IJB Performance and Audit Committee
June 2023
Agenda Item Number

Subject:

Quarter 4 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 4 2022-23.

Direction Required to Council, Health Board or Both:

No Direction Required

Acronym	Full Version
CAMHS	Child and Adolescent Mental Health Team
CFJ	Children, Families and Justice
HBCCC	Hospital Based Clinical Complex Care
MH	Mental Health
ORT	Opiate Replacement Therapy
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 Updated Quarterly Values

There has been one change to a previous value provided in Quarter 3. This value has been updated as a result of further validation being carried out by the Senior Data Analyst for Mental Health that identified several patients who had been transferred onto long stay wards/HBCCC wards prior to discharge, the RAG has now changed from Red to Green.

Measure	Original Q3 Value	Amended Q3 Value	Q3 RAG Impact
Reduce the average length of stay in hospital for people aged 65 and over (MH)	151.6	134	Red to Green

2.2 Amended Performance Indicator Names

Three Mental Health Performance Indicators had their titles amended at the request of their service. Previously these Performance Indicators were displayed as:

Medication Assisted Treatment (MAT) - Commence treatment within 3 weeks of referral (Alcohol)

Revised to - Waiting Times Standard – 90% Commence treatment within 3 weeks of referral (Alcohol)

Medication Assisted Treatment (MAT) - Commence treatment within 3 weeks of referral (Drug)

Revised to - Waiting Times Standard – 90% Commence treatment within 3 weeks of referral (Drug)

A cumulative increase in the number of individuals receiving ORT that are in therapy during the quarter.

Revised to - Increase the number of individuals receiving Medication Assisted Treatment (MAT)

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 4 2022-23.

2.4 Highlights

Performance Improved

Two measures have shown an improvement in performance: 2 Green from Red.

Green from Red

Service	Measure	Values
CFJ	No. of requests for assistance made by health visitors or family nurse	396 to 452
MH	CAMHS – Seen within 18 weeks (RTT)	73.4% to 98.5%

Performance Declined

One measure declined in performance: 1 Amber from Green.

Amber from Green

Service	Measure	Values
CFJ	Increase % of requests for assistance remaining within Universal Early Years	49.8% to 43.4%

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 March 2023 is as follows:

Quarter	🔴	⚠️	✅	Reported 1 Quarter Behind
Q1	10	2	16	2
Q2	11	3	16	2
Q3	11	1	18	2
Q4	9	2	19	2

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 Q4 2022-23 report with the strategic service leads.

For more information, please contact Neil McLaughlin at:

PlanningandPerformance@north-ayrshire.gov.uk

North Ayrshire
Health and Social Care Partnership

Performance and Audit Committee Report

Quarter 4 2022 to 2023
(January 2023 – March 2023)

June 2023

Contents

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:

Care | Empathy | Respect

And the five new objectives of:

Provide Early & Effective Support | Tackle Inequalities | Enable Communities | Develop & Support Our Workforce | Improve Mental & Physical Health and Wellbeing

Financial Summary

The overall financial performance against budget for the financial period 2022-23 (after adjusting for new earmarked reserves) was an overall underspend of £3.719m. This consisted of £3.170m of underspend in social care services and £0.549m underspend in health services.

Absence Summary

NHS partnership employees' absence at the end of Quarter 4 is 5.96%, 1.96% above the quarterly target of 4.0%.

NAC partnership employees' absence at the end of Quarter 4 is 4.03 days, 0.73 days above the quarterly target of 3.30 days.

Summary of Performance

Position at Quarter 4 2022-23

Strategic Plan Measures

Service	Areas of Focus - Red	Amber	Green
Children, Families, Justice	3	2	6
Health and Community Care	4	0	1
Mental Health	0	0	12

Absence not meeting targets

Area	Absence
NAC	4.03 Days
NHS	5.96%

Financial Position

Area	Current Position
Financial Position	£3.719m projected underspend (%)

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	11	1	18	2
Q4	9	2	19	2

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	13	11
Children & Families	Develop and Support our Workforce	Number of PRI sessions which have taken place	3	0	11
Children & Families	Enable Communities	Recruit 6 new foster carers each year.	6 (Cumulative)	2	12
Health & Community Care	Provide Early and Effective Support	Reduce the number of people waiting for assessment	150	226	13
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	174	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 Hospital	12	24	15
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	225	16
System Wide	Develop and Support our Workforce	Average working days lost to sickness absence per employee - NAC	3.30	4.03	16
System Wide	Develop and Support our Workforce	Average working days lost to sickness absence per employee – NHS	4.0%	5.96%	17

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	13

Trend Commentary

The quarterly target was missed by 2 with 13 service users supported into employment, training, education during Quarter 4. There has been an increase of 3 from a figure of 10 that was recorded in Quarter 3. This is the fourth consecutive quarter where the target has not been met, although, this quarter saw the highest figure this year for people supported into employment, education, and training.

Actions to Improve Performance

As the target was not achieved in any quarter this year, the service will consider how realistic this target is and review it for next year.

Of the 7 pending registrations from last quarter, 3 people failed to take up the service, but 4 registered with the service and we are continuing to work with them to hopefully work towards a positive outcome.

The team will continue to hold/participate in events during the quarter to promote service - in Q4 Employability Mentors engaged with 1 event in the community.

Timescale for Improvements

End of Quarter 1 2023-24

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 🛑	0 🛑

Trend Commentary

The number of PRI sessions for Quarter 4 was 0. This is identical to quarter 3, and 2 sessions lower than figures seen in Quarters 1 and 2. This is the second Quarter this year where the status of the indicator has been red. The target of 3 was not met during any quarter of 2022/23.

Due to the demands and pressures within the Child Protection Committee and wider services it was not possible to achieve the target this quarter. Unavailability of key individuals to attend planned PRI sessions have led to PRI's being rescheduled or cancelled. There has also been a noticeable decline in the number of requests being received for PRI's.

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.

At a recent PRI review group which took place it was agreed that all agency reps would go back to their respective services and raise the profile of PRI's again and encourage referrals to be made.

Timescale for Improvements

End of Quarter 1 2023-24

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
6 (Cumulative)	Red 🛑	0 🛑	0 🛑	1 🛑	2 🛑

Trend Commentary

The number of foster carers recruited during Quarter 4 was 1. The cumulative total for the year is 2 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 4 to 6 for Quarter 4.

Actions to Improve Performance

We are due to bring to 2 prospective carers to Fostering Panel in Q1 23/24.

We have another 2 assessments underway which are expected at Panel by 31/08/23.

We have 1 assessment which is currently on hold due to the carers circumstances.

We have an active advertising campaign planned for Fostering fortnight in May and alongside general recruitment we are targeting recruitment of carers for children with disabilities and complex trauma. Carers and staff have contributed to videos to support recruitment.

We continue to advertise for new carers on Social Media (Instagram, Facebook, Twitter) – ongoing

Timescale for Improvements

End of Quarter 1 2023-24

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 🛑	226 🛑

Trend Commentary

The number of people waiting for assessment in Quarter 4 was 226 which is lower than the Quarter 3 figure of 247. For the fourth successive Quarter the target of 150 has been exceeded. The Quarter 4 figure of 226 is the second lowest number of people waiting for assessment experienced in 2022-23.

Actions to Improve Performance

By end of quarter 4 the number of people waiting on assessment was 226 which represents some improvement. This is due to ever increasing demand for assessment. Overtime was offered and accepted by some staff however the number of assessments negated the effect of this to a large extent.

Timescale for Improvements

End of Quarter 1 2023-24

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 🛑	174 🛑

Trend Commentary

During Quarter 4, 174 people were on the waiting list for a Care at Home service in the Community, exceeding the target by 84. The number of people waiting has decreased by 69 from 243 in Quarter 3 to 174 in Quarter 4.

Community Care services continue to experience ongoing and sustained challenges in delivering frontline Care at Home Services. Covid related absences continue to be far lower than previous levels however these continue to impact on frontline staff on a weekly basis. There also remains ongoing workforce challenges related to sickness absence rates and vacancies within the service.

The in-house Care at Home service has continued to steadily grow capacity, however, 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

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 2023-24, 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 🔴	24 🔴

Trend Commentary

During Quarter 4, 24 people were on the waiting list for a Care at Home service in Hospital, exceeding the target by 12. The number of people waiting has decreased by 2 from 26 in Quarter 3 to 24 in Quarter 4.

Workforce challenges related to sickness absence rates and vacancies within the service continue to significantly impact on frontline service delivery, and there has been 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. Demand from the hospital for supports has remained high, including increasing complexity of referrals and intensive support packages.

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 2023-24, 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 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 🛑	225 🛑

Trend Commentary

The total number of bed days lost for the quarter was 225 days, a decrease of 47 days from Quarter 3, and is more than double the target for this indicator. The target of 90 has been exceeded for a fourth consecutive quarter. There are no delayed discharges on Arran.

Actions to Improve Performance

Intermediate care beds set up at Arran War Memorial hospital are now in place.

Timescale for Improvements

End of 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 🛑	4.03 🛑

Trend Commentary

The performance indicator continues to fail to achieve its target.

The absence figure has decreased for the 2nd quarter in succession, with Quarter 4 having seen a reduction in absence of 0.09 days, from 4.12 in Quarter 3 to 4.03 in Quarter 4.

Actions to Improve Performance

Supporting Attendance Policy to ensure absence is managed within a supportive culture.

Staff Wellbeing Events.

Stress Awareness Online Mandatory Training Course.

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 Quarter 1 2023-24.

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% 🔴	5.96% 🔴

Trend Commentary

The performance indicator continues to fail to achieve its target.

The absence % has decreased by 1.27% this quarter from 7.23% to 5.96% in Quarter 4. This is the third highest percentage witnessed during 2022-23.

Actions to Improve Performance

Supporting Attendance Policy to ensure absence is managed within a supportive culture.

Staff Wellbeing Events.

Stress Awareness Online Mandatory Training Course.

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 Quarter 1 2023-24.

Timescale for Improvements

Quarter 1 2023-24

Children, Families and Justice

Headlines from the Data Dashboard

- In Q4 Children and Families teams received 141 CP/Pre-birth referrals (5 more than last quarter), 174 wellbeing referrals (up 33), 18 Rosemount referrals (down 11), 13 CASST referrals (down 9), 19 FCWS referrals (down 4), 1692 Service Access referrals (up 308) and 671 MAASH referrals (up 136).
- The number of children on the Child Protection register decreased from 68 to 59 across the period. This is considerably lower than figures at this time last year.
- The number of CYP looked after at home decreased from 139 to 127, while the number of CYP looked after away from home decreased slightly from 293 to 290. The number of YP in Continuing Care placements decreased marginally to 55.
- 31 A&E attendances for overdose/mental illness/self-harm for YP aged 8-17: higher than in previous quarter (20 in Q3). ED Pathway continues to work well to ensure follow up and support.
- 245 children and young people were referred due to a domestic abuse incident – up from 185 last quarter.
- 4 CPOs (3 families) were granted during the period; the same number of CPOs as in last quarter.

Provide Early and Effective Support

NHS Ayrshire & Arran and the three Ayrshire Health and Social Care Partnerships have been awarded UNICEF's top accolade for providing high-quality care to families to support continued breastfeeding.

The **Baby Friendly Initiative (BFI) Gold accreditation** certificate was presented to representatives from across the four organisations recently following an assessment of Ayrshire's Health Visiting and Family Nurse Partnership Teams, as well as the Community Infant Feeding Team.

Improve Mental & Physical Health and Wellbeing

Universal Early Years has expanded their **Perinatal Mental Health Nursing team** through the permanent recruitment of a second PMH Nurse. This has allowed expectant and new mums across North Ayrshire to benefit from early help to support mild to moderate mental health difficulties.

Tackle Inequalities

Child Sexual Abuse Strategy: An update
North Ayrshire launched the first localised Child Sexual Abuse Strategy in Scotland in Spring 2021.

We want everyone to understand what child sexual abuse is and the many forms it can take, and we want to ensure that children and young people in North Ayrshire are safe

from sexual abuse and harm. You can access the strategy via the North Ayrshire Child Protection Committee website, or take part in the e-module 'Introduction to North Ayrshire's Child Sexual Abuse Strategy' online.

We regularly post on the NAHSCP Facebook and Twitter pages to raise awareness of child sexual abuse and get people talking more about the subject. Please keep an eye out for these and share via your own service's channels where appropriate.

Multi-Agency Risk Assessment Conference (MARAC) commenced in North Ayrshire in August 2022. MARAC is a meeting to discuss individuals at high risk of domestic or sexual violence to ensure they are supported and safeguarded effectively. MARACs are attended by a range of adult and children's services including Police Scotland, Women's Aid, local authority and health services. Eight MARACs took place between August and March 2023 with an average of 18-20 cases discussed per meeting.

A local newspaper covered a story about the impact of the **Unpaid Work projects** on our communities. Irvine Harbour area transformed by community payback team | Irvine Times. The story demonstrates the commitment and hard work of the team who have been instrumental in supporting our service users to gain training and employment opportunities, and ultimately desist from offending.

Safe and Together

North Ayrshire started to implement Safe and Together Model in 2021, recognising that domestic abuse research demonstrates a tendency in practice to place the responsibility for protecting children onto the non-abusing parent rather than on the abusive parent to cease being abusive. The narrative that victims are 'failing to protect' their children carry a risk that agencies will not be seen as a supportive or helpful for those living with domestic abuse.

Research has also shown that those living with domestic abuse will not likely engage with services if they feel they are judged for having failed to protect their children or as being responsible for the abuse. A particular fear is their children will be removed from their care. Risk to the child increases if victims are reluctant to contact the police due to the subsequent information shared with agencies.

Statistically it is recognised that six months after an abusive relationship ending is the highest risk point for domestic homicide. Despite this, there is often an expectation by the child welfare system that the relationship must be ended by the non-abusing parent with minimal consideration to safety planning in respect of post-separation abuse.

The Safe & Together Model is key to realising the Pan Ayrshire vision and directs us to reframe domestic abuse "as a parenting choice". The model shifts assessments towards a "perpetrator pattern-based" approach as opposed to solely focusing on incidents, which is crucial in the assessment of risk to a child and their non-abusing parent.

The model provides a suite of assessment tools and enables practitioners to challenge and address the gender-based nature of domestic abuse through the following model principles:

- Keeping the child safe and together with the non-abusing parent. This is usually the most effective way to promote children's safety, healing from trauma, stability, and nurturance.
- Partnering with the non-abusing parent in a strengths-based way. This approach is likely to be the most efficient and child centred way of assessing risk through mutual information sharing.
- Intervening with the offending parent to reduce risk and harm to the child. Engaging and holding them accountable in a variety of ways, including connecting them to their parenting role, reduces the risks to children.

We have so far delivered:

- 5 multiagency trainers are accredited to deliver the Safe and Together training. Partnering with Women's Aid as our third sector partners who also work to ensure the voices of those with lived experience are included.
- 1 day Safe and Together overview sessions to multi-agency CPC partners reaching over 249 staff.
- 4-day core Safe and Together or 3-day Supervisors training to those multiagency partners working at the heart of the Child welfare and child protection system delivered to 84 staff.
- Pan Ayrshire application to Equally Safe Fund was successful in securing funding to enable a Safe and Together Lead Implementation post to be created.

Rosemount/National Portrait Galleries - Outdoor Seating Project in partnership with The National Galleries of Scotland

The latest project in the ongoing partnership between The Rosemount Project and The National Galleries, is a group that involves designing and making outdoor furniture from recycled pallets that were used in a previous project in North Ayrshire. The outdoor furniture is set to be installed at Meadowcroft. We also have the possibility of using recycled wooden decking to enhance the area at the rear, which will be used as a space that staff, young people, and their families can utilise during periods of good weather.

The project has aimed to support young people who work with Rosemount within a small group setting. It has provided opportunities for the young people to try a new and practical activity which has encouraged teamwork, problem solving, and a place to learn to use tools safely and effectively, with the goal being to create four benches and a table.

The National Galleries have funded protective clothing and footwear and the young people have participated extremely well.

Health and Community Care

Health and Community Care Services have continued to experience significant challenges throughout Quarter 4 of 2022-23. Workforce absence remains higher than absence targets, resulting in continued impact upon the teams who support frontline care delivery. In Quarter 4 NHS Partnership employee's absence has reduced from 7.23% to 5.96%, 1.96% above the target, whilst NAC Partnership employee's absence has further reduced in Quarter 4 from 4.59 days to 4.03 days, although remains above the target of 3.3 working days.

The impact on the workforce of both absence and vacancies, alongside ongoing increased demands on community-based supports and services, has contributed to the number of people 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.

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 increases. This funding has supported a number of developments across Health and Community Care Services and has offered teams the opportunity to galvanise existing health and social care delivery. A number of these posts have been filled and are now embedded within our teams. It is however noted that one of the key challenges to delivering on the outcome associated with this funding remains recruitment and retention. We have continued to expand in house Care at Home capacity through a robust recruitment programme, and efforts around this remain ongoing and a priority. It is anticipated that the completion in Quarter 4 of a recent review of the Care at Home Assistant role, resulting in a re-evaluation and pay increase, will have a positive impact on future recruitment to this vital workforce.

As detailed the Partnership has experienced significant workforce challenges across the Health and Social Care sector, including and probably the most challenging of these being on the island of Arran. There are a number of plans underway to address current vacancies on the island and it is anticipated that these plans, including the recent purchase of a 13-bedroom house for staff accommodation and a recent pay increase of our in-house Care at Home workforce, will help many of the recruitment difficulties we have experienced on the island.

External Care at Home providers continue to consolidate their positions with a focus on their ongoing ability to meet their current identified commitments. One of the Partnership's care at home framework providers gave notice of their intention to cease delivery of care in North Ayrshire and plans have been ongoing throughout Quarter 4 to ensure a safe and smooth transfer of care. Care and support services will transfer to the Partnership's inhouse Care at Home service from the beginning of Quarter 1 2023/2024. Ongoing contract monitoring arrangements are in place with the remaining care at home providers.

Demand for social care services to support discharge from both community and acute hospitals continues, and our teams have been working alongside colleagues to support the Discharge without Delay programme. Our community teams have continued to support

Whole System Events both within the acute and community hospitals. These events have provided teams opportunities for true whole system and multi-disciplinary working in line with requests for support from Scottish Government in response to the pressures experienced across the health system throughout Quarter 4. The event has identified the need for specific enhancement of the Partnership's hospital-based assessment team in relation to supporting flow to downstream Community Hospital beds. Recruitment is now underway to expand the team with the addition of a nursing role who will work alongside acute colleagues, the North hospital social work and care at home teams promoting discharge without delay and ensuring that patients who are referred to other services after a period of acute care are on the correct pathway to ensure their ongoing care needs are person centred, safe and appropriate.

A list of mitigating actions is identified within the body of text which lays out actions that have been 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.

The Partnership's Dementia Respite Service, Anam Cara, was temporarily closed late in 2022 due to a terminal boiler failure and subsequent water damage. The service has temporarily relocated and successfully recommenced delivering critical respite services from Taigh Mor, Beith, in Quarter 4. The service also received an unannounced inspection from the Care Inspectorate in Quarter 4 receiving grades of 5 (Very Good) for the Quality of supporting people's wellbeing and leadership. The transformation team are supporting the Anam Cara refurbishment project with work on this continuing through Quarter 4 and services will continue to be delivered in Taigh Mor until the Anam Cara service reopens later in 2023.

The number of people waiting for a Social Work assessment has reduced from 247 in Quarter 3 to 226 in Quarter 4. Additional Social Work Staff are now embedded within the locality teams is having a positive impact on performance levels associated with assessments and statutory social care reviews. It is expected that despite ongoing demand for services, this will continue into 2023/2024.

The community nursing review continues to progress and the four sub groups: Workforce and Competencies, IT/Digital, New Models of Care and Clinical Governance continue to develop and implement outputs that will support with service development and the transformation of nursing roles within the community.

The Community Mental Health Team has recently recruited three Mental Health Nurses to enhance the Post Diagnostic Support service. Recruitment has been challenging and the Community Mental Health Team has continued to provide this service during these challenges. The guarantee that all newly qualified nurses will be offered a post has given the team the opportunity to enhance and improve the outcomes of patients diagnosed with a dementia.

Mental Health

Drug and Alcohol Treatment

Local management information shows that compliance levels at January 2023 continue to exceed the target of 90% with performance of 97.9%.

Drug and Alcohol Treatment – Benchmarking

The latest published data for quarter ending September 2022 indicates that compliance for Drug and Alcohol Treatment remains higher across NHS Ayrshire & Arran compared to the overall rate for Scotland.

Alcohol and Drug Services

The main focus of service delivery has been around actions and new developments in line with the 'national mission' in the prevention of drug and alcohol related deaths. A key priority to achieve this is the implementation of Medication Assisted Treatment (MAT) standards. An Improvement Implementation Plan was agreed, and actions have been delivered on alongside accompanying quarterly local and national monitoring and reporting. MAT interventions are now available across all North Ayrshire and Arran localities 5 days a week (nationally set target). Within a MAT assessment, individuals now have access to an alcohol and drug and mental health assessment alongside evidence-based harm reduction interventions (injecting equipment provision, naloxone supply, wound care, Blood Borne Virus testing) and access to a range of Opiate Replacement Therapy medications. Also available is access to social work and social care support, Allied Health Professional support and peer support via staff with lived experience of alcohol and drug problems who are in recovery.

A key challenge has been the recruitment to new and vacant posts especially in relation to Registered Mental Health nursing staff. Should this continue, the contingency is to review the staffing skill mix, redesign and consider investment in alternative posts

Learning Disabilities

The Learning Disability Service continues to experience rapid change, supported by a wide variety of development activity and collaborations. Several parts of the service are also working closely with Health Improvement Scotland.

Trindlemoss Day Opportunities

Trindlemoss Day Opportunities continues to establish new ways of working and service delivery with new staff roles following organisational change. This has included close working with third sector partners, Glasgow School of Art and the local community.

Ward 7A Woodland View

Ward 7A has seen significant progress towards achieving greater stability and recently secured a permanent reduction in beds to support management of highly complex individuals.

Trindlemoss House

Trindlemoss House is now at full capacity with the final resident moving in during September 2022. The lack of communal space to bring residents and staff together continues to cause challenges. The open plan nature of the individual flats has also been something which some of the residents have struggled with since TMH opened. One of the flats has undergone significant environmental works to reduce the open plan nature of the living space with some positive effects being apparent. Recruitment of RNLDs has also been a challenge for an extended period of time however this appears to be improving.

Integrated Community Learning Disability Team

The community team continues to experience significant pressure linked to staffing challenges: while resource has been secured to create additional posts within the team, recruiting to those posts has proved challenging, and has been further impacted by existing staff choosing to leave. This challenging situation is further compounded by the diversity of pressures experienced day-to-day by the team, including significant challenges around identifying Providers with the capacity to take on support where needed.

The community team are also key to the establishment of the new Intensive Support Service, being established to respond to the recommendations of the Coming Home report and create greater scope for the provision of high levels of multi-disciplinary support within the community (beyond the scope of the existing community team). This team will also work with individuals who remain in assessment & treatment inpatient but are delayed discharge.

Engagement post

The Learning Disability Service is also benefiting from a new 1-year post, focused on developing engagement with the service but also exploring broader issues of inclusivity/accessibility within communities.

Psychological Therapies

Psychological Therapies – Compliance

In terms of RTT figures, the 12 month average was 87.3% compliance, with 90% reached on 3 occasions during the fiscal year. Reduction in longest waits has been a priority across those services. The number of patients waiting more than one year has shown a 38% reduction from the start of 2023, and 51% reduction from the highest point in October 2022. Overall numbers waiting across services has remained at a similar level, but with the increase in services providing recordable data, this would be expected. Our strong performance has contributed to SG assessing us a service not requiring enhanced support.

Figure 20 – Monthly Psychological Therapies Performance
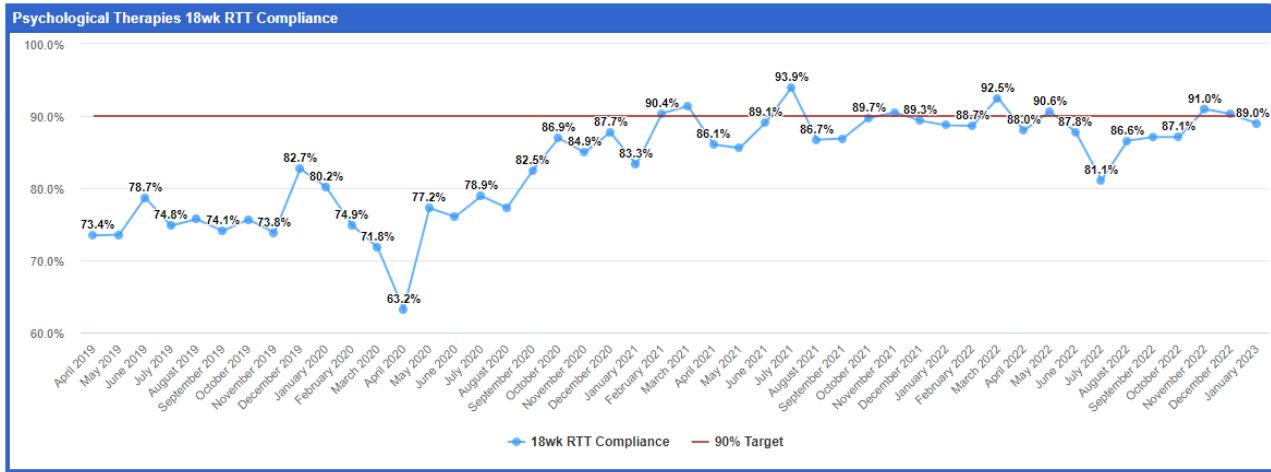
Source: Local Information Team Reports, North Ayrshire HSCP

Psychological Therapies - Benchmarking

The latest published data for quarter ending December 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 and utilises skill mix and post reconfiguration as needed. We have used our full SG PT funding allocation.
- **Service Delivery** – Continued remote delivery and development of assessment and treatment where appropriate. Access to the increased range of SG digital options has been achieved. We continue to engage with SG priorities including the PT and Secondary Care Mental Health Standards Taskforce.
- **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** – Supported the development and implementation of data systems (TrakCare and CarePartner) within specialities to improve accuracy in reporting and access to service data to inform on demand capacity analyses and clinical outcomes.

Child and Adolescent Mental Health Services (CAMHS)

The key performance standard that CAMHS is measured against is Referral to Treatment (RTT) for all referrals. Scottish Government expects 90% of children and young people referred to CAMHS are assessed and receive a form of treatment and intervention within 18 weeks of that referral.

The RTT Compliance at the end of March 2023 was 97% and is continued to be monitored.

CAMHS – Benchmarking

The latest published data for quarter ending March 2023 indicates that compliance levels continue to remain higher across NHS Ayrshire & Arran compared to the Scotland average.

West Road Accommodation developments

West Road in Irvine will be the new Specialist CAMHS Assessment & Treatment Centre for Ayrshire as well as the operational base for the Community Eating Disorders Services.

There will be a delay in accessing West Road with anticipated handover date July 2024.

Community Eating Disorders

Findings from the external review and recommendations are being worked on. The New accommodation at West Road in Irvine will provide an opportunity to resolve many of the environmental and service delivery factors noted within it.

North Ayrshire Adult Community Mental Health Services

The North Ayrshire Adult Community Mental Health Service continues to have a really difficult time during this reporting period. The increase in referrals reported previously continues with an approximate 38-40% increase since 2021.

Staffing continues to be a challenge with investment in core mental health services required and not identified within SG renewal and recovery funding resulting in there being insufficient staffing to meet the CMHHT Workload. There are pressures across each clinical discipline within the service – Medical Staff, Occupational therapy and Psychology are all finding challenges in meeting demand.

The Social Work Team has now employed bespoke MHO's and Social Work assistants to enable the permanent transition to two distinct teams: MHO and Care & Management. However, we require to backfill posts within the Care and Management team prior to full transition.

The uptake from external providers in relation to care packages still remains a significant problem, with all providers reporting a momentous task in recruiting and retaining staff. Some of this has been able to be offset, only on a short-term basis by the development of an in-house support worker service. Considerations are being made with our framework providers as to future delivery models.

Confirmation of the Mental Health & Primary Care Well-being fund is still awaited to support the further development of the Mental Health Practitioner programme and consideration of new trials of change. This piece of work continues across Ayrshire under a Caring for Ayrshire approach.

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 March is detailed in Appendix III. Sickness absence from NAC staff in the Partnership is 4.03 days, 0.73 days over the quarterly target of 3.3 working days.

NHS – Sickness absence from NHS staff in the Partnership is 5.96%, 1.96% above the target of 4.0%

Finance

The Finance information for Quarter 4 is outlined below, however, final NHS information remains outstanding. The budget monitoring summary can be viewed in Appendix 4.

The overall financial performance against budget for the financial period 2022-23 (after adjusting for new earmarked reserves) was an overall underspend of £3.719m. This consisted of £3.170m of underspend in social care services and £0.549m underspend in health services.

This position includes the budget being held on behalf of the IJB by the Council for debt repayment. This £2.321m was allocated at the period-end which completely cleared the outstanding debt to North Ayrshire Council (£1.486m 2021-22).

The main areas of variance during 2022-23 are noted below:

Health and Community Care – overspend of £0.025m mainly relates to overspends in Integrated Island Services, supplementary staffing in rehab wards and care packages for people with a physical disability, offset by underspends in care home placements, reablement and care at home.

Mental Health – underspend of £3.402m which relates to underspends in community mental health, non-employee costs at Trindlemoss and the Lead Partnership for mental health (psychology, child and adolescent mental health services (CAMHS), Action 15 and psychiatry). These underspends are predominantly related to the level of vacant posts in these areas. There is also an underspend in the Alcohol and Drugs Partnership which will be earmarked for use in 2023-24.

Children, Families and Justice – overspend of £2.214m which is mainly related to overspends in services for care experienced children (residential care, respite care and employee costs) and services for children with a disability (residential care, respite care). These were partially offset by an underspend in the Whole Family Wellbeing Fund which will earmarked for use in 2023-24.

Management and Support Costs – underspend of £6.285m mainly relates to over-recovery of payroll turnover due to the level of vacant posts being higher than assumed when setting the budget, and underspends in transition funding, LD day care savings and an underspend in relation to the planned redesign of the West Road building which will be earmarked for use in 2023/24.

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
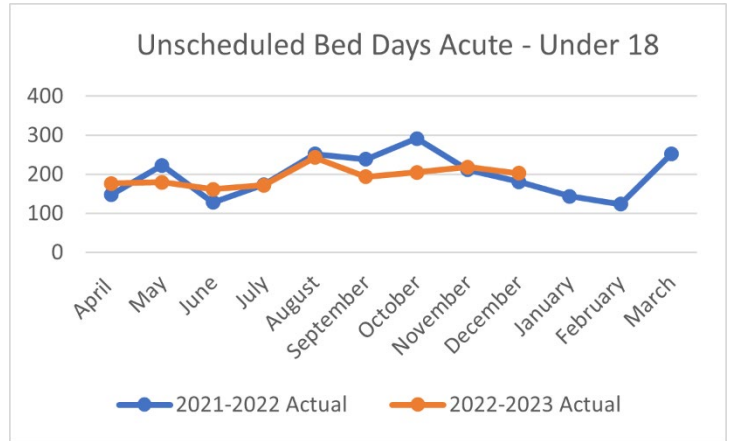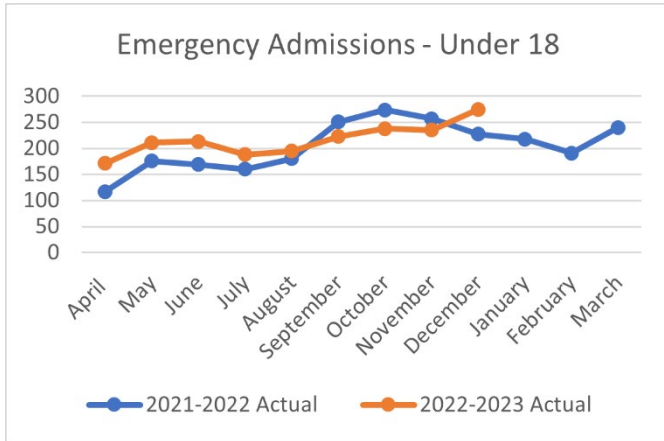
The information below represents the last 3 months of available data.

Emergency Admissions - Acute

October 2022 – 238

November 2022 – 235

December 2022 – 275

Unscheduled Bed Days - Acute

August 2022 – 243

September 2022 – 194

October 2022 – 205

A&E Attendances

October 2022 – 644

November 2022 – 661

December 2022 – 750

Over 18
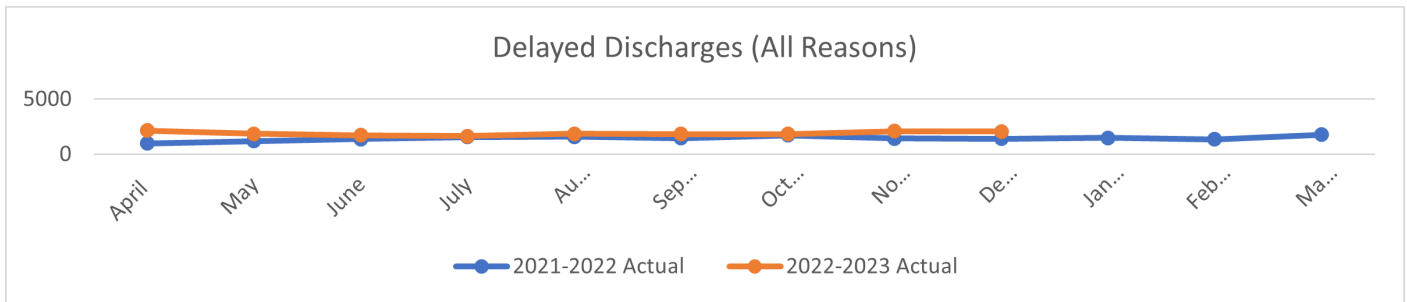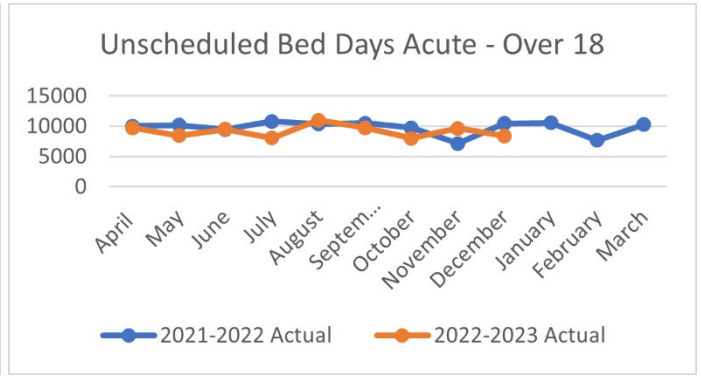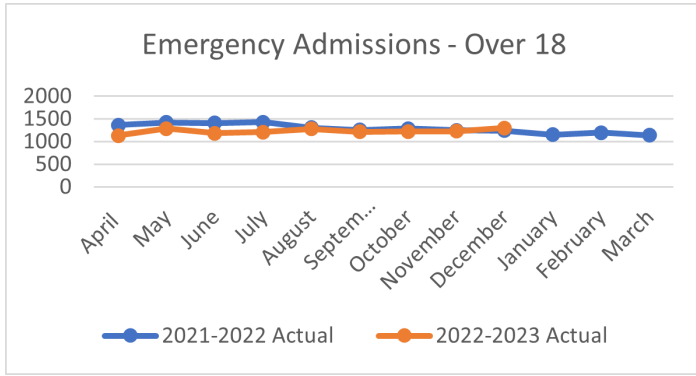
Emergency Admissions - Over 18

Unscheduled Bed Days Acute - Over 18

Delayed Discharges (All Reasons)

The information below represents the last 3 months of available data.

Emergency Admissions - Acute

October 2022 – 1,223

November 2022 – 1,230

December 2022 – 1,301

Unscheduled Hospital Days Acute

October 2022 – 8,053

November 2022 – 9,660

December 2022 – 8,415

A&E Attendances

October 2022 – 2,248

November 2022 – 1,926

December 2022 – 1,918

Delayed Discharge (All Reasons)

October 2022 – 1,819

November 2022 – 2,090

December 2022 – 2,072

Delayed Discharge bed Days –H&SC

October 2022 – 846

November 2022 – 1,121

December 2022 – 994

Appendix 1

MSG Trajectories with Rates

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

Performance Indicator	July-22	August-22	September-22	October-22	November-22	December-22	Performance Data Last Updated
Number of Emergency Admissions to Acute Hospitals	1,398	1,475	1,439	1,461	1,465	1,576	December
Emergency Admissions to Acute Hospitals Rate per 1000	10.1	11.3	Unavailable	Unavailable	Unavailable	Unavailable	August
Number of Admissions from Emergency Dept.	746	769	672	722	706	814	December
Admissions from Emergency Dept. Rate per 1000	5.6	5.7	Unavailable	Unavailable	Unavailable	Unavailable	August
Emergency Dept. conversion rate %	27	26	Unavailable	Unavailable	Unavailable	Unavailable	August
Number of unscheduled hospital bed days in Acute	8,258	11,259	9,966	8,258	9,879	8,618	December
Unscheduled Hospital Bed days in acute rate per 1000	76.9	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	July
Number of Emergency Dept. Attendances	2,738	3,019	2,850	2,892	2,587	2,668	December
Emergency Dept. attendances Rate per 1000	20.4	22.4	Unavailable	Unavailable	Unavailable	Unavailable	August

Performance Indicator	July-22	August-22	September-22	October-22	November-22	December-22	Performance Data Last Updated
Number of Delayed Discharges bed days (all reasons)	1,646	1,846	1,834	1,819	2,090	2,072	December
Number of Delayed Discharges bed days (all reasons) rate per 1000	15.0	16.9	Unavailable	Unavailable	Unavailable	Unavailable	August
Number of Delayed Discharges bed days (code 9)	869	878	776	790	854	984	December
Number of Delayed Discharges bed days (Code 9) rate per 1000	7.9	8.0	Unavailable	Unavailable	Unavailable	Unavailable	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 (i.e., 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 ⬆✅	13 ⬇✅
Employability mentors - No of service users being supported into employment, training, education.	15	Red 🛑	12 🛑	8 ⬇🛑	10 ⬆🛑	13 ⬆🛑
Number of PRI sessions which have taken place	3	Red 🛑	2 🔺	2 ⬌🔺	0 ⬇🛑	0 ⬌🛑
% of completed interventions with positive impact (e.g. DUST, CHAT)	50%	Green ✅	75% ✅	72.7% ⬇✅	91.7% ⬆✅	53.3% ⬇✅
Support 4 formerly cared for young people to move into independent living each year.	4 (Cumulative)	Green ✅	1 ✅	1 ⬌🔺	4 ⬆✅	5 ⬆✅
Support 45 children and young people into kinship care placements each year.	45 (Cumulative)	Amber 🔺	14 ✅	18 ⬆🛑	31 ⬆🔺	42 ⬆🔺
Recruit 6 new foster carers each year.	6 (Cumulative)	Red 🛑	0 🛑	0 ⬌🛑	1 ⬆🛑	2 ⬆🛑
No. of requests for assistance made by health visitors or family nurse	450	Red 🛑	449 ✅	436 ⬇✅	396 ⬇🛑	452 ⬆✅
Increase % of requests for assistance remaining within Universal Early Years	47%	Green ✅	42.1% 🛑	38.8% ⬇🛑	49.8% ⬆✅	43.4% ⬇🔺

Measure	Target 2022-23	Current Status	Q1 2022-23	Q2 2022-23	Q3 2022-23	Q4 2022-23
Increase % of children with no developmental concern recorded at the 13–15-month assessment (Child Health)	85%	Green ✅	81.2% ✅	85.9% ⬆ ✅	85.0% ⬇ ✅	Information reported in 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% ⬇ ✅	81.1% ⬆ ✅	Information reported in arrears due to data validation timescales
Reduce the number of people waiting for assessment	150	Red 🔴	229 🔴	224 ⬆ 🔴	247 ⬇ 🔴	226 ⬆ 🔴
Reduce the number of people on the waiting list for a Care at Home service in the Community	90	Red 🔴	157 🔴	174 ⬇ 🔴	243 ⬇ 🔴	174 ⬆ 🔴
Reduce the numbers of people on the waiting list for a Care at Home service in Hospital	12	Red 🔴	19 🔴	11 ⬆ ✅	26 ⬇ 🔴	24 ⬆ 🔴
Reduce the number of days that people spend in hospital awaiting discharge. (Arran bed days)	90	Red 🔴	132 🔴	198 ⬇ 🔴	272 ⬇ 🔴	225 ⬆ 🔴
People attending the emergency department will be seen within 4 hours from arrival at hospital (Arran)	95%	Green ✅	99.4% ✅	98.2% ⬇ ✅	99.3% ⬆ ✅	98.2% ⬇ ✅
Waiting Times Standard – 90% Commence treatment within 3 weeks of referral (Alcohol)	90%	Green ✅	97% ✅	98% ⬆ ✅	100% ⬆ ✅	96% ⬇ ✅
Waiting Times Standard – 90% Commence treatment within 3 weeks of referral (Drug)	90%	Green ✅	99% ✅	100% ⬆ ✅	100% ↔ ✅	96% ⬇ ✅

Measure	Target 2022-23	Current Status	Q1 2022-23	Q2 2022-23	Q3 2022-23	Q4 2022-23
Increase the number of individuals receiving Medication Assisted Treatment (MAT)	10	Green ✅	16 ✅	42 ⬆️✅	34 ⬇️✅	37 ⬆️✅
Increase the number of Naloxone Kits distributed per annum (387 per year – 97 p/q)	97 p/q	Green ✅	299 ✅	233 ⬇️✅	169 ⬇️✅	145 ⬇️✅
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 ⬆️✅	1,768 ⬆️✅
CAMHS – Seen within 18 weeks (RTT)	90%	Red 🛑	96.8% ✅	80.8% ⬇️🛑	73.4% ⬇️🛑	98.5% ⬆️✅
Psychological Therapies – Seen within 18 weeks (RTT)	90%	Green ✅	88.9% ✅	85.2% ⬇️🔺	89.5% ⬆️✅	86.4% ⬇️✅
Reduce out of hours admissions for people aged 65 and over (MH)	8 p/q	Green ✅	5 ✅	5 ➡️✅	3 ⬆️✅	5 ⬇️✅
Reduce the average length of stay in hospital for people aged 65 and over (MH)	131	Red 🛑	134 ✅	149 ⬇️🛑	134 ⬆️✅	122 ⬆️✅
No under 18 should be admitted onto the Adult Intensive Psychiatric Care Unit (Ward 8)	0	Green ✅	1 🛑	0 ⬆️✅	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% ⬆️✅	97.9% ⬇️✅
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 ⬆️✅	7 ⬇️✅
Average working days lost to sickness absence per employee - NAC	3.30 p/q	Red 🛑	3.79 🛑	4.59 ⬇️🛑	4.12 ⬆️🛑	4.03 ⬆️🛑
Percentage working days lost to sickness absence per employee - NHS	4.0% p/q	Red 🛑	4.97% 🛑	6.02% ⬇️🛑	7.23% ⬇️🛑	5.96% ⬆️🛑

Appendix 3 – Workforce Absence

Table 1a NAC 2022-23 Data

Name	January	February	March	Year to Date	Target	Variance
Health & Social Care Partnership (HSCP)	1.33	1.23	1.47	16.53	13.20	3.33
HSCP Business Administration	1.07	0.83	1.31	12.38	9.60	2.78
HSCP Senior Managers	0.00	0.00	1.14	1.14	5.04	-3.90
Chief Social Work Officer	0.48	0.00	0.00	6.96	5.04	1.92
Professional Standards	0.42	0.00	0.00	6.96	5.04	1.92
Children, Families & Justice (CF)	1.44	1.66	1.98	19.49	13.08	6.41
CF - Garnock Valley,North Coast & Arran	1.52	2.10	1.28	13.39	15.00	-1.61
CF - Irvine, Killwinning & Three Towns	1.08	1.33	1.48	21.95	15.00	6.95
CF - Justice Services	0.00	0.00	0.00	3.67	5.04	-1.37
CF - Care Experienced Children & Young People	0.96	1.31	1.88	19.84	15.00	4.84
CF - Justice & Intervention Services	2.23	2.20	2.79	21.06	9.72	11.34
CF - Universal Early Years	0.53	0.00	0.26	9.24	5.28	3.96
Health & Community Care (HCC)	**1.36**	**1.22**	**1.39**	**17.15**	**14.52**	2.63
HCC - Arran Services	3.75	3.14	0.57	**19.66**	5.04	14.62
HCC - Community Care Services	1.42	1.27	1.46	**17.88**	15.00	2.88
HCC - Locality Services	0.87	0.73	1.10	**11.46**	10.20	1.26
HCC - Rehab & Reablement	0.13	0.00	0.34	**9.51**	15.00	-5.49
HSCP Finance & Transformation	**1.41**	**0.52**	**0.32**	**11.23**	**7.44**	3.79
HSCP - Finance	1.71	0.82	0.65	**9.81**	8.04	1.77
HSCP - Performance	0.81	0.00	0.00	**8.77**	5.04	3.73
HSCP – Strategic Planning & Transformation	1.65	0.62	0.00	**16.95**	8.04	8.91
Mental Health	**1.34**	**1.45**	**1.48**	**15.50**	**23.40**	-7.90
MHS - Addictions	0.13	0.00	0.27	**9.16**	17.76	-8.60

Name	January	February	March	Year to Date	Target	Variance
MHS - Community	1.46	1.65	1.27	**19.77**	24.96	-5.19
MHS - Learning Disabilities	2.01	2.23	2.33	**18.17**	24.96	-6.79

Table 1b NAC 2021-2 Data

Directorate/Section	January	February	March	Year to Date	Target	Variance
Health & Social Care Partnership (HSCP)	1.00	0.95	1.01	11.47	12.42	-0.95
HSCP Business Administration	0.58	0.67	0.82	5.78	9.63	-3.85
HSCP Senior Managers	0.00	0.00	0.00	1.44	8.20	-6.76
HSCP Strategic Planning & Transformation	Unavailable	0.22	0.95	1.17	1.43	-0.26
Children, Families & Justice (CF)	0.87	1.05	0.90	10.82	12.47	-1.65
CF - Fieldwork	1.57	1.37	1.43	16.64	7.60	9.04
CF - Intervention Services	0.79	1.53	0.96	11.59	12.63	-1.04
CF - Justice Services	0.12	0.15	0.14	8.14	12.95	-4.81
CF - LAAC	0.94	1.10	1.05	10.48	18.23	-7.75
CF - Practice Development & Review	1.00	0.52	0.00	7.82	5.00	2.82
CF - Universal Early Years	0.77	1.74	1.57	4.90	5.00	-0.10
Health & Community Care (HCC)	1.18	0.94	1.04	12.56	12.06	0.50
HCC - Arran Services	0.00	0.00	0.00	0.88	5.00	-4.12
HCC - Community Care Services	1.18	0.98	1.07	13.48	12.87	0.61
HCC - Locality Services	1.59	1.13	0.91	11.10	10.19	0.91
HCC - Long Term Conditions	0.00	0.24	1.88	6.40	5.00	1.40
HCC - Primary Care Service	0.00	0.00	0.00	2.70	5.00	-2.30
HCC - Rehab & Reablement	1.76	0.00	0.00	4.69	11.81	-7.12
HSCP Finance & Transformation	0.75	0.09	0.31	3.35	8.60	-5.25
HSCP - Finance	0.90	0.00	0.00	1.68	9.50	-7.82
HSCP - Performance	1.96	0.00	0.00	3.08	5.00	-1.92
Mental Health	1.12	1.79	2.08	19.94	23.28	-3.34
MHS - Addictions	0.00	0.66	1.69	6.27	17.81	-11.54

Directorate/Section	January	February	March	Year to Date	Target	Variance
MHS - Community	1.58	2.92	3.38	22.76	25.00	-2.24
MHS - Learning Disabilities	1.48	1.88	1.73	25.18	25.00	0.18

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	3.71
Children's Health / Care & Justice Services North	4.55	5.74	5.34	3.94
Community Health & Care Services North	4.98	5.87	7.68	6.93
Lead Partnership North	5.27	6.63	7.70	5.74
Grand Total	**4.97**	**6.02**	**7.23**	**5.96**

Appendix 4 – Finance

Service	2022-23 Budget £000	2022-23 Actual £000	Variance (Fav) / Adv £000
Health and Community Care	85,261	85,286	25
Mental Health	96,133	92,731	(3,402)
Children, Families and Justice	38,076	40,290	2,214
Primary Care	51,357	51,277	(80)
Allied Health Professionals	9,532	9,463	(69)
Management and Support Costs	(175)	(6,460)	(6,285)
Change Programme	1,194	1,197	3
Chief Social Work Officer	2,570	866	(1,704)
Total Expenditure	**283,948**	**274,650**	**(9,298)**
Total Income	**(283,948)**	**(283,948)**	**0**
Outturn On A Managed Basis	**0**	**(9,298)**	**(9,298)**
Lead Partnership Allocations	0	1,360	1,360
Outturn On An Ijb Basis	**0**	**(7,938)**	**(7,938)**
New Earmarking	0	4,219	4,219
Final Outturn Position	**0**	**(3,719)**	**(3,719)**

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
CASST	Child & Adolescent Specialist Substance Team
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
MDT	Multi-Disciplinary Team

Acronym	Description
MH/ MHS	Mental Health/ Mental Health Service
MHO	Mental Health Officer
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

Appendix 6 – Monthly Psychological Therapies Performance

Month	Value
January 2023	89.0%
December 2022	90.1%
November 2022	91.0%
October 2022	87.1%
September 2022	86.7%
August 2022	86.6%
July 2022	81.1%
June 2022	87.8%
May 2022	90.6%
April 2022	88.0%
March 2022	92.5%
February 2022	88.7%
January 2022	88.8%
December 2021	89.3%
November 2021	90.1%
October 2021	89.7%
September 2021	86.7%
August 2021	86.7%
July 2021	93.9%
June 2021	89.1%
May 2021	86.0%
April 2021	86.1%
March 2021	90.6%
February 2021	90.4%
January 2021	83.3%
December 2020	87.7%
November 2020	84.9%
October 2020	86.9%
September 2020	82.5%
August 2020	75.2%
July 2020	78.9%
June 2020	75.0%
May 2020	77.2%
April 2020	63.2%
March 2020	71.8%
February 2020	74.9%
January 2020	80.2%
December 2019	82.7%
November 2019	73.8%
October 2019	75.0%
September 2019	74.1%
August 2019	75.0%
July 2019	74.8%
June 2019	78.7%
May 2019	73.4%