IJB Performance and Audit Committee
March 2023
Agenda Item No.

Subject:	**Q3 2022-23 Performance and Audit Committee Report**
Purpose:	This report is for awareness and for the Performance and Audit Committee (PAC) to note the Partnership's performance prior to publication.
Recommendation:	The Performance and Audit Committee (PAC) should note and discuss the performance exceptions and achievements to the end of Quarter 3 2022-23.

Direction Required to Council, Health Board or Both

Direction to:	
1. No Direction Required	X
2. North Ayrshire Council	
3. NHS Ayrshire & Arran	
4. North Ayrshire Council and NHS Ayrshire & Arran	

Acronym	Full Version
ABI	Alcohol Brief Intervention
CFJ	Children, Families and Justice
HCC	Health and Community Care
MH	Mental Health
PRI	Practice Reflective Improvement
RAG	Red, Amber and Green
RTT	Referral To Treatment

1 EXECUTIVE SUMMARY

1.1 This report is to provide for discussion the Health & Social Care Partnership (HSCP) IJB Quarterly Performance Report in delivering the new values and strategic priorities as set out in the 2022-30 Strategic Plan against the National Outcomes.

1.2 This report is one of a number of audit and scrutiny arrangements put in place to oversee general performance, financial and budgetary performance, and specific service audit areas.

1.3 Over the coming quarters there will some formatting amendments to the report. This is to meet the new web accessibility guidelines for documents, enabling those requiring assistance software to read the content of documents.

2 CURRENT POSITION

2.1 This is the third quarter reporting against our Strategic Plan 2022-30 with our new values:

- Caring; Empathy, and Respect.

The HSCP has defined the following five strategic objectives:

- Enable Communities
- Develop and Support our Workforce
- Provide Early and Effective Support
- Improve Mental and Physical Health and Wellbeing, and
- Tackle Inequalities

2.2 Updated Quarterly Values

There have been 2 changes to previous quarter values provided in Q1 and Q2. These values have been updated due to a data entry error and the RAG status amended where appropriate.

Measure	Original Q1 Value	Amended Q1 Value	Q1 RAG Impact
Deliver 4,275 ABIs each year (pan Ayrshire) (12,825 ABIs over the three-year period.)	1,012	1,265	Green from Amber

Measure	Original Q2 Value	Amended Q2 Value	Q2 RAG Impact
Deliver 4,275 ABIs each year (pan Ayrshire) (12,825 ABIs over the three-year period.)	1,117	1,477	Green – No Change

2.3 Summary

There are two summary tables at the start of the quarterly report. The first provides a high-level Red/ Amber/ Green position comparing the previous quarters. The second lists exceptions where measures have not met the quarterly or annual target at Quarter 3 2022-23.

2.4 Highlights

Performance Improved

Four measures have shown an improvement in performance: 1 Green from Red, 2 Green from Amber and 1 Amber from Red.

Green from Red

Service	Measure	Values
CFJ	Increase % of requests for assistance remaining within Universal Early Years	38.8% to 49.8%

Green from Amber

Service	Measure	Values
CFJ	Support 4 formerly cared for young people to move into independent living each year.	1 to 4
MH	Psychological Therapies – Seen within 18 weeks (RTT)	85.2% to 89.5%

Amber from Red

Service	Measure	Values
CFJ	Support 45 children and young people into kinship care placements each year.	18 to 31

Performance Declined

Three measures have had a decline in performance: 2 Red from Green, 1 Red from Amber.

Red from Green

Service	Measure	Values
CFJ	No. of requests for assistance made by health visitors or family nurse	436 to 396
HCC	Reduce the numbers of people on the waiting list for a Care at Home service in Hospital	11 to 26

Red from Amber

Service	Measure	Values
CFJ	Number of PRI sessions which have taken place	2 to 0

Measures missing targets are presented in a specific table as areas of focus with services providing commentary each quarter on the actions to be taken to improve with associated timescales to see this improvement.

2.5 Anticipated Outcomes

With the development of a suite of measures aligned to the Strategic Plan 2022-30, services can monitor the progress of service remobilisation and service transformation.

2.6 Measuring Impact

This report remains focussed on exceptions where performance has not met its set targets allowing service leads to provide updates on reasoning with planned actions and timescales for improvement. The continual review of measures as a core element of our performance management framework will bring closer together the thread of monitoring and management of local and national performance information.

Regular review of key performance measures will allow members to monitor the progress of the Partnership in implementing and delivering our five Strategic Priorities.

Two measures are reported one quarter in arrears. The applicable RAG status for these measures will be included in the subsequent quarter counts. The two measures are:

- Increase % of children with no developmental concern recorded at the 13–15-month assessment (Child Health)
- Increase % of children with no developmental concern recorded at the 27–30-month assessment (Child Health)

The high-level position at the end of December 2022 is as follows:

Quarter				Reported 1 Quarter Behind
Q1	**10**	**2**	**16**	**2**
Q2	**11**	**3**	**16**	**2**
Q3	**12**	**1**	**17**	**2**
Q4				

3 IMPLICATIONS

Type	Implications
Financial	None
Human Resources	None
Legal	None
Equality/Socio-Economic	A balance of performance indicators is shown for all age ranges and across our five strategic priorities
Risk	None
Community Wealth Building	The report is structured around the HSCP service areas and the strategic priorities.
Key Priorities	None

4 CONCLUSION

The IJB Performance and Audit Committee members are asked to review and discuss the content of the Q3 2022-23 report with the strategic service leads.

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North Ayrshire
Health and Social Care Partnership

Performance and Audit Committee Report

Quarter 3 2022-23
(October 2022 – December 2022)

March 2023

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Introduction

The purpose of this report is to afford a high-level overview of the progress being made by the Health & Social Care Partnership in delivering the strategic priorities as set out in our strategic plan 2022-30.

A glossary of acronyms used within this report is contained in Appendix 5.

Overview

The strategic plan 2022-30 is focused on core impact actions that add tangible service benefits and have subsequent influence on associated areas of challenge and transformation. Throughout the delivery period of this plan, we will continue to monitor progress on core performance directly aligned to strategic objectives.

A full review of strategic actions with directly associated performance measures was undertaken for the 2022-30 plan. The performance measures provided during this period reflect the transformational change being undertaken, as well as the continued demand and impact on core services. The measures are grouped where impact, dependency and causation has been defined between measures and are connected to service improvement.

Through consultation we will continue to measure our performance against the 9 National Health and Wellbeing Outcomes plus the Partnership's 3 new strategic values and 5 new Strategic Priorities:

- Caring
- Empathy
- Respect

And the five new objectives of:

- Enable Communities
- Develop and Support our Workforce
- Provide Early and Effective Support
- Improve Mental and Physical Health and Wellbeing
- Tackle Inequalities

Financial Summary

The projected outturn is a year-end underspend of £0.749m (0.3%) for 2022-23. It is useful to note that this overall position consists of a projected underspend of £0.625m in social care services and a projected underspend of £0.124m in health services.

From the core projections, overall, the main areas of pressure are learning disability care packages, residential placements for children, supplementary staff in wards and Unplanned Activities (UnPACs) within the lead partnership for mental health.

Absence Summary

NHS partnership employees' absence at the end of Quarter 3 is 7.23%, 3.23% above the quarterly target of 4.0%.

NAC partnership employees' absence at the end of Quarter 3 is 4.12 days, 0.82 days above the quarterly target of 3.30 days.

Summary of Performance

Position at Quarter 3 2022-23

Strategic Plan Measures

Service	Areas of Focus - Red	Amber	Green
Children, Families, Justice	**4**	**1**	**6**
Health and Community Care	**4**	**0**	**1**
Mental Health	**2**	**0**	**10**

Absence not meeting targets

Area	Absence
NAC	4.12 Days
NHS	7.23%

Financial Position

Area	Current Position
Financial Position	£0.749m projected underspend (0.3%)

2 measures are reported in arrears:

- Increase % of children with no developmental concern recorded at the 13–15-month assessment (Child Health)
- Increase % of children with no developmental concern recorded at the 27–30-month assessment (Child Health)

Quarterly Comparison

Quarter	🛑	⚠	✅	Reported 1 Quarter Behind
Q1	**10**	**2**	**16**	**2**
Q2	**11**	**3**	**16**	**2**
Q3	**12**	**1**	**17**	**2**
Q4				

Thresholds: - **Red**: 10+%; **Amber:** >5% and <10%; **Green:** <5%

Red – Areas of Focus Summary

Service	Strategic Objective	Indicator Description	Target	Value	Go to page
Children & Families	Tackle Inequalities	Employability mentors - No of service users being supported into employment, training, education.	**15**	**10**	**12**
Children & Families	Develop and Support our Workforce	Number of PRI sessions which have taken place	**3**	**0**	**12**
Children & Families	Enable Communities	Recruit 6 new foster carers each year.	**4 (Cumulative)**	**1**	**13**
Children & Families	Provide Early and Effective Support	Number of requests for assistance made by health visitors or family nurse	**450**	**396**	**14**
Health & Community Care	Provide Early and Effective Support	Reduce the number of people waiting for assessment	**150**	**247**	**14**
Health & Community Care	Provide Early and Effective Support	Reduce the number of people on the waiting list for a Care at Home service in the Community	**90**	**243**	**15**
Health & Community Care	Provide Early and Effective Support	Reduce the number of people on the waiting list for a Care at Home service in Hospital	**12**	**26**	**16**
Health & Community Care	Improve Mental & Physical Health and Wellbeing	Reduce the number of days that people spend in hospital awaiting discharge. (Arran bed days)	**90**	**272**	**17**
Mental Health	Improve Mental & Physical Health and Wellbeing	CAMHS – Seen within 18 weeks (RTT)	**90%**	**73.4%**	**18**
Mental Health	Provide Early and Effective Support	Reduce the average length of stay in hospital for people aged 65 and over (MH)	**131**	**151.6**	**19**
System Wide	Develop and Support our Workforce	Average working days lost to sickness absence per employee - NAC	**3.30**	**4.12**	**20**
System Wide	Develop and Support our Workforce	Average working days lost to sickness absence per employee – NHS	**4.0%**	**7.23%**	**20**

Areas of Focus - In Detail

Description	Employability mentors - No of service users being supported into employment, training, education.
Responsible Service	Children & Families
Health and Wellbeing Indicator	Positive Life Chances
Strategic Objective	Tackle Inequalities

Target	Current Status	Q1 2022-23	Q2 2022-23	Q3 2022-23	Q4 2022-23
15	Red	12	8	10	

Employability mentors - No of service users being supported into employment, training, education.
Trend Commentary
The quarterly target was missed by 5 with 10 service users supported into employment, training, education during Quarter 3. There has been an increase of 2 from a figure of 8 that was recorded in Quarter 2. This is the third consecutive quarter where the target has not been met. The 10 service users include some pending registrations/people who had completed registration but not yet taken up any employment/training/education from Quarter 2.
Actions to Improve Performance
There are 7 pending registrations which could achieve positive outcome. There are service users who have completed registration but haven't yet taken up any training/volunteer/education positions at this point but could in the future. The team will continue to hold/participate in events during the quarter to promote service, during Quarter 3 Employability Mentors engaged with 4 events in the community.
Timescale for Improvements
End of Quarter 4 2022-23

Description	Number of Practice Reflective Improvement (PRI) sessions which have taken place
Responsible Service	Children & Families
Health and Wellbeing Indicator	Quality of Life
Strategic Objective	Develop and Support our Workforce

Target	Current Status	Q1 2022-23	Q2 2022-23	Q3 2022-23	Q4 2022-23
3	Red	2	2	0	

Number of Practice Reflective Improvement (PRI) sessions which have taken place.
Trend Commentary
The number of PRI sessions for Quarter 3 was 0. This is a reduction of 2 from figures seen in Quarters 1 and 2. This is the first Quarter this year where the status of the indicator has been red. The target of 3 is yet to be met during 2022/23. Due to the demands and pressures within the Child Protection Committee it was not possible to achieve the target this quarter.
Actions to Improve Performance
For next year the CPC will reduce the number of PRI sessions it targets to take place each year to 8 as this is a realistic target. Next PRI will take place in March. PRI review group to take place in quarter 4 to go over findings/actions from sessions.
Timescale for Improvements
End of Quarter 4 2022-23

Description	Recruit 6 new foster carers each year.
Responsible Service	Children & Families
Health and Wellbeing Indicator	Positive Life Chances
Strategic Objective	Enable Communities

Target	Current Status	Q1 2022-23	Q2 2022-23	Q3 2022-23	Q4 2022-23
4 (Cumulative)	**Red**	**0**	**0**	**1**	

Recruit 6 new foster carers each year.
Trend Commentary
The number of foster carers recruited during Quarter 3 was 1. The cumulative total for the year so far is also 1 due to no foster carers being recruited in Quarter 1 or Quarter 2. Due to the cumulative nature of the PI, the target increased from 2 to 4 for Quarter 3.
Actions to Improve Performance
We have 4 current assessments underway, 3 of which should be through in the next 3 months. We also have 2 assessments just starting which could hopefully lead to new carers in the future. We ran a prep group in November/ December 2022 and will run another as soon as we have enough interest. There is an information open day scheduled for 20-1-23 for prospective foster carers and adopters. We continue to advertise for new cares on social media (Instagram, Facebook, Twitter).
Timescale for Improvements

Recruit 6 new foster carers each year.
End of Quarter 4 2022-23

Description	Number of requests for assistance made by health visitors or family nurse
Responsible Service	Children & Families
Health and Wellbeing Indicator	Positive Life Chances
Strategic Objective	Provide Early and Effective Support

Target	**Current Status**	**Q1 2022-23**	**Q2 2022-23**	**Q3 2022-23**	**Q4 2022-23**
450	**Red**	**449**	**436**	**396**	

Number of requests for assistance made by health visitors or family nurse.
Trend Commentary
The number of requests for assistance made by health visitors or family nurse in Quarter 3 was 396. This is a reduction of 40 from figures seen in Quarter 2. This is the first Quarter this year where the status of the indicator has been red. Staffing absences within the Universal Early Years support team meant that Requests for Assistance to this team decreased during Quarter 2 and Quarter 3 and this is likely to have had an impact on requests being made as the remaining team members capacity was stretched.
Actions to Improve Performance
Two long term absences ended in November/ December following phased returns to work so a fuller complement of staff/more capacity should lead to increased referrals in Quarter 4. Additional Band 4 Health Visiting Support Worker commenced in post in September and will support an increase in RFAs in the Three Towns area in coming months.
Timescale for Improvements
End of Quarter 4 2022-23

Description	Reduce the number of people waiting for assessment
Responsible Service	Health & Community Care
Health and Wellbeing Indicator	Quality of Life
Strategic Objective	Provide Early and Effective Support

Target	**Current Status**	**Q1 2022-23**	**Q2 2022-23**	**Q3 2022-23**	**Q4 2022-23**
150	**Red**	**229**	**224**	**247**	

Reduce the number of people waiting for assessment.
Trend Commentary
The number of people waiting for assessment in Quarter 3 was 247 which is higher than the Quarter 2 figure of 224. For the third successive Quarter the target of 150 has been exceeded. The Quarter 3 figure of 247 is the highest number of people waiting for assessment experienced thus far in 2022-23.
Actions to Improve Performance
The anticipated reduction in waiting list has not been achieved due to continued increasing demand on services. Referrals to the service for assessment remain high and locality teams have encountered an increased pressure on service users being admitted to hospital in higher numbers, necessitating a focus on these assessments. The teams are now fully staffed so it is hoped improvement will be evidenced by end of Quarter 4 2022-23.
Timescale for Improvements
End of Quarter 4 2022-23

Description	Reduce the numbers of people on the waiting list for a Care at Home service in the Community
Responsible Service	Health & Community Care
Health and Wellbeing Indicator	Quality of Life
Strategic Objective	Provide Early and Effective Support

Target	Current Status	Q1 2022-23	Q2 2022-23	Q3 2022-23	Q4 2022-23
90	Red	157	174	243	

Reduce the numbers of people on the waiting list for a Care at Home service in the Community.
Trend Commentary
During Quarter 3, 243 people were on the waiting list for a Care at Home service in the Community, exceeding the target by 153. The number of people waiting has increased by 69 from 174 in Quarter 2 to 243 in Quarter 3. Community Care services continue to experience ongoing and sustained challenges in delivering frontline Care at Home Services. Covid related absences continue to be lower than at the beginning of 2022 however workforce challenges related to sickness absence rates and vacancies within the service continue to significantly impact on frontline service delivery. Whilst the in-house Care at Home service has continued to steadily grow in-house capacity, there has remained no growth across the external Care at Home providers who continue to advise of consolidation of existing planned work in line with workforce challenges. The continued focus by the service to support and facilitate hospital discharge to reduce those people experiencing a delay on discharge from hospital has continued to impact on the services opportunity to support those in our communities.
Actions to Improve Performance

Reduce the numbers of people on the waiting list for a Care at Home service in the Community.
Wellbeing action plans around sickness absence levels within the Care at Home workforce to ensure the impact of high absence levels is being robustly managed and supporting staff to maintain attendance/return to work. Robust recruitment plans are in place to enhance the inhouse Care at Home workforce to bolster existing service delivery and support additional capacity for unmet need. Ongoing engagement with care providers in North Ayrshire, including regular contract management meetings, to continue to review the position around Care at Home capacity and support for unmet need. Regular review of the Call Monitoring information system to maximise efficiency in service delivery. Community reablement staff supporting with review of the community waiting list to ensure maximum efficiency of service delivery.
Timescale for Improvements
The end of Quarter 4 2022-23, however this improvement is reliant on workforce and the stability of external Care at Home providers which continues to be a significant challenge.

Description	Reduce the numbers of people on the waiting list for a Care at Home service in Hospital.
Responsible Service	Health & Community Care
Health and Wellbeing Indicator	Quality of Life
Strategic Objective	Provide Early and Effective Support

Target	Current Status	Q1 2022-23	Q2 2022-23	Q3 2022-23	Q4 2022-23
12	Red	19	11	26	

Reduce the numbers of people on the waiting list for a Care at Home service in Hospital.
Trend Commentary
During Quarter 3, 26 people were on the waiting list for a Care at Home service in Hospital, exceeding the target by 14. The number of people waiting has increased by 15 from 11 in Quarter 2 to 26 in Quarter 3. The end of 2022 was particularly challenging across Community Care services. Workforce challenges related to sickness absence rates and vacancies within the service continue to significantly impact on frontline service delivery, and there was a national rise across the country in Delayed Discharge performance. Whilst the in-house Care at Home service has continued to steadily grow in-house capacity, there has remained no growth across the external Care at Home providers who continue to advise of consolidation of existing planned work in line with workforce challenges. This

Reduce the numbers of people on the waiting list for a Care at Home service in Hospital.
continued focus on hospital discharge and supporting delayed discharge has impacted on the services opportunity to support those needing services in our communities.
Actions to Improve Performance
Wellbeing action plans around sickness absence levels within the Care at Home workforce to ensure the impact of high absence levels is being robustly managed and supporting staff to maintain attendance/return to work. Recruitment to the inhouse Care at Home workforce to bolster existing service delivery and support additional capacity for unmet need. Ongoing engagement with care providers in North Ayrshire, including regular contract management meetings, to continue to review the position around Care at Home capacity and support for unmet need. Regular review of the CM2000 information system to maximise efficiency in service delivery. Hospital based team to support robust processes for assessment and prioritising care capacity. Community Teams supporting ongoing Discharge Without Delay and Whole system Intervention workstreams.
Timescale for Improvements
The end of Quarter 4 2022-23, however this improvement is reliant on workforce which continues to be a significant challenge.

Description	Reduce the number of days that people spend in hospital awaiting discharge. (Arran bed days)
Responsible Service	Health & Community Care
Health and Wellbeing Indicator	Quality of Life
Strategic Objective	Improve Mental & Physical, Health and Wellbeing

Target	Current Status	Q1 2022-23	Q2 2022-23	Q3 2022-23	Q4 2022-23
90	Red	132	198	272	

Reduce the number of days that people spend in hospital awaiting discharge. (Arran bed days)
Trend Commentary
The total number of bed days lost for the quarter was 272 days, an increase of 74 days from Quarter 2 and is more than double the number experienced in Quarter 1. The target of 90 has been exceeded for a third consecutive quarter. One delay moved to a permanent care bed on the mainland while there are currently 3 patients waiting for permanent care beds.
Actions to Improve Performance
A review of bed configuration has taken place recently to reflect the current capacity needed on Arran to care for people. This has included creating a number of intermediate care beds at Arran

Reduce the number of days that people spend in hospital awaiting discharge. (Arran bed days)
War Memorial hospital on an interim basis until the staffing position at Montrose House improves. Unfortunately, recruitment in November was unsuccessful. In addition, plans to secure staff accommodation are now in place and it is hoped that future recruitment will be more successful as a result.
Timescale for Improvements
It is anticipated that with access to staff accommodation and a further recruitment round planned for February this position will improve in Quarter 4 2022-23.

Description	CAMHS – Seen within 18 weeks (RTT)
Responsible Service	Mental Health
Health and Wellbeing Indicator	Healthier
Strategic Objective	Improve Mental & Physical Health and Wellbeing

Target	Current Status	Q1 2022-23	Q2 2022-23	Q3 2022-23	Q4 2022-23
90%	Red	96.8%	80.8%	73.4%	

CAMHS – Seen within 18 weeks (RTT)
Trend Commentary
The percentage of individuals that were seen within 18 weeks during Quarter 3 was 73.4%. This is based on 480 individuals being seen within 18 weeks from a total of 654. The status of the PI continues to be Red in Quarter 3. While the Quarter 3 percentage is 73.4% this is largely due to data from October and November. The percentage of those seen within 18 weeks for December was 96.5%.
Actions to Improve Performance
Following a significant increase in referrals through Quarters 2 and 3, combined with increased numbers of appointments where patients did not attend, there was a further reduction in compliance with the RTT. CAMHS Leadership and Management Team recognised this, and a Recovery plan was developed and shared with PSMT in the NAHSCP and notified to Board. Through the application of the Recovery Plan compliance had returned to 96.5% by December.
Timescale for Improvements
End of Quarter 4 2022-23

Description	Reduce the average length of stay in hospital for people aged 65 and over (MH)
Responsible Service	Mental Health
Health and Wellbeing Indicator	Healthier
Strategic Objective	Provide Early and Effective Support

Target	Current Status	Q1 2022-23	Q2 2022-23	Q3 2022-23	Q4 2022-23
131	Red	134	149	151.6	

Reduce the average length of stay in hospital for people aged 65 and over (MH)
Trend Commentary
The average length of stay in hospital for people aged 65 and over (MH) has increased during Quarter 3 to 151.6, an increase of 2.6 from Quarter 2. Performance in Quarter 3 did not meet the target of 131.
Actions to Improve Performance
Increased length in stay is largely due to guardianship processes and waiting for court time to hear applications. - frequently a third of Ward 3 (organic assessment) inpatients are delayed discharges due to Guardianship processes. Ongoing review of all delayed discharges at Older Adult Delayed Discharge Liaison Group. Request has been made for review of the pan-Ayrshire Discharge from Hospital Planning Agreement via North HSCP Chief Social Work Officer to reflect formation of HSCPs and include guidance around capacity assessment and process/expected timescales for Guardianship assessment and processes. - This is not an issue that is singular to Elderly Mental Health. Deputy Charge Nurse has been seconded for 12 months to restart previous work stream @ facilitated discharge from Ward 4 that had allowed for earlier discharge and reduced length of stay.
Timescale for Improvements
Quarter 1 2023-24

Description	Average working days lost to sickness absence per employee – NAC.
Responsible Service	System Wide
Health and Wellbeing Indicator	Engaged Workforce
Strategic Objective	Develop and Support our Workforce

Target	Current Status	Q1 2022-23	Q2 2022-23	Q3 2022-23	Q4 2022-23
3.30 p/q	**Red** 🔴	**3.79** 🔴	**4.59** 🔴	**4.12** 🔴	

Average working days lost to sickness absence per employee – NAC.
Trend Commentary
The performance indicator continues to fail to achieve its target. The absence figure has risen for the 2nd quarter in succession, although Quarter 3 has seen a reduction in absence of 0.47 days, from 4.59 in Quarter 2 to 4.12 in Quarter 3.
Actions to Improve Performance
The partnership continues to acknowledge the impact of the pandemic on staff. Support to physical and mental health wellbeing continues through the releasing of restrictions during the pandemic as working and safety practices are transformed. The wellbeing hubs established at ACH, Crosshouse and Ayr hospitals continue to provide access to one-to-one peer support for staff support. Close links remain with Occupational Health Services in relation to sickness absence, physiotherapy, counselling access. Absence and absence action plan will continue to be managed from Q4 2022-23.
Timescale for Improvements
Quarter 4 2022-23

Description	Average working days lost to sickness absence per employee – NHS.
Responsible Service	System Wide
Health and Wellbeing Indicator	Engaged Workforce
Strategic Objective	Develop and Support our Workforce

Target	Current Status	Q1 2022-23	Q2 2022-23	Q3 2022-23	Q4 2022-23
4.0% p/q	**Red** 🔴	**4.97%** 🔴	**6.02%** 🔴	**7.23%** 🔴	

Average working days lost to sickness absence per employee – NHS.
Trend Commentary
The performance indicator continues to fail to achieve its target. The absence % has increased by 1.21% this quarter from 6.02% to 7.23% in Quarter 3. This is the second increase since Quarter 1 2022-23.
Actions to Improve Performance
The partnership continues to acknowledge the impact of the pandemic on staff. Support to physical and mental health wellbeing continues through the releasing of restrictions during the pandemic as working and safety practices are transformed. The wellbeing hubs established at ACH, Crosshouse and Ayr hospitals continue to provide access to one-to-one peer support for staff support. Close links remain with Occupational Health Services in relation to sickness absence, physiotherapy, counselling access. Absence and absence action plan will continue to be managed from Q4 2022-23.
Timescale for Improvements
Quarter 4 2022-23

Children, Families and Justice

Headlines from the Data Dashboard

- In Q3 Children and Families teams received 135 CP/Pre-birth referrals (36 fewer than last quarter), 141 wellbeing referrals (up 22), 29 Rosemount referrals (up 2), 22 CASST referrals (up 14), 23 FCWS referrals (up 2), 1384 Service Access referrals (down 219) and 535 MAASH referrals (down 168).
- The number of children on the Child Protection register decreased from 81 to 68 across the period. This is lower than figures at this time last year.
- The number of CYP looked after at home remained relatively stable (increased from 136 to 139 while the number of CYP looked after away from home decreased from 315 to 293. The number of YP in Continuing Care placements increased to 56.
- 20 A&E attendances for overdose/mental illness/self-harm for YP aged 8-17: lower than in previous quarter (21 in Q2). ED Pathway continues to work well to ensure follow up and support.
- 185 children and young people were referred due to a domestic abuse incident – down from 281 last quarter.
- 4 CPOs (2 families) were granted during the period; the same number as in last quarter.

North Ayrshire HSCP: *'Changing Rooms!*

An innovative community project for Justice Services.

On 25/11/22 at the Ardeer Community Centre, the launch of the second innovative community project in Ayrshire took place as part of ongoing community engagement by North Ayrshire Council's Justice Services.

In December 2014, the Scottish Government announced its strategy to improve youth employment in Scotland. This was the Developing Young Workforce initiative following on from the Wood Commission.

Developing Young Workforce Ayrshire was established in 2015 and one of the key outcomes was the Innovative School Projects (ISP's), unique to Ayrshire. The first such ISP was conceived, born, and bred at Greenwood Academy in North Ayrshire. This was the *Lovilicious* nail bar project. Its initial aim was to help a group of pupils facing challenges at school, to build confidence, self-esteem, and to offer non-traditional opportunities to enhance employability prospects.

What do these projects accomplish:

- They develop employability and life skills.
- They instil what are called the 6C's – confidence, communication, commitment, customer service, customer care and courtesy.
- The young people gain vocational and industry entry level qualifications.

- In 2019, pre-Covid lockdown, the participants gained over 1250 vocational qualifications.
- They have significantly improved the levels of positive destinations for young people.
- A number of these ISP's run as mini enterprises helping the sustainability of the projects.

The ISP projects offer a diverse range of opportunities including barista, beauty, construction, cyber security, childcare, events management, rural and horticultural skills, bike repair, digital media, upcycling, and beekeeping.

The Changing Rooms project is the second of five such projects in the pipeline in North Ayrshire – two baristas, one beauty and two community cafes. We are very pleased that service users are already being trained and gaining skills and qualifications in such a short period of time and will be operating these as Income Generation projects.

Signs of Safety Update.

Align SoS (Signs of Safety) model to paperwork/framework within NAC: This has been completed for the primary assessment paperwork utilised by Children and Families. Example of positive changes seen were less questions for workers to complete in Child: Assessment (56%) and CP1 (38%), family friendly output with flexibility to design how the service want paperwork to look.

These practice framework changes have been presented at Social Work Governance Board December 22 and ratified there. The Information Systems team and Eclipse team are now building these on the Eclipse system.

Align changed paperwork to Eclipse system: As noted above these forms are now being built and systems testing will take place with an operational group, including social workers, team managers and senior managers during Feb /March 2023, prior to the system going live.

Complete baseline audit for SoS case file sample: The Child and Parents audit survey has now been completed; the second period of audit activity has now commenced which will focus on the child assessments pertaining to the families who were randomly audited. The audit group made up of operational staff, contacted 10% of all open Children and Families case across all teams. The findings of which will be collated into a baseline report. The assessment auditing will be completed for April 2023.

SoS training roll out starts for C&F staff: Roll out will commence at the end of October and will have completed for Children and Families by the end of May 2023. To date over 200 staff have received the first 2-day Signs of Safety training. Between Feb- May the second part 3-day training is being progressed. Thereafter bespoke sessions for implementation for each team will be provided. The p target timeline for the 5-day training completion has moved to the end of September 2023.

SoS briefings to CPC/stakeholder/partner agencies: CPC briefing date set for September was provided ahead of target and has been met. Further stakeholder events will take place with a further session now planned for 2023. Target date is 31/12/23.

Positive information about **breastfeeding rates** in North Ayrshire. Data published by PHS on the 1st November - breastfeeding rates

Indicator	2020/21	2021/22	Narrative
% Of babies exclusively breastfed at Health Visiting first visit	25.7%	25.6%	Last year was the highest rate in 4 years
% Of babies breastfed overall at Health Visiting first visit (mixed feeding included)	36.3%	40.5%	Highest % in 5 years
% Of babies exclusively breastfed at 6-8 weeks	20.9%	22%	Highest % in 5 years
% Of babies breastfed overall at Health Visiting first visit (mixed feeding included)	27.9%	31.1%	Highest % in 5 years
% Drop off between birth and first visit	30.8%	26%	Lowest % drop off in 5 years
% Drop off between birth and 6–8-week visit	44.8%	43.7%	Lowest % drop off in 5 years

This is incredibly positive to see and shows that last year's increase was not a blip. This is testament to the hard work of the integrated community infant feeding team and the real focus on breastfeeding support across midwifery, health visiting and partners in the Breastfeeding Network. We are awaiting official confirmation from UNICEF Baby Friendly around our recent gold accreditation.

Harper House, the new National Specialist Residential Family Service for Scotland, has now opened on the site of the former Seabank Nursing Home in Saltcoats. Developed and operated by Phoenix Futures and funded by the Scottish Government, the service offers safe, structured support for the whole family to address problematic drug and/or alcohol use, improving both mental health and quality of life.

Colleagues from within North Ayrshire have been working with Phoenix Futures staff to develop and refine processes for referrals, which are appropriate and of a high standard.

Following an initial trial of a Referral Advisory Group, it has now been decided to change process and consider referrals within two pathways: 1) referrals from North Ayrshire services, and 2) self-referrals or referrals from family members.

We hope that this results in a more streamlined, multi-disciplinary approach across adult and children's services, and will be monitoring this over time.

Families stay together at the service, meaning that parents remain the carers of their children at the same time as taking part in the programme. Alongside this, specialist childcare staff provide support to children and parents.

You can read more about **Harper House** and the services provided by **Phoenix Futures** online.

New respite centres officially opened

Our new, purpose-built respite facilities for children, young people and adults in North Ayrshire with additional support needs were officially opened on 28/10/22.

North Ayrshire Provost Anthea Dickson cut the ribbons to celebrate the opening of Red Rose House and Roslin House in Stevenston in front of Elected Members, staff of North Ayrshire Council and North Ayrshire Health and Social Care Partnership, as well as invited guests from charities Hansel and the Mungo Foundation, who provide care and support at the facilities.

The respite centres, which are situated adjacent to the Lockhart ASN Campus in Stevenston, provide a comfortable, home from home experience for respite guests and a much needed, valued and deserved break for families and carers.

Family Centred Wellbeing Team

Funding has been agreed to expand this successful intervention across North Ayrshire.

Irvine Youth Forum

Great to see Irvine Youth Forum with the latest edition of the **MAD cookbook**, I know they are planning to use the cookbook in some of their planned activities at the Legacy Hub.

New barista project is launched

The launch of the Hasta Barista project happened on Friday 4 November during NAHSCP's first ever Promise Conference at Saltcoats Town Hall, where guests were able to sample some of the delicious drinks produced by young people involved with the Rosemount Project, Throughcare/Aftercare services, the Programme Approach Team and the Child and Adolescent Specialist Substance Team (CASST).

Hasta Barista is based at Meadowcroft in Irvine and allows young people aged from 14 to 26 to achieve an industry recognised certificate in barista skills that will enable them to seek employment in hospitality settings, or even branch out and set up their own successful businesses in the future.

Refugee Team

Referrals continue to be high, and caseloads increasing, particularly with the ongoing arrival of Ukrainian families. The complexity of cases has also increased, including an increase in child protection.

2 Family Wellbeing Support Workers have commenced their positions. These new staff members will assist with the rise in Ukrainian families arriving and resettling in North Ayrshire who require sensitive, safe, and empowering support.

The Promise

North Ayrshire held its first ever Promise conference on Friday 4 November. This is the first conference of its kind not only in Ayrshire but across Scotland. Over 120 delegates from a variety of multi-agency partners attended.

The conference was facilitated by two of our wonderful young people – Oisin and Tasha – and we were delighted to have opening remarks from Councillor Macaulay, Portfolio Holder for Education and Young People, and the Minister for Children and Young People, Clare Haughey.

In addition, we had thought-provoking keynote presentations from Donna Anderson, Democracy and Participation Officer, Fraser McKinlay, CEO of The Promise Scotland and Mary Glasgow, CEO from Children 1st.

The day was hugely enjoyed by all and initial feedback from delegates has been overwhelmingly positive with several commenting that they felt “inspired.”

We are now analysing all of the group discussion responses and capturing comments from the day to help inform our next steps.

Health and Community Care

Community Care Services continued to experience significant challenges throughout Quarter 3 of 2022-23. We acknowledge that workforce absence remains higher than the targeted figure of NHS 4% and NAC 0.30 days. In Q3 NHS Partnership employee's absence has risen from 6.02% to 7.23% and NAC Partnership employee's absence has improved slightly dropping from 4.59 days to 4.12 days. This in conjunction with persistent increasing demands on community-based supports and services has contributed to an increasing number of persons waiting for care provision. Staff absence in conjunction with continuing increasing demands on community-based services contributes to the increasing number of persons waiting for care provision. There is ongoing recognition that staff working within our community care teams continue to make every effort to ensure the delivery of the high standards of care and that capacity to deliver such care is available in a maximised manner – this being supported through staff working additional hours as and when required.

As per Q2 report reflects, Winter Pressures funding received by the Partnership in late 2021 has continued to be utilised to support interim care arrangements, multi-disciplinary teams, care at home capacity and social care staff's hourly pay increase however it is noted that the key challenge to delivering efficient effective services is unfilled vacancies. This position has not changed over this quarter. As intimated in the previous Q2 report, we continue to expand our in-house Care at Home capacity and continue with our robust recruitment programme to support ongoing opportunities to attract people to the role of carer. Whilst external Care at Home providers continue to consolidate their positions and review their standing in the market including their ongoing ability to meet their current identified commitments. We acknowledge that a significant contract from an external provider will end in March 2023. In response to this, Contract Managements have worked closely with the external provider in question to ensure continuity of service and to manage a transition of available staff to our in-house service. We continue to monitor all external provider activity and ensure appropriate response with our contingency when care provision can not be fulfilled by such providers.

The concerted focus on those being referred for community services from acute sites continues. This focus is to relieve pressure on acute site, i.e., hospital demands and contribute to ensuring the whole system flow. Demand continues to exceed supply which contributes to those waiting for care in the community as an unintended consequence of the acute focus. Despite this, there is concerted effort to ensure those that are on the community-based waiting lists are considered for support and effort is being made to reduce the overall waiting times for support to be put in place.

Support continues to be given to a whole systems exercise with a view to improving outcomes of referral response, identification of appropriate referrals and improving awareness of community-based options at point of discharge.

A list of mitigating actions is identified within the body of text which lays out actions we have undertaken to improve the overall function and flow of service whist highlighting the premise that any improvement goals are reliant on a sustainable and adequate work force being in place.

As indicated in Q2 report, the respite facility of Anam Cara was temporarily disrupted due to the buildings damage with a temporary facility being identified and utilised. The re-opening of Anam Cara was planned for January 2023, however, due to more extensive damage requiring repair, the temporary arrangements in utilising Taigh Mor will continue until such times Anam Cara refurbishment is complete.

The ability to utilise Montrose House on Arran to its full capacity continues to be impeded as a result of appropriate staffing numbers being available. Recruitment activity in November 2022 did not yield the hoped for increase in staff which has resulted in ongoing pressures to provide additional availability to accommodate transfers to Montrose House from the local Hospital and Acute settings. Whilst challenges remain in recruiting to Arran as a whole, improved access to temporary accommodation has been obtained and hope that this coupled with further recruitment activity will result in filling the staffing gaps as seen at present.

The number of people in waiting for Social Work assessment has increased slightly over the quarter. However, additional assessment sessions have been provided by the Social Work Teams to have a positive impact on reducing the community-based waiting lists. We have employed additional Social Work Staff to support older people and those with physical disabilities requiring assessment and support but acknowledge that the performance improvement we projected by installing additional staff has not been fully realised partly due to staff attrition rates, difficulties in recruiting and the continued high demand on serviced.

Mental Health

North Ayrshire Drug and Alcohol Services

North Ayrshire services continue to comply with all access to treatment standards. North Ayrshire services are also on trajectory to meet the new Substance Use Treatment target (whilst we await formal national published information on this new target.

Further information was provided in response to some follow up questions regarding the North Ayrshire Medication Assisted Treatment (MAT) Improvement Implementation Plan. A Quarter 3 MAT Progress report was also submitted. Staff have been contributing to various national MAT related meetings and groups. MAT related data reports and audit activity has been undertaken and collected during Q3 (however, these reports are not due to be submitted until April 2023). Funding options continue to be explored regarding the delivery of MAT Standard 7 (primary care element of MAT). We await feedback from the Scottish Government.

Support for individuals following a Non-Fatal Overdose is in place and the Pan Ayrshire steering group continues to meet and will consider any improvements during Q4.

Learning Disability Service

The Learning Disability Service has made great progress in relation to reshaping Ward 7A (Assessment and Treatment) in order to facilitate better support to individuals and a better environment for staff. In line with the previously outlined action plan, as of November 2022 agreement was secured to permanently reduce the number of beds from 10 to 7. Alternative use of the space this has created is being taken forward with involvement of building management and other relevant partners. Practice and improvement issues remain very much a focus for continuing development, informed by the involvement of the Ward in a learning collaborative led by Healthcare Improvement Scotland.

Input from Quality Improvement colleagues has been of immense value in understanding and responding to the opportunities of this collaborative, including the generation of new tests of change such as the implementation of the Beat-IT programme of supporting behaviour change. 7A staff have also initiated conversations with colleagues at the Glasgow School of Art, recognising the value that similar collaboration has brought to the evolution of Trindlemoss Day Opportunities. Change within 7A reflects the ongoing dynamism and evolution across the entirety of the Learning Disability Service, as evidenced in the proliferation of collaboration with community partners seen within Day Opportunities; the ongoing establishment of the new Intensive Support Service; and a service wide examination of the use of data as a relevant learning tool linked fundamentally to user outcomes.

CAMHS

At the start of October 2022, the leadership team made further efforts to understand the current CAMHS waiting times for Assessment and the challenges being faced in achieving the 90%.

The key performance standards that the service is measured against and is required to provide is our Referral to Treatment (RTT) for all referrals. It is anticipated from Government that every child or young person referred to us is assessed and receives a form of treatment and intervention within 18 weeks of that referral.

The trend of increased numbers of referrals since June has shown no sign of abating and peak holiday periods over the summer, compounded by unprecedented number of DNA's resulted in significant backlog in children and young people awaiting assessment. 20% DNA Rate or one in every five assessments were not attended. August being the highest.

The projected wait time in October for November/ December unaddressed, would have resulted a potential drop to as low as 14% compliance equating to a wait of 91 weeks.

The Leadership and Management Team established a Recovery Plan which was implemented in early October 2022. Staff worked incredibly hard and flexibly throughout.

The results reported in January 2023 for December's position are below, based on scheduled appointments January RTT% is projected at 99% with February at 100%. Appointments have not been allocated for March 2023 at the time of writing.

The waiting list as of 31 December 2022 has only 2% breached and 98% waited less than 18 weeks which provides assurance that RTT compliance can be sustained.

The total waiting list for Assessments was 674. Based on the past three month's activity of 701 this should be managed without concern.

Mental Health Inpatients

Reduce out of hours admissions for people aged 65 and over (MH)

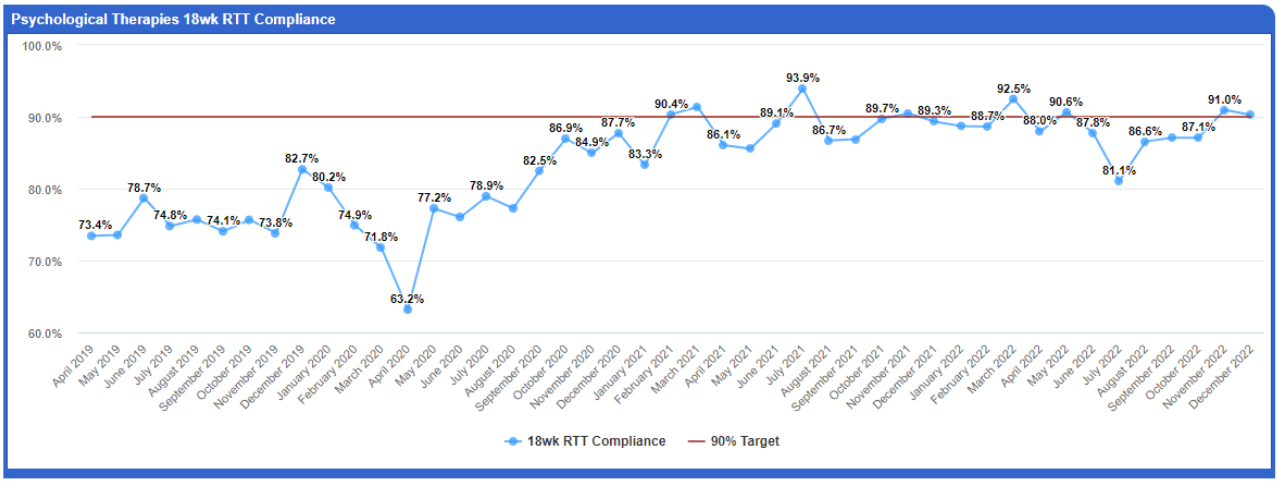
This PI was Green in Quarter 3 (see Appendix II), there has been sustained progress in this area and early indicators are that the enhanced care home liaison provision in South Ayrshire appears to be having a beneficial impact in sustaining persons in community and preventing readmissions.

Psychological Therapies

Psychological Therapies – Compliance

Local management information shows that waiting-times compliance for Psychological Therapies continues to exceed the target of 90%, with performance of 90.3% at December 2022 (Figure 20). Prior to the impact of COVID-19, performance in February 2020 was 74.9%.

Figure 20 – Monthly Psychological Therapies Performance



Source: Local Information Team Reports, North Ayrshire HSCP

Psychological Therapies - Benchmarking

The latest published data for quarter ending September 2022 indicates that compliance for Psychological Therapies remains higher than the Scotland average.

Psychological Therapies – Improvement Actions

- **Recruitment** - Psychological Services (PS) continues to engage in a strong recruitment drive to fill all vacancies. Skill mix and reconfiguration of existing posts are being considered, our Lead Partnership is supporting recruitment to permanent contracts and underspend from the core budget is being utilised to develop fixed term Assistant Psychology posts to support qualified staff in service delivery and developments. PS have been successful, in a very competitive workforce context, in utilising our full SG funding allocation for PT, increasing capacity for longest waits and unmet need. The greatest challenges in our workforce remain in CAMHS and parts of our AMH Specialties. Difficulties in recruitment and retention and high maternity leave in these clinical areas are leading to longer waiting times. However, this reduction in capacity, and therefore compliance, has been offset by improvements in RTT for other Specialties, resulting in our overall compliance remaining high.

- **Service Delivery** – Continue remote delivery and development of assessment and treatment where appropriate. Expand access to an increased range of SG supported digital options as part of a tiered model of service delivery. Continued engagement with SG priorities, including the PT and Secondary Care Mental Health Standards Taskforce. SG has positively assessed our Board as not requiring enhanced support for PT.

- **Training/Wider Workforce Upskilling** - Implement the recently developed strategic plan for psychological training and supervision, initially focused on Adult Mental Health, based on clinical care pathways, and with more explicit knowledge of what resource is available and required for delivery of the different levels of psychological work.

- **Data Systems** - Development of data systems (TrakCare and CarePartner) for Psychological and wider Mental Health Services to improve accuracy in reporting and access to service data to inform on demand capacity analyses and clinical outcomes.

CMHT

Suicide Prevention

In 2018, the Scottish Government released **Every Life Matters**, a Suicide Prevention Action Plan, which set out clear actions leaders at a national, regional and local level must take to transform society's response and attitudes towards suicide.

Suicide prevention will be further accelerated by the Scottish Government and COSLA with the publication of the new 10-year strategy ***'Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032'*** to tackle the factors and inequalities that can lead to suicide.

The strategy will draw on levers across national and local government to address the underlying social issues that can cause people to feel suicidal, while making sure the right support is there for people and their families.

This fresh approach will help people at the earliest possible opportunity and aim to reduce the number of suicides – ensuring efforts to tackle issues such as poverty, debt, and addiction include measures to address suicide.

The Scottish Government will fund the Scottish Recovery Network as part of the initial three-year action plan. This will boost community peer-support groups to allow people to discuss their feelings and drive down suicide.

The Strategy includes a number of new approaches to prevent suicide, including:

- Widening support to anyone affected by suicide – that includes families, friends, and carers.
- Investing in peer support as a way of giving people the chance to meet with peers to help guide their wellbeing and recovery.
- Focussing on safety planning to support people to stay safe if they have suicidal thoughts.
- Improving the way services identify, assess, and care for someone who is suicidal. This includes in primary care, mental health and in unscheduled care settings. Prioritising work on reaching people with heightened risk of suicide – which includes working in key settings and communities, and with key parts of the workforce and trusted partners.
- Bringing insights on poverty and marginalised groups into work.
- Focussing on the needs of children and young people, and working alongside them to meet their needs
- Working with the media to support responsible media reporting

The Pan Ayrshire Suicide prevention group hosted an event on 14th December 2022 with wider whole system stakeholders and Scottish Government suicide prevention leads. An output report will follow.

System Wide

Absence Statement

All services across all directorates have been impacted by COVID either directly or indirectly which is represented in the absence levels during the year to date.

NAC – Staff absence up to 31st December is detailed in Appendix 3. Sickness absence from NAC staff in the Partnership is 4.12 days, 0.82 days over the quarterly target of 3.3 working days.

NHS – Sickness absence from NHS staff in the Partnership is 7.23%, 3.23% above the target of 4.0%

Finance

Financial Position at month 9

The projected outturn is a year-end underspend of £0.749m (0.3%) for 2022-23. It is useful to note that this overall position consists of a projected underspend of £0.625m in social care services and a projected underspend of £0.124m in health services.

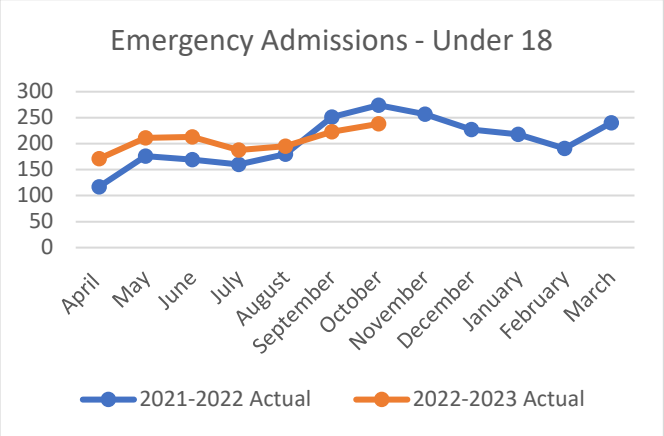
From the core projections, overall, the main areas of pressure are learning disability care packages, residential placements for children, supplementary staff in wards and Unplanned Activities (UnPACs) within the lead partnership for mental health.

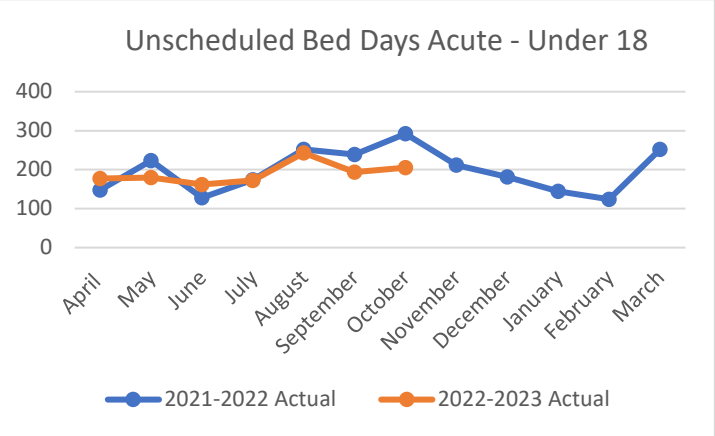
The Budget Monitoring Report–Objective Summary on 31st December 2022 can be viewed in Appendix 4.

MSG Trajectories

MSG information is provided by the Information Services Division of the NHS and is subject to monthly change due to the data completeness and validation process undertaken by the SOURCE team.

Under 18





The information in the following data cards represent the last 3 months of available data.

Emergency Admissions - Acute

August 2022 – 195

September 2022 – 223

October 2022 – 238

Unscheduled Bed Days - Acute

August 2022 – 243

September 2022 – 194

October 2022 – 205

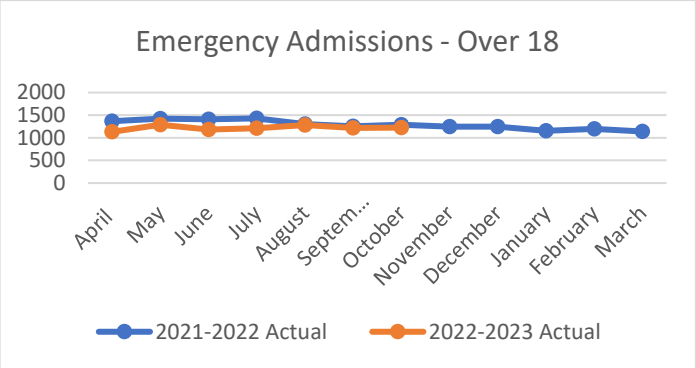
A&E Attendances

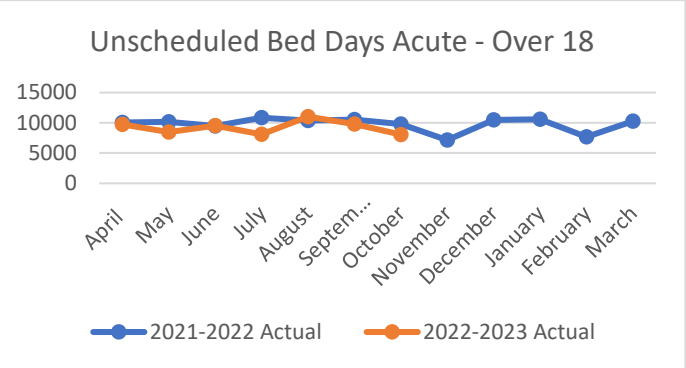
August 2022 – 759

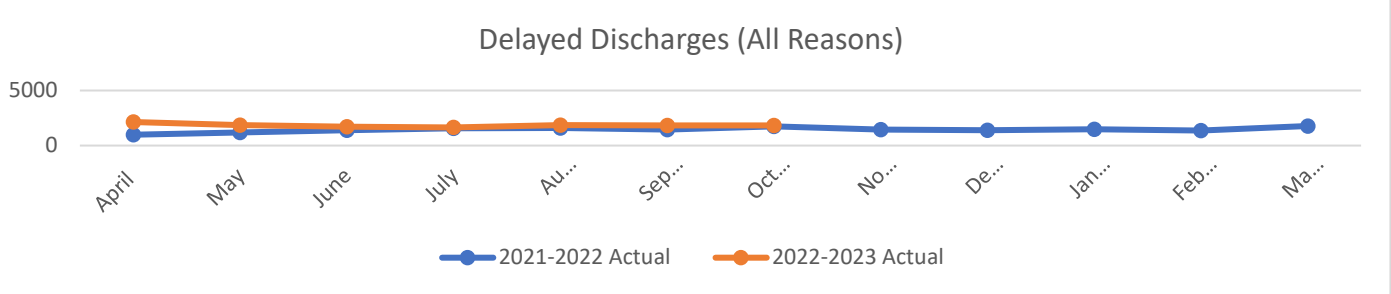
September 2022 – 712

October 2022 – 644

Over 18







The information in the following data cards represent the last 3 months of available data.

Emergency Admissions - Acute

August 2022 – 1,280

September 2022 – 1,216

October 2022 – 1,223

Unscheduled Hospital Days Acute

August 2022 – 11,016

September 2022 – 9,772

October 2022 – 8,053

Delayed Discharge (All Reasons)

August 2022 – 1,846

September 2022 – 1,834

October 2022 – 1,819

A&E Attendances

August 2022 – 2,260

September 2022 – 2,138

October 2022 – 2,248

Delayed Discharge bed Days –H&SC

August 2022 – 897

September 2022 – 968

October 2022 – 846

Appendix 1

MSG Trajectories with Rates

Note – figures May 2022 to October 2022 are presented as incomplete and subject to change due to data completeness and are for management information purposes only.

Performance Indicator	May-22	June-22	July-22	August-22	September -22	October-22	Performance Data Last Updated
Number of Emergency Admissions to Acute Hospitals	1,500	1,397	1,398	1,475	1,439	1,461	October
Emergency Admissions to Acute Hospitals Rate per 1000	11.2	10.3	10.1	11.3			August
Number of Admissions from Emergency Dept.	789	745	746	769	672	722	October
Admissions from Emergency Dept. Rate per 1000	5.9	5.6	5.6	5.7			August
Emergency Dept. conversion rate %	28	27	27	26			August
Number of unscheduled hospital bed days in Acute	8,637	9,668	8,258	11,259	9,966	8,258	October
Unscheduled Hospital Bed days in acute rate per 1000	81.3	76.7	76.9				July
Number of Emergency Dept. Attendances	2,869	2,761	2,738	3,019	2,850	2,892	October
Emergency Dept. attendances Rate per 1000	21.4	20.6	20.4	22.4			August
Number of Delayed Discharges bed days (all reasons)	1,867	1,714	1,646	1,846	1,834	1,819	October
Number of Delayed Discharges bed days (all reasons) rate per 1000	17.1	15.7	15.0	16.9			August
Number of Delayed Discharges bed days (code 9)	804	784	869	878	776	790	October
Number of Delayed Discharges bed days (Code 9) rate per 1000	7.4	7.2	7.9	8.0			August

Appendix 2 – All Performance Measures

Thresholds: **Red –** 10+%; **Amber -** >=5% and <10%; **Green** - <5%
This relates to the value compared to a measure's target - Where the thresholds above do not allow an amber status (ie the target is a whole number less than 20) the threshold will be as close to possible to allow an amber status (where the target is missed by 1)

Measure Progress Indicator: Improvement ⬆ Remains Level ⟷ Reduction ⬇
(Relates to progress of each measure compared to its previous relatable value)

Measure	Target 2022-23	Current Status	Q1 2022-23	Q2 2022-23	Q3 2022-23	Q4 2022-23
Number of service users referred to employability service	**9**	**Green**	**33**	**19** ⬇	**26** ⬆	
Employability mentors - No of service users being supported into employment, training, education.	**15**	**Red**	**12**	**8** ⬇	**10** ⬆	
Number of PRI sessions which have taken place	**3**	**Red**	**2**	**2** ⟷	**0** ⬇	
% of completed interventions with positive impact (e.g. DUST, CHAT)	**50%**	**Green**	**75%**	**72.7%** ⬇	**91.7%** ⬆	
Support 4 formerly cared for young people to move into independent living each year.	**3 (Cumulative)**	**Green**	**1**	**1** ⟷	**4** ⬆	
Support 45 children and young people into kinship care placements each year.	**33 (Cumulative)**	**Amber**	**14**	**18** ⬆	**31** ⬆	
Recruit 6 new foster carers each year.	**4 (Cumulative)**	**Red**	**0**	**0** ⟷	**1** ⬆	
No. of requests for assistance made by health visitors or family nurse	**450**	**Red**	**449**	**436** ⬇	**396** ⬇	
Increase % of requests for assistance remaining within Universal Early Years	**47%**	**Green**	**42.1%**	**38.8%** ⬇	**49.8%** ⬆	
Increase % of children with no developmental concern recorded at the 13–15-month assessment (Child Health)	**85%**	**Green**	**81.2%**	**85.9%** ⬆		Information reported in

Measure	Target 2022-23	Current Status	Q1 2022-23	Q2 2022-23	Q3 2022-23	Q4 2022-23
						arrears due to data validation timescales
Increase % of children with no developmental concern recorded at the 27–30-month assessment (Child Health)	**78%**	**Green**	**77.2%**	**74.2%** ↓		Information reported in arrears due to data validation timescales
Reduce the number of people waiting for assessment	**150**	**Red**	**229**	**224** ↑	**247** ↓	
Reduce the number of people on the waiting list for a Care at Home service in the Community	**90**	**Red**	**157**	**174** ↓	**243** ↓	
Reduce the numbers of people on the waiting list for a Care at Home service in Hospital	**12**	**Red**	**19**	**11** ↑	**26** ↓	
Reduce the number of days that people spend in hospital awaiting discharge. (Arran bed days)	**90**	**Red**	**132**	**198** ↓	**272** ↓	
People attending the emergency department will be seen within 4 hours from arrival at hospital (Arran)	**95%**	**Green**	**99.4%**	**98.2%** ↓	**99.3%** ↑	
Medication Assisted Treatment (MAT) - Commence treatment within 3 weeks of referral (Alcohol)	**90%**	**Green**	**97%**	**98%** ↑	**100%** ↑	
Medication Assisted Treatment (MAT) - Commence treatment within 3 weeks of referral (Drug)	**90%**	**Green**	**99%**	**100%** ↑	**100%** →	
A cumulative increase in the number of individuals receiving ORT that are in therapy during the quarter	**10**	**Green**	**16**	**42** ↑	**34** ↓	
Increase the number of Naloxone Kits distributed per annum (387 per year – 97 p/q)	**97 p/q**	**Green**	**299**	**233** ↓	**169** ↓	
Deliver 4,275 ABIs each year (pan Ayrshire) (12,825 ABIs over the three-year period.)	**1,069 p/q**	**Green**	**1,265**	**1,477** ↑	**1,630** ↑	

Measure	Target 2022-23	Current Status	Q1 2022-23	Q2 2022-23	Q3 2022-23	Q4 2022-23
CAMHS – Seen within 18 weeks (RTT)	**90%**	**Red**	**96.8%**	**80.8%**	**73.4%**	
Psychological Therapies – Seen within 18 weeks (RTT)	**90%**	**Green**	**88.9%**	**85.2%**	**89.5%**	
Reduce out of hours admissions for people aged 65 and over (MH)	**8 p/q**	**Green**	**5**	**5**	**3**	
Reduce the average length of stay in hospital for people aged 65 and over (MH)	**131**	**Red**	**134**	**149**	**151.6**	
No under 18 should be admitted onto the Adult Intensive Psychiatric Care Unit (Ward 8)	**0**	**Green**	**1**	**0**	**0**	
All accepted referrals to the Intensive CPN team from non-mental health referrers will receive contact within 4 hours	**90%**	**Green**	**100%**	**96.7%**	**98.8%**	
The maximum number of beds occupied at Ward 7A (LD) at any time during the quarter will not exceed 7	**7**	**Green**	**8**	**7**	**6**	
Average working days lost to sickness absence per employee - NAC	**3.30 p/q**	**Red**	**3.79**	**4.59**	**4.12**	
Percentage working days lost to sickness absence per employee - NHS	**4.0% p/q**	**Red**	**4.97%**	**6.02%**	**7.23%**	

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Appendix 3 – Workforce Absence

Table 1a NAC 2022-23 Data

Name	FTE	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD	Target	Variance
HSCP	1,802.46	1.11	1.37	1.31	1.52	1.60	1.47	1.38	1.34	1.40	12.50	9.90	2.60
HSCP Business Admin	229.22	0.61	0.68	0.67	1.12	1.26	1.40	1.14	1.05	1.24	9.17	7.20	1.97
HSCP Senior Managers	9.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.78	-3.78
Chief SW Officer	16.50	1.88	1.96	1.61	0.36	0.35	0.00	0.32	0.00	0.00	6.48	3.78	2.70
Professional Standards	16.50	1.88	1.96	1.61	0.36	0.35	0.00	0.32	0.00	0.06	6.54	3.78	2.76
Child, Families&Justice	390.41	1.22	1.47	1.53	1.88	1.87	1.69	1.72	1.70	1.33	14.41	9.81	4.60
CF - GV,Nth Cst & Arran	43.10	1.20	1.21	1.09	0.52	0.00	0.64	0.99	1.16	1.68	8.49	11.25	-2.76
CF - Irv,Kg & 3 Towns	72.69	1.88	2.40	2.12	2.21	2.13	2.18	2.07	1.94	1.13	18.06	11.25	6.81
CF - Justice Services	3.00	0.00	0.00	0.00	1.67	0.00	0.33	0.00	1.67	0.00	3.67	3.78	-0.11
CF-Care Experienced C&YP	137.92	1.54	1.60	1.81	2.40	2.20	1.86	1.56	1.56	1.16	15.69	11.25	4.44
CF-Justice&Interv Servs	126.10	0.46	0.88	1.19	1.69	2.22	1.78	2.07	1.91	1.64	13.84	7.29	6.55
CF-Univ Early Yrs (UEY)	7.60	2.67	2.56	0.00	0.58	0.00	0.00	0.53	2.11	0.00	8.45	3.96	4.49
Health & Community Care	984.74	1.32	1.61	1.47	1.56	1.68	1.52	1.32	1.23	1.47	13.18	10.89	2.29
HCC - Arran Services	11.64	0.86	1.99	2.33	1.27	0.00	0.00	0.10	2.07	3.58	12.20	3.78	8.42
HCC - Comm Care Serv	870.24	1.37	1.64	1.55	1.68	1.78	1.57	1.35	1.29	1.50	13.73	11.25	2.48
HCC - Locality Services	79.36	0.79	1.25	0.72	0.67	0.88	1.23	1.31	0.85	1.06	8.76	7.65	1.11
HCC - Rehab & Reable	23.50	1.45	1.40	0.79	0.67	1.65	1.38	0.94	0.16	0.60	9.04	11.25	-2.21
HSCP Finance & Transform	59.44	0.65	0.68	0.37	0.53	0.93	0.79	1.20	1.87	1.96	8.98	5.58	3.40
HSCP - Finance	26.51	0.62	0.65	0.06	0.40	0.49	0.40	0.53	1.36	2.12	6.63	6.03	0.60
HSCP Performance	13.50	0.00	0.00	0.00	0.00	0.27	1.96	1.92	2.18	1.63	7.96	3.78	4.18
HSCP SP&TT	19.43	1.00	1.05	1.05	0.96	1.96	1.00	1.92	2.86	2.88	14.68	6.03	8.65
Mental Health	113.15	0.58	1.18	1.18	1.53	1.27	1.16	1.48	1.53	1.32	11.23	17.55	-6.32
MHS - Addictions	30.90	0.16	1.50	0.51	1.50	1.56	1.22	1.73	0.58	0.00	8.76	13.32	-4.56
MHS - Community	32.00	0.66	2.73	2.96	3.34	1.91	0.85	1.16	0.68	1.10	15.39	18.72	-3.33
MHS - Learning Dis	50.25	0.73	0.48	0.83	0.86	0.87	1.28	1.54	2.74	2.27	11.60	18.72	-7.12

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Table 1b NAC 2021-2 Data

Directorate / Section	FTE	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target	Variance
CF - GV,Nth Cst & Arran	45.30					1.18	1.36	1.76	1.92	1.79				8.01	3.83	4.18
CF - Irv,Kg & 3 Towns	84.19					1.77	1.74	2.06	1.82	2.09				9.48	3.83	5.65
CF-Justice&Interv Servs	124.80	0.16	0.45	0.40	0.65	0.62	1.04	0.44	0.49	0.40				4.65	9.71	-5.06
CF-Care Experienced C&YP	139.54	1.20	0.90	1.06	1.55	1.84	2.12	2.19	1.88	1.74				14.49	13.67	0.81
CF - Pract Dev & Rev		0.70	1.05	1.10	1.58	0.00	0.00	0.00	0.00	0.00				4.43	3.75	0.68
CF-Univ Early Yrs (UEY)	9.00	2.73	3.66	2.79	1.67	0.00	0.36	0.00	0.00	0.22				11.44	3.75	7.69
Child, Families&Justice	414.24	1.00	0.95	1.02	1.24	1.26	1.50	1.43	1.34	1.33				11.07	9.50	1.56
HCC - Arran Services	9.14	0.00	0.00	0.57	0.36	2.28	2.70	3.01	3.61	1.59				14.11	3.75	10.36
HCC - Comm Care Serv	857.45	1.23	1.27	1.60	1.65	1.47	1.60	1.50	1.27	1.52				13.13	9.71	3.41
HCC - Locality Services	80.93	1.02	0.55	0.68	1.35	1.68	1.83	1.53	2.00	2.05				12.69	7.64	5.05
HCC - Long Term Cond		2.05	0.27	0.00	2.00	4.00	0.00	0.00	0.00	0.00				8.31	3.75	4.56
HCC - Primary Care Serv	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				0.00	3.75	-3.75
HCC - Rehab & Reable	14.00	0.00	1.45	1.59	1.57	1.57	1.57	1.50	3.15	1.71				14.13	8.86	5.27
Health & Community Care	966.52	1.20	1.17	1.46	1.60	1.49	1.62	1.51	1.37	1.56				12.98	9.24	3.74
HSCP - Finance	31.01	0.00	0.16	0.80	0.93	0.35	1.35	1.05	0.87	0.76				6.26	7.13	-0.87
HSCP Performance	10.71	0.00	0.00	0.00	0.00	0.00	0.00	1.49	2.05	2.15				5.69	3.75	1.94
HSCP SP&TT	19.90	0.57	1.10	0.00	0.19	0.00	0.24	1.52	1.57	0.00				5.19	7.16	-1.96
HSCP Finance & Transform	61.63	0.19	0.44	0.40	0.52	0.17	0.75	1.29	1.31	0.75				5.82	6.56	-0.74
MHS - Addictions	28.20	1.50	1.66	3.17	0.33	0.83	1.40	2.10	1.62	1.63				14.23	13.36	0.87
MHS - Community	24.20	2.98	2.90	4.39	4.13	1.21	1.21	1.88	0.69	0.65				20.02	18.75	1.27
MHS - Learning Dis	81.91	1.53	1.41	1.16	1.20	1.55	2.34	1.60	2.36	2.71				15.86	18.75	-2.89
Mental Health	129.31	1.84	1.80	2.40	1.62	1.36	1.96	1.82	2.03	2.20				17.03	17.37	-0.34
HSCP Business Admin	227.44	0.66	0.80	0.91	0.82	0.61	0.66	0.95	1.10	0.98				7.49	7.22	0.27
HSCP Senior Managers	9.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.67				1.67	6.15	-4.48
HSCP	1,808.13	1.07	1.07	1.28	1.36	1.25	1.44	1.42	1.37	1.45				11.71	9.38	2.34

Table 2 **NHS 2022–23**

NHS Absence Rate between 01/04/2022 and 31/12/2023

Directorate	Q1	Q2	Q3	Q4
Business Support North	2.94	2.60	2.57	
Children's Health / Care & Justice Services North	4.55	5.74	5.34	
Community Health & Care Services North	4.98	5.87	7.68	
Lead Partnership North	5.27	6.63	7.70	
Grand Total	**4.97**	**6.02**	**7.23**	

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Appendix 4 – Finance

Partnership Budget - Objective Summary	2022/23 Budget									Over/ (Under) Spend Variance at Period 7	Movement in projected variance from Period 7
	Council			Health			TOTAL				
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	**66,596**	**66,263**	**(333)**	**16,740**	**17,080**	**340**	**83,336**	**83,343**	**7**	**422**	**(415)**
: Locality Services	27,907	27,266	(641)	5,388	5,508	120	33,295	32,774	(521)	(191)	(330)
: Community Care Service Delivery	33,464	33,285	(179)	0	0	0	33,464	33,285	(179)	(90)	(89)
: Rehabilitation and Reablement	1,840	1,837	(3)	0	0	0	1,840	1,837	(3)	(3)	0
: Long Term Conditions	999	1,125	126	9,078	9,298	220	10,077	10,423	346	583	(237)
: Community Link Workers	201	198	(3)	0	0	0	201	198	(3)	(3)	0
: Integrated Island Services	2,185	2,552	367	2,274	2,274	0	4,459	4,826	367	126	241
MENTAL HEALTH SERVICES	**31,040**	**32,153**	**1,113**	**56,947**	**57,201**	**254**	**87,987**	**89,354**	**1,367**	740	**627**
: Learning Disabilities	21,524	23,129	1,605	453	453	0	21,977	23,582	1,605	1,330	275
: Community Mental Health	5,772	5,280	(492)	1,522	1,462	(60)	7,294	6,742	(552)	(601)	49
: Addictions	3,744	3,744	0	1,618	1,588	(30)	5,362	5,332	(30)	(28)	(2)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	53,354	53,698	344	53,354	53,698	344	39	305
CHILDREN & JUSTICE SERVICES	**34,080**	**36,960**	**2,880**	**4,021**	**4,021**	**0**	**38,101**	**40,981**	**2,880**	2,465	**415**
: Irvine, Kilwinning and Three Towns	3,178	3,240	62	0	0	0	3,178	3,240	62	42	20
: Garnock Valley, North Coast and Arran	3,149	3,165	16	0	0	0	3,149	3,165	16	(29)	45
:Intervention Services	1,834	1,902	68	339	339	0	2,173	2,241	68	(8)	76
: Care Experienced Children & Young people	22,088	24,786	2,698	0	0	0	22,088	24,786	2,698	2,451	247
: Head of Service - Children & Families	1,279	1,313	34	0	0	0	1,279	1,313	34	11	23
: Justice Services	2,385	2,385	0	0	0	0	2,385	2,385	0	0	0
: Universal Early Years	167	169	2	3,185	3,185	0	3,352	3,354	2	(2)	4
: Lead Partnership NHS Children's Services	0	0	0	497	497	0	497	497	0	0	0
CHIEF SOCIAL WORK OFFICER	2,570	1,192	(1,378)	0	0	0	2,570	1,192	(1,378)	(992)	(386)
PRIMARY CARE	0	0	0	51,117	51,117	0	51,117	51,117	0	0	0
ALLIED HEALTH PROFESSIONALS			0	8,701	8,569	(132)	8,701	8,569	(132)	(122)	(10)
COVID NHS	0	0	0	909	909	0	909	909	0	0	0
MANAGEMENT AND SUPPORT COSTS	10,993	7,525	(3,468)	1,359	1,297	(62)	12,352	8,822	(3,530)	**(2,855)**	(675)
LOCAL AUTHORITY PAY AWARD	0	561	561	0	0	0	0	0	561	**561**	0
OUTTURN ON A MANAGED BASIS	**145,279**	**144,654**	**(625)**	**138,885**	**139,285**	**400**	**284,164**	**283,378**	**(225)**	**219**	**(444)**
Return Hosted Over/Underspends East	0	0	0	0	(111)	(111)	0	(111)	(111)	(13)	(98)
Return Hosted Over/Underspends South	0	0	0	0	(106)	(106)	0	(106)	(106)	(12)	(94)
Receive Hosted Over/Underspends South	0	0	0	0	53	53	0	53	53	53	0
Receive Hosted Over/Underspends East	0	0	0	0	(360)	(360)	0	(360)	(360)	(360)	0
OUTTURN ON AN IJB BASIS	**145,279**	**144,654**	**(625)**	**138,885**	**138,761**	**(124)**	**284,164**	**282,854**	**(749)**	**(113)**	**(636)**

Appendix 5 – Glossary of Acronyms

Acronym	Description
A&A	NHS Ayrshire & Arran
ABI	Alcohol Brief Intervention
ACH	Ayrshire Central Hospital
ADP	Alcohol Drug Partnership
AMHT	Adult Mental Health Team (North Ayrshire Only)
AWI	Adults With Incapacity
BMI	Body Mass Index
CFJ	Children, Families and Justice
CAH	Care at Home
CAMHS	Child and Adolescent Mental Health Team
CCS	Community Care Services
CMHS	Community Mental Health Service
CMHT	Community Mental Health Team
CMT	Corporate Management Team (NHS)
COSLA	Convention of Scottish Local Authorities
COVID-19	The naming associated with the global pandemic
CP	Child Protection
CPA	Care Programme Approach
CPC	Child Protection Committees
CPO	Community Payback Order
CRT	Crisis Resolution Team
CUAIT	CAMHS Urgent Assessment & Intensive Treatment
CYP	Children and Young People
DNA	Did Not Attend
DRD	Drug Related Deaths
DwD	Discharge Without Delay
ED	Emergency Department
EM	Employability Mentors
ESMT	Extended Senior Management Team
GP	General Practitioner (Practice)
HCC	Health and Community Care
HIS	Healthcare Improvement Scotland
HR	Human Resources
HSCP	Health & Social Care Partnership
HVSW	Health Visiting Support Worker
ICT	Intermediate Care Team
LD	Learning Disabilities
MAD	Making a Difference Service
MAASH	Multi Agency Assessment and Screening Hub
MAPPA	Multi-Agency Public Protection Arrangements

Acronym	Description
MDT	Multi-Disciplinary Team
MH/ MHS	Mental Health/ Mental Health Service
MSG	Ministerial Strategy Group for Health and Community Care
NA	North Ayrshire
NAC	North Ayrshire Council
NADARS	North Ayrshire Drug and Alcohol Service
NRAC	National Resource Allocation Formula
ORT	Opiate Replacement Therapy
OT	Occupational Therapy
OTA	Occupational Therapy Assistant
PAC	Performance and Audit Committee
PDD	Planned Date of Discharge
PHS	Public Health Scotland
PPE	Personal Protective Equipment
PI	Performance Indicator
PRI	Practice Reflective Improvement Dialogue
PT	Psychological Therapies
RTT	Referral To Treatment
RFA	Request for Assistance
SCRA	Scottish Children's Reporter Administration
SDS	Self-Directed Support
SG	Scottish Government
SoS	Signs of Safety
SMB	Strategic Management Board
SW	Social Work
UnPAC	Unplanned Activity
WTE	Whole Time Equivalent