

Scottish Borders Health & Social Care
Integration Joint Board



Meeting Date: 22nd Oct 2018

Report By	Robert McCulloch-Graham, Chief Officer for Integration
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**QUARTERLY PERFORMANCE REPORT, AUGUST 2018
(DATA AVAILABLE AT END SEPTEMBER 2018)**

Purpose of Report:	To provide a high level summary of quarterly performance for Integration Joint Board (IJB) members, using latest data available, at the end of September 2018. The report focuses on demonstrating progress towards the Health and Social Care Partnership's Revised Strategic Plan 2018 -2021
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Recommendations:	Health & Social Care Integration Joint Board is asked to: <ul style="list-style-type: none"> a) Note and approve any changes to performance reporting; b) Note the key challenges highlighted.
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Personnel:	<i>n/a</i>
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Carers:	<i>n/a</i>
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Equalities:	A comprehensive Equality Impact Assessment was completed as part of the strategic planning process. Performance information supports the strategic plan.
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Financial:	<i>n/a</i>
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Legal:	<i>n/a</i>
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Risk Implications:	<i>n/a</i>
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Background

- 1.1 For the last IJB meeting in August 2018, the Integration Performance and Finance Group (IPFG) took the opportunity to revisit the structure and content of performance reporting for the IJB, and provided the IJB with a paper that explained the rationale for the inclusions of indicators under the 3 objectives in the revised plan:
 - keeping people healthy and out of hospital (Objective 1)
 - getting people out of hospital as quickly as possible (Objective 2)
 - building capacity within Scottish Borders communities (Objective 3)
- 1.2 Although the proposals were accepted by the IJB, it was noted that the measures are very “hospital” focussed, something that the IPFG is aware of. The measures selected however, are from robust, reliable data sources, and can (in most cases) be compared nationally which is of benefit to both the IJB and to services. Ultimately, whether or not people end up in hospital, how quickly they get out of hospital and whether or not they get re-admitted to hospital is a reflection of how effective the *totality* of services within the Health and Social Care Partnership are integrated and focussed on improving outcomes for individuals.
- 1.3 NHS National Services Scotland’s Information Services Division (ISD) is currently working with all Local Authorities (LA) across Scotland to develop consolidated, consistent and robust reporting in relation to Social Care, through what is called the “Source” return. Initial submissions were made by LAs in July 2018, for the period January to March 2018, and data is currently being reviewed and refined. The Source return will be further developed during 2018/19 with a view to quarterly submissions being made by LAs around a range of measures relating to social care. The IPFG will ensure that any relevant measures, as they develop (with the capacity to benchmark), are proposed to the IJB for inclusion in this report.
- 1.4 In addition to the Source return, there are opportunities for the Borders to contribute (further) to progress the development of other national “non acute” NHS data sets, from which it should ultimately be possible to derive additional measures around service use, for example, the Community Health Activity Dataset (CHAD).
- 1.5 The IJB’s Strategic Planning Group expressed concern about the lack of population health measures, to support Objective 1. Scottish Borders Council (SBC) is currently undertaking a Household Survey, which closes in late September. Although the survey is being conducted on-line, it has also been made available in paper format and promoted extensively through local media. A number of questions have been asked about people’s general health and will provide a good baseline for future survey work, supporting Objective 1 in the Strategic Plan. SBC intends to undertake the survey every two years but has also taken the opportunity, during the survey process, to recruit to and re-establish a People’s Panel that can be used for more focussed work between surveys e.g. around specific topics pertaining to health and social care.
- 1.6 In addition to the indicators that are presented to the IJB on a quarterly basis, a broader range of indicators are collected and reviewed on a regular basis within services, at relevant partnership groups and at the Health and Social Care Leadership Group. Indicators within the IJB report, and the various “layers” that sit underneath, ensure that not only the national requirements for data and information

are met e.g. when the national Ministerial Steering Group (MSG) requires performance information but that services are able to be managed effectively and focused on continuous improvement.

- 1.7 The IPFG is developing its Performance Management Framework that will articulate the various reporting “layers” and should provide IJB members with the assurance that data and performance information is being used to inform continuous improvement across the wide breadth of services that sit within the Health and Social Care Partnership. Given this breadth, it would be impossible to cover all service areas in the high level IJB reporting but the IPFG will ensure that areas of strategic focus are covered as effectively as possible and this may involve the addition or amendment of indicators over time.
- 1.8 The IPFG will always endeavour to present the latest available data and for some measures, there may be a significant lag whilst data is checked, cleansed and then released publicly, which increases robustness and allows for national comparators. Work is ongoing within the group to improve the timeliness of data where possible and to explore the pros and cons of using unverified but timelier local data.
- 1.9 There are two appendices to this report:

Appendix 1 provides a very high level, “at a glance” summary for EMT and the IJB aligned with the revised Strategic Plan;

Appendix 2 provides further details for each of the measures presented in Appendix 1, including performance trends and analysis.

Summary of Performance

- 2.1 Borders has demonstrated a positive trajectory in relation to A&E waiting times over the last few months (now sitting at almost 92% at end June), although the 95% target has not been met during 2018 (which is also the case for Scotland), and has worked hard over the last quarter to maintain performance in some challenging areas e.g. rate of bed days associated with delayed discharge.
- 2.2 Although rate of emergency admissions has fluctuated over the last 4 quarters, it is showing a downward (+ve) trend over the longer term. The rate of emergency admissions *for Scottish Borders residents aged 75+* has generally been decreasing over the longer term but there has been an increase over the last 4 quarters. In relation to spend on emergency hospital stays, Borders has consistently performed slightly better than Scotland. However, there has been a gradual increase since 2014/15. As with other Health and Social Care Partnerships, we are expected to work to reduce the relative proportion of spend attributed to unscheduled stays in hospital.
- 2.3 Quarterly occupied bed day rates for emergency admissions in Scottish Borders *residents age 75+* have fluctuated over time but are lower than the Scottish averages (however, occupied Bed Days in Borders is only in general/acute hospital beds such as Borders General Hospital and does not include bed days in the four Borders’ community hospitals). Quarterly rate of bed days associated with delayed discharges came back down to 204 in Q1 2018/19 (after rising to 273 during Q2

2017/18). % of patients satisfied with care, staff & information in BGH and Community hospitals remains high, taken from the “2 minutes of your time” survey done at BGH and community hospitals.

- 2.4 Quarterly rate of emergency readmissions within 28 days of discharge for Scottish Borders residents has fluctuated over the longer term, but has remained under 11 per 100 discharges from hospital, slightly higher than the Scottish average. The gap has now narrowed, due in part to improvements in the accuracy of NHS Borders' data coding. Scottish Borders quarterly data has been provided in relation to end of life care and is showing an improvement over the longer term, with Borders now comparable to Scotland. Latest available data from Carers Centre shows an increase in completed Carer Support Plans, and improvements in how carers are coping as a result of having a plan in place (assessed using a questionnaire with carers, pre and post plan).
- 2.5 The revised Strategic Plan 2018 - 21 and its Implementation Plan provide more details on actions and timescales, many of which go beyond 2018 due to their transformational nature.
- 2.6 Given the many elements of integrated care, the wide range of services delegated to the Health and Social Care Partnership, and national changes in policy and direction, it is anticipated that performance reporting to the IJB will further develop over time. Performance reporting will increasingly align to and support the revised Strategic Plan and will be overseen by the IPFG.



CHANGING HEALTH & SOCIAL CARE FOR YOU

Working with communities in the Scottish Borders for the best possible health and wellbeing

SUMMARY OF PERFORMANCE FOR INTEGRATION JOINT BOARD OCTOBER 2018

This report provides an overview of quarterly performance under the 3 strategic objectives within the revised Strategic Plan, with **latest available data at the end of September 2018**. A number of annual measures that have been updated recently are included in the [Annual Performance Report 2017/18](#)

+ve trend/Scottish Borders compares well to previous period/to Scotland	-ve trend/some concern from previous period or when compared to Scotland	Little change/little difference over time/to Scotland
KEY		

HOW ARE WE DOING?

OBJECTIVE 1

We will improve health of the population and reduce the number of hospital admissions.

EMERGENCY HOSPITAL ADMISSIONS (BORDERS RESIDENTS, ALL AGES) 28 admissions per 1,000 population (April - June 2018) Little change over 4 Qtrs Higher than Scotland	EMERGENCY HOSPITAL ADMISSIONS (BORDERS RESIDENTS AGE 75+) 86.8 admissions per 1,000 population Age 75+ (April - June 2018) -ve trend over 4 Qtrs Similar to Scotland	ATTENDANCES AT A&E 7,966 attendances (April - June 2018) -ve trend over 4 Qtrs Trend similar to Scotland	£ ON EMERGENCY HOSPITAL STAYS 23.7% of total health and care resource , for those Age 18+ was spent on emergency hospital stays (Jan - March 2018) -ve trend over 4 Qtrs Lower than Scotland
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Main Challenges

Although rate of emergency admissions has fluctuated over the last 4 quarters, it is showing a downward (+ve) trend over the longer term. The rate of emergency admissions for Scottish Borders (SB) residents aged 75+ has generally been decreasing over the longer term but there has been an increase over the last 4 quarters. In relation to spend on emergency hospital stays, Borders has consistently performed slightly better than Scotland. However, there has been a gradual increase since 2014/15. As with other Health and Social Care Partnerships, we are expected to work to reduce the relative proportion of spend attributed to unscheduled stays in hospital.

Our plans during 2018 to support this objective

Develop Local Area Co-ordination; redesign day services; continue Community Link Worker pilot in Central and Berwickshire areas; expand the scope of the Matching Unit, the "hospital to home" project (which is working to support frail elderly patients in their own homes) and Neighbourhood Care to focus on keeping people out of hospital.



OBJECTIVE 2

We will improve the flow of patients into, through and out of hospital.

A&E WAITING TIMES (TARGET = 95%)	NO. OF OCCUPIED BED DAYS* FOR EMERGENCY ADMISSIONS (AGES 75+)	RATE OF OCCUPIED BED DAYS* FOR EMERGENCY ADMISSIONS (AGES 75+)	NUMBER OF DELAYED DISCHARGES ("SNAPSHOT" TAKEN 1 DAY EACH MONTH)	RATE OF BED DAYS ASSOCIATED WITH DELAYED DISCHARGE
91.8% of people seen within 4 hours	10,523 bed days for admissions of people aged 75+	876 bed days per 1000 population Age 75+	17 over 72 hours 11 over 2 weeks (July 2018)	204 bed days per 1,000 population Aged 75+
(June 2018)	(April - June 2018)	(April - June 2018)	(July 2018)	(Jan - March 2018)
+ve trend over 4 Qtrs (although lower than target)	Little change over 4 Qtrs	-ve trend over 4 Qtrs	+ve trend over 4 Qtrs	Little change over 4 Qtrs
Similar to Scotland		Lower than Scotland (although see note*)		Higher than Scotland

*Occupied Bed Days in general/acute hospital beds such as Borders General Hospital. This does not include bed days in the four Borders' community hospitals.

"TWO MINUTES OF YOUR TIME" SURVEY, CONDUCTED AT BGH AND COMMUNITY HOSPITALS				(April - June 2018)
SATISFACTION WITH CARE & TREATMENT	96.3%	STAFF UNDERSTANDING OF WHAT MATTERED	96.9%	PATIENTS HAD INFO AND SUPPORT NEEDED
				93.4%
Little change over 4 Qtrs		Little change over 4 Qtrs		Little change over 4 Qtrs

Main Challenges

Improving trend in relation to A&E, although the 95% target is not yet being met (also the case for Scotland). Quarterly occupied bed day rates for emergency admissions in SB residents age 75+ have fluctuated over time but are lower than the Scottish averages (although see note above*). Quarterly rate of bed days associated with delayed discharges back down to 204 in Q1 18/19. % of patients satisfied with care, staff & information in BGH and Community hospitals remains high.

Our plans during 2018 to support this objective

Continue to support a range of "Hospital to Home" and "Discharge to assess" models to reduce delays (for adults who are medically fit for discharge); develop "step-up" facilities to prevent hospital admissions and increase opportunities for short-term placements, as well as a range of longer term transformation programmes to shift resources and re-design services.

OBJECTIVE 3

We will improve the capacity within the community for people who have been in receipt of health and social care services to manage their own conditions and support those who care for them.

EMERGENCY READMISSIONS WITHIN 28 DAYS (ALL AGES)	END OF LIFE CARE	CARERS OFFERED SUPPORT PLANS V COMPLETE	SUPPORT FOR CARERS: change between baseline assessment and review. Improvements in self-assessment
10.6 per 100 discharges from hospital were re-admitted within 28 days (April - June 2018)	87.9% of people's last 6 months was spend at home or in a community setting (Jan - March 2018)	175 offered 52 completed (June - August 2018)	Health and well-being Managing the caring role Feeling valued Planning for the future Finance & benefits (June - August 2018)
-ve trend over 4 Qtrs Higher than Scotland	Little change over 4 Qtrs Similar to Scotland	+ trend over 4 months	+ trend over 4 months

Main Challenges

Quarterly rate of emergency readmissions within 28 days of discharge for SB residents has fluctuated over longer term, but has remained under 11, higher than the Scottish average. Gap has narrowed, due in part to improvements in the accuracy of NHS Borders' data coding. SB quarterly data has been provided in relation to end of life care- the national comparator is annual data. Latest available data for Carers shows an increase in completed assessments & Carer support plans.

Our plans during 2018 to support this objective

Further development of "What Matters" hubs; Support for Transitional Care as a model of service delivery for people 50+; redesign of care at home services to focus on reablement; increase provision of Extra Care Housing; roll out of Transforming Care after Treatment programme; ongoing commissioning of Borders Carers Centre to undertake assessments and care support plans.



Scottish Borders
Health and Social Care
PARTNERSHIP

Quarterly Performance Report for the
Scottish Borders Integration Joint Board October 2018

SUMMARY OF PERFORMANCE:
DATA AVAILABLE AT END SEPTEMBER 2018

Structured Around the 3 Objectives in the Revised Strategic Plan

Objective 1: We will improve health of the population and reduce the number of hospital admissions

Objective 2: We will improve patient flow within and outwith hospital

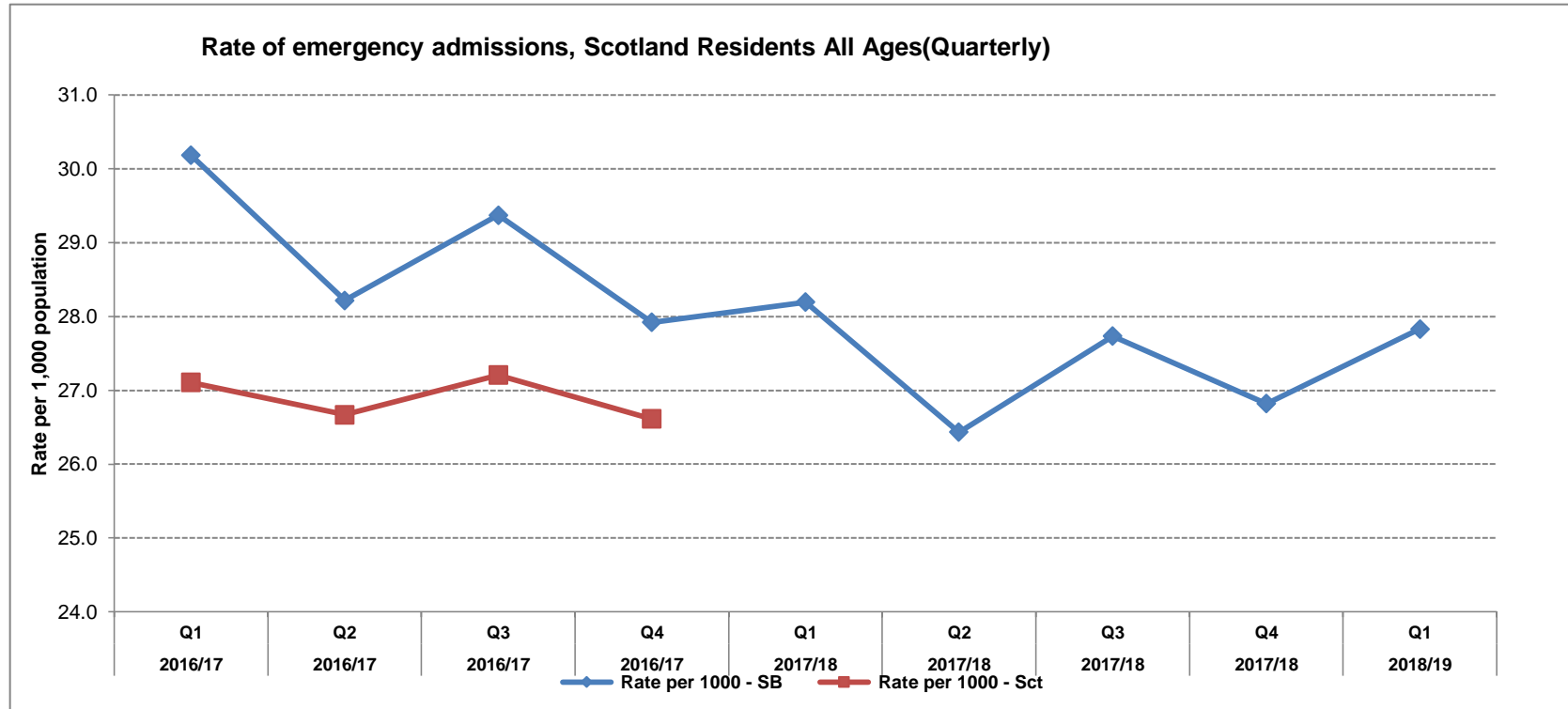
Objective 3: We will improve the capacity within the community for people who have been in receipt of health and social care services to manage their own conditions and support those who care for them

Objective 1: We will improve health of the population and reduce the number of hospital admissions

Emergency Admissions, Scottish Borders residents All Ages

Source: MSG Integration Performance Indicators workbook (SMR01 data)

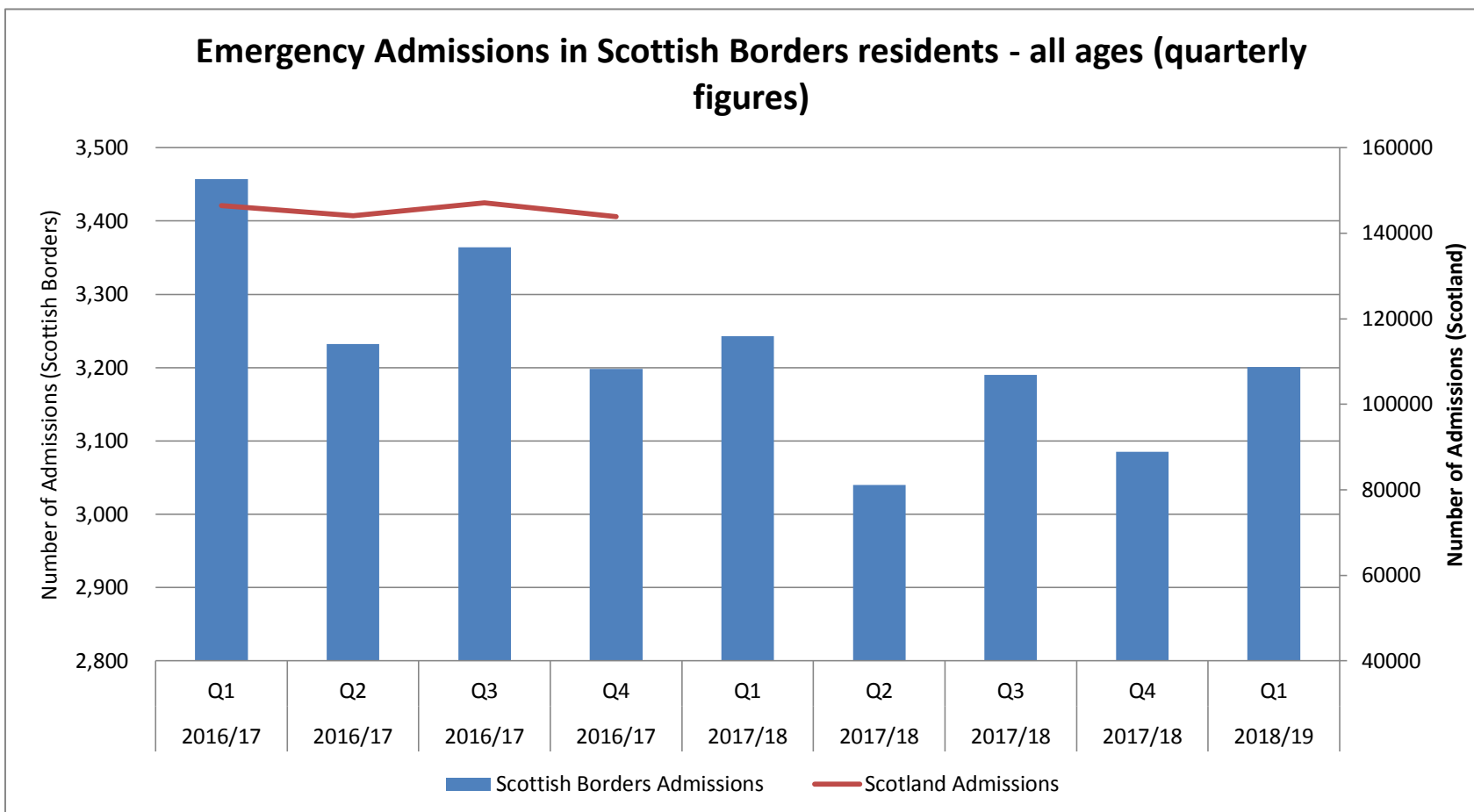
	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19
Number of Emergency Admissions, All Ages	3,457	3,232	3,364	3,198	3,243	3,040	3,190	3,085	3,201
Rate of Emergency Admissions per 1,000 population All Ages	30.2	28.2	29.4	27.9	28.2	26.4	27.7	26.8	27.8



Emergency Admissions in Scottish Borders residents - all ages (quarterly figures)

Source: MSG Integration Performance Indicators workbook (SMR01 data)

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19
Scottish Borders Emergency Admissions - All Ages	3,457	3,232	3,364	3,198	3,243	3,040	3,190	3,085	3,201
Scotland Emergency Admissions - All Ages	146,501	144,134	147,501	143,831					



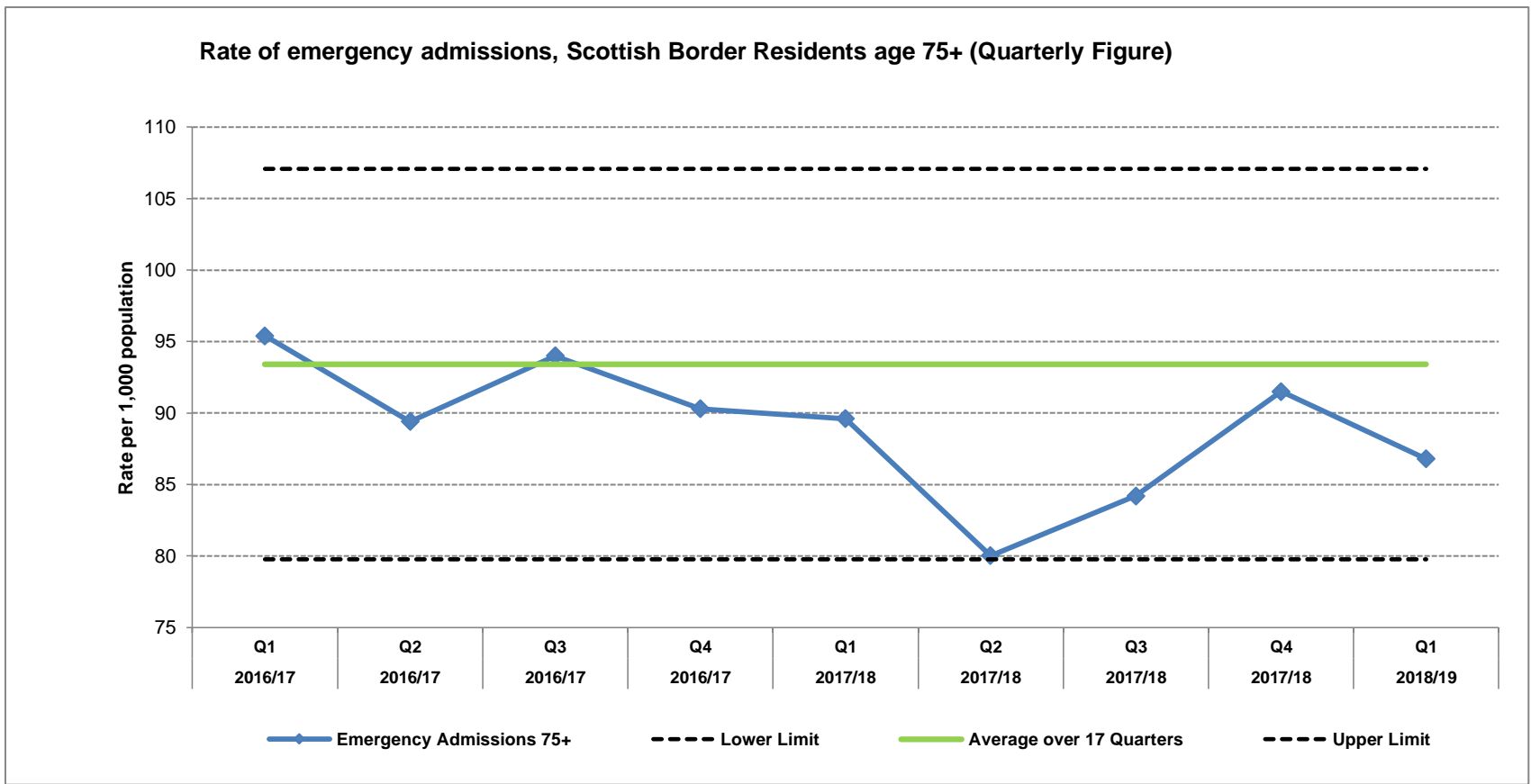
How are we performing?

The quarterly number of emergency admissions for Scottish Borders residents (all ages) has fluctuated since the end of the 2014/15 financial year, but shows an overall decrease since the first quarter of 2016/17. The corresponding quarterly rate per 1,000 population has come down from over 30 per 1,000 to around 28 by the end of the first quarter in 2018/19. Historically, rates for the Borders have been higher (worse) than the Scottish averages, but have been progressively brought down towards the average. Once official statistics on emergency admission rates for 2017/18 are published for Scotland, we will be able to show the Scotland comparators in these performance reports.

Emergency Admissions, Scottish Borders residents age 75+

Source: NSS Discovery (SMR01 data)

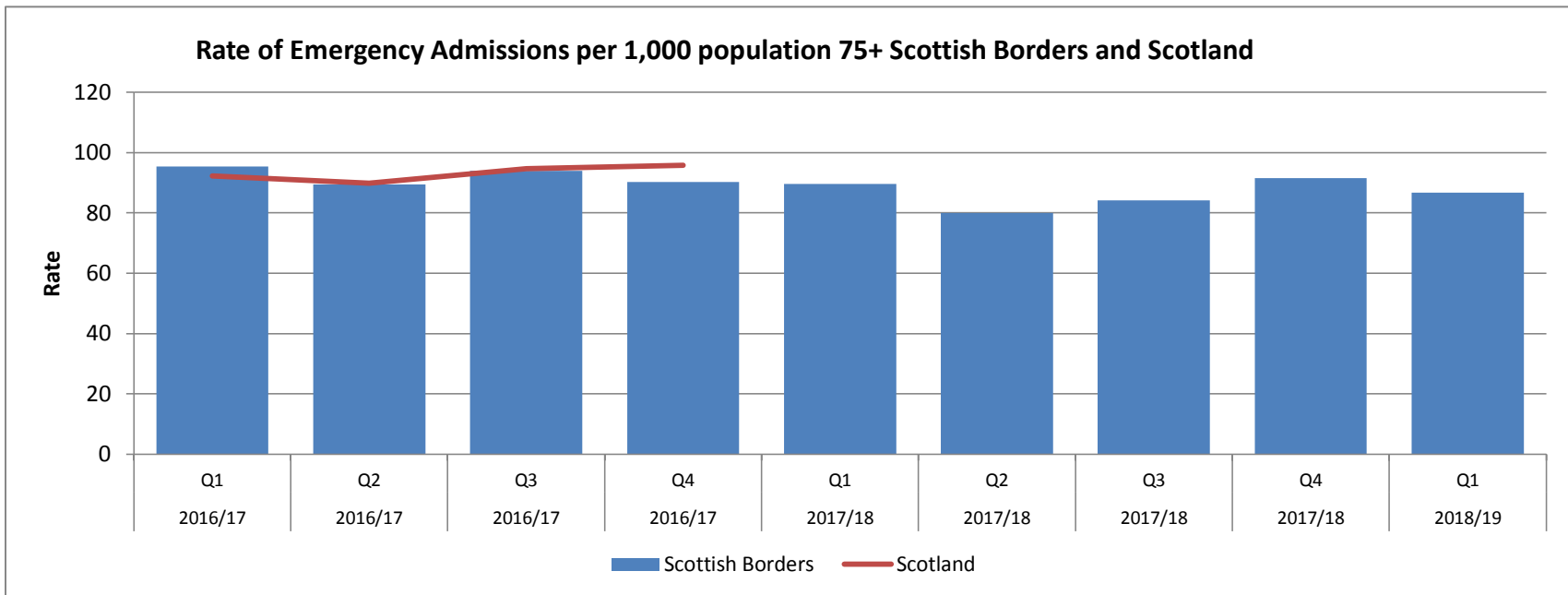
	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19
Number of Emergency Admissions, 75+	1,125	1,054	1,107	1,065	1,074	959	1,009	1,096	1,040
Rate of Emergency Admissions per 1,000 population 75+	95.4	89.4	94.0	90.4	89.6	80.0	84.2	91.5	86.8



Emergency Admissions comparison, Scottish Borders and Scotland residents age 75+

Source: NSS Discovery (SMR01 data)

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19
Rate of Emergency Admissions per 1,000 population 75+ Scottish Borders	95.4	89.4	94.0	90.3	89.6	80.0	84.2	91.5	86.8
Rate of Emergency Admissions per 1,000 population 75+ Scotland	92.3	89.8	94.7	95.8					



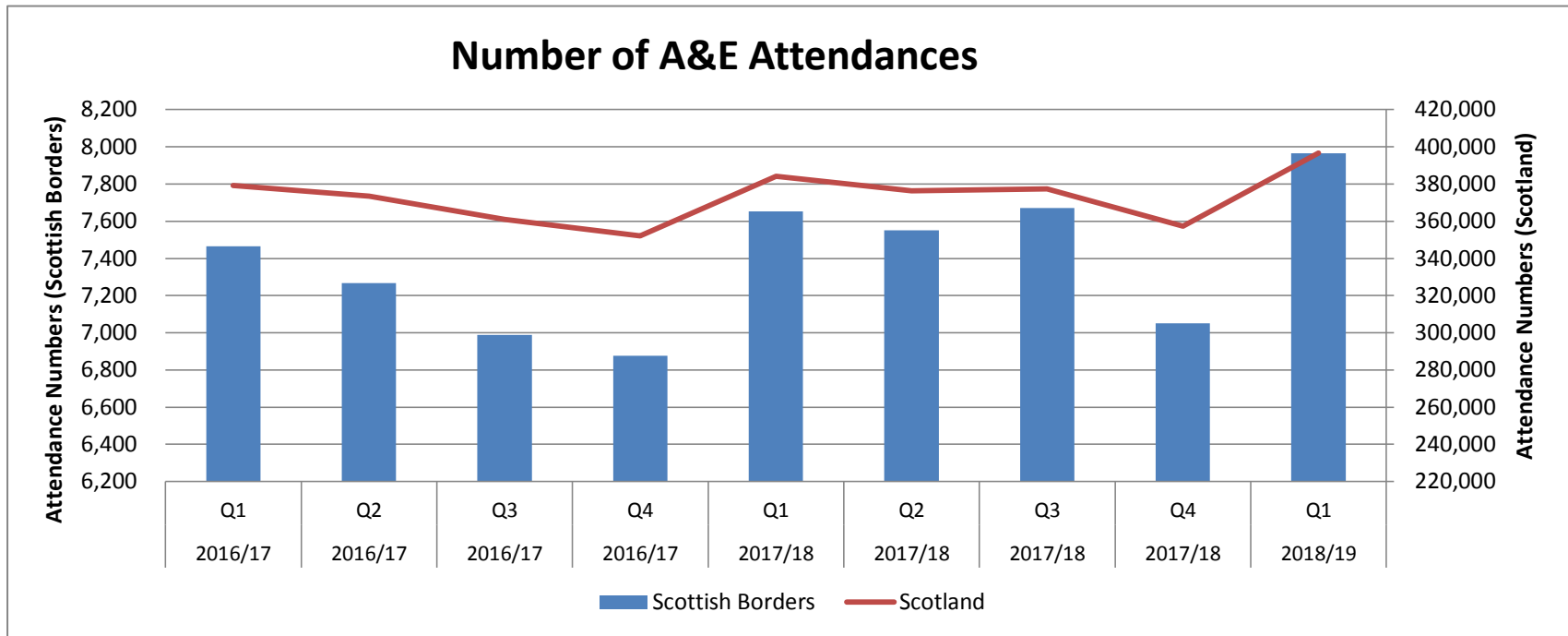
How are we performing?

The rate of emergency admissions for Scottish Borders residents aged 75 and over has generally been decreasing since the second quarter of 2016/17. However, the Borders rate has been higher than the Scottish average until the second quarter of 2016 (July-Sept).

Number of A&E Attendances

Source: MSG Integration Performance Indicators workbook (data from NHS Borders Trakcare system)

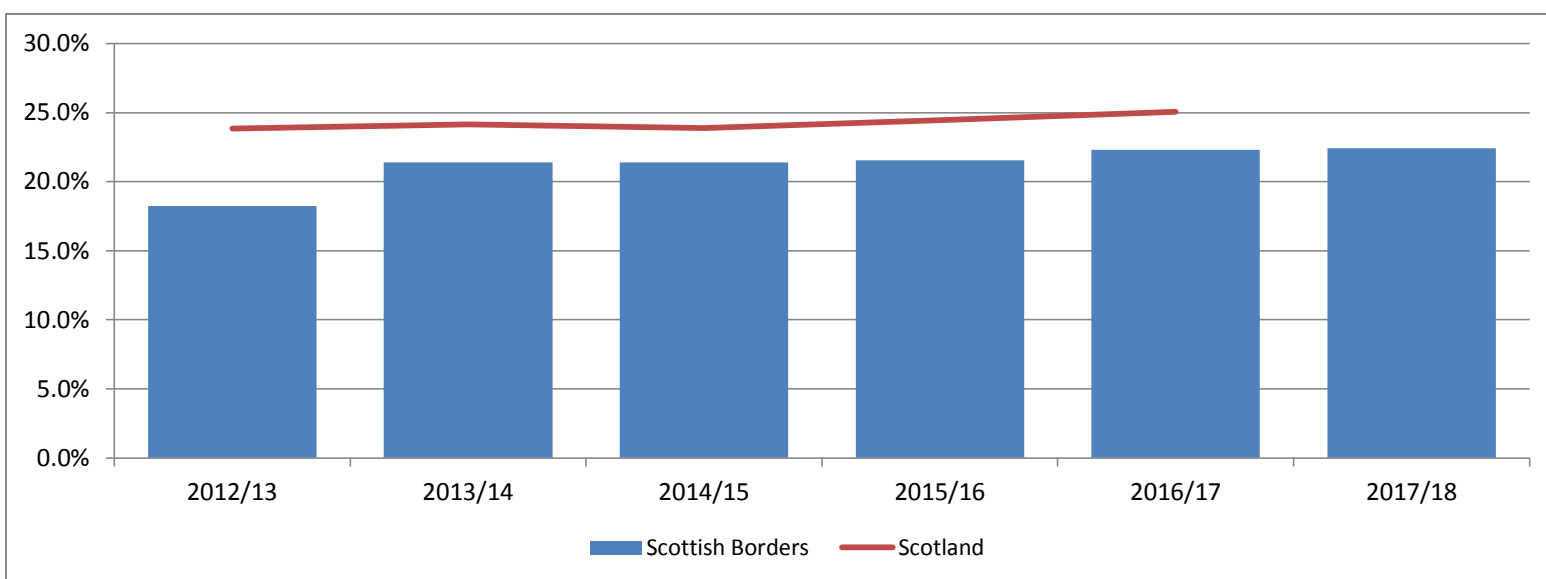
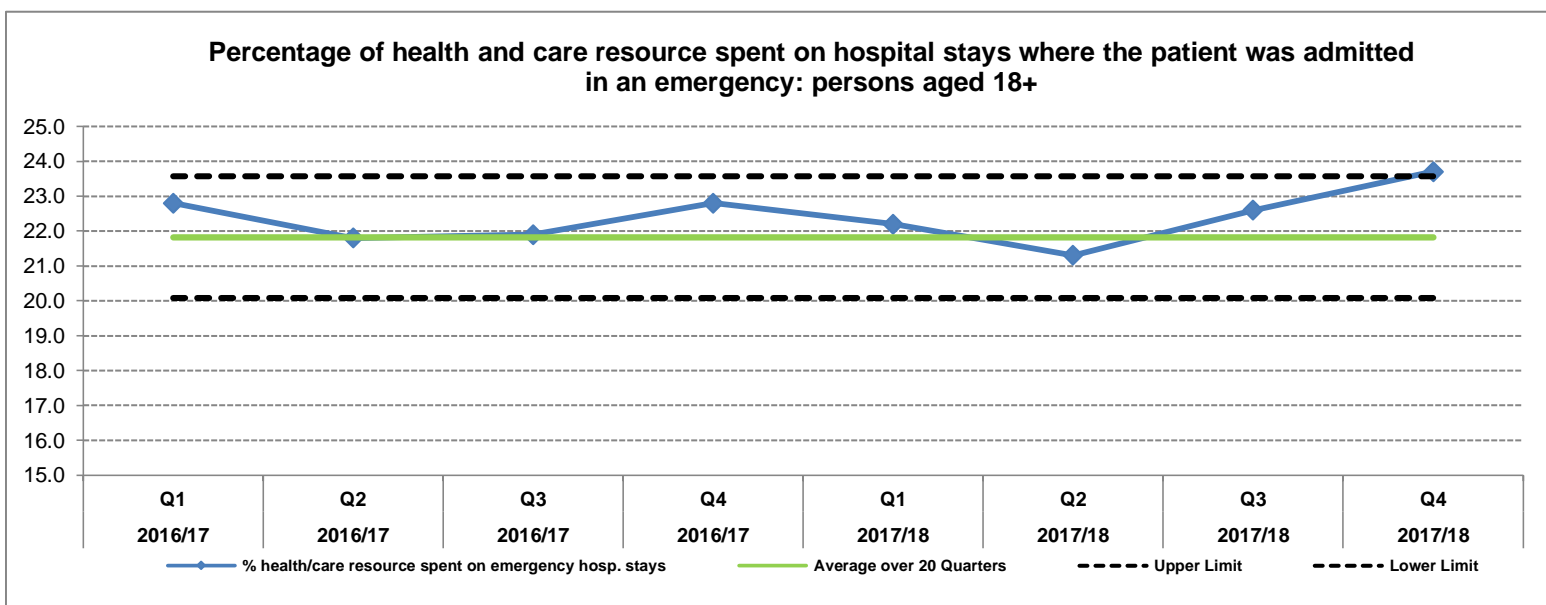
	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19
Number of Attendances, Scottish Borders	7,465	7,266	6,989	6,876	7,654	7,550	7,670	7,051	7,966
Number of Attendances, Scotland	379,254	373,584	360,953	352,210	384,076	376,287	377,477	357,401	396,748



Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency: persons aged 18+

Source: Core Suite Indicator workbooks

	Q1 2016-17	Q2 2016-17	Q3 2016-17	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18	Q4 2017-18
% of health and care resource spent on emergency hospital stays (Scottish Borders)	22.8	21.8	21.9	22.8	22.2	21.3	22.6	23.7



How are we performing?

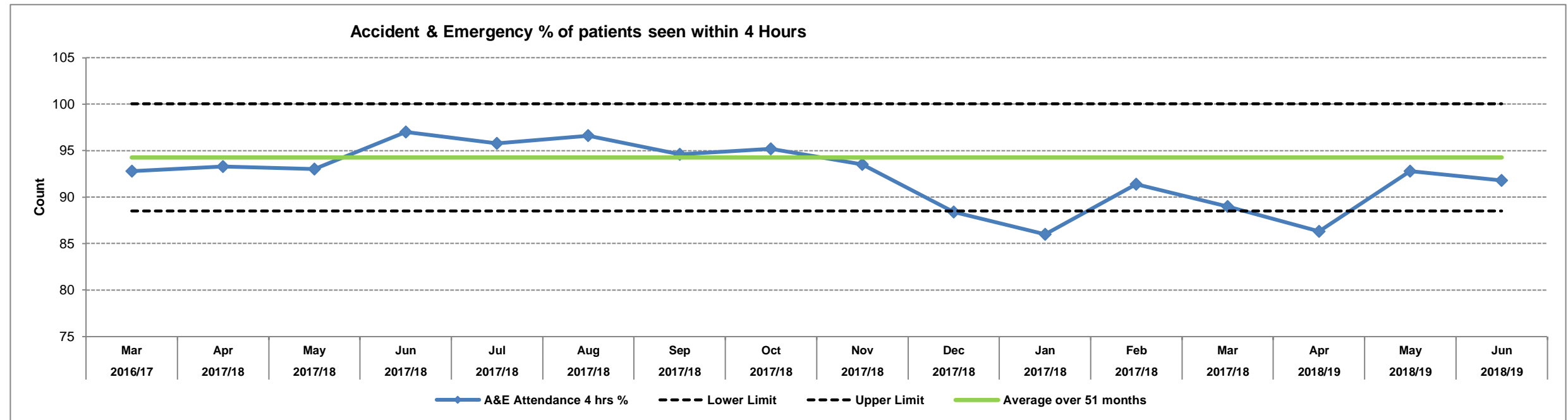
Scottish Borders has consistently performed slightly better than Scotland. However, there is no obvious downward (improving) trend, in fact, there has been a gradual increase since 2014/15. As with other Health and Social Care Partnerships, Scottish Borders is expected to work to reduce the relative proportion of spend attributed to unscheduled stays in hospital.

Objective 2: We will improve patient flow within and out with hospital

Accident and Emergency attendances seen within 4 hours- Scottish Borders

Source: NHS Borders Trakcare system

	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Number of A&E Attendances seen within 4 hours	2,401	2,567	2,679	2,556	2,515	2,571	2,661	2,599	2,405	2,624	2,395	2,143	2,455	2,546	2,747	2,793
% A&E Attendances seen within 4 hour	92.8%	93.3%	93.0%	97.0%	95.8%	96.6%	94.6%	95.2%	93.5%	88.4%	86.0%	91.4%	89.0%	86.3%	92.8%	91.8%



How are we performing?

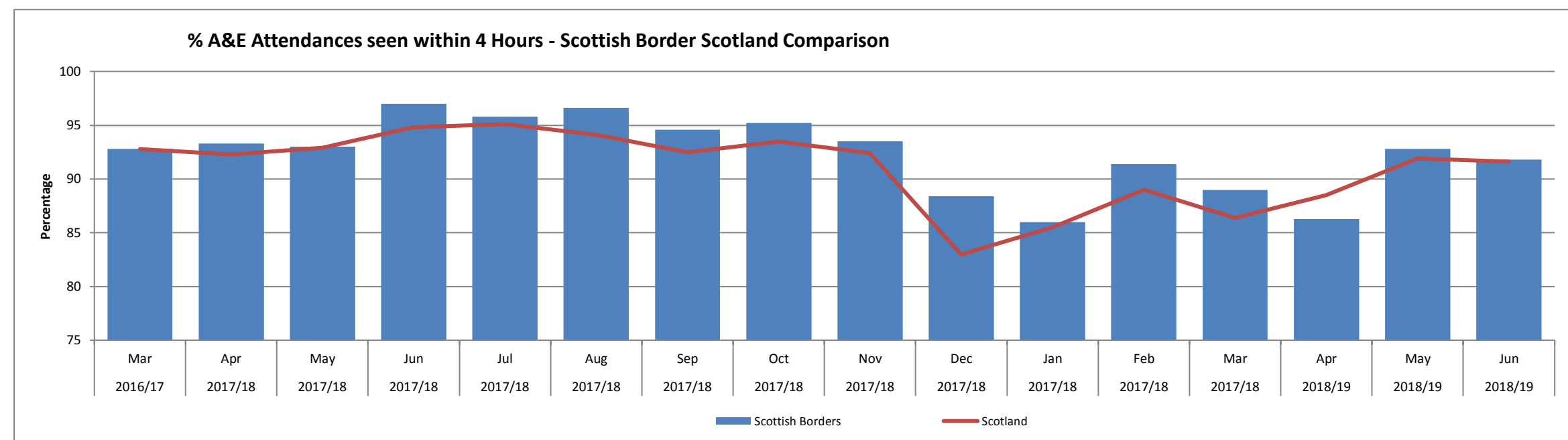
Patients attending A&E and the Acute Assessment Unit (AAU) are routinely discharged within 4 hours. NHS Borders is working towards consistently achieving the 98% local stretch standard.

The 95% standard was achieved in June, July and August 2017. The main cause of breaches has been delays waiting for bed availability and reflects ongoing challenges in the discharge of complex patients.

% A&E Attendances seen within 4 Hours - Scottish Border and Scotland Comparison

Source: NHS Borders Trakcare system

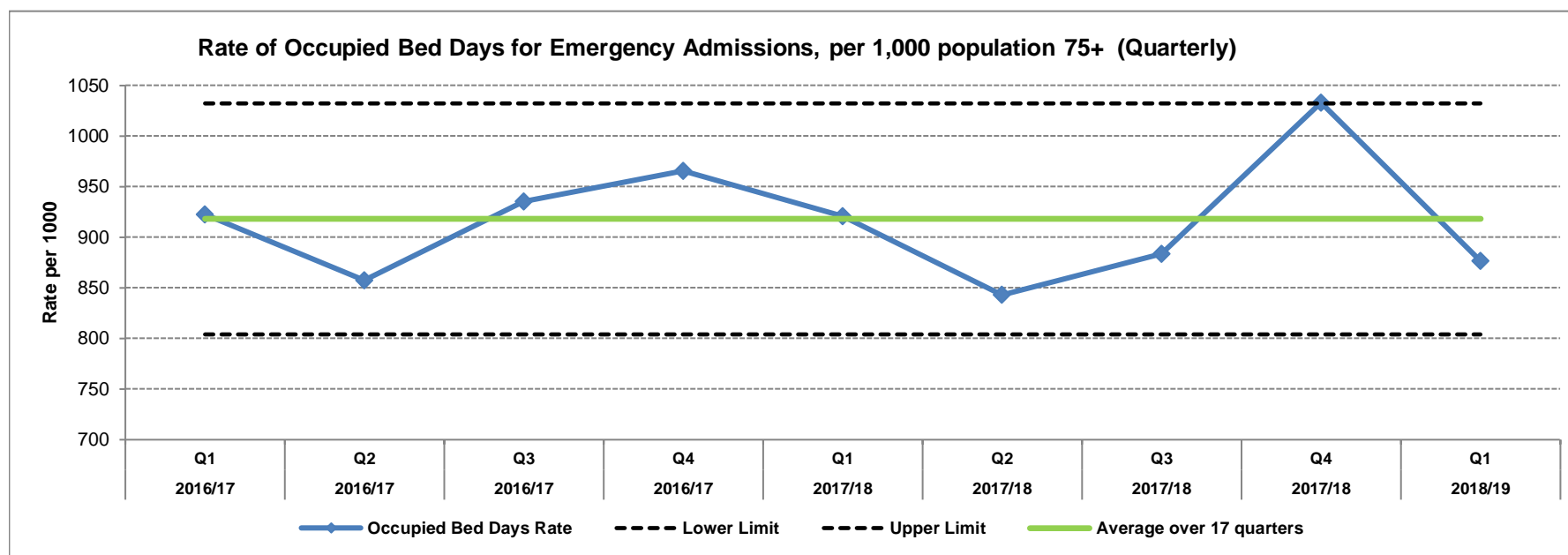
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
% A&E Attendances seen within 4 hour Scottish Borders	93.3%	93.0%	97.0%	95.8%	96.6%	0.946	0.952	0.935	88.4%	86.0%	91.4%	89.0%	86.3%	92.8%	91.8%
% A&E Attendances seen within 4 hour Scotland	92.3%	92.9%	94.8%	95.1%	94.1%	0.925	0.935	0.924	83.0%	85.5%	89.0%	86.4%	88.5%	91.9%	91.6%



Occupied Bed Days for emergency admissions, Scottish Borders Residents age 75+

Source: NSS Discovery (SMR01 data)

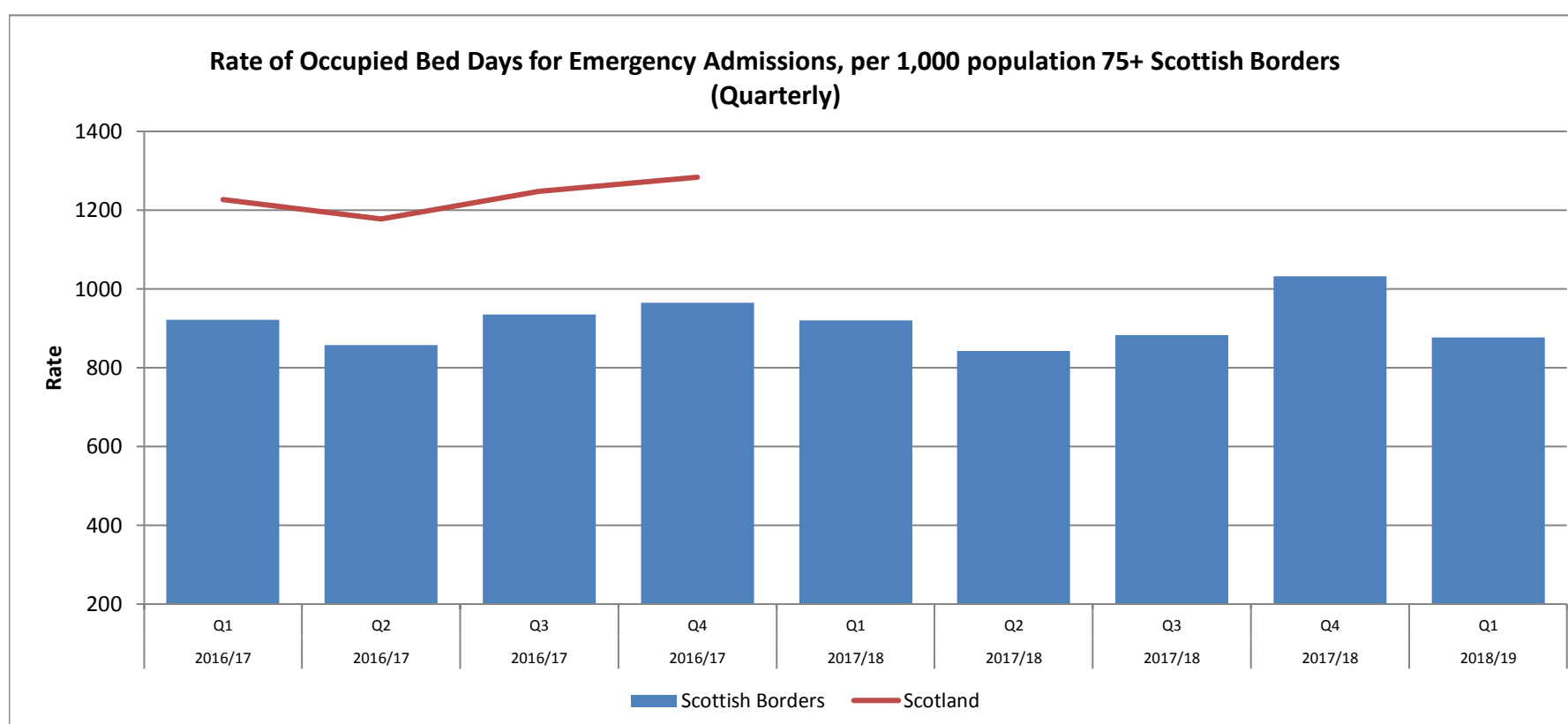
	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19
Number of Occupied Bed Days for emergency Admissions, 75+	10,877	10,109	11,028	11,387	11,035	10,103	10,582	12,377	10,523
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+	922	857	935	966	921	843	883	1033	876



Occupied Bed Days for emergency admissions, Scottish Borders and Scotland Residents age 75+

Source: NSS Discovery (SMR01 data)

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scottish Borders	922	857	935	965	921	843	883	1033	876
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scotland	1,227	1,178	1,248	1,284					



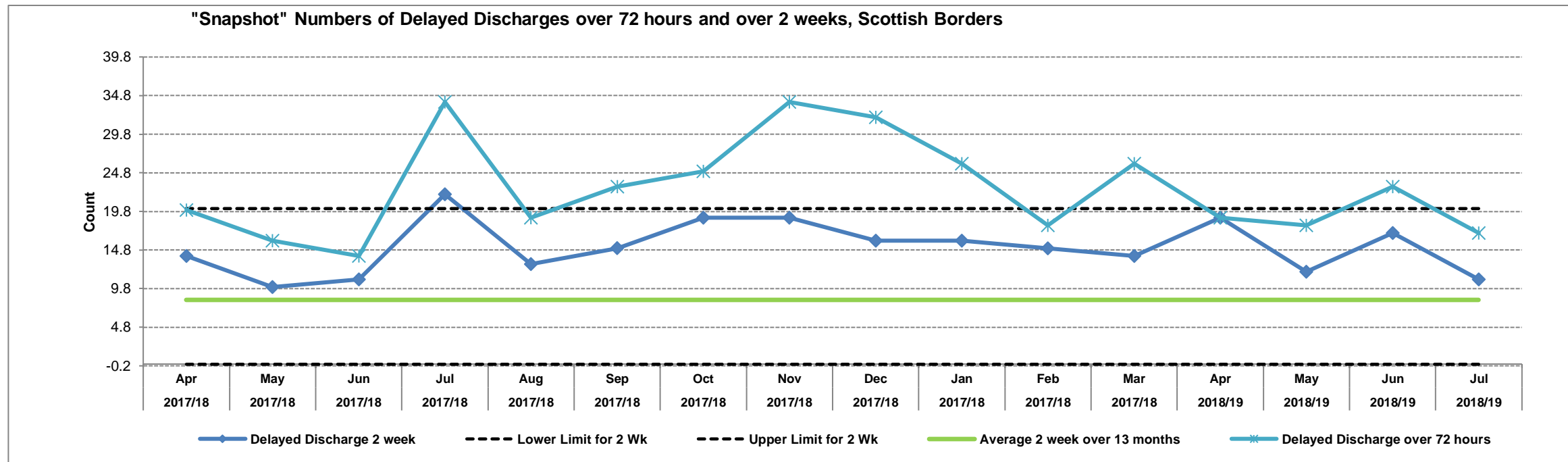
How are we performing?

The quarterly occupied bed day rates for emergency admissions in Scottish Borders residents aged 75 and over have fluctuated over time but are lower than the Scottish averages. The Scottish rate has only twice gone below 1,200 per 1,000 population, while the Scottish Borders rate has never gone above 1,000 per 1,000 population. However, it should be noted that this nationally-derived measure does not include bed-days in the four Borders' Community Hospitals, which will be at least part of the reason for the Borders rates appearing lower than the national averages.

Delayed Discharges (DDs)

Source: EDISON/NHS Borders Trakcare system

	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Number of DDs over 2 weeks	10	11	22	13	15	19	19	16	16	15	14	19	12	17	11
Number of DDs over 72 hours	16	14	34	19	23	25	34	32	26	18	26	19	18	23	17



Please note the Delayed Discharge over 72 hours measurement has recently been implemented from April 2016.

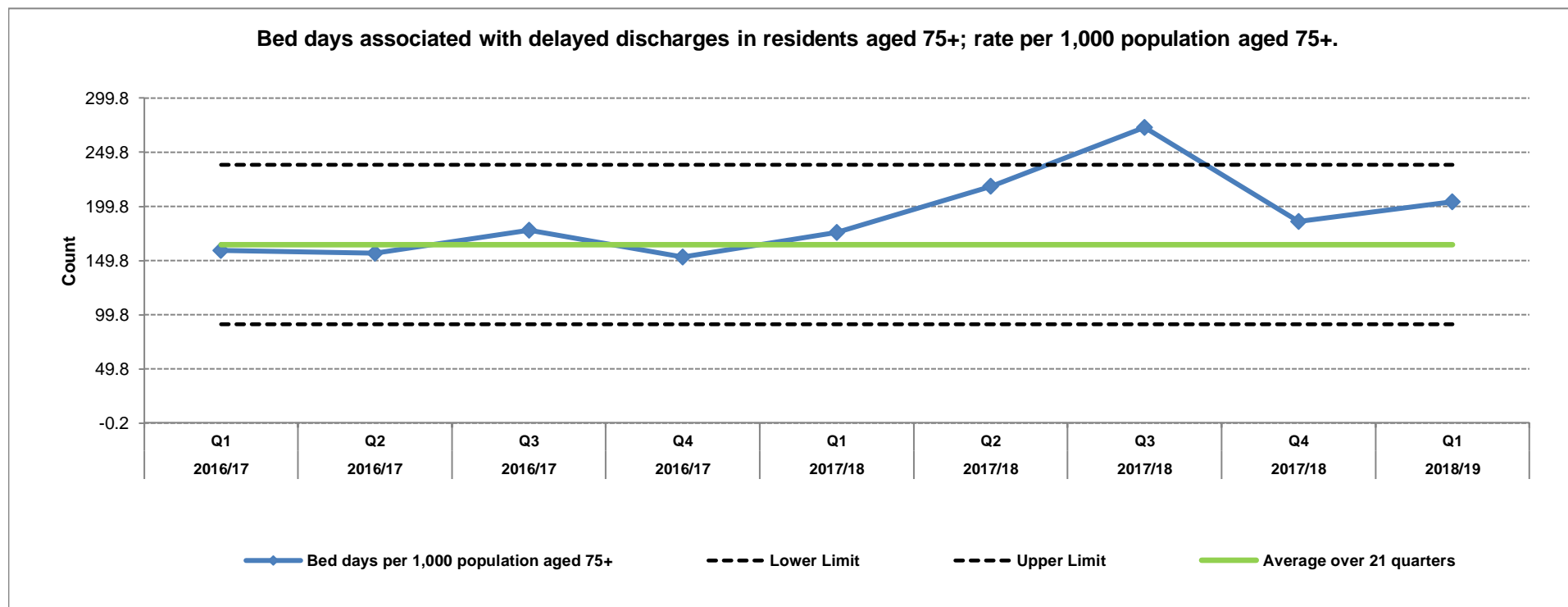
It has been overlayed on this graph as an indicator of the new measurement (light blue line) however as data is limited we cannot provide a statistical run chart for this.

The DD over 2 weeks measurement has several years of data and has been plotted on a statistical run chart (with upper, lower limits and an average) to provide additional statistical information to complement the more recent 72 hour measurement.

Bed days associated with delayed discharges in residents aged 75+; rate per 1,000 population aged 75+

Source: Core Suite Indicator workbooks

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19
Bed days per 1,000 population aged 75+	159	157	178	153	176	218	273	186	204



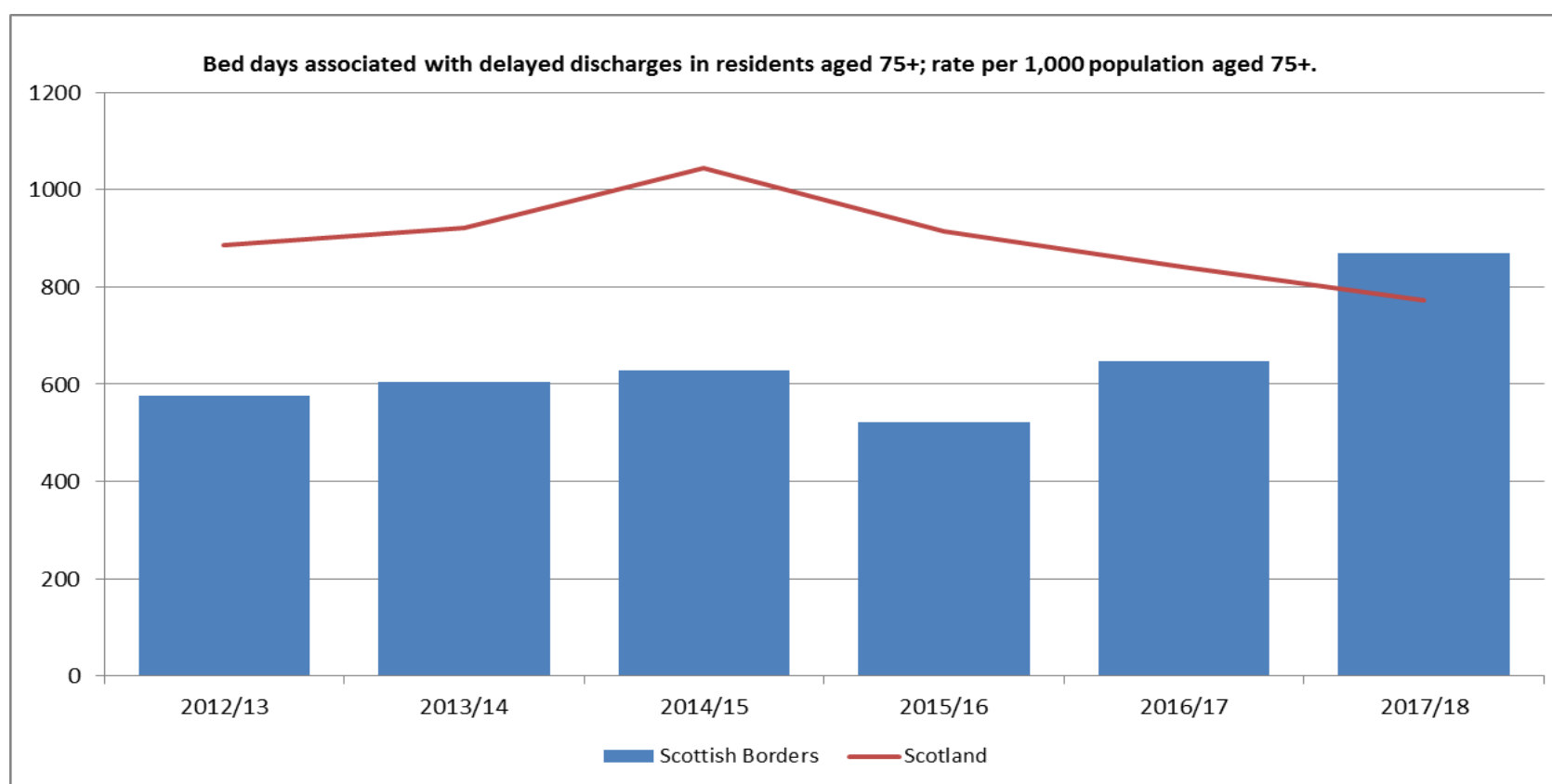
How are we performing?

The quarterly rate of bed days associated with delayed discharges for Scottish Borders residents aged 75 and over has fluctuated since the start of the 2013/14 financial year, but has generally remained around 100 to 200 per 1,000 residents. However, the rate for the middle two quarters of 2017/18 was higher than any previous quarter, increasing to over 200 per 1,000 residents for the first time.

Scotland / Scottish Borders comparison of bed days associated with delayed discharges in residents aged 75+

Source: Core Suite Indicator workbooks

	2012/13	2013/14	2014/15	2015/16	2016/17*	2017/18*
Scottish Borders	575	604	628	522	647	869
Scotland	886	922	1044	915	842	772



How are we performing?

Up to 2016/17, rates for the Scottish Borders were lower (better) than the Scottish average. However, in 2017/18 the Borders' rate was higher than Scotland's.

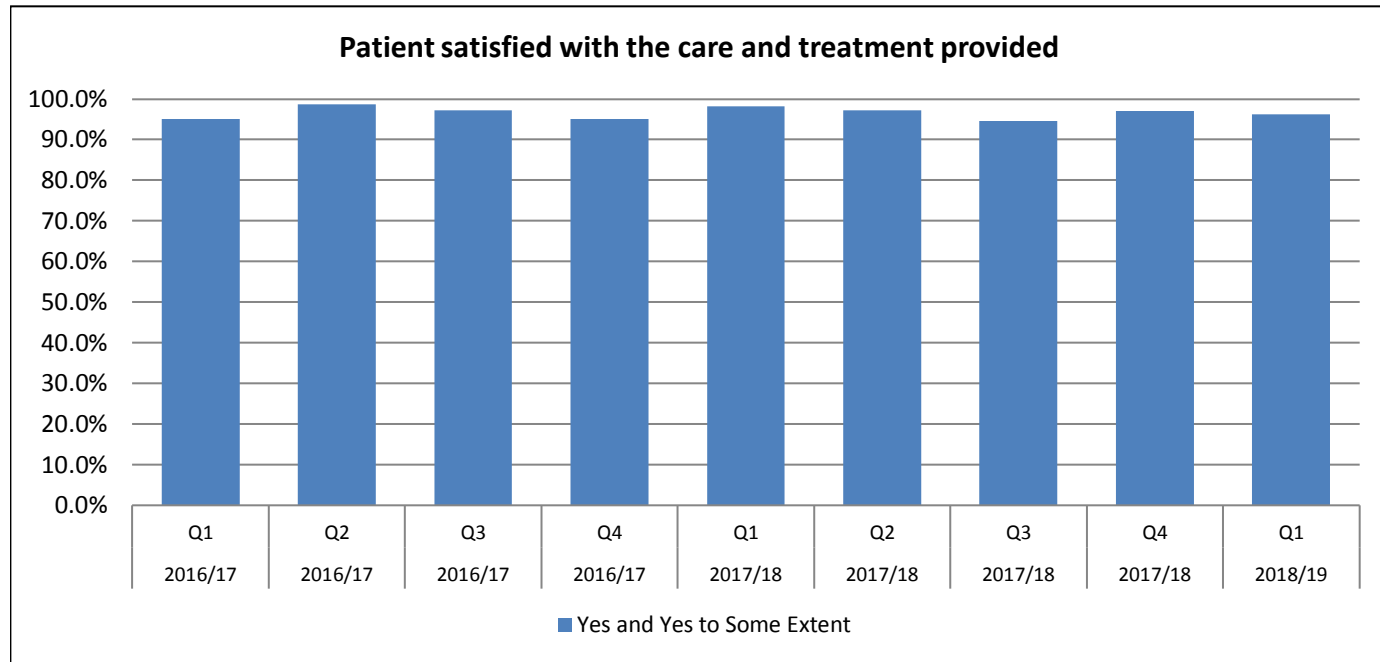
*Please note definitional changes were made to the recording of delayed discharge information from 1 July 2016 onwards. Delays for healthcare reasons and those in non hospital locations (e.g. care homes) are no longer recorded as delayed discharges. In this indicator, no adjustment has been made to account for the definitional changes during the year 2016/17. The changes affected reporting of figures in some areas more than others therefore comparisons before and after July 2016 may not be possible at partnership level. It is estimated that, at Scotland level, the definitional changes account for a reduction of around 4% of bed days across previous months up to June 2016, and a decrease of approximately 1% in the 2016/17 bed day rate for

BGH and Community Hospital Patient/Carer/Relative '2 Minutes of Your Time' Survey

Source: NHS Borders

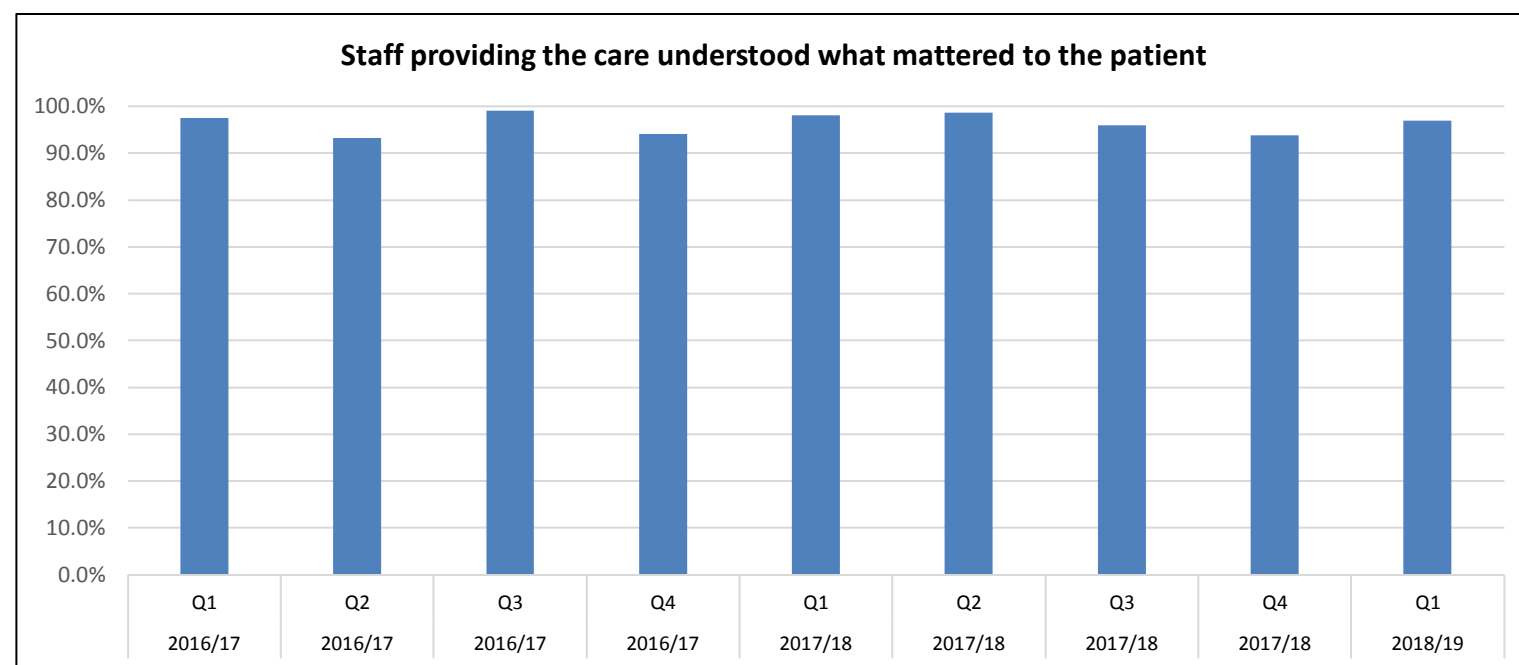
Q1 Was the patient satisfied with the care and treatment provided?

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19
Patients feeling satisfied or yes to some extent	232	160	105	116	105	206	141	135	156
% feeling satisfied or yes to some extent	95.1%	98.8%	97.2%	95.1%	98.1%	97.2%	94.6%	97.1%	96.3%



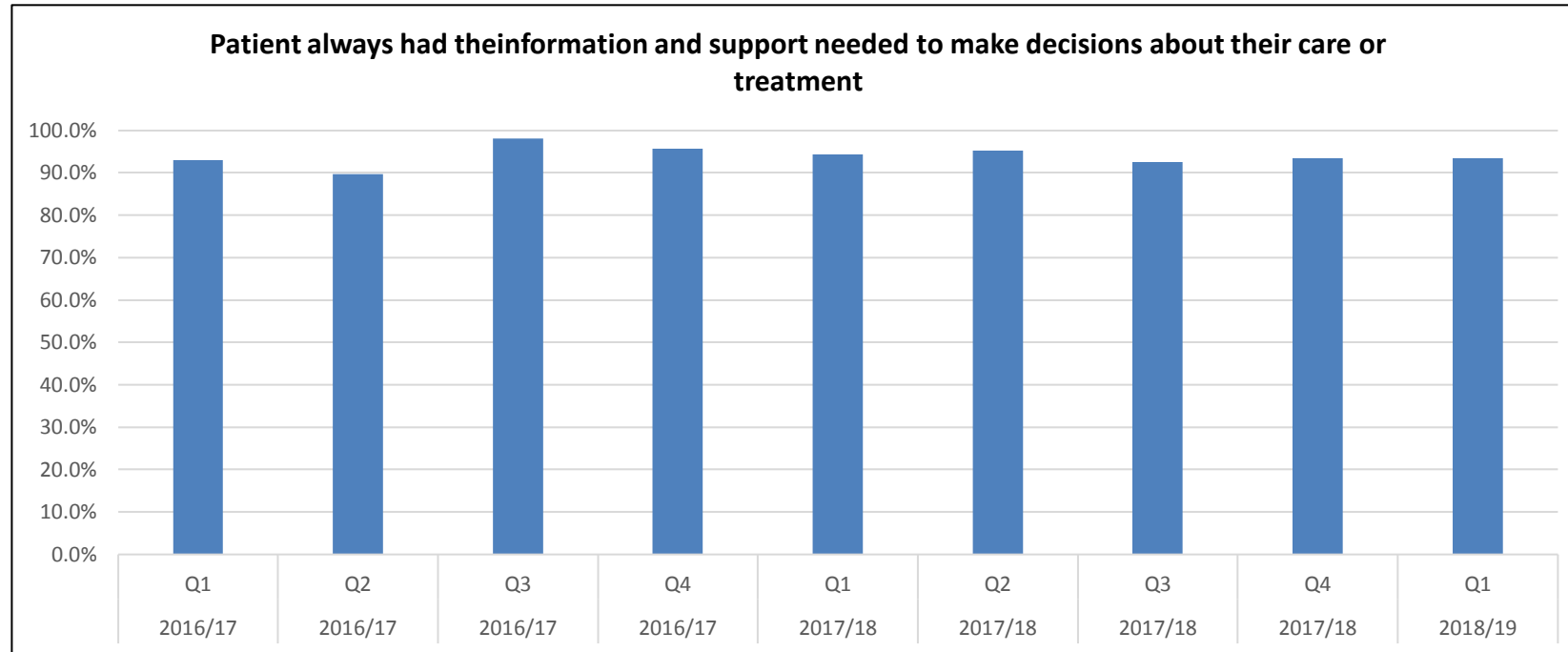
Q2 Did the staff providing the care understand what mattered to the patient?

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19
Staff providing the care understood what mattered to the patient, or yes to some extent	238	151	106	113	105	213	144	135	158
% understood what mattered or yes to some extent	97.5%	93.2%	99.1%	94.2%	98.1%	98.6%	96.0%	93.8%	96.9%



Q3 Did the patient always have the information and support needed to make decisions about their care or treatment?

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19
Patients always had the information and support needed to make decisions about their care or treatment, or yes to some extent	226	147	101	111	99	200	137	129	141
% always had information or support, or yes to some extent	93.0%	89.6%	98.1%	95.7%	94.3%	95.2%	92.6%	93.5%	93.4%



How are we performing?

The 2 Minutes of Your Time Survey is carried out across the Borders General Hospital and Community Hospitals and comprises of 3 quick questions asked of patients, relatives or carers by volunteers. There are also boxes posted in wards for responses. The results given here are the responses where the answer given was in the affirmative or 'yes to some extent'. Percentages given are of the total number of responses.

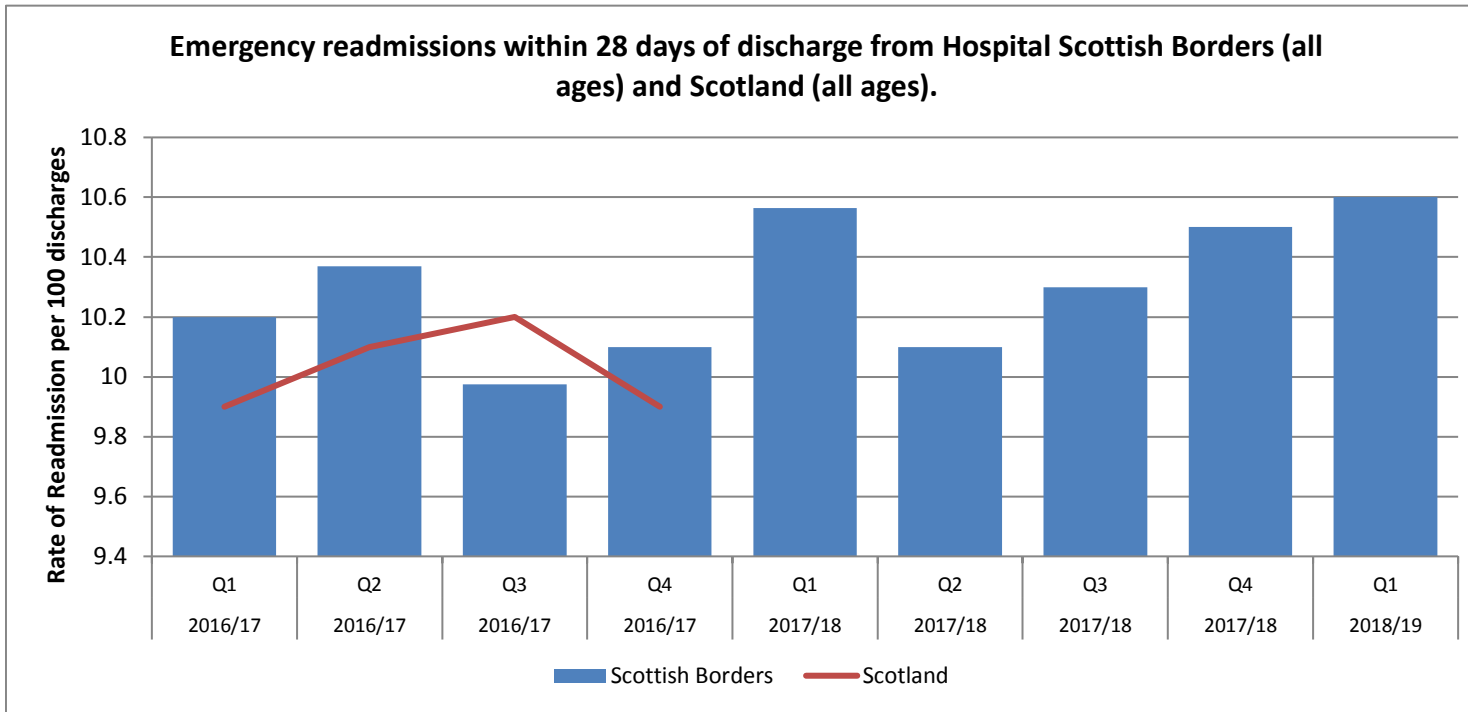
The positive response averages for the last 7 quarters are 96.5% for question 1, 96.7% for question 2 and 93.8% for question 3.

Objective 3: We will improve the capacity within the community for people who have been in receipt of health and social care services to manage their own conditions and support those who care for them

Emergency readmissions within 28 days of discharge from hospital, Scottish Borders residents (all ages)

Source: ISD LIST bespoke analysis of SMR01 and SMR01-E data (based on "NSS Discovery" indicator but here also adding in Borders Community Hospital beds).

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19
28-day readmission rate Scottish Borders (per 100 discharges)	10.2	10.4	10.0	10.1	10.6	10.1	10.3	10.5	10.6
28-day readmission rate Scotland (per 100 discharges)	9.9	10.1	10.2	9.9					



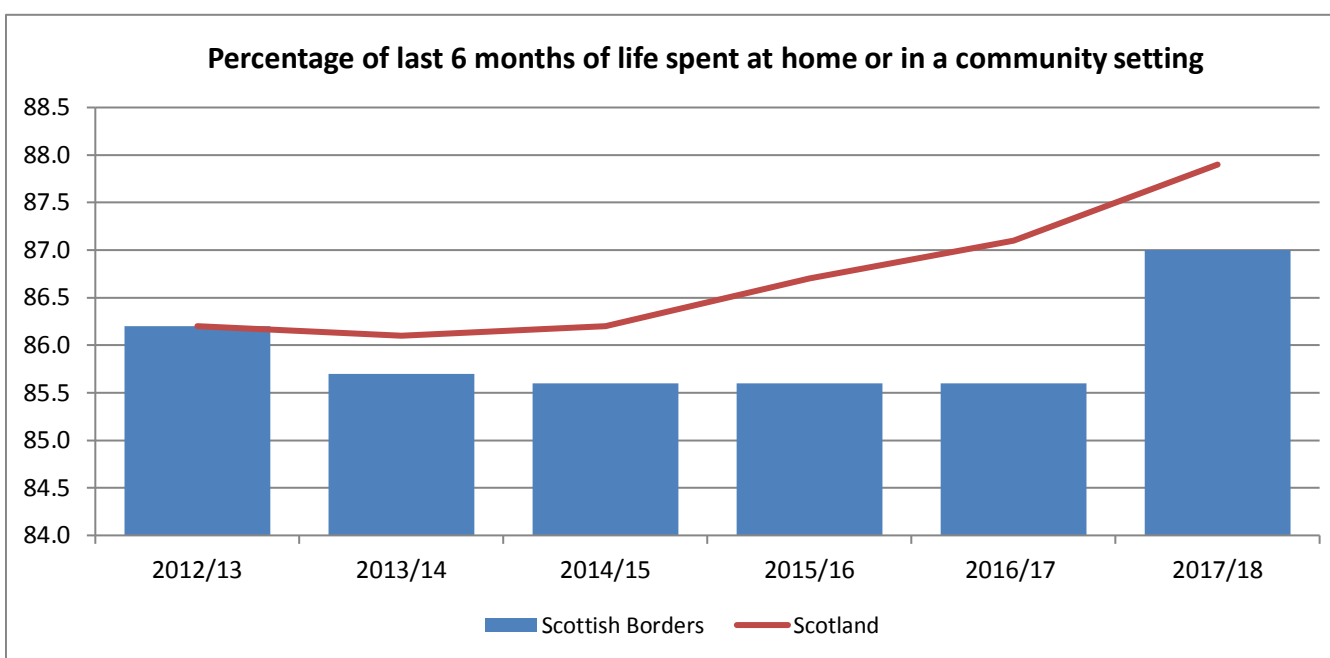
How are we performing?

The quarterly rate of emergency readmissions within 28 days of discharge for Scottish Borders residents has fluctuated since the start of the 2016/17 financial year, but has generally remained under 11 readmissions per 100 discharges. The Borders rate has usually been higher than the Scottish average. The gap has slightly narrowed over time, although at least in part this will reflect improvements in the accuracy of NHS Borders' data coding.

Percentage of last 6 months of life spent at home or in a community setting

Source: Core Suite Indicator workbooks

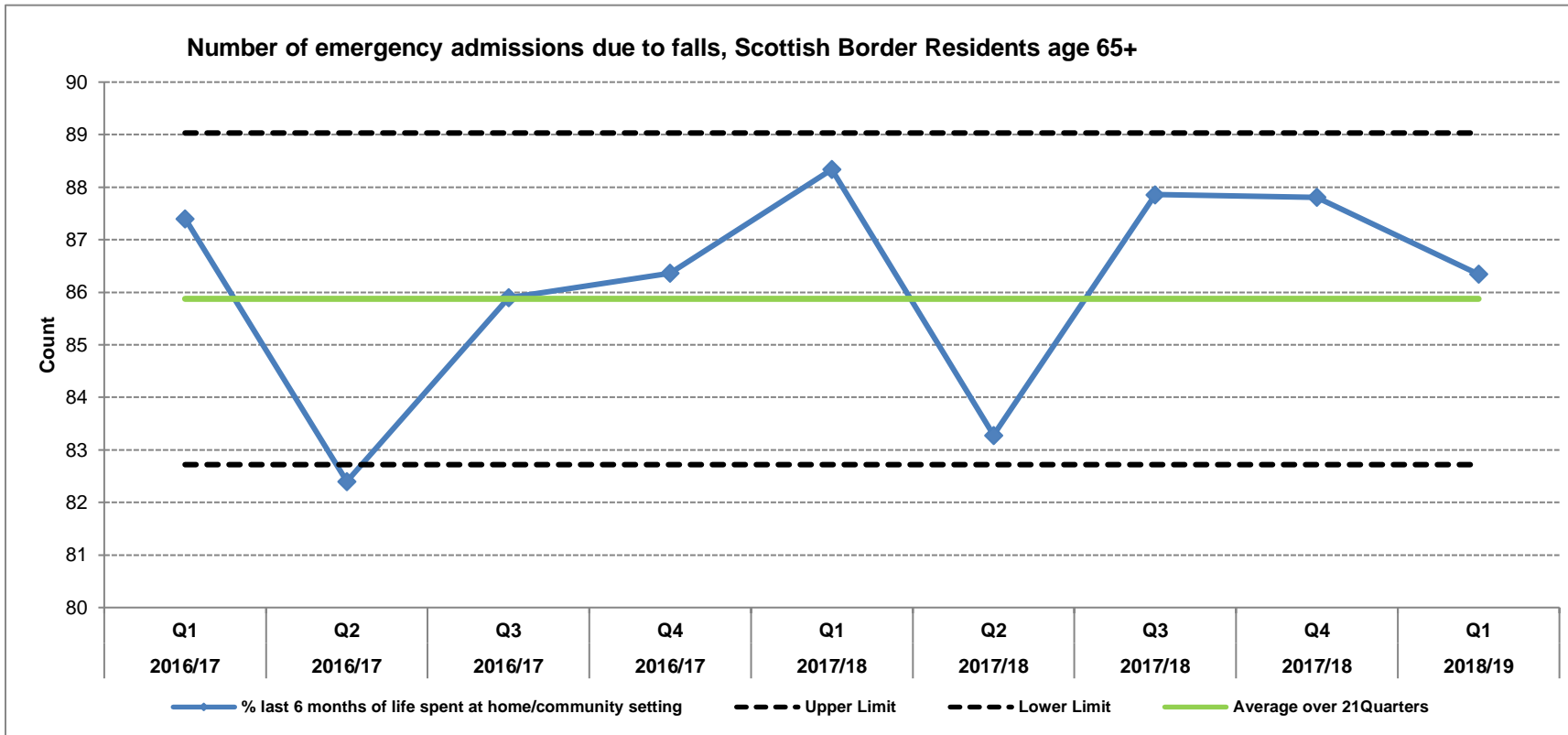
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Scottish Borders	86.2	85.7	85.6	85.6	85.6	87.0
Scotland	86.2	86.1	86.2	86.7	87.1	87.9



Percentage of last 6 months of life spent at home or in a community setting

Source: Core Suite Indicator workbooks

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19
% last 6 months of life spent at home or in a community setting Scottish Borders	87.4%	82.4%	85.9%	86.4%	88.3%	83.3%	87.9%	87.8%	86.3%



How are we performing?

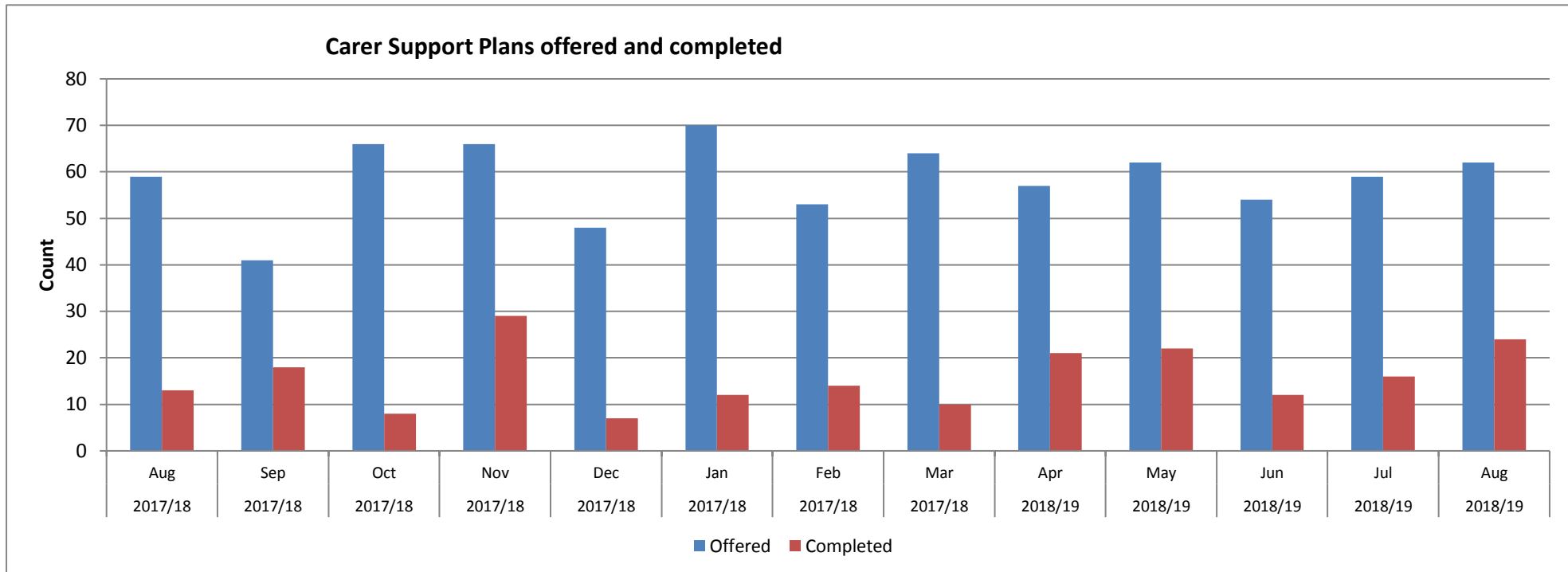
The percentage of last 6 months of life spent at home or in a community setting has appeared fairly consistent in the Borders from year to year since 2013/14 but in each case remains a little below the Scottish average, which is gradually increasing.

In addition to the annual measure around end of life care, local quarterly data has been provided in relation to last 6 months of life (for Scottish Borders only). However, the very “spikey” nature of the figures requires the Integration Performance Group to investigate this measure further to explore the reasons for the fluctuations and assess its usefulness and accuracy within this performance scorecard. It may be that the figures need to be treated on a “provisional” basis.

Carers offered and completed Carer Support Plans

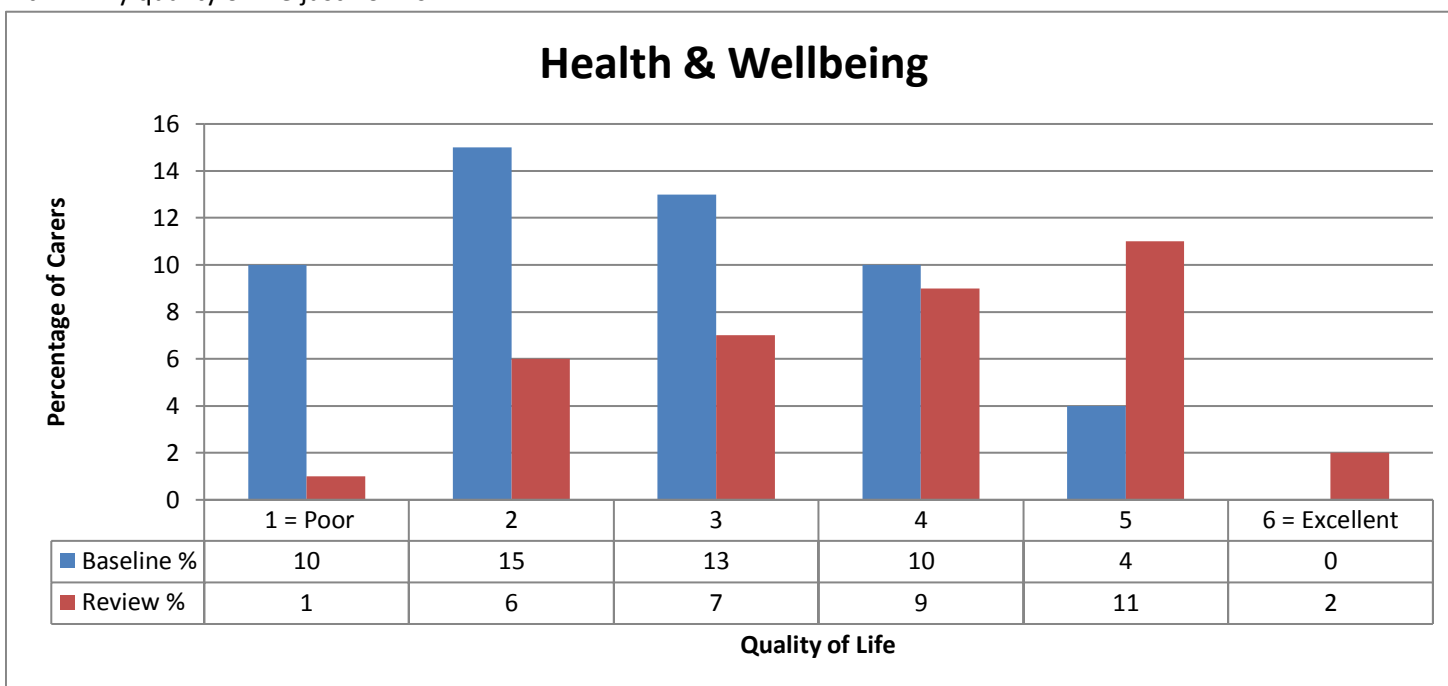
Source: Mosaic Social Care System and Carers Centre

	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Assessments offered during Adult Assessment	59	41	66	66	48	70	53	64	57	62	54	59	62
Assessments completed by Carers Centre	13	18	8	29	7	12	14	10	21	22	12	16	24



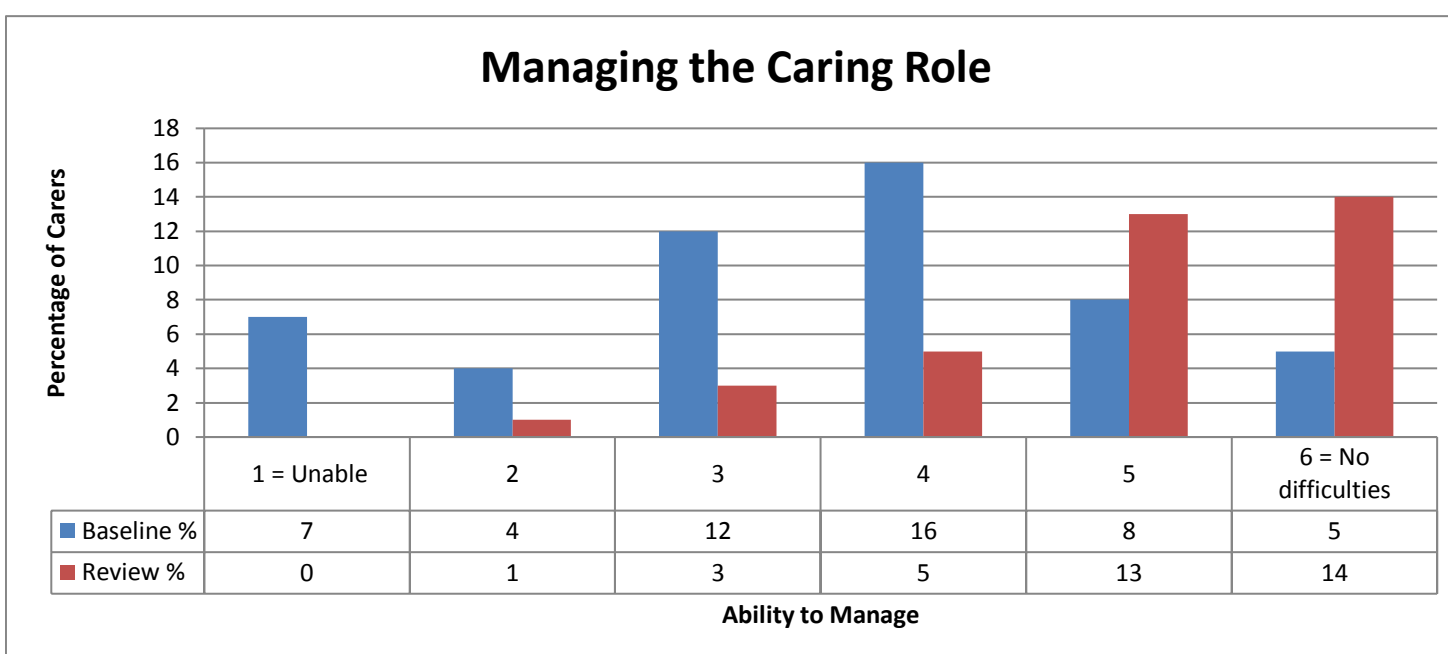
Health and Wellbeing

I think my quality of life just now is:



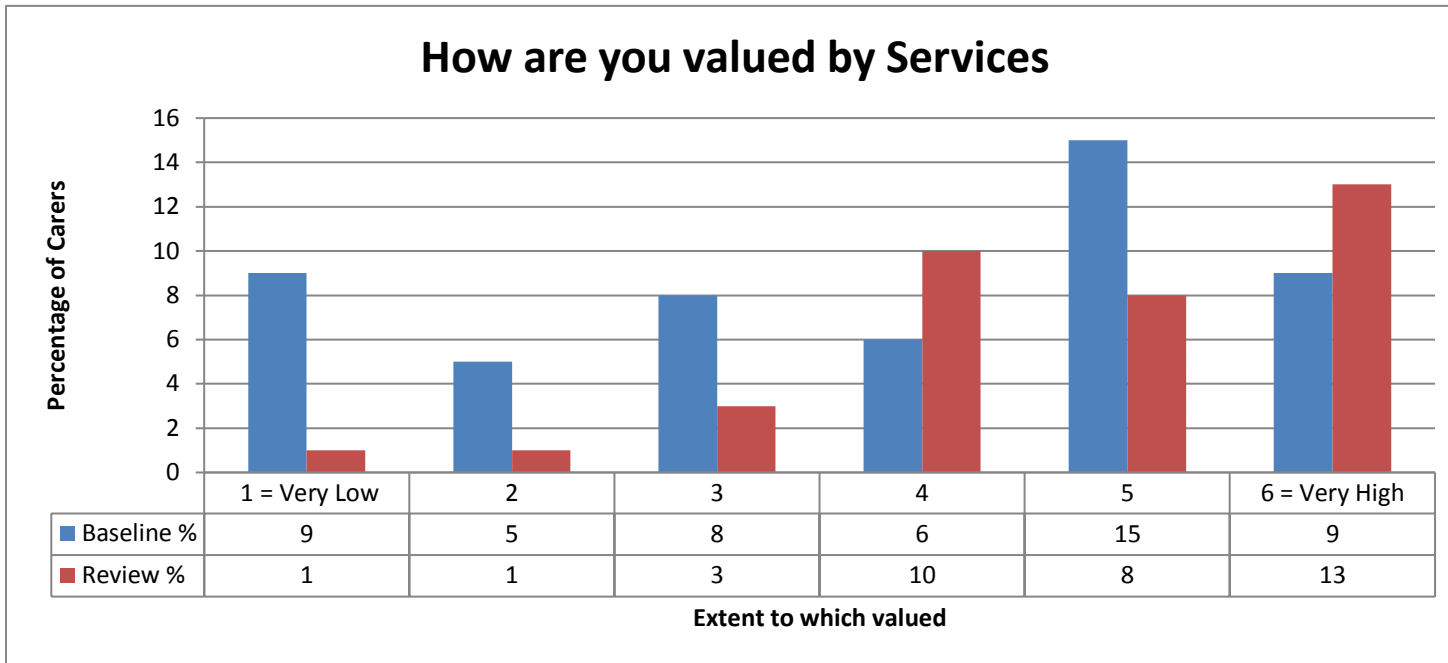
Managing the Caring role

I think my ability to manage my caring role just now is:



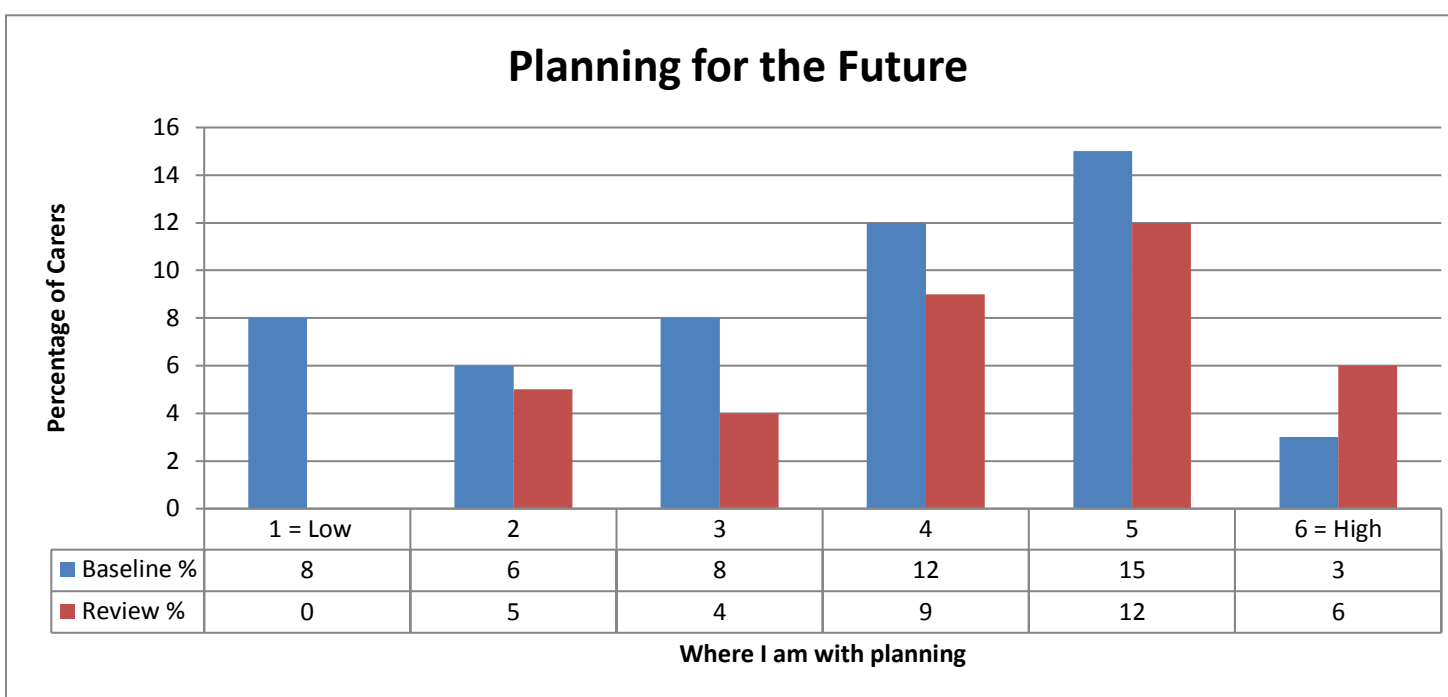
How are you valued by Services

I think the extent to which I am valued by services just now is:



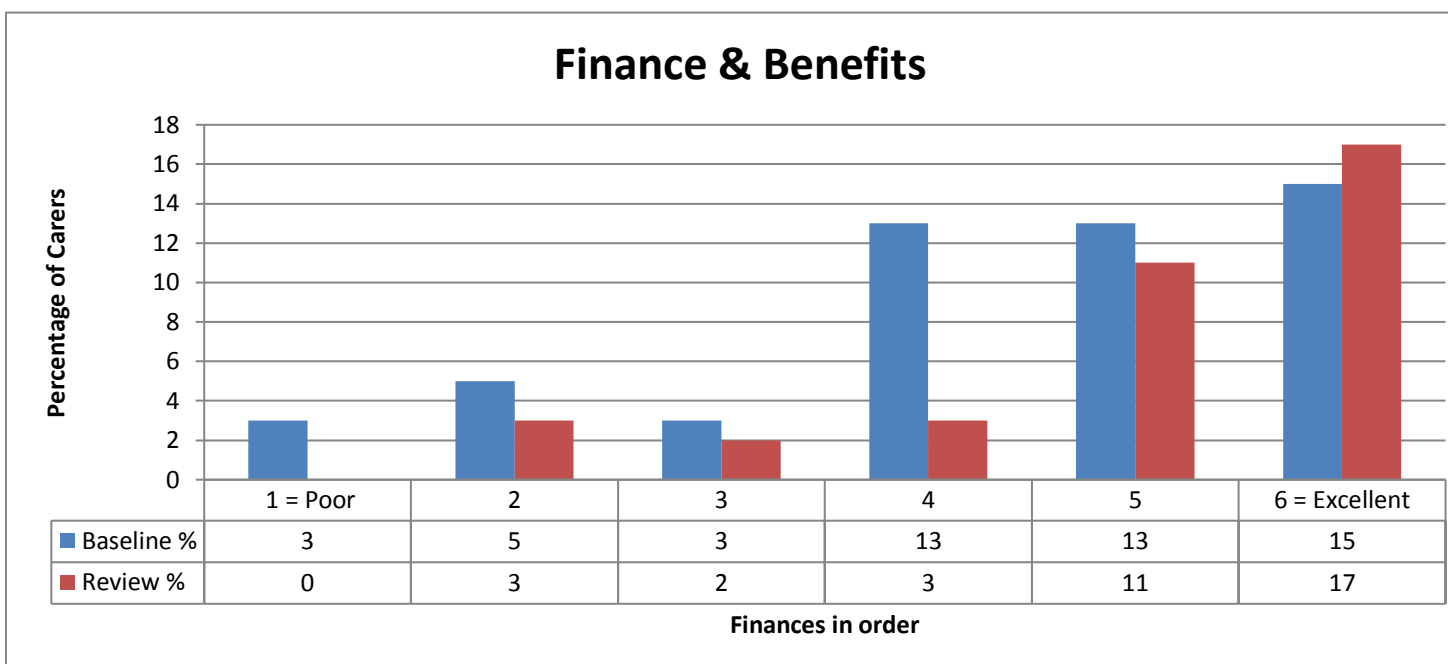
Planning for the Future

I think where I am at with planning for the future is:



Finance & Benefits

I think where I am at with action on finances and benefits is:



How are we performing?

A Carers Assessment includes a baseline review of several key areas which are reviewed within a 3 month to 12 month period depending on the level of need and the indicators from the initial baseline. This information is collated to measure individual outcomes for carers. Data for Quarter 4 2017/18 shows improvement between the baseline and review surveys in nearly all respects. There are just two exceptions to this – the questions under caring choices around Carers’ social lives and feelings as to whether their lives have been put on hold.