

Meeting Date: 19 AUGUST 2020

Report By	Robert McCulloch-Graham, Chief Officer for Integration
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**QUARTERLY PERFORMANCE REPORT, AUGUST 2020  
(LATEST AVAILABLE DATA AT END JUNE 2020)**

<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) Discuss any proposed additional performance measures</li> <li>c) Note the key challenges highlighted.</li> <li>d) Direct actions to address the 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, broadly 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 continues 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 February 2020 IJB raised concerns about the balance of indicators and requested that the report be expanded to include additional social care measures. The proposed additional social care measures have been discussed by IPG (*July 2020 meeting*) and have been shown in Section 3 of this covering paper for IJB discussion.
- 1.4 The IPG endeavours to present the latest available data. For some measures there is a significant lag whilst local data is validated and released publicly. This does increase robustness and allows for national comparison, but it is not ideal. Normally this is an inconvenience, but given the Covid-pandemic it is a bigger issue (i.e.) this quarterly performance report generally indicates performance pre-Covid, whereas most people are understandably more interested in our pandemic-related performance. To try and balance this, some more up to date data has been shown in Section 4 of this report showing the National impact of Covid on delayed discharge, A&E attendances and hospital admissions. This data comes from a 'lessons-learned' report that the Cabinet Secretary and COSLA requested in July 2020.
- 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 As normal, the quarterly performance report has three parts to it:

Covering report:	Providing background and summarising performance against a standard set of KPIs
Appendix 1:	Provides a high level, "at a glance" summary of the KPIs for publication. <i>Note: this summary does not yet include the additional Social Care measures discussed in 1.3 above. It will be amended upon approval of the new measures by IJB</i>
Appendix 2	Provides further details for each of the measures including more information on performance trends and analysis.

## 2. Summary of Performance: (Note: the bulk of the data reported is pre-Covid)

- 2.1 The rate of **emergency hospital admissions (all ages)** [data to December 2019] performance trend has worsened over the last four reporting quarters, with the latest figure now 29.1 admissions per 1,000 population. This is worse than the Scottish average (27.6) and worse than our locally set target (27.5). The decline for Borders up to December 2019 quarter (from 27.4 to 29.1) is greater than the decline for Scotland (from 26.8 to 27.6). This becomes even more apparent when looking specifically at the **over 75 years** [data to December 2019] age group. Performance here is now 101.2 per 1,000 population (again to December 2019). The previous quarter was 88.1). The Scottish average also shows performance decline, but at a lesser rate (current is 94.4, previous quarter was 90.8). Winter pressure is likely to be one factor impacting the figures.
- 2.2 **A&E waiting times** [data to March 2020] appears to be relatively static and shows that 86.2% of people attending A&E were seen within 4 hours. This is below the Scottish average of 88.6% and worse than our locally set target (95%). Conversely, the data for **A&E attendances** [data to March 2020] shows that the number of attendances at A&E has fallen significantly. Borders A&E attendances were 70.1 per 1,000 population in Q3 2019/20, but have fallen to 59.6 per 1,000 population in Q4. The rate for Scotland also dropped over the same period and by a similar amount (from 72.1 to 62.0). It is likely that the early impact of Covid-19 during March 2020 will have played a part in the reduction in A&E attendances
- 2.3 The **balance of spend on emergency hospital stays** [data to September 2019] remains very positive - with 19.1% of health and care resource spent on hospital stays where the patient was admitted as an emergency (persons aged 18+). However this data is as of Q2 2019/20 so is close to 12 months out of date and does not reflect any Covid-impact.
- 2.4 The **quarterly occupied bed day rates for emergency admissions** [data to March 2020] in Scottish Borders residents age 75+ is demonstrating a relatively flat performance trend over the last 4 quarters (824 to 826 per 1,000 population as of March 2020). Performance remains better than the Scotland average (1,108) and better than our local target (997), which is based on remaining at least 10% better than the national average. The Covid-19 impact will not be reflected in these figures.
- 2.5 With regard to delayed discharge, the **'snapshot' data performance** [taken on one day in May 2020] is positive, with 13 delayed discharges recorded. This demonstrates a positive performance trend over the last 4 months (28 to 13) and is better than our target of 23. The quarterly **rate of bed days associated with delayed discharges (75+)** [data to March 2020] performance however has worsened this quarter (to 206 beds per 1,000 population aged 75+ as of March 2020). This is worse than the Scotland average (for 2019) and worse than our locally set target (180). However, this once again, pre-dates any Covid impact.
- 2.6 The **% of patients satisfied** with care, staff & information in BGH and Community hospitals remains very good and the combined satisfaction rate remains high at 95.5%. The data is taken from questions asked in the "2 minutes of your time" survey done at BGH and community hospitals.
- 2.7 Our performance for the **Quarterly rate of emergency readmissions within 28 days of discharge** [data to December 2019] for Scottish Borders residents has declined with performance now showing a 11.5% readmission rate. This is worse than the

latest Scotland average (10.4%) and worse than our local target (10.5%). Performance against this indicator has been discussed on a number of occasions at SPG and IJB.

- 2.8 Performance in relation to **end of life care** [*data to December 2019*] is improving, with 87.6%% of people able to spend the last 6 months of their life at home or in a community setting. This is slightly above target (87.5%) and close to the Scotland average (88.1%).
- 2.9 The % of **Carer Support Plans completed** performance is very positive, with 82% of the plans offered, having been completed, well 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.

### 3 Additional Social Care Performance Indicators:

A Social Work performance group has been established within SBC. This group is developing a suite of measures covering services for older people, mental health and LD. Below is a selection of these measures that are suggested for inclusion in the quarterly reporting. Reasons for suggesting these include:

- The data being used by the SW Performance Group should be robust and gathered on a regular basis – therefore will also be available for SPG/IJB meetings
- The proposed measures align to a number of Strategic Implementation Plan (SIP) workstreams.

No'	Measure Description	Target	Measure Purpose
1	The proportion of acute patients who are discharged to a permanent residential care bed without any opportunity for short-term recovery.	tbc	Want people to have the opportunity to receive intermediate care – where appropriate – post Hospital discharge and pre-admission to residential care
2	The proportion of older people (with or without a diagnosis of dementia) who enter residential care after receiving domiciliary care.	tbc	Ideally want people to be supported to live as independently as possible for as long as possible, only entering 24hr residential care where absolutely necessary.
3	The proportion of older people who receive less than 10 hours of domiciliary care (as a proportion of all older people receiving domiciliary care).	tbc	This will show our package of care split (e.g.) <4hrs, <10hrs, >10hrs, to examine trend over time and to generate discussion on the value of small and large packages of care.
4	The proportion of older people receiving longer term care whose original care needs have decreased (from their initial assessment to latest review).	tbc	Do not want to maintain anyone on a package of care that is no longer appropriate. Will also indicate the value/impact of regular review and reablement
5	The proportion of people who require long-term care after a period of short-term reablement / rehabilitation	tbc	Ideally would like the people selected to receive reablement as having no little to no requirement for long-term care.

#### 4 Additional context for Delayed discharges, A&E attendances and hospital admissions:

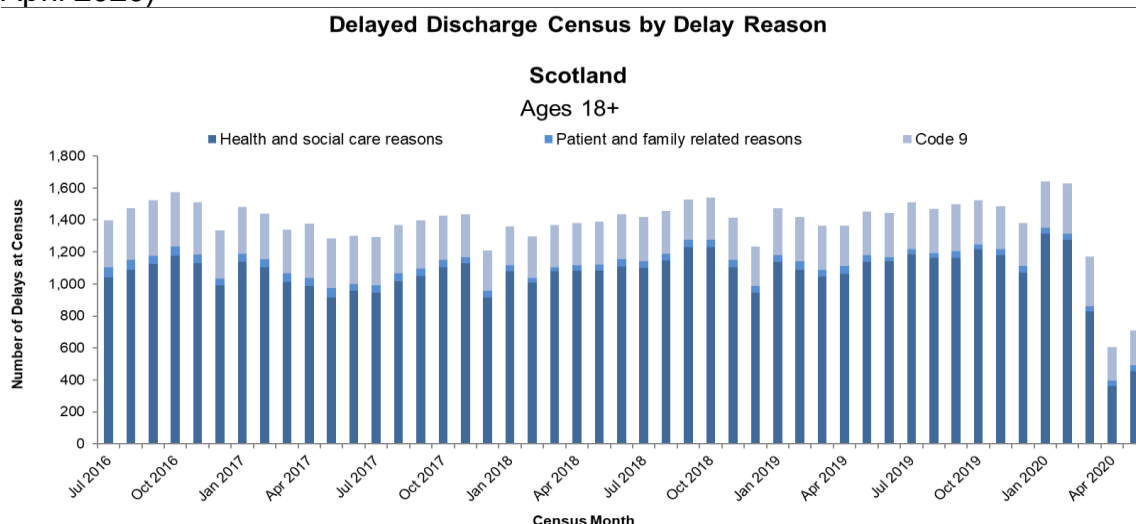
The Cabinet Secretary and COSLA agreed to undertake a piece of work with all Health & Social Care Partnerships to look at how delayed discharges, A&E attendances and hospital admissions all reduced significantly during March and April as the COVID-19 outbreak hit. The paper looked to establish what had worked well, what hadn't and what could be done differently. Conclusions and results from the report are shown below:

4.1 The report concluded that historical problems with **Delayed Discharges** have:

- Been compounded by deep-rooted behavioural issues, different organisational and professional cultures leading to a lack of trust in which the default position has become staying in hospital. [**Lack of Trust**]
- With hospitals being increasingly busy, staff tended, by necessity, to move on to the next crisis and the delayed patient could be forgotten, with all the known harmful consequences of deterioration and deconditioning. [**Lack of focus on outcome**]
- Leading to a blame culture where people don't trust each other there is a tendency to blame each other when things go wrong. [**Blame Culture/Pass the Problem**]
- As the delayed discharge numbers kept getting higher and higher, there was an acceptance of failure, fed by a perception of futility. Bad became the norm and nothing changed because everyone reverted to how things had always been done. [**Acceptance of poor performance**]

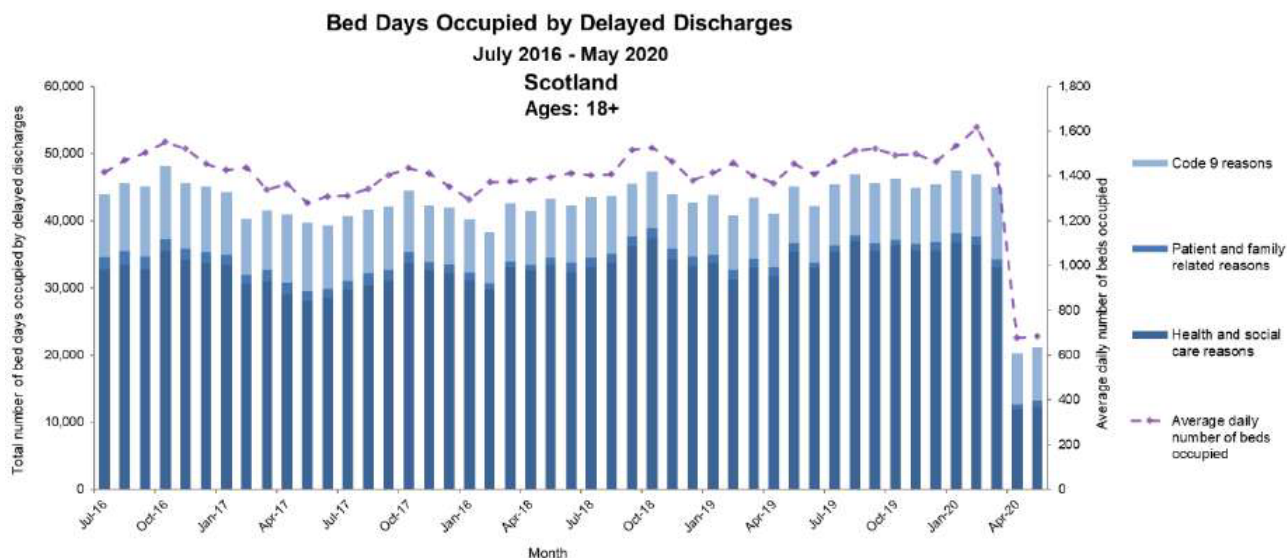
That was until the COVID-19 pandemic. When everything did change.

With the onset of the COVID-19 outbreak, it was clear that delayed discharges needed to reduce, both in order to free up hospital capacity and to create better outcomes for individuals at risk of acquiring infection in hospital. The result was that Nationally, delayed discharges reduced from 1,627 (February 2020) to 604 (end April 2020)



4.2 The report found that COVID-19 has undoubtedly proved to be the stimulus needed to make significant delayed discharge and subsequent **Bed Days Occupied by Delayed Discharge** reductions. The response to the outbreak removed some of the historic barriers as well as providing the enablers and the incentive for progress. It has in a perverse way created the necessary conditions to

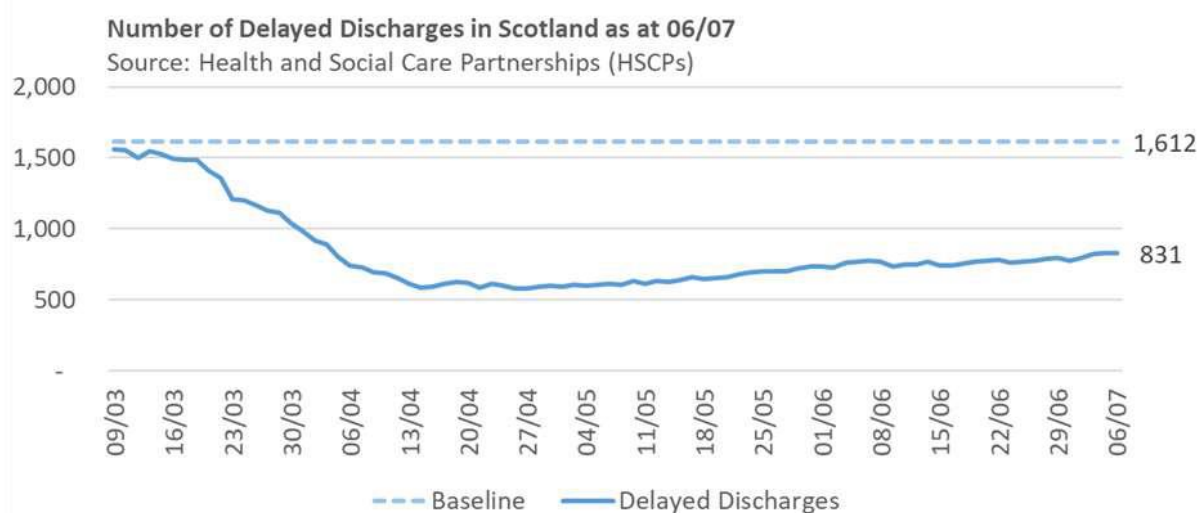
make the sort of significant progress that had long proved difficult to achieve. This progress has come at a speed that has never before been possible.



Bed days associated with delayed discharge reduced from 45,061 in May 2019 to 21,225 in April 2020.

### POST-COVID – Delayed Discharge

Everyone agrees that delayed discharge is a bad thing. Everyone agrees that being in hospital when you do not need to be there is a bad thing. There is no ‘upside’ to this problem. It uses up valuable NHS resources, denies a bed to others that need it and it is a very poor outcome for the individual concerned. However, delays have begun to creep up once more.

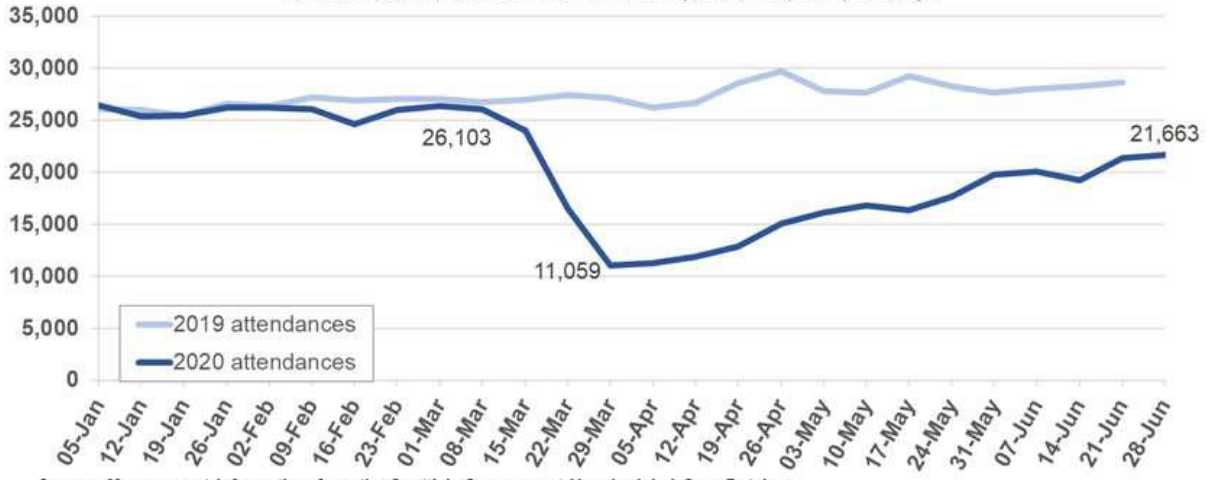


### 4.3 A&E Attendances and Emergency Admissions

Similarly, A&E attendance dropped significantly because of Covid and Emergency admissions dropped likewise. Both are now returning to previous levels – with both now back to approx. 80% of the level they were pre-Covid.

### A&E Weekly Attendances

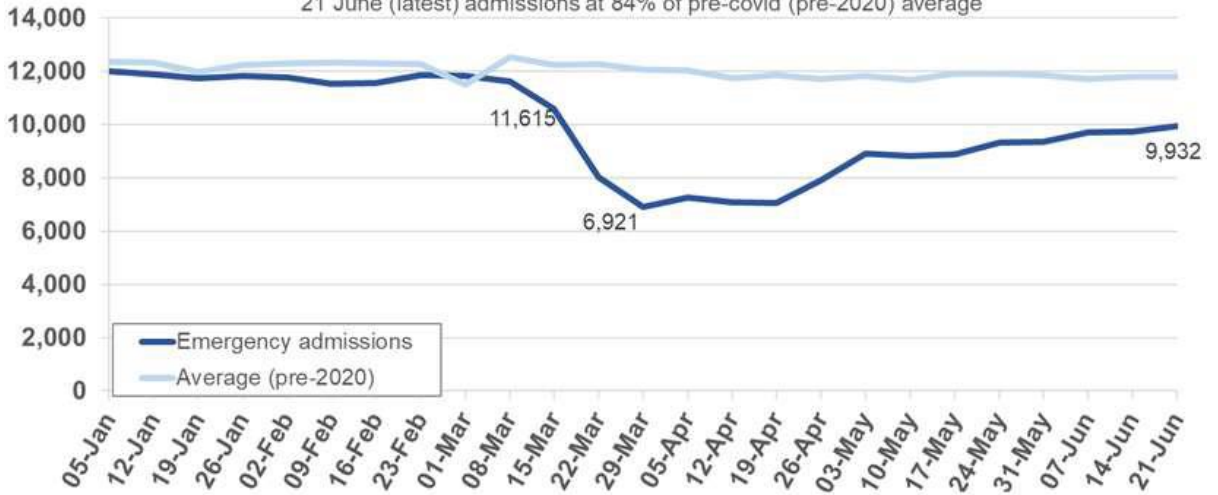
29 March attendances at 40% of pre-covid (2019) average  
 28 June (latest) attendances at 78% of pre-covid (2019) average



Source: Management Information from the Scottish Government Unscheduled Care Database

### Emergency Admissions

29 March admissions 57% of pre-covid (pre-2020) average  
 21 June (latest) admissions at 84% of pre-covid (pre-2020) average



Source: Rapid and preliminary inpatient data (RAPID)



# 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 AUGUST 2020

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 June 2020**. 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>29.1</b> admissions per 1,000 population</p> <p>(Q3 - 2019/20)</p> <p>-ve trend over 4 periods Worse than Scotland (27.6 - Q3 2019/20) Worse than target (27.5)</p>	<p><b>EMERGENCY HOSPITAL ADMISSIONS (BORDERS RESIDENTS AGE 75+)</b></p> <p><b>101.2</b> admissions per 1,000 population Age 75+</p> <p>(Q4 - 2019/20)</p> <p>-ve trend over 4 periods Worse than Scotland (94.4 - Q3 2019/20) Worse than target (90.0)</p>	<p><b>ATTENDANCES AT A&amp;E (ALL AGES)</b></p> <p><b>59.6</b> attendances per 1,000 population</p> <p>(Q4 - 2019/20)</p> <p>+ve trend over 4 periods Better than Scotland (62.0 - Q4 2019/20) Better than target (70.0)</p>	<p><b>£ ON EMERGENCY HOSPITAL STAYS</b></p> <p><b>19.1%</b> of total health and care resource, for those Age 18+ was spent on emergency hospital stays</p> <p>(Q2 - 2019/20)</p> <p>+ve trend over 4 periods Better than Scotland (23.5% - 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) remains relatively positive. Quarterly performance does fluctuate; and Covid-19 will have an impact – although not reflected in the figures to date. Historically, the number of A&E attendances has fluctuated between 7,000-8,000 attendances per quarter (which is equivalent to approx. 60-70 per 1,000 population per quarter), generally better than the Scotland average and better than our local target. Again, Covid-19 will impact A&E attendances and may well impact the peoples use of A&E for a long time to come. In relation to the percentage of the budget spent on emergency hospital stays, Borders has consistently performed better than Scotland and can demonstrate a positive trend over time. The most recent figure of 19.1% is the lowest % of spend in the last 3 years but the data is once again pre-Covid. (note: as of December 2019, the denominator for this measure was updated to include Dental and Ophthalmic costs and, as a result, the % of Health Care spend has slightly reduced). As with all Health and Social Care Partnerships, there is an expectation to minimise the proportion of spend attributed to unscheduled stays in hospital.

### Objective 1: Our plans for 2020/21

Our Strategic Implementation Plan (SIP) includes the development of our Localities (e.g.) building on 'What Matters' and Community Assistance Hubs to improve and facilitate early intervention, shared client cohorts, agile responses, close coordination of effort, all reducing admissions and avoiding or slowing progression to higher levels of care and health needs. Work continues to be progressed to improve patient flow, including; Frailty Front Door (admission avoidance), quicker discharge processes, trusted assessor models, new Intermediate Care and Reablement Services.





## 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>86.2%</b> of people seen within <b>4 hours</b> (Mar 2020)	<b>RATE OF OCCUPIED BED DAYS* FOR EMERGENCY ADMISSIONS (AGES 75+)</b> <b>826</b> bed days per 1000 population Age 75+ (Q4 – 2019/20)	<b>NUMBER OF DELAYED DISCHARGES (“SNAPSHOT” TAKEN 1 DAY EACH MONTH)</b> <b>13</b> over 72 hours (May 2020)	<b>RATE OF BED DAYS ASSOCIATED WITH DELAYED DISCHARGE</b> <b>206</b> bed days per 1000 population Age 75+ (Q4 – 2019/20)	<b>“TWO MINUTES OF YOUR TIME” SURVEY – CONDUCTED AT BGH AND COMMUNITY HOSPITALS</b> <b>95.5%</b> overall satisfaction rate (Q4 – 2019/20)
-ve trend over 4 periods Worse than Scotland (88.6% - Mar 2020) Worse than target (95%)	-ve trend over 4 periods Better than Scotland (1,108 - Q3 2019/20) Better than target (min 10% better than Scottish average)	+ve trend over 4 periods Better than target (23)	-ve trend over 4 periods Worse than Scotland (198 - 19/20 average) Worse 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

The latest A&E Waiting Time (Mar 2020) figure is under our 95% target and also below the Scotland average. This data pre-dates the Covid pandemic and it is likely that our next reporting will show waiting time performance improvement as a result of fewer people attending A&E. Occupied bed day rates for emergency admissions (age 75+) has seasonal fluctuations and again in future reporting will be impacted by Covid. 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 achieved by the Health & Social Care Partnership if comparing snapshot data for May 2019 (26) with May 2020 (13). The percentage of patients satisfied with care, staff & information in BGH and Community Hospitals remains positive. The rate of Bed Days Associated with Delayed Discharge has an overall positive trend over the long term (3 years) but Q4 2019/20 shows a significant increase to 206 days, which is above the average and above our 180 day local target. Covid will impact on a number of measures, including delayed discharge, A&E attendances/waiting times, and emergency admissions.

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

As part of our Strategic Implementation Plan (SIP), 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 remain safe and to be healthy in areas including diet, exercise and mental health. 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. We will review our contracted and commissioned services and support our workforce to ensure that we have flexible staff with the skills, training and equipment required to deal with the impacts of Covid and any future pandemics.

## 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>11.5</b> per 100 discharges from hospital were re-admitted within 28 days (Q3 – 2019/20)	<b>END OF LIFE CARE</b> <b>87.6%</b> of people’s last 6 months was spent at home or in a community setting (Q3 – 2019/20)	<b>CARERS SUPPORT PLANS COMPLETED</b> <b>82%</b> of carer support plans offered that have been taken up and completed in the last quarter (Q4 – 2019/20)	<b>SUPPORT FOR CARERS:</b> 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 &amp; benefits</td></tr> </table> (Q4 – 2019/20)	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								
-ve trend over 4 Qtrs Worse than Scotland (10.4 – Q3 2019/20) Worse than target (10.5)	+ve trend over 4 Qtrs Worse than Scotland (88.1% - 2018/19) 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 11.5% in Q3 2019/20 – the highest readmission rate in the last 3 years and increasing from a low of 10.0% in 2016/17. Borders data in relation to end of life care shows has improved but is still less than the Scotland average. The latest available data for Carers demonstrates positive outcomes as a result of completed Carer Support Plans.

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

As part of our Strategic Implementation Plan (SIP), we will continue to support Carer services – the partnership has always recognised the essential work of carers, and even more so through the Pandemic. It is a precarious resource that requires support. We will continue trialling and implementing technology to improve health and care provision, workforce enablement, administration and processes. We will implement Joint Capital Development and Planning, including a Primary Care Capital Strategy, new Intermediate Care provision and an overarching Joint Capital Plan for the Border’s Public Sector.



Scottish Borders  
**Health and Social Care**  
PARTNERSHIP

Quarterly Performance Report for the  
Scottish Borders Integration Joint Board August 2020

SUMMARY OF PERFORMANCE:  
LATEST AVAILABLE DATA AT END JUNE 2020

Structured Around the 3 Objectives in the 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

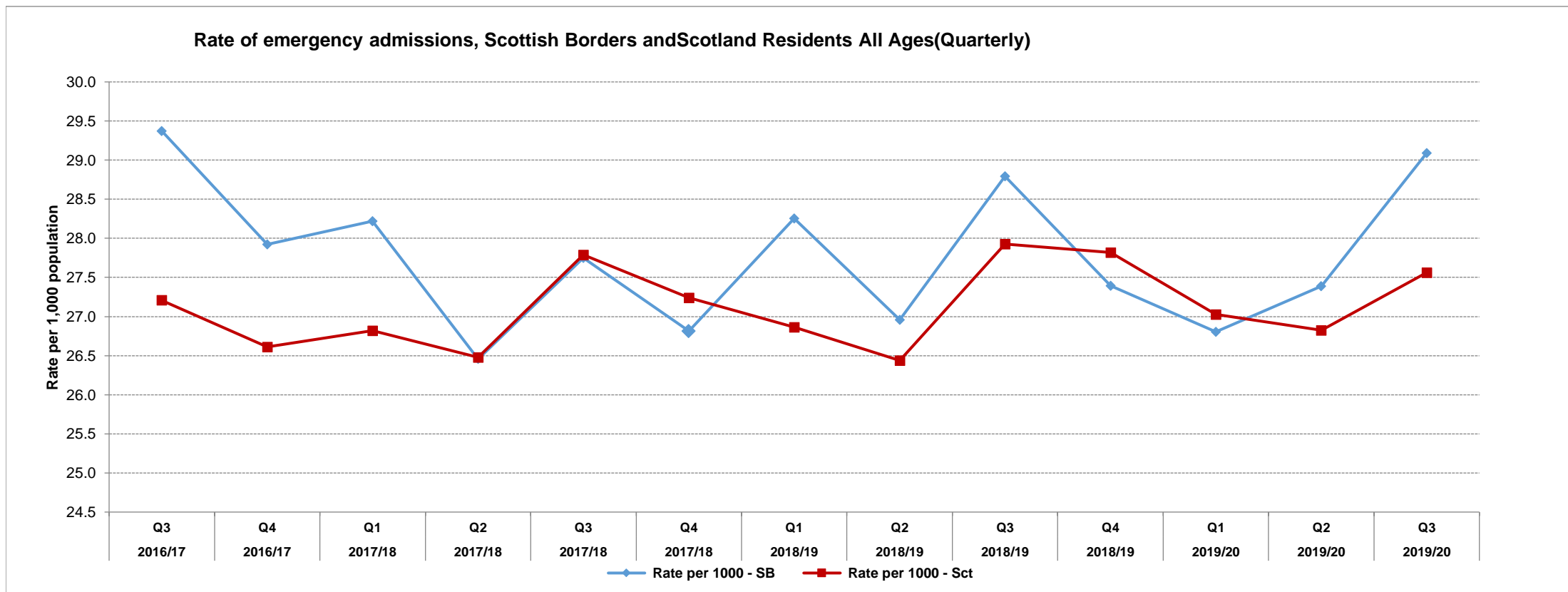
Objective 3: We will improve the capacity within the community for people who have been in receipt of health and social care services to manage their own conditions and support those who care for them

**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)

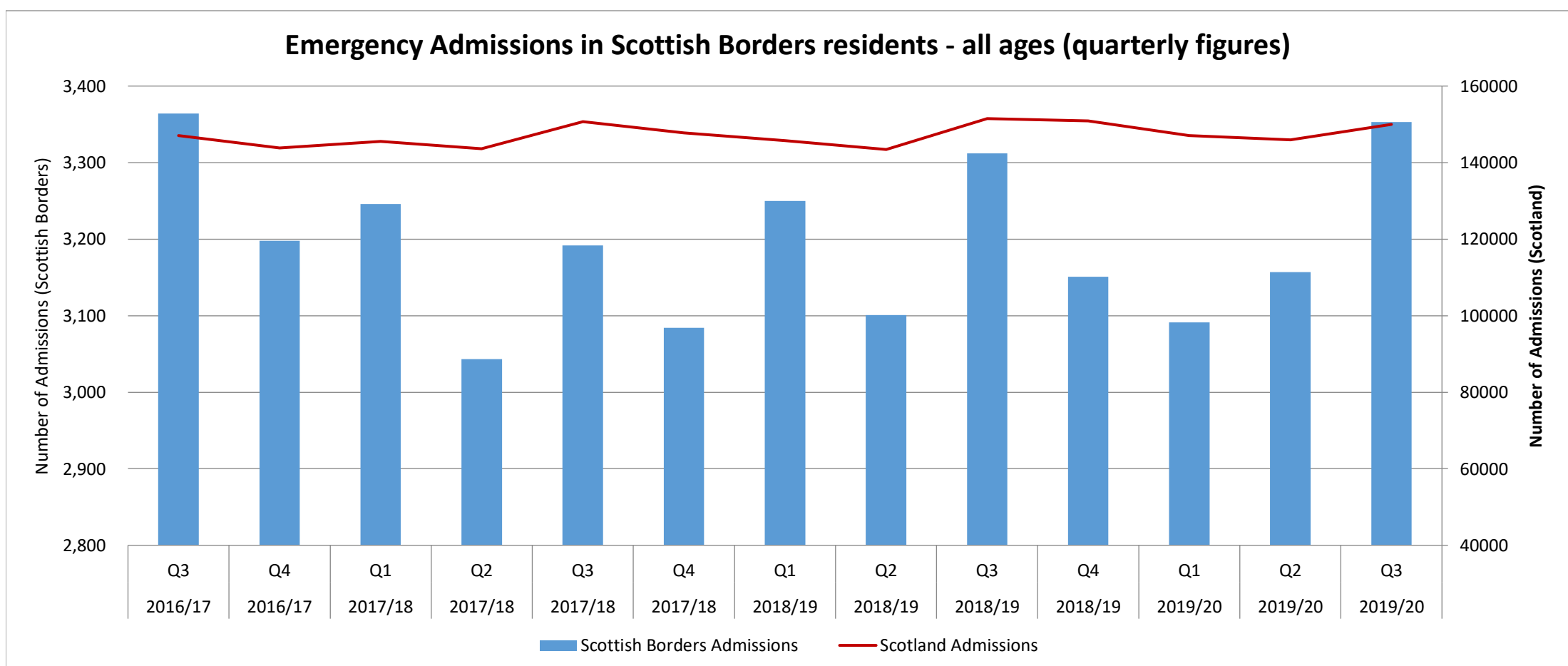
	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20
Scottish Borders - Rate of Emergency Admissions per 1,000 population	29.4	27.9	28.2	26.5	27.8	26.8	28.3	27.0	28.8	27.4	26.8	27.4	29.1
Scotland - Rate of Emergency Admissions per 1,000 population All Ages	27.2	26.6	26.8	26.5	27.8	27.2	26.9	26.4	27.9	27.8	27.0	26.8	27.6



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

Source: MSG Integration Performance Indicators workbook (SMR01 data)

	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	Q2 2019/20	Q3 2019/20
Number Scottish Borders Emergency Admissions - All Ages	3,364	3,198	3,246	3,043	3,192	3,084	3,250	3,101	3,312	3,151	3,091	3,157	3,353
Number Scotland Emergency Admissions - All Ages	147,051	143,831	145,495	143,649	150,739	147,780	145,738	143,422	151,497	150,915	147,024	145,919	149,947



**How are we performing?**

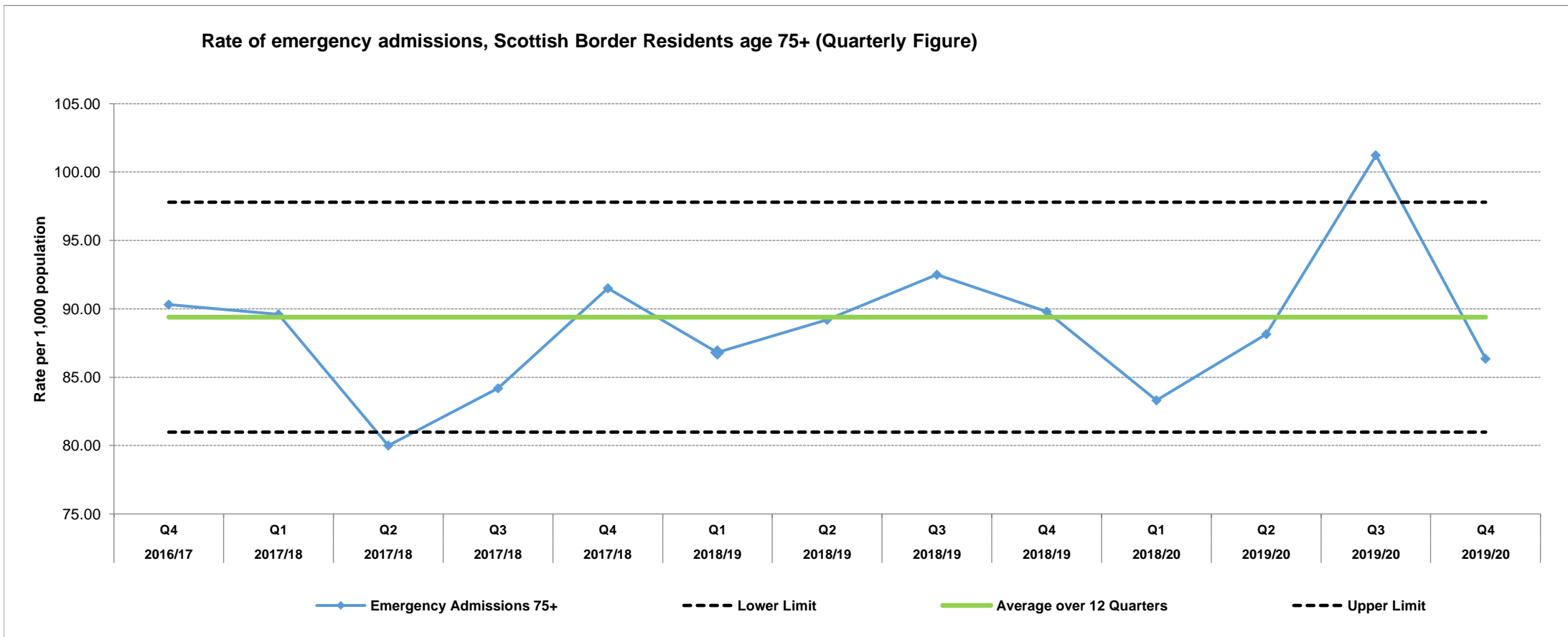
The quarterly number of Emergency Admissions for Scottish Borders residents (all ages) has continued to fluctuate since the start of the 2016/17 financial year; however, shows an overall positive decreasing trend. Q1 of 2019/20 saw an initial reduction in the rate of Emergency Admissions; however, this increased in Q2 and again in Q3; almost bringing the most recent reported rate in line with the Emergency Admission rate of Q3 2016/17.

Borders has had a higher rate of Emergency Admissions for the past 2 consecutive quarters when compared to the Scottish Average.

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

Source: NSS Discovery

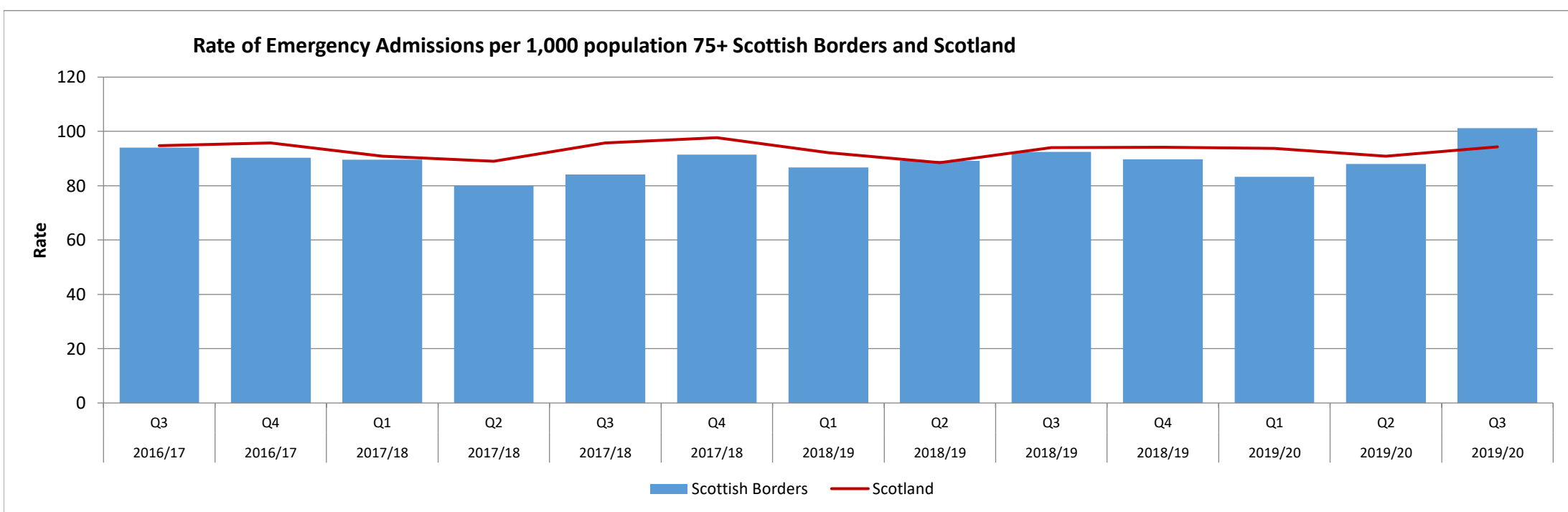
	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
Number of Emergency Admissions, 75+	1,065	1,074	959	1,009	1,096	1,040	1,069	1,108	1,076	1,020	1,079	1,239	1,057
Rate of Emergency Admissions per 1,000 population 75+	90.3	89.6	80.0	84.2	91.5	86.8	89.2	92.5	89.8	83.3	88.2	101.2	86.4



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

Source: NSS Discovery

	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	Q2 2019/20	Q3 2019/20
Rate of Emergency Admissions Scottish Borders	94.0	90.3	89.6	80.0	84.2	91.5	86.8	89.2	92.5	89.8	83.3	88.1	101.2
Rate of Emergency Admissions 75+ Scotland	94.7	95.8	90.9	89.1	95.8	97.7	92.2	88.5	94.0	94.2	93.7	90.8	94.4



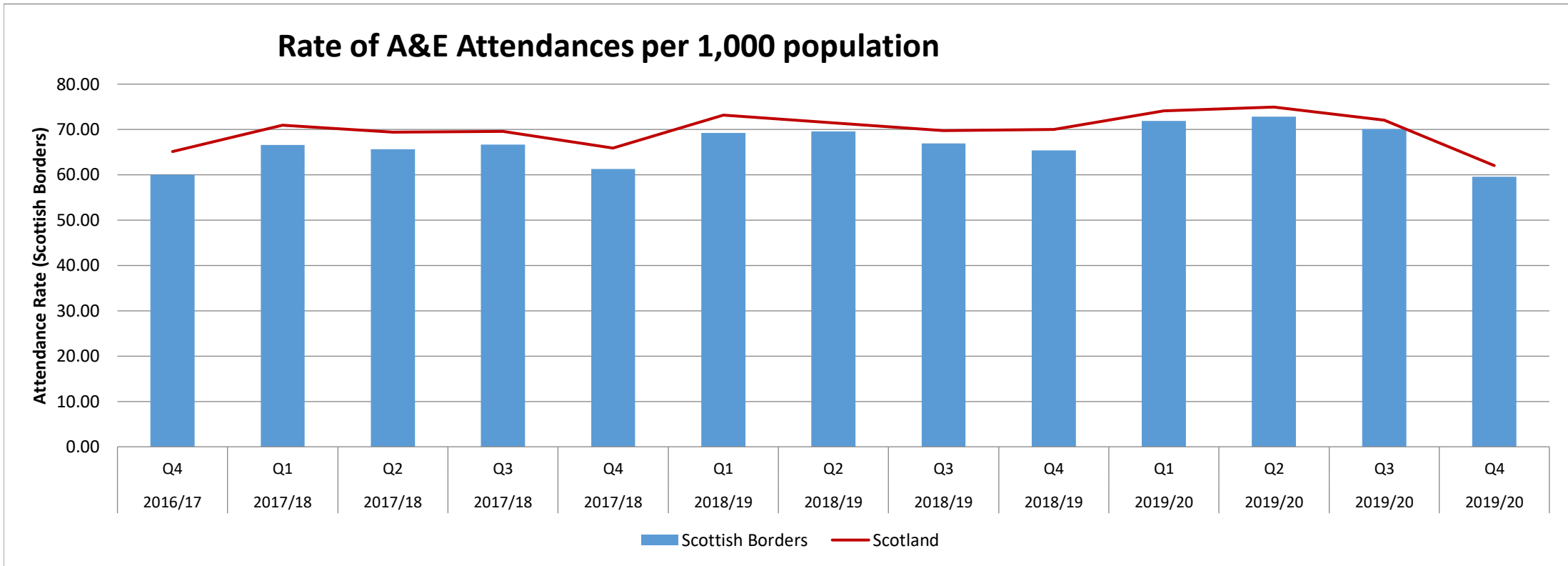
**How are we performing?**

The rate of emergency admissions per 1,000 population fell slightly in quarters 2 & 3 of 2017/18 but crept back up in Q4 2017/18. The 3 year trend for this indicator has seen a slight increase in the rate of 75+ emergency admissions. The Emergency Admission rate has been increasing over the last 2 quarters with Q3 2019/20 reporting the highest rate in the last 3 years.

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

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

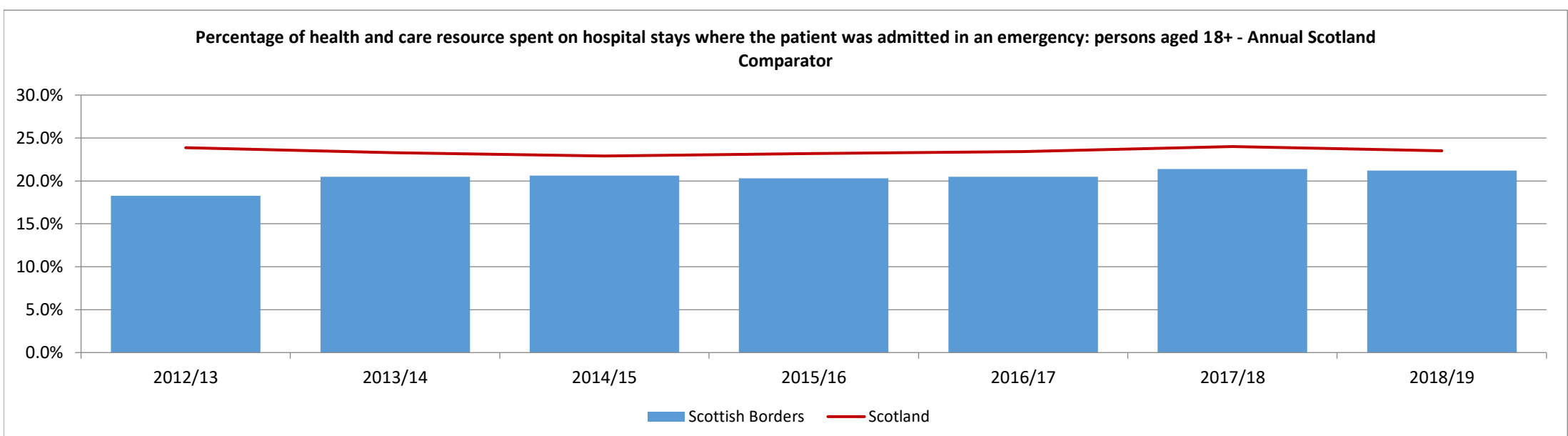
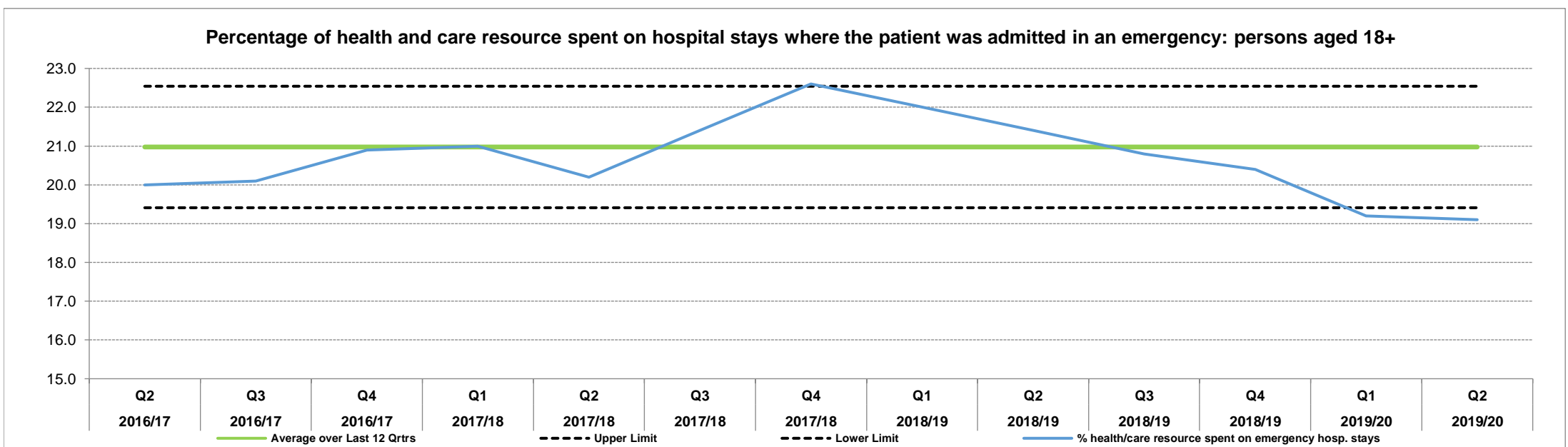
	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
Rate of Attendances, Scottish Borders	60.0	66.6	65.6	66.7	61.3	69.2	69.6	67.0	65.4	71.9	72.8	70.1	59.6
Rate of Attendances, Scotland	65.2	71.0	69.4	69.6	65.9	73.1	71.5	69.7	70.0	74.1	74.9	72.1	62.0



**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

	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	Q2 2019/20
% of health and care resource spent on emergency hospital stays (Scottish Borders)	20.0	20.1	20.9	21.0	20.2	21.4	22.6	22.0	21.4	20.8	20.4	19.2	19.1



**How are we performing?**

The percentage of health and social care resource spent on unscheduled hospital stays has seen an overall slight decrease since the first quarter of 2016/17. This peaked at 22.6% in Q4 2017/18 and has subsequently been reducing each quarter since. This indicator displays a change in behaviour for HC Spend and the reported Q3 figure of 19.1% is the lowest percentage of spend attributed to emergency hospital stays in the last 3 years. Figures for Q3 & Q4 of 2019/20 are affected by completeness (Q4 - 71% complete) and will be refreshed in future reports.

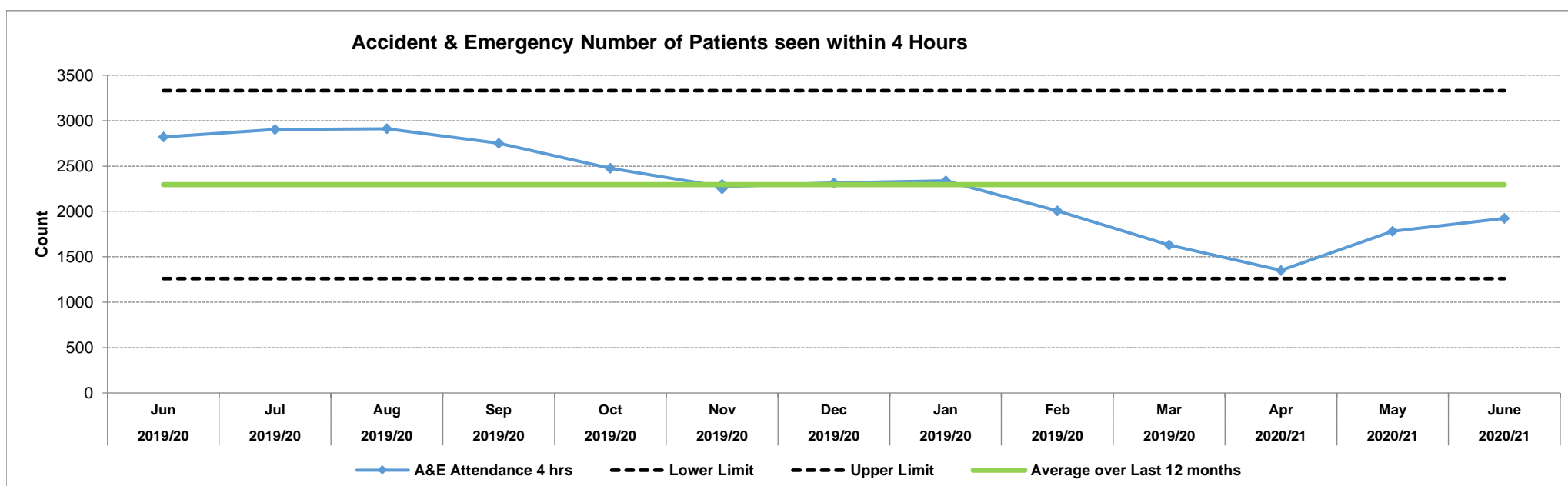
NB: December 2019, the denominator for this indicator now includes dental and ophthalmic costs. As a result, the % of spend has slightly decreased. The Table and Charts above have been updated to reflect the altered % as a result of this change.

**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

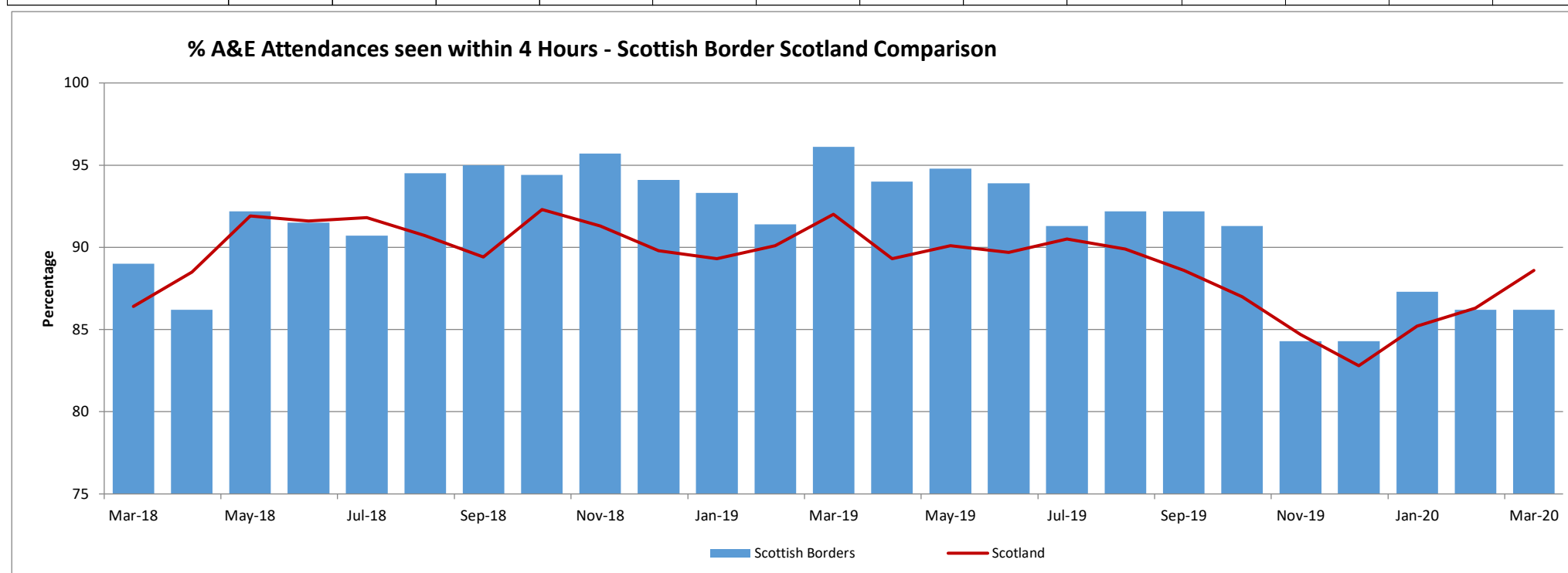
	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
Number of A&E Attendances seen within 4 hours	2821	2900	2910	2749	2473	2271	2312	2338	2004	1631	1351	1779	1923



**% 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

	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
% A&E Attendances seen within 4 hour Scottish Borders	96.1	94.0	94.8	93.9	91.3	92.2	92.2	91.3	84.3	84.3	87.3	86.2	86.2
% A&E Attendances seen within 4 hour Scotland	92.0	89.3	90.1	89.7	90.5	89.9	88.6	87.0	84.7	82.8	85.2	86.3	88.6



**How are we performing?**

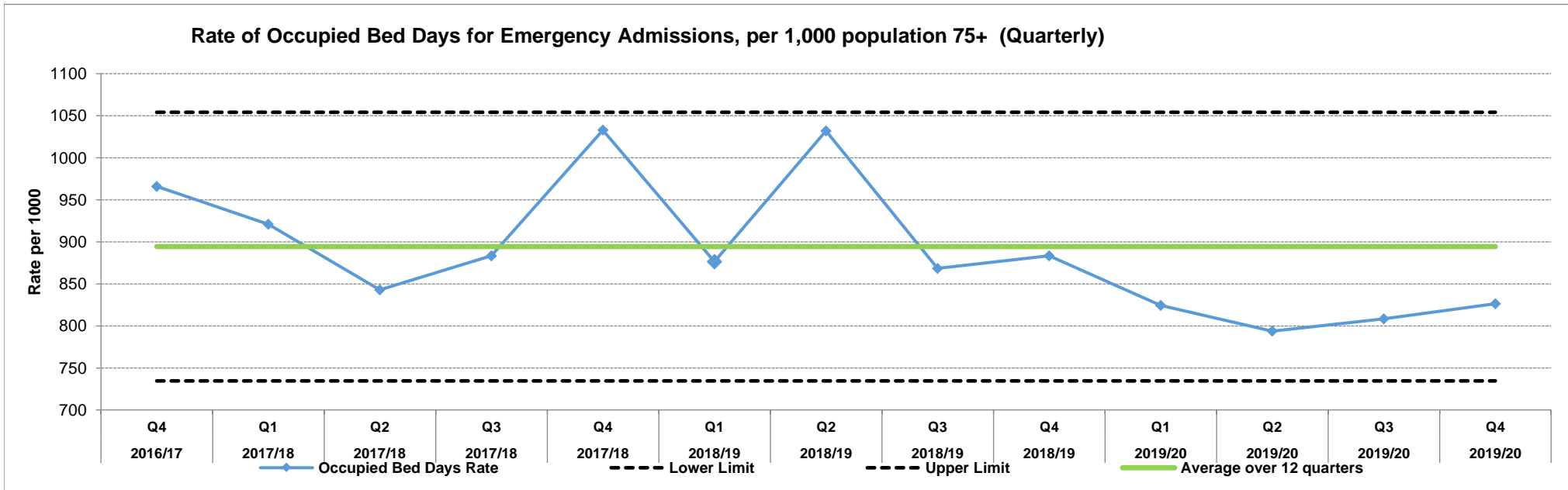
NHS Borders consistently performs better than the Scottish comparator for A&E waiting times; however, Borders has fallen below the Scottish Average on 3 occasions in the last year - Nov 19, Feb and Mar 20.

Performance against this measure showed a positive trend over the year 2018/19, peaking in March 2019 at 96.1%. In contrast to this the chart shows a negative trend in 2019/20. The 95% target has not been met in the last 12 months. NHS Borders are working towards consistently achieving an ambitious local 98% standard; therefore action is required to improve A&E waiting times.

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

Source: NSS Discovery

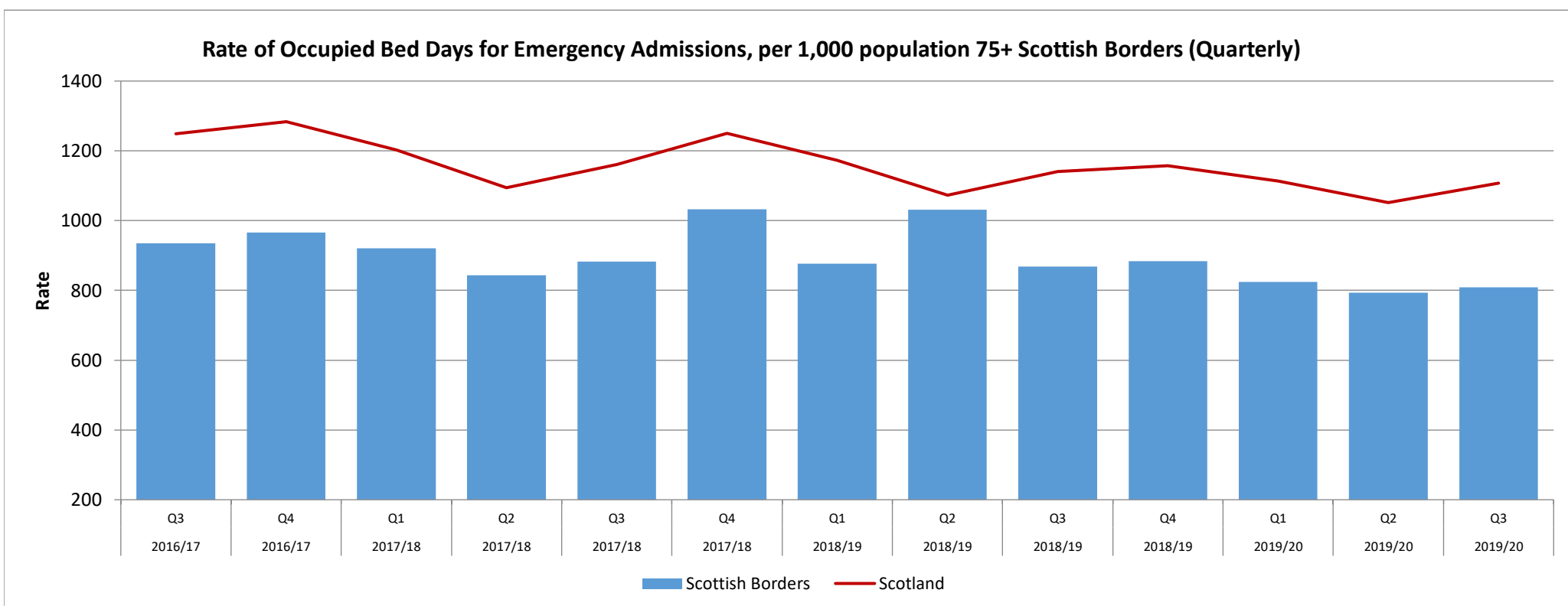
	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/17	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
Number of Occupied Bed Days for emergency Admissions, 75+	11387	11035	10103	10582	12377	10523	12356	10407	10587	10089	9715	9893	10116
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+	966	921	843	883	1033	876	1032	868	883	824	794	808	826



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

Source: NSS Discovery

	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/17	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scottish Borders	935	966	921	843	883	1033	876	1032	868	883	824	794	808
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scotland	1248	1284	1203	1094	1161	1250	1172	1072	1141	1157	1113	1052	1108



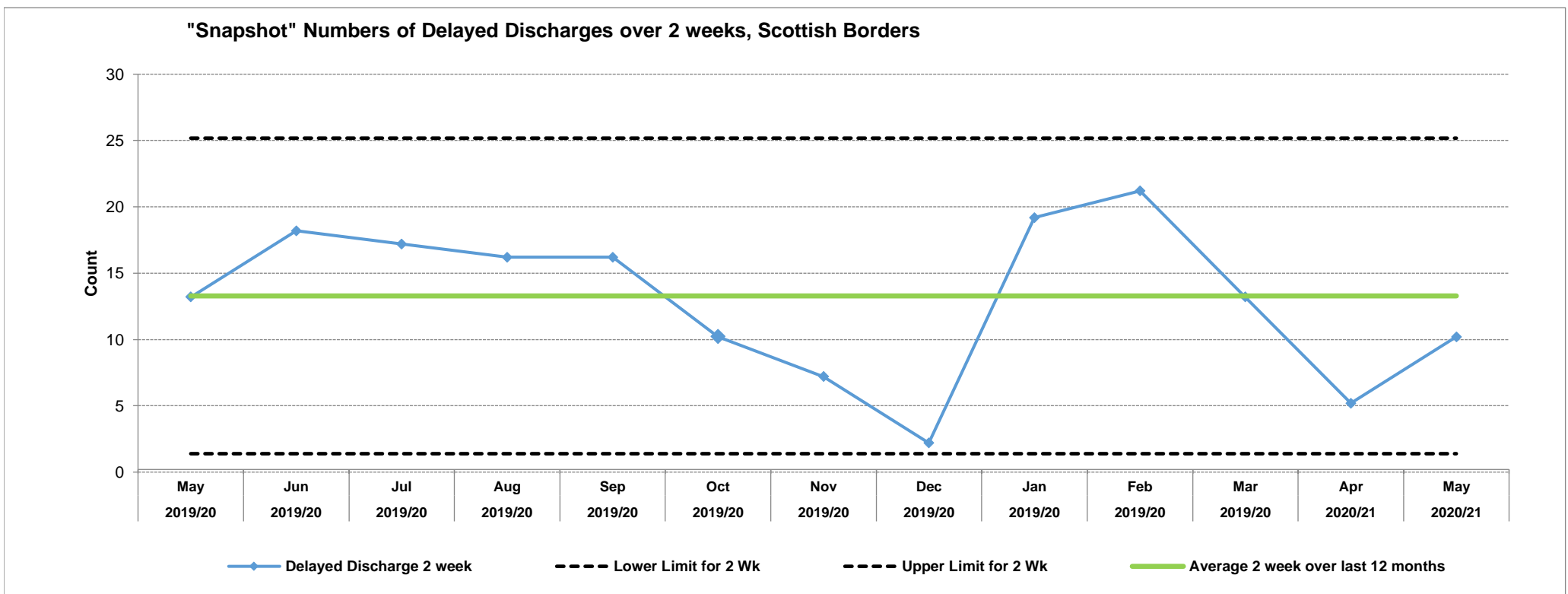
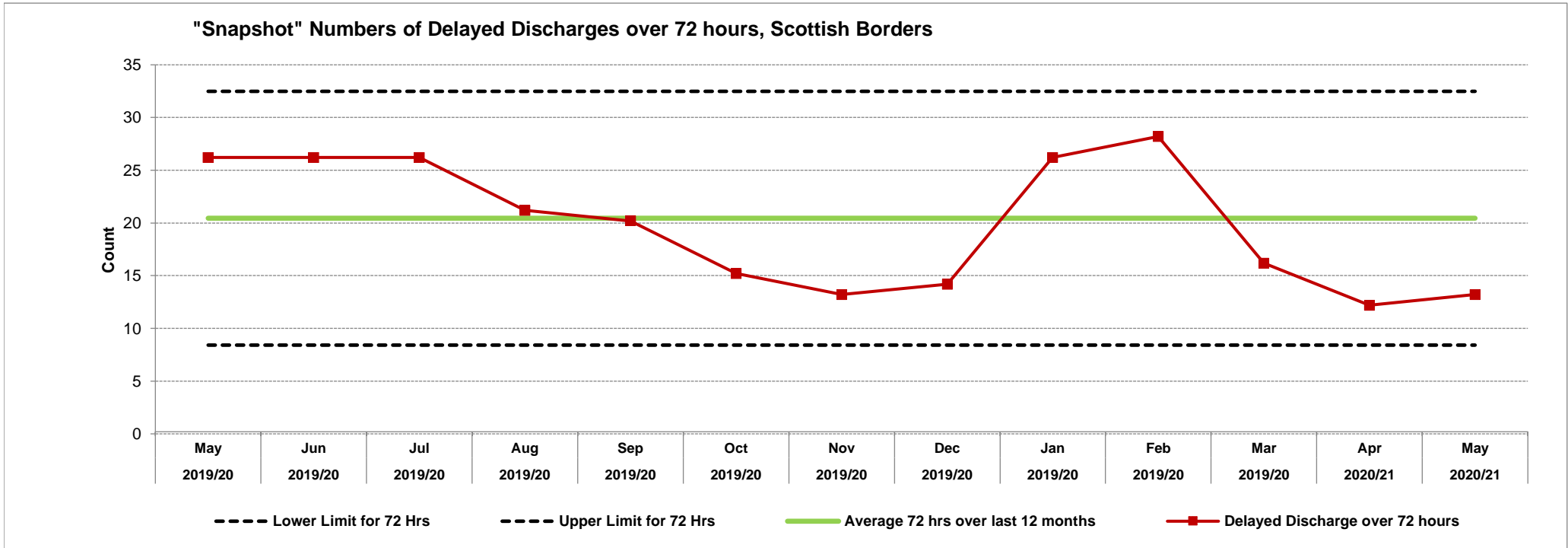
**How are we performing?**

The quarterly occupied bed day rates for emergency admissions in Scottish Borders residents aged 75 and over has fluctuated over time but has remained lower than the Scottish Average (it should be noted this nationally derived indicator does not take in to account the 4 Borders' Community Hospitals). There is a notable reduction in occupied bed days for Emergency admissions since Q2 of 2018/19, drawing the Border's figure further from the Scotland average. The graph shows a positive trend over the last 3 years with an overall reduction in occupied bed days; although this has begun to increase in Q3 & Q4 of 2019/20.

**Delayed Discharges (DDs)**

Source: EDISON/NHS Borders Trakcare system

	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Number of DDs over 2 weeks	13	18	17	16	16	10	7	2	19	21	13	5	10
Number of DDs over 72 hours	26	26	26	21	20	15	13	14	26	28	16	12	13



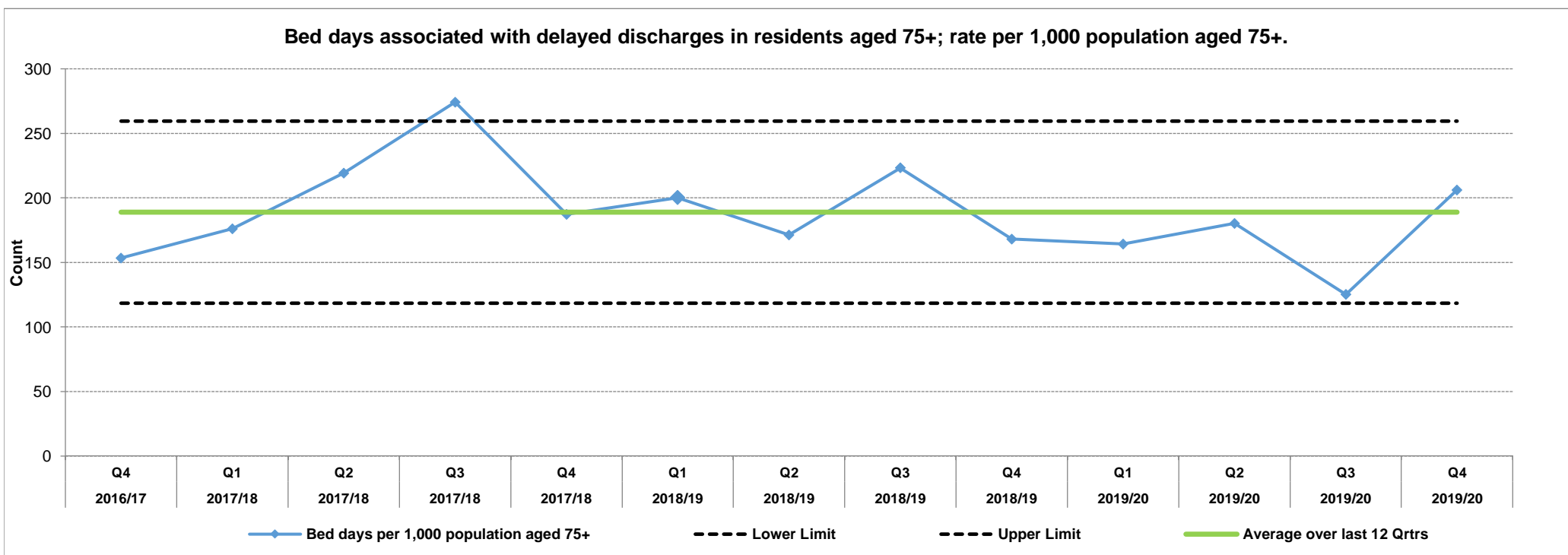
Please note the Delayed Discharge over 72 hours measurement has been implemented from April 2016.

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

	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	Q2 2019/20	Q3 2019/20	Q4 2019/20
Bed days per 1,000 population aged 75+	153	176	219	274	187	200	171	223	168	164	180	125	206





**How are we performing?**

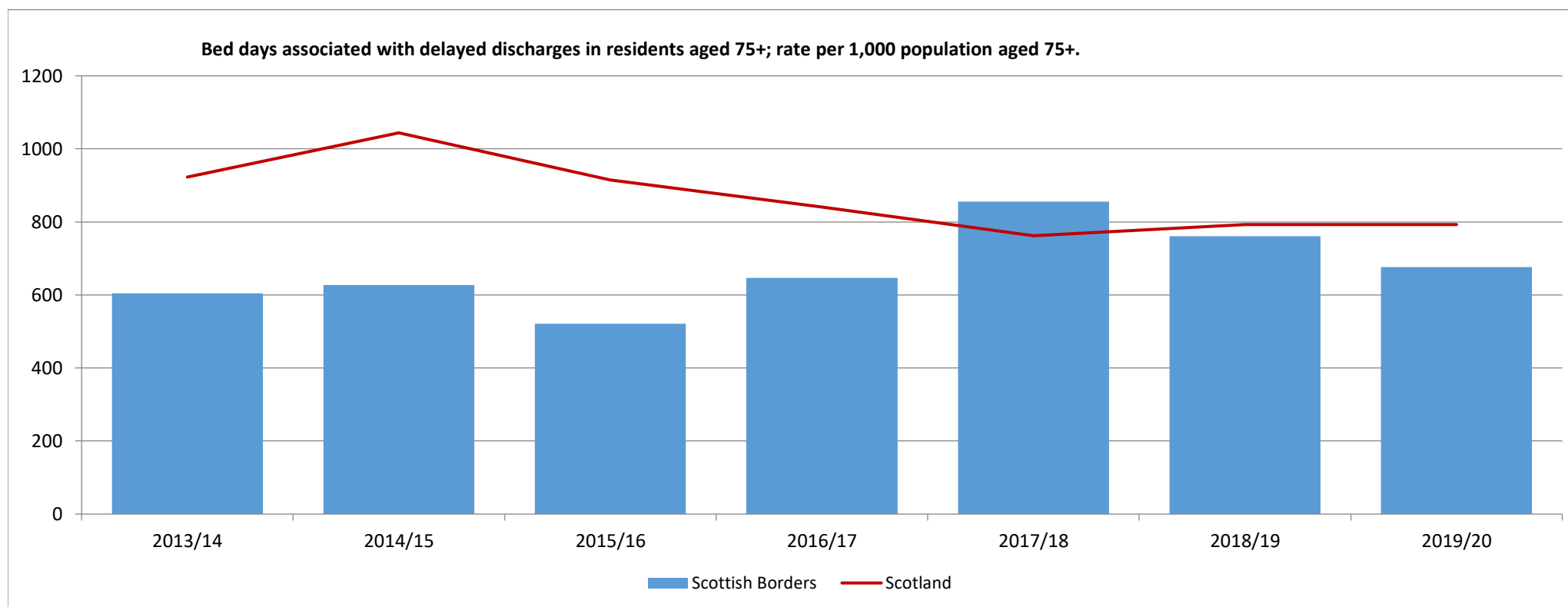
The rate of bed days associated with delayed discharges (75+) for quarter 3 of 2017/18 was higher than any previous quarter, increasing to over 250 per 1,000 residents for the first time. Quarter 3 for 18/19 had a similar spike to the same period the previous year, seeing the 2nd highest rate over the 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. The measure has an overall positive trend over the last 3 years, although, Q4 2019/20 shows a significant increase to 206 days, which is above the average and well above the 180 day target.

**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	2019/20
Scottish Borders	604	628	522	647	855	761	676
Scotland	922	1044	915	841	762	793	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 reduced in 2018/19 - when the Scottish average increased - and further reduced in 2019/20.

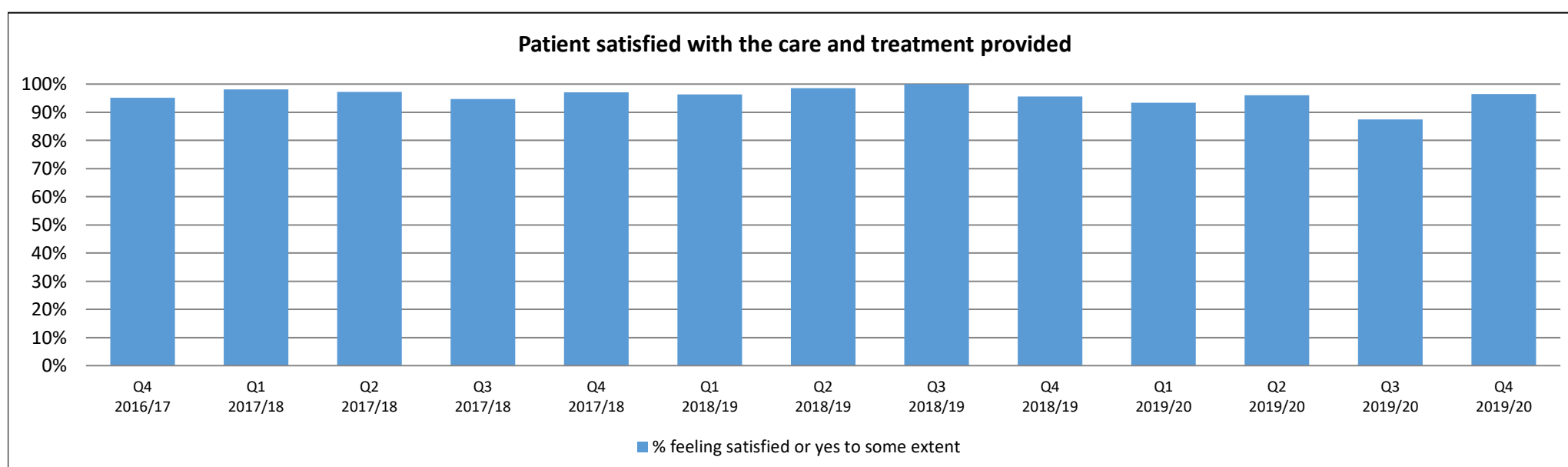
\*Please note definitional changes were made to the recording of delayed discharge information from 1 July 2016 onwards. Delays for healthcare reasons and those in non hospital locations (e.g. care homes) are no longer recorded as delayed discharges. In this indicator, no adjustment has been made to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

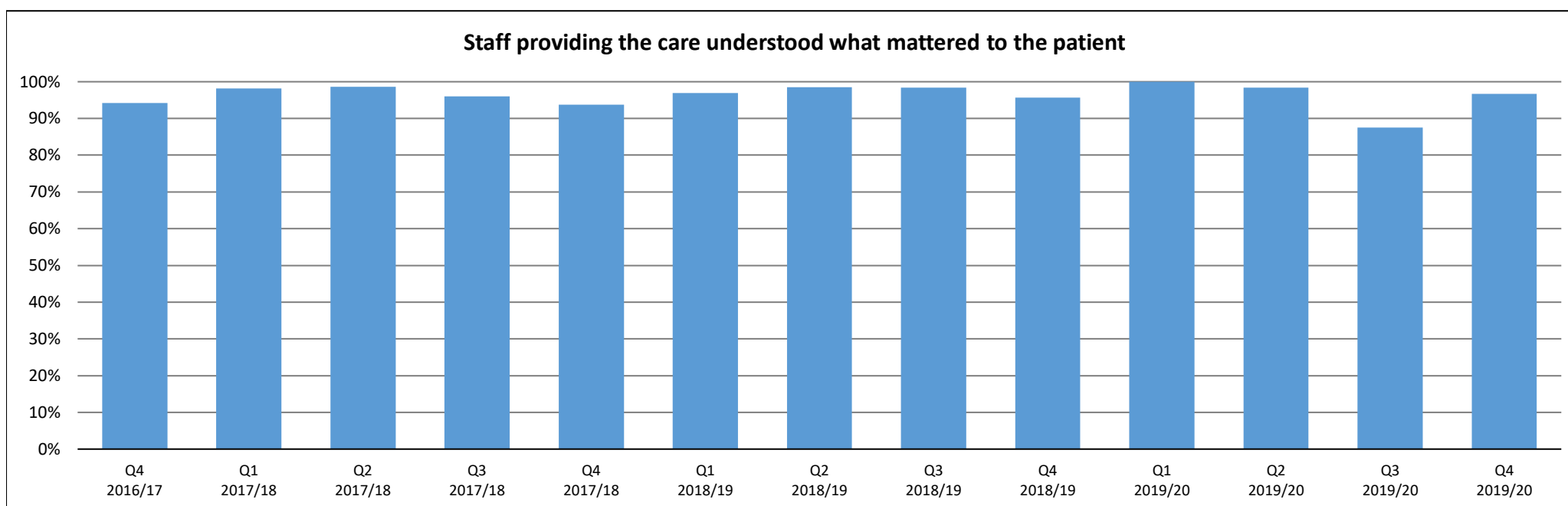
**Q1 Was the patient satisfied with the care and treatment provided?**

	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	Q2 2019/20	Q3 2019/20	Q4 2019/20
Patients feeling satisfied or yes to some extent	116	105	206	141	135	156	135	117	108	99	121	63	56
% feeling satisfied or yes to some extent	95.1%	98.1%	97.2%	94.6%	97.1%	96.3%	98.5%	100.0%	95.7%	93.4%	96.0%	87.5%	96.6%



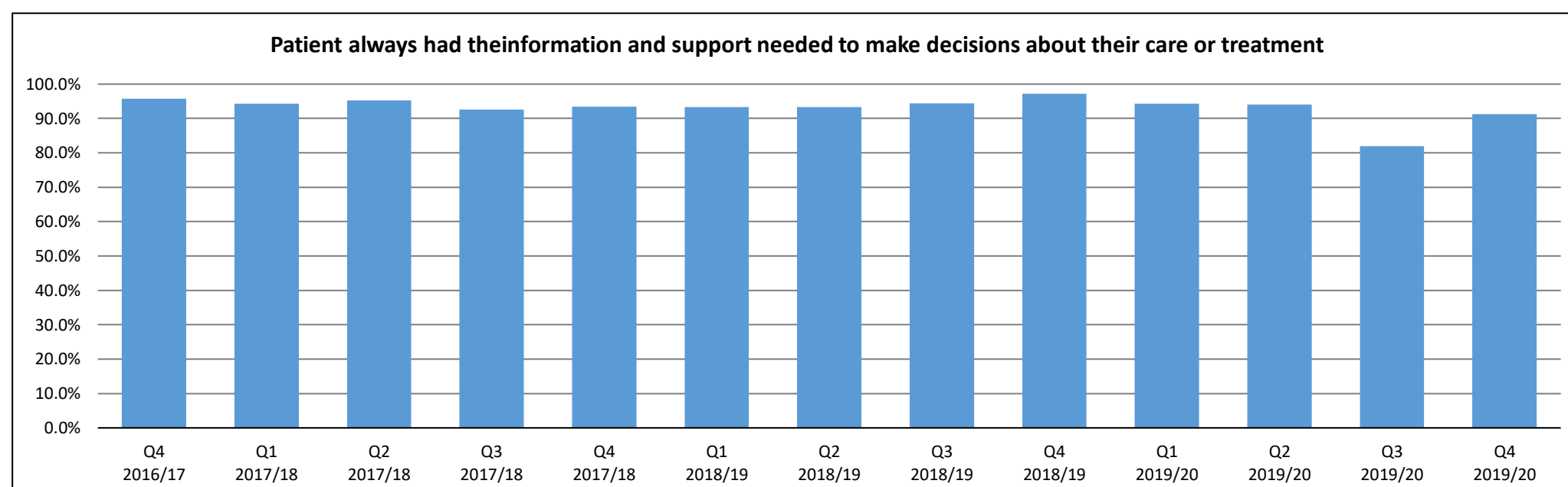
**Q2 Did the staff providing the care understand what mattered to the patient?**

	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	Q2 2019/20	Q3 2019/20	Q4 2019/20
Staff providing the care understood what mattered to the patient, or yes to some extent	113	105	213	144	135	158	136	119	110	106	125	63	59
% understood what mattered or yes to some extent	94.2%	98.1%	98.6%	96.0%	93.8%	96.9%	98.6%	98.3%	95.7%	100.0%	98.4%	87.5%	96.7%



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

	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	Q2 2019/20	Q3 2019/20	Q4 2019/20
Patients always had the information and support needed to make decisions about their care or treatment, or yes to some extent	111	99	200	137	129	141	125	101	102	100	110	59	52
% always had information or support, or yes to some extent	95.7%	94.3%	95.2%	92.6%	93.5%	93.4%	93.3%	94.4%	97.1%	94.3%	94.0%	81.9%	91.2%



**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.

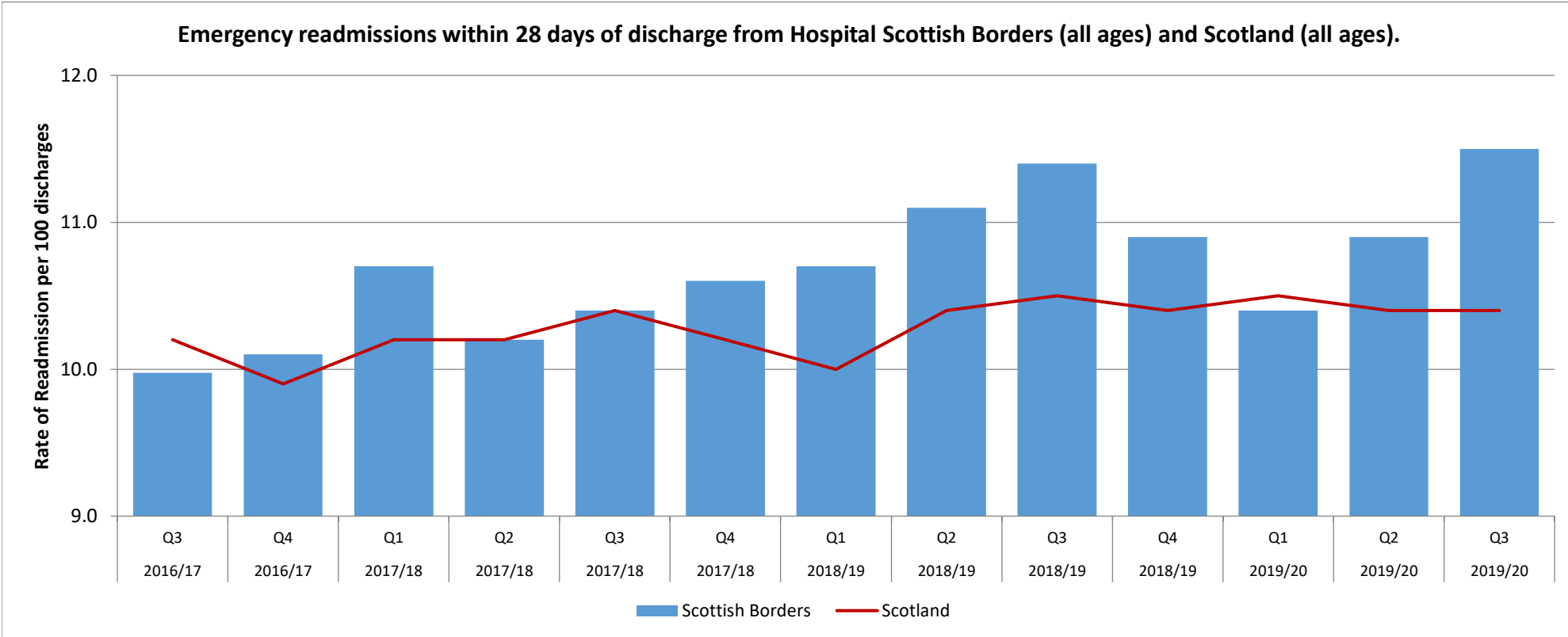
Overall, Borders scores well with an average 95.5% satisfaction rate. Patient satisfaction shows a positive trend over time and the latest overall average achieves the 95% target.

**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).

	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	Q2 2019/20	Q3 2019/20
Scottish Borders	10.0	10.1	10.7	10.2	10.4	10.6	10.7	11.1	11.4	10.9	10.4	10.9	11.5
Scotland	10.2	9.9	10.2	10.2	10.4	10.2	10.0	10.4	10.5	10.4	10.5	10.4	10.4



**How are we performing?**

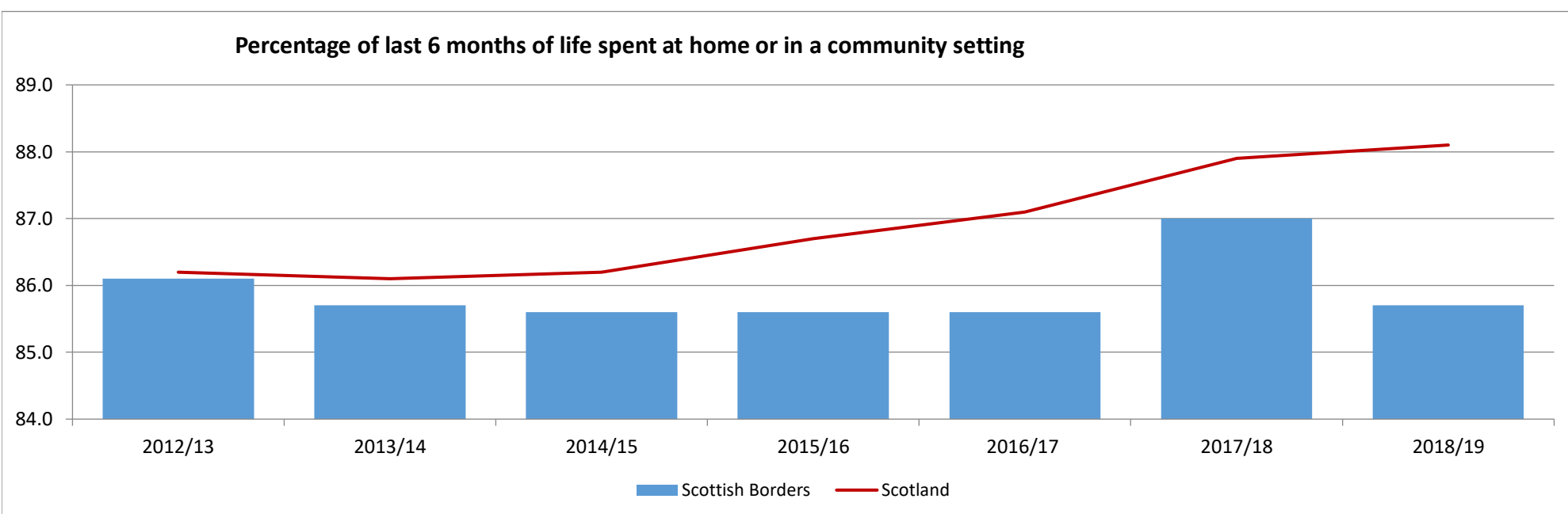
The quarterly rate of emergency readmissions within 28 days of discharge for Scottish Borders residents has fluctuated since the start of the 2016/17 financial year. There has been a notable increase in readmissions within 28 days of discharge since quarter three of 2016/17.

The Borders rate has usually been higher than the Scottish average and this trend continues. 2019/20 has seen a negative trend with an increasing pattern emerging across quarters 2 and 3. This followed a positive period where there was a reduction in readmission rates across the second half of 2018/19 and into Q1 of 2019/20. Q3 2019/20 has recorded the highest rate of readmissions in the last 3 years.

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

Source: Core Suite Indicator workbooks

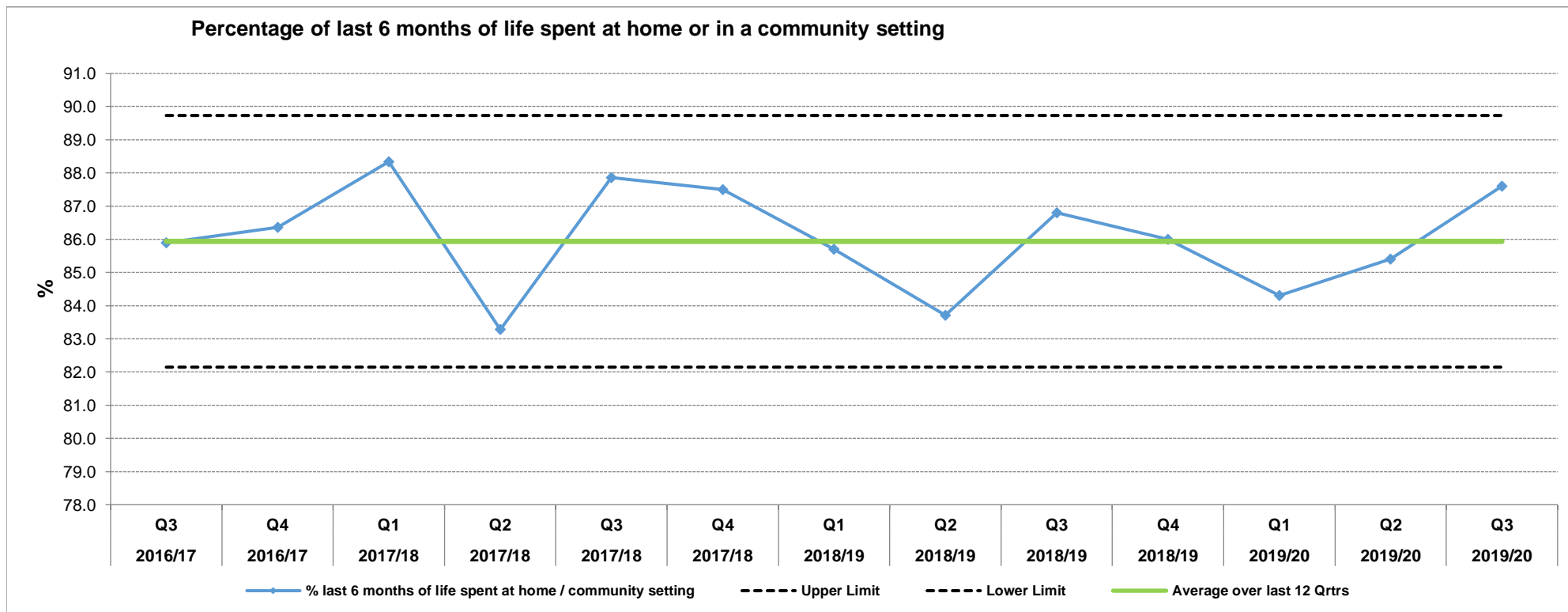
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Scottish Borders	86.1	85.7	85.6	85.6	85.6	87.0	85.7
Scotland	86.2	86.1	86.2	86.7	87.1	87.9	88.1



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

Source: Core Suite Indicator workbooks

	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	Q2 2019/20	Q3 2019/20
% last 6 months of life spent at home or in a community setting Scottish Borders	85.9	86.4	88.3	83.3	87.9	87.5	85.7	83.7	86.8	86.0	84.3	85.4	87.6



**How are we performing?**

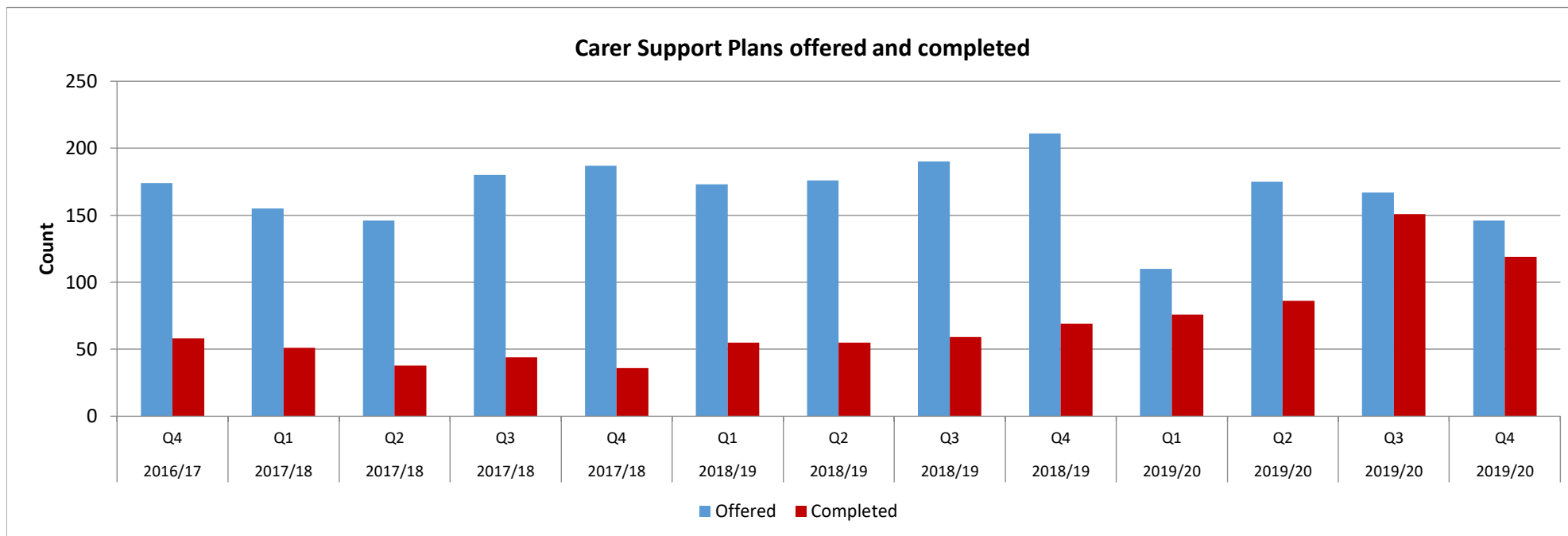
The percentage of last 6 months of life spent at home or in a community setting has appeared fairly consistent in the Borders from year to year since 2013/14 but in each case remains a little below the Scottish average which, in contrast, is gradually increasing.

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). In the most part, the % of people who spend the last 6 months at home or in a community setting is  $\geq 86\%$ . However, the measure displays a negative trend over the last 3 years.

**Carers offered and completed Carer Support Plans**

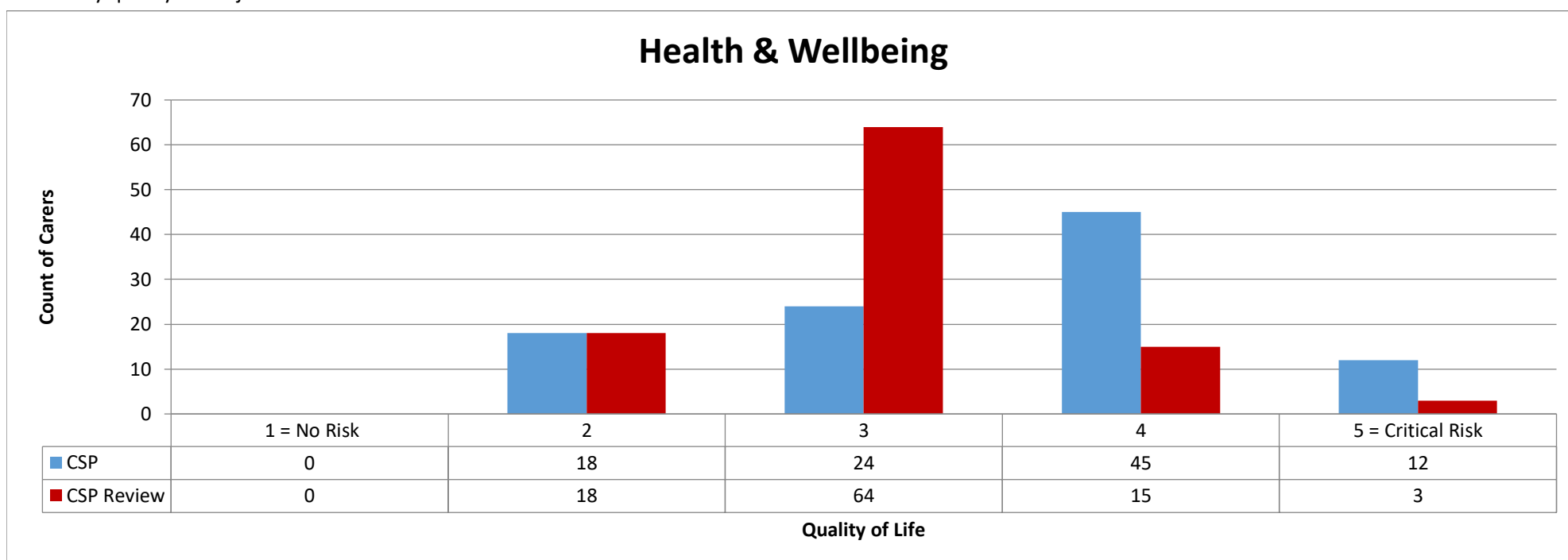
Source: Carers Centre

	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	Q2 2019/20	Q3 2019/20	Q4 2019/20
Carer Support Plans Offered	174	155	146	180	187	173	176	190	211	110	175	167	146
Carer Support Plans Completed	58	51	38	44	36	55	55	59	69	76	86	151	119



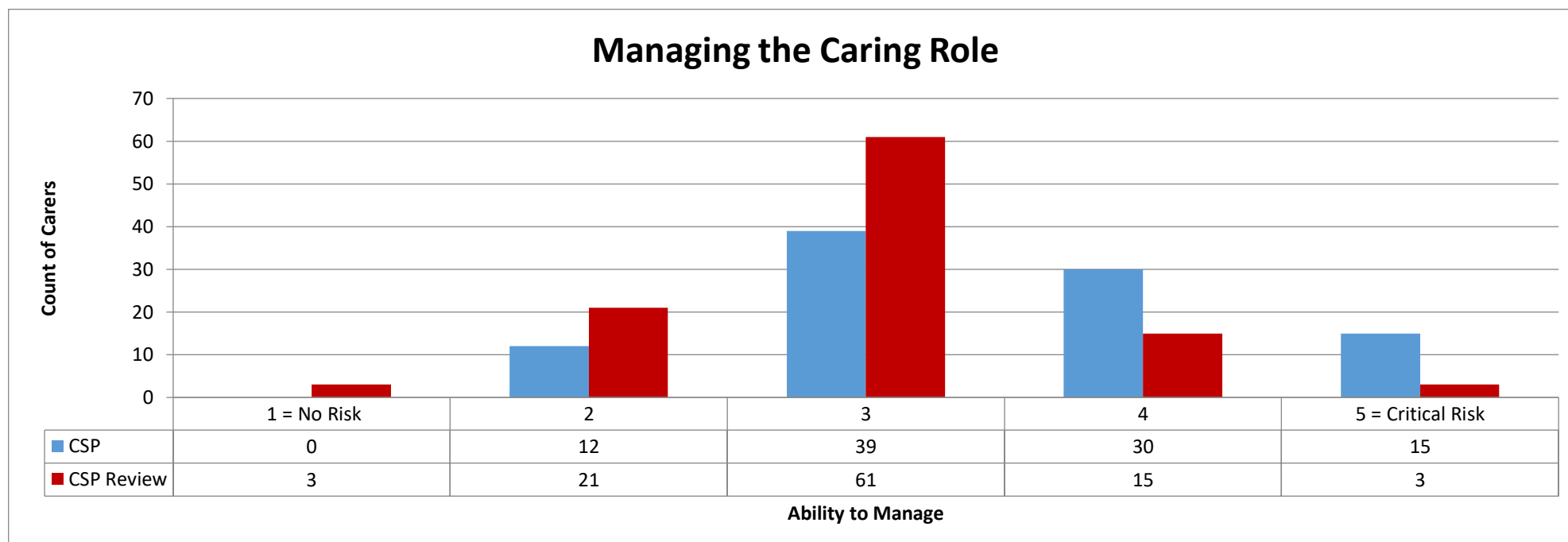
**Health and Wellbeing (Q4 2019/20)**

I think my quality of life just now is:



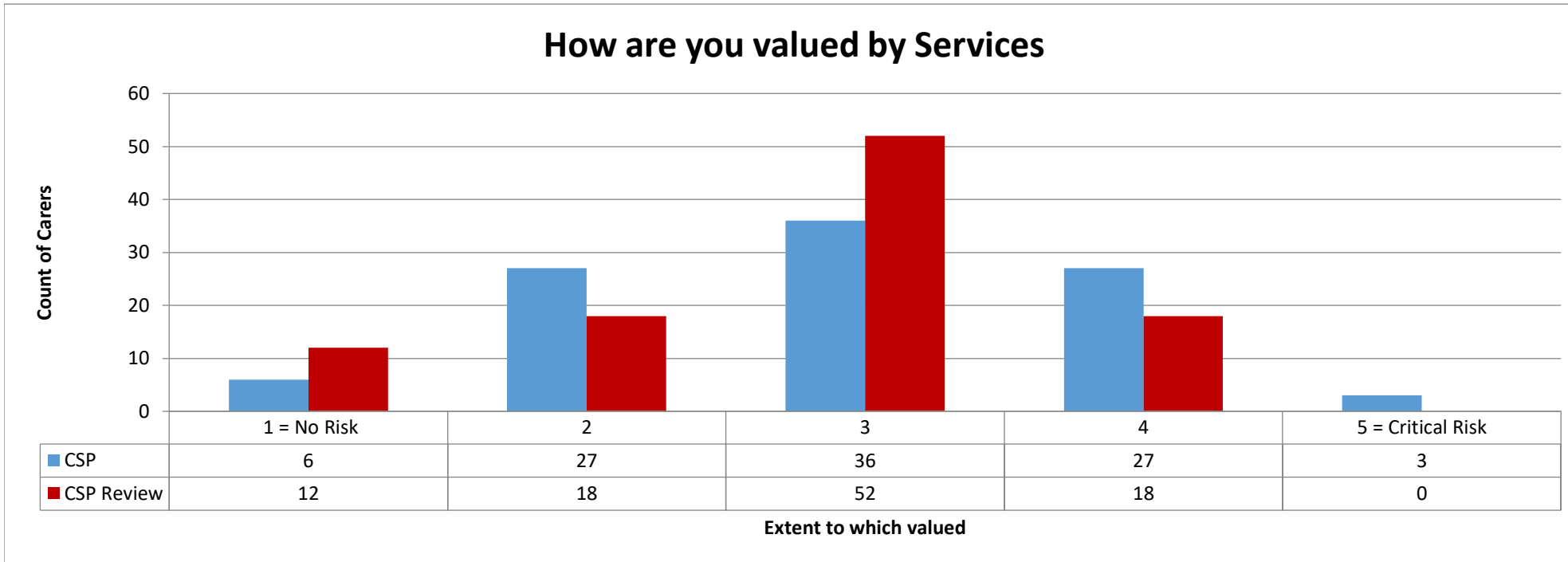
**Managing the Caring role**

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



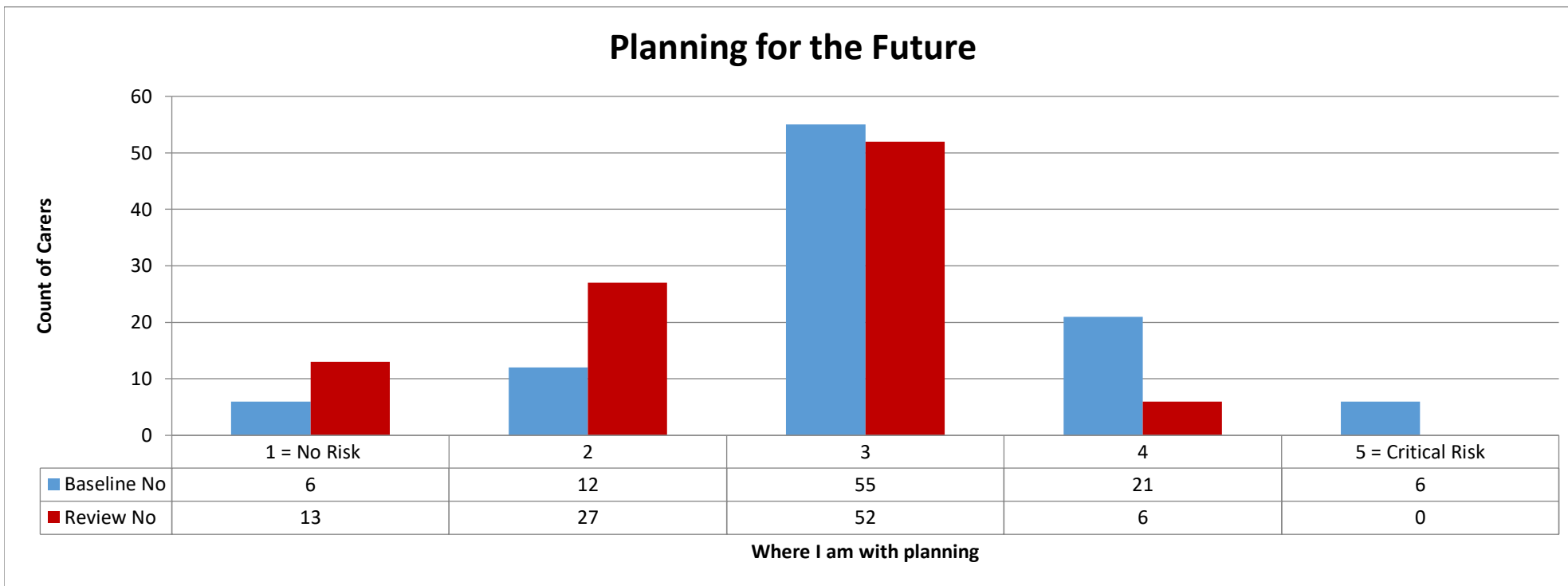
**How are you valued by Services**

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



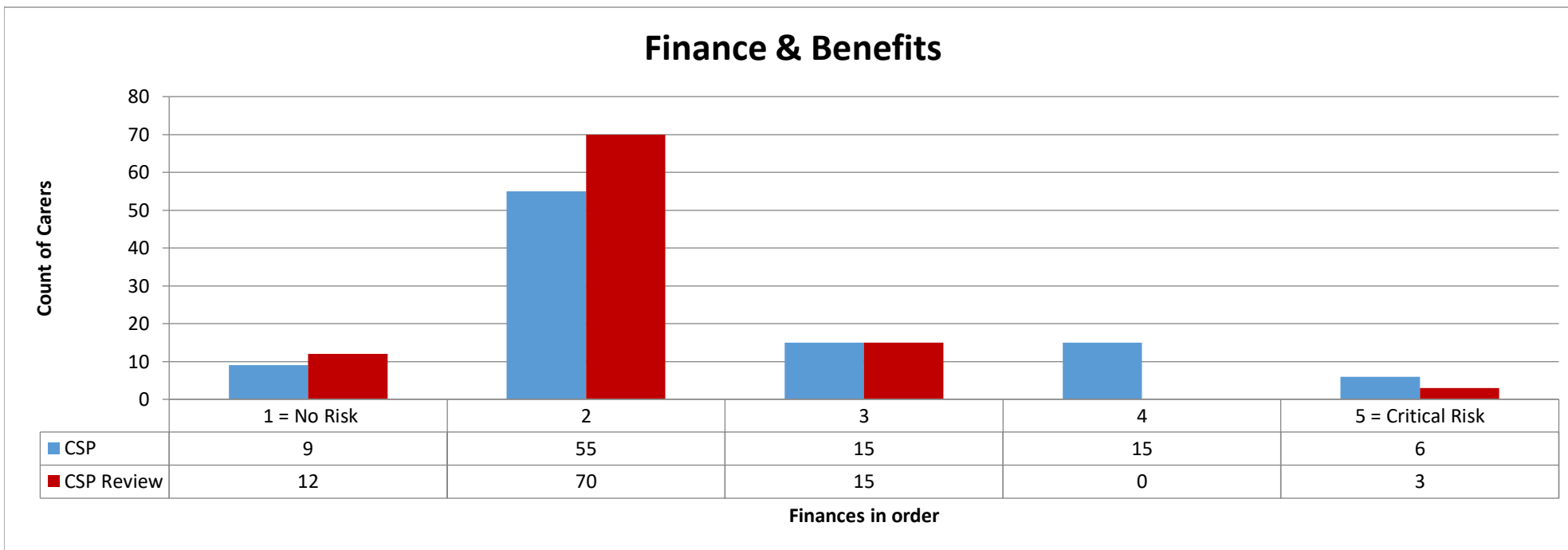
**Planning for the Future**

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?**

It is evident from the data above that there was a reduction in the number of Carer Support Plans (CSP) being offered in 2019/20 compared to the previous 2 years. However, the number of CSPs being completed has significantly increased and closes the gap that has been present between the number being offered and the number that were being completed. This would indicate a positive trend for 2019/20 and an assurance that Carers are receiving the support that is required. The number of completed CSPs has shown a gradual increase over the last 2 years.