

Scottish Borders Health & Social Care  
Integration Joint Board



Meeting Date: 19<sup>th</sup> June 2019

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**QUARTERLY PERFORMANCE REPORT, APRIL 2018  
(DATA AVAILABLE AT END MARCH 2019)**

<b>Purpose of Report:</b>	To provide a high level summary of quarterly performance for Integration Joint Board (IJB) members, using latest data available. The report focuses on demonstrating progress towards the Health and Social Care Partnership's Revised Strategic Plan 2018 -2021
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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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## Background

- 1.1 The Integration Performance Group (IPG) has established a set of high level Key performance indicators (KPI) to report on a quarterly basis to IJB. These indicators are aligned under the three strategic objectives in the Health and Social Care Strategic Plan 2018-2021:
  - *Objective 1*: keeping people healthy and out of hospital
  - *Objective 2*: getting people out of hospital as quickly as possible
  - *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 At the January 2019 IJB meeting, IJB members suggested changes to the RAG status (i.e.) the colour coding used to the KPIs. There was also discussion on applying local targets to the indicators. IPG has discussed this and:-
  - “Blue” as a RAG status has been removed.
  - Short-term performance trend has been amended. It now covers 4 reporting periods – where a ‘period’ could be daily, weekly, monthly quarterly or annually. Previously trend was based on 6 quarters as the default. This change should help to flag both positive and negative performance issues in a more timely way.
  - Local targets have been applied to the indicators.
  - The overall RAG status for each indicator contained in the quarterly report is based on a combination of (1) trend, (2) performance against target and (3) performance against Scotland.
- 1.4 The IPG will endeavour to present the latest available data. 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 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.
- 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. Therefore performance and risk are very closely linked.
- 1.6 There are two appendices to this report:

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

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

## Summary of Performance

- 2.1 The rate of **emergency hospital admissions (all ages)**, has increased over the last 4 quarters; performance is worse than target and worse than the Scotland average (*note – National data is as of Q2 2018/19*). The admission rate specifically for **over 75 years** is showing a similar declining performance trend. Action is required to tackle the increasing rate of emergency hospital admissions.
- 2.2 Borders is demonstrating good performance in regard to **A&E attendances** and particularly so for **A&E waiting times**. Over 94% of patients are seen within 4 hours and whilst this is slightly below the 95% target, it compares favourably to the Scotland average (~90%). The actual number of **A&E attendances** fluctuates between 7,000-8,000 per quarter (equivalent to 60-70 per quarter, per 1,000 population).
- 2.3 The **balance of spend on emergency hospital stays** performance remains positive - with 20.6% of health and care resource spent on hospital stays where the patient was admitted as an emergency (persons aged 18+). This is showing improvement (down from 23.7% at the end of 2017/18) and is better than the Scotland average.
- 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, is better than the Scotland average and better than target.
- 2.5 With regard to delayed discharge, the quarterly **rate of bed days associated with delayed discharges** is showing a declining trend, is worse than the Scotland average and worse than target. The H&SC Partnership has set a target to reduce delayed discharge by 30% in 2019/20 (*as per the recent MSG return*).
- 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 is at 11.1 per 100 discharges from hospital. Performance has declined over the last 4 quarters, is worse than the Scotland average and is worse than target.
- 2.8 The data in relation to **end of life care** can be a little erratic on a quarterly basis, but it is currently showing declining performance and a result identical to the Scottish average (87.9% of individuals receiving end of life care at home, or in a community setting).
- 2.9 The **outcomes for carers** indicators remain positive. This suite of indicators looks at the positive outcome change between baseline assessment and subsequent review. Up to date information for Quarter 3 is not available due to Borders Carer Centre migrating to a new electronic record management system. An update will be included in the next Quarterly Report.



# 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 APRIL 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 March 2019**. A number of annual measures that have been updated recently are included in the [Annual Performance Report 2017/18](#)

<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>29.0</b> admissions per 1,000 population</p> <p>(Oct to Dec 2018)</p> <p>-ve trend over 4 periods Worse than Scotland (26.4 - Q2 18/19) Worse than target (27.5)</p>	<p><b>EMERGENCY HOSPITAL ADMISSIONS (BORDERS RESIDENTS AGE 75+)</b></p> <p><b>92.5</b> admissions per 1,000 population Age 75+</p> <p>(Oct to Dec 2018)</p> <p>-ve trend over 4 periods Worse than Scotland (92.2 - Q1 2018/19) Worse than target (90.0)</p>	<p><b>ATTENDANCES AT A&amp;E</b></p> <p><b>60.5</b> attendances per 1,000 population</p> <p>(Oct to Dec 2018)</p> <p>+ve trend over 4 periods Better than Scotland (69.6 - Q3 2018/19) Better than target (70)</p>	<p><b>£ ON EMERGENCY HOSPITAL STAYS</b></p> <p><b>20.6%</b> of total health and care resource, for those Age 18+ was spent on emergency hospital stays</p> <p>(Oct to Dec 2018)</p> <p>+ve trend over 4 periods Better than Scotland (24.6% - 2017/18) Better than target (21.5%)</p>
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#### Main Challenges

The rate of emergency admissions has fluctuated over the last 4 quarters and over the long-term (3 year period) it does show an improving trend. However performance over the last 4 quarters has declined. Similarly, the rate of emergency admissions for those residents aged 75+ has shown an improving trend over the long-term, but performance has declined over the 4 quarters. The number of A&E attendances has generally fluctuated between 7,000-8,000 per quarter (equivalent to approx. 60-70 per 1,000 population per quarter). It is better than the Scotland average but follows a similar seasonal trend to Scotland. 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 the last 4 quarters. As with all Health and Social Care Partnerships, we are expected to minimise the proportion of spend attributed to unscheduled stays in hospital.

#### Our plans during 2019 to support this objective

We are continuing to develop Local Area Co-ordination; redesigning of day service provision; Community Link Worker pilot in Central and Berwickshire areas; expanded remit of the Matching Unit; expansion of Hospital to Home - to enable timely hospital discharge and support for frail elderly patients in their own homes. Changes have been made to the unscheduled care model to ensure that more health service needs can be met outside hospitals through providing treatment alternatives to hospital admission. Continued development of the Distress Brief Interventions Service to reduce re attendance of people in mental distress at A&E.



## OBJECTIVE 2

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

<b>A&amp;E WAITING TIMES</b> <b>(TARGET = 95%)</b> <b>94.1%</b> of people seen within <b>4 hours</b>  (Dec 2018)	<b>RATE OF OCCUPIED BED DAYS* FOR EMERGENCY ADMISSIONS (AGES 75+)</b> <b>868</b> bed days per 1000 population Age 75+  (Oct - Dec 2018)	<b>NUMBER OF DELAYED DISCHARGES</b> <b>("SNAPSHOT" TAKEN 1 DAY EACH MONTH)</b> <b>21</b> over 72 hours  (Jan 2019)	<b>RATE OF BED DAYS ASSOCIATED WITH DELAYED DISCHARGE</b> <b>227</b> bed days per 1000 population Age 75+  (Oct - Dec 2018)	<b>"TWO MINUTES OF YOUR TIME" SURVEY – CONDUCTED AT BGH AND COMMUNITY HOSPITALS</b> <b>97.6%</b> <b>overall satisfaction rate</b> (Oct - Dec 2018)
<b>Flat trend over 4 periods</b> <b>Better than Scotland (89.8 %)</b> <b>Close to target (95%)</b>	<b>+ve trend over 4 periods</b> <b>Better than Scotland (1172 - Q1 2018/19)</b> <b>Better than target (min 10% better than Scottish average)</b>	<b>+ve trend over 4 periods</b> <b>Within target (23)</b>	<b>-ve trend over 4 periods</b> <b>Worse than Scotland (193 - 17/18 average)</b> <b>Worse than target (180)</b>	<b>+ve trend over 4 periods</b> <b>Better than target (95%)</b>

\*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 long-term (3 years) there has been an improving trend in regard to A&E waiting times. Short-term trend is flat, but performance is currently close to target (95%) and better than the Scottish average. 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 and are erratic for 'snapshot' data, but the quarterly bed day rate associated with delayed discharges is currently 227 and is showing declining performance. As a result, a target (for 2019/20) to reduce delayed discharges by 30% has been set. The percentage of patients satisfied with care, staff & information in BGH and Community Hospitals remains high.

### Our plans during 2019 to support this objective

We are continuing to support a 'Discharge' programme of work, including Hospital to Home and Transitional Care projects, aimed at reducing delays for adults who are clinically fit for discharge. There is continuing development of "step-up" facilities to prevent hospital admissions and to increase opportunities for short-term placements, as well as a range of transformation programmes to shift resources and re-design services. There is continuing use of the Matching Unit to match care provision to assessed need; commissioning of specialist dementia places; increased use of technology enabled care to improve patient flow; and development of Community Outreach Team to support early discharge and admission prevention.

## 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>11.1</b> per 100 discharges from hospital were re-admitted within 28 days (Oct - Dec 2018)	<b>END OF LIFE CARE</b> <b>87.9%</b> of people's last 6 months was spend at home or in a community setting  (Oct - Dec 2018)	<b>CARERS SUPPORT PLANS COMPLETED</b> <b>31%</b> of carer support plans offered that have been taken up and completed  (Oct - Dec 2018)	<b>SUPPORT FOR CARERS:</b> change between baseline assessment and review. Improvements in self-assessment  <b>Health and well-being</b> <b>Managing the caring role</b> <b>Feeling valued</b> <b>Planning for the future</b> <b>Finance &amp; benefits</b> ( July - Sep 2018)
<b>-ve trend over 4 Qtrs</b> <b>Worse than Scotland (10.2 - Q4 2017/18)</b> <b>Worse than target (10.5)</b>	<b>-ve trend over 4 Qtr</b> <b>Similar to Scotland (87.9% - 17/18)</b> <b>Better than target (87.5%)</b>	<b>Little change over 4 Qtrs</b> <b>Worse than target (40%)</b>	<b>+ve impact</b> <b>No Scotland comparison</b> <b>No local target</b>

### Main Challenges

The quarterly rate of emergency readmissions within 28 days of discharge (all ages) is now 11.1 per 100 discharges and has increased from just under 10 during 2016/17. This is worse than the Scottish average and below target for this measure. Borders data in relation to end of life care shows relatively static performance but compares well to Scotland and is above target. The latest available data for Carers demonstrates positive outcomes as a result of completed Carer Support Plans.

### Our plans during 2019 to support this objective

Mainstreaming of Community Led Support ("What Matters" hubs); redesign of homecare 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. The remit of the Matching Unit has been expanded to cover end of life care. Continued development of a Hospice to Home team and of the Marie Curie Nursing Service.



Scottish Borders  
**Health and Social Care**  
PARTNERSHIP

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

SUMMARY OF PERFORMANCE:  
DATA AVAILABLE AT END MARCH 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

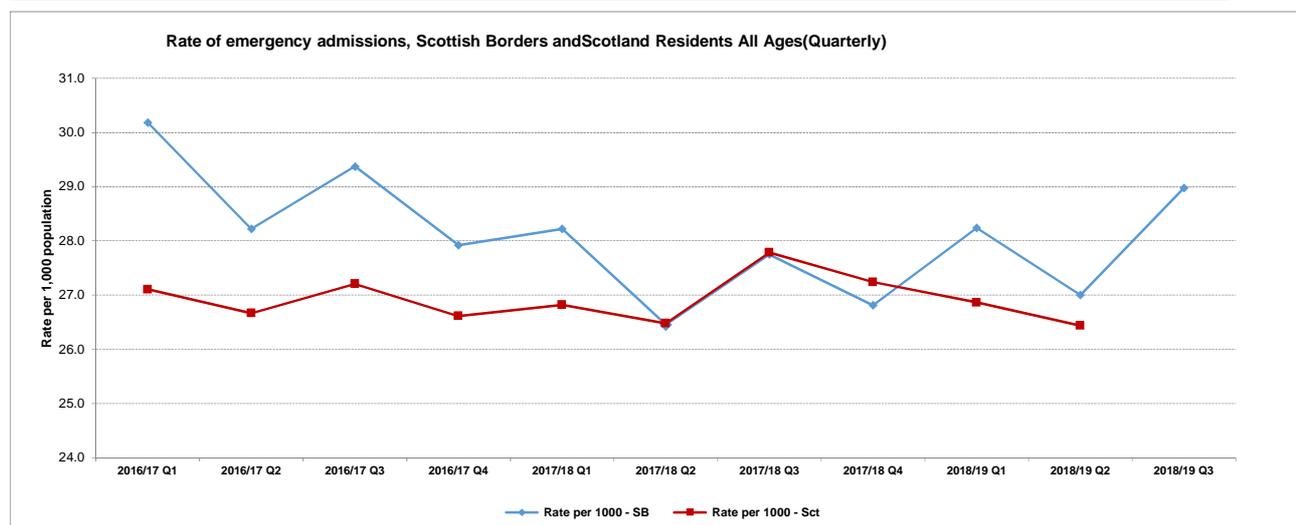
Objective 3: We will improve the capacity within the community for people who have been in receipt of health and social care services to manage their own conditions and support those who care for them

## 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)

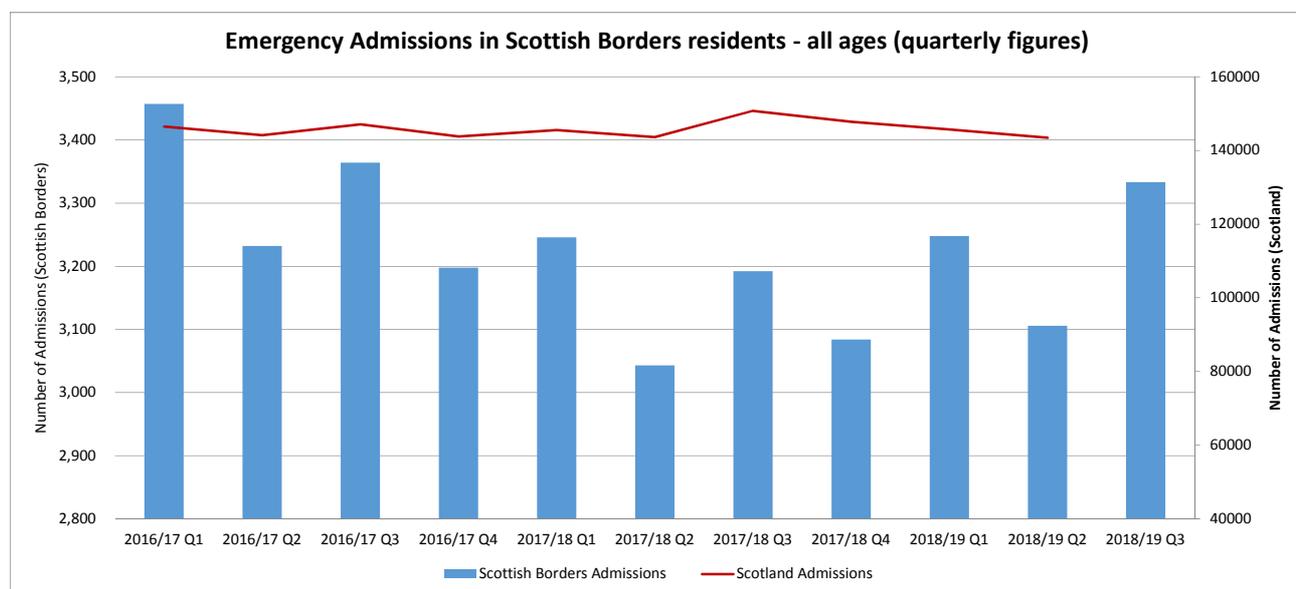
	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19
Scottish Borders - Rate of Emergency Admissions per 1,000 population All Ages	30.2	28.2	29.4	27.9	28.2	26.5	27.8	26.8	28.3	27.1	29.0
Scotland - Rate of Emergency Admissions per 1,000 population All Ages	27.1	26.7	27.2	26.6	26.8	26.5	27.8	27.2	26.9	26.4	



### 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
Scottish Borders Emergency Admissions - All Ages	3,457	3,232	3,364	3,198	3,246	3,043	3,192	3,084	3,248	3,106	3,333
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	-



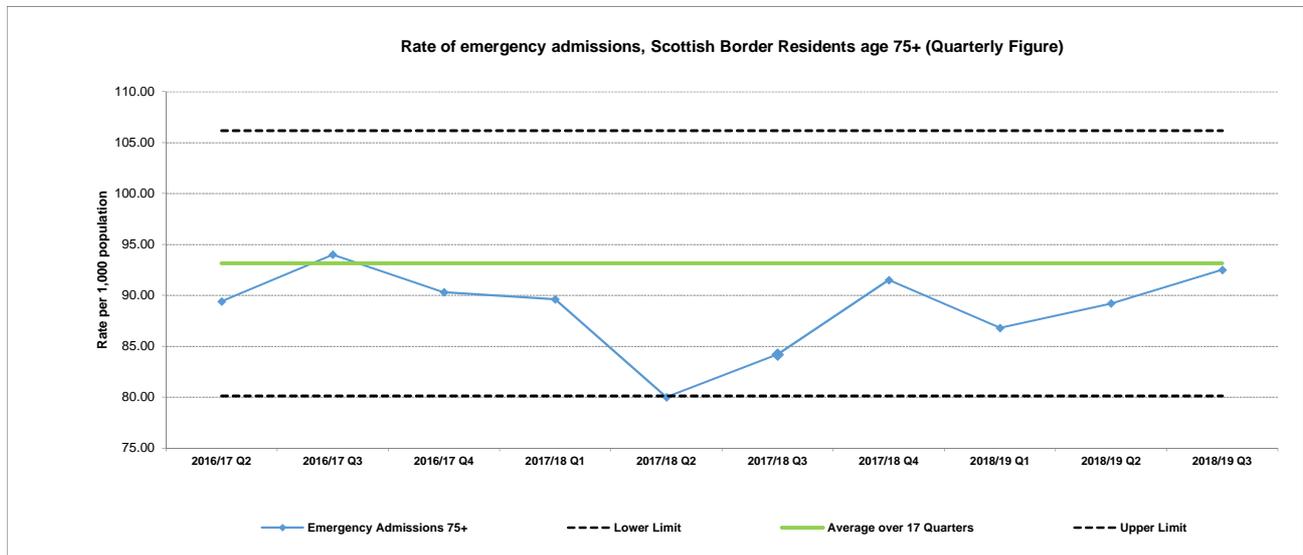
### How are we performing?

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)

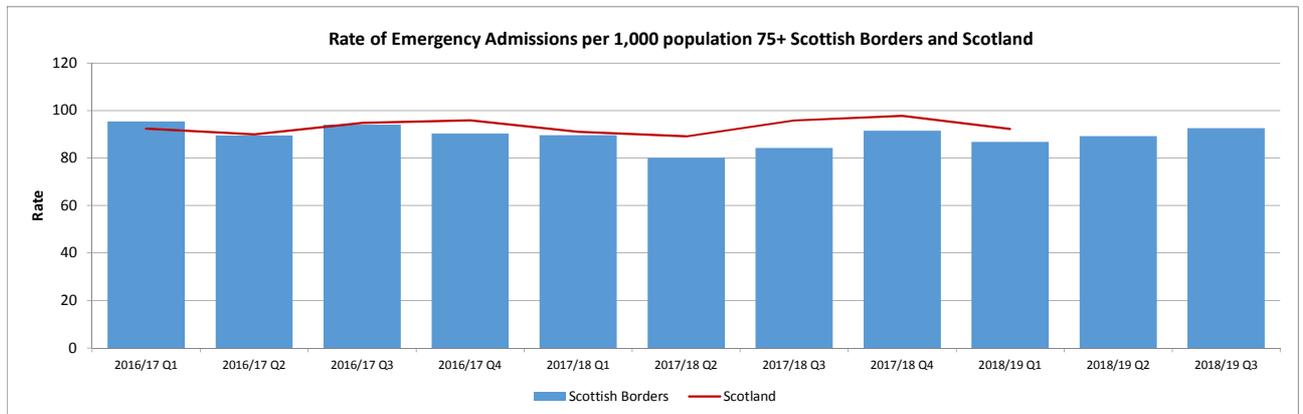
	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19
Number of Emergency Admissions, 75+	1,125	1,054	1,107	1,065	1,074	959	1,009	1,096	1,040	1,069	1,108
Rate of Emergency Admissions per 1,000 population 75+	95.4	89.4	94.0	90.4	89.6	80.0	84.2	91.5	86.8	89.2	92.5



**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	Q3 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	92.5
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	92.2	-	-



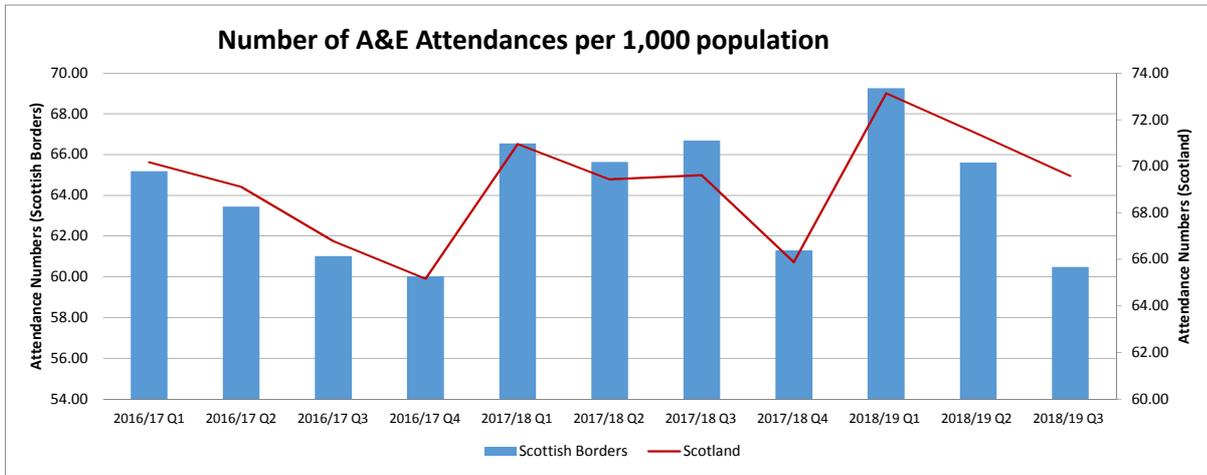
**How are we performing?**

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), but has now crept up.

**Number of A&E Attendances**

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

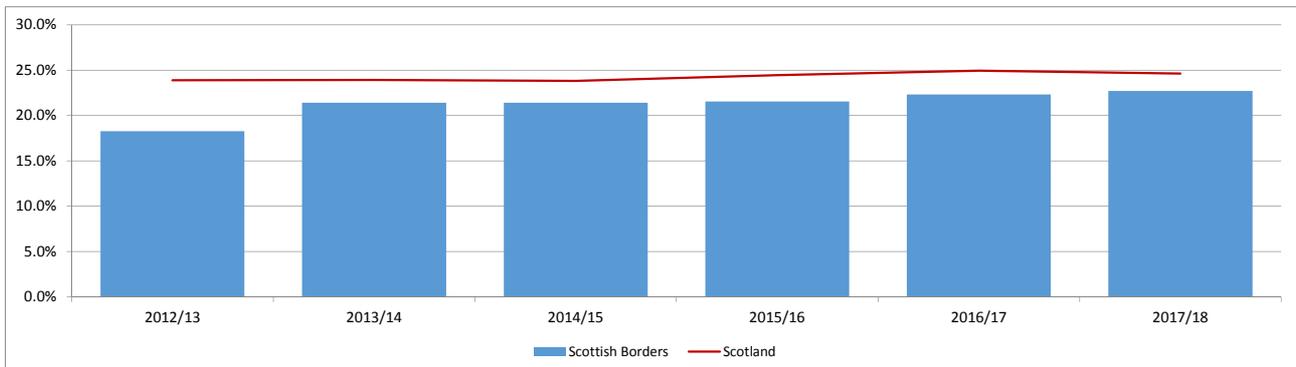
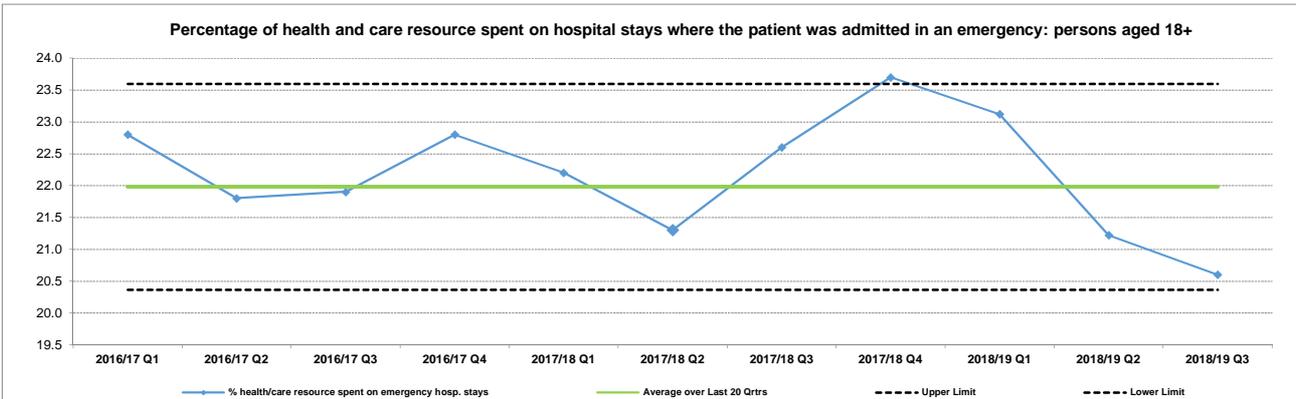
	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19
Number of Attendances, Scottish Borders	65.18	63.44	61.02	60.04	66.55	65.64	66.68	61.30	69.26	65.61	60.49
Number of Attendances, Scotland	70.17	69.12	66.79	65.17	70.95	69.43	69.60	65.88	73.14	71.38	69.58



**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
% 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	20.6



**How are we performing?**

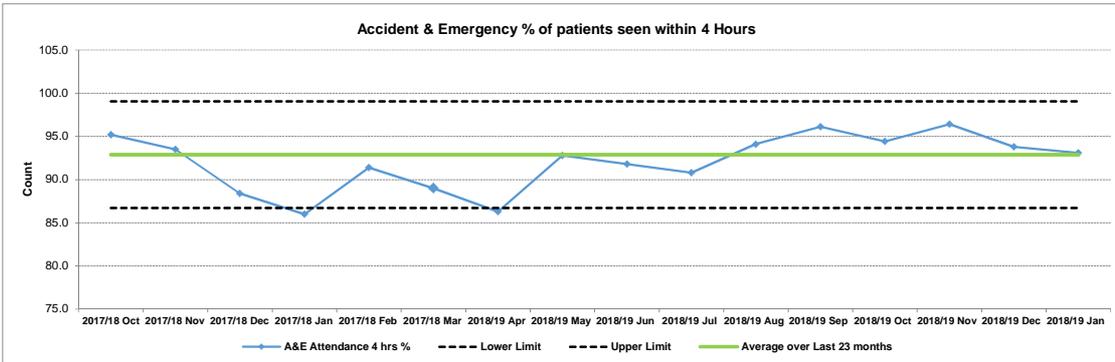
The percentage of health and social care resource spent on unscheduled hospital stays has seen an overall decrease since the first quarter of 2016/17. This spiked at the end of the 2017/18 financial year although has continued to decrease over the first three quarters of this financial year (2018/19).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

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Number of A&E Attendances seen within 4 hours	2395	2143	2455	2546	2747	2793	2812	2745	2630	2726	2446	2467	2575



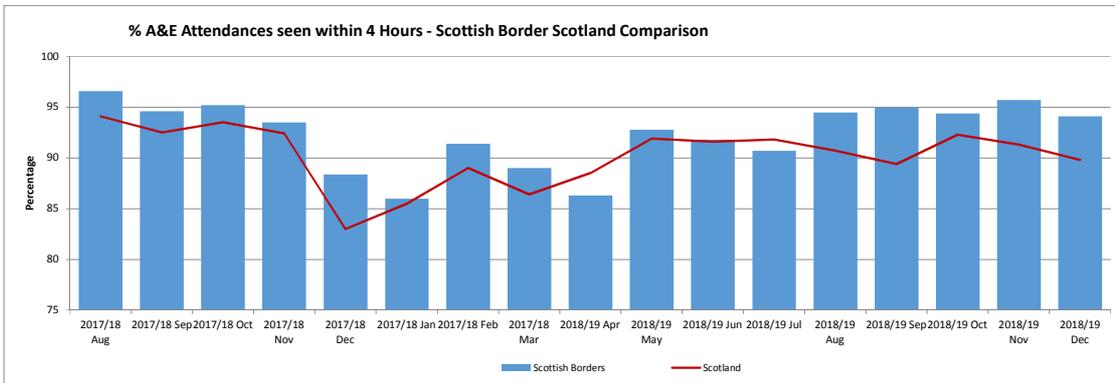
**How are we performing?**

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

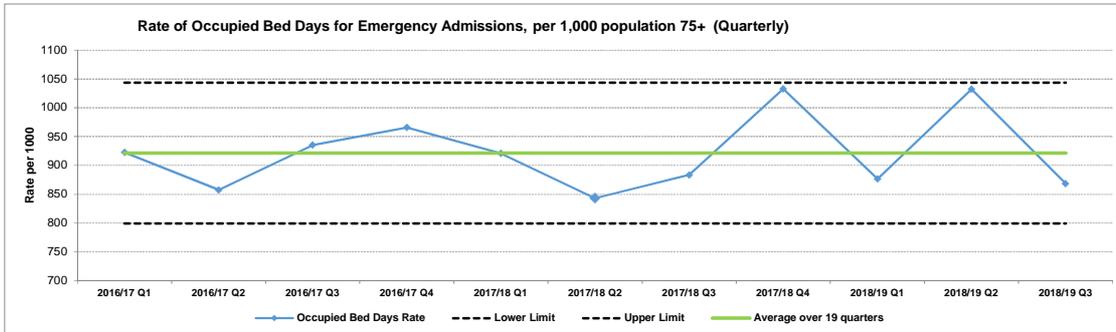
	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
% A&E Attendances seen within 4 hour Scottish Borders	88.40	86.00	91.40	89.00	86.20	92.20	91.50	90.70	94.50	95.00	94.40	95.70	94.10
% A&E Attendances seen within 4 hour Scotland	83.00	85.50	89.00	86.40	88.50	91.90	91.60	91.80	90.70	89.40	92.30	91.30	89.80



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

Source: NSS Discovery (SMR01 data)

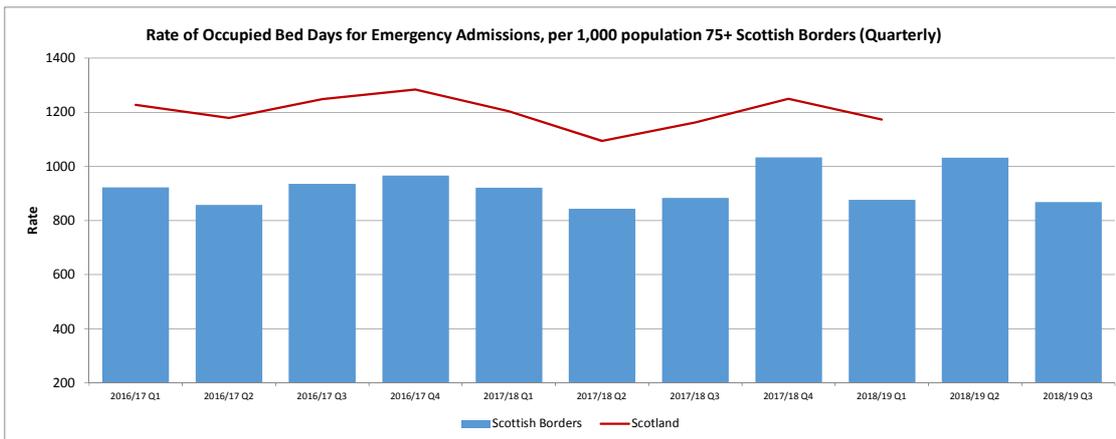
	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19
Number of Occupied Bed Days for emergency Admissions, 75+	10877	10109	11028	11387	11035	10103	10582	12377	10523	12356	10407
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+	922	857	935	966	921	843	883	1033	876	1032	868



**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	Q3 2018/19
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scottish Borders	922	857	935	966	921	843	883	1033	876	1032	868
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scotland	1227	1178	1248	1284	1203	1094	1161	1250	1172	-	-



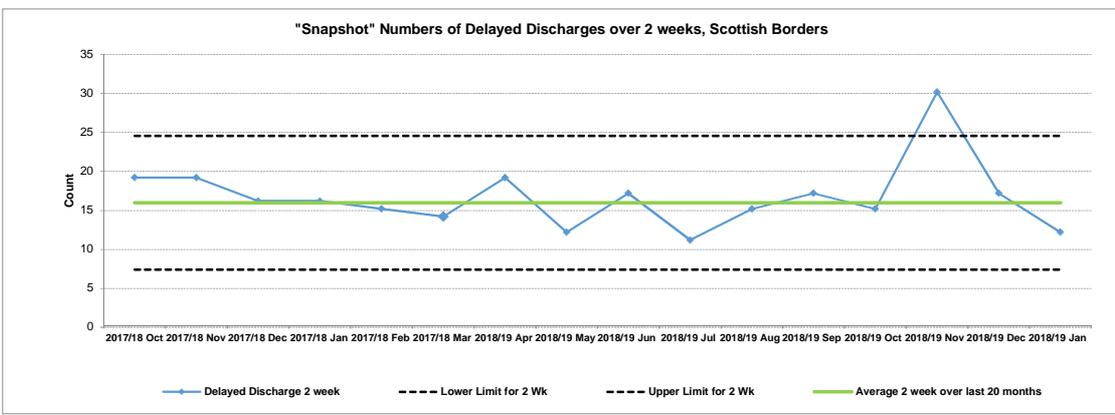
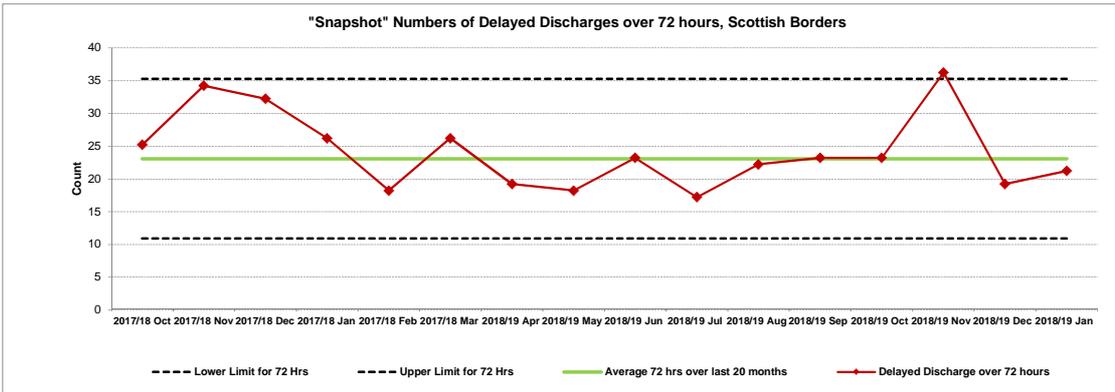
**How are we performing?**

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.

**Delayed Discharges (DDs)**

Source: EDISON/NHS Borders Trakcare system

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
Number of DDs over 2 weeks	16	15	14	19	12	17	11	15	17	15	30	17	12
Number of DDs over 72 hours	26	18	26	19	18	23	17	22	23	23	36	19	21



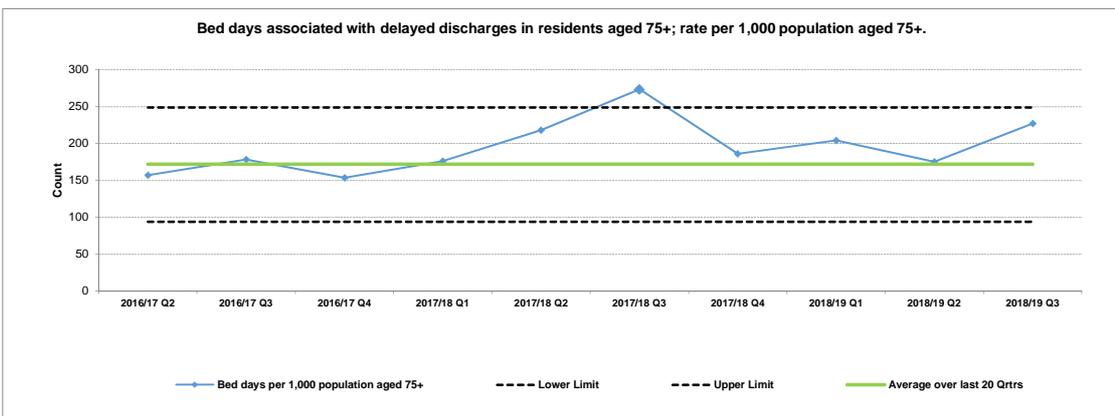
Please note the Delayed Discharge over 72 hours measurement has been implemented from April 2016.

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

	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
Bed days per 1,000 population aged 75+	159	157	178	153	176	219	274	187	204	175	227



**How are we performing?**

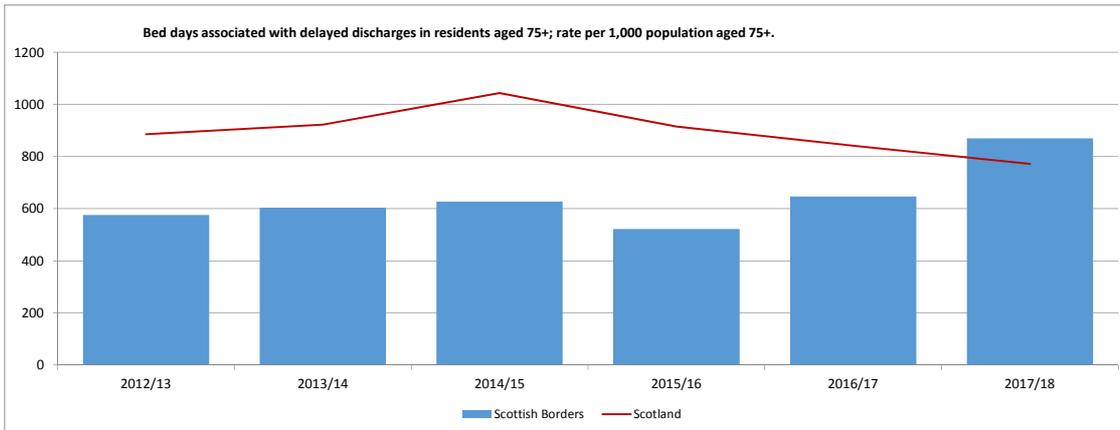
The quarterly rate of bed days associated with delayed discharges for Scottish Borders residents aged 75 and over has fluctuated since the start of the 2013/14 financial year, but has generally remained around 150 to 200 per 1,000 residents. The rate for the middle two quarters of 2017/18 was higher than any previous quarter, increasing to over 200 per 1,000 residents for the first time. 2018/19 has consistently fell above average with Q3 18/19 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

**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	855
Scotland	886	922	1044	915	841	762



**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.

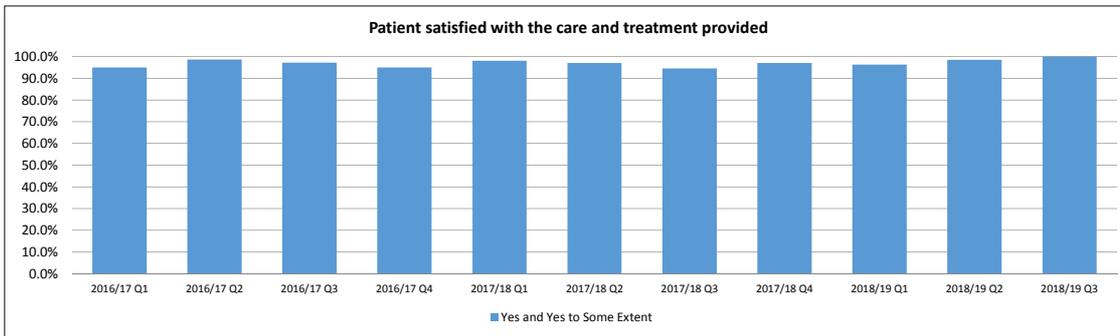
\*Please note definitional changes were made to the recording of delayed discharge information from 1 July 2016 onwards. Delays for healthcare reasons and those in non hospital locations (e.g. care homes) are no longer recorded as delayed discharges. In this indicator, no adjustment has been made to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

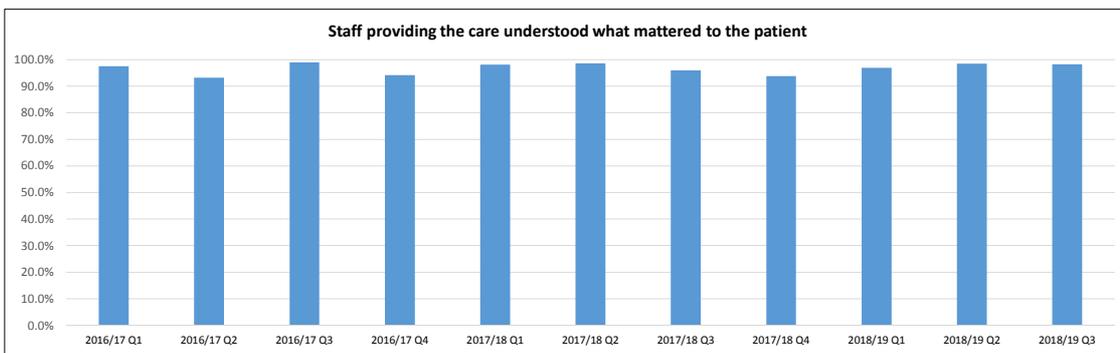
**Q1 Was the patient satisfied with the care and treatment provided?**

	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	Q3 2018/19
Patients feeling satisfied or yes to some extent	232	160	105	116	105	206	141	135	156	135	117
% 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%	100.0%



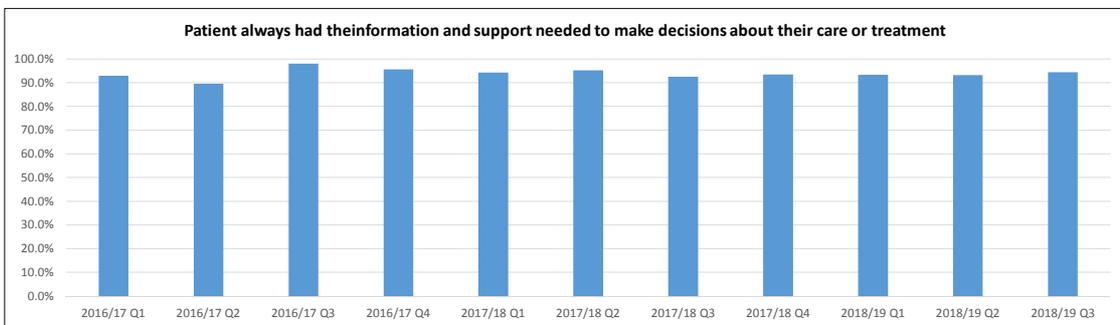
**Q2 Did the staff providing the care understand what mattered to the patient?**

	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	Q3 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	119
% 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%	98.3%



**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	Q3 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	101
% 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%	94.4%



**How are we performing?**

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

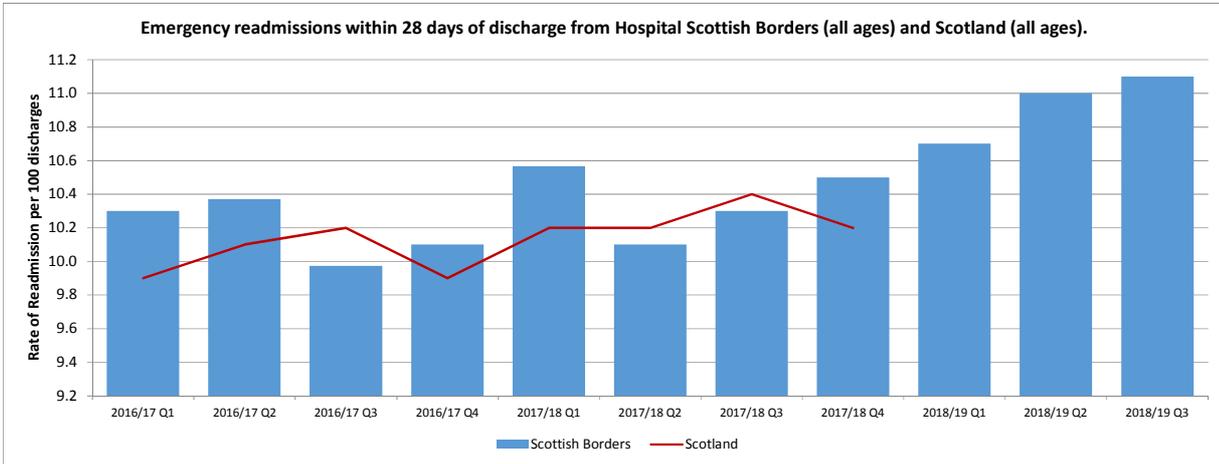
A cumulative count is shown in the quarterly reporting.

**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	Q3 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	11.1
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?**

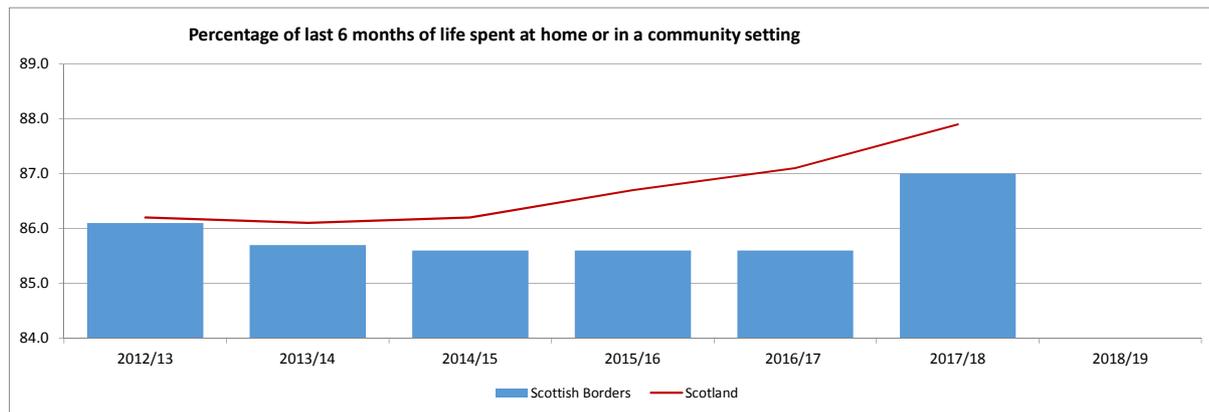
The quarterly rate of emergency readmissions within 28 days of discharge for Scottish Borders residents has fluctuated since the start of the 2016/17 financial year, but has generally remained under 10.6 readmissions per 100 discharges. There has been a notable increase in readmissions within 28 days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

The Borders rate has usually been higher than the Scottish average and this trend continues.

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

Source: Core Suite Indicator workbooks

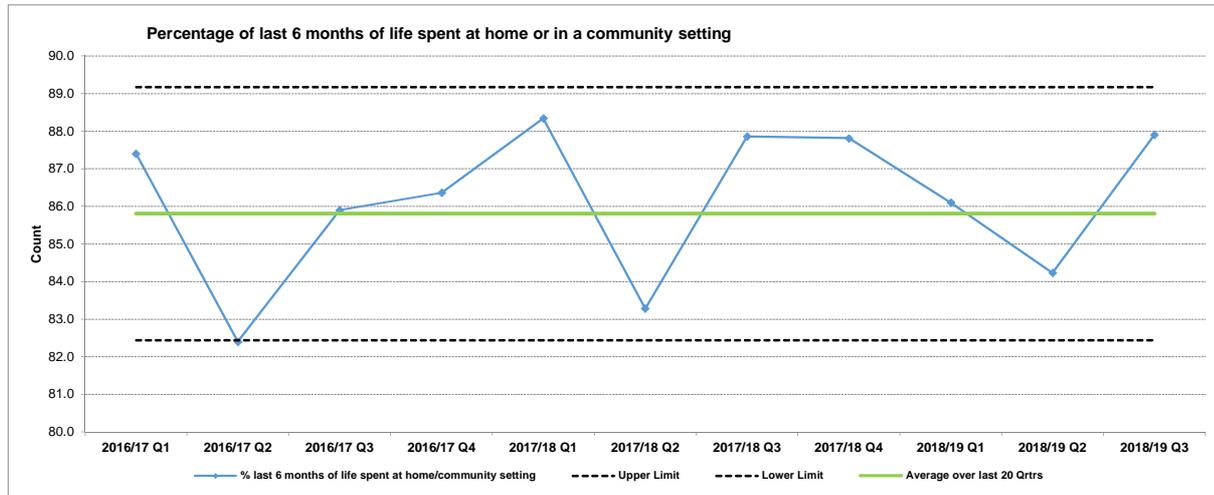
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Scottish Borders	86.1	85.7	85.6	85.6	85.6	87.0	
Scotland	86.2	86.1	86.2	86.7	87.1	87.9	



**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
% 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	86.1	84.2	87.9



**How are we performing?**

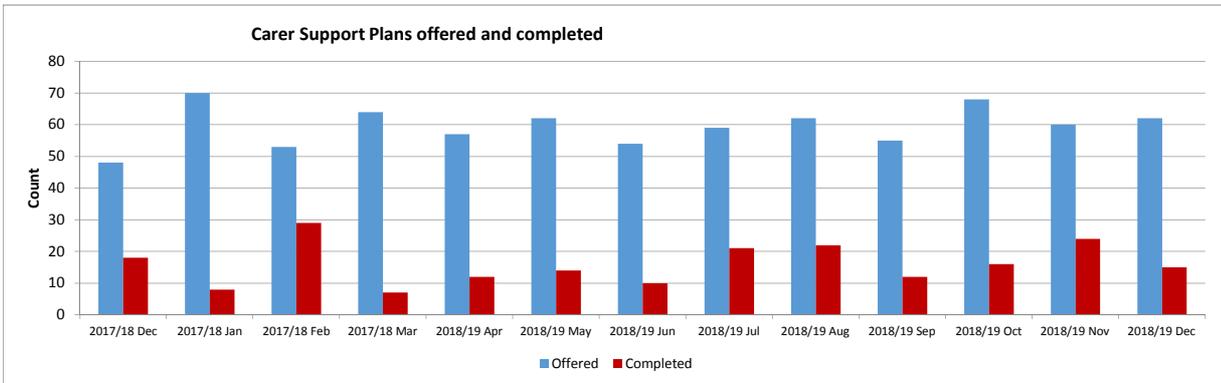
The percentage of last 6 months of life spent at home or in a community setting has appeared fairly consistent in the Borders from year to year since 2013/14 but in each case remains a little below the Scottish average, which is gradually increasing.

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**

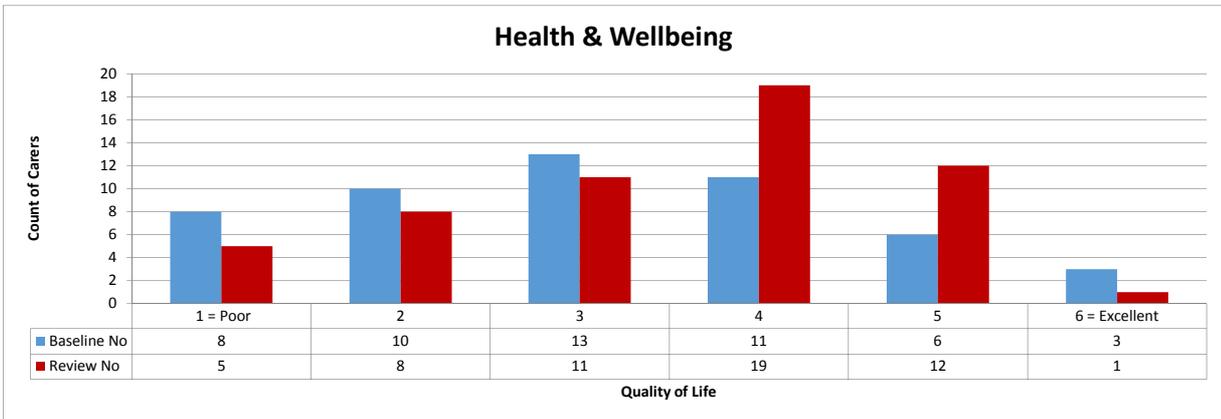
Source: Mosaic Social Care System and Carers Centre

	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Assessments offered during Adult Assessment	48	70	53	64	57	62	54	59	62	55	68	60	62
Assessments completed by Carers Centre	7	12	14	10	21	22	12	16	24	15	23	24	12



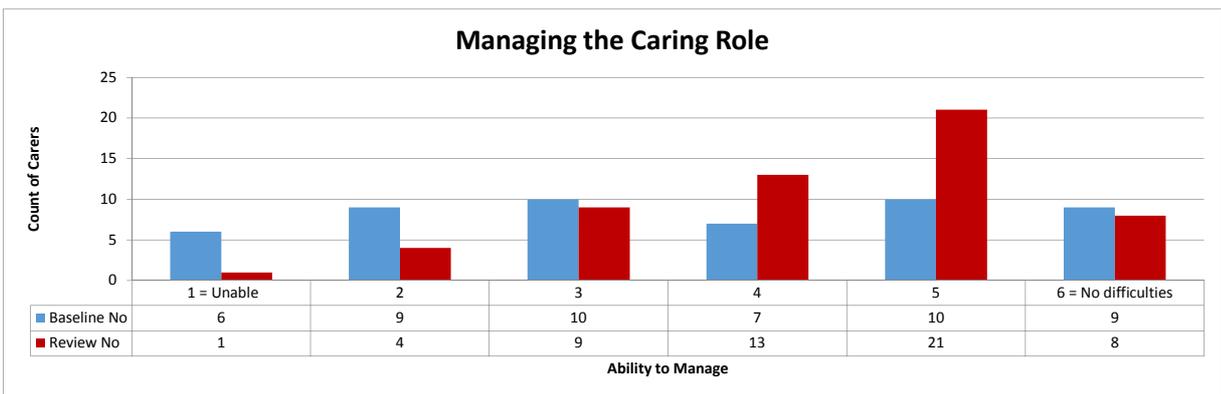
**Health and Wellbeing (Q2 2018/19)**

I think my quality of life just now is:



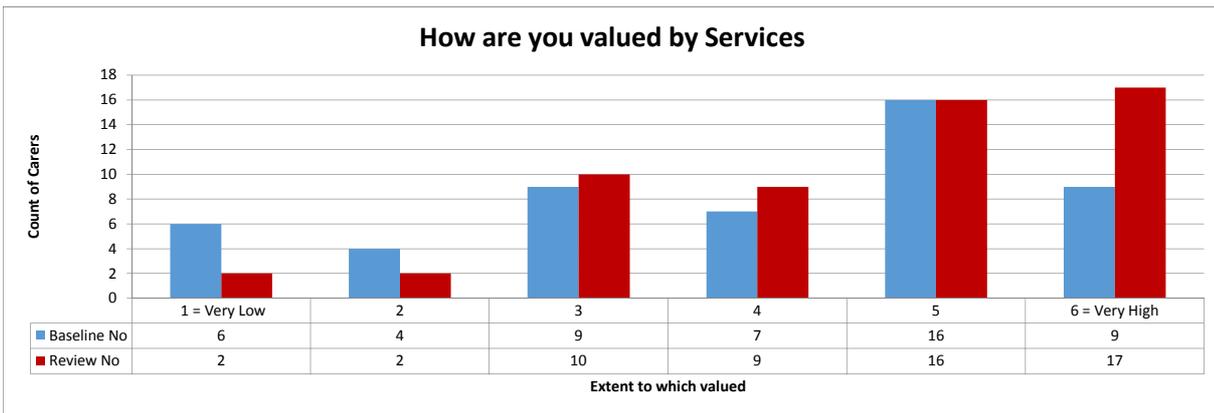
**Managing the Caring role**

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



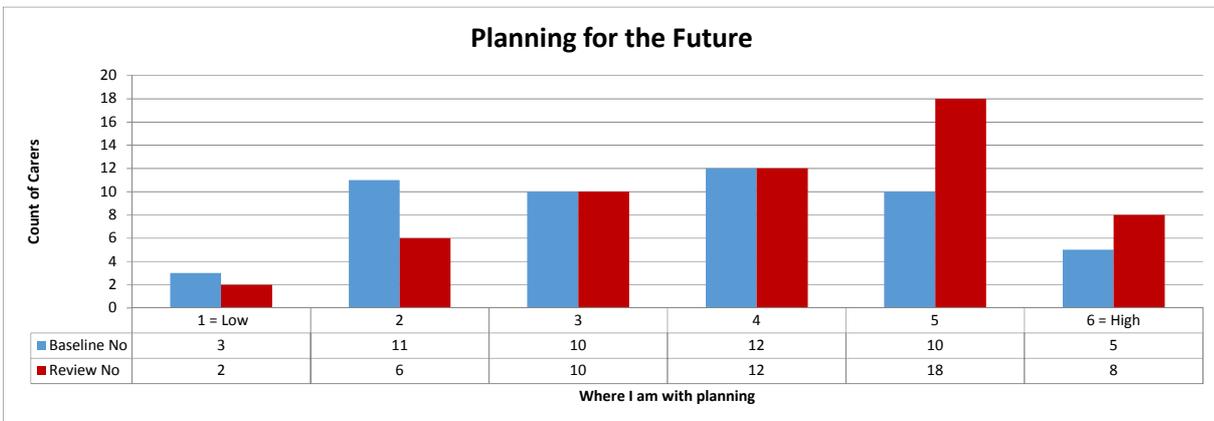
### How are you valued by Services

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.