



Meeting Date: 17<sup>th</sup> DECEMBER 2019

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**QUARTERLY PERFORMANCE REPORT, DECEMBER 2019  
(LATEST AVAILABLE DATA AT END SEPTEMBER 2019)**

<b>Purpose of Report:</b>	To provide a high level summary of quarterly performance for Integration Joint Board (IJB) members, using latest available data. The report focuses on demonstrating progress towards the Health and Social Care Partnership's Strategic Objectives
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<b>Recommendations:</b>	Health & Social Care Integration Joint Board is asked to: <ul style="list-style-type: none"> <li>a) Note and approve any changes made to performance reporting.</li> <li>b) Note the key challenges highlighted.</li> <li>c) Direct actions to address challenges and to mitigate risk</li> </ul>
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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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## 1. Background

- 1.1 The Integration Performance Group (IPG) established a set of high level Key performance indicators (KPI) for quarterly reporting to Integration Joint Board (IJB). The KPIs are aligned under the three Health and Social Care Strategic Plan 2018-2021 strategic objectives, summarised below as:
- *Objective 1:* keeping people healthy and out of hospital
  - *Objective 2:* ensuring people only stay in hospital for as long as required
  - *Objective 3:* building capacity within Scottish Borders communities
- 1.2 The IPG will continue to review, refine and develop the indicators to better balance the mix of hospital-focussed and social care KPIs. Wherever possible, the indicators are selected from robust, reliable data sources that can be compared to the Scottish average. The IPG will ensure that any new indicators for reporting are similarly robust and that proposed changes are discussed at IJB.
- 1.3 The IPG will endeavour to present the latest available data. For some measures, there may be a significant lag whilst data is validated and released publicly, which increases robustness and allows for national comparison. Work will continue within the IPG to explore options to improve the timeliness of data and to explore the pros and cons of using unverified but timelier local data.

**Note:** As per the paragraph above, 4 of the measures contained in this report are awaiting data updates, however it is hoped that updated data will be released prior to the IJB meeting. The measures requiring update are:

- Emergency Admissions [Latest (Q4 18/19) = 27.4 admissions per 1,000 pop.]
  - % £ spent on emergency hospital stays [Latest (Q4 18/19) = 21.3%]
  - Emergency readmissions within 28 days [Latest (Q4 18/19) = 10.8%]
  - Proportion of last 6 months of life spent at home or in a community setting [Latest Q4 18/19 = 86.2%]
- 1.5 The IJB Strategic Risk Register focuses on risk and controls. The focus of the Quarterly Performance Report is to highlight performance trend but the indicators also show where performance is off target and where mitigating action to address this needs to be taken. Performance and risk are very closely linked.
- 1.6 Two appendices are provided with this report:

**Appendix 1** provides a high level, “at a glance” summary for EMT, IJB and the public.

**Appendix 2** provides further details for each of the measures including more information on performance trends and analysis.

## 2. Summary of Performance

- 2.1 The rate of **emergency hospital admissions (all ages)**, shows an improvement (i.e.) a slight decrease over the last 4 quarters (from 28.3 to 27.4 per 1,000 population); performance is very close to target (27.5) and slightly better than the Scotland average of 27.8. The admission rate specifically for **over 75 years** is showing improving performance over the last 4 quarters (89.2 to 83.3 per 1,000 population); is better than the Scotland average (94.0) and is ahead of target (90.0). This suggests that action being taken to reduce emergency hospital admissions is having a positive impact.
- 2.2 Borders has been demonstrating good performance in regard to **A&E waiting times**, over recent reporting periods, but performance has slipped in this latest reporting period. Data shows that 92.2% of A&E patients are seen within 4 hours. This is below our target of 95%, and is only slightly better than the latest Scotland average (92%). Average **A&E attendances** has not changed significantly over the last 4 reporting periods (65.6 to 66.3 per 1,000 population, therefore there may be other factors impacting on A&E waiting times.
- 2.3 The **balance of spend on emergency hospital stays** remains positive - with 21.3% of health and care resource spent on hospital stays where the patient was admitted as an emergency (persons aged 18+). As stated in section 1.3 of this report, this figure requires updating.
- 2.4 The **quarterly occupied bed day rates for emergency admissions** in Scottish Borders residents *age 75+* fluctuates, but is demonstrating a positive performance trend over the last 4 quarters (1,032 to 824 per 1,000 population); is better than the Scotland average (1,141) and better than target (965).
- 2.5 With regard to delayed discharge, the **'snapshot' data performance** (taken on one day each month) is positive, with 21 delayed discharges recorded. This demonstrates a positive performance trend over the last 4 months (26 to 21) and is better than our target of 23. The quarterly **rate of bed days associated with delayed discharges (75+)** is also showing a positive trend over its last 4 quarters (171 to 164), is better than the Scotland average (191 – 2017/18 Scotland average) and better than our local target of 180 Bed Days per 1,000 of the population Aged 75+.
- 2.6 The **% of patients satisfied** with care, staff & information in BGH and Community hospitals remains positive and the combined satisfaction rate remains high at 96.6%. The data is taken from questions asked in the *"2 minutes of your time"* survey done at BGH and community hospitals. One question area where we generally score lower (although still close to 95%), is *"Did the patient always have the information and support needed to make decisions about their care or treatment"*. This is potentially somewhere that improvements could be sought.
- 2.7 Our performance for the **Quarterly rate of emergency readmissions within 28 days of discharge** for Scottish Borders residents had been declining, peaking at a high of 11.4% readmission rate in Q3 2018/19. The latest figure of 10.8% shows improvement and suggests that projects such as Hospital to Home are having a positive impact. However, performance continues to be worse than Scotland average (10.3, Q4 2018/19) and worse than our local target (10.5). Continued action is

required to ensure that our emergency readmission performance continues to improve.

- 2.8 The data in relation to **end of life care** demonstrates a positive trend over the last 4 quarters (85.6% to 86.2%), but the reality is that the measure has remained relatively static (always generally between 86% and 88%). We are currently below our local target (87.5%) and worse than Scotland (87.9% - 2017/18 average).
- 2.9 A meeting was held with the Borders Carers Centre in October 2019 to discuss their KPIs, including suggestions for updated or new measures to help demonstrate the positive outcomes that the Carers Centre delivers. The outcome of the meeting was agreement that the measures currently being used are the most appropriate at this time. The % of **Carer Support Plans** completed performance of 49% is positive and is above our 40% target.
- 2.10 Similarly, the **outcomes for carers** indicators remain positive. This suite of indicators looks at the positive outcome change between baseline assessment and subsequent review.



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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 DECEMBER 2019

This report provides an overview of quarterly performance under the 3 Strategic Objectives within the Health & Social Care Partnership Strategic Plan, with **latest available data at the end of September 2019**. Annual performance is included in our latest [Annual Performance Report 2018/19](#)

<ul style="list-style-type: none"> <li>+ve trend over 4 reporting periods</li> <li>compares well to Scotland average</li> <li>compares well against local target</li> </ul>	<ul style="list-style-type: none"> <li>trend over 4 reporting periods</li> <li>comparison to Scotland average</li> <li>comparison against local target</li> </ul>	<ul style="list-style-type: none"> <li>-ve trend over 4 reporting periods</li> <li>compares poorly to Scotland average</li> <li>compares poorly to local target</li> </ul>
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**KEY**

## HOW ARE WE DOING?

### OBJECTIVE 1

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

<p><b>EMERGENCY HOSPITAL ADMISSIONS (BORDERS RESIDENTS, ALL AGES)</b></p> <p><b>27.4</b> admissions per 1,000 population</p> <p>(Q4 - 2018/19)</p> <p>+ve trend over 4 periods Better than Scotland (27.8 - Q4 2018/19) Very close to target (27.5)</p>	<p><b>EMERGENCY HOSPITAL ADMISSIONS (BORDERS RESIDENTS AGE 75+)</b></p> <p><b>83.3</b> admissions per 1,000 population Age 75+</p> <p>(Q1 - 2019/20)</p> <p>+ve trend over 4 periods Better than Scotland (94.0 - Q3 2018/19) Better than target (90.0)</p>	<p><b>ATTENDANCES AT A&amp;E</b></p> <p><b>66.3</b> attendances per 1,000 population</p> <p>(Q1 - 2019/20)</p> <p>-ve trend over 4 periods Better than Scotland (74.18 - Q1 2019/20) Better than target (70)</p>	<p><b>£ ON EMERGENCY HOSPITAL STAYS</b></p> <p><b>21.3%</b> of total health and care resource, for those Age 18+ was spent on emergency hospital stays</p> <p>(Q4 - 2018/19)</p> <p>+ve trend over 4 periods Better than Scotland (24.3% - 2018/19) Better than target (21.5%)</p>
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### Main Challenges

The rate of emergency admissions over the long-term (3 year period) is positive. Quarterly performance does fluctuate but generally speaking we are performing well against our locally set targets and performing well in comparison to Scotland. The number of A&E attendances generally fluctuates between 7,000-8,000 attendances per quarter (which is equivalent to approx. 60-70 per 1,000 population per quarter). This is better than the Scotland average and better than our local target, but the trend over the last 4 quarters has crept up slightly. In relation to the percentage of the budget spent on emergency hospital stays, Borders has consistently performed better than Scotland and can also demonstrate a positive trend over time. As with all Health and Social Care Partnerships, we are expected to minimise the proportion of spend attributed to unscheduled stays in hospital.

### Objective 1: Our plans for 2019/20

We will develop local "Wellness Centres", expanding the use of community hubs and drop-in centres to create 'one-stop shops' ideally covering both social care and a range of clinical needs. Through the development of single assessment and review, we will look to remove duplicate care assessments, develop more flexibility in regard to which professionals undertake assessments and increase Social Worker and Occupational Therapist involvement at daily ward rounds. We will introduce multi-disciplinary teams across the localities to triage individuals within the community to ensure that they can access services and receive appropriate Health & Social Care interventions ahead of any acute provision they may require.



## OBJECTIVE 2

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

<b>A&amp;E WAITING TIMES</b> (TARGET = 95%)  <b>92.2%</b> of people seen within <b>4 hours</b>  (Sept 2019)	<b>RATE OF OCCUPIED BED DAYS* FOR EMERGENCY ADMISSIONS (AGES 75+)</b>  <b>824</b> bed days per 1000 population Age 75+  (Q1 – 2019/20)	<b>NUMBER OF DELAYED DISCHARGES</b> ("SNAPSHOT" TAKEN 1 DAY EACH MONTH)  <b>21</b> over <b>72 hours</b>  (Aug 2019)	<b>RATE OF BED DAYS ASSOCIATED WITH DELAYED DISCHARGE</b>  <b>164</b> bed days per 1000 population Age 75+  (Q1 – 2019/20)	<b>"TWO MINUTES OF YOUR TIME" SURVEY – CONDUCTED AT BGH AND COMMUNITY HOSPITALS</b>  <b>96.6%</b> overall satisfaction rate (Q1 – 2019/20)
-ve trend over 4 periods Better than Scotland (92.0% - Mar 2019) Worse than target (95%)	+ve trend over 4 periods Better than Scotland (1141 Q3 2018/19) Better than target (min 10% better than Scottish average)	+ve trend over 4 periods Better than target (23)	+ve trend over 4 periods Better than Scotland (191 - 17/18 average) Better than target (180)	+ve trend over 4 periods Better than target (95%)

\*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.

### Main Challenges

Over the last number of reporting periods, A&E waiting time performance has been positive, with approx. 95% of patients being seen within 4hrs. The latest (Sept 2019) figure is below 95%, which is below our target and close to the Scotland average. The underlying reasons for this need to be established. Occupied bed day rates for emergency admissions (age 75+) has seasonal fluctuations but performance trend is positive – both long-term (over 3-years) and short-term (over 4 quarters) – and we perform better than the Scottish average (although see note above\*). Delayed discharge rates vary in regard to 'snapshot' data, but performance is positive and a target to reduce delayed discharges by 30% in 2019/20 has been set by the Health & Social Care Partnership. The percentage of patients satisfied with care, staff & information in BGH and Community Hospitals remains positive.

### Objective 2: Our plans for 2019/20

We will continue to work across the HSC Partnership and Public Health to initiate a number of events, campaigns and communications promoting personal responsibility and encouraging Borderers to be healthy in areas such as diet, exercise and mental health. We will introduce a new Discharge Hub to deliver a more consistent approach to managing people's progress through Hospital, and we will improve out-of-hours provision across a number of services. We will look at ways to promote a career in care, make greater use of community pharmacies and engage with local communities regarding what services the HSC Partnership can and cannot provide. We will further develop community capacity and we will examine the bed-base mix across the care estate including the usage, role & function of Community Hospital beds.

## 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.

<b>EMERGENCY READMISSIONS WITHIN 28 DAYS (ALL AGES)</b>  <b>10.8</b> per <b>100 discharges from hospital</b> were re-admitted within 28 days (Q4 – 2018/19)	<b>END OF LIFE CARE</b>  <b>86.2%</b> of people's last 6 months was spend at home or in a community setting  (Q4 – 2018/19)	<b>CARERS SUPPORT PLANS COMPLETED</b>  <b>49%</b> of carer support plans offered that have been taken up and completed in the last quarter (Q2 – 2019/20)	<b>SUPPORT FOR CARERS:</b> change between baseline assessment and review. Improvements in self- assessment  Health and well-being Managing the caring role Feeling valued Planning for the future Finance & benefits (Q4 – 2018/19)
-ve trend over 4 Qtrs Worse than Scotland (10.3 – Q4 2018/19) Worse than target (10.5)	+ve trend over 4 Qtrs Worse than Scotland (87.9% - 17/18) Worse than target (87.5%)	+ve trend over 4 Qtrs Better than target (40%)	+ve impact No Scotland comparison No local target

### Main Challenges

The quarterly rate of emergency readmissions within 28 days of discharge (all ages) peaked at 11.4% in Q3 2018/19, increasing from a low of 10.0% in 2016/17. The measure is improving – initiatives such as Hospital to Home are impacting on readmission rates – but the latest performance result is still worse than the Scottish average and below target for this measure. Borders data in relation to end of life care shows relatively static performance. The latest available data for Carers demonstrates positive outcomes as a result of completed Carer Support Plans.

### Objective 3: Our plans for 2019/20

We will improve signposting and support for unpaid and paid carers and expand the reablement functions we offer. We will continue to utilise Technology Enabled Care (TEC) products across the partnership and promote the use of TEC with professionals and the public. We will follow up our June 2019 'TEC Fest' event with another event planned for December 2019. TEC can play an important role in supporting individuals with complex needs, so that they can better manage their conditions and lead healthy, active and independent lives for as long as possible and give everyone greater choice and control over their care.



Scottish Borders  
**Health and Social Care**  
PARTNERSHIP

Quarterly Performance Report for the  
Scottish Borders Integration Joint Board December 2019

SUMMARY OF PERFORMANCE:  
LATEST AVAILABLE DATA AT END SEPTEMBER 2019

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

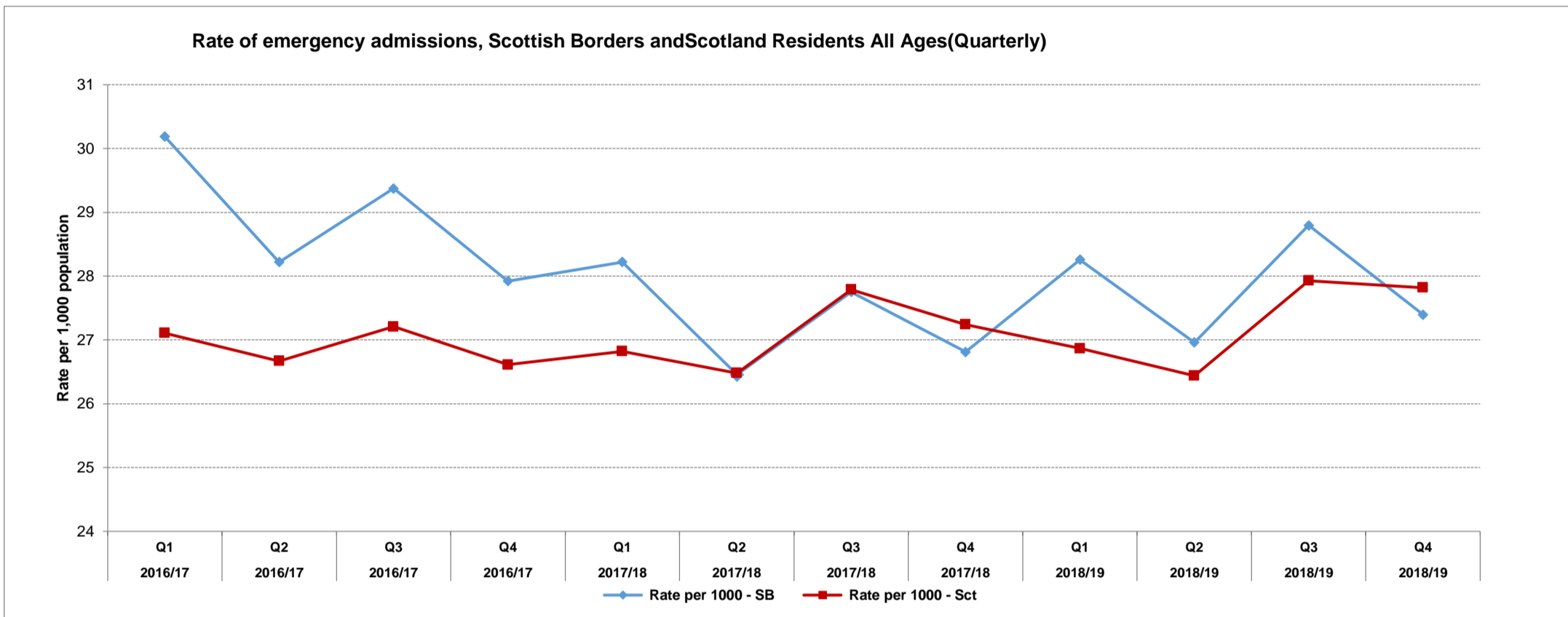
Objective 3: We will improve the capacity within the community for people who have been in receipt of health and social care services to manage their own conditions and support those who care for them

## 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)

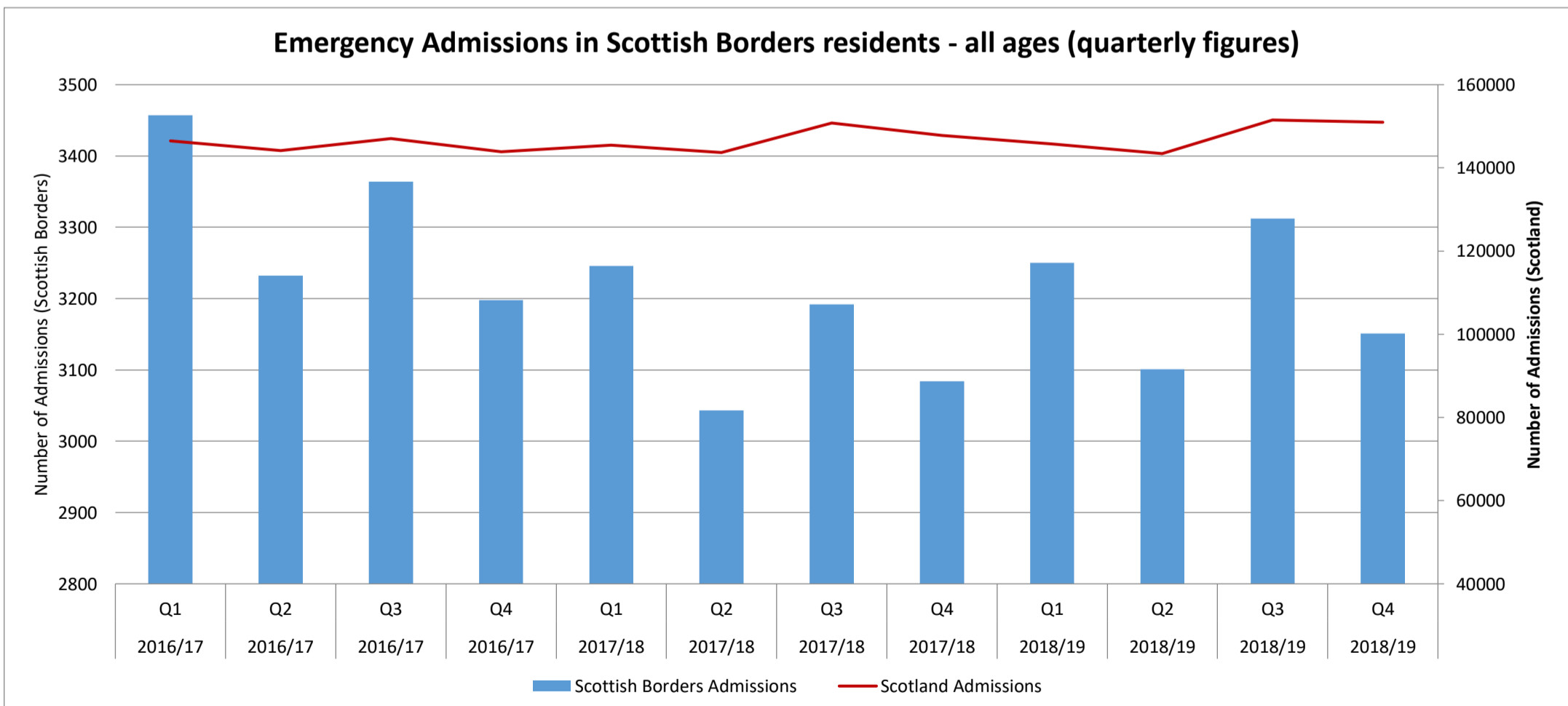
	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19
Scottish Borders - Rate of Emergency Admissions per 1,000 population All Ages	30.2	28.2	29.4	27.9	28.2	26.5	27.8	26.8	28.3	27.0	28.8	27.4
Scotland - Rate of Emergency Admissions per 1,000 population All Ages	27.1	26.7	27.2	26.6	26.8	26.5	27.8	27.2	26.9	26.4	27.9	27.8



### Number of 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	Q2 2018/19	Q3 2018/19	Q4 2018/19
Number Scottish Borders Emergency Admissions - All Ages	3,457	3,232	3,364	3,198	3,246	3,043	3,192	3,084	3,250	3,101	3,312	3,151
Number Scotland Emergency Admissions - All Ages	146,501	144,134	147,501	143,831	145,495	143,649	150,739	147,780	145,738	143,422	151,497	150,915



### How are we performing?

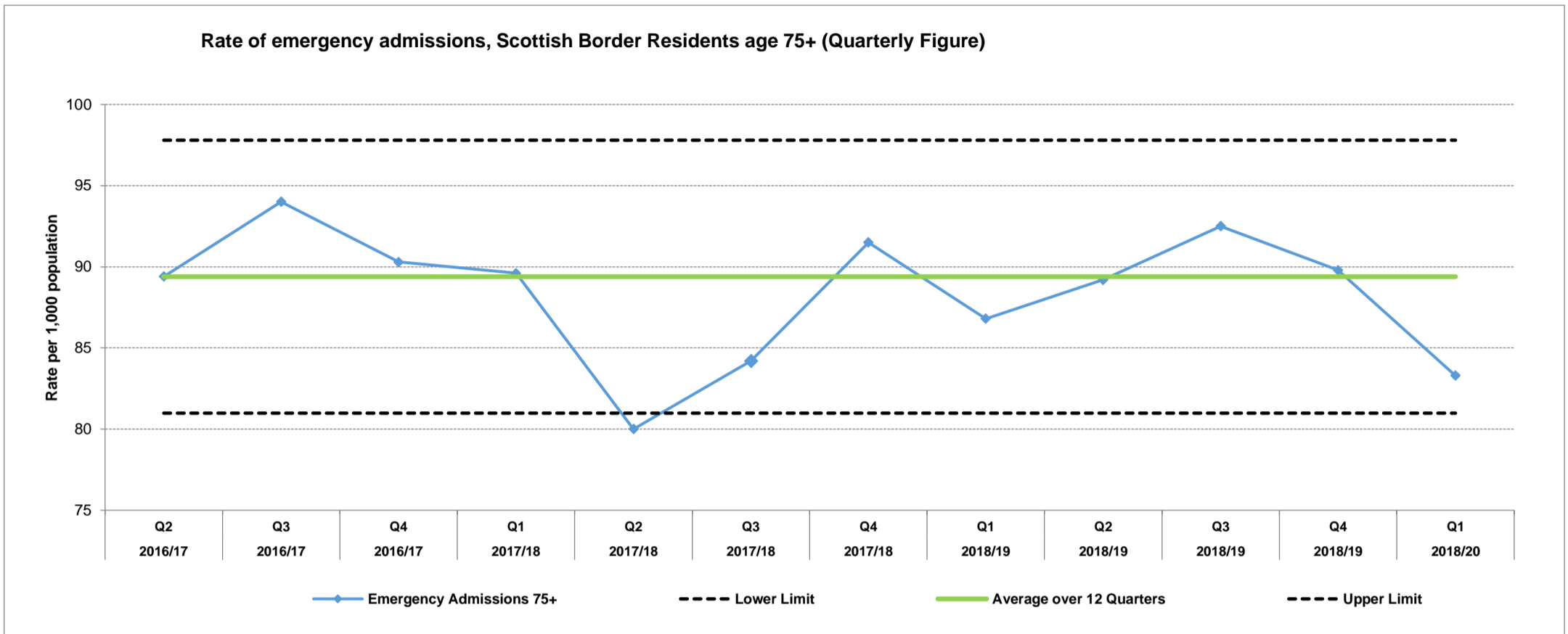
The quarterly number of Emergency Admissions for Scottish Borders residents (all ages) has continued to fluctuate since the start of the 2016/17 financial year; however, shows an overall decrease since the first quarter of 2016/17. The corresponding quarterly rate per 1,000 population has come down from 30.2 per 1,000 to 27.4 by the end of the fourth quarter of 2018/19. Rates for the Borders were brought in line with the Scottish averages in the third and fourth quarters of 2017/18, but are gradually increasing throughout 2018/19. This is in contrast to the Scottish averages which have decreased in the first two quarters of the 2018/19 financial year. Once official statistics on emergency admission rates for 2018/19 are published for Scotland, we will be able to show the Scotland comparators in these performance reports. **Please note, Q1 2019/20 data is affected by completeness (97% complete) and therefore is not reported.**



**Emergency Admissions, Scottish Borders residents age 75+**

Source: NSS Discovery

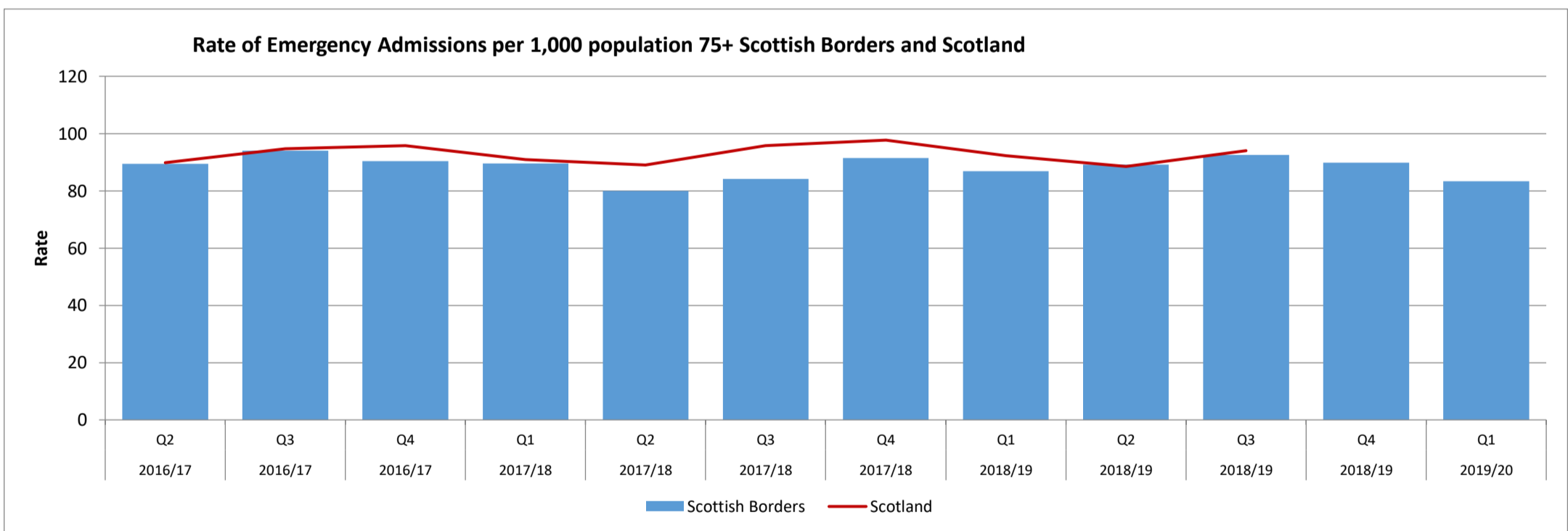
	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20
Number of Emergency Admissions, 75+	1,054	1,107	1,065	1,074	959	1,009	1,096	1,040	1,069	1,108	1,076	1,020
Rate of Emergency Admissions per 1,000 population 75+	89.4	94.0	90.4	89.6	80.0	84.2	91.5	86.8	89.2	92.5	89.8	83.3



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

Source: NSS Discovery

	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20
Rate of Emergency Admissions per 1,000 population 75+ Scottish Borders	89.4	94.0	90.3	89.6	80.0	84.2	91.5	86.8	89.2	92.5	89.8	83.3
Rate of Emergency Admissions per 1,000 population 75+ Scotland	89.8	94.7	95.8	90.9	89.1	95.8	97.7	92.2	88.5	94.0	-	-



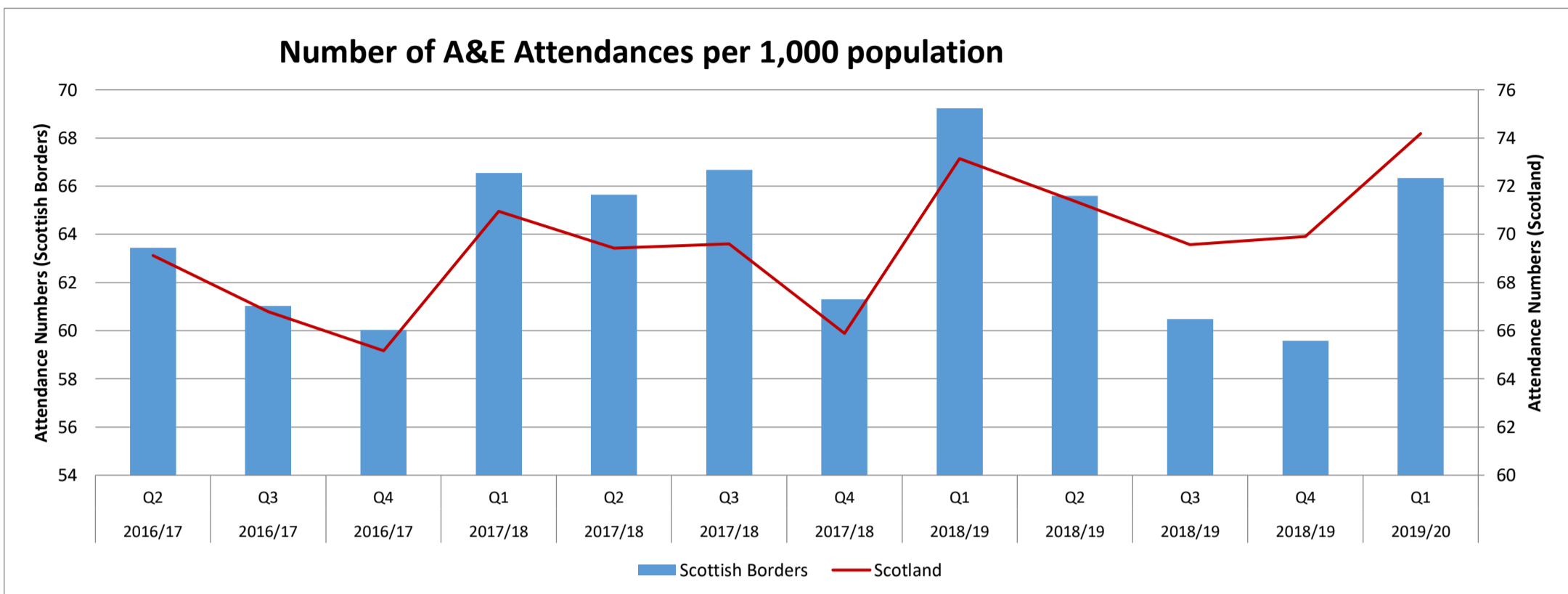
**How are we performing?**

The rate of emergency admissions for Scottish Borders residents aged 75 and over has generally been decreasing since the first quarter of 2016/17. The Borders rate has been generally lower than the Scottish average since the second quarter of 2016/17 (July-Sept 2016), but has now crept up.

**Number of A&E Attendances per 1,000 population**

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

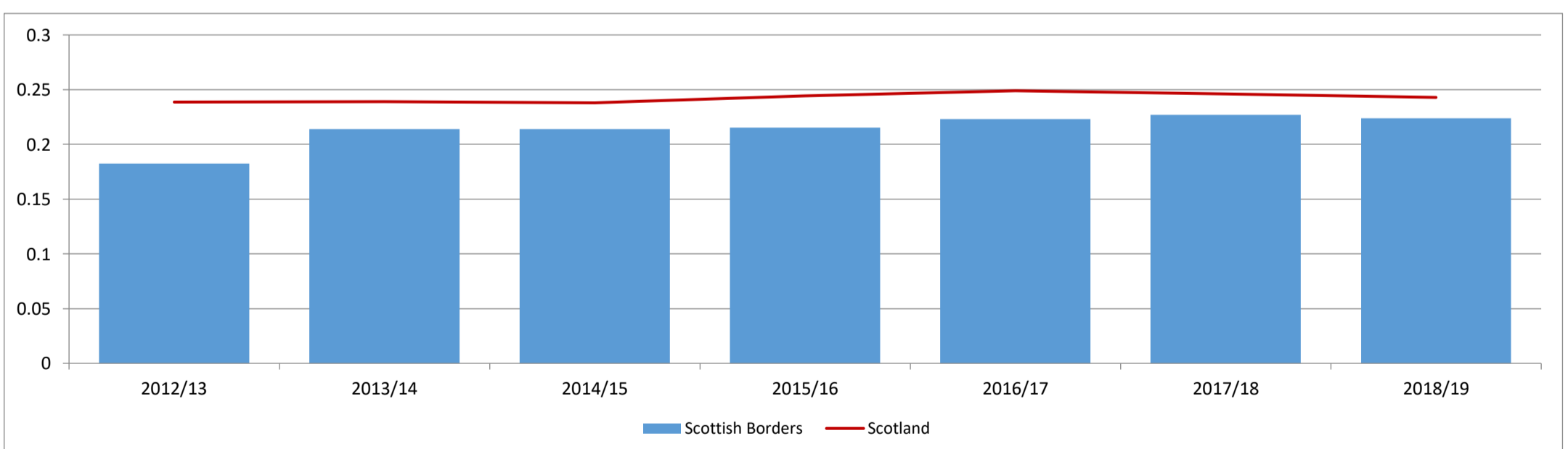
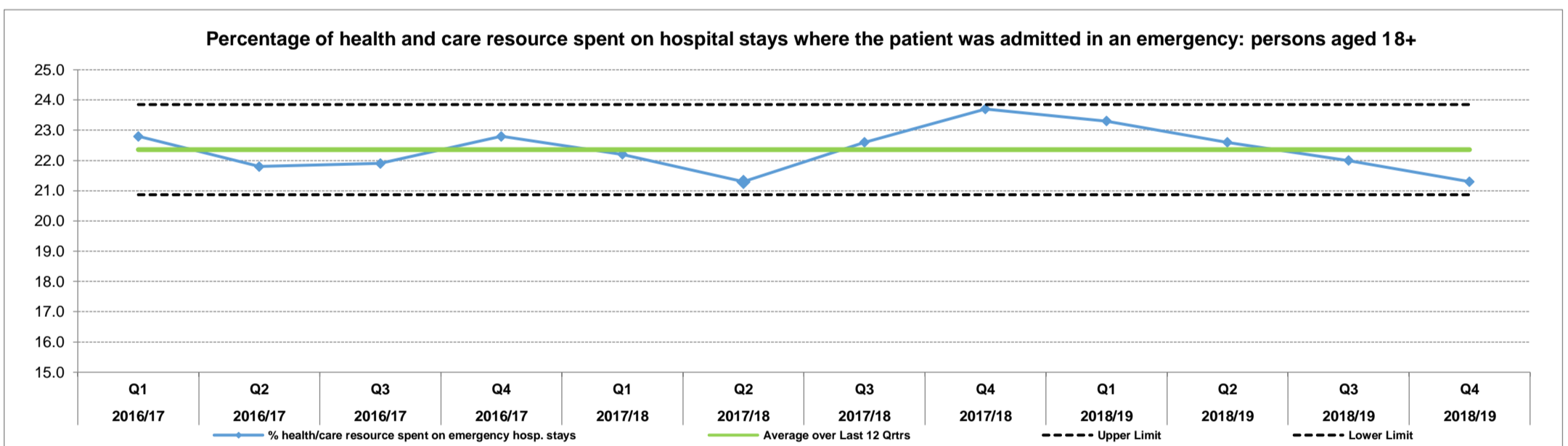
	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20
Rate of Attendances, Scottish Borders	63.44	61.02	60.04	66.55	65.64	66.68	61.30	69.23	65.60	60.49	59.59	66.34
Rate of Attendances, Scotland	69.12	66.79	65.17	70.95	69.43	69.60	65.88	73.14	71.38	69.58	69.91	74.18



**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	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19
% 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	23.3	22.6	22.0	21.3



**How are we performing?**

The percentage of health and social care resource spent on unscheduled hospital stays has seen an overall decrease since the first quarter of 2016/17. This spiked at the end of the 2017/18 financial year although has continued to decrease over this financial year (2018/19). As with other Health and Social Care Partnerships, Scottish Borders is expected to continue work to reduce the relative proportion of spend attributed to unscheduled stays in hospital.

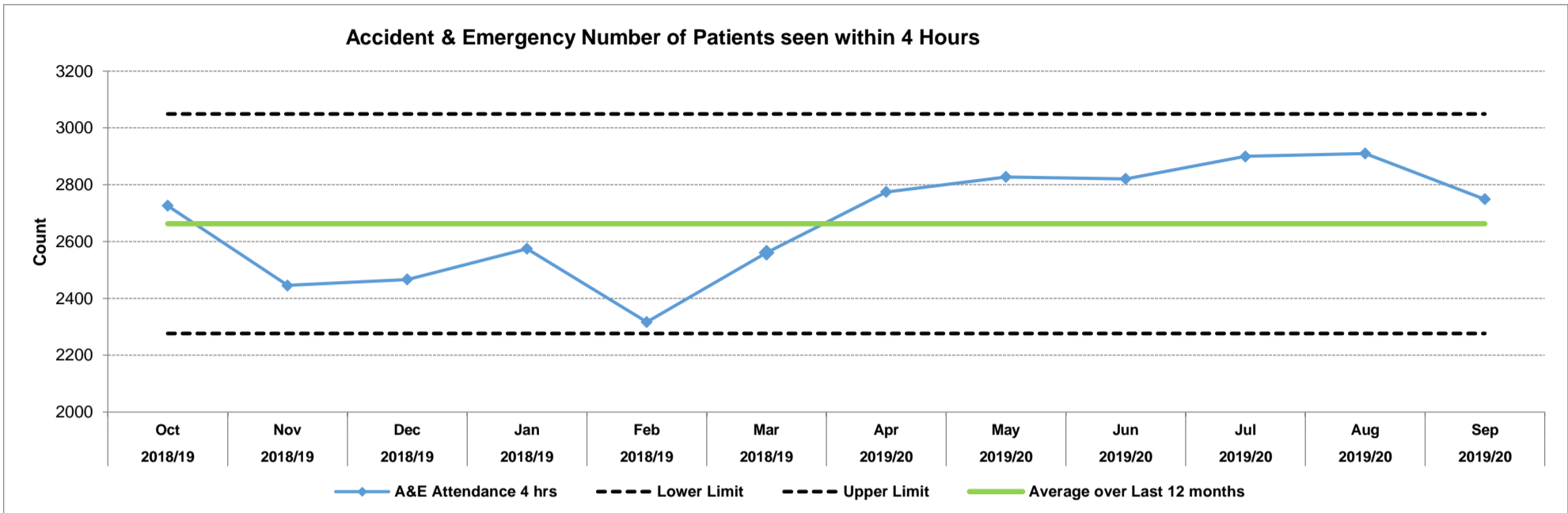
\* Q1 of 2019/20 affected by completeness (97% complete) and will be refreshed in future reports.

## 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

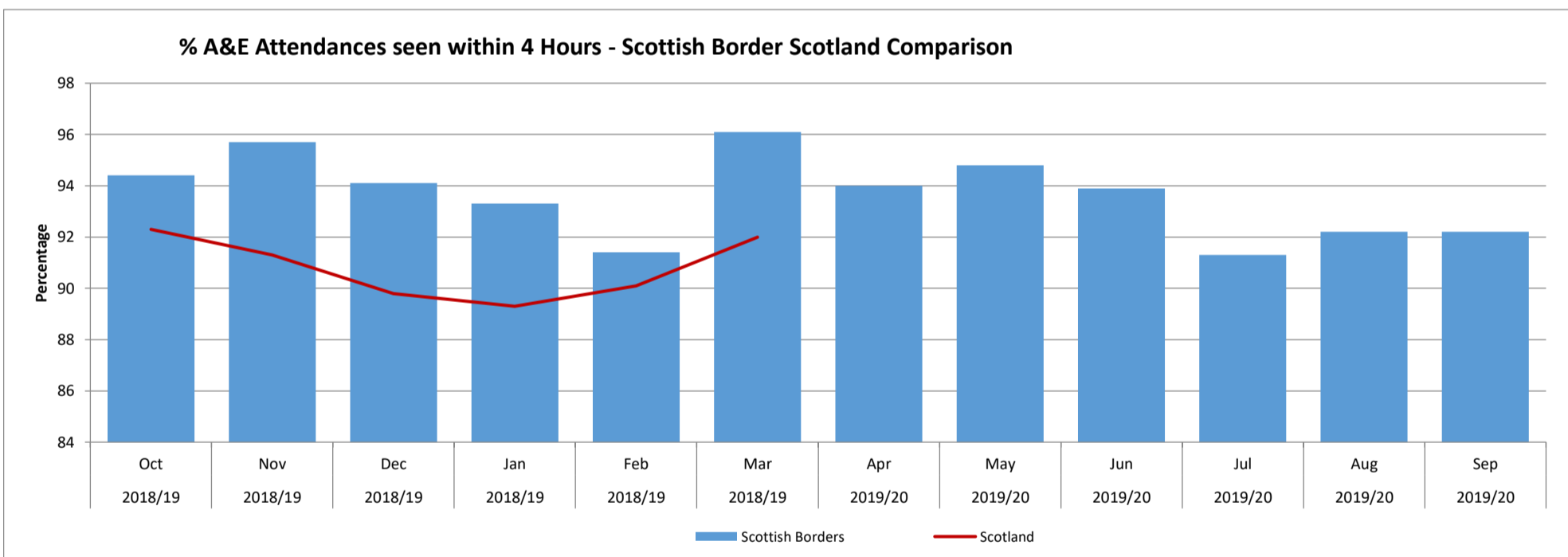
	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Number of A&E Attendances seen within 4 hours	2726	2446	2467	2575	2317	2561	2775	2828	2821	2900	2910	2749



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

Source: MSG Integration Performance Indicators workbook (A&E2 data) / ISD Scotland ED Activity and Waiting Times publication

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
% A&E Attendances seen within 4 hour Scottish Borders	94.4	95.7	94.1	93.3	91.4	96.1	94.0	94.8	93.9	91.3	92.2	92.2
% A&E Attendances seen within 4 hour Scotland	92.3	91.3	89.8	89.3	90.1	92.0	-	-	-	-	-	-



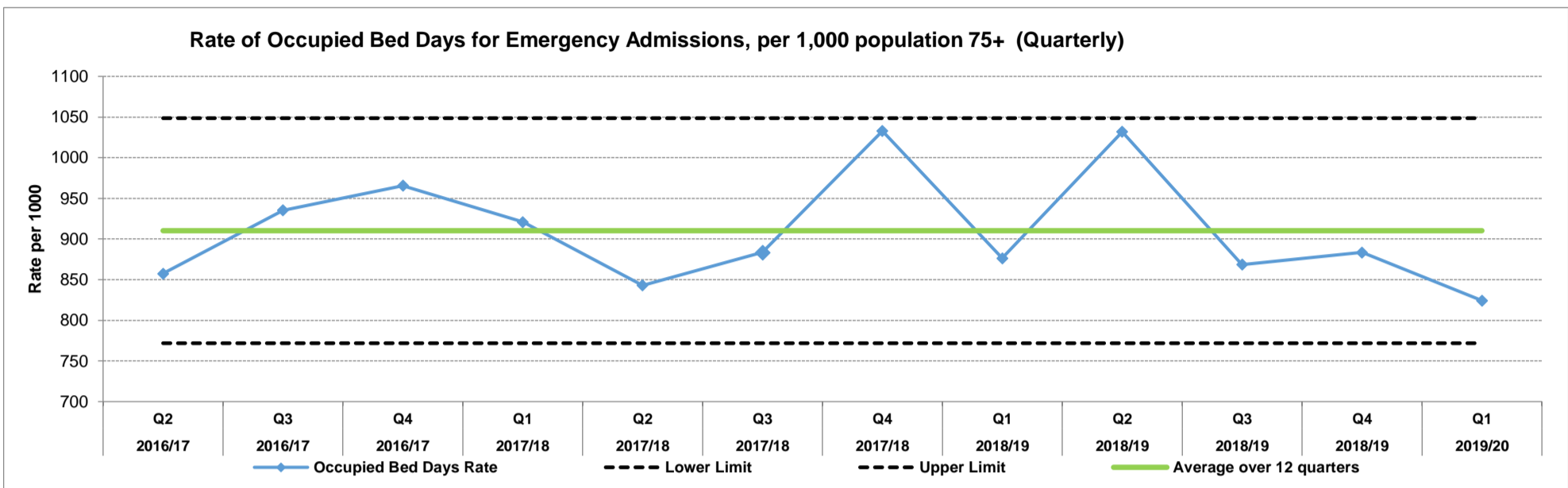
### How are we performing?

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 has been achieved three times in the last Financial Year (2018/19), once in September 18, November 18 and again in March 19. One of the main causes of breaches has been delays waiting for bed availability, which reflects ongoing challenges in the discharge of complex patients. Scottish Borders consistently performs better than the Scottish average.

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

Source: NSS Discovery

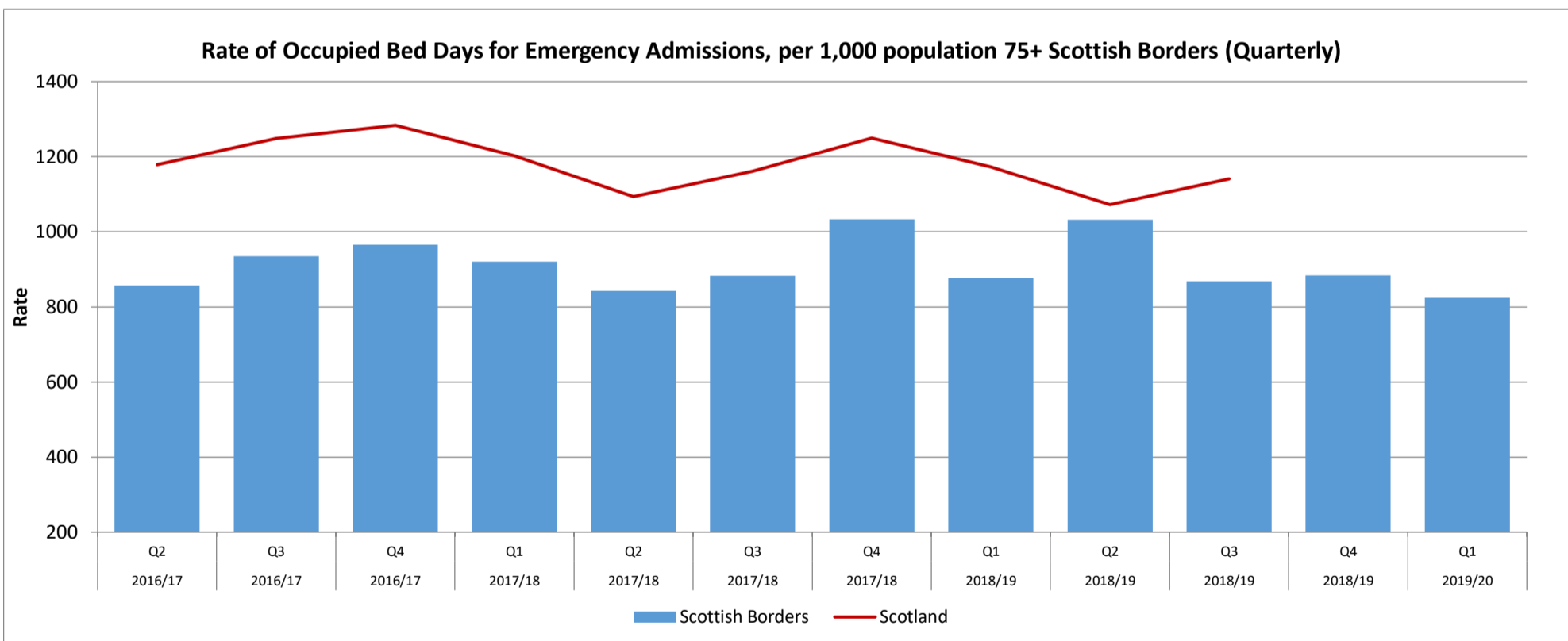
	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20
Number of Occupied Bed Days for emergency Admissions, 75+	10109	11028	11387	11035	10103	10582	12377	10523	12356	10407	10587	10089
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+	857	935	966	921	843	883	1033	876	1032	868	883	824



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

Source: NSS Discovery

	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scottish Borders	857	935	966	921	843	883	1033	876	1032	868	883	824
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scotland	1178	1248	1284	1203	1094	1161	1250	1172	1072	1141	-	-



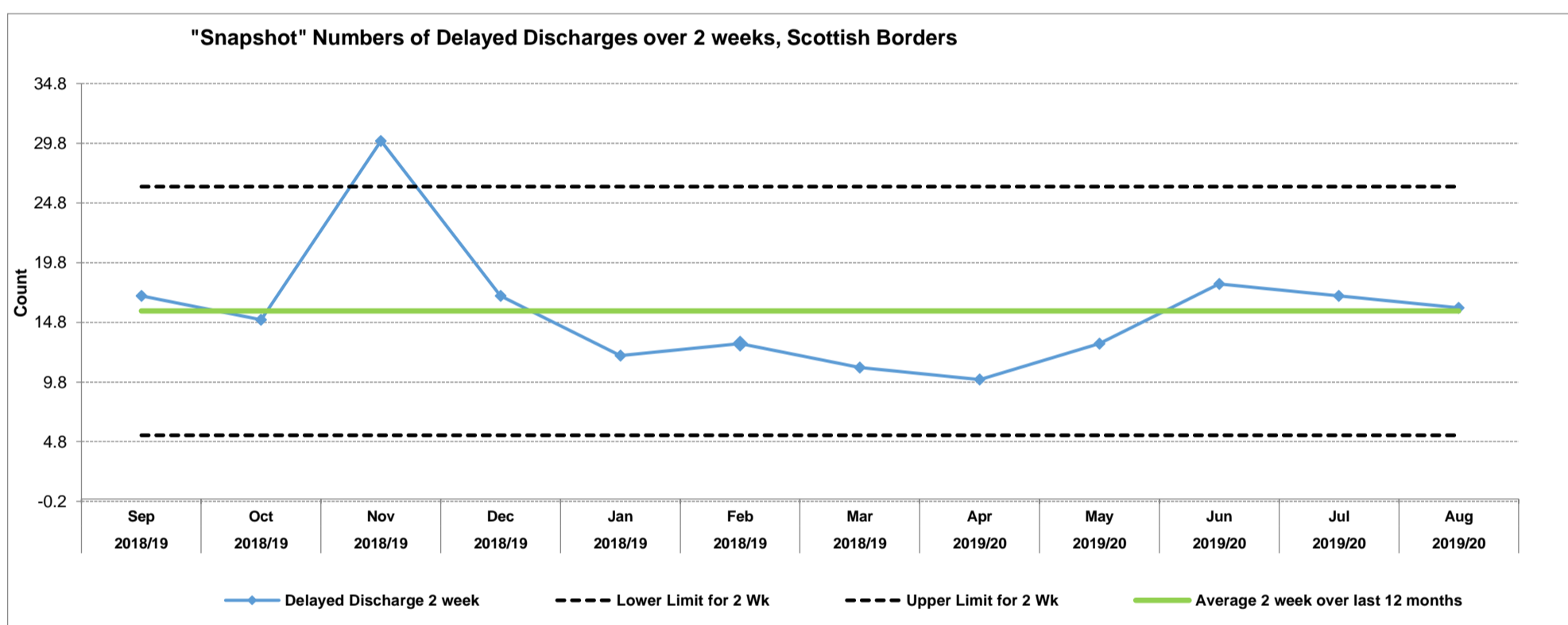
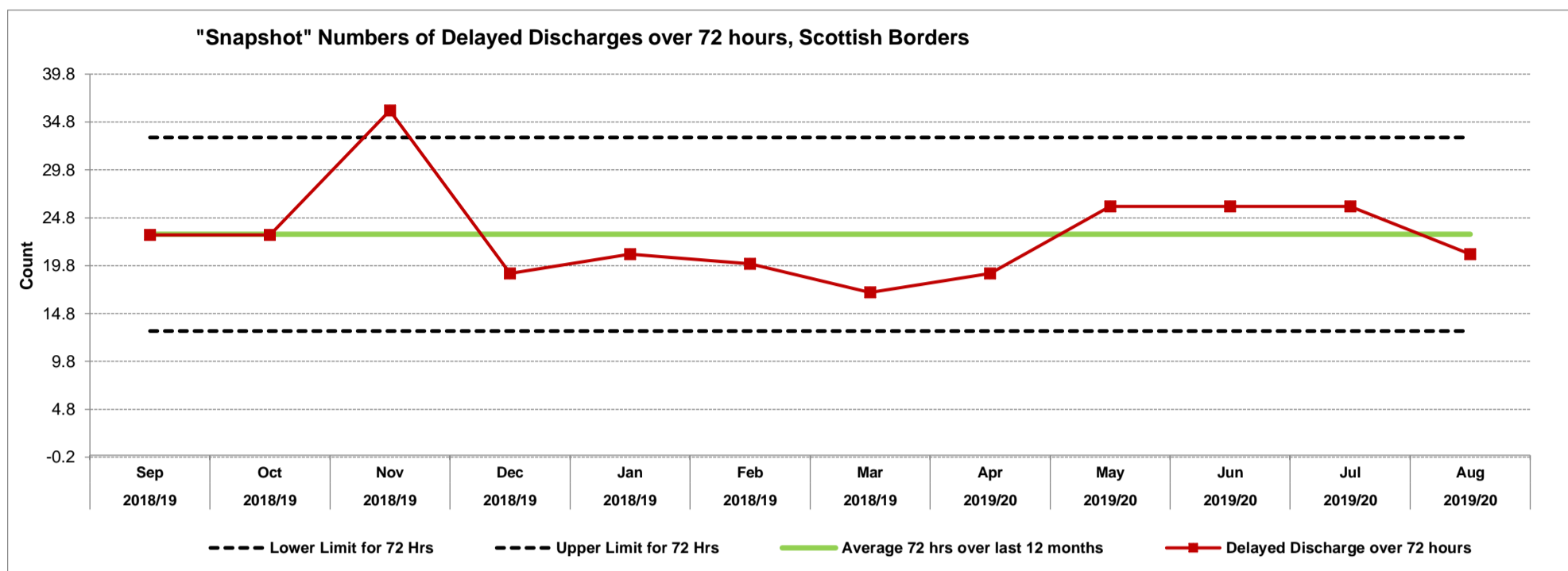
**How are we performing?**

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. Since the fourth quarter of 2017/18, the Scottish Borders rate has twice gone above 1,000 per 1,000 of the population. 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. With this in mind, the Scotland average has improved in quarter two of 2018/19, bringing it closer in line with Scottish Borders.

## Delayed Discharges (DDs)

Source: EDISON/NHS Borders Trakcare system

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Number of DDs over 2 weeks	17	15	30	17	12	13	11	10	13	18	17	16
Number of DDs over 72 hours	23	23	36	19	21	20	17	19	26	26	26	21



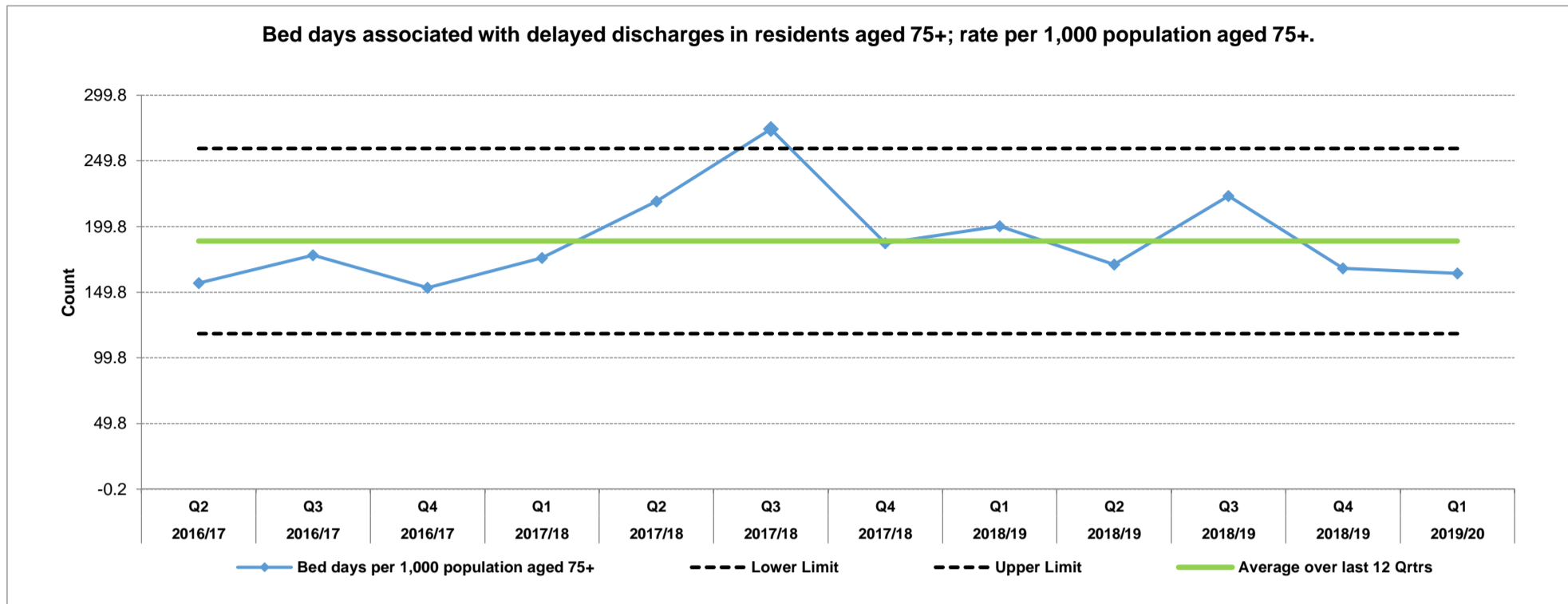
Please note the Delayed Discharge over 72 hours measurement has been implemented from April 2016.

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

	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20
Bed days per 1,000 population aged 75+	157	178	153	176	219	274	187	200	171	223	171	164



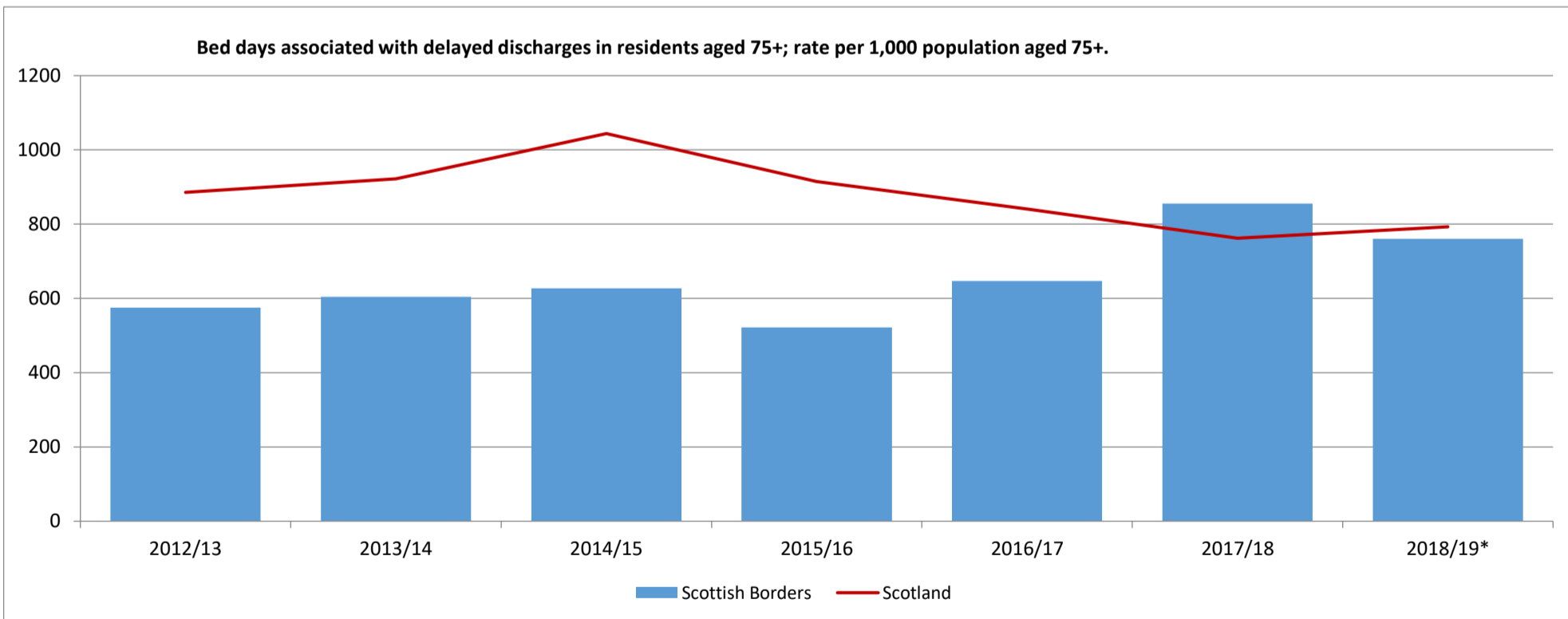
**How are we performing?**  
 The rate of bed days associated with delayed discharges (75+) for quarter 3 of 2017/18 was higher than any previous quarter, increasing to over 200 per 1,000 residents for the first time. Quarter 3 for 18/19 had a similar spike to the same period the previous year, seeing the 2nd highest rate over the past 2 years.

NHS Borders is facing significant challenges with **Delayed Discharges**, which continues to impact on patient flow within the Borders General Hospital and our four Community Hospitals.

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

Source: Core Suite Indicator workbooks

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19*
Scottish Borders	604	628	522	647	855	761
Scotland	922	1044	915	841	762	793



**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. This has reduced in 2018/19's provisional figure.

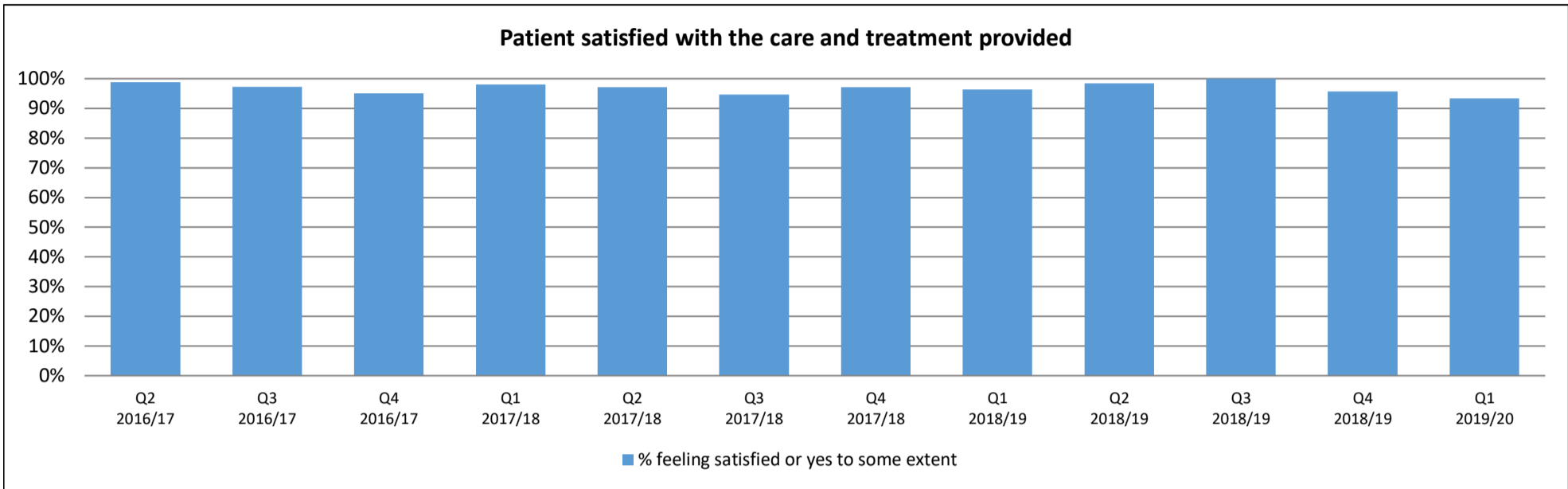
\*Please note definitional changes were made to the recording of delayed discharge information from 1 July 2016 onwards. Delays for healthcare reasons and those in non hospital locations (e.g. care homes) are no longer recorded as delayed discharges. In this indicator, no adjustment has been made to 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 people aged 75+.

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

Source: NHS Borders

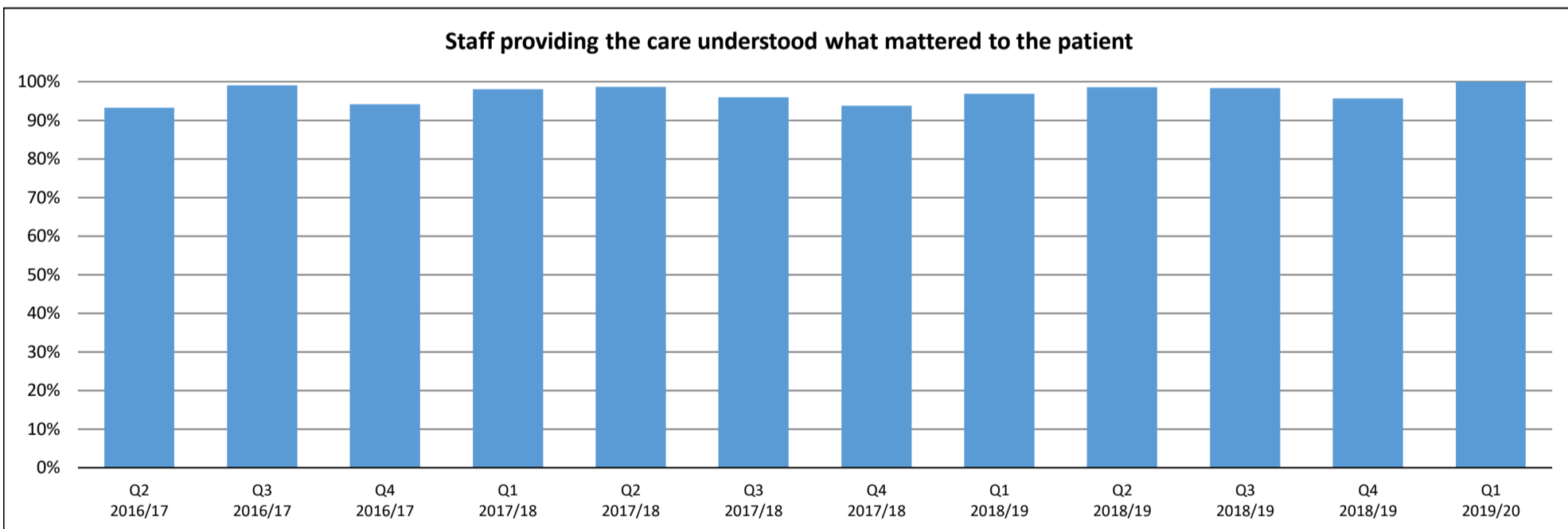
**Q1 Was the patient satisfied with the care and treatment provided?**

	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20
Patients feeling satisfied or yes to some extent	160	105	116	105	206	141	135	156	135	117	108	99
% feeling satisfied or yes to some extent	98.8%	97.2%	95.1%	98.1%	97.2%	94.6%	97.1%	96.3%	98.5%	100.0%	95.7%	93.4%



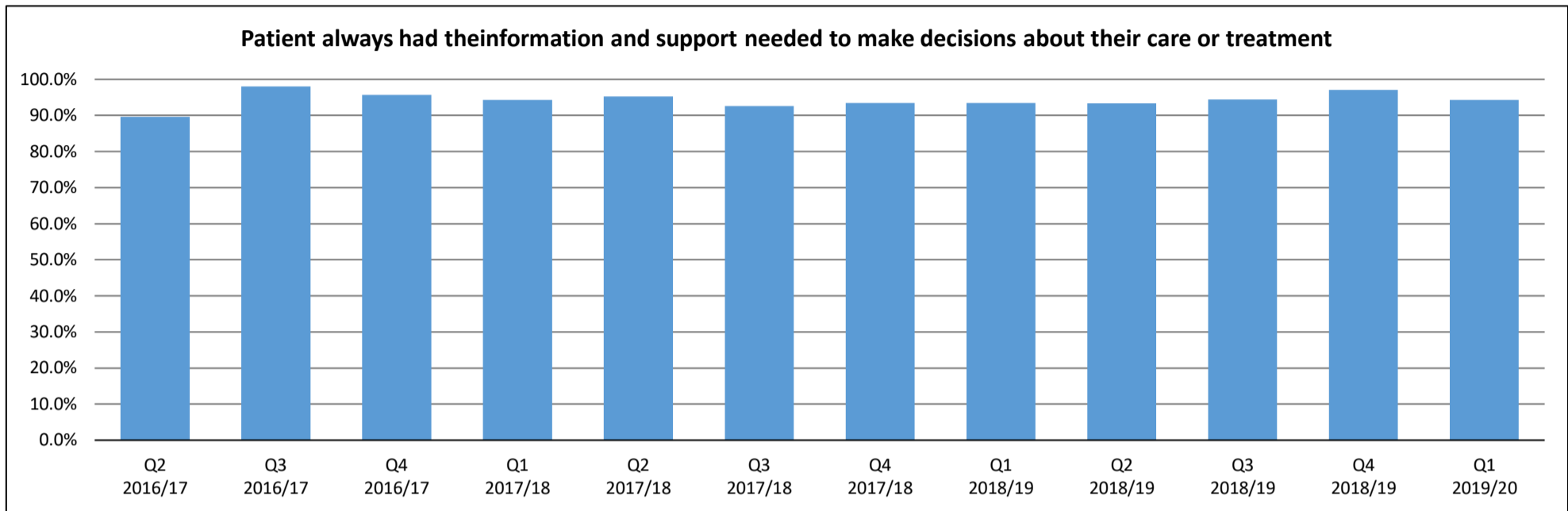
**Q2 Did the staff providing the care understand what mattered to the patient?**

	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20
Staff providing the care understood what mattered to the patient, or yes to some extent	151	106	113	105	213	144	135	158	136	119	110	106
% understood what mattered or yes to some extent	93.2%	99.1%	94.2%	98.1%	98.6%	96.0%	93.8%	96.9%	98.6%	98.3%	95.7%	100.0%



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

	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20
Patients always had the information and support needed to make decisions about their care or treatment, or yes to some extent	147	101	111	99	200	137	129	141	125	101	102	100
% always had information or support, or yes to some extent	89.6%	98.1%	95.7%	94.3%	95.2%	92.6%	93.5%	93.4%	93.3%	94.4%	97.1%	94.3%



**How are we performing?**

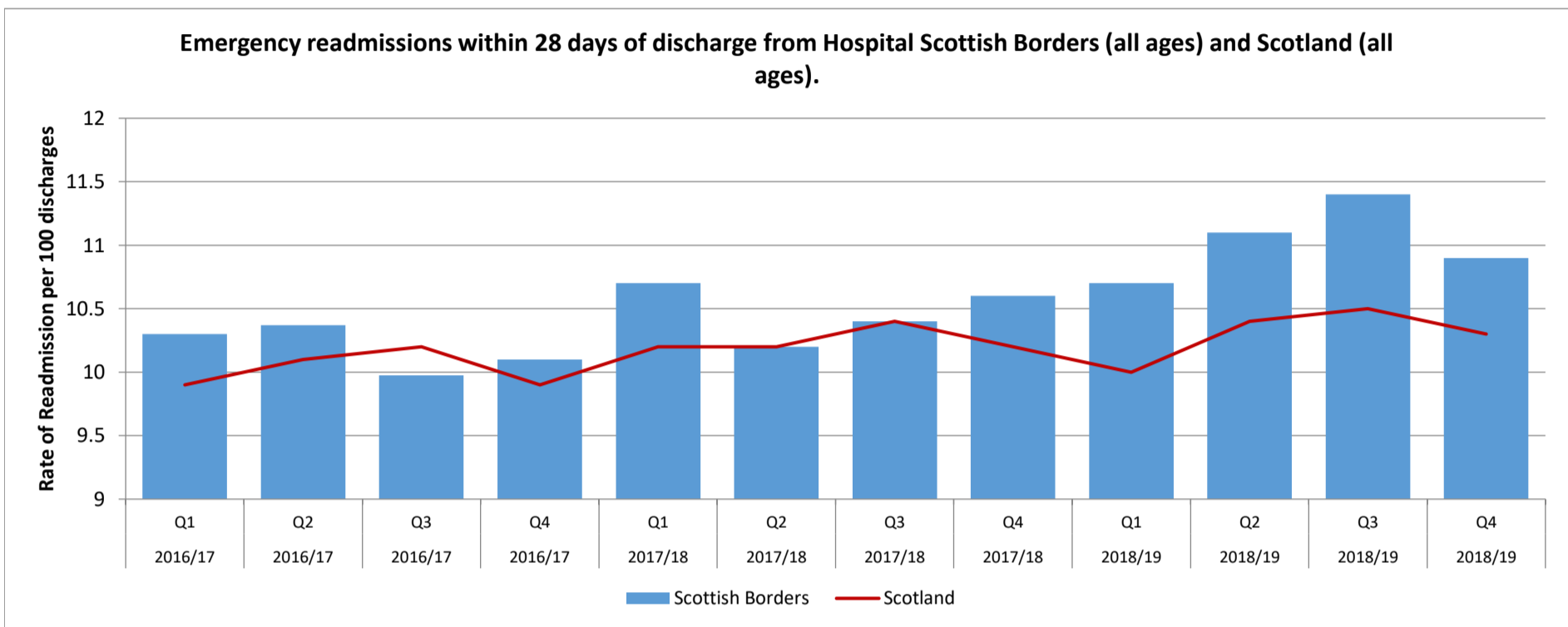
The 2 Minutes of Your Time Survey is carried out across the Borders General Hospital and Community Hospitals and comprises of 3 quick questions asked of patients, relatives or carers by volunteers. There are also boxes posted in wards for responses. The results given here are the responses where the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



**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)**

	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	Q2 2018/19	Q3 2018/19	Q4 2018/19
28-day readmission rate Scottish Borders (per 100 discharges)	10.3	10.4	10.0	10.1	10.7	10.2	10.4	10.6	10.7	11.1	11.4	10.8
28-day readmission rate Scotland (per 100 discharges)	9.9	10.1	10.2	9.9	10.2	10.2	10.4	10.2	10.0	10.4	10.5	10.3



**How are we performing?**

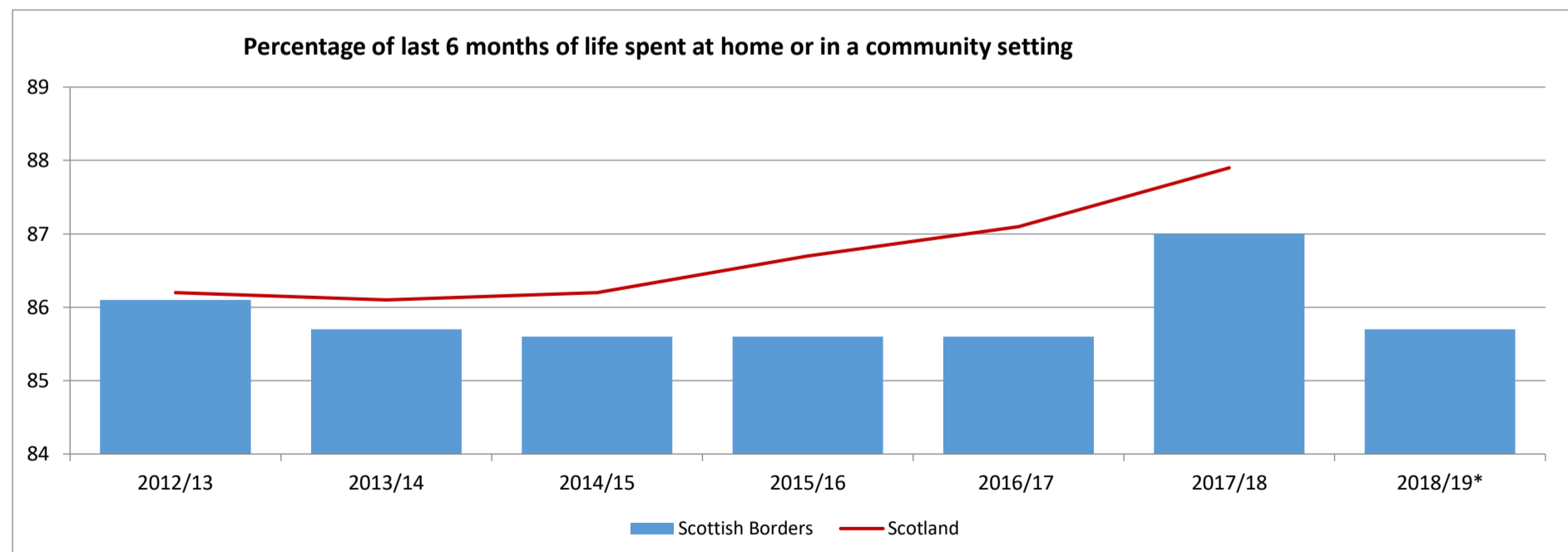
The quarterly rate of emergency readmissions within 28 days of discharge for Scottish Borders residents has fluctuated since the start of the 2016/17 financial year, but has generally remained under 10.6 readmissions per 100 discharges. There has been a notable increase in readmissions within 28 days of discharge since quarter two of 2017/18.

The Borders rate has usually been higher than the Scottish average and this trend continues. **Data for Q1 is incomplete and therefore has not been provided.**

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

Source: Core Suite Indicator workbooks

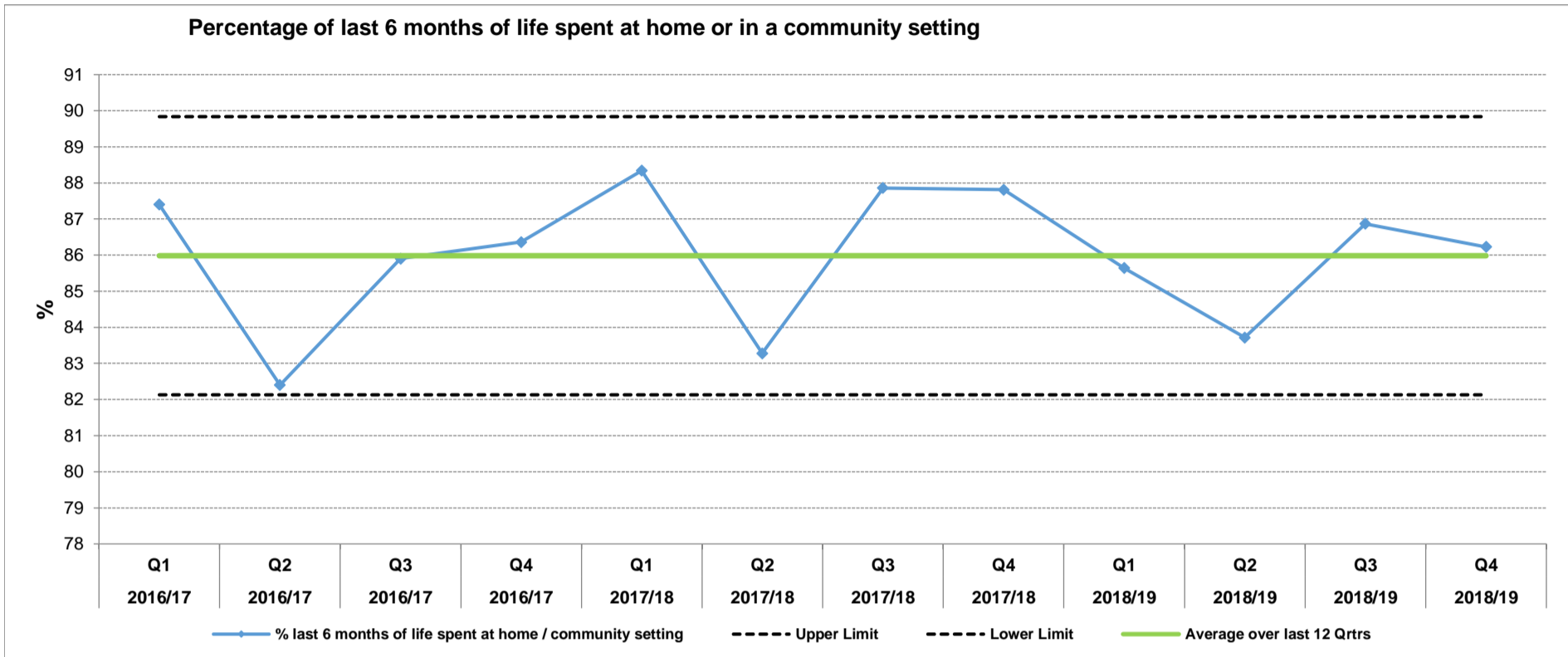
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19*
Scottish Borders	86.1	85.7	85.6	85.6	85.6	87.0	85.9
Scotland	86.2	86.1	86.2	86.7	87.1	87.9	-



**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	Q2 2018/19	Q3 2018/19	Q4 2018/19
% last 6 months of life spent at home or in a community setting Scottish Borders	87.4	82.4	87.9	86.4	88.3	83.3	87.9	87.8	85.6	83.7	86.9	86.2



**How are we performing?**

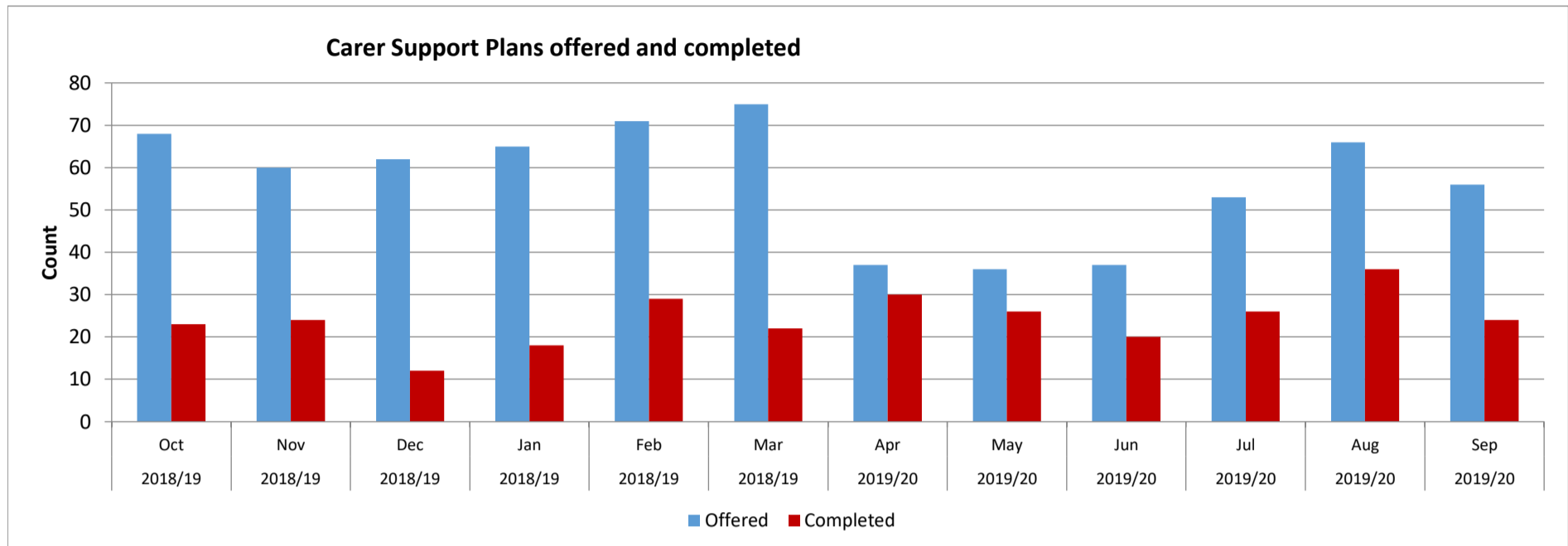
The percentage of last 6 months of life spent at home or in a community setting has appeared fairly consistent in the Borders from year to year since 2013/14 but in each case remains a little below the Scottish average, which is gradually increasing.

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

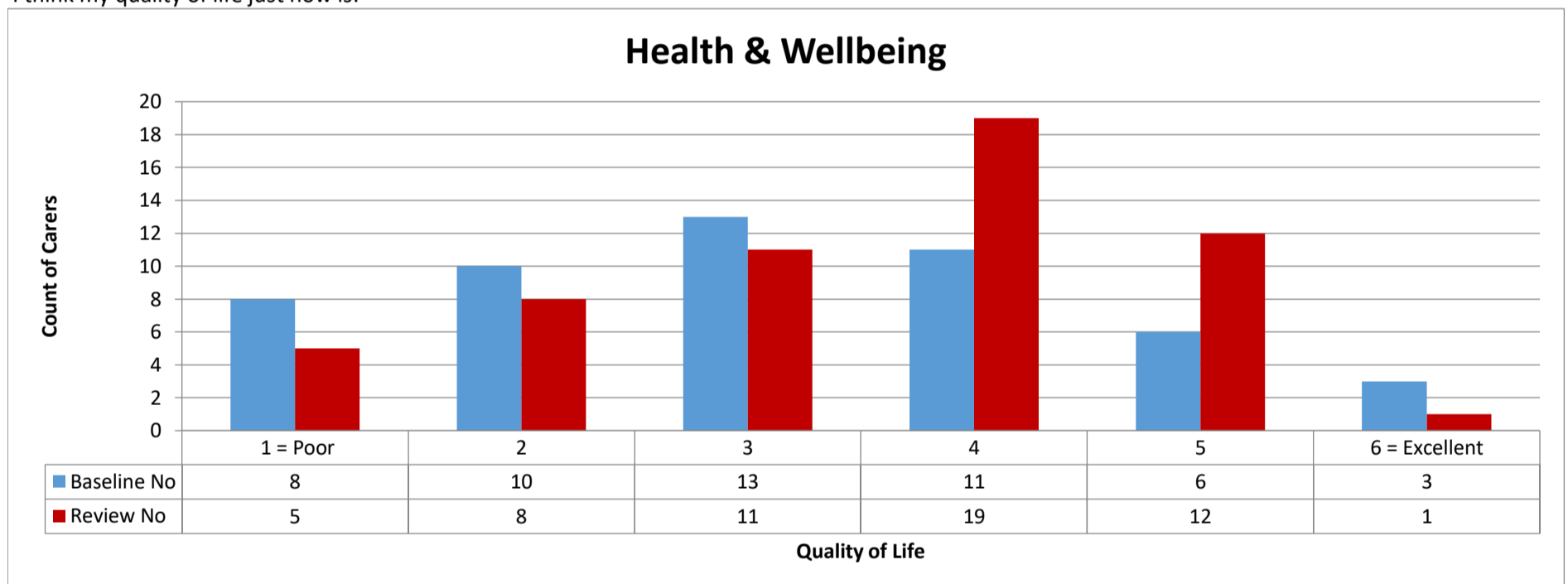
Source: Carers Centre

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Assessments offered during Adult Assessment	68	60	62	65	71	75	37	36	37	53	66	56
Assessments completed by Carers Centre	23	24	12	18	29	22	30	26	20	26	36	24



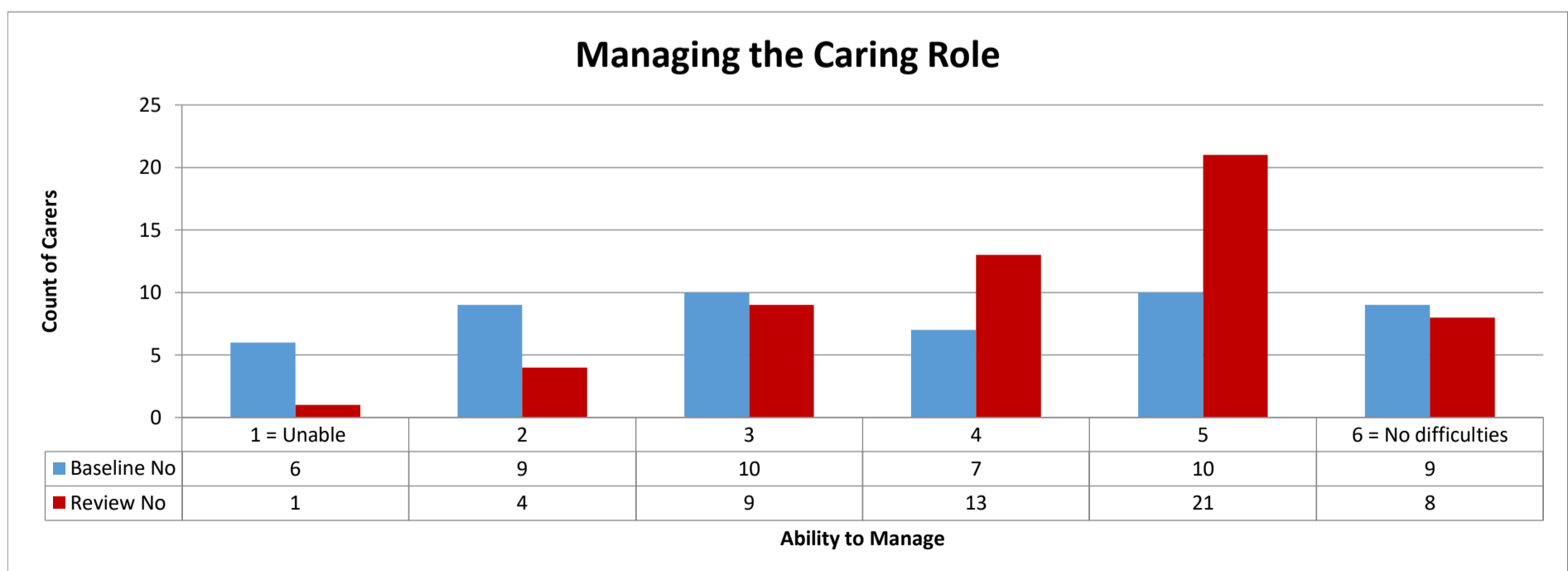
### Health and Wellbeing (Q4 2018/19)

I think my quality of life just now is:



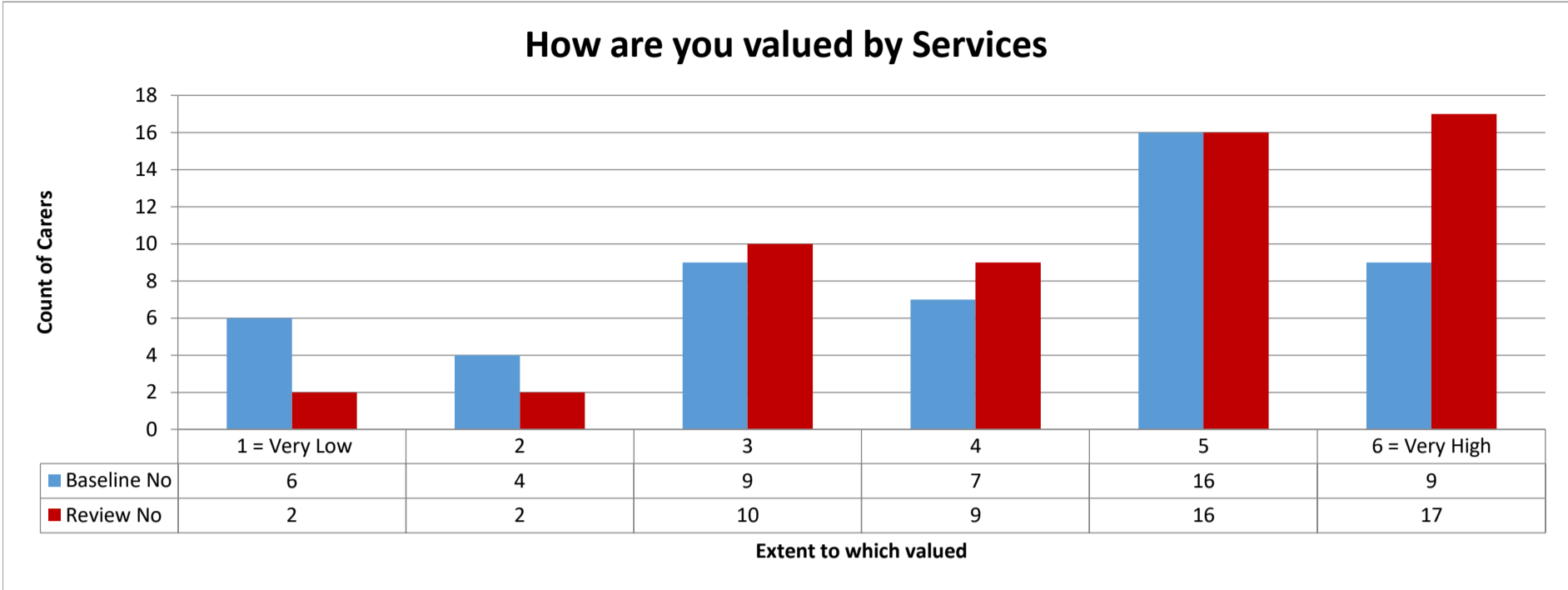
### Managing the Caring role

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



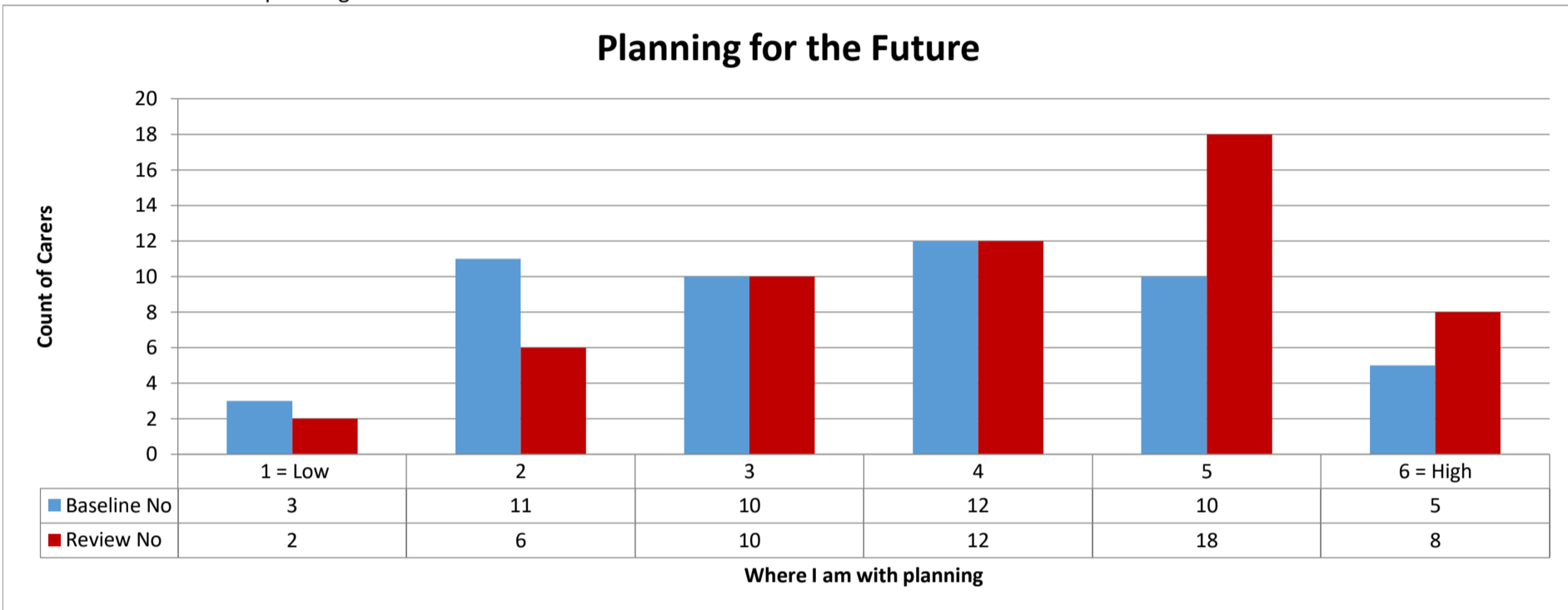
### How are you valued by Services

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



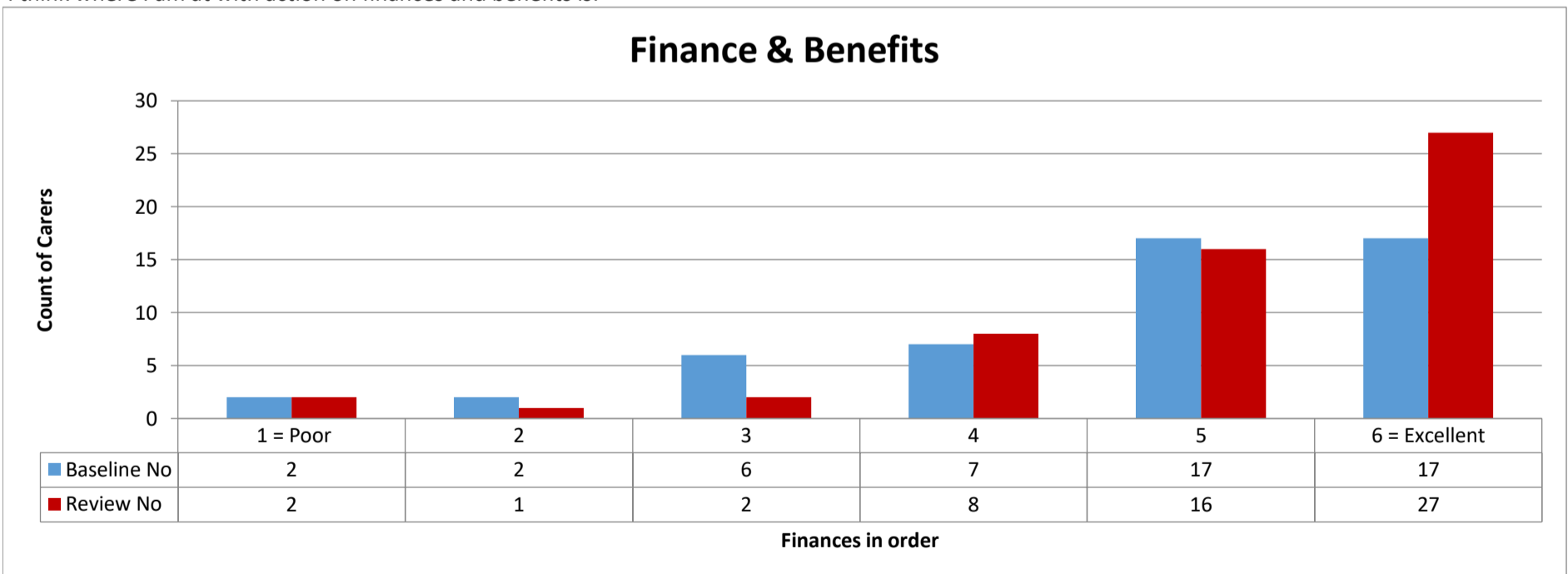
### Planning for the Future

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.