per Older Adult (+65) per Week (LGBF)	£601.00	£593.00	£659.00	£648.00	£628.00	£642.00	£699.00	£627.00	22/23 Rank 11 (Second Quartile) 21/22 Rank 19 (Third Quartile) 20/21 Rank 13 (Third Quartile) 19/20 Rank 19 (Third Quartile) 18/19 Rank 20 (Third Quartile). 17/18 Rank 19 (Third Quartile). 16/17 Rank 12 (SecondQuartile).
SW6	Rate of readmission to hospital within 28 days per 1,000 discharges (LGBF)	104.49	109.36	114.45	110.47	108.77	125.7	105	99.05	22/23 Rank 17 (Third Quartile) 21/22 Rank 16 (Second Quartile) 20/21 Rank 22 (Third Quartile) 19/20 Rank 17 (Third Quartile) 18/19 Rank 20 (Third Quartile). 17/18 Rank 26 (Bottom Quartile). 16/17 Rank 24 (Third Quartile).

Code	Title	2015/16 Value	2016/17 Value	2017/18 Value	2018/19 Value	2019/20 Value	2020/21 Value	2021/22 Value	2022/23 Value	External Comparison
SW7	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (LGBF)	84.96%	75.68%	89%	87.04%	83.33%	81.5%	78%	72%	22/23 Rank 25 (Bottom Quartile) 21/22 Rank 20 (Third Quartile) 20/21 Rank 24 (Third Quartile) 19/20 Rank 18 (Third Quartile) 18/19 Rank 7 (Top Quartile). 17/18 Rank 7 (Top Quartile). 16/17 Rank 29 (Bottom Quartile).
SW8	Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+) (LGBF)	834.91	750.00	1422.02	1323.32	965.62	665.47	504.01	784.11	22/23 Rank 15 (Second Quartile) 21/22 Rank 13 (Second Quartile) 20/21 Rank 25 (Bottom Quartile) 19/20 Rank 24 (Third Quartile) 18/19 Rank 29 (Bottom Quartile). 17/18 Rank 30 (Bottom Quartile). 16/17 Rank 23 (Third Quartile).
SW11	Number of days people spend in hospital when they are ready to be discharged		750	1,422	1,323	966	665	504	784	