

Scottish Borders Health & Social Care
Integration Joint Board



Meeting Date: 28th January 2019

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**QUARTERLY PERFORMANCE REPORT, JANUARY 2018
(DATA AVAILABLE AT END DECEMBER 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 December 2018. The report focuses on demonstrating progress towards the Health and Social Care Partnership's Revised Strategic Plan 2018 -2021
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Recommendations:	Health & Social Care Integration Joint Board is asked to: <ul style="list-style-type: none"> a) Note and approve any changes to performance reporting; b) Note the key challenges highlighted.
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Personnel:	<i>n/a</i>
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Carers:	<i>n/a</i>
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Equalities:	A comprehensive Equality Impact Assessment was completed as part of the strategic planning process. Performance information supports the strategic plan.
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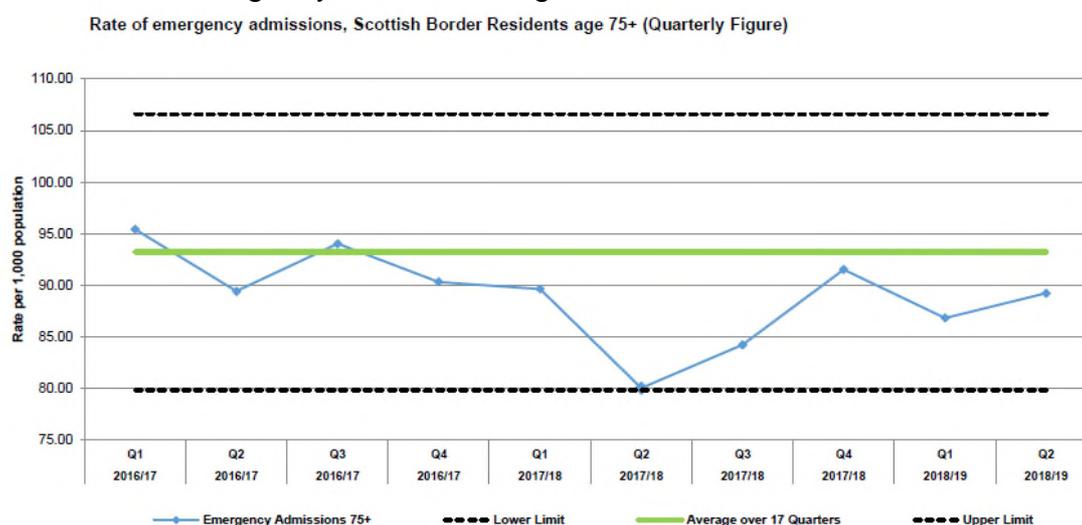
Financial:	<i>n/a</i>
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Legal:	<i>n/a</i>
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Risk Implications:	<i>n/a</i>
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Background

- 1.1 After a period of development, the Integration Performance Group (IPG) has established a set of high level indicators to report on to IJB, under the 3 objectives in the Health and Social Care Strategic Plan 2018 - 2021:
- keeping people healthy and out of hospital (*Objective 1*)
 - getting people out of hospital as quickly as possible (*Objective 2*)
 - building capacity within Scottish Borders communities (*Objective 3*)
- 1.2 Although the proposals are largely accepted by the IJB, it has been noted that the measures are very “hospital” focussed, something that the IPG is aware of. The measures selected however, are from robust, reliable data sources, and can (in most cases) be compared nationally which is of benefit to both the IJB and to services. As other robust sources become available, the IPG will ensure that any relevant measures are proposed to the IJB for inclusion in this report.
- 1.3 At the last IJB in October 2018, IJG members commented on the key and colour coding used to interpret the measures presented within Appendix 1, and asked that “red” be added to ensure that areas of concern were highlighted within the report. This has now been done and indicators will only be flagged as red if the position in Scottish Borders is consistently worsening over the last 6 Quarters *AND* is worse than Scotland.
- 1.4 On many of the charts in Appendix 2, a Statistical Process Control (SPC) approach has been used, showing upper and lower limits, as well as averages based on longer term data (usually at least 17 months). For example this is shown below on the chart for Emergency Admissions age 75+:



- 1.5 The assessment of each indicator therefore takes these factors into account in considering-
- how far each indicator deviates from the average
 - whether or not this was a “one off”
 - how close the indicator is to either upper or lower limits (and how long this has been the case)
 - how we compare to Scotland.

The IJB should note that this may vary slightly from the shorter term, operational assessment made, for example, for Clinical Boards within NHS Borders as the aim of the quarterly IJB performance reports is to show the impact of the H&SC Partnership over the longer term, as a result to more integrated working, and not to manage operational services on a day to day basis.

- 1.6 For the next quarter's performance report (April 2019), the IPG will explore further the SPC approach and define robustly the rules around the assessments of each indicator. However, the Performance Management Framework currently being developed by the IPG aims to build a culture focussed on longer term continuous improvement (i.e.) long-term trend, rather than focussing on whether an indicator is assessed as Red, Amber or Green over the short term. This Performance Management Framework will be brought to the IJB early in 2019.
- 1.7 The IPG 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.
- 1.8 There are two appendices to this report:

Appendix 1 provides a very high level, "at a glance" summary for EMT and the IJB. This is aligned with the revised Strategic Plan;

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

Summary of Performance

- 2.1 The rate of **emergency hospital admissions (all ages)**, has changed little over the last 4 quarters but the rate for those **over 75 years** has increased (this though, remains below the National rate).
- 2.2 The **balance of spend** is now moving in a positive direction, with 21% of health and care resource spent on *hospital stays* where the patient was admitted as an emergency (persons aged 18+). This is down from 23.7% at the end of 2017/18. This is aligned to the aims of integration.
- 2.3 Once again Borders has demonstrated a positive trend in relation to **A&E waiting times**. September 2018 (96.1%) exceeded the 95% target over the last few months, exceed the 95%, with October 2018 (94.4%) just below target. The actual **number of attendances at A&E** remains consistent at approx. 7,500 attendances per quarter.
- 2.4 The **quarterly occupied bed day rates for emergency admissions** in Scottish Borders *residents age 75+* have fluctuated over the last 4 quarters, and over the longer term, this indicator oscillates above and below the 17 quarter average - it has been rated "amber" and is therefore "one to watch".

- 2.5 Encouragingly, since Q2 2017/18, the quarterly **rate of bed days associated with delayed discharges** is showing a downward (positive) trend, and now sits at 175 bed days per 1,000 population age 75+. Borders remains higher than Scotland and this remains a key area of focus for the H&SC Partnership.
- 2.6 The **% of patients satisfied** with care, staff & information in BGH and Community hospitals remains high. This data is taken from the “*2 minutes of your time*” survey done at BGH and community hospitals.
- 2.7 **Quarterly rate of emergency readmissions within 28 days of discharge** for Scottish Borders residents has fluctuated over the longer term, and now sits at 11 per 100 discharges from hospital and has increased slightly over the last 4 quarters (from 10.3 to 11.0). This is higher than the Scottish average but the gap has narrowed due, in part, to improvements in the accuracy of NHS Borders data coding.
- 2.8 Scottish Borders quarterly data has been provided in relation to **end of life care**. The data is erratic on a quarter by quarter basis, with no distinct trend emerging, however data is within the upper and lower limits.
- 2.9 The **outcomes for carers** remains positive, when looking at the change between baseline assessment and review.
- 2.10 The revised Strategic Plan 2018-21 and its Implementation Plan provide more details on actions and timescales, many of which go beyond 2019 due to their transformational nature.
- 2.11 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. This work will be overseen by the IPG.

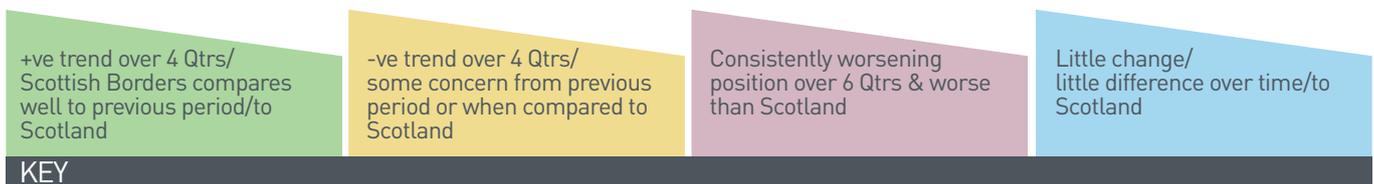


CHANGING HEALTH & SOCIAL CARE FOR YOU

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

SUMMARY OF PERFORMANCE FOR INTEGRATION JOINT BOARD JANUARY 2019

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 December 2018**. A number of annual measures that have been updated recently are included in the [Annual Performance Report 2017/18](#)



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) 27.1 admissions per 1,000 population (July - September 2018) Little change over 4 Qtrs Similar to Scotland	EMERGENCY HOSPITAL ADMISSIONS (BORDERS RESIDENTS AGE 75+) 89.2 admissions per 1,000 population Age 75+ (July - September 2018) -ve trend over 4 Qtrs Lower than Scotland	ATTENDANCES AT A&E 7,547 attendances (July - September 2018) Little change over 4 Qtrs Trend similar to Scotland	£ ON EMERGENCY HOSPITAL STAYS 21.2% of total health and care resource , for those Age 18+ was spent on emergency hospital stays (July - September 2018) +ve trend over 4 Qtrs Lower than Scotland
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Main Challenges

The rate of emergency admissions has fluctuated over the last 4 quarters, but over the longer term is showing a downwards (positive) trend. The rate of emergency admissions for Scottish Borders (SB) residents aged 75+ has generally been decreasing over the longer term but there has been an increase over the last 4 quarters. Number of attendances at A&E remains around 7500 per quarter. In relation to spend on emergency hospital stays, Borders has consistently performed slightly better than Scotland and there is now a downward (positive) trend and we are back to one of the lowest levels since the beginning of 2016/17. As with other Health and Social Care Partnerships, we are expected to work to reduce the relative proportion of spend attributed to unscheduled stays in hospital.

Our plans during 2019 to support this objective

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



OBJECTIVE 2

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

A&E WAITING TIMES (TARGET = 95%)	NO. OF OCCUPIED BED DAYS* FOR EMERGENCY ADMISSIONS (AGES 75+)	RATE OF OCCUPIED BED DAYS* FOR EMERGENCY ADMISSIONS (AGES 75+)	NUMBER OF DELAYED DISCHARGES ("SNAPSHOT" TAKEN 1 DAY EACH MONTH)	RATE OF BED DAYS ASSOCIATED WITH DELAYED DISCHARGE
94.4% of people seen within 4 hours (October 2018)	12,356 bed days for admissions of people aged 75+ (July - September 2018)	1,032 bed days per 1000 population Age 75+ (July - September 2018)	23 over 72 hours 15 over 2 weeks (October 2018)	175 bed days per 1,000 population Aged 75+ (July - September 2018)
+ve trend over 4 Qtrs (just below 95% target) Higher than Scotland	-ve trend over 4 Qtrs	-ve trend over 4 Qtrs Lower than Scotland (although see note*)	-ve trend over 4 Qtrs	+ve trend over 4 Qtrs 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				(July - September 2018)
SATISFACTION WITH CARE & TREATMENT	98.5%	STAFF UNDERSTANDING OF WHAT MATTERED	98.6%	PATIENTS HAD INFO AND SUPPORT NEEDED
+ve trend over 4 Qtrs		+ve trend over 4 Qtrs		93.3%
				Little change over 4 Qtrs

Main Challenges

Improving trend in relation to A&E waiting times, with the 95% target exceeded in September. Borders is now considerably higher than Scotland (89.4%). Quarterly occupied bed day rates for emergency admissions in SB residents age 75+ have fluctuated over time but are lower than the Scottish averages (although see note above*). Quarterly rate of bed days associated with delayed discharges now down to 175 in Q2 18/19, which is positive. The % of patients satisfied with care, staff & information in BGH and Community hospitals remains high.

Our plans during 2019 to support this objective

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

OBJECTIVE 3

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

EMERGENCY READMISSIONS WITHIN 28 DAYS (ALL AGES)	END OF LIFE CARE	CARERS OFFERED SUPPORT PLANS V COMPLETE	SUPPORT FOR CARERS: change between baseline assessment and review. Improvements in self- assessment
11 per 100 discharges from hospital were re-admitted within 28 days (July - September 2018)	84.2% of people's last 6 months was spend at home or in a community setting (July - September 2018)	176 offered 55 completed (July - September 2018)	Health and well-being Managing the caring role Feeling valued Planning for the future Finance & benefits (July - September 2018)
-ve trend over 4 Qtrs Higher than Scotland	-ve trend over 4 Qtrs Similar to Scotland	Little change over 4 Qtrs	+ve impact

Main Challenges

Quarterly rate of emergency readmissions within 28 days of discharge for SB residents is now 11 and has increased from just under 10 during 2016/17. SB data in relation to end of life care has been provided quarterly - the national comparator is annual data. Latest available data for Carers shows an increase in completed assessments & Carer support plans.

Our plans during 2019 to support this objective

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



Scottish Borders
Health and Social Care
PARTNERSHIP

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

SUMMARY OF PERFORMANCE:
DATA AVAILABLE AT END DECEMBER 2018

Structured Around the 3 Objectives in the Revised Strategic Plan

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

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

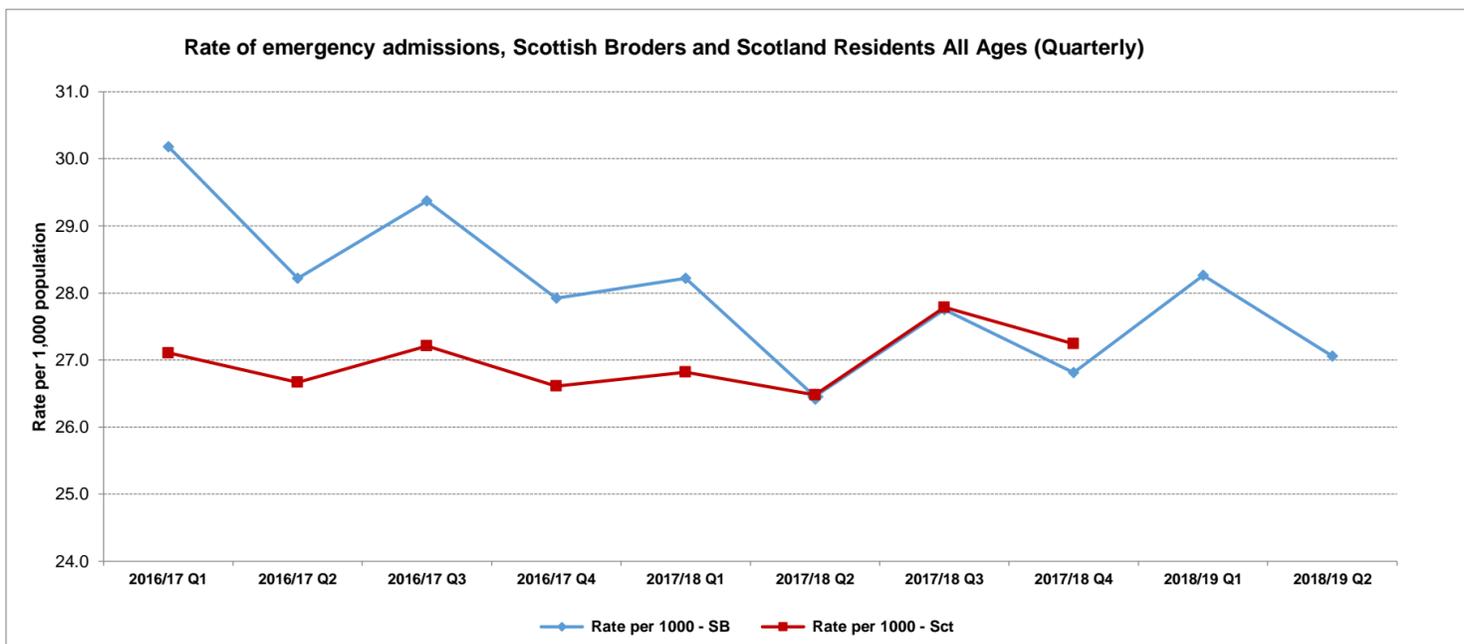
Objective 3: We will improve the capacity within the community for people who have been in receipt of health and social care services to manage their own conditions and support those who care for them

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

Emergency Admissions, Scottish Borders residents All Ages

Source: MSG Integration Performance Indicators workbook (SMR01 data)

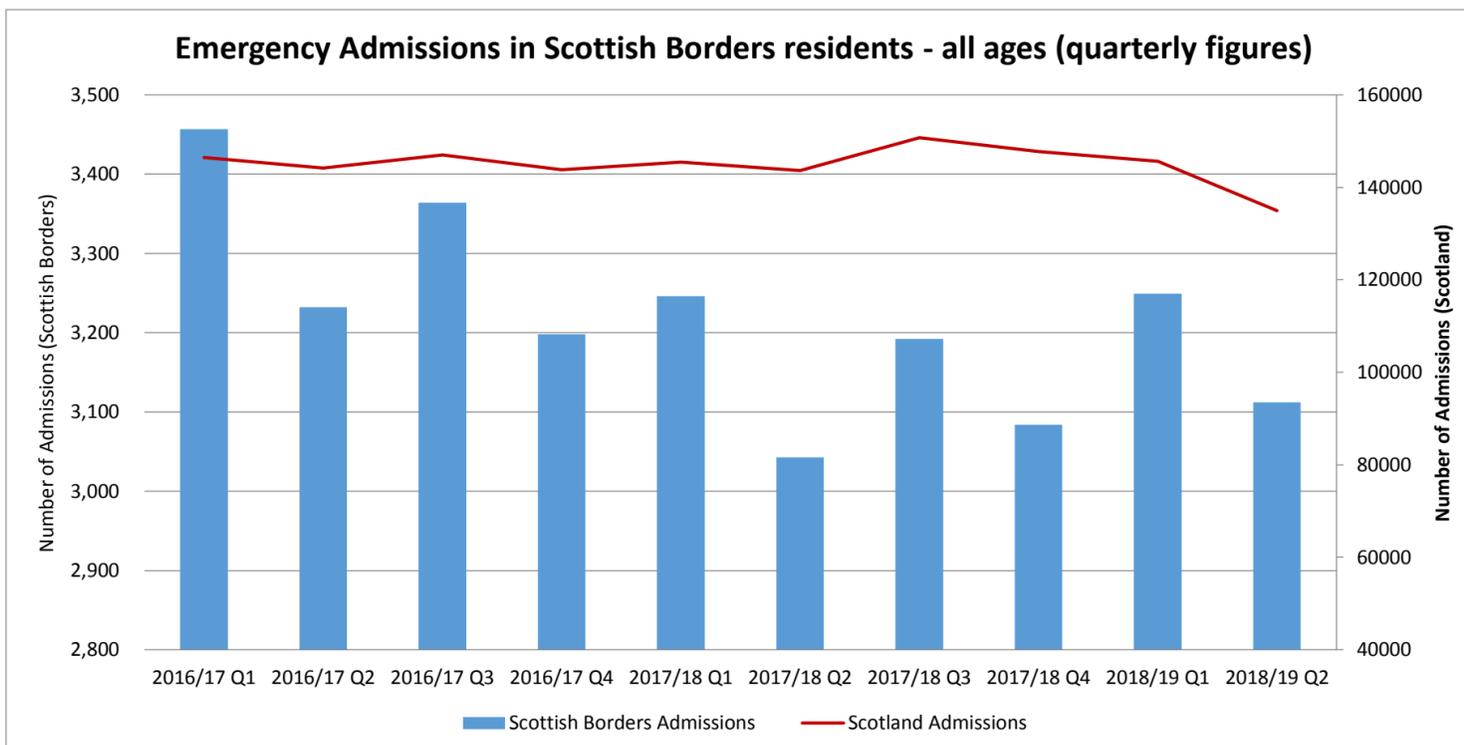
	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
Scottish Borders - Rate of Emergency Admissions per 1,000 population All Ages	30.2	28.2	29.4	27.9	28.2	26.5	27.8	26.8	28.3	27.1
Scotland - Rate of Emergency Admissions per 1,000 population All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



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
Scottish Borders Emergency Admissions - All Ages	3,457	3,232	3,364	3,198	3,246	3,043	3,192	3,084	3,249	3,112
Scotland Emergency Admissions - All Ages	146,501	144,134	147,501	143,831	145,495	143,649	150,739	147,780	145,673	134,958



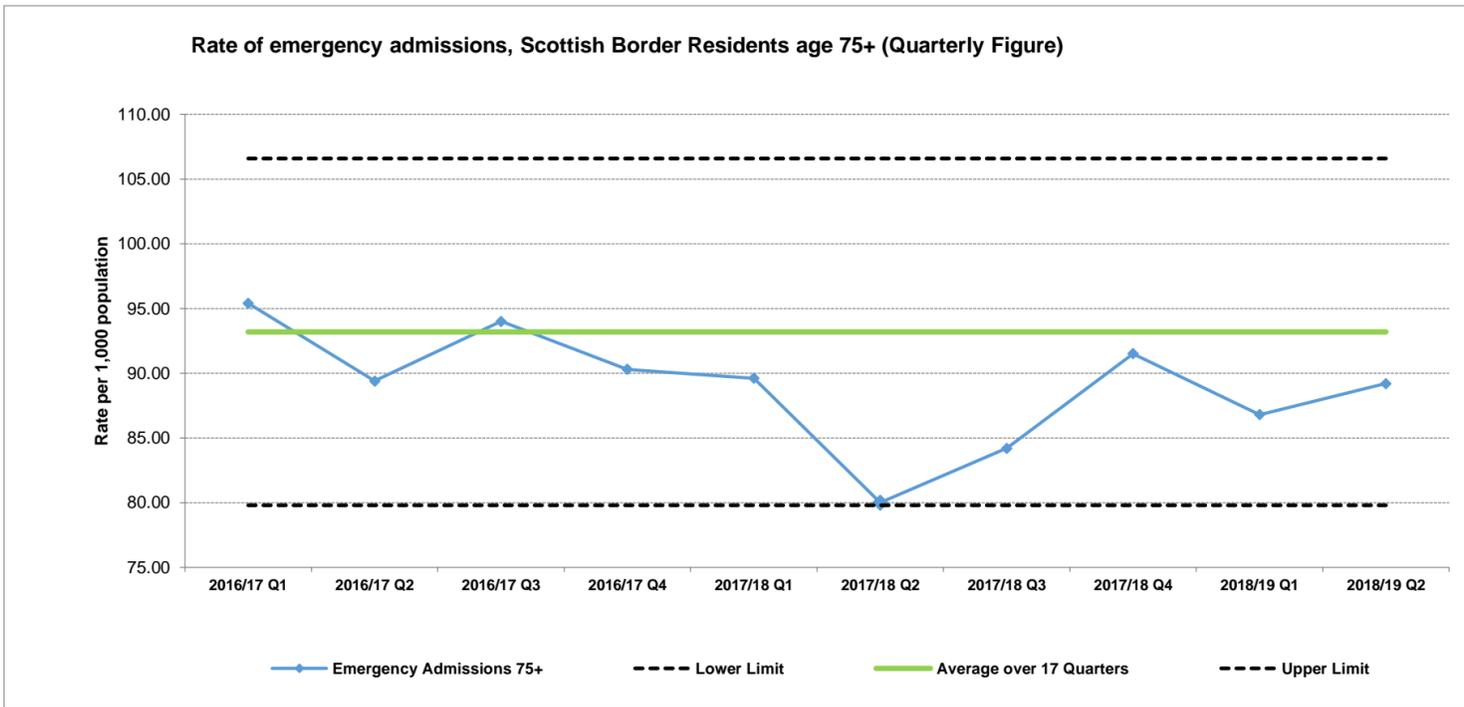
How are we performing?

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 around 27 by the end of the second quarter in 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 in the first two quarters of 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 2017/18 are published for Scotland, we will be able to show the Scotland comparators in these performance reports. **Please note, Q1 & Q2 2018/19 Scotland Admissions figures are affected by data completeness - these figures are likely to alter in future updates.**

Emergency Admissions, Scottish Borders residents age 75+

Source: NSS Discovery (SMR01 data)

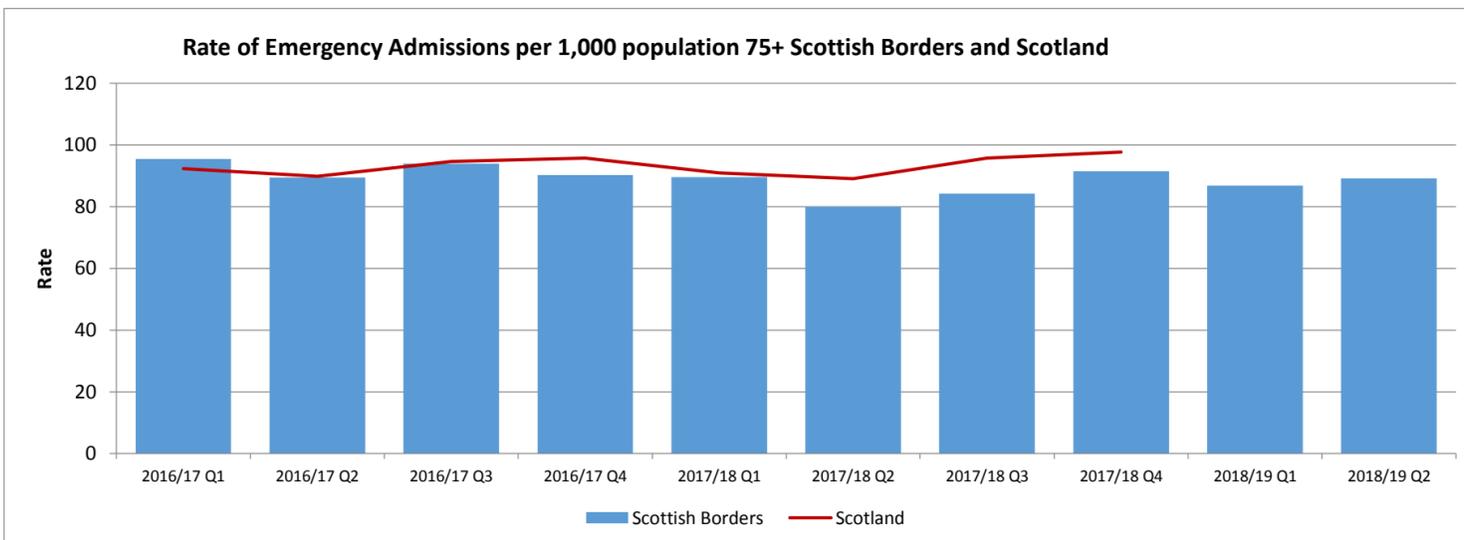
	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
Number of Emergency Admissions, 75+	1,125	1,054	1,107	1,065	1,074	959	1,009	1,096	1,040	1,069
Rate of Emergency Admissions per 1,000 population 75+	95.4	89.4	94.0	90.4	89.6	80.0	84.2	91.5	86.8	89.2



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

Source: NSS Discovery (SMR01 data)

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
Rate of Emergency Admissions per 1,000 population 75+ Scottish Borders	95.4	89.4	94.0	90.3	89.6	80.0	84.2	91.5	86.8	89.2
Rate of Emergency Admissions per 1,000 population 75+ Scotland	92.3	89.8	94.7	95.8	90.9	89.1	95.8	97.7	-	-



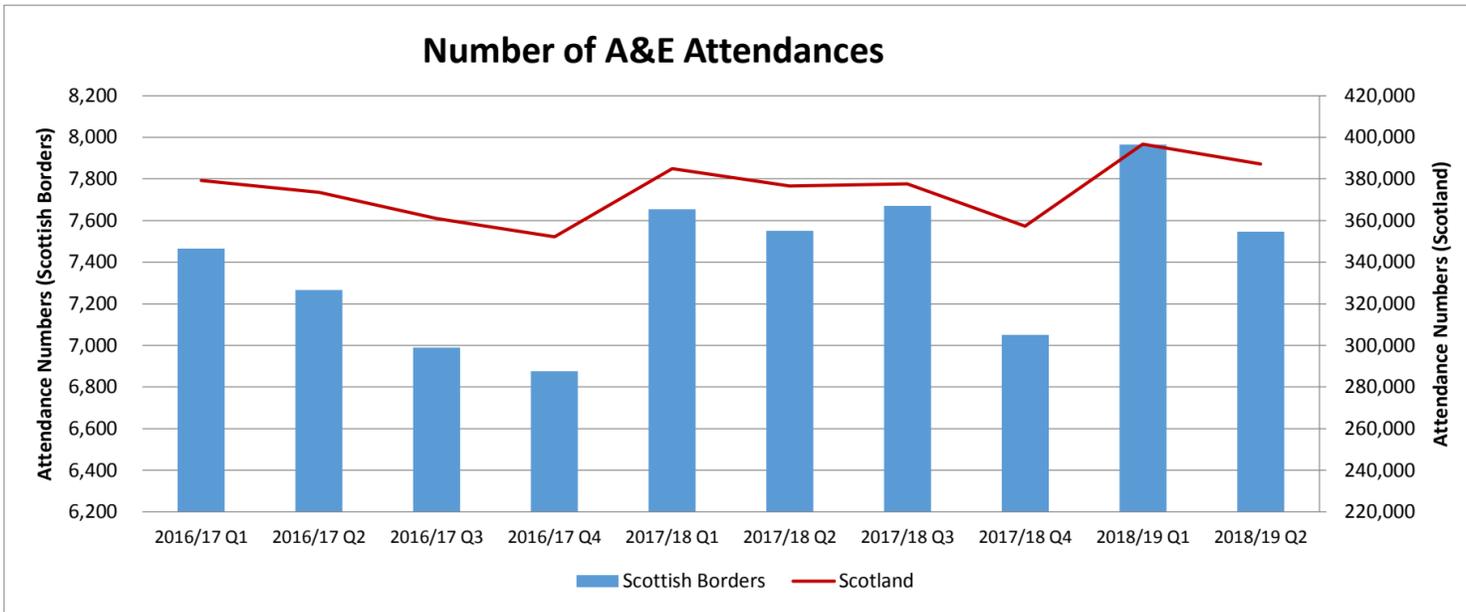
How are we performing?

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 consistently lower than the Scottish average since the second quarter of 2016/17 (July-Sept 2016).

Number of A&E Attendances

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

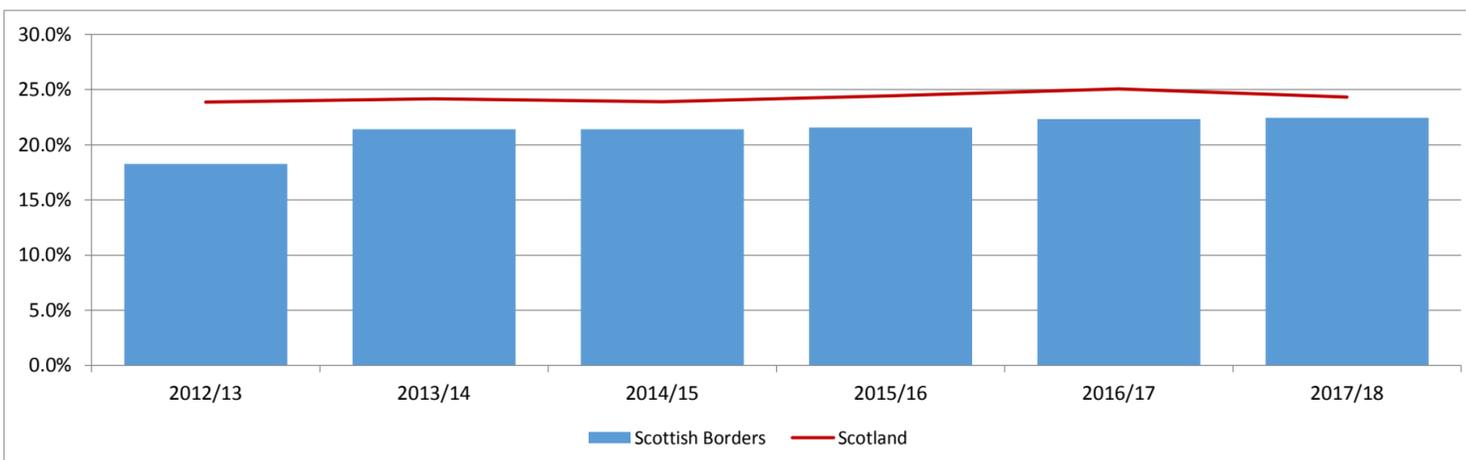
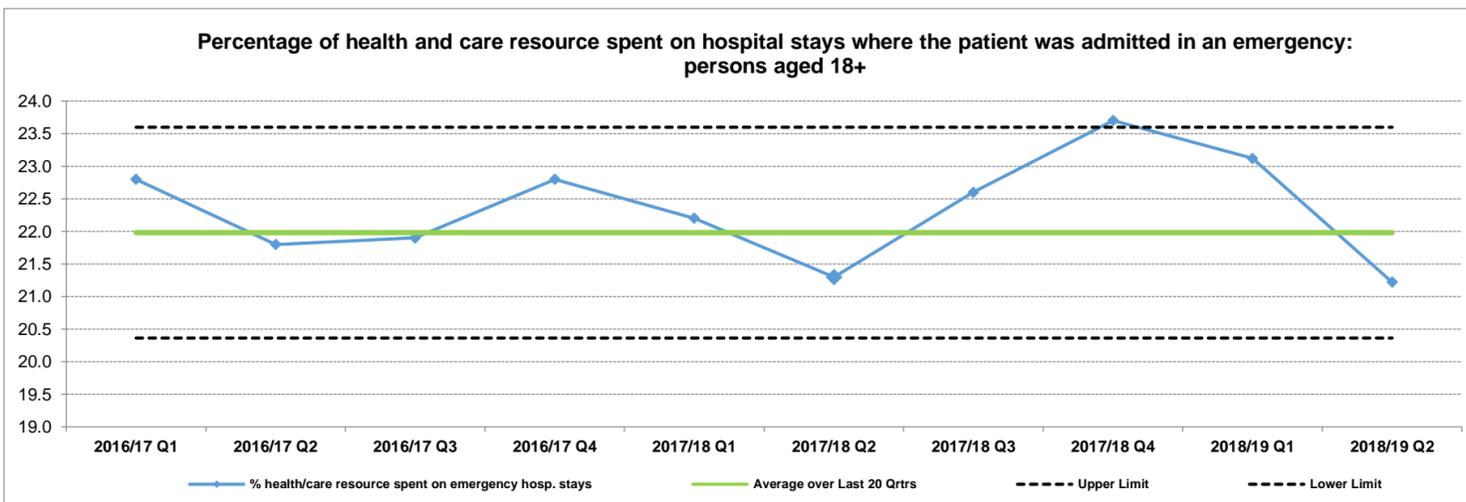
	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
Number of Attendances, Scottish Borders	7,465	7,266	6,989	6,876	7,655	7,550	7,670	7,051	7,966	7,547
Number of Attendances, Scotland	379,254	373,584	360,953	352,210	384,898	376,666	377,588	357,401	396,748	387,218



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
% 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	23.1	21.2



How are we performing?

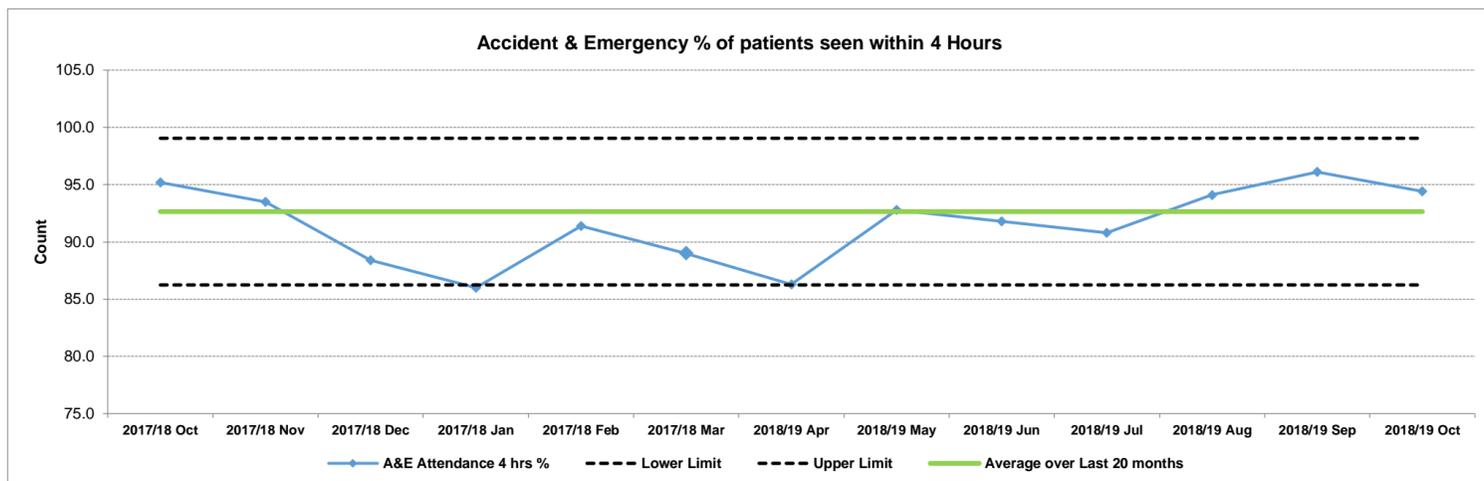
The percentage of health and social care resource spent on unscheduled hospital stays has seen an overall decrease since the first quarter of 2016/17. This spiked at the end of the 2017/18 financial year although has been decreasing over the first two quarters of this financial year (2018/19). As with 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.

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-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Number of A&E Attendances seen within 4 hours	2599	2405	2624	2395	2143	2455	2546	2747	2793	2812	2745	2630	2726
% A&E Attendances seen within 4 hour	95.2%	93.5%	88.4%	86.0%	91.4%	89.0%	86.3%	92.8%	91.8%	90.8%	94.1%	96.1%	94.4%



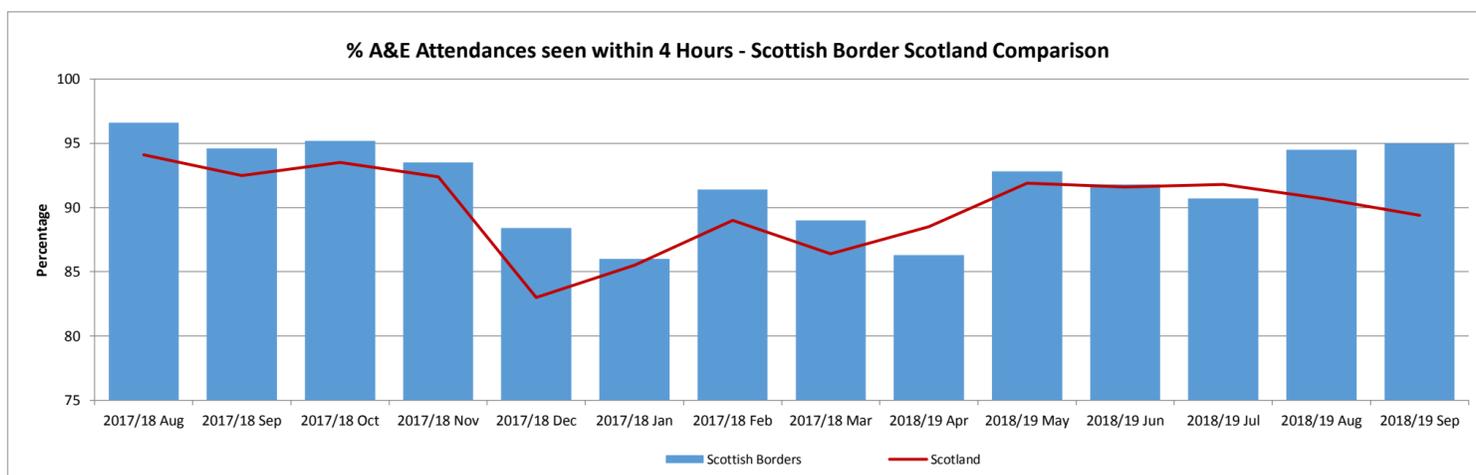
How are we performing?

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 in June, July, August and October of 2017. In 2018 it has been achieved in September. 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: MSG Integration Performance Indicators workbook (A&E2 data) / ISD Scotland ED Activity and Waiting Times publication

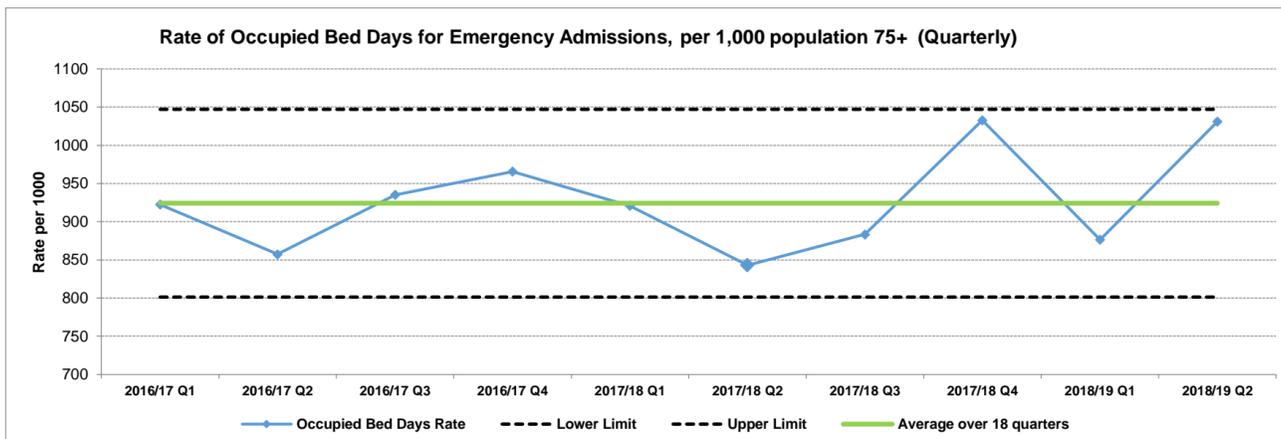
	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
% A&E Attendances seen within 4 hour Scottish Borders	94.6%	95.2%	93.5%	88.4%	86.0%	91.4%	89.0%	86.3%	92.8%	91.8%	90.7%	94.5%	95.0%
% A&E Attendances seen within 4 hour Scotland	92.5%	93.5%	92.4%	83.0%	85.5%	89.0%	86.4%	88.5%	91.9%	91.6%	91.8%	90.7%	89.4%



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

Source: NSS Discovery (SMR01 data)

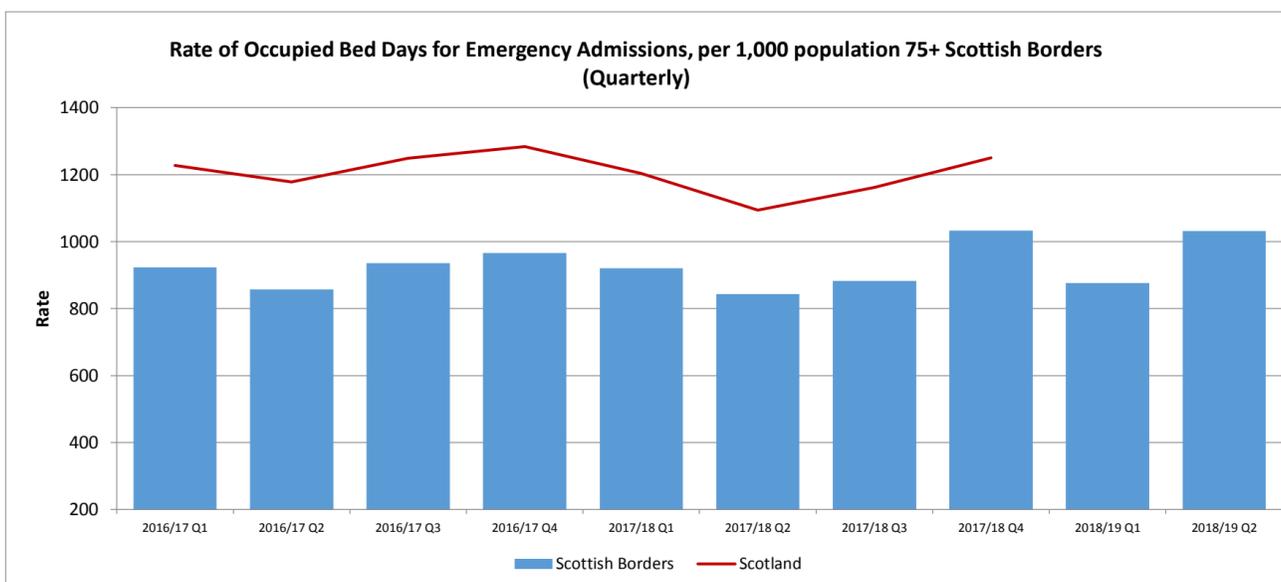
	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
Number of Occupied Bed Days for emergency Admissions, 75+	10877	10109	11028	11387	11035	10103	10582	12377	10523	12356
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+	922	857	935	966	921	843	883	1033	876	1031



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

Source: NSS Discovery (SMR01 data)

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scottish Borders	922	857	935	965	921	843	883	1033	876	1032
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scotland	1227	1178	1248	1284	1203	1094	1161	1250	-	-



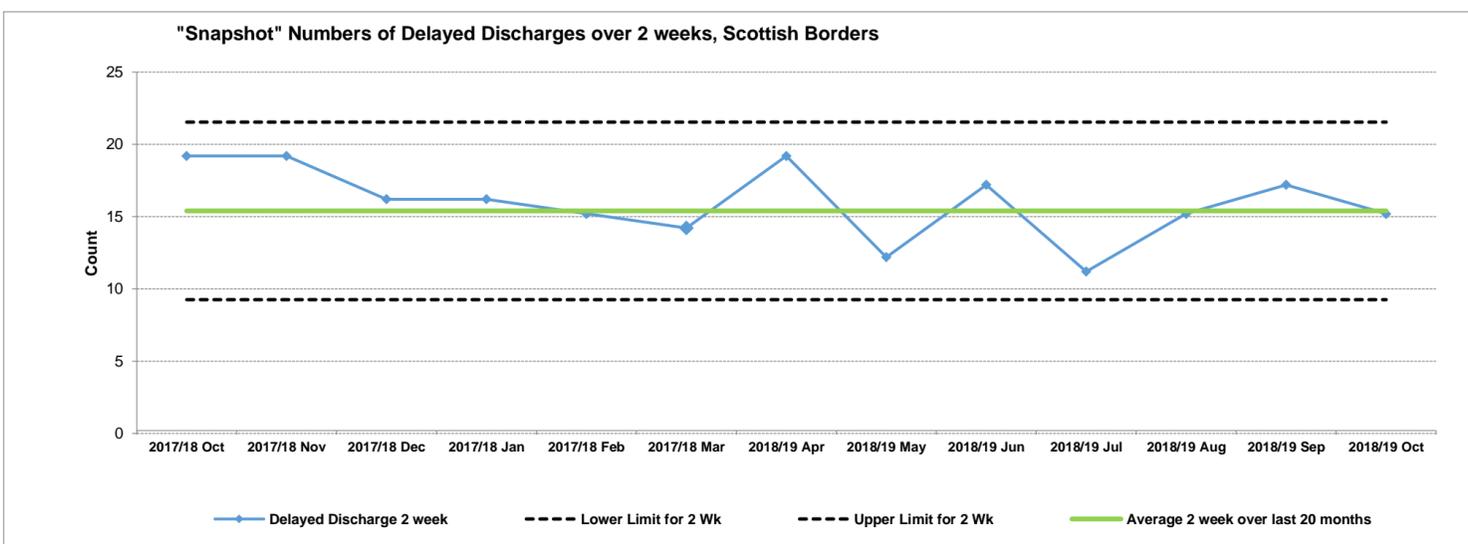
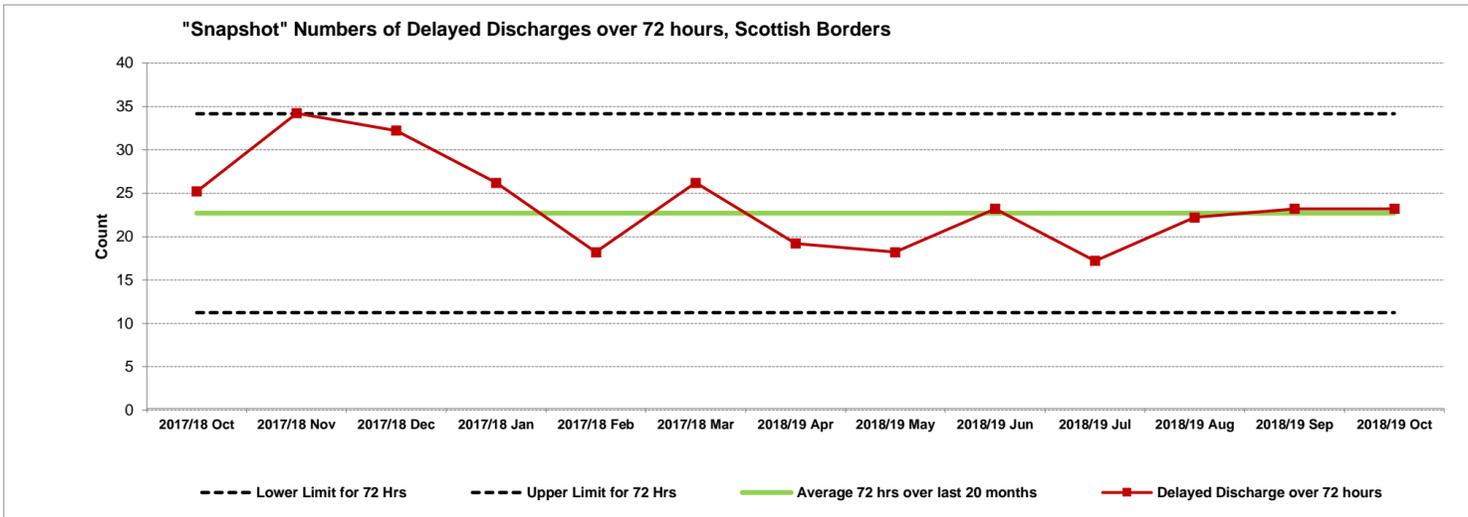
How are we performing?

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 and has seen an overall increase since quarter one of 2016/17. This mirrors the trend of the Scottish average, which also shows a slight overall increase since the first quarter of 2016/17. It should be noted that this nationally-derived measure does not include bed-days in the four Borders' Community Hospitals, which will be at least part of the reason for the Borders rates appearing lower than the national averages.

Delayed Discharges (DDs)

Source: EDISON/NHS Borders Trakcare system

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



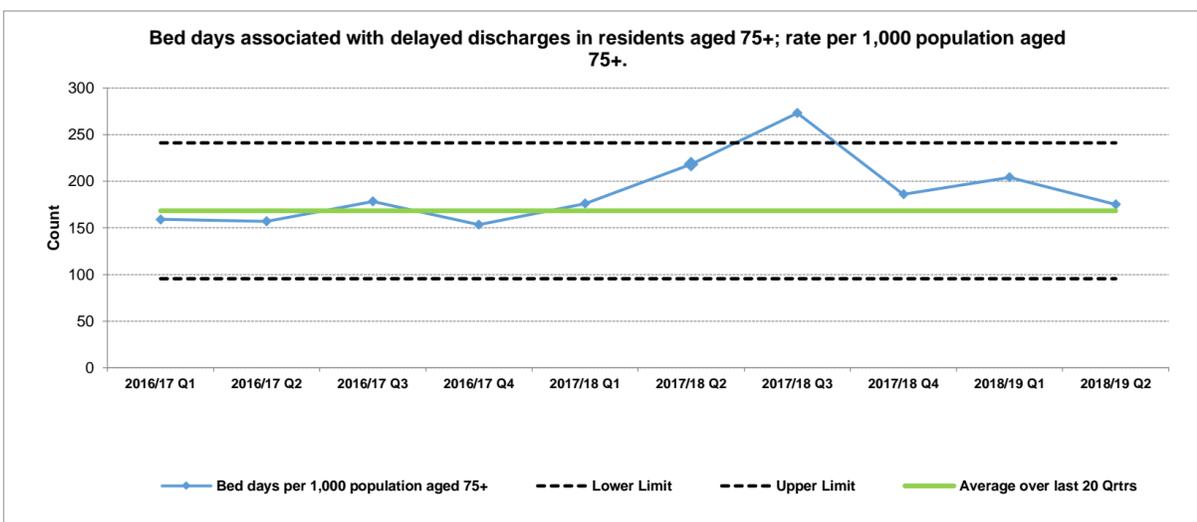
Please note the Delayed Discharge over 72 hours measurement has recently been implemented from April 2016.

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

	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
Bed days per 1,000 population aged 75+	159	157	178	153	176	219	274	187	204	175



How are we performing?

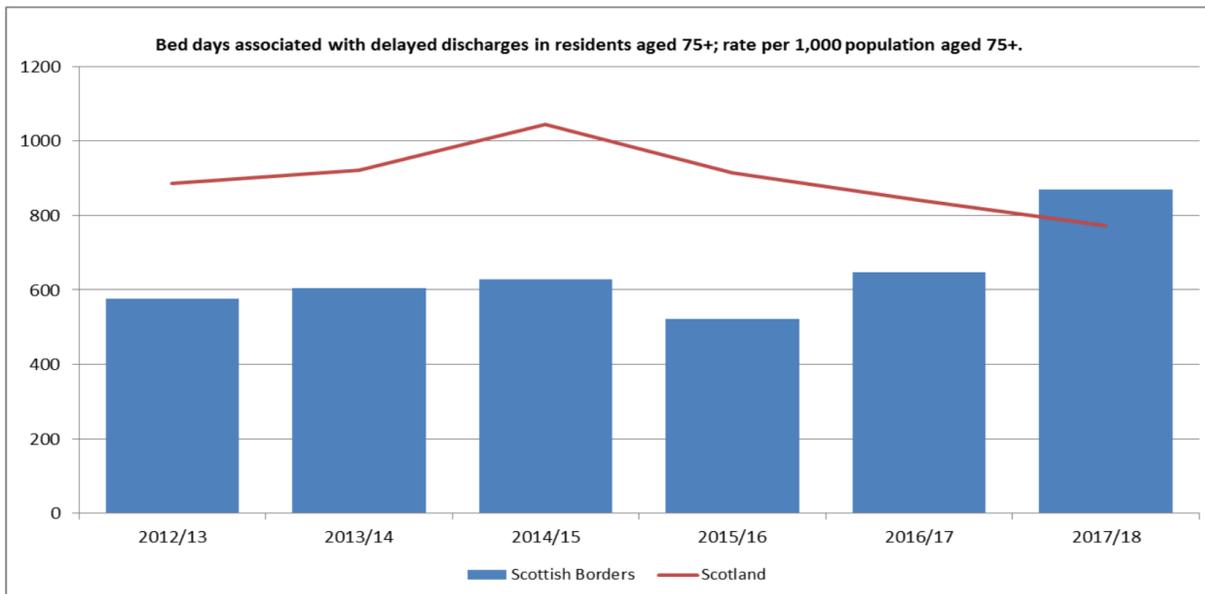
The quarterly rate of bed days associated with delayed discharges for Scottish Borders residents aged 75 and over has fluctuated since the start of the 2013/14 financial year, but has generally remained around 100 to 200 per 1,000 residents. However, the rate for the middle two quarters of 2017/18 was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

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

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



How are we performing?

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

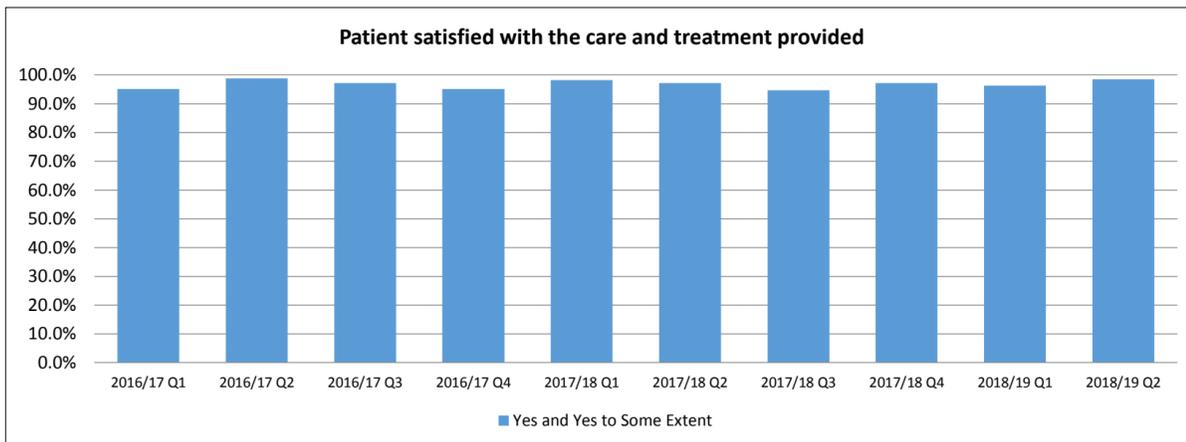
*Please note definitional changes were made to the recording of delayed discharge information from 1 July 2016 onwards. Delays for healthcare reasons and those in non hospital locations (e.g. care homes) are no longer recorded as delayed discharges. In this indicator, no adjustment has been made to account for the definitional changes during the year 2016/17. The changes affected reporting of figures in some areas more than others therefore comparisons before and after July 2016 may not be possible at partnership level. It is estimated that, at Scotland level, the definitional changes account for a reduction of around 4% of bed days across previous months up to June 2016, and a decrease of approximately 1% in the 2016/17 bed day rate for people aged 75+.

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

Source: NHS Borders

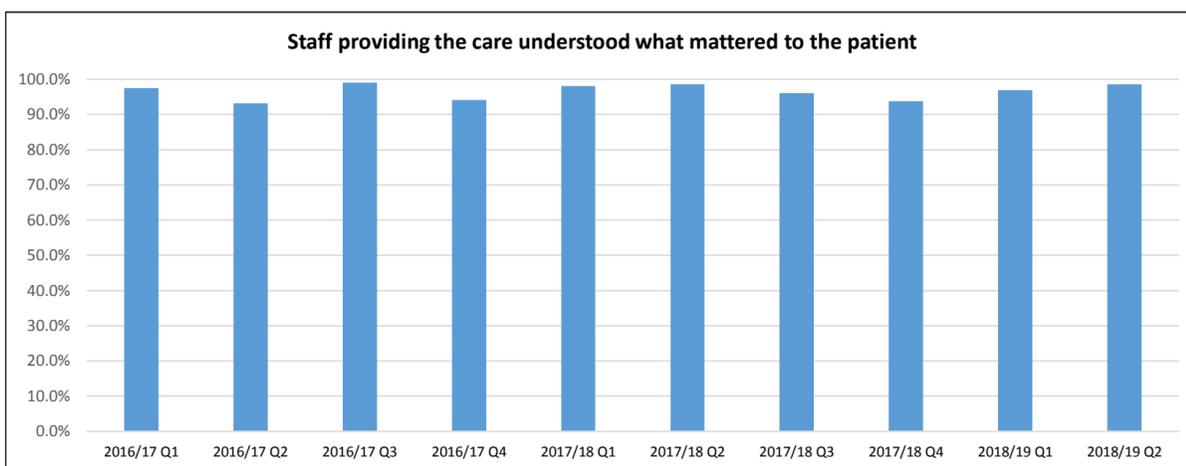
Q1 Was the patient satisfied with the care and treatment provided?

	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
Patients feeling satisfied or yes to some extent	232	160	105	116	105	206	141	135	156	135
% feeling satisfied or yes to some extent	95.1%	98.8%	97.2%	95.1%	98.1%	97.2%	94.6%	97.1%	96.3%	98.5%



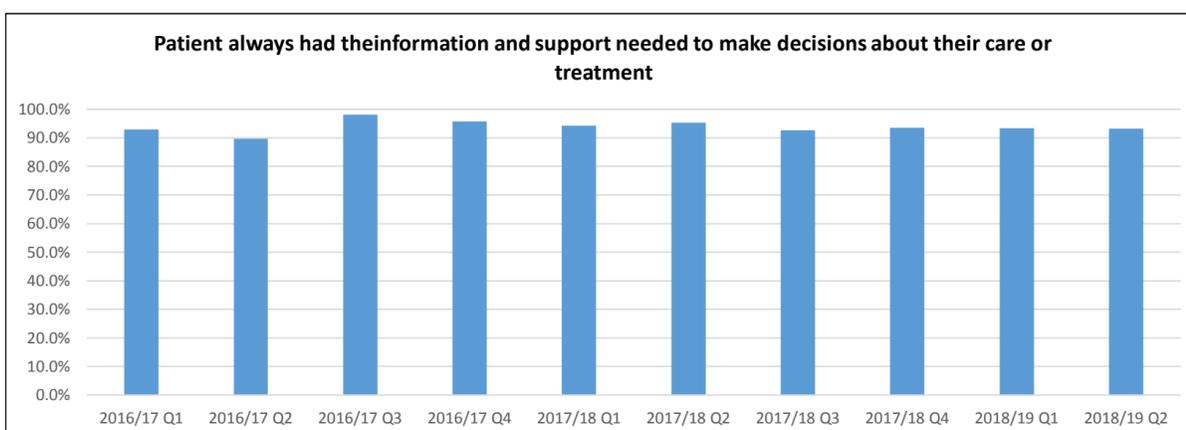
Q2 Did the staff providing the care understand what mattered to the patient?

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
Staff providing the care understood what mattered to the patient, or yes to some extent	238	151	106	113	105	213	144	135	158	136
% understood what mattered or yes to some extent	97.5%	93.2%	99.1%	94.2%	98.1%	98.6%	96.0%	93.8%	96.9%	98.6%



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

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
Patients always had the information and support needed to make decisions about their care or treatment, or yes to some extent	226	147	101	111	99	200	137	129	141	125
% always had information or support, or yes to some extent	93.0%	89.6%	98.1%	95.7%	94.3%	95.2%	92.6%	93.5%	93.4%	93.3%



How are we performing?

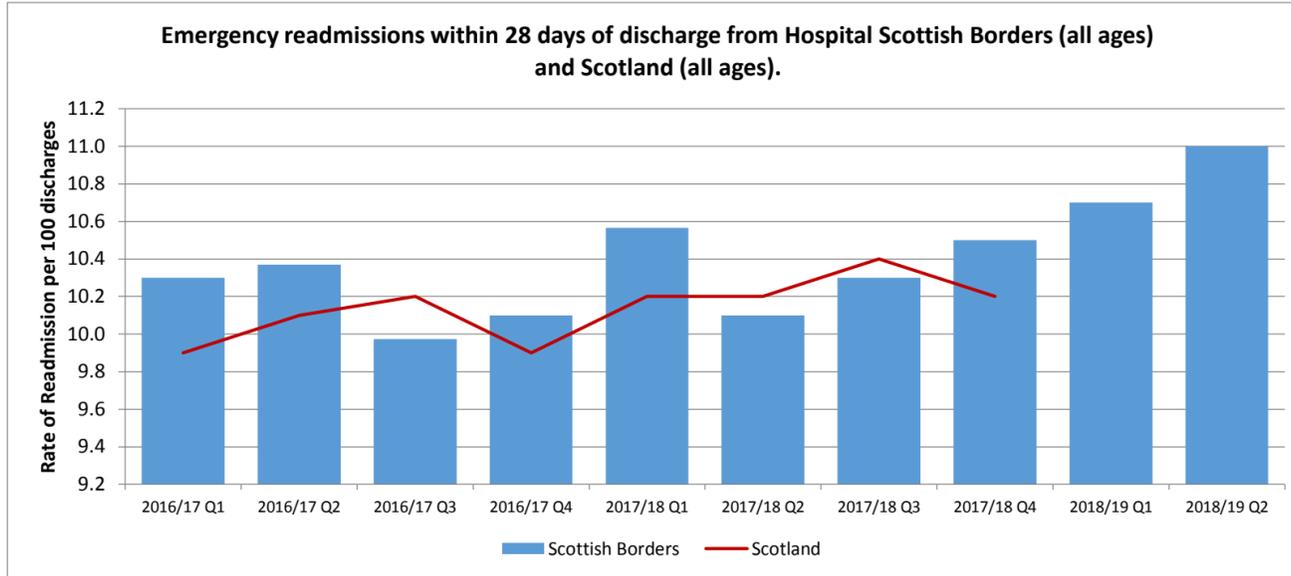
The 2 Minutes of Your Time Survey is carried out across the Borders General Hospital and Community Hospitals and comprises of 3 quick questions asked of patients, relatives or carers by volunteers. There are also boxes posted in wards for responses. The results given here are the responses where the answer given was in the affirmative or 'yes to some extent'. Percentages given are of the total number of responses. The positive response averages for the last 10 quarters are 96.7% for question 1, 96.6% for question 2 and 93.7% for question 3.

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

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

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

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19
28-day readmission rate Scottish Borders (per 100 discharges)	10.2	10.4	10.0	10.1	10.6	10.1	10.3	10.5	10.7	11.0
28-day readmission rate Scotland (per 100 discharges)	9.9	10.1	10.2	9.9	10.2	10.2	10.4	10.2	-	-



How are we performing?

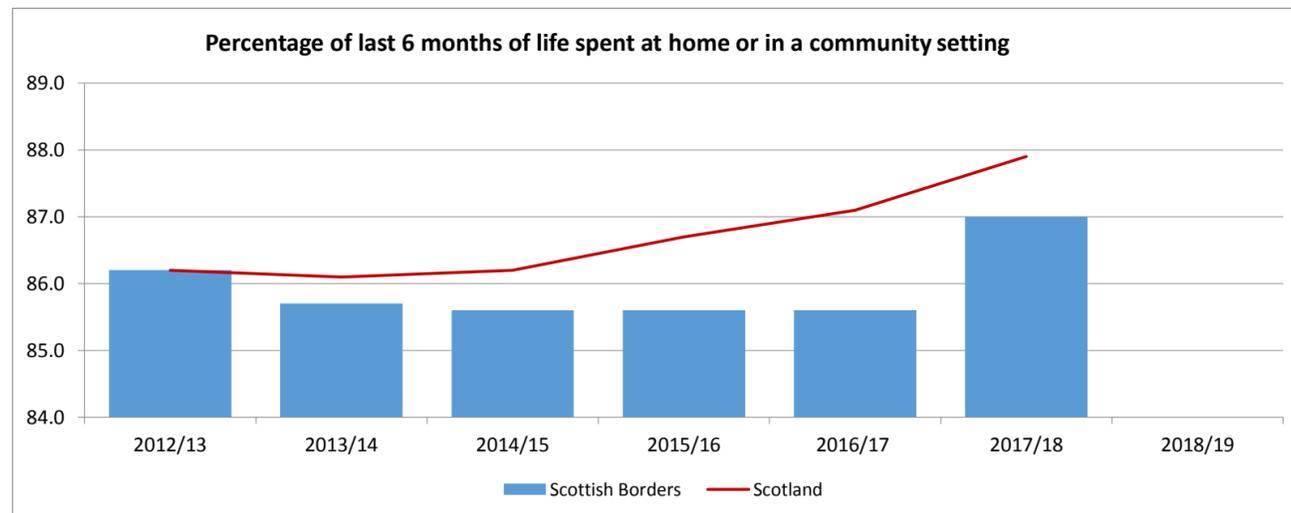
The quarterly rate of emergency readmissions within 28 days of discharge for Scottish Borders residents has fluctuated since the start of the 2016/17 financial year, but has generally remained under 11 readmissions per 100 discharges. There has been a notable increase in readmissions within 28 days of discharge since quarter two of 2017/18.

The Borders rate has usually been higher than the Scottish average. The gap has slightly narrowed over time, although at least in part this will reflect improvements in the accuracy of NHS Borders' data coding. Quarter 4 in 2017/18 saw the Borders rate increase beyond the Scottish Average again.

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

Source: Core Suite Indicator workbooks

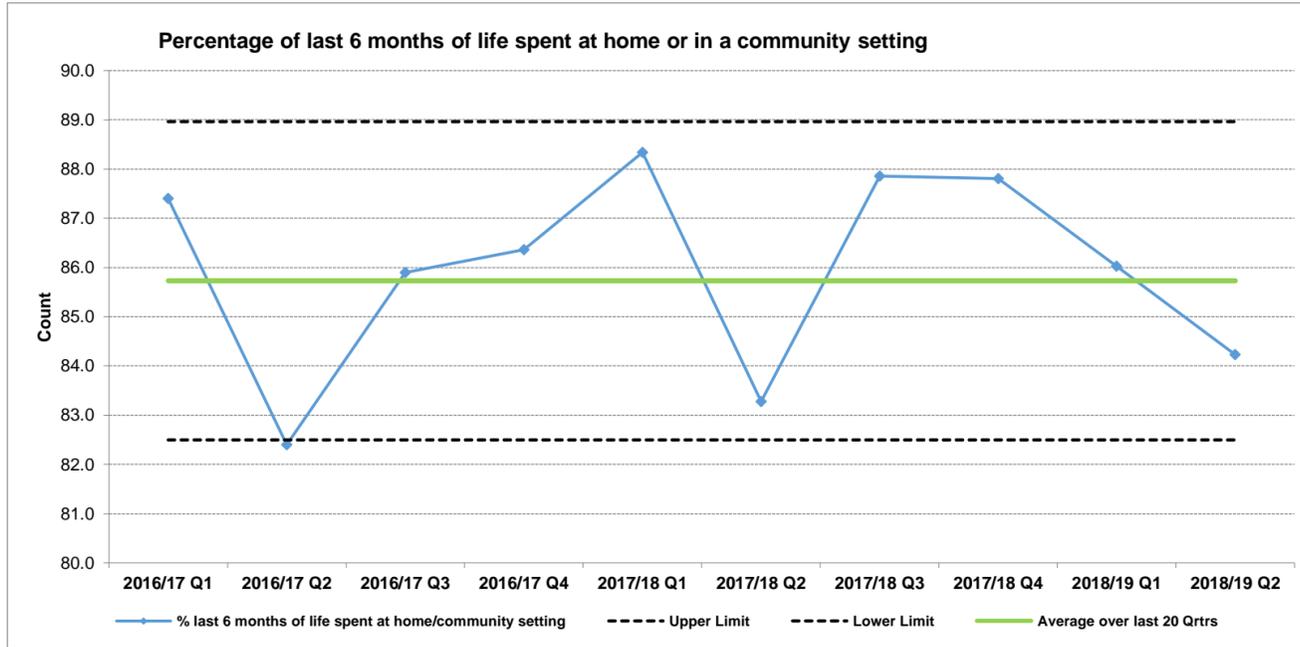
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Scottish Borders	86.2	85.7	85.6	85.6	85.6	87.0	
Scotland	86.2	86.1	86.2	86.7	87.1	87.9	



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

Source: Core Suite Indicator workbooks

	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 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	86.0	84.2



How are we performing?

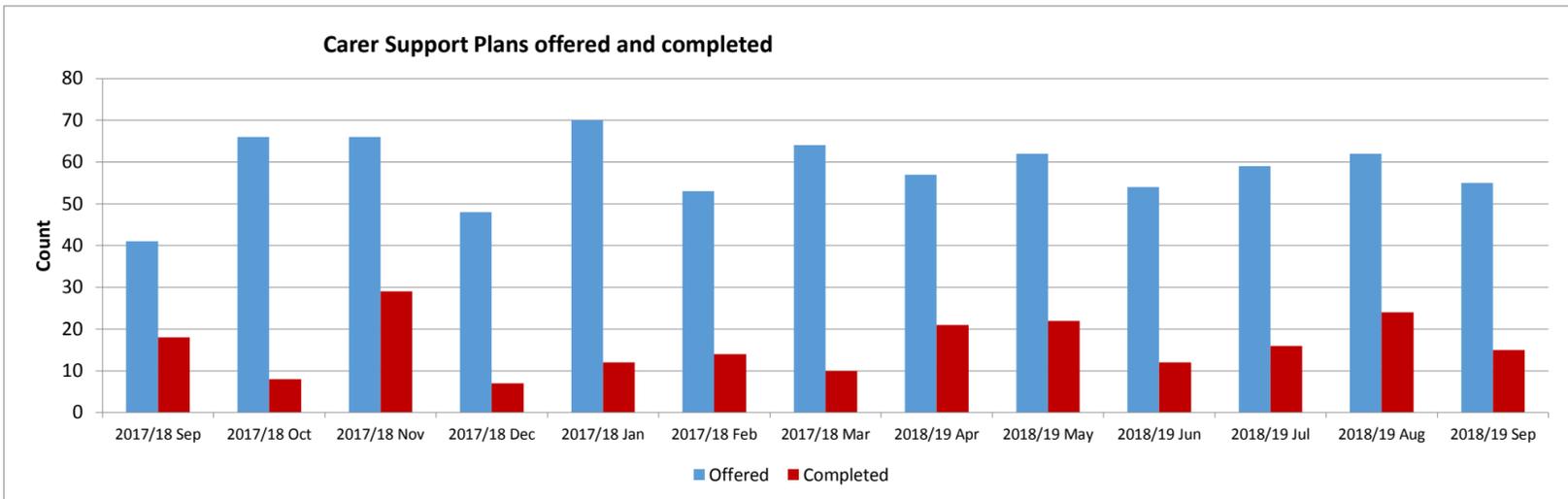
The percentage of last 6 months of life spent at home or in a community setting has appeared fairly consistent in the Borders from year to year since 2013/14 but in each case remains a little below the Scottish average, which is gradually increasing.

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

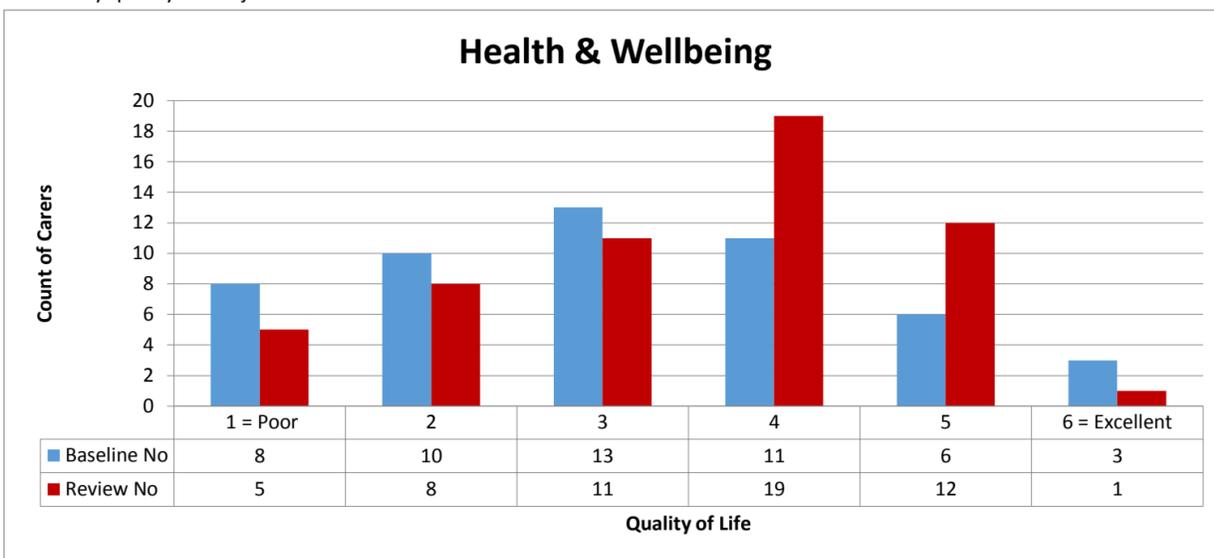
Source: Mosaic Social Care System and Carers Centre

	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Assessments offered during Adult Assessment	41	66	66	48	70	53	64	57	62	54	59	62	55
Assessments completed by Carers Centre	18	8	29	7	12	14	10	21	22	12	16	24	15



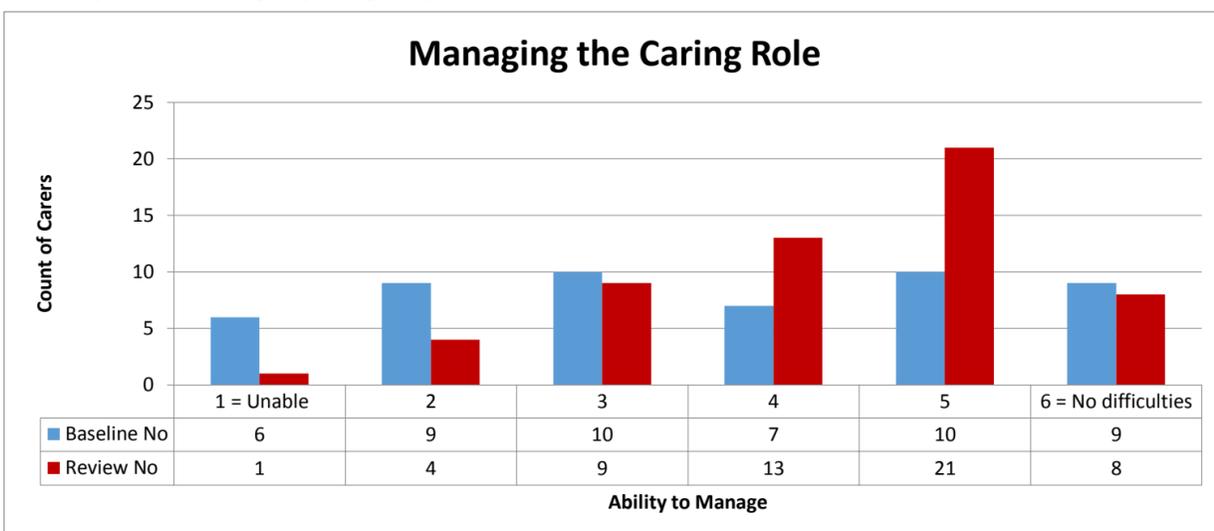
Health and Wellbeing (Q2 2018/19)

I think my quality of life just now is:



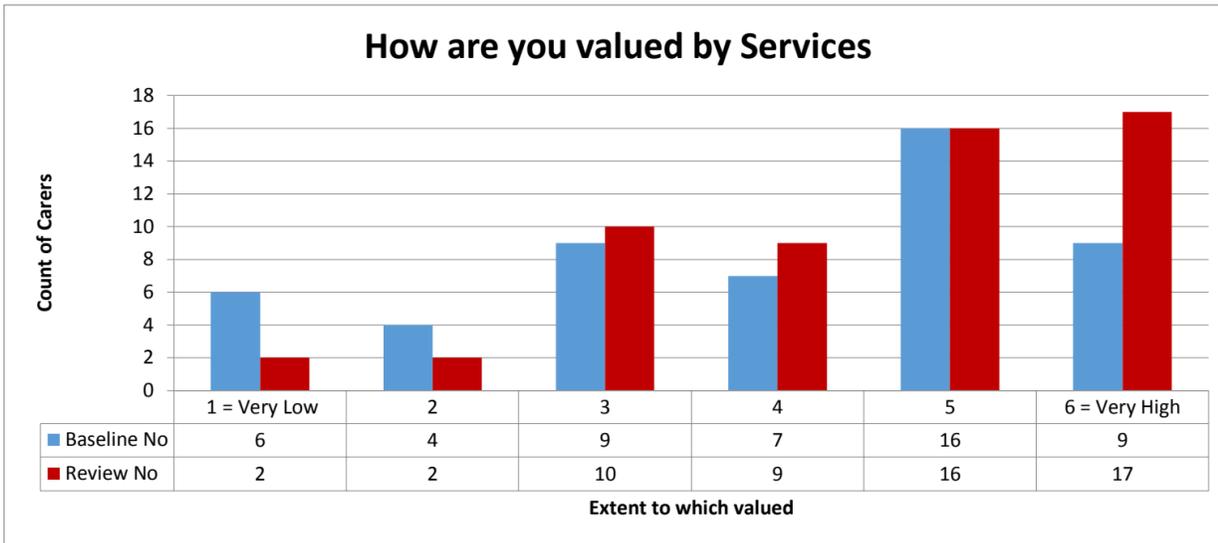
Managing the Caring role

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



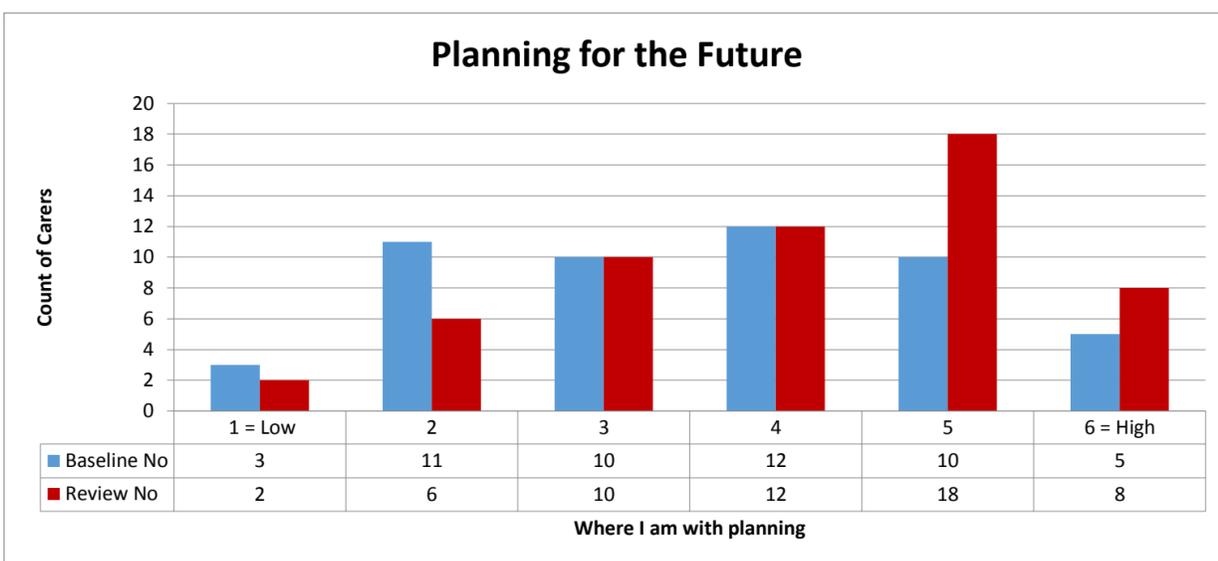
How are you valued by Services

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



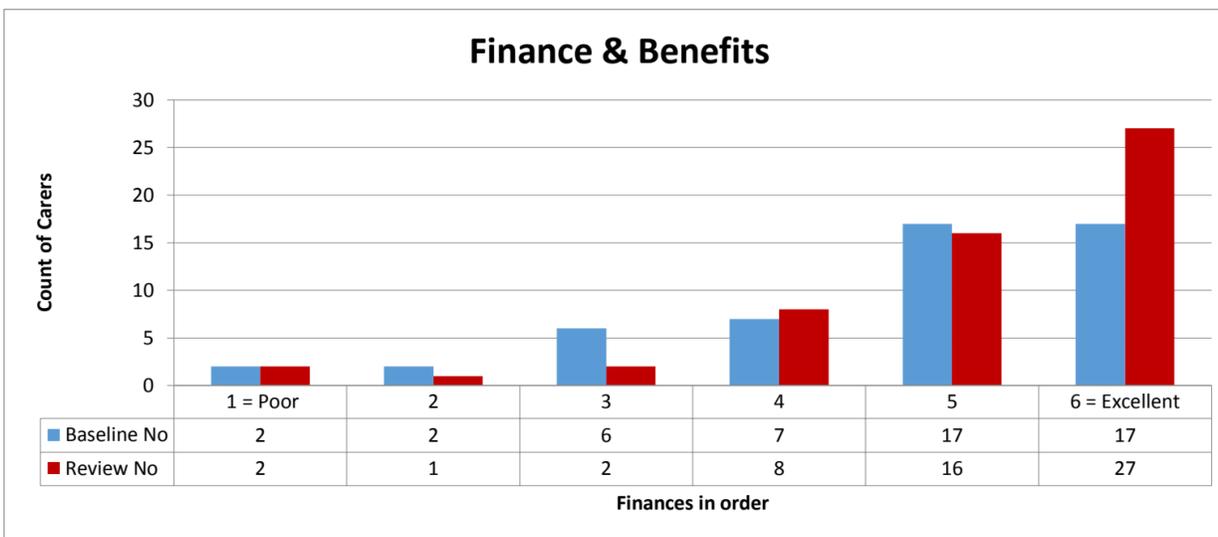
Planning for the Future

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. Data for Quarter 2 2018/19 shows improvement between the baseline and review surveys in all respects.