

Scottish Borders Health & Social Care
Integration Joint Board



Meeting Date: 20th August 2018

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**QUARTERLY PERFORMANCE REPORT, AUGUST 2018
(DATA AVAILABLE AT END JUNE 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 June 2018. The report also proposed changes to the quarterly performance report to support the IJB'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 the 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 Now that the Scottish Borders Health and Social Care Partnership's Strategic Plan has been revised, members of the Integration Performance and Finance Group (IPFG) have taken the opportunity to revisit the structure and content of performance reporting for the IJB. Previously, the performance report was developed around the six themes defined by the Ministerial Strategy Group (MSG) for Health and Community Care (shown below) as well as a range of additional measures to reflect other areas important to the partnership, such as social care and carers.

MSG Themes:

1. unplanned admissions;
 2. occupied bed days for unscheduled care;
 3. A&E performance;
 4. delayed discharges;
 5. end of life care;
 6. balance of spend between institutional and community care.
- 1.2 The inclusion of new, additional indicators under each theme each quarter meant that the performance report for the IJB has become progressively larger over the last 18 months and the opportunity has now been taken to refocus reporting down to key performance indicators (KPIs) that should provide IJB members with a sense of how effectively the partnership is addressing the 3 strategic objectives within the revised plan. Within the revised Strategic Plan, a section titled "*What will success look like?*" has been included for each of the 3 objectives and provided the starting point for the selection of the most relevant high-level KPIs.
- 1.3 Building on the experience of producing the last 3 quarterly reports for the IJB and using the expertise of LIST colleagues from NHS National Services Scotland (NSS), (who have been supporting the Partnership for the last 3.5 years), all currently reported data has been reviewed for its usefulness, relevance, and regular availability. By way of aligning performance reporting to the revised Strategic Plan, it is proposed that high level performance reporting for the IJB now be structured around the 3 objectives in the revised plan. Indicators chosen under each objective aim to demonstrate the impact that the work of the partnership is having on:
- 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)

- 1.4 It is therefore proposed that the IJB be provided with the following information quarterly, under each of the 3 objectives:

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

- Rate of emergency admissions to hospital, per 1,000 population (all ages);
- Rate of emergency admissions to hospital, per 1,000 population (ages 75+);
- Number of attendances at A&E;
- % of health and care resource spent on emergency hospital stays for persons aged 18+.

Objective 2: We will improve the flow of patients into, through and out of hospital

- % of people seen within 4 hours at A&E;
- Number of Occupied Bed Days for emergency Admissions, ages 75+;
- Rate of Occupied Bed Days* for emergency admissions, per 1,000 population (ages 75+);
- Number of Delayed Discharges over 72 hours; and over 2 weeks;
- Rate of Bed Days* associated with delayed discharges, per 1,000 population aged 75+;
- Summarised results for NHS Borders' "Two minutes of your time" survey (conducted on an ongoing basis at BGH and Community Hospitals).

looking at the rate of bed days per 1000 population (aged 75 and over) is necessary if we want to compare Scottish Borders performance against Scotland, and monitor trends over the longer term. For example, between October and December 2017, there were **10,587 bed days following emergency admissions for people aged 75+. That equated to a rate of 883 bed days per 1000 people aged 75 and over. The rate of occupied bed days will also reflect the fact that some people will spend a very short time in hospital, whilst for others it will be much longer.*

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

- Rate of Emergency Readmissions within 28 days of discharge from hospital (all ages), per 100 discharges;
- % of last 6 months of life spent at home or in a community setting;
- Carers offered assessments/assessments completed;
- Support for caring - change between baseline assessment and review in relation to: Health and well-being; managing the caring role; feeling valued; planning for the future; finance & benefits.

- 1.5 In addition to the quarterly measures outlined above, a number of annual measures will be included in either the quarterly report or the Annual Performance Report as and when updates become available (which can sometimes be mid-way through the year) and will give IJB members a sense of whether or not objectives are being achieved over the longer term. These are presented below:

- Premature mortality rate per 100,000 population
- % of adults who say they can look after their health very or quite well

- Balance of spend: % of total health and social care expenditure on community-based care;
- % of people satisfied with the care services they receive at home
- % of people who have a positive experience of the care provided by their GP
- % of care services in receipt of grade “good or better” in Care Inspectorate inspections
- % of last 6 months of life spent at home or in a homely setting (by setting e.g. Community; Hospice/Palliative Care Unit; Community Hospital; and Large Hospital)

The 2017/18 Annual Report has just been [published](#), where members of the IJB can find these indicators updated, along with trend information and Scottish comparators (2017/18 data has been summarised at the end of this report for convenience).

- 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 MSG requires performance information but that services are able to be managed effectively and focused on continuous improvement.
- 1.7 The IPFG is currently 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 3 appendices to this report:

Appendix 1 provides a very high level, “at a glance” summary for EMT and the IJB (for future reports, this summary will be designed to align with the revised Strategic Plan which, at the time of papers being produced, was not finished);

Appendix 2 provides the rationale for the inclusion of indicators in the summary;

Appendix 3 provides further details for each of the measures presented in Appendix 1, including performance trends and analysis.

Summary of Performance

- 2.1 In a number of areas, Borders is demonstrating good performance over time and when compared to Scotland, including rate of hospital admissions, % of Health & Social Care resources spent on emergency hospital stays, attendance at A&E, and rate of occupied bed days for emergency admissions (age 75+).
- 2.2 However, whilst the rate of emergency admissions to hospital is stable / improving, there are still around 3000 people being admitted each quarter, with a third of them over 75 years old, which places significant pressure on our hospital services. The winter period saw a slight increase in the proportion of people waiting more than 4 hours in A&E, and although Borders compares well to Scotland, achievement has been under the 95% standard for the last 5 months reported. Key challenges remain in relation to bed days associated with people being delayed in hospital and although the rate of bed days associated with delayed discharge (age 75+) has come down during Q4 (to 189.9 bed days per 1000 population age 75+), the *annual* rate for Borders is now 869 bed days per 1000 population age 75+, compared to 772 for Scotland)- Borders has been lower than Scotland in previous years. Quarterly end of life care measure fluctuates considerably and should be treated on a “provisional” basis. Challenges remain around support for carers and completing assessments and Borders Carers Centre continue to be commissioned to undertake assessments, as part of the revised strategic plan.
- 2.3 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.
- 2.4 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.

Updated annual figures

Indicator	Scottish Borders	Scotland
Premature mortality rate per 100,000 population	324 in 2017	425
% of adults who say they can look after their health very or quite well	94% in 2017/18	93%
Balance of spend: % of total health and social care expenditure on community-based care	51.4% in 2015/16	46.5%
% of people satisfied with the care services they receive at home	83% in 2017/18	81%
% of people who have a positive experience of the care provided by their GP	88% in 2017/18	83%
% of care services in receipt of grade “good or better” in Care Inspectorate inspections	80.7% in 2017/18	85.4%
% of last 6 months of life spent at home or in a homely setting (by setting e.g. Community; Hospice/Palliative Care Unit; Community Hospital; and Large Hospital)	87.2 for 2017/18	88.3%

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



Summary of Performance for Integration Joint Board: AUGUST 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 June 2018**. A number of annual measures that have been updated recently are included in the [Annual Performance Report 2017/18](#)

KEY			
+	+ve trend/SB 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		

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) 27 admissions per 1,000 population (Jan - March 2018)	Emergency Hospital Admissions (Borders residents age 75+) 84.2 admissions per 1,000 population Age 75+ (Jan – March 2018)	Attendances at A&E 7,051 attendances (Jan - March 2018)	£ on emergency hospital stays 20.8% of total health and care resource, for those Age 18+ was spent on emergency hospital stays (Oct – Dec 2017)
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	Trend similar to Scotland	Lower than Scotland

Main challenges:

Whilst the *rate* of emergency admissions to hospital amongst the Borders population is stable / improving as shown above, there are still over **3000** emergency admissions each quarter, with a third of them people aged 75 and over. This places significant pressure on our hospital services (particularly on BGH, but also on other hospitals to which Borders' residents can be admitted, such as Edinburgh Royal Infirmary).

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; develop the role of community pharmacist; extend scope of the Matching Unit; Use Buurtzorg model of care to plan and deliver service by locality; increase use of telecare and telehealth; delivery of Post Diagnostic Support for people with dementia, and continued focus on referral process for dementia

Objective 2: We will improve the flow of patients into, through and out of hospital

A&E waiting times (Target = 95%) 89% of people seen within 4 hours (March 2018)	No. of Occupied Bed Days* for emergency admissions (ages 75+) 10,587 bed days for admissions of people aged 75+ (Oct - Dec 2017)	Rate of Occupied Bed Days* for Emergency admissions (ages 75+) 883 bed days per 1000 population Age 75+ (Oct – Dec 2017)	Number of delayed discharges (“snapshot” taken 1 day each month) 19 over 72 hours 19 over 2 weeks (April 2018)	Rate of bed days associated with delayed discharge 189.8 bed days per 1,000 population Aged 75+ (Jan - March 2018)
-ve trend over 4 Qtrs	+ve trend over 4 Qtrs	Little change over 4 Qtrs	-ve trend over 4 Qtrs	-ve trend over 4 Qtrs
Higher than Scotland		Lower than Scotland		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 (Jan – March 2018)		
Satisfaction with care and treatment 97.1%	Staff understanding of what mattered 93.8%	Patients had info and support needed 93.5%
Little change over 4 Qtrs	-ve trend over 4 Qtrs (although high)	Little change over 4 Qtrs

Main challenges:

The winter period saw a reduction in the percentages of people seen within 4 hours in A&E, and although Borders compares relatively well to Scotland, nonetheless achievement has been under the 95% standard for the last 5 months reported. Key challenges remain in relation to bed days associated with people being delayed in hospital.

Our plans during 2018 to support this objective:

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 aimed at shifting resources and redesigning 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) 10.3 per 100 discharges from hospital were re-admitted within 28 days (Oct – Dec 2017)	End of Life Care 88.2% of people’s last 6 months was spend at home or in a community setting (Oct – Dec 2017)	Carers offered assessments/assessments complete 187 Offered 36 Completed (Jan – March 2018)	Support for carers: change between baseline assessment and review. Improvements in self-assessment: <table border="1"> <tr><td>Health and well-being</td></tr> <tr><td>Managing the caring role</td></tr> <tr><td>Feeling valued</td></tr> <tr><td>Planning for the future</td></tr> <tr><td>Finance & benefits</td></tr> </table> (Jan – March 2018)	Health and well-being	Managing the caring role	Feeling valued	Planning for the future	Finance & benefits
Health and well-being								
Managing the caring role								
Feeling valued								
Planning for the future								
Finance & benefits								
Little change over 4 Qtrs	-ve Trend over 4 Qtrs	Little change over 4 Qtrs	n/a (data from Q4 17/18)					
Similar to Scotland	Lower than Scotland							

Main challenges:

Quarterly “end of life care” measure fluctuates considerably and should be treated on a “provisional” basis and could be influenced by seasonal factors such as variations in hospital activity. Measure may subsequently be replaced with one that better distinguishes time spent in the Margaret Kerr Unit as distinct from time spent on general/acute hospital wards. Challenges remain around support for carers

Our plans during 2018 to support the 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 re-ablement; increase provision of Extra Care Housing; roll out of Transforming Care after Treatment programme (commencing with Eildon); ongoing commissioning of Borders Carers Centre to undertake assessments.

Rationale for inclusion of measures in IJB performance reporting

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

Indicator	Why has this been included?
Rate of emergency admissions to hospital, per 1000 population (all ages)	Reducing emergency admissions in our population should demonstrate improved partnership working. It should represent a shift from a reliance on hospital care towards proactive and coordinated care and support in the community. It should demonstrate the effectiveness of anticipatory care, identifying people who are at risk of emergency hospital admission, supporting people to manage long term conditions and providing coordinated care and support at home, where safe and appropriate. Safe and suitable housing for people will also be important.
Rate of emergency admissions to hospital, per 1000 population (age 75+)	This is of particular concern and has historically been higher in the Scottish Borders than across Scotland as a whole. Existing work within the Borders to reduce emergency admission rates needs to continue and be built on.
Number of attendances at A&E	Whilst this focuses on the A&E Department, NHS Boards and Health and Social Care Partnerships are required to ensure that best practice is installed throughout the whole system, including health and social care, supporting joined up work to ultimately prevent people having to attend A&E
% of health and care resource spent on emergency hospital stays for persons 18+	Health and Social Care Integration should allow Health and Social Care Partnerships to commission changes in the health and social care pathway that will optimise (where appropriate) community based care. For example, through intermediate care, anticipatory and preventative care. This ensures that emergency/non elective resources (staff, beds, equipment) are used for those who need acute medical and trauma care. Under integration it is expected to see the proportion of emergency spend reduce.

Objective 2: We will improve the flow of patient into, through and out of hospital

Indicator	Why has this been included?
% of people seen within 4 hours at A&E	The national standard for Accident and Emergency (A&E) waiting times is that 95% of people arriving in an A&E Department in Scotland (including Minor Injuries Units) should be seen and then admitted, transferred or discharged within 4 hours. NHS Boards are to work towards achieving 98% performance.
Number of Occupied Bed Days for emergency Admissions, 75+	Once a hospital admission has been necessary in an emergency, it is important for people to get back home (or to another appropriate place) as soon as they are fit to be discharged, to avoid the risk of them losing their confidence and ability to live independently. Health and Social Care Partnerships have a central role in this by providing community-based treatment and support options, "step down" care and home care packages to enable people to leave hospital quickly once they are well enough. Additionally, care homes should where appropriate be able to support people with a wider range of physical and mental frailty and
Rate of Occupied Bed Days for	

Appendix 2: IJB QUARTERLY PERFORMANCE REPORT, AUGUST 2018

Indicator	Why has this been included?
emergency admissions, per 1000 population (ages 75+)	<p>needs.</p> <p>There is a continuing focus in the Borders on providing alternative supports for older adults, rather than keep them unnecessarily in hospital.</p> <p>The number and the rate have both been included to demonstrate the scale of the challenge as well as the change over time.</p> <p>Note: These measures reflect all bed days in a general/acute hospital (such as BGH) following emergency admission, including those for delayed discharges. They <i>do not</i>, however, reflect bed days in any of the Borders' Community Hospitals. This is because, in common with several others in this report, the measures are based on standard, Scotland-wide measures (to allow benchmarking), which excludes data on beds coded as "Geriatric Long Stay" (GLS). All beds in the Borders Community Hospitals are coded by NHS Borders as GLS and thus those bed days are not reflected in these measures.</p>
Number of Delayed Discharges over 72 hours; and over 2 weeks	<p>A delayed discharge (often referred to in the media as "Bed Blocking") occurs when a patient, clinically ready for discharge, cannot leave hospital because the other necessary care, support or accommodation for them is not readily accessible. A long delay increases the risk of the patient falling ill again, or losing vital life skills, independence or mobility. It could ultimately result in the patient having to be admitted to a care home due to the deterioration in their health and mobility.</p> <p>Delayed Discharges (DDs) over 2 weeks; over 72 hours are snapshots - taken on a census day each month - of the numbers of patients for whom the delay has exceeded the specified period of time.</p>
Rate of Bed Days associated with delays, per 1,000 population aged 75+	<p>This measure is included to provide a fuller picture (not just the monthly snapshot, above) of the impact of delays. Put simply, patients who are fit to leave hospital but are delayed (for a variety of reasons) take up beds that could be used for other patients who require urgent or planned care. Integration should ultimately see a reduction in this measure.</p>
Summarised results for NHS Borders' "Two minutes of your time" survey (conducted on an ongoing basis at BGH and Community Hospitals)	<p>NHS Borders has introduced a proactive patient feedback system '2 minutes of your time', which comprises a brief survey of 3 quick questions. Feedback boxes are located within acute hospital (the BGH), community hospital and mental health units. In addition patient feedback volunteers have been recruited and gather feedback from patients, carers and their relatives within clinical and public areas throughout the hospital. This enables us to look at changing the way in which we do things and ensuring our work has a more person centred approach.</p>

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

Indicator	Why has this been included?
Rate of Emergency Readmissions within 28 days of discharge from	<p>The readmission rate reflects several aspects of integrated health and care services, including discharge arrangements and co-ordination of follow up care, underpinned by good communication. It also reflects the quality and level of care being provided within the community.</p>

Appendix 2: IJB QUARTERLY PERFORMANCE REPORT, AUGUST 2018

Indicator	Why has this been included?
hospital (all ages), per 100 discharges	<p>This is a bespoke measure produced by ISD LIST (part of NHS National Services Scotland) for Scottish Borders H&SCP and includes patients discharged from the Borders' Community Hospitals as well as from general/acute beds such as BGH.</p>
% of last 6 months of life spent at home or in a homely setting	<p>It is now possible to predict the progress of many diseases, enabling a planned approach to palliative and end of life care in ways which reflect best practice and which, as far as is practicable, in accordance with the needs and wishes of patients, carers and their families. Health and Social Care Partnerships are expected to be able to influence this by commissioning high quality end of life services, and working with communities, families and staff to enable discussion about planning for end of life. As more people have anticipatory care plans and as electronic palliative care summaries are rolled out throughout the country, then we should see a gradual increase in this measure in the medium to long term.</p> <p>This indicator should ideally represent the wishes and choices for patients and their carers and also demonstrate the effectiveness of having a planned approach to end of life care. For an individual, the preferred place of care can change as their condition and/or family circumstances change over time, making this very difficult to measure and track. The last six months of life was chosen as this is the period when most hospital admissions occur, and the period when clinicians would tend to plan end life care if the patient was not expected to live longer than 6 months.</p>
Carers offered assessments /assessments complete	<p>It is estimated that around 788,000 people are caring for a relative, friend or neighbour in Scotland (including around 44,000 people under the age of 18). A large percentage of these are currently not recognised as carers and are unpaid.</p> <p>Their contribution to caring within the community is substantial and could not be replaced. The Carers (Scotland) Act will commenced on April 1, 2018. There is a package of provisions within the Act designed to support carers' health and wellbeing. Local Authorities have a requirement to identify and support carers needs and personal outcomes. Any carer who appears to have a need for support should be offered an assessment. The assessment is provided regardless of the amount or type of care provided, financial means or level of need for support. Improving our methods of identifying and offering support to carers will ensure their contribution is recognised and complements the social care system currently in place.</p>
Support for caring-change between baseline assessment and review	<p>A Carers Assessment includes a baseline review of several key areas including health and wellbeing, managing the carer role and planning for the future. These areas 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.</p>



Scottish Borders
Health and Social Care
PARTNERSHIP

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

SUMMARY OF PERFORMANCE:
DATA AVAILABLE AT END JUNE 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 the flow of patients into, through and out of hospital**

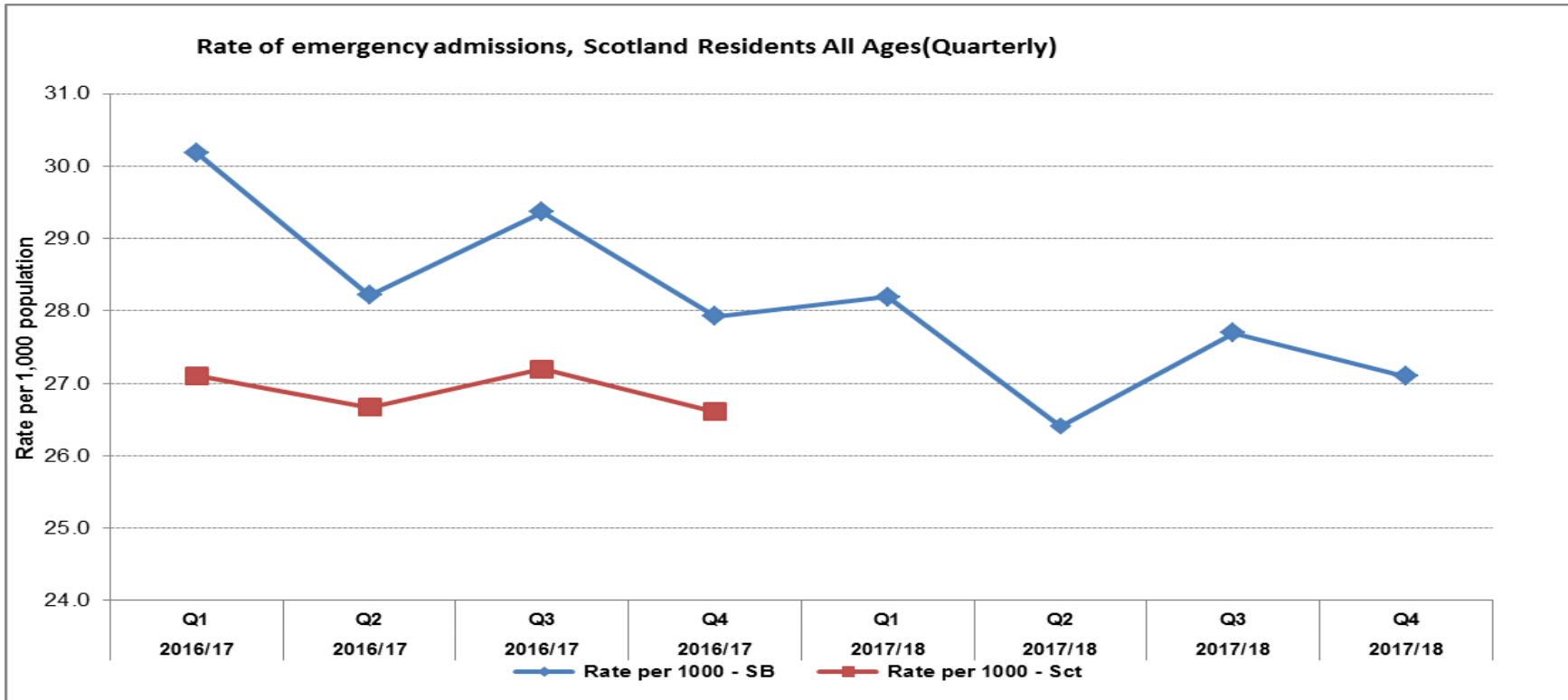
Objective 3: We will improve the capacity within the community for people who have been in receipt of health and social care services to manage their own conditions and support those who care for them

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)

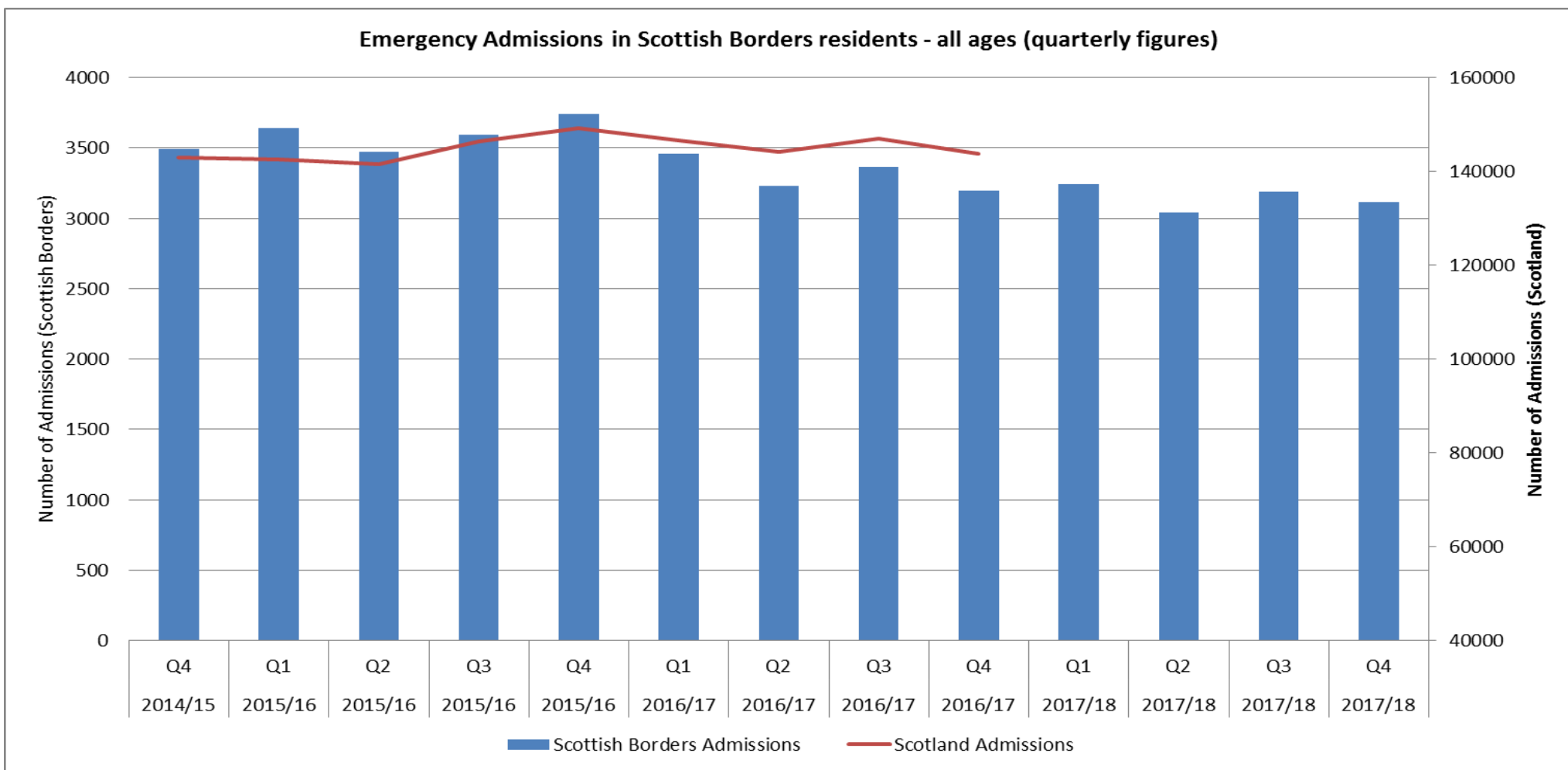
	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18
Number of Emergency Admissions, All Ages	3,457	3,232	3,363	3,198	3,243	3,038	3,186	3,117
Rate of Emergency Admissions per 1,000 population All Ages	30.2	28.2	29.4	27.9	28.2	26.4	27.7	27.1



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

Source: MSG Integration Performance Indicators workbook (SMR01 data)

	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18
Scottish Borders Emergency Admissions - All Ages	3,641	3,470	3,593	3,739	3,457	3,232	3,363	3,198	3,243	3,038	3,186	3,117
Scotland Emergency Admissions - All Ages	142,453	141,573	146,317	149,099	146,484	144,123	147,016	143,822				



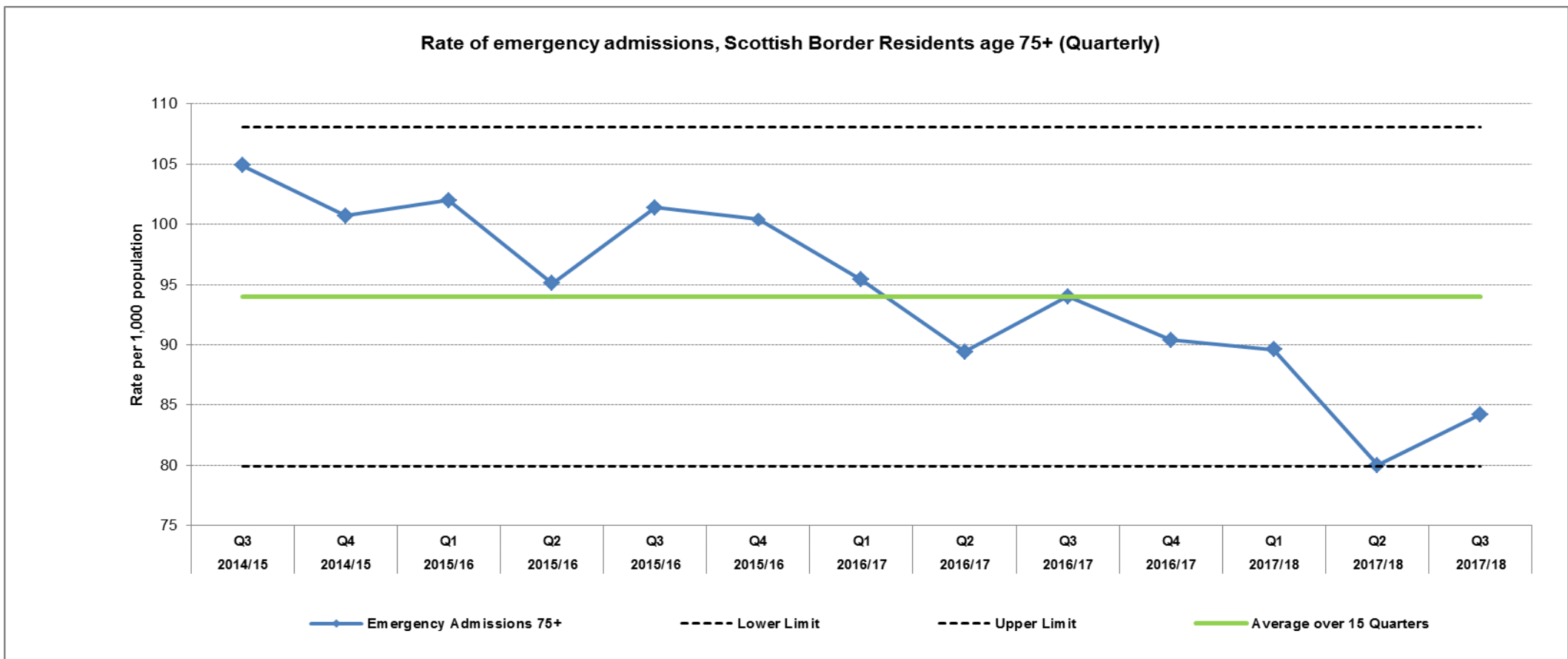
How are we performing?

The quarterly number of emergency admissions for the Scottish Borders has fluctuated since the end of the 2014/15 financial year, but has generally been decreasing. The Scottish number has also been fluctuating but the total number of emergency admissions has increased from 2015/16 to 2016/17, while it has decreased for the Scottish Borders.

Emergency Admissions, Scottish Borders residents age 75+

Source: NSS Discovery (SMR01 data)

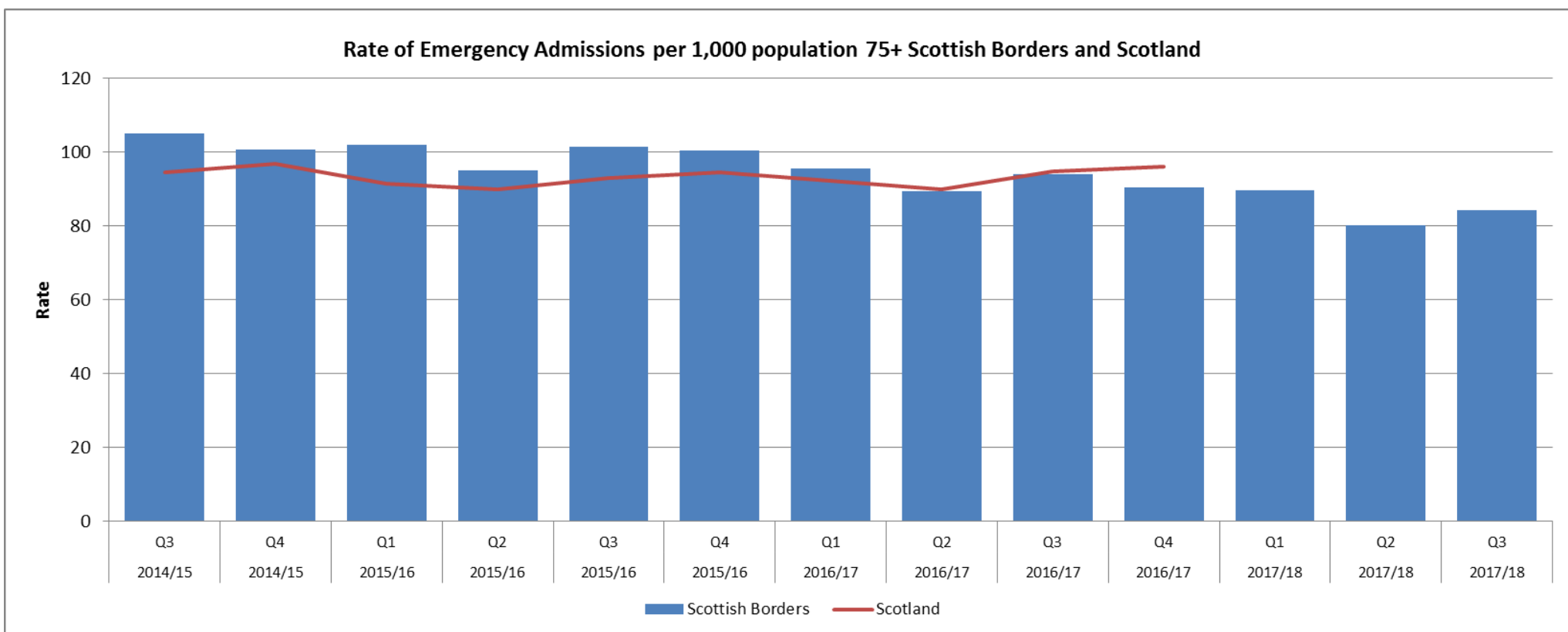
	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18
Number of Emergency Admissions, 75+	1,165	1,189	1,108	1,182	1,169	1,125	1,054	1,107	1,066	1,074	959	1,009
Rate of Emergency Admissions per 1,000 population 75+	100.7	102.0	95.1	101.4	100.4	95.4	89.4	94.0	90.4	89.6	80.0	84.2



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

Source: NSS Discovery (SMR01 data)

	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18
Rate of Emergency Admissions per 1,000 population 75+ Scottish Borders	100.7	102.0	95.1	101.4	100.4	95.4	89.4	94.0	90.4	89.6	80.0	84.2
Rate of Emergency Admissions per 1,000 population 75+ Scotland	96.9	91.5	89.9	92.9	94.5	92.2	89.9	94.7	95.9			



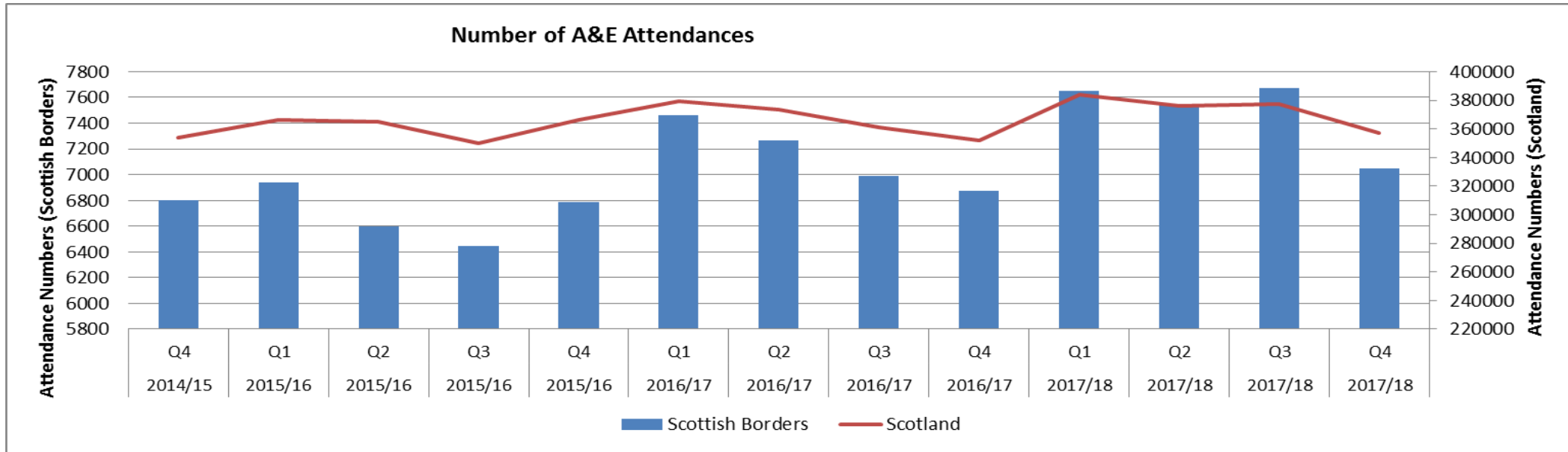
How are we performing?

The rate of emergency admissions for Scottish Borders residents aged 75 and over has generally been decreasing since late 2014. However, the Borders rate has been higher than the Scottish average until the second quarter of 2016 (July-Sept). Since October 2016, quarterly rates have been similar to or lower than the Scottish average.

Number of A&E Attendances

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

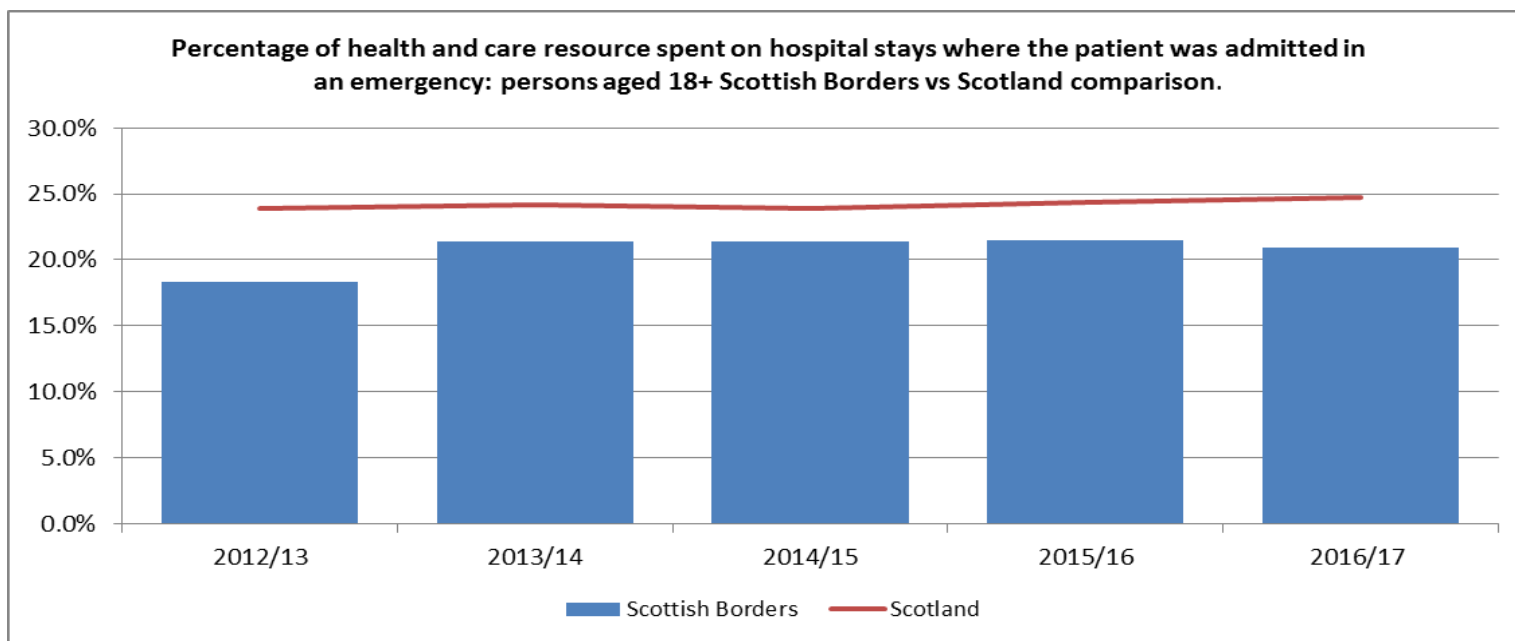
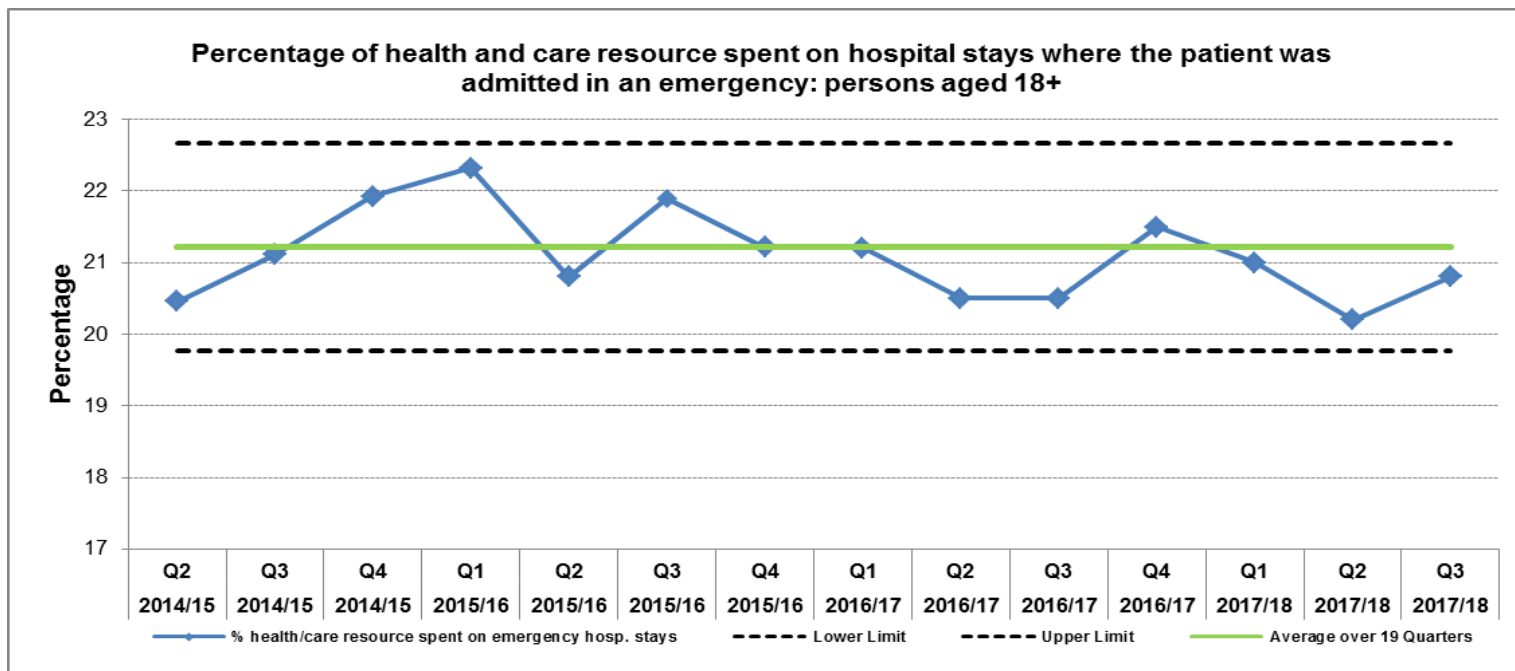
	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18
Number of Attendances, Scottish Borders	6,936	6,598	6,446	6,785	7,465	7,266	6,989	6,876	7,654	7,550	7,670	7,051
Number of Attendances, Scotland	366,496	364,677	349,963	366,500	379,254	373,584	360,953	352,210	384,076	376,287	377,477	357,401



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

	Q4 2014-15	Q1 2015-16	Q2 2015-16	Q3 2015-16	Q4 2015-16	Q1 2016-17	Q2 2016-17	Q3 2016-17	Q4 2016-17	Q1 2017-18	Q2 2017-18	Q3 2017-18
% of health and care resource spent on emergency hospital stays (Scottish Borders)	21.9	22.3	20.8	21.9	21.2	21.2	20.5	20.5	21.5	21.0	20.2	20.8



How are we performing?

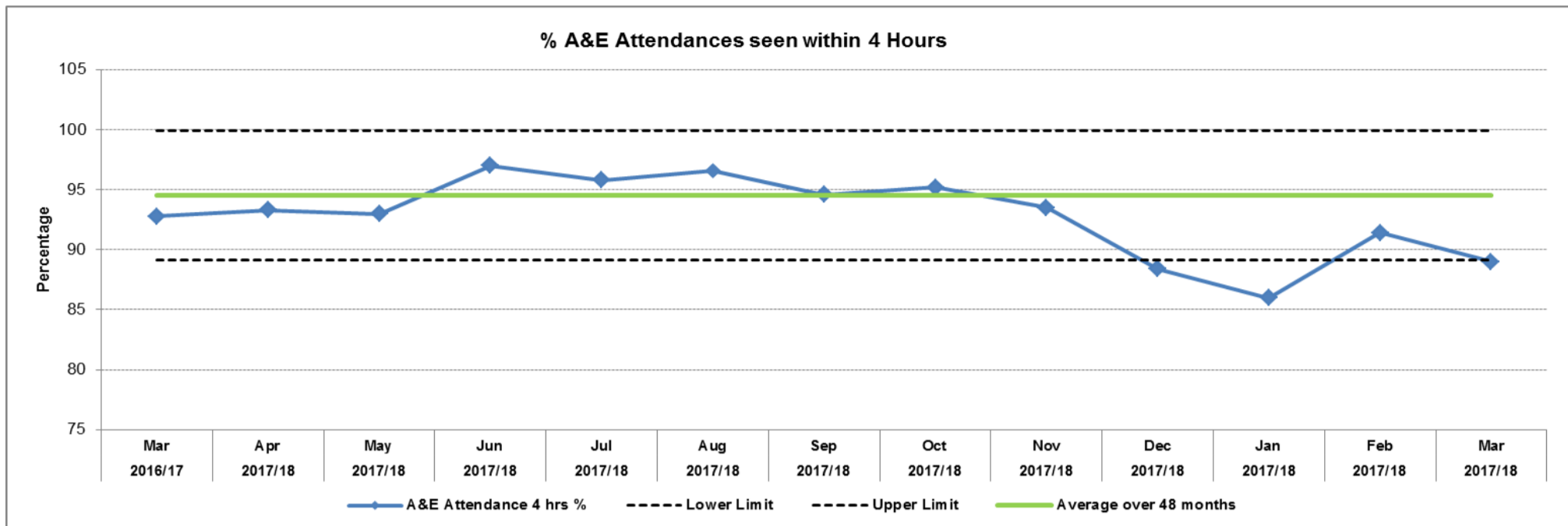
Scottish Borders has consistently performed slightly better than Scotland. However, there is no obvious downward (improving) trend, and as with other Health and Social Care Partnerships, Scottish Borders is expected to work to reduce the relative proportion of spend attributed to unscheduled stays in hospital.

Objective 2: We will improve the flow of patients into, through and out of hospital

Accident and Emergency attendances seen within 4 hours- Scottish Borders

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
Number of A&E Attendances seen within 4 hours	2,567	2,679	2,556	2,515	2,571	2,661	2,599	2,405	2,624	2,395	2,143	2,455
% A&E Attendances seen within 4 hour	93.3%	93.0%	97.0%	95.8%	96.6%	94.6%	95.2%	93.5%	88.4%	86.0%	91.4%	89.0%



How are we performing?

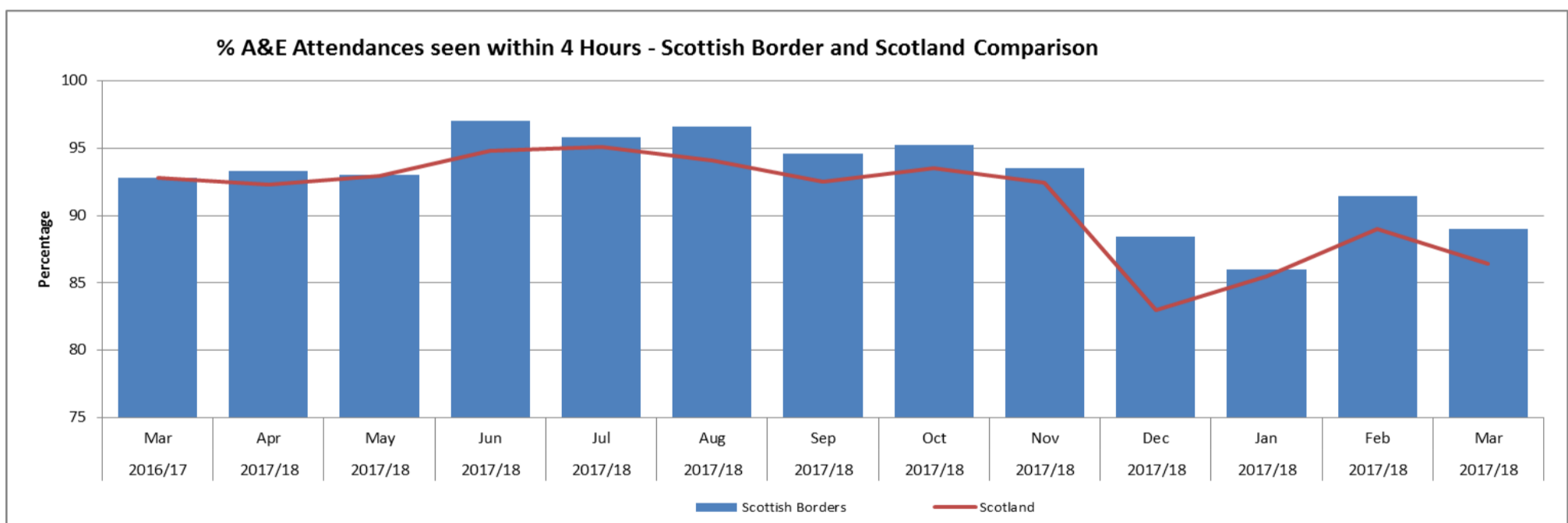
Patients attending A&E and the Acute Assessment Unit (AAU) are routinely discharged within 4 hours. NHS Borders is working towards consistently achieving the 98% local stretch standard.

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

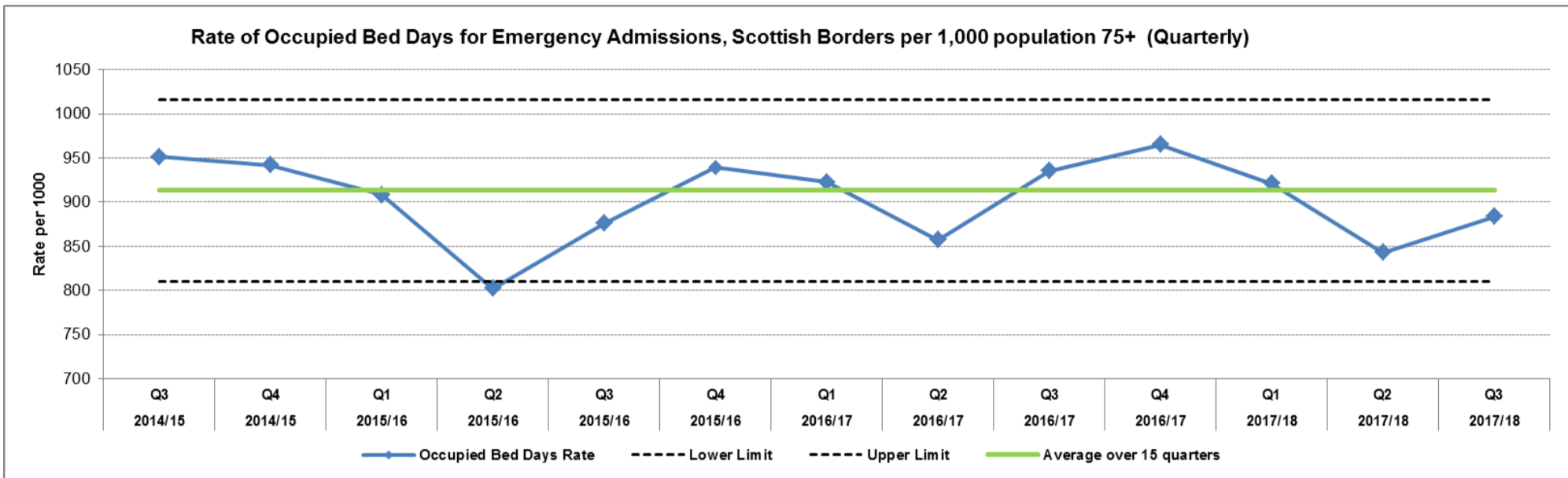
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
% A&E Attendances seen within 4 hour Scottish Borders	93.3%	93.0%	97.0%	95.8%	96.6%	0.946	0.952	0.935	88.4%	86.0%	91.4%	89.0%
% A&E Attendances seen within 4 hour Scotland	92.3%	92.9%	94.8%	95.1%	94.1%	0.925	0.935	0.924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



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

Source: NSS Discovery (SMR01 data)

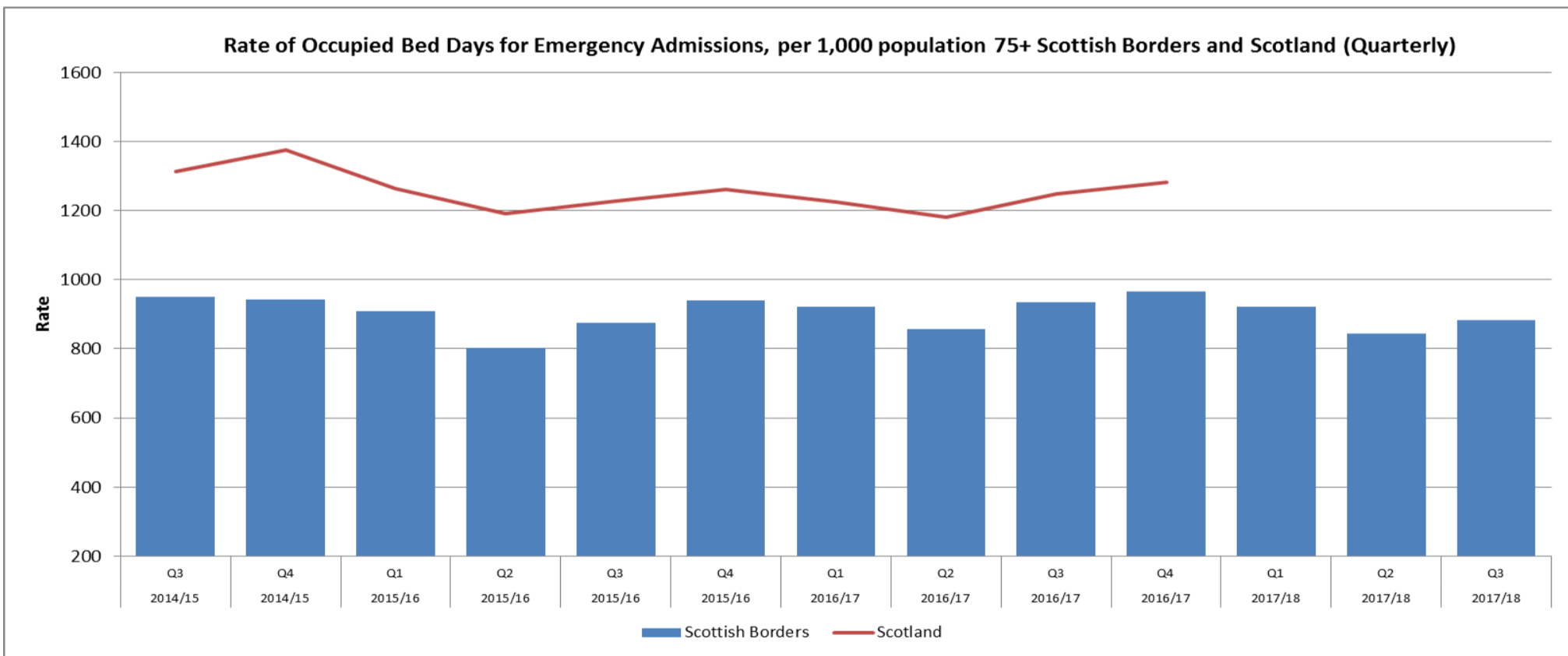
	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18
Number of Occupied Bed Days for emergency Admissions, 75+	10,896	10,587	9,348	10,213	10,948	10,877	10,109	11,028	11,382	11,035	10,103	10,587
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+	942	908	802	876	939	922	857	935	965	921	843	883



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

Source: NSS Discovery (SMR01 data)

	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scottish Borders	942	908	802	876	939	922	857	935	965	921	843	883
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scotland	1,375	1,263	1,190	1,227	1,261	1,224	1,181	1,248	1,282			



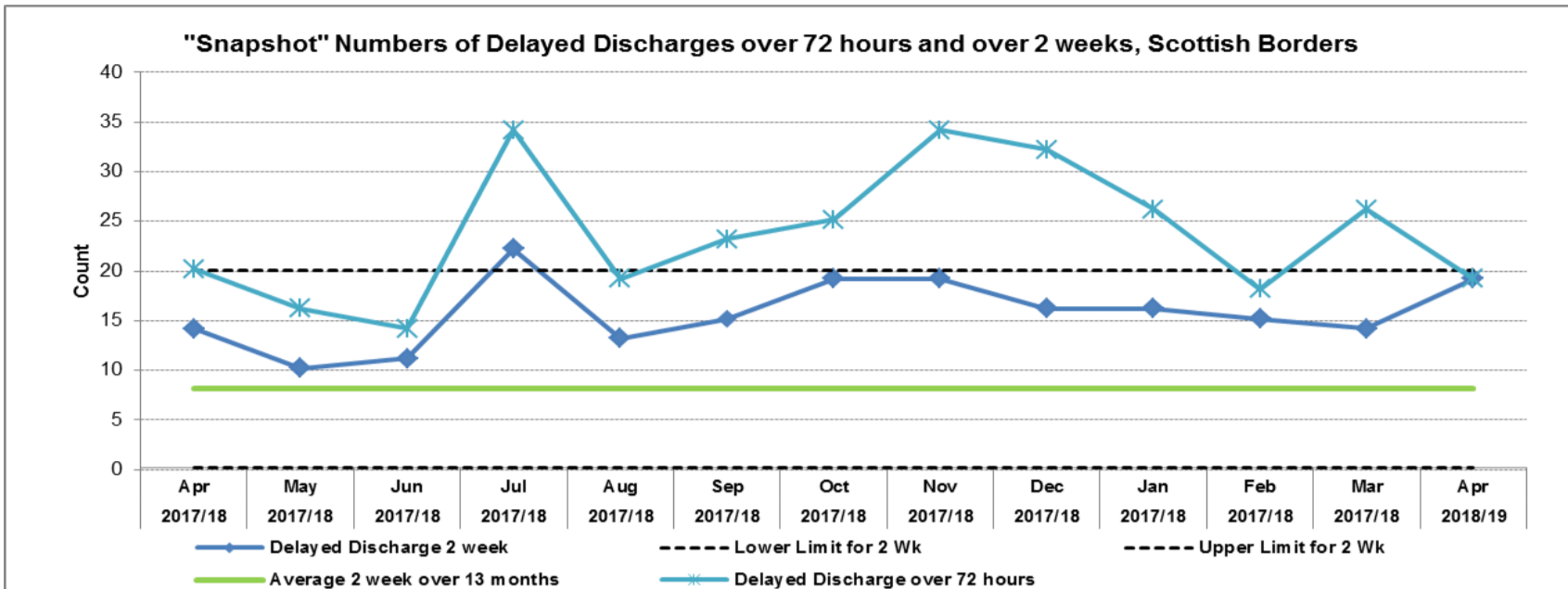
How are we performing?

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 Community Hospitals in the Borders.

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
Number of DDs over 2 weeks	10	11	22	13	15	19	19	16	16	15	14	19
Number of DDs over 72 hours	16	14	34	19	23	25	34	32	26	18	26	19



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

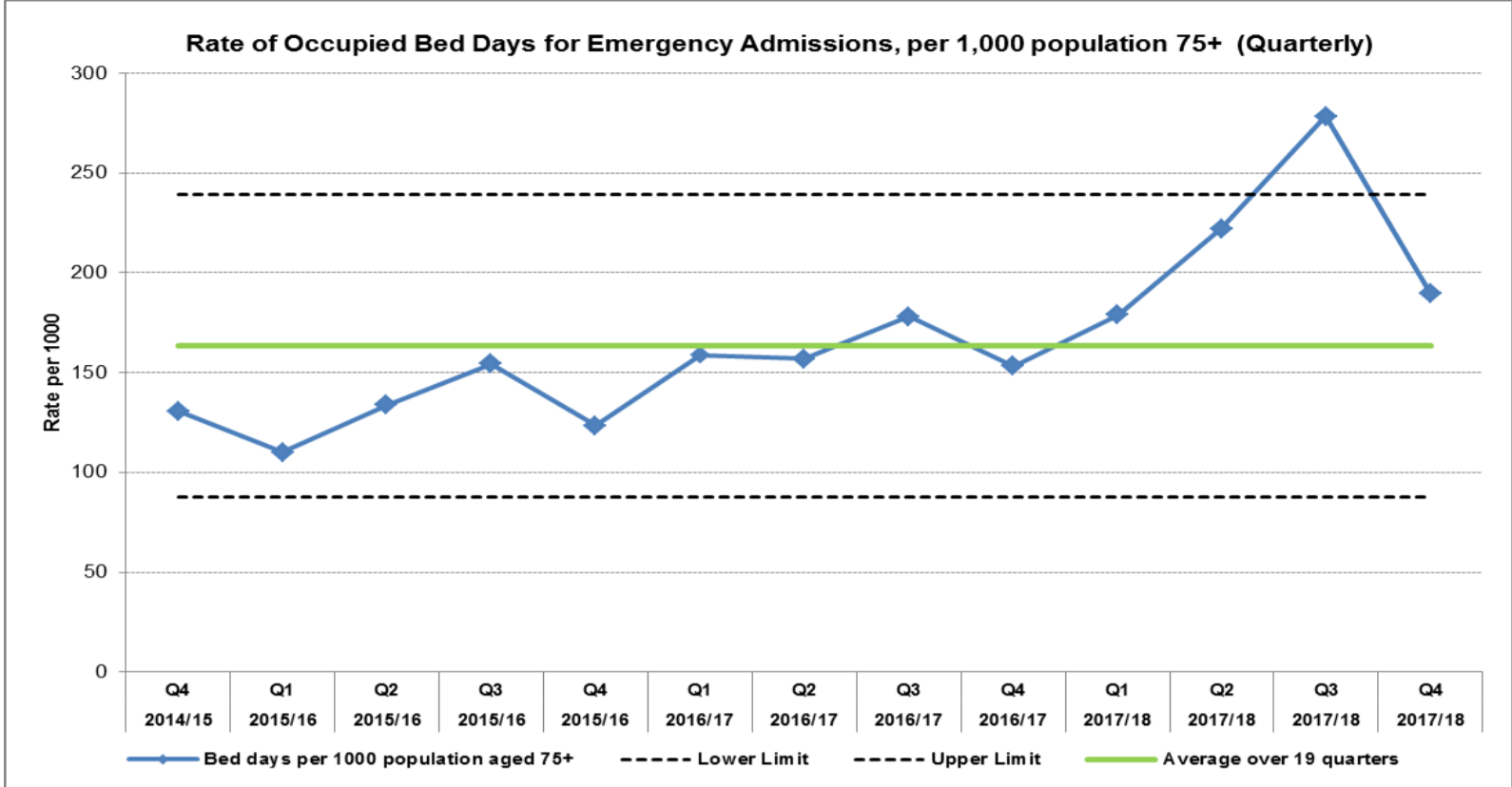
It has been overlayed on this graph as an indicator of the new measurement (light blue line) however as data is limited we cannot provide a statistical run chart for this.

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 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18
Bed days per 1,000 population aged 75+	110	134	154	124	159	157	178	153	179	222	278	190



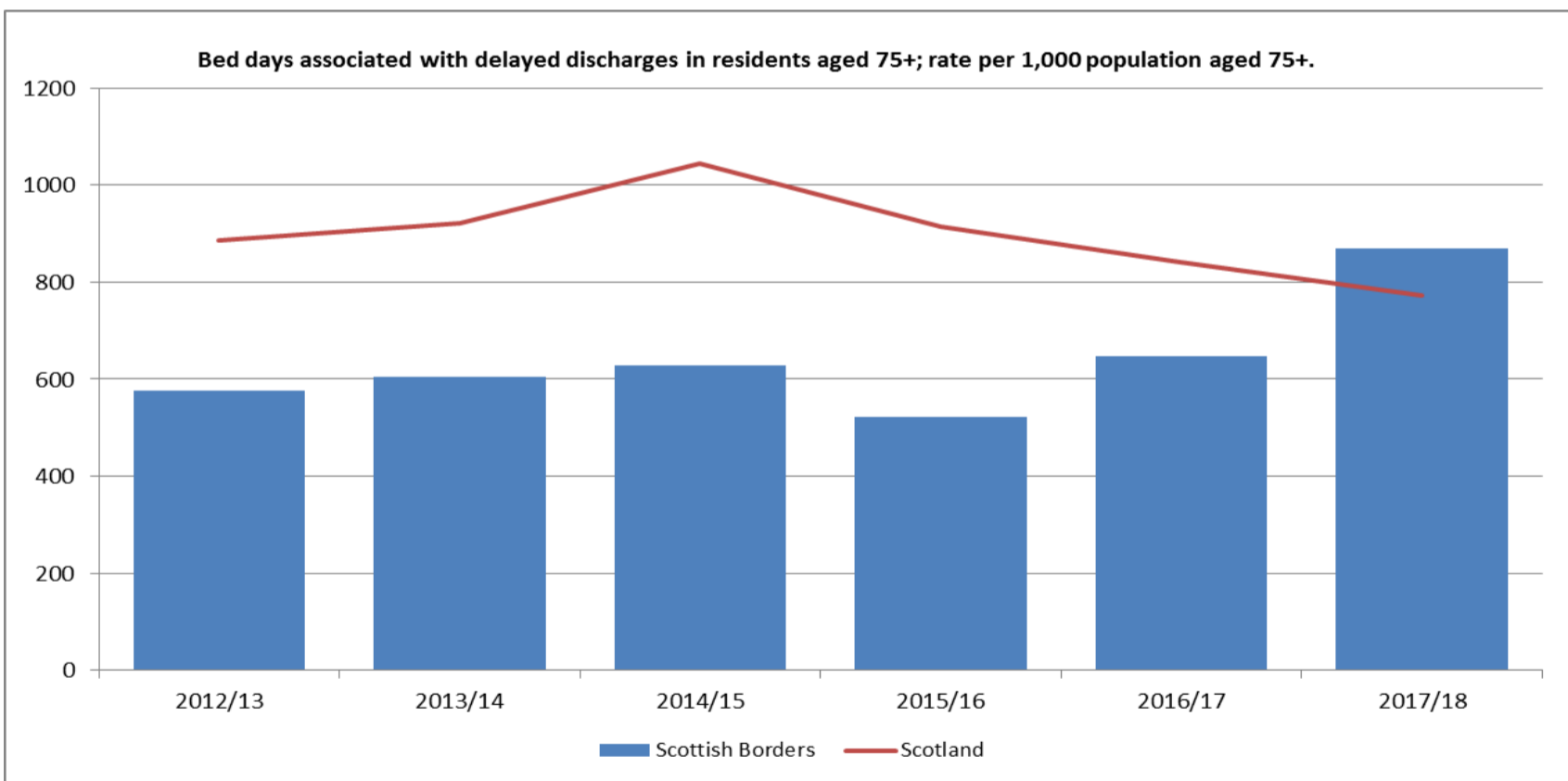
How are we performing?

The 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?

In terms of overall rates of occupied bed-days associated with delayed discharge for residents aged 75 and over, Borders has performed consistently better than the Scottish average. However, the local rate for 2016/17 as a whole was higher than for the preceding year.

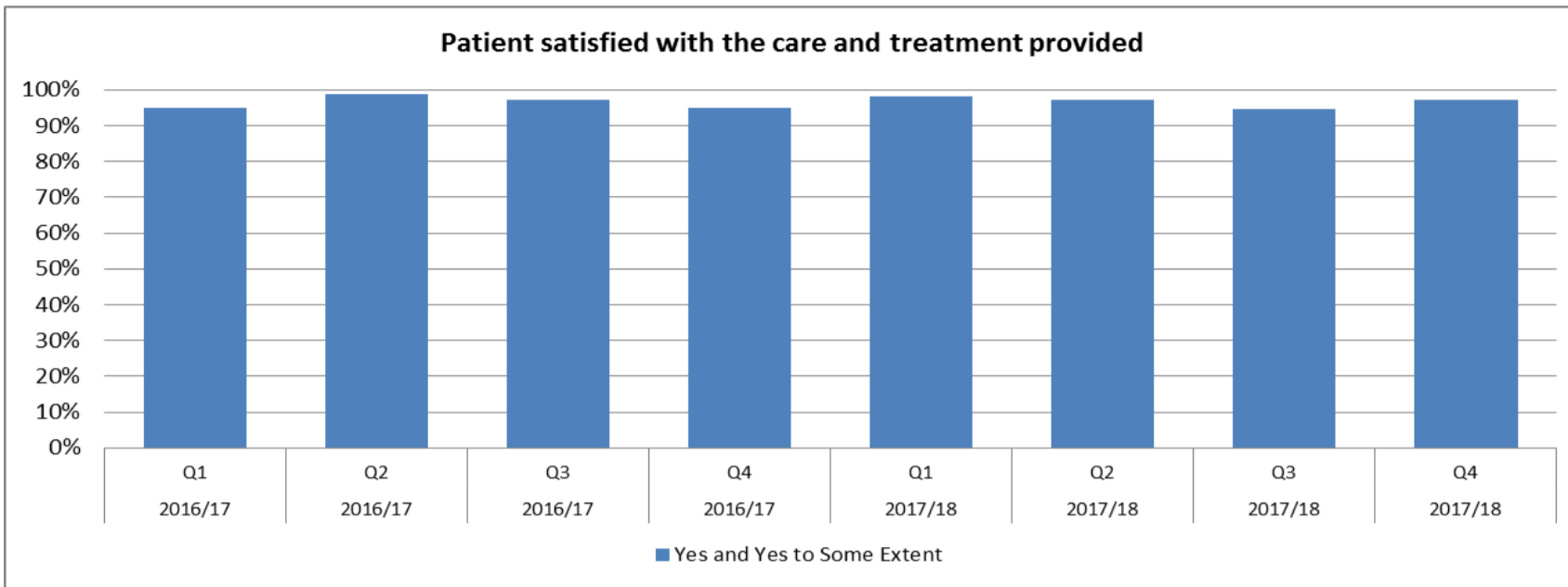
*Please note definitional changes were made to the recording of delayed discharge information from 1 July 2016 onwards. Delays for healthcare reasons and those in non hospital locations (e.g. care homes) are no longer recorded as delayed discharges. In this indicator, no adjustment has been made to account 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

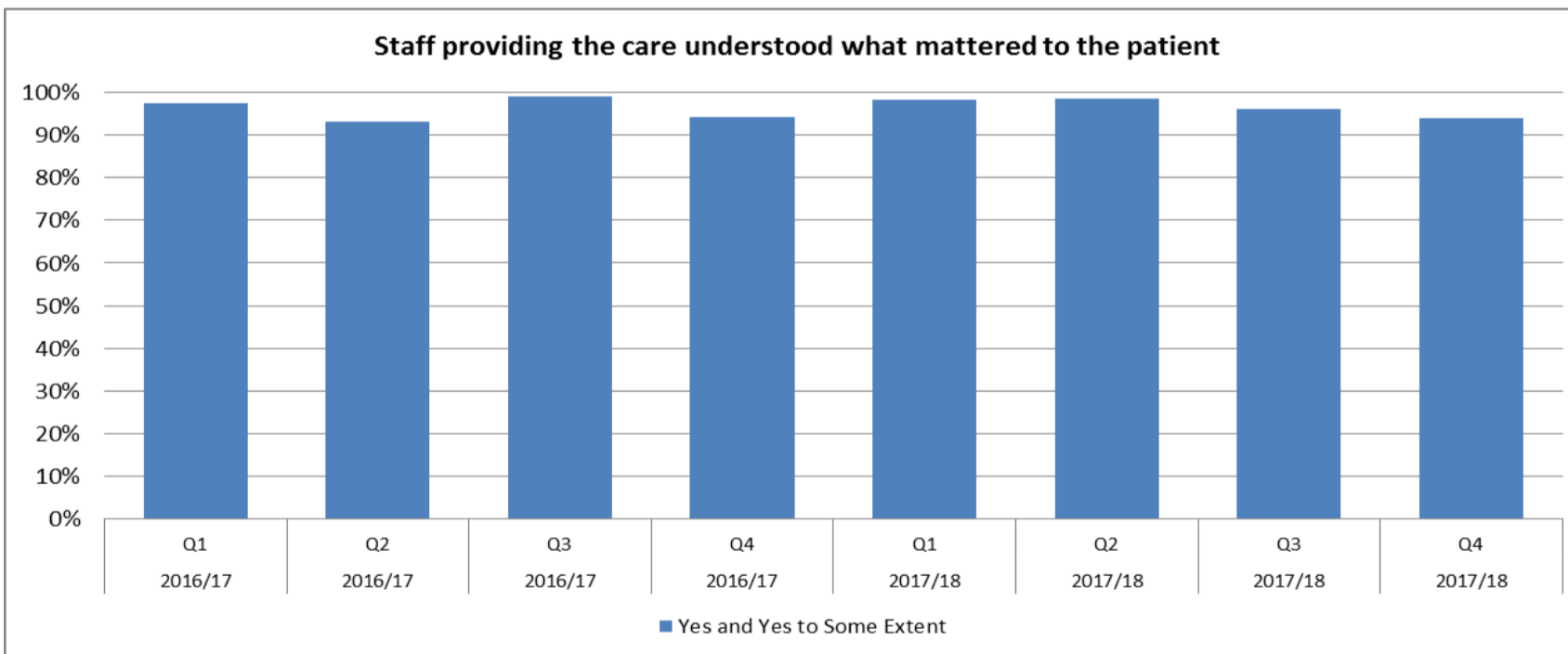
Q1 Was the patient satisfied with the care and treatment provided?

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



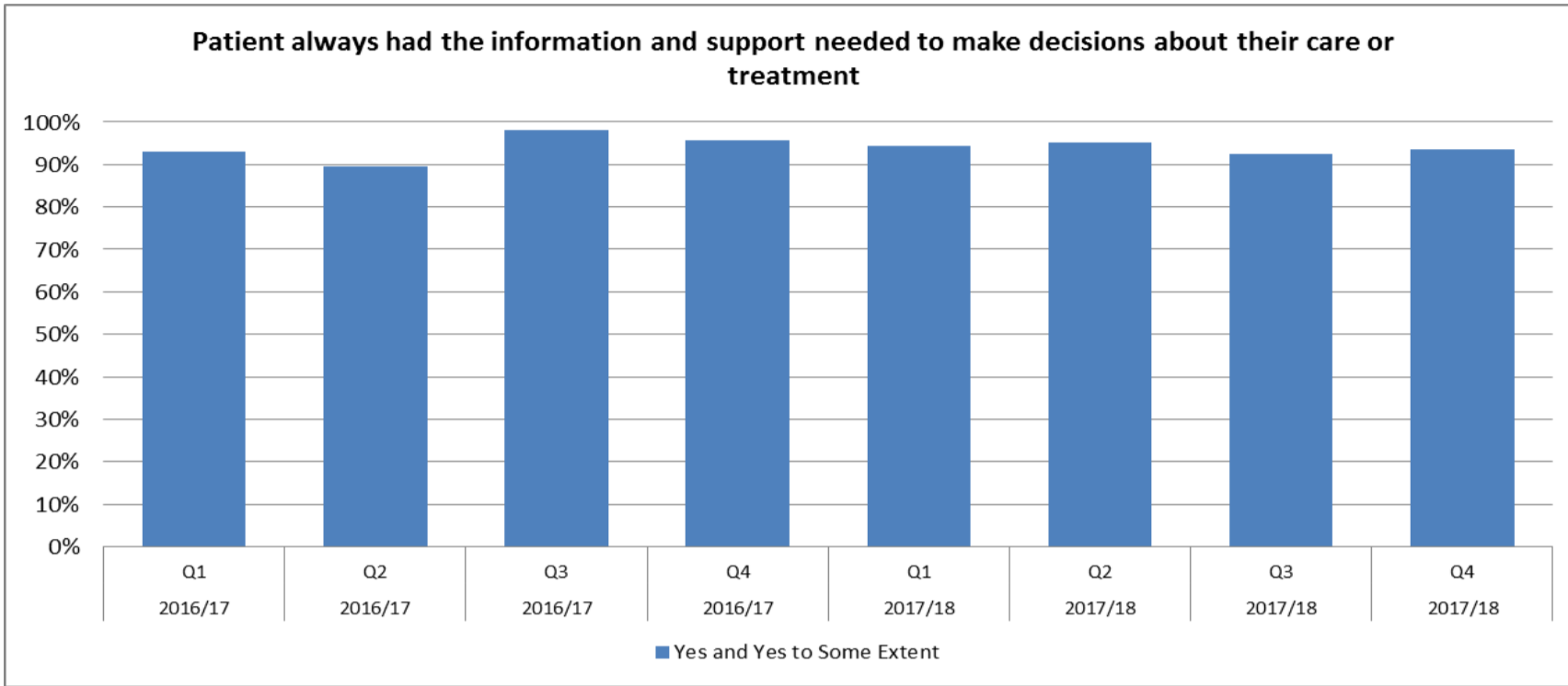
Q2 Did the staff providing the care understand what mattered to the patient?

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



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
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
% 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%



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.

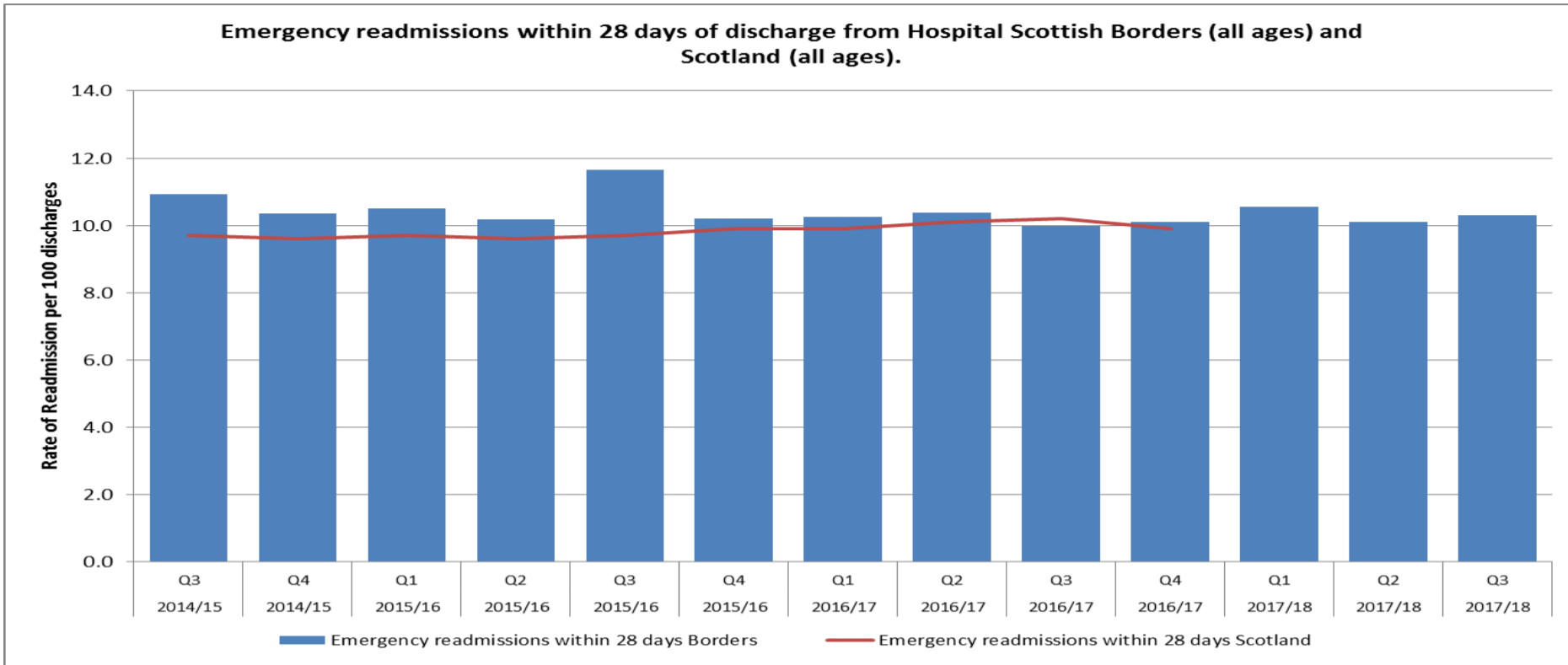
The positive response averages for the last 7 quarters are 96.5% for question 1, 96.7% for question 2 and 93.8% for question 3.

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).

	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18
28-day readmission rate Scottish Borders (per 100 discharges)	10.4	10.5	10.2	11.7	10.2	10.3	10.4	10.0	10.1	10.6	10.1	10.3
28-day readmission rate Scotland (per 100 discharges)	9.6	9.7	9.6	9.7	9.9	9.9	10.1	10.2	9.9			



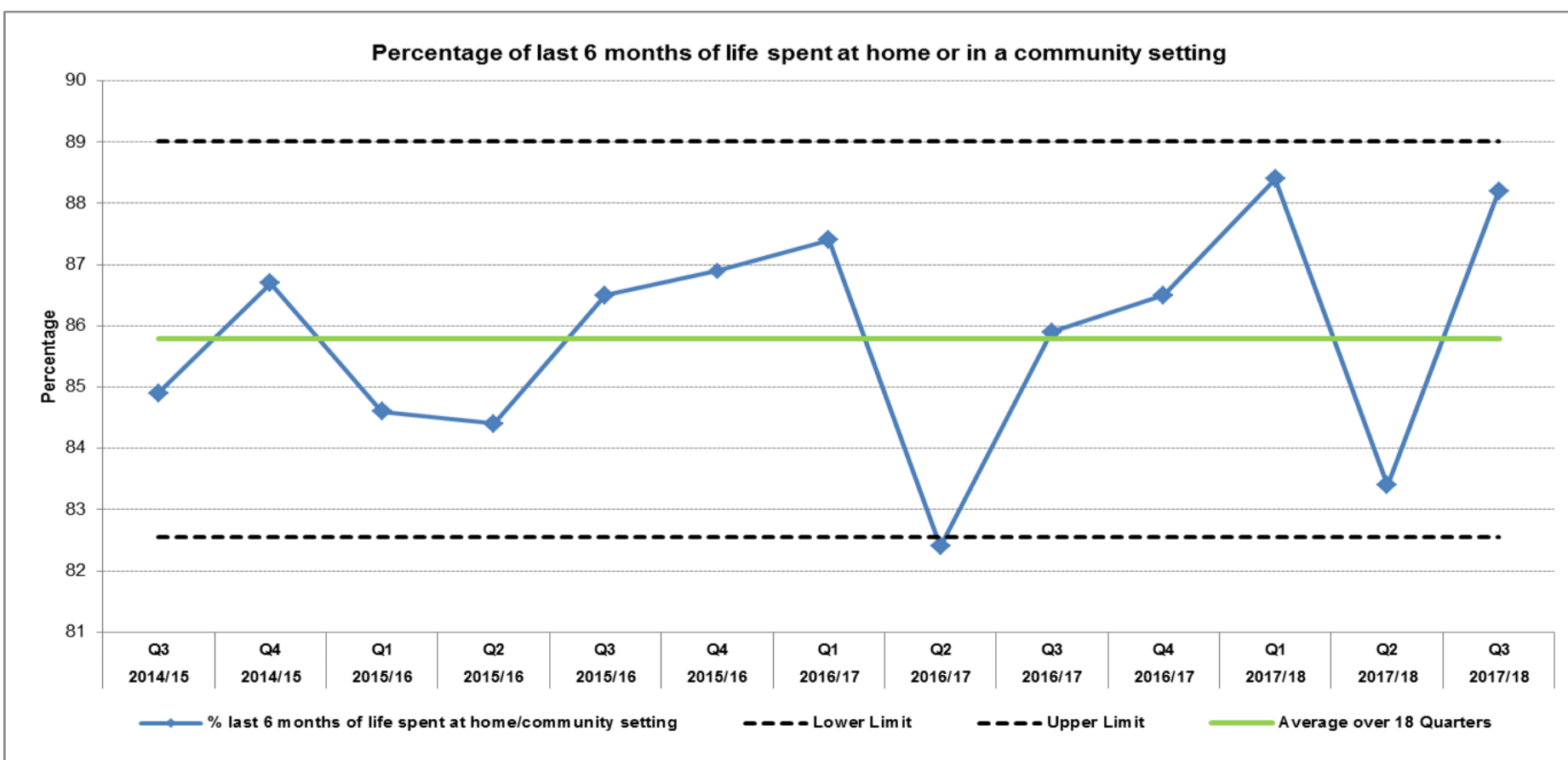
How are we performing?

The quarterly rate of emergency readmissions within 28 days of discharge for Scottish Borders residents has fluctuated since the start of the 2014/15 financial year, but has generally remained around 10 to 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.

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

Source: Core Suite Indicator workbooks

	Q4 2014/15	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18
% last 6 months of life spent at home or in a community setting Scottish Borders	86.7%	84.6%	84.4%	86.5%	86.9%	87.4%	82.4%	85.9%	86.5%	88.4%	83.4%	88.2%



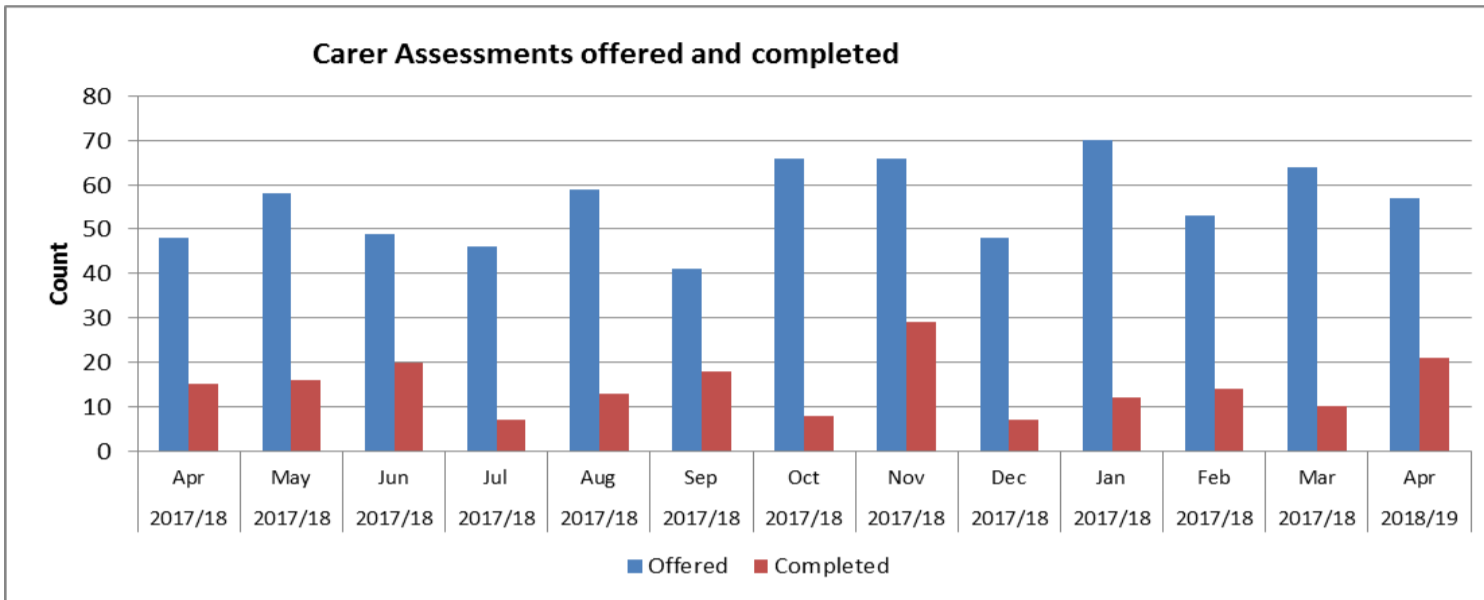
How are we performing?

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.

Carers offered and completed assessments.

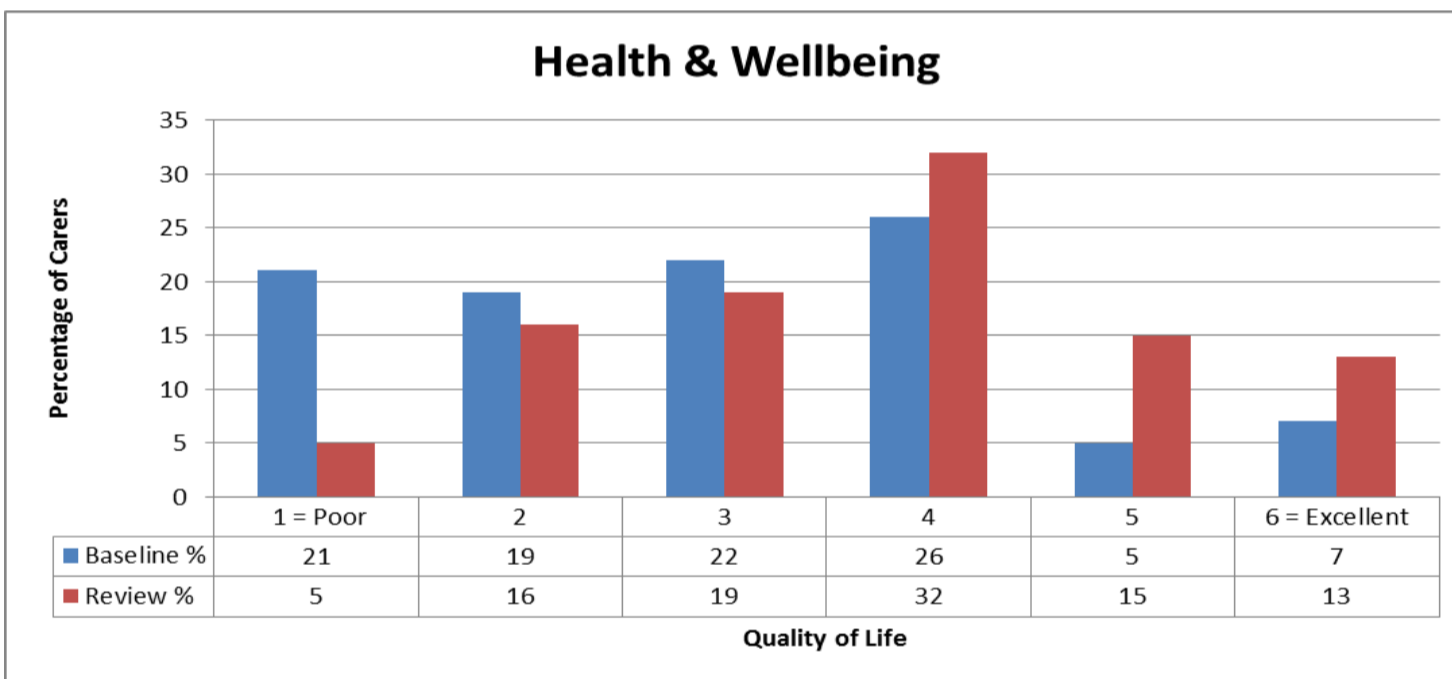
Source: Mosaic Social Care System and Carers Centre

	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Assessments offered during Adult Assessment	49	46	59	41	66	66	48	70	53	64	57
Assessments completed by Carers Centre	20	7	13	18	8	29	7	12	14	10	21



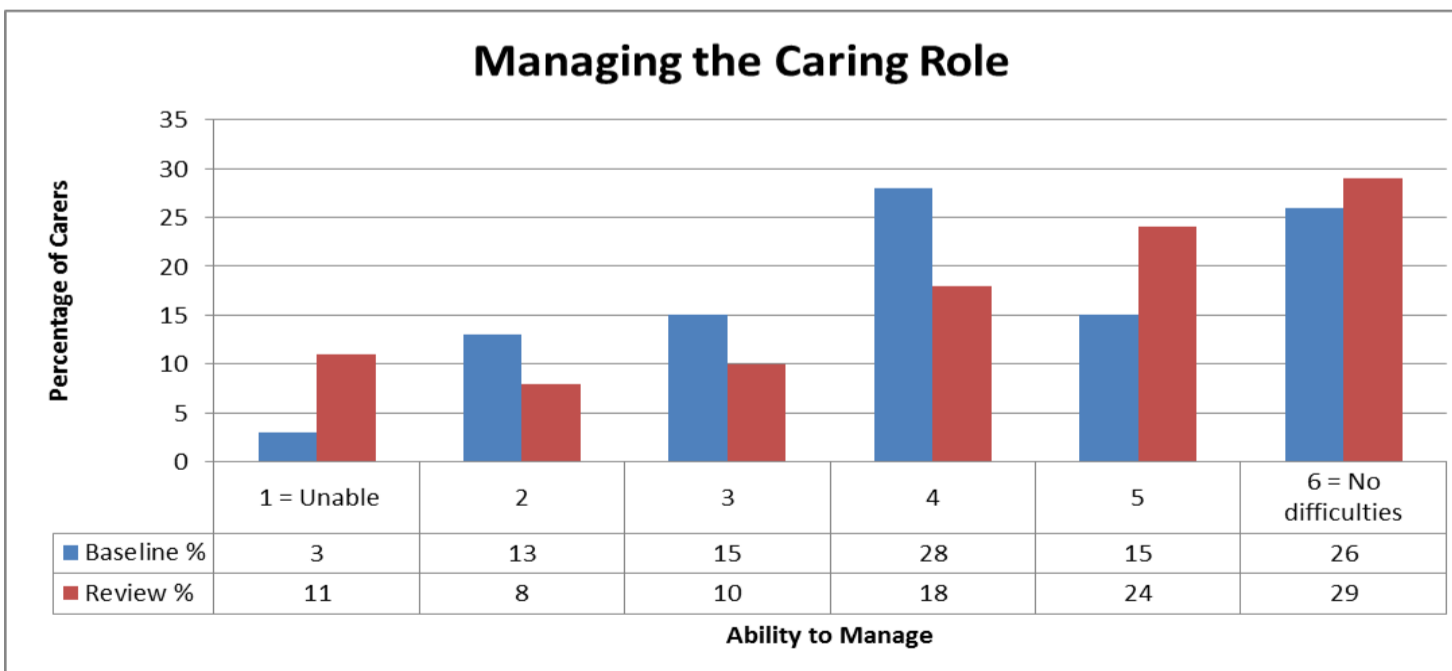
Health and Wellbeing

I think my quality of life just now is:



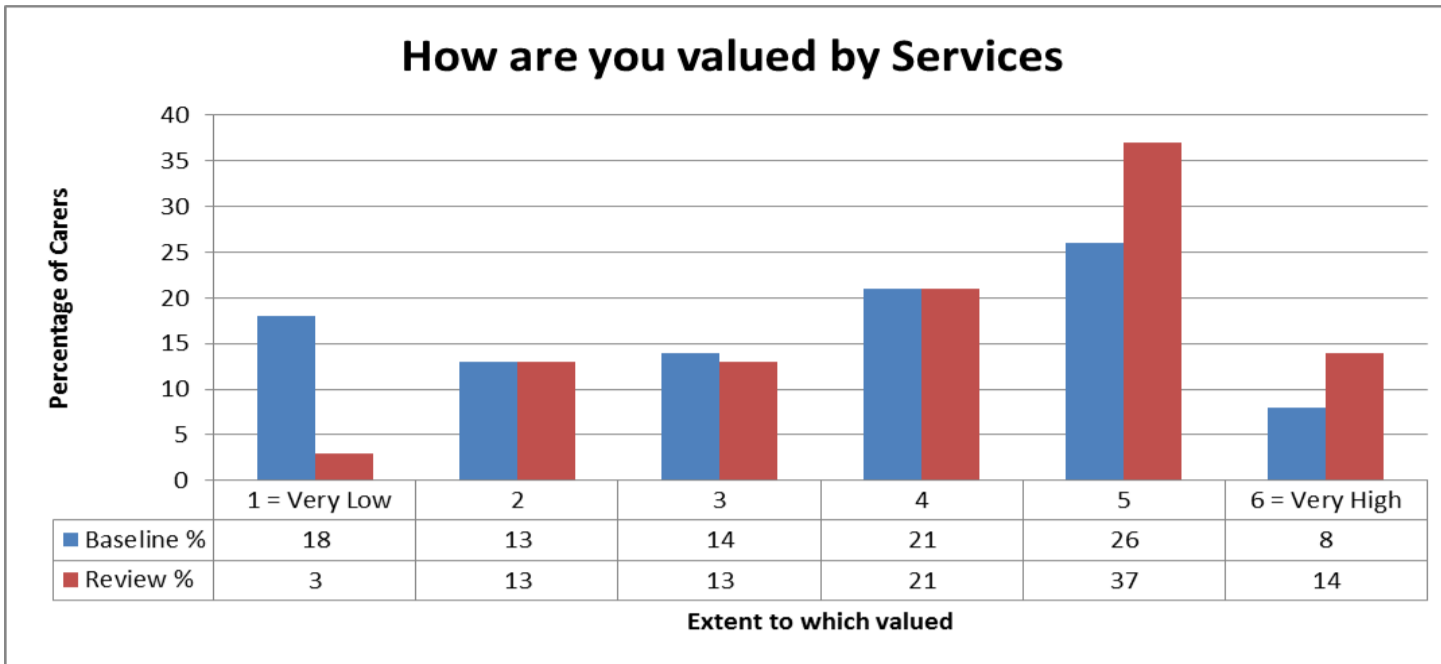
Managing the Caring role

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



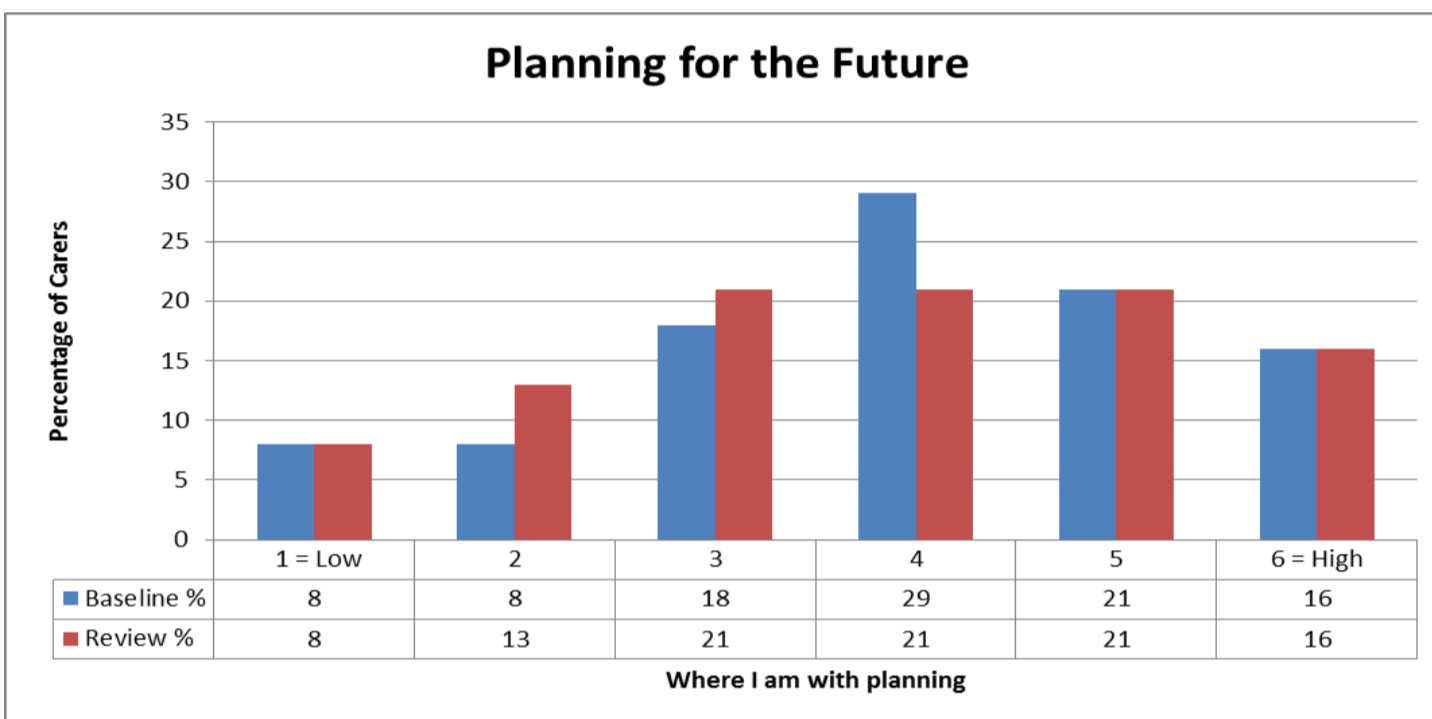
How are you valued by Services

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



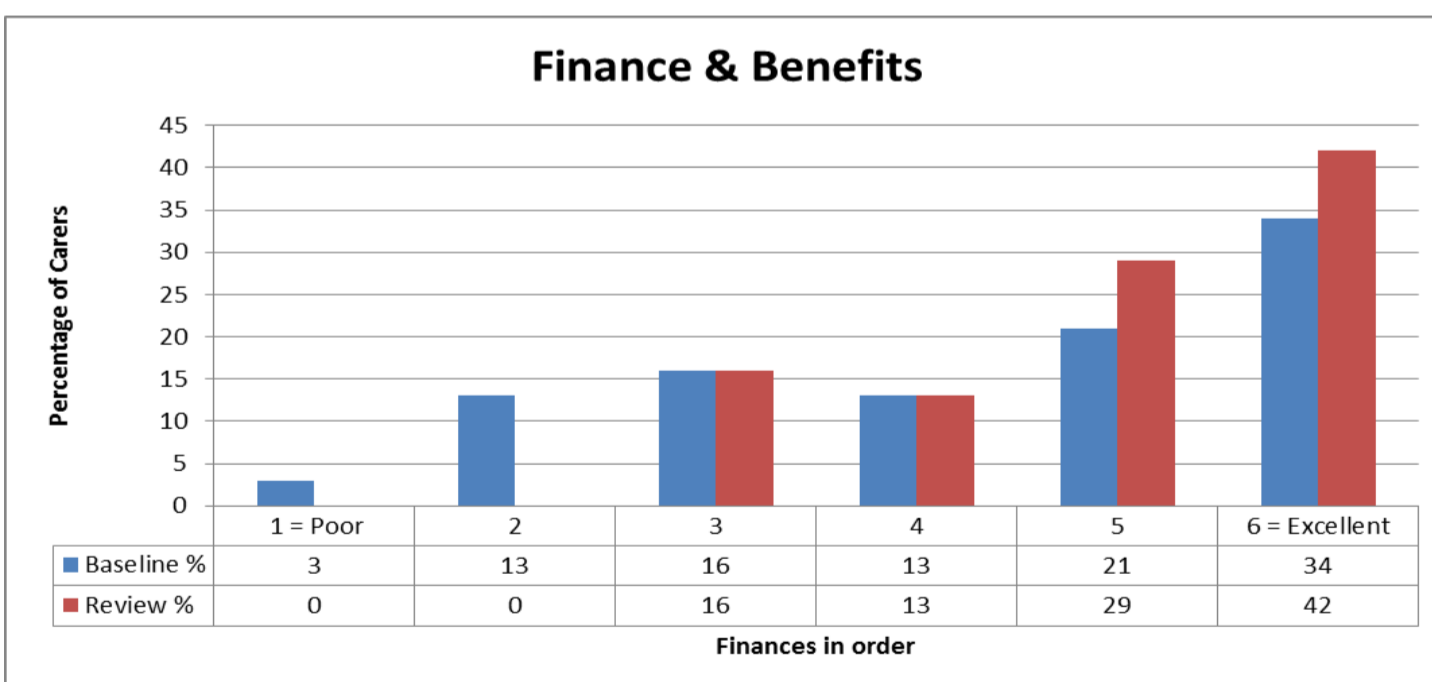
Planning for the Future

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.