



*Delivering care  
together*

NORTH AYRSHIRE

## **Health and Social Care Partnership**

# Joint Performance Review Report

April 2018 – September 2018

Version 1, November 2018

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## Introduction

The purpose of this report is to afford a high level overview of the progress being made in 2018-19 by the Health & Social Care Partnership in delivering the strategic priorities as set out in our 3 year strategic plan.

A glossary of acronyms used within this report is contained in Appendix 4.

## Overview

We have started 2018-19 with a new Partnership strategy and a developing focus on defining core impact actions that add tangible service benefits and have subsequent influence on associated areas of challenge and transformation. Throughout 2018-19 we will continue to monitor progress on core performance areas while benchmarking and setting targets for new actions undertaken to support our strategic objectives.

Through consultation we will continue to measure our performance against the retained 5 Strategic Priorities of:

- Tackling Inequalities
- Engaging Communities
- Improving Mental Health and Wellbeing
- Bringing Service Together
- Prevention and Early Intervention

We have a projected 2018-19 outturn of a year-end overspend of £0.458m. The main areas of pressure continue to be care homes, looked after children, Learning Disability care packages, elderly and adult in-patients within the lead partnership and the unallocated NHS CRES (Cash-Releasing Efficiency savings).

We will continue to consider all available options to reduce our absence levels and ensure a continuity of service as our absence rate of 3.49 days per NAC employee is already 26.5% above target of 2.76 days for 2018-19.

## Children, Families and Justice Services – Key Highlights

### Children Services and Quality Improvement

- Progression of plans for ASN (Additional Support Needs) Residential and Respite units to be two separate buildings

### Child Protection Team – Evaluation (October 2017 – March 2018)

- The CP Team comprises seven Social Workers and one Team Manager. The decision to establish such a team was based on an analysis of procedural timescales which were not being adhered to. This evaluation covers the period October 2017 – March 2018.
- The evaluation showed:-

The length of time that children and young people are on the Child Protection Register has reduced in general and over the last 3 months from being on the register for 185 days, this has reduced to 111 days.

The numbers of children and young people who have been removed from the Child Protection Register after three months has increased due to improved home situations.

There are less children and young people removed from home, i.e. from October 16 to October 17 - 26 % of children were accommodated - however from October 17 to June 18 - only 9% of children have been accommodated.

All Child Protection Investigation Reports are hand delivered to families prior to the Child Protection Case conference which enables staff to discuss the process of the conference as well as their recommendations, which are noted within this update. As a result, families are more informed and can have greater involvement in the process.

A new template is now used with parents/families, based on the 'Signs of Safety' approach, whereby they are able to express their views on the process in terms of what has gone well, what has not gone so well and what needs to happen.

Since the formation of the Team, 72% of Child Protection investigations have been completed within 14 days.

### Intervention Services

- The MAASH team continues to deliver on significant outcomes for Child Concerns, Domestic Violence and Adult Concerns as well as providing savings to the HSCP and our partners. The team can now evidence 47% reduction in domestic violence over the past 5 years as well as 47% reduction in the number of children referred to the Children's reporter for concerns. As service delivery has developed and increase, a practice team manager has also been appointed to support the MAASH team.

## Health and Community Care – Key Highlights

### Carers:

- Being a young carer can have a big impact on the things that matter at various ages and stages of growing up. Both HSCP (Health and Social Care Partnership) & E/EY (Education/ Early Years) staff agree that young carers should be supported to be children and young people first and foremost and be protected from undertaking caring responsibilities or tasks that are inappropriate with regard to their age and maturity.
- We have jointly produced North Ayrshires Young Carer Statement (YCS), Eligibility Thresholds, Processes and Guidance Framework to help identify young carers and ensure their voices are heard and support offered.
- We have delivered support sessions to Head Teachers/Pastoral Staff/Social Work Teams and Unity have visited all Schools in North Ayrshire (P5 - 6th Year assemblies) to raise awareness of the caring role. This work has seen an increase in referrals and registrations from 63 - 107 young carers, with the hopes it continues to rise.
- The Named Person and our Social Work Teams are the agreed responsible authorities for supporting young carers in the preparation of their YCS.
- A new process for Self-Directed Support Option 2 - Individual Service Funds (where people tell us who they want to commission their support from and we arrange this, then the person directs their care with the Provider) has been implemented. We are looking at making the process less bureaucratic and quicker in relation to the commissioning of support once funding has been released. Option 2 numbers for 2016/17 and 2017/18 were 23.
- 126 young carers have been identified and offered the opportunity to prepare their Young Carer Statement. This offer was sent via letter to the young person (119 from the Health and Social Care Partnership and 7 from Unity) and directed them to their Head Teacher or Pastoral Care staff for further information and indeed if they wanted to accept this offer.

### Ward 2, Woodland View Palliative/End of Life Care

- Ward 2 has 6 beds that are designated for end of life care. Historically end of life patients were admitted to where ever the empty bed in the ward was situated. The ward worked with 3 teams each with a registered nurse and 2 Nursing Assistants for their allocated 10 patients.
- Having end of life patients mixed in with complex care proved to be very stressful for the staff as they felt they had little time to spend with the palliative patients and their relatives.
- After much discussion it was decided that we would keep the 6 palliative beds together (from room 25 to 30 ) and work it as a separate team still having 1 Registered Nurse and 2 Nursing Assistant for the 6 patients. This has proved to be successful. Staff have more time to spend with the patients and their relatives.

## **Mental Health Services – Key Highlights**

### MDT (Multi-Disciplinary Team) Screening Pilot

As part of the ongoing Adult Community Mental Health Change Programme a working group consisting of mental health nursing, mental health social work, occupational therapy, psychiatry and psychology developed a process for screening external non-urgent referrals into the integrated adult Community Mental Health Service in North Ayrshire. The follow recommendations/conclusions were made;

- Identification of possible service outcomes
- The importance of systems training (CareFirst/Care Partner)
- System access for admin staff
- The multi – disciplinary approach to screening was a strength of the pilot (with all parts of the integrated service involved) and the group agreed this approach should continue for any future joint screening process
- Staff reported benefits in terms of relationship building with colleagues and an increased understanding of the roles of different disciplines.
- The group suggested that the design of any co-location should take account of the improved relationships and increased understanding of each other’s roles arising from staff sharing the same room and interacting on an informal basis.

### Mental Health Conversation

- The online questionnaire for the Mental Health Conversation closed on the 17<sup>th</sup> of September. The findings will create responses (national, pan-Ayrshire and North Ayrshire) that will align services in Ayrshire with the national vision. This was in response to the recent publication of the Scottish Governments 10-year Mental Health Strategy in March 2017 - a vision for wellbeing – to achieve parity between mental and physical health.

### Mental Health Practitioner




- Interviews have taken place for the new Mental Health Practitioner role. As such, the Mental Health Practitioner Pilot aims to scope the low level mental health requirements for GP practices, develop and test a future service model for GP practices and specialised mental health services, provide education and support to general practice staff around low level mental health for GP practices and improve early advice and signposting for GP practices to community level support for people with mental health problems in North Ayrshire.

### Crisis Team

- Extra members have been recruited to the Crisis team. This will allow the successful implementation of the Mental Health Triage pathway to assist frontline police officers in providing timely and appropriate support to people experiencing a mental health crisis. This was in response to the recognised individuals that were coming to the attention of Police Scotland where there were concerns that the person may have a mental health difficulty. At this time the only recourse Police Scotland has is to remove the individual from wherever they were at that time and transported to the Emergency Department (ED) for further assessment.

# Summary of Performance Measures

The table below shows a high level view of progress made against the Partnership strategic priorities with all measures presented in Appendix [1]. At the time of the report there are 24 measures attributed to the first year of our new Strategic Plan with those showing a Red or Amber status presented with commentary.

Quarter				Data	Reported 1 Qtr Behind	Data Not Available
Q1	5	1	6	3	4	5
Q2	6	0	9	1	4	4
Q3				-		
Q4				-		







## **Key Performance Measures – Red and Amber Status**

### **Priority 1. Tackling Inequalities**

\*The Tackling Inequalities PI's are currently meeting set targets (see Appendix 1).



## Priority 2. Engaging Communities

NAHSCP_07	Description			National Outcome
EC	Number of Adults accessing Direct Payments			Independent
	Value	Target	Status	Short Trend
Q4 2017/18	112	110		
Q1 2018/19	112	110		
Q2 2018/19	100	110		
Q3 2018/19				
Q4 2018/19				

### Value Context and Commentary

**2018/19 - Quarter Two Update:** There has been a reduction of 12 adults accessing direct payments from the previous quarter. In the coming months further work will be undertaken to work with the health and social care teams to increase the number of service users making informed choices and ultimately directing their care in the manner that suits them.

**2018/19 - Quarter One Update:** There has been no change in value from Q4 2017-18. Service target will be defined over the coming months.

### Priority 3. Bringing Services Together

NAHSCP_14	Description			National Outcome
BST	Number of days people spend in hospital when they are ready to be discharged (Bed days lost).			Quality of Life
	Value	Target	Status	Short Trend
Q4 2017/18	2,095	1,936		
Q1 2018/19	1,331	1,936		
Q2 2018/19				
Q3 2018/19				
Q4 2018/19				

#### Value Context and Commentary

**2018/19 - Quarter Two Update:** Due to a system transition within NHS we have not been able to achieve the validated data for this quarter. The Partnership is creating a team to be based within the hospital, focussing on cleansing the data and reducing delayed discharges.

**2018/19 - Quarter One Update:** Due to a system transition within NHS we have not been able to achieve the validated data for this quarter.

**2017/18 - Quarter Four Update:**

Excludes code 9 complex (there are 12 Complex Code 9's taking up 1468 bed days (3 at LM, 4 at ACH, 4 at XH))







NAHSCP_75	Description			National Outcome
BST	Average working days lost to sickness absence per employee. (Previously SPSS_P_G01)			Engaged Workforce
	Value	Target	Status	Short Trend
Q4 2017/18	15.38	11		
Q1 2018/19	3.49	2.75		
Q2 2018/19	6.8	5.5		
Q3 2018/19				
Q4 2018/19				

#### Value Context and Commentary

**2018/19 - Quarter Two Update:** Following an IJB decision in August of this year, the partnership will be launching a new 'Attendance Reward Scheme' for all staff in the North Ayrshire Health and Social Care Partnership. At the end of every quarter next year, all staff who have full attendance will have their names put in a draw.

The Health and Social Care Partnership continues to support staff in a variety of ways, from counselling services to physio support, to restricted duties and phased returns.

**2018/19 - Quarter One Update:** Musculoskeletal (MSK) and Counselling resources have been recruited for NAC and NHS staff in order to improve this.

NAHSCP_76	Description			National Outcome
BST	Percentage working days lost to sickness absence (HSCP NHS Staff)			Engaged Workforce
	Value	Target	Status	Short Trend
Q4 2017/18	6.19%	4.5%		
Q1 2018/19	5.2%	4.5%		
Q2 2018/19	5.76%	4.5%		
Q3 2018/19				
Q4 2018/19				

#### Value Context and Commentary







##### 2018/19 - Quarter Two Update:

Following an IJB decision in August of this year, the partnership will be launching a new 'Attendance Reward Scheme' for all staff in the North Ayrshire Health and Social Care Partnership. At the end of every quarter next year, all staff who have full attendance will have their names put in a draw.

The Health and Social Care Partnership continues to support staff in a variety of ways, from counselling services to physio support, to restricted duties and phased returns.

**2018/19 - Quarter One Update:** Musculoskeletal (MSK) and Counselling resources have been recruited for NAC and NHS staff in order to improve this.

## Priority 4. Prevention & Early Intervention





NAHSCP_78	Description			National Outcome
PEI	Care at Home capacity lost due to cancelled hospital discharges (Hrs)			Effective Use of Resources
	Value	Target	Status	Short Trend
Q4 2017/18	6,305.42	4,000		
Q1 2018/19	1,795.75	1,000		
Q2 2018/19	3,513.25	2,000		
Q3 2018/19				
Q4 2018/19				

### Value Context and Commentary

**2018/19 - Quarter Two Update:** 1717.5 hrs of CAH were lost due to cancelled hospital discharges in Q2. The value for this measure is an accumulation of each quarter over the year.

**2018/19 - Quarter One Update:** The value for this measure is an accumulation of each quarter over the year.

**2017/18 - Quarter Four Update:**  
1792.93hrs of CAH were lost due to cancelled hospital discharges in Q4







NAHSCP_82	Description			National Outcome
PEI	Number of Service Users delayed due to funding being confirmed			Effective Use of Resources
	Value	Target	Status	Short Trend
Q4 2017/18	29	0		
Q1 2018/19	31	0		
Q2 2018/19				
Q3 2018/19				
Q4 2018/19				

### Value Context and Commentary

**2018/19 - Quarter Two Update:** Due to a system transition within NHS we have not been able to achieve the validated data for this quarter. The Partnership is creating a team to be based within the hospital, focussing on cleansing the data and reducing delayed discharges.

**2018/19 - Quarter One Update:** Due to a system transition within NHS we have not been able to achieve the validated data for this quarter.

## Priority 5. Improving Mental Health & Well being







NAHSCP_43	Description			National Outcome
PEI	Referral to Treatment Times – Psychological Therapies (North) as at the end of the quarter			Healthier
	Value	Target	Status	Short Trend
Q4 2017/18	74%	90%		
Q1 2018/19	73%	90%		
Q2 2018/19	74%	90%		
Q3 2018/19				
Q4 2018/19				

### Value Context and Commentary

**2018/19 - Quarter Two Update:** There has been a 1% increase from the last quarter for referral to treatment times. There has been an ongoing attempt to recruit a new clinical psychologist which should aid in meeting the target.

**2018/19 - Quarter One Update:** There has been a decrease of 1% in referral to treatment times for Psychological Therapies. 17% below the 90% target.

**2017/18 - Quarter One Update:** 74% of people referred to North PCMHT started treatment within 18 weeks from referral in 17/18, an 2% increase from 16/17.

NAHSCP_45	Description			National Outcome
PEI	Number of accepted CAMHS Referrals with presenting complaint of anxiety or depression (including low mood/depression)			Healthier
	Value	Target	Status	Short Trend
Q4 2017/18	90	23		
Q1 2018/19	71	23		
Q2 2018/19	56	23		
Q3 2018/19				
Q4 2018/19				

### Value Context and Commentary

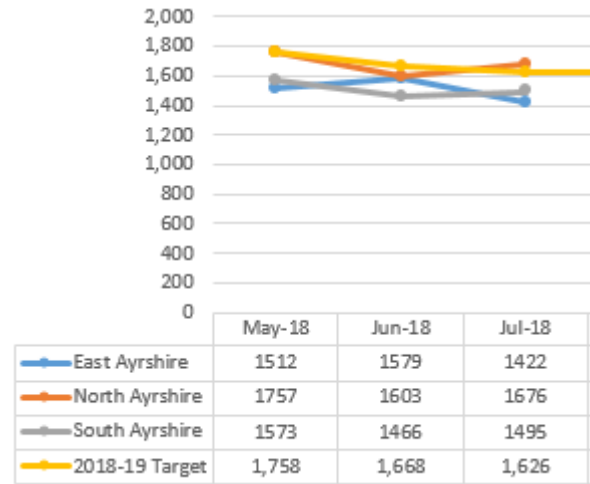
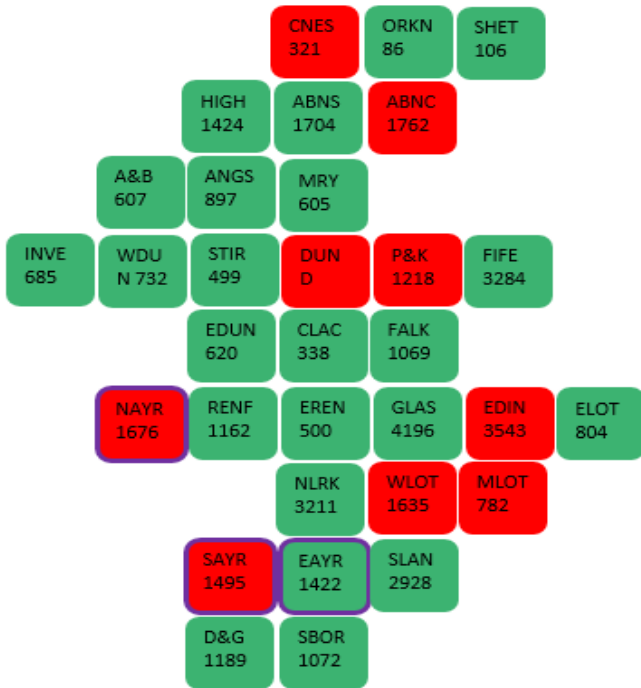
**2018/19 - Quarter Two Update:** There has been a reduction of 15 referrals into CAMHS for either anxiety or depression. Work is ongoing within the Kilwinning locality aiming to support young people at a much earlier stage, preventing escalation into crisis.

**2018/19 - Quarter One Update:** 71 CAMHS referrals were accepted with presenting complaint of anxiety or depression, 19 less from Q4 2017-18. A seasonal drop could be the reason behind this.

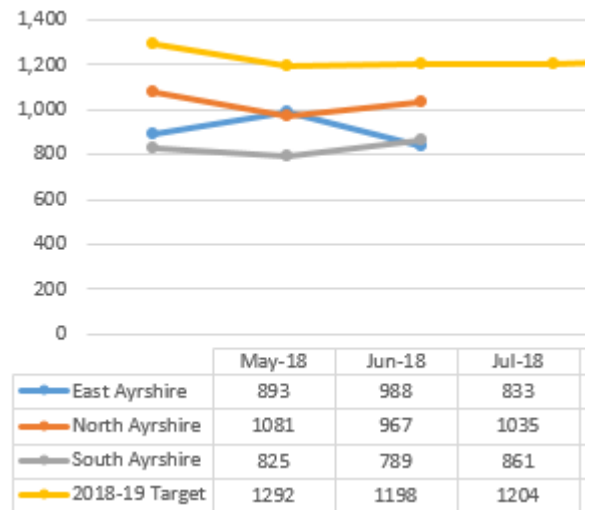
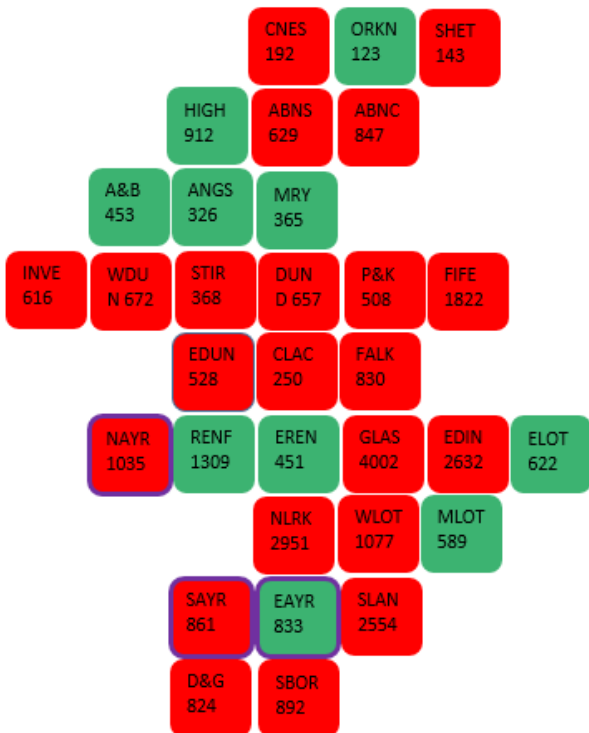
# MSG Indicators

The MSG map represents the comparison of the last 3 months.

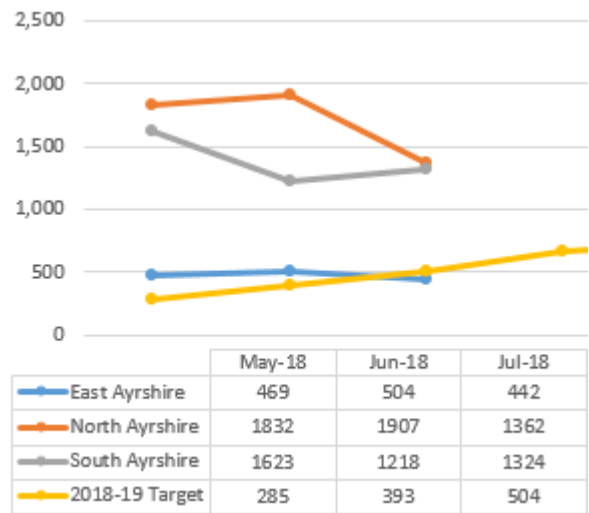
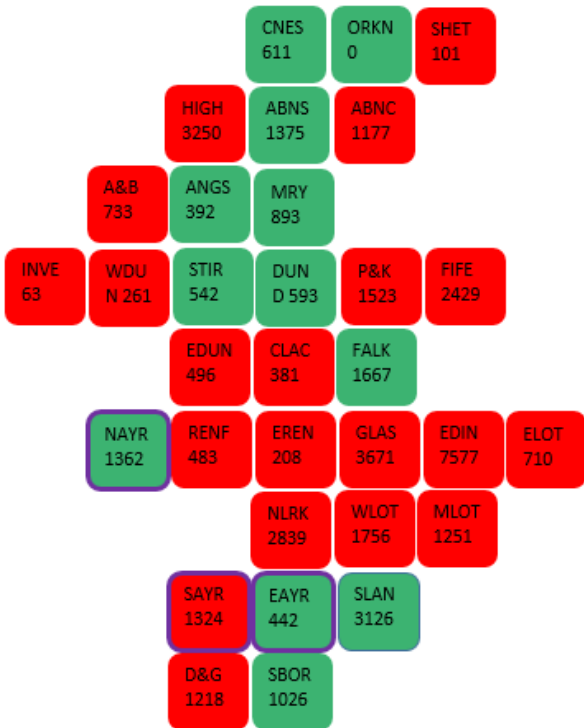
## Emergency Admissions



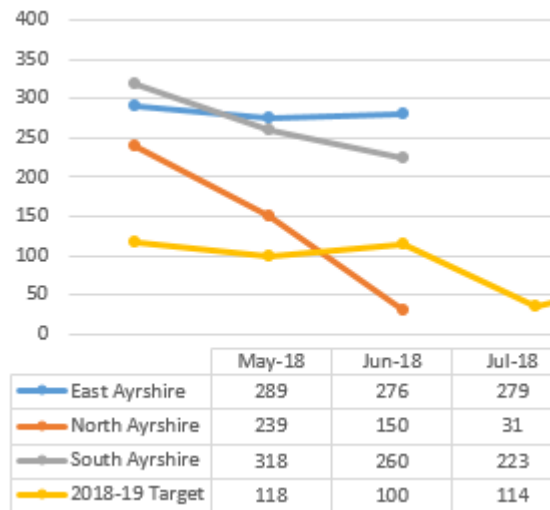
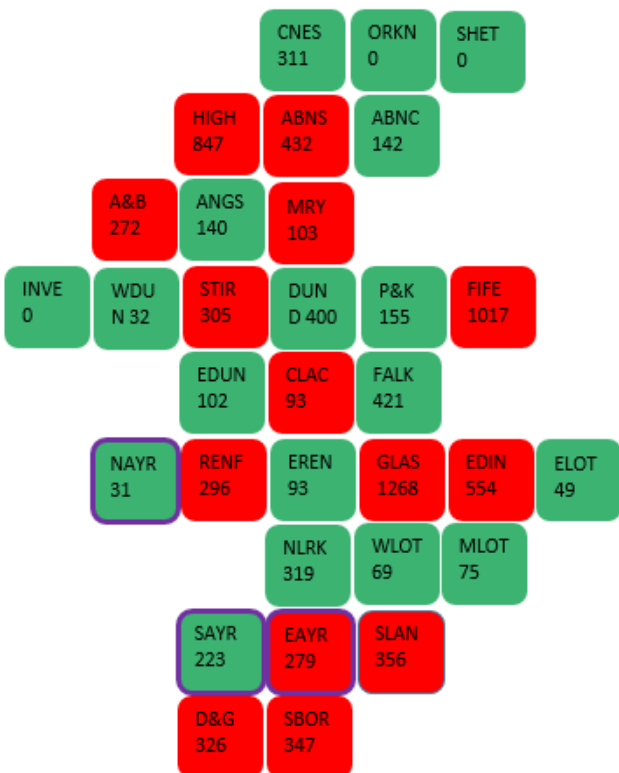
## Emergency Admissions from A&E



## Delayed Discharges Bed Days



## Delayed Discharges – Code 9



Code 9 reasons include:

- Awaiting place availability in specialist facility for under 65s
- Awaiting place availability in specialist facility for over 65s
- Awaiting for completion of complex care arrangements in order to live in own home

- Awaiting bed availability in other NHS hospital/facility when no facilities exist in the NHS Board area
- Patients exercising statutory right of choice - where an interim placement is not possible or reasonable.
- Adults with Incapacity Act delays over 3 months. The cut-off point for these delays has been reduced from 6 months to 3 months to provide a fuller understanding of the reasons behind these delays.



## Change Programme 2018-19

PROJECT	STATUS
<b>Health and Community Care</b>	<p><u>Care Home Savings</u></p> <ul style="list-style-type: none"> <li>• Increased use of respite placements</li> <li>• Favourable movements of £229 – reduction of 15 placements from previous month</li> </ul> <p><u>Challenge Fund – Review Physical Disabilities Caseloads</u></p> <ul style="list-style-type: none"> <li>• Calculated savings per month</li> <li>• Team Managers checking current financial spreadsheets to ensure accuracy of recording</li> <li>• Team Managers have confirmed that all their Physical Disability cases that require to be reviews are now reviewed with the exception of Three Towns Locality</li> </ul> <p><u>Prescribing Savings</u></p> <ul style="list-style-type: none"> <li>• North Ayrshire HSCP (Health and Social Care Partnership) Prescribing budget likely to be just over £30 for 2018/19</li> <li>• 4% CRES has been asked for by the Board and plans have been submitted by the prescribing team as to how we might achieve this</li> <li>• CRES planned from North Ayrshire is just over £1 Million</li> <li>• Planned CRES from projects completed by prescribing team is £316K plus £186K carried forward from work completed at the latter end of 17/18</li> <li>• £296K is planned to come from off patents</li> <li>• Polypharmacy should give around £50K</li> <li>• ScriptSwitch (A real-time decision support tool to GP surgeries) about £150K</li> </ul>
	<b>Mental Health</b>

- Appointment of Learning Disability Development Manager linked to strategy implementation
- Capital funding bid has been proposed to relocate Learning Disability Team to Ayrshire Central Hospital
- Meeting arranged with UWS (University of West Scotland) re. possible implementation of LIFE programme

#### Day Services Recommissioning

- Engagement with Health Improvement staff around exploring existing practice/staff wellbeing
- Engagement to develop revised staff structure to support activity at new site
- Staff survey and skills bank exercise combined with ongoing information sessions for staff
- Meeting held with ARC (Association for Real Change) Development Worker. Supporting service user involvement in the relocation process agreed as a priority for them in North Ayrshire
- Planning session with staff from both Hazeldene and Fergushill, to involve manager's architects, and Health Improvement Staff, with OD support. To be held 31<sup>st</sup> October or 1<sup>st</sup> November
- Fergushill staff and Learning Disabilities managers involved in Care Inspectorate visit to day centre
- Met with Glasgow School of Art to explore possibility of MSc Product Design Students becoming involved in New Year, to work with staff in looking at use of spaces within the new site.

#### Review of care packages

- Identification of social worker to form part of review team
- Desktop exercise to review existing 2:1 supports and opportunities for change
- Engagement with external consultant regarding possible review approach

#### Challenge Fund – Universal Early Years

- Perinatal Mental Health Nurse is going out to recruitment
- Speech and Language to be extended
- Family Nurturer to be reduced from 3FTE to 2 FTE

#### MAASH (Multi Agency Assessment Screening Hub)

- An SBAR has been completed and agreed at the Social Work governance board on the 28<sup>th</sup> September. This now enables the Social Workers with the MAASH (Kilmarnock Police station) to use discretion in what Adult concerns/ASP referrals they record on CareFirst. This brings the Hub in line with GDPR and data protection.
- There is now a practice manager within the MAASH who continues

#### **Children Services**

to carry a small case load and to provide direct management to the team.

**System Wide**

Cap Respite Services

- Changes in current practice for Learning Disabilities and Adult Care Home respite has been communicated to team but this has not yet released savings.

Sickness Absence

- Maximising attendance training for managers led by HR team
- Promotion of health and wellbeing for all staff
- IJB approved the attendance promotion scheme
- Introduction of additional staff resource for occupational health put in place

## Employee Attendance

Staff absence to 30<sup>th</sup> September 2018 is detailed in Appendix 2 – Employee Attendance, with tables 1 and 1b (NAC Staff Group) and table 2 (NHS staff). Staff absence cannot as yet be compiled as one staffing group. Along with absence a detail of the training provided for NHS employees has been included in table 3.

Sickness absence from NAC staff in the partnership is 21.14% above target of 5.5 days at 6.8 days. This is an improvement on the same period in 2017-18 of 7.14 days.

NHS sickness absence for staff in the partnership to September 2018 was 5.76%. Compared to the same period in 2017-18 this is an improvement from 7.20%.

## Finance

The projected outturn is a year-end overspend of £0.458m for 2018-19, taking account a number of mitigating actions and the improvement from implementation of the financial recovery plan. There is scope for this position to fluctuate due to in-year cost and demand pressures and assumptions in relation to funding and the achievement of savings. The position as at August was a projected overspend of £1.247m therefore a significant improvement in the position is now reported.

The improvement in the projected outturn position is encouraging, it should be noted that the improvement is due to a number of factors:

- The impact of the financial recovery plan where to date £0.740m of the mitigation has been achieved;
- A slowing down of expenditure and commitments by services, for example the level of vacancy savings continues to increase;
- Closer scrutiny and review of the Health projections during period 6, which has resulted in the Health element of the budget reporting an overall projected underspend;
- Unanticipated benefits, for example the impact of the reallocation of AHPs.

There are further actions on the financial recovery plan which will potentially further improve the position and services will continue to deploy tight financial management controls. If the financial recovery plan does not deliver the required improvement to the financial position there is a risk that further actions will require to be identified and service quality and performance may be compromised to achieve financial balance.

Overall the main areas of pressure continue to be care homes, looked after children, learning disability care packages, elderly and adult in-patients within the lead partnership and the unallocated NHS CRES savings.

The projected financial position assumes that the remaining balance of unallocated CRES for 2018-19 (£1.668m) will not be met in 2018-19. This balance will be formally addressed as part of the planning for the 2019-20 budget.







It is essential that the IJB operates within the delegated budget and commissions services from the Council and Health Board on this basis. Financial balance has not been delivered in previous years and in the current financial year there is a projected overspend position. More is being done to ensure the financial sustainability of the partnership and to deliver financial balance for the current year. The service transformation programme and the delivery of the those service changes will be at the forefront as this will have the greatest impact on the delivery of financial balance and the ongoing sustainability and safety of services.

The IJB require to commence planning for the budget for 2019-20 onwards, a budget outlook will be presented to the IJB in December. There is a great deal of uncertainty around the funding for further years and there is expected to be some clarity following the Scottish Government budget on 12 December.













Services have commenced planning for the future financial challenges and are currently developing service transformation plans to ensure the IJB are able to approve a balanced budget by 31 March. This work will be shared with the IJB in the coming months.

## Appendix 1 – List of all Performance Indicators



### Priority 1. Tackling Inequalities

PI Description	Quarters								
	Q4 2017/18			Q1 2018/19			Q2 2018/19		
	Value	Target	Status	Value	Target	Status	Value	Target	Status
Balance of Care for looked after children: % of children being looked after in the Community	88.16%	90%		88.17%	90%		89.14%	90%	
Number of LAAC who have 3 or more moves in the past 12 months	12	10		6	10		8	10	

### Priority 2. Engaging Communities

PI Description	Quarters								
	Q4 2017/18			Q1 2018/19			Q2 2018/19		
	Value	Target	Status	Value	Target	Status	Value	Target	Status
Number of Adults accessing Direct Payments	112	110		112	110		100	110	
Number of Children accessing Direct Payments	42	41		45	41		42	41	
Actively recruit new in-house foster carers (Previously SPSS_P_B06)	103	85		104	85		105	85	
Number of LD service users in voluntary placements.	67	43		61	43		63	43	



### Priority 3. Bringing Services Together

PI Description	Quarters								
	Q4 2017/18			Q1 2018/19			Q2 2018/19		
	Value	Target	Status	Value	Target	Status	Value	Target	Status
Number of days people spend in hospital when they are ready to be discharged (Bed	2,095	1,936		1,331	1,936				










PI Description	Quarters								
	Q4 2017/18			Q1 2018/19			Q2 2018/19		
	Value	Target	Status	Value	Target	Status	Value	Target	Status
days lost).									
Average working days lost to sickness absence per employee. (Previously SPSS_P_G01)	15.38	11		3.49	2.75		6.8	5.5	
Percentage working days lost to sickness absence (HSCP NHS Staff)	6.19%	4.5%		5.2%	4.5%		5.76%	4.5%	
Percentage of purchased care service covered by a contract	85%	70%		90%	70%		97.02%	70%	

#### Priority 4. Prevention & Early Intervention

PI Description	Quarters								
	Q4 2017/18			Q1 2018/19			Q2 2018/19		
	Value	Target	Status	Value	Target	Status	Value	Target	Status
Number of Service users receiving Care at Home	2,021	1,703		1,884	1,703		1,899	1,703	
Percentage of ICES service users seen within 1 day of referral	95.66%	90%		91.4%	90%		100%	90%	
Percentage of ASP Inquiries completed within 5 working days	56.5%			47.9%			51.6%		
Addictions referrals to Treatment within 3 weeks (Alcohol)	96.5%	90%		94.9%	90%				
Addictions referrals to Treatment within 3 weeks (Drugs)	99%	90%		96.4%	90%				
Preschool children protected from disease through % uptake of child immunisation programme (Rotavirus)	93.2%	92.2%		89.7%	92.2%				
Preschool children protected from disease through % uptake of child immunisation programme (MMR1)	93.9%	98.2%		95.2%	98.2%				
Care at Home capacity lost due to cancelled hospital discharges (Hrs)	6,305.42	4,000		1,795.75	1,000		3,513.25	2,000	
Number of patients waiting for CAH package (Hospital)	50	80		38	80				
Number of Service Users delayed due to funding being confirmed	29	0		31	0				

PI Description	Quarters								
	Q4 2017/18			Q1 2018/19			Q2 2018/19		
	Value	Target	Status	Value	Target	Status	Value	Target	Status
Number of Service Users delayed in discharge to a care home after funding confirmed	11	30		12	30				

**Priority 5. Improving Mental Health & Well being**

PI Description	Quarters								
	Q4 2017/18			Q1 2018/19			Q2 2018/19		
	Value	Target	Status	Value	Target	Status	Value	Target	Status
Number waiting for PCMHT (North) more than 18 weeks	80	48		40	48		36	48	
Referral to Treatment Times – Psychological Therapies (North) as at the end of the quarter	74%	90%		73%	90%		74%	90%	
Number of accepted CAMHS Referrals with presenting complaint of anxiety or depression (including low mood/depression)	90	23		71	23		56	23	



## Appendix 2 – MSG Indicator Table

Performance Indicator	Monthly Data						Performance Data Last Update
	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	
	Value	Value	Value	Value	Value	Value	
Number of Emergency Admissions to Acute Hospitals	1,593	1,763	1,652	1,755	1,603	1,676	July 2018
Emergency Admissions to Acute Hospitals Rate per 1000	11.8	13	12.2	13.0	11.8	12.4	July 2018
Number of Admissions from Emergency Dept.	1,000	1,131	1,095	1,081	967	1,035	July 2018
Admissions from Emergency Dept. Rate per 1000	7.4	8.4	8.1	8.0	7.1	7.6	July 2018
Emergency Dept. conversion rate	35	34	33	30	28	30	July 2018
Number of unscheduled hospital bed days in Acute	9,954	8,798	11,714	10,867	9,324	7,637	July 2018
Unscheduled Hospital Bed days in acute rate per 1000	73.5	65	86.5	80.3	68.9	56.4	July 2018
Number of Emergency Dept. Attendances	2,826	3,292	3,303	3,558	3,476	3,469	July 2018
Emergency Dept. attendances Rate per 1000	20.9	24.3	24.4	26.3	25.7	25.6	July 2018
Number of Delayed Discharges bed days (all reasons)	1,499	1,889	1,631	1,832	1,907	1,362	July 2018
Number of Delayed Discharges bed days (all reasons) rate per 1000	13.7	17.3	14.9	16.7	17.4	12.4	July 2018
Number of Delayed Discharges bed days (code 9)	241	279	273	239	150	31	July 2018
Number of Delayed Discharges bed days (Code 9) rate per 1000	2.2	2.5	2.5	2.2	1.4	0.3	July 2018

## Appendix 3 – Employee Attendance

Table 1a NAC 2018-19 Data

#	Directorate / Service	FTE	April	May	June	Jul	Aug	Sep	YTD	YTD Target	Variance
	Business Administration	169.93	0.81	0.80	0.60	0.95	1.17	1.16	5.49	1.10	4.39
	CF - Fieldwork	93.10	0.57	0.86	0.62	0.99	1.08	1.27	5.39	5.52	-0.13
	CF - Intervent Serv	76.57	1.39	1.56	0.76	0.38	0.40	0.81	5.30	5.52	-0.22
	CF - Justice Services	65.91	1.33	1.77	1.06	0.49	1.08	1.59	7.32	5.52	1.80
	CF - LAAC	101.67	0.79	0.64	0.54	0.69	0.49	0.47	3.62	5.52	-1.90
	CF - Pract Dev & Rev	10.00	0.42	0.00	0.27	2.09	2.09	2.00	6.87	5.52	1.35
	CF - Univer Early Yrs	11.40	0.15	0.04	0.00	0.00	0.96	1.75	2.90	5.52	-2.62
	HCC - Arran Services	10.36	0.41	0.41	0.00	0.10	0.00	2.83	3.75	5.52	-1.77
	HCC - Comm Care Serv	548.29	1.30	1.46	1.35	1.26	1.27	1.14	7.78	5.52	2.26
	HCC - Locality Services	88.23	0.88	0.64	0.52	0.95	0.86	0.96	4.81	5.52	-0.71
	HCC - Long Term Cond	20.58	1.62	0.73	0.59	0.00	0.34	0.10	3.38	5.52	-2.14
	HCC - Primary Care Serv	5.00	0.40	0.40	0.00	0.00	0.00	0.00	0.80	5.52	-4.72
	HCC - Rehab & Reable	14.00	0.00	0.21	0.21	1.57	1.79	1.43	5.21	5.52	-0.31
	HSCP - Finance	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.52	-5.52
	Management Team	7.00	0.00	0.00	0.00	0.00	3.29	2.86	6.15	5.52	0.63
	MHS - Addictions	15.60	4.26	4.71	3.60	2.33	1.11	1.09	17.10	5.52	11.58
	MHS - Community	17.80	3.03	3.09	2.87	1.40	1.18	0.22	11.79	5.52	6.27
	MHS - Learning Diff	49.28	1.95	2.35	2.91	2.79	2.80	1.22	14.02	5.52	8.50
	Plan & Performance	17.00	2.22	1.39	1.31	1.29	1.35	0.00	7.56	5.52	2.04
	<b>HSCP</b>	<b>1,324.72</b>	<b>1.16</b>	<b>1.26</b>	<b>1.07</b>	<b>1.07</b>	<b>1.14</b>	<b>1.08</b>	<b>6.78</b>	<b>5.52</b>	<b>1.26</b>

Table 1b NAC 2017-18

Days Lost per FTE	FTE	Apr	May	Jun	Jul	Aug	Sep	YTD	YTD Target	Variance
Bus Sup - Operations	170.26	0.82	1.11	1.24	0.82	1.08	0.97	6.04	3.75	2.29
Bus Sup - Strategy	13.00	0	0	0	0	0	0	0	3.75	-3.75
CF - Criminal Justice	48.10	2.1	1.24	1.42	1.18	1.85	1.53	9.32	3.75	5.57
CF - Fieldwork	116.26	0.7	0.79	0.98	0.87	1.12	1.02	5.48	3.75	1.73
CF - Intervent Serv	74.39	0.51	1.19	1.45	1.73	1.32	1.18	7.38	3.75	3.63
CF - LAAC	111.55	1.64	1.51	1.27	0.84	1.51	0.88	7.65	5	2.65
CF - Pract Dev & Rev	13.50	0.55	1.11	1.22	0.78	1.59	0.74	5.99	2	3.99
CF - Univer Early Yrs	7.40	0.11	1.53	2.33	0	1.56	0.95	6.48	3.75	2.73
HCC - Arran Services	7.14	3.75	2.21	2.21	0	0	0	8.17	3.75	4.42
HCC - Comm Care Serv	507.95	1.1	1.35	1.4	1.29	1.43	1.1	7.67	5.5	2.17
HCC - Locality Cumbrae	82.43	1.13	1.05	1.15	0.62	1.14	1.33	6.42	3.75	2.67
HCC - Long Term Cond	21.23	1.35	1.59	0.93	0.78	1.36	1.79	7.8	3.75	4.05
HCC - Rehab & Reable	24.00	1.13	0.83	1.13	0.17	1.25	1.33	5.84	3.75	2.09
HSCP - Finance	2.00	0	0	0	0	0	0	0	2	-2
Management Team	8.00	0	0.63	0	0	1.75	0	2.38	2	0.38
MHS - Addictions	18.80	1.54	2.23	1.6	1.12	0.59	0.27	7.35	3.75	3.6
MHS - Community	19.10	0.1	0.73	2.72	1.1	1.68	1.1	7.43	3.75	3.68
MHS - Learning Diff	52.92	1.15	2.21	2.32	2.07	2.25	1.51	11.5	3.75	7.76
Plan & Performance	17.80	0	0.06	0.11	0.39	0.67	1.12	2.35	2	0.35
<b>Health &amp; Social Care</b>	<b>1,315.81</b>	<b>1.05</b>	<b>1.25</b>	<b>1.33</b>	<b>1.08</b>	<b>1.35</b>	<b>1.08</b>	<b>7.14</b>	<b>5.5</b>	<b>1.64</b>

Table 2 NHS 2018-19



Organisation & HR Development  
Workforce Information

Attendance summary by Service/Department - September 2018

North Ayrshire H&SCP

	Contracted Hours	Current month absence for September 2018								Current year accumulative as at 30 September 2018										
		Short Term Sick		LongTerm Sick		All Sick	Maternity Leave		Absence relating to EFPs*		Short Term Sick		LongTerm Sick		All Sick	Maternity Leave		Absence relating to EFPs*		
		Hrs	%	Hrs	%	%	Hrs	%	Hrs	%	Hrs	%	Hrs	%	%	Hrs	%	Hrs	%	
<b>North Ayrshire H&amp;SCP Business Support North</b>																				
Community Locality Admin North	1589	38	2.36%	225	14.16%	16.52%	0	0.0%	0	0.00%	8979	80	0.89%	991	11.04%	11.93%	0	0.0%	86	0.96%
Mental Health Support	19498	372	1.91%	943	4.84%	6.74%	0	0.0%	192	0.98%	122943	1338	1.09%	4487	3.65%	4.74%	0	0.0%	1297	1.06%
North Ayrshire Management & Admin	1996	14	0.69%	75	3.76%	4.45%	0	0.0%	0	0.00%	11814	74	0.63%	530	4.48%	5.11%	0	0.0%	63	0.53%
<b>Business Support North</b>	<b>23083</b>	<b>423</b>	<b>1.83%</b>	<b>1243</b>	<b>5.39%</b>	<b>7.22%</b>	<b>0</b>	<b>0.0%</b>	<b>192</b>	<b>0.83%</b>	<b>143737</b>	<b>1492</b>	<b>1.04%</b>	<b>6007</b>	<b>4.18%</b>	<b>5.22%</b>	<b>0</b>	<b>0.0%</b>	<b>1446</b>	<b>1.01%</b>
<b>Children's Health / Care &amp; Justice Services North</b>																				
Child Services	1755	36	2.06%	0	0.00%	2.06%	0	0.0%	5	0.28%	10940	154	1.40%	270	2.47%	3.87%	259	2.4%	5	0.05%
Early Years Children & Families North	12425	8	0.06%	285	2.29%	2.35%	450	3.6%	91	0.73%	75916	564	0.74%	2303	3.03%	3.78%	2718	3.6%	1302	1.72%
School Nursing	1208	23	1.86%	0	0.00%	1.86%	0	0.0%	0	0.00%	7525	75	0.99%	0	0.00%	0.99%	0	0.0%	37	0.49%
<b>Children's Health / Care &amp; Justice Services North</b>	<b>15389</b>	<b>66</b>	<b>0.43%</b>	<b>285</b>	<b>1.85%</b>	<b>2.28%</b>	<b>450</b>	<b>2.9%</b>	<b>96</b>	<b>0.62%</b>	<b>94382</b>	<b>792</b>	<b>0.84%</b>	<b>2573</b>	<b>2.73%</b>	<b>3.56%</b>	<b>2977</b>	<b>3.2%</b>	<b>1344</b>	<b>1.42%</b>
<b>Community Health &amp; Care Services North</b>																				
Community Health & Social Care North	4238	40	0.94%	263	6.19%	7.13%	0	0.0%	25	0.59%	27177	481	1.77%	2393	8.80%	10.57%	0	0.0%	93	0.34%
District Nursing North	9299	60	0.65%	364	3.91%	4.56%	131	1.4%	128	1.37%	56755	366	0.64%	2190	3.86%	4.50%	2106	3.7%	533	0.94%
North Partnership Management Team	568										3524	0	0.00%	0	0.00%	0.00%	0	0.0%	15	0.43%
Older People Services North	13243	328	2.47%	618	4.67%	7.14%	0	0.0%	126	0.95%	80422	2251	2.80%	3532	4.39%	7.19%	0	0.0%	753	0.94%
Packages of Care North	2816	35	1.23%	252	8.95%	10.18%	0	0.0%	15	0.53%	18485	518	2.80%	2141	11.58%	14.38%	626	3.4%	207	1.12%
Rehabilitation & Reablement Service North	4930	16	0.31%	0	0.00%	0.31%	150	3.0%	19	0.38%	30333	293	0.97%	113	0.37%	1.34%	975	3.2%	293	0.96%
Remote & Rural North	7279	282	3.87%	0	0.00%	3.87%	0	0.0%	69	0.95%	42793	732	1.71%	470	1.10%	2.81%	0	0.0%	495	1.16%
<b>Community Health &amp; Care Services North</b>	<b>42372</b>	<b>759</b>	<b>1.79%</b>	<b>1497</b>	<b>3.53%</b>	<b>5.32%</b>	<b>281</b>	<b>0.7%</b>	<b>381</b>	<b>0.90%</b>	<b>259489</b>	<b>4641</b>	<b>1.79%</b>	<b>10837</b>	<b>4.18%</b>	<b>5.96%</b>	<b>3707</b>	<b>1.4%</b>	<b>2387</b>	<b>0.92%</b>

	Current month absence for September 2018									Current year accumulative as at 30 September 2018										
	Contracted Hours	Short Term Sick		LongTerm Sick		All Sick	Maternity Leave		Absence relating to EFPs*	Contracted Hours	Short Term Sick		LongTerm Sick		All Sick	Maternity Leave		Absence relating to EFPs*		
		Hrs	%	Hrs	%	%	Hrs	%	Hrs	%	Hrs	%	Hrs	%	%	Hrs	%	Hrs	%	
<b>North Ayrshire H&amp;SCP</b>																				
<b>Lead Partnership North</b>																				
Addictions North	9716	88	0.90%	321	3.31%	<b>4.21%</b>	150	1.5%	32	0.33%	60133	765	1.27%	1420	2.36%	<b>3.63%</b>	1650	2.7%	533	0.89%
Adult Mental Health Community	1011										6170	0	0.00%	0	0.00%	<b>0.00%</b>	0	0.0%	104	1.69%
Associate Medical Director	6291	38	0.60%	160	2.54%	<b>3.15%</b>	320	5.1%	8	0.13%	52927	389	0.73%	1040	1.96%	<b>2.70%</b>	2040	3.9%	118	0.22%
EMH In-patient North	23076	512	2.22%	1340	5.81%	<b>8.03%</b>	440	1.9%	397	1.72%	143071	3307	2.31%	6159	4.30%	<b>6.62%</b>	3238	2.3%	2255	1.58%
Health & Social Care Management	1736										10614	4	0.04%	0	0.00%	<b>0.04%</b>	0	0.0%	8	0.07%
MH - Adult Community North	9893	51	0.51%	159	1.61%	<b>2.12%</b>	270	2.7%	163	1.65%	61738	573	0.93%	1021	1.65%	<b>2.58%</b>	1329	2.2%	1322	2.14%
MH - Adult Mental Health In Patient	42795	1126	2.63%	2837	6.63%	<b>9.26%</b>	787	1.8%	404	0.94%	264506	5817	2.20%	14187	5.36%	<b>7.56%</b>	5131	1.9%	3270	1.24%
MH - Child & Adolescent Mental Health	6493	16	0.24%	488	7.51%	<b>7.75%</b>	0	0.0%	84	1.29%	42929	939	2.19%	1725	4.02%	<b>6.21%</b>	0	0.0%	649	1.51%
MH - EMH Community North	129										784	15	1.91%	0	0.00%	<b>1.91%</b>	0	0.0%	15	1.91%
MH - Learning Disabilities	10620	169	1.57%	490	4.53%	<b>6.09%</b>	0	0.0%	116	1.08%	60576	1054	1.74%	3782	6.24%	<b>7.98%</b>	0	0.0%	422	0.70%
MH - Psychology	12966	250	1.93%	225	1.74%	<b>3.66%</b>	255	2.0%	41	0.32%	83607	1331	1.59%	1039	1.24%	<b>2.84%</b>	3210	3.8%	958	1.15%
<b>Lead Partnership North</b>	<b>124927</b>	<b>2250</b>	<b>1.80%</b>	<b>6020</b>	<b>4.82%</b>	<b>6.62%</b>	<b>2222</b>	<b>1.8%</b>	<b>1244</b>	<b>1.00%</b>	<b>787054</b>	<b>14195</b>	<b>1.80%</b>	<b>30371</b>	<b>3.86%</b>	<b>5.66%</b>	<b>16598</b>	<b>2.1%</b>	<b>9652</b>	<b>1.23%</b>
<b>North Ayrshire H&amp;SCP</b>	<b>205770</b>	<b>3497</b>	<b>1.70%</b>	<b>9044</b>	<b>4.40%</b>	<b>6.09%</b>	<b>2953</b>	<b>1.4%</b>	<b>1913</b>	<b>0.93%</b>	<b>1284662</b>	<b>21119</b>	<b>1.64%</b>	<b>49788</b>	<b>3.88%</b>	<b>5.52%</b>	<b>23282</b>	<b>1.8%</b>	<b>14829</b>	<b>1.15%</b>
<b>total for North Ayrshire H&amp;SCP</b>	<b>205770</b>	<b>3497</b>	<b>1.70%</b>	<b>9044</b>	<b>4.40%</b>	<b>6.09%</b>	<b>2953</b>	<b>1.4%</b>	<b>1913</b>	<b>0.93%</b>	<b>1284662</b>	<b>21119</b>	<b>1.64%</b>	<b>49788</b>	<b>3.88%</b>	<b>5.52%</b>	<b>23282</b>	<b>1.8%</b>	<b>14829</b>	<b>1.15%</b>

Table 3 NHS Training

## Organisation & HR Development

Workforce Information



### MAST activity by department as at 30 September 2018 (96% target for all topics)

North Ayrshire H&SCP	Headcount	Fire Safety		Management of Aggression		Moving & Handling		Infection Control		Safe Information Handling		Adult Protection		Child Protection		Customer Care		Display Screen Equipment		Equality & Diversity		IT Security		PDR	
		(1 year*)	(18 months*)	(2 years*)	(1 year*)	(once)	(3 years*)	(3 years*)	(once)	(once)	(once)	(once)	(once)	(once)	(once)	(once)	(once)	(once)	(once)	(once)	(once)	(once)	(once)	(once)	(once)
<b>Business Support North</b>																									
Community Locality Admin North	14	12	86%	12	86%	12	86%	12	86%	12	86%	11	79%	12	86%	12	86%	12	86%	11	79%	14	100%	11	79%
Mental Health Support	158	117	74%	126	80%	116	73%	91	58%	99	63%	116	73%	124	78%	154	97%	151	96%	151	96%	153	97%	140	89%
North Ayrshire Management & Admin	22	18	82%	20	91%	19	86%	20	91%	18	82%	20	91%	21	95%	22	100%	22	100%	22	100%	22	100%	22	100%
<b>Business Support North</b>	<b>194</b>	<b>147</b>	<b>76%</b>	<b>158</b>	<b>81%</b>	<b>147</b>	<b>76%</b>	<b>123</b>	<b>63%</b>	<b>129</b>	<b>66%</b>	<b>147</b>	<b>76%</b>	<b>157</b>	<b>81%</b>	<b>188</b>	<b>97%</b>	<b>185</b>	<b>95%</b>	<b>184</b>	<b>95%</b>	<b>189</b>	<b>97%</b>	<b>173</b>	<b>89%</b>
<b>Children's Health / Care &amp; Justice Services North</b>																									
Child Services	24	15	63%	14	58%	14	58%	16	67%	14	58%	13	54%	16	67%	20	83%	22	92%	21	88%	22	92%	21	88%
Early Years Children & Families North	94	85	90%	83	88%	81	86%	77	82%	63	67%	83	88%	90	96%	90	96%	87	93%	90	96%	91	97%	84	89%
School Nursing	9	7	78%	7	78%	6	67%	5	56%	3	33%	6	67%	7	78%	9	100%	8	89%	7	78%	9	100%	7	78%
<b>Children's Health / Care &amp; Justice Services North</b>	<b>127</b>	<b>107</b>	<b>84%</b>	<b>104</b>	<b>82%</b>	<b>101</b>	<b>80%</b>	<b>98</b>	<b>77%</b>	<b>80</b>	<b>63%</b>	<b>102</b>	<b>80%</b>	<b>113</b>	<b>89%</b>	<b>119</b>	<b>94%</b>	<b>117</b>	<b>92%</b>	<b>118</b>	<b>93%</b>	<b>122</b>	<b>96%</b>	<b>112</b>	<b>88%</b>
<b>Community Health &amp; Care Services North</b>																									
Community Health & Social Care North	28	17	61%	18	64%	16	57%	13	46%	8	29%	17	61%	19	68%	24	86%	22	79%	24	86%	24	86%	25	89%
District Nursing North	73	60	82%	64	88%	61	84%	55	75%	41	56%	56	77%	57	78%	62	85%	59	81%	62	85%	62	85%	58	79%
North Partnership Management Team	4	1	25%	1	25%	1	25%	0	0%	1	25%	1	25%	1	25%	1	25%	1	25%	1	25%	1	25%	1	25%
Older People Services North	98	60	61%	75	77%	90	92%	63	64%	31	32%	84	86%	85	87%	94	96%	91	93%	91	93%	93	95%	91	93%
Packages of Care North	19	15	79%	16	84%	18	95%	14	74%	8	42%	17	89%	14	74%	17	89%	16	84%	16	84%	16	84%	14	74%
Rehabilitation & Reablement Service North	35	26	74%	27	77%	32	91%	22	63%	15	43%	28	80%	26	74%	33	94%	32	91%	33	94%	33	94%	32	91%
Remote & Rural North	53	48	91%	45	85%	49	92%	47	89%	34	64%	45	85%	48	91%	52	98%	51	96%	51	96%	53	100%	51	96%
<b>Community Health &amp; Care Services North</b>	<b>310</b>	<b>227</b>	<b>73%</b>	<b>246</b>	<b>79%</b>	<b>267</b>	<b>86%</b>	<b>214</b>	<b>69%</b>	<b>138</b>	<b>45%</b>	<b>248</b>	<b>80%</b>	<b>250</b>	<b>81%</b>	<b>283</b>	<b>91%</b>	<b>272</b>	<b>88%</b>	<b>278</b>	<b>90%</b>	<b>282</b>	<b>91%</b>	<b>272</b>	<b>88%</b>

**Lead Partnership North**

Addictions North	64	61	95%	60	94%	62	97%	59	92%	44	69%	63	98%	63	98%	64	100%	64	100%	64	100%	64	100%
Adult Mental Health Community	8	5	63%	7	88%	5	63%	4	50%	2	25%	5	63%	5	63%	7	88%	7	88%	8	100%	8	100%
Associate Medical Director	43	28	65%	31	72%	28	65%	29	67%	16	37%	29	67%	35	81%	38	88%	39	91%	39	91%	39	91%
EMH In-patient North	152	139	91%	143	94%	148	97%	132	87%	97	64%	139	91%	145	95%	152	100%	150	99%	149	98%	152	100%
Health & Social Care Management	11	8	73%	8	73%	8	73%	8	73%	6	55%	8	73%	9	82%	8	73%	8	73%	8	73%	10	91%
MH - Adult Community North	67	56	84%	57	85%	54	81%	52	78%	41	61%	61	91%	62	93%	64	96%	64	96%	66	99%	65	97%
MH - Adult Mental Health In Patient	283	240	85%	261	92%	266	94%	232	82%	163	58%	257	91%	266	94%	279	99%	276	98%	279	99%	282	100%
MH - Child & Adolescent Mental Health	43	24	56%	27	63%	26	60%	18	42%	15	35%	28	65%	34	79%	38	88%	35	81%	39	91%	37	86%
MH - EMH Community North	1	0	0%	1	100%	0	0%	0	0%	0	0%	0	0%	1	100%	1	100%	1	100%	1	100%	1	100%
MH - Learning Disabilities	72	70	97%	71	99%	70	97%	70	97%	66	92%	70	97%	71	99%	71	99%	72	100%	72	100%	72	100%
MH - Psychology	93	92	99%	92	99%	91	98%	89	96%	89	96%	91	98%	92	99%	93	100%	93	100%	93	100%	93	100%
<b>Lead Partnership North</b>	<b>837</b>	<b>723</b>	<b>86%</b>	<b>758</b>	<b>91%</b>	<b>758</b>	<b>91%</b>	<b>693</b>	<b>83%</b>	<b>539</b>	<b>64%</b>	<b>751</b>	<b>90%</b>	<b>783</b>	<b>94%</b>	<b>815</b>	<b>97%</b>	<b>809</b>	<b>97%</b>	<b>818</b>	<b>98%</b>	<b>823</b>	<b>98%</b>
<b>total for North Ayrshire H&amp;SCP</b>	<b>1468</b>	<b>1204</b>	<b>82%</b>	<b>1266</b>	<b>86%</b>	<b>1273</b>	<b>87%</b>	<b>1128</b>	<b>77%</b>	<b>886</b>	<b>60%</b>	<b>1248</b>	<b>85%</b>	<b>1303</b>	<b>89%</b>	<b>1405</b>	<b>96%</b>	<b>1383</b>	<b>94%</b>	<b>1398</b>	<b>95%</b>	<b>1416</b>	<b>96%</b>

\*It is not currently possible to revalidate e-Learning modules until they have expired. 1 calendar month has therefore been added to these revalidation periods to allow sufficient time to renew e-Learning modules after expiry.

For reference, a list of all courses/modules included in the measurement of the above topics are published on Athena in the "Attendance & Workforce Statistics" area in the "NHS Ayrshire & Arran summary reports" folder.

## Appendix 4 – Finance

Objective Summary Report as at 30th September 2018

Partnership Budget - Objective Summary	2018/19 Budget									2018/19	
	Council			Health			TOTAL			Over/ (Under) Spend Variance at Period 5	Movement in projected budget variance from Period 5
	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>COMMUNITY CARE AND HEALTH</b>	<b>53,591</b>	<b>53,324</b>	<b>(267)</b>	<b>11,688</b>	<b>11,799</b>	<b>111</b>	<b>65,279</b>	<b>65,123</b>	<b>(156)</b>	<b>243</b>	<b>(399)</b>
: Locality Services	24,708	25,331	623	4,178	4,246	68	28,886	29,577	691	946	(255)
: Community Care Service Delivery	25,793	25,180	(613)	0	0	0	25,793	25,180	(613)	(590)	(23)
: Rehabilitation and Reablement	1,050	879	(171)	1,437	1,286	(151)	2,487	2,165	(322)	(223)	(99)
: Long Term Conditions	1,735	1,604	(131)	4,315	4,560	245	6,050	6,164	114	136	(22)
: Integrated Island Services	305	330	25	1,758	1,707	(51)	2,063	2,037	(26)	(26)	0
<b>MENTAL HEALTH SERVICES</b>	<b>23,514</b>	<b>24,283</b>	<b>769</b>	<b>49,445</b>	<b>49,046</b>	<b>(399)</b>	<b>72,959</b>	<b>73,329</b>	<b>370</b>	<b>391</b>	<b>(21)</b>
: Learning Disabilities	18,000	18,885	885	477	349	(128)	18,477	19,234	757	695	62
: Community Mental Health	4,131	4,050	(81)	1,628	1,380	(248)	5,759	5,430	(329)	(287)	(42)
: Addictions	1,383	1,348	(35)	1,226	1,177	(49)	2,609	2,525	(84)	(88)	4
: Lead Partnership Mental Health NHS Area Wide	0	0	0	46,114	46,140	26	46,114	46,140	26	71	(45)
<b>CHILDREN'S AND JUSTICE SERVICES</b>	<b>31,463</b>	<b>31,606</b>	<b>143</b>	<b>3,523</b>	<b>3,133</b>	<b>(390)</b>	<b>34,986</b>	<b>34,739</b>	<b>(247)</b>	<b>(146)</b>	<b>(101)</b>
: Intervention Services	3,772	3,684	(88)	303	317	14	4,075	4,001	(74)	(19)	(55)
: Looked After & Accomodated Children	15,980	16,336	356	0	0	0	15,980	16,336	356	157	199
: Fieldwork	4,588	4,609	21	0	0	0	4,588	4,609	21	(14)	35
: CCSF	319	277	(42)	0	0	0	319	277	(42)	(44)	2
: Justice Services	2,655	2,655	0	0	0	0	2,655	2,655	0	0	0
: Early Years	321	242	(79)	2,847	2,457	(390)	3,168	2,699	(469)	(200)	(269)
: Policy & Practice	3,828	3,803	(25)	0	0	0	3,828	3,803	(25)	15	(40)
: Lead Partnership NHS Children's Services Area Wide	0	0	0	373	359	(14)	373	359	(14)	(41)	27
<b>PRIMARY CARE</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>49,308</b>	<b>49,222</b>	<b>(86)</b>	<b>49,308</b>	<b>49,222</b>	<b>(86)</b>	<b>0</b>	<b>(86)</b>
<b>ALLIED HEALTH PROFESSIONALS</b>				<b>4,570</b>	<b>4,418</b>	<b>(152)</b>	<b>4,570</b>	<b>4,418</b>	<b>(152)</b>	<b>0</b>	<b>(152)</b>
<b>MANAGEMENT AND SUPPORT COSTS</b>	<b>5,132</b>	<b>5,250</b>	<b>118</b>	<b>515</b>	<b>1,074</b>	<b>559</b>	<b>5,647</b>	<b>6,324</b>	<b>677</b>	<b>714</b>	<b>(37)</b>
<b>CHANGE PROGRAMME</b>	<b>658</b>	<b>630</b>	<b>(28)</b>	<b>1,274</b>	<b>1,354</b>	<b>80</b>	<b>1,932</b>	<b>1,984</b>	<b>52</b>	<b>45</b>	<b>7</b>
<b>TOTAL</b>	<b>114,358</b>	<b>115,093</b>	<b>735</b>	<b>120,323</b>	<b>120,046</b>	<b>(277)</b>	<b>234,681</b>	<b>235,139</b>	<b>458</b>	<b>1,247</b>	<b>(789)</b>

## Appendix 5 – Glossary of Acronyms

Acronym	Description
<b>A&amp;E</b>	Assessment and Enablement
<b>ACH</b>	Ayrshire Central Hospital
<b>ADHD</b>	Attention Deficit Hyperactivity Disorder
<b>ARAF</b>	Ayrshire Risk Assessment Framework
<b>AWMH</b>	Arran War Memorial Hospital
<b>BIRD</b>	Brief Intervention & Recreational Drug Use
<b>C&amp;F</b>	Children and Families
<b>CAMHS</b>	Child and Adolescent Mental Health Team
<b>CareNA</b>	Care North Ayrshire
<b>CBT</b>	Cognitive Behaviour Therapy
<b>CMHT</b>	Community Mental Health Team
<b>CP</b>	Child Protection
<b>CYPSG</b>	Children & Young Peoples Strategic Group
<b>EMH</b>	Elderly Mental Health
<b>GP</b>	General Practitioner (Practice)
<b>HCC</b>	Health and Community Care
<b>HSCP</b>	Health & Social Care Partnership
<b>ICT</b>	Intermediate Care Team
<b>IGPAG</b>	Information Governance Pan Ayrshire Group
<b>LAA</b>	Looked After & Accommodated
<b>LAAC</b>	Looked After & Accommodated Children
<b>LD</b>	Learning Disabilities
<b>LOT</b>	Local Operational Teams
<b>MADART</b>	Multiple Agency Domestic Abuse Response Team
<b>MH</b>	Mental Health
<b>MH PRG</b>	Mental Health Public Reference Group
<b>MHS</b>	Mental Health Service
<b>MSG</b>	Ministerial Strategy Group for Health and Community Care
<b>NAC</b>	North Ayrshire Council
<b>NACAS</b>	North Ayrshire Citizens Advice Service
<b>NADARS</b>	North Ayrshire Drug and Alcohol Service
<b>ORT</b>	Opiate Replacement Therapy
<b>OT</b>	Occupational Therapy
<b>PAC</b>	Performance and Audit Committee
<b>PC</b>	Primary Care
<b>PCMHT</b>	Primary Care Mental Health Team
<b>PDS</b>	Post Diagnostic Support
<b>PRG</b>	Public Reference Group
<b>Res</b>	Resources
<b>SDS</b>	Self-Directed Support
<b>SSSC</b>	Scottish Social Services Council
<b>TCAT</b>	Transforming Care After Treatment