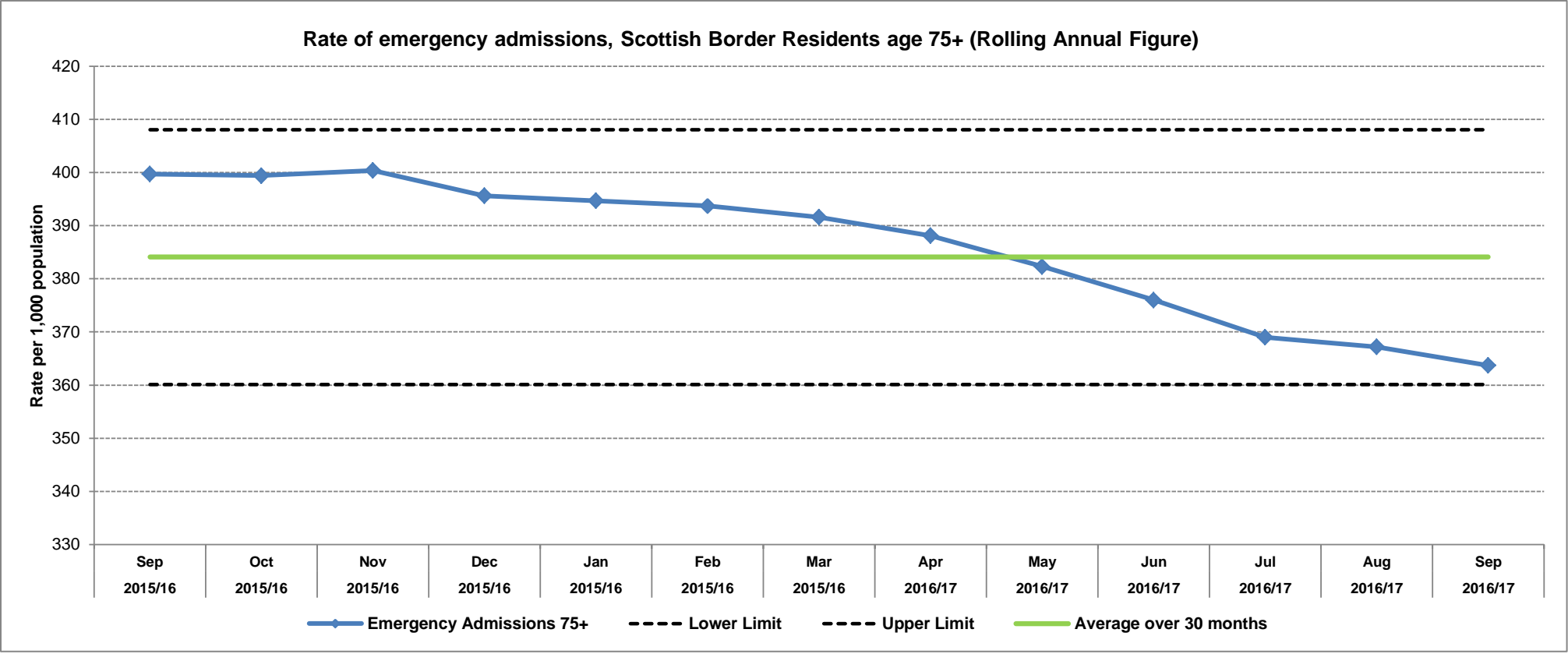


1. Unplanned Admissions

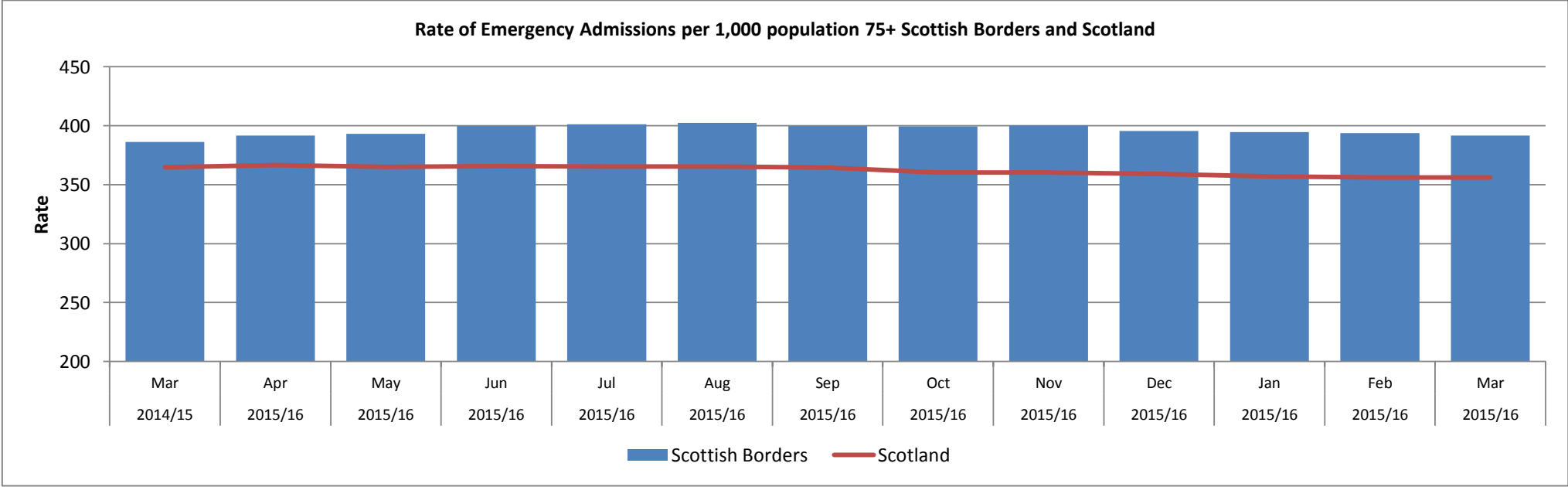
Emergency Admissions, Scottish Borders residents age 75+

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Number of Emergency Admissions, 75+	4,524	4,457	4,383	4,302	4,280	4,240						
Rate of Emergency Admissions per 1,000 population 75+	388.1	382.3	376.0	369.0	367.2	363.7						



Emergency Admissions, Scotland residents age 75+

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Number of Emergency Admissions, 75+	158,770	158,228	158,380	158,330	158,263	157,923	157,684	157,707	157,150	156,222	155,922	155,916
Rate of Emergency Admissions per 1,000 population 75+	366.5	365.2	365.6	365.5	365.3	364.5	360.2	360.3	359.0	356.9	356.2	356.2



How are we performing?

The rate of emergency admissions for the over 75 age group in Scottish Borders is decreasing. The rate was increasing gradually to August 2015 but from that point has seen a gradual decrease, in line with the Scottish trend. The Borders rate at March 2016 (latest published data point for Scotland) is higher than the national average. There is a lag time in data points as rates are produced from a nationally available source from ISD, based on data submitted by the Health Board that has been validated.

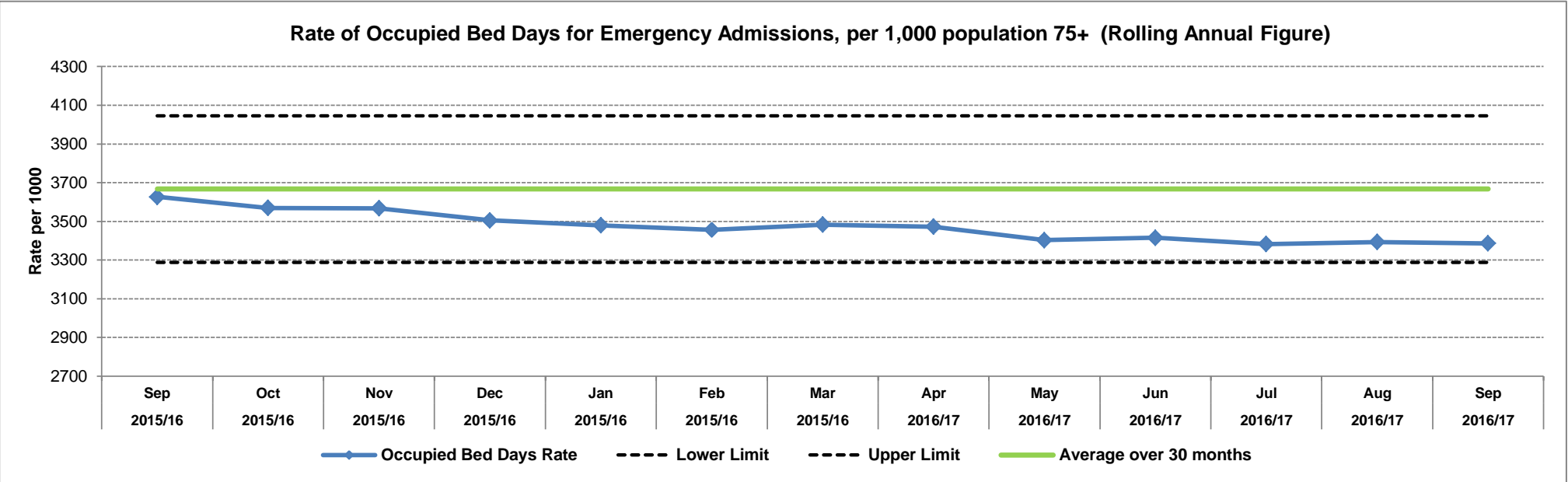
What are we doing to improve or maintain performance?

We are undertaking work to reduce emergency admissions for common conditions, focusing on developing pathways for patients with common respiratory and cardiac conditions to be reviewed and managed within their own homes and on reducing readmission rates. Use of the Acute Assessment Unit has improved our emergency admission rate allowing patients to receive tests and monitoring then discharge rather than being admitted into the hospital (Medical Assessment Unit) for this.

2. Occupied Bed Days

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

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Number of Occupied Bed Days for emergency Admissions, 75+	40,483	39,669	39,809	39,431	39,554	39,475						
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+	3473	3403	3415	3383	3393	3386						



How are we performing?

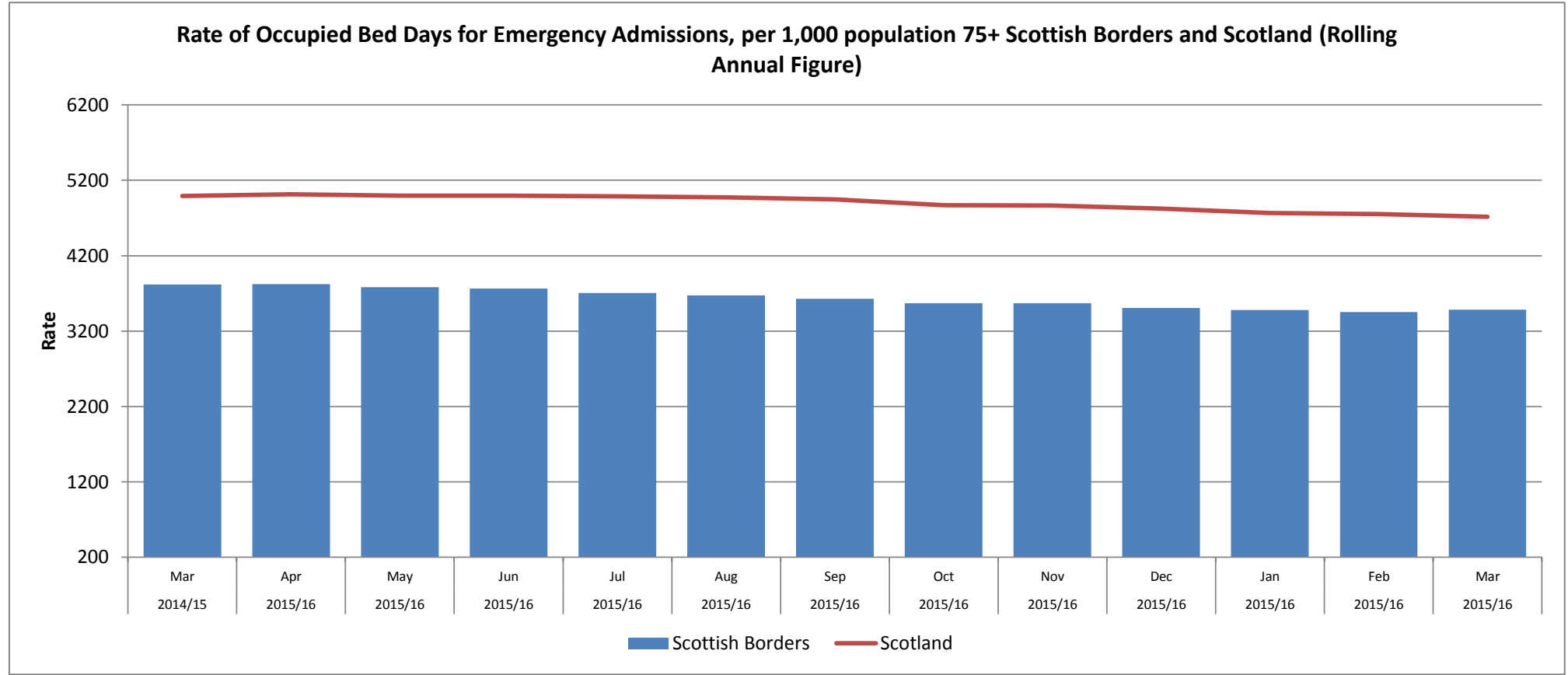
Emergency Occupied bed days for over 75s have been on the whole reducing since September 2014, following redesign work to reduce waits for patients requiring rehabilitation and elderly care beds.

What are we doing to improve or maintain performance?

The medical inpatient floor was remodelled in October to create one acute medical ward and two acute elderly care wards. This change is intended to stream frail elderly patients who are acutely unwell directly to an elderly care ward and avoid delays in medical wards. The redesign is intended to reduce overall length of stay by 0.6 days within the medical unit. There is also an increase in partnership working across health and social care to reduce delays for people requiring support on discharge home. The outcomes of this remodelling will be reviewed by end of March 2017. There continue to be delays in transitions of care and we are working closely with partners to address these.

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

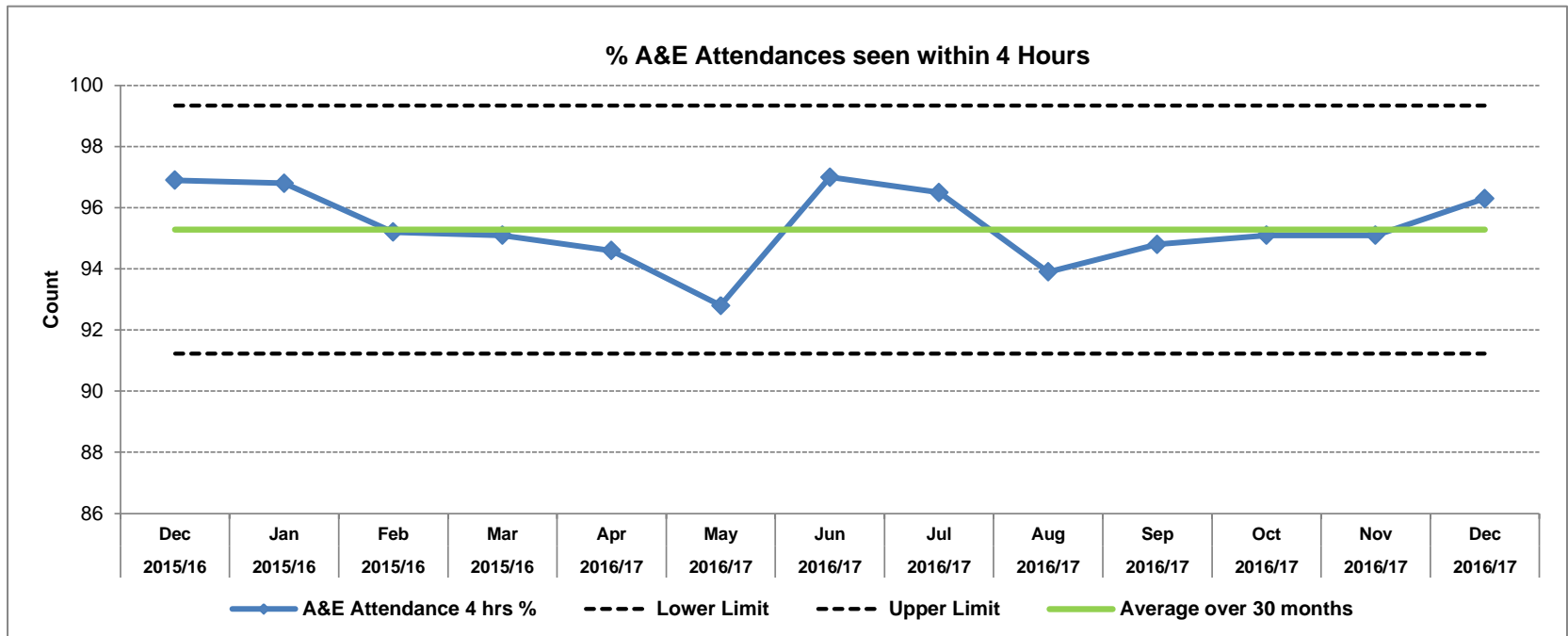
	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scottish Borders	5,013	4,998	4,996	4,989	4,976	4,948	4871.62	4866.16	4824	4764.4	4750.2	4713.73
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scotland	3,824	3,782	3,765	3,707	3,675	3,627	3,570	3,567	3,505	3,480	3,454	3,483



3. Accident and Emergency Performance

Accident and Emergency attendances seen within 4 hours

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Number of A&E Attendances seen within 4 hours	2409	2757	2460	2423	2572	2520	2487	2267	2339			
% A&E Attendances seen within 4 hour	94.60%	92.80%	97.00%	96.50%	93.90%	94.80%	95.10%	95.10%	96.30%			



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 stretched standard.

Delivery of the EAS standard (95%) has been challenging over the summer. The standard was achieved in June, July and October, but missed in April, May, August and September. Performance recovered to 95% in October, November and December.

Winter planning is in place for the Festive Period and Winter. Performance will be closely monitored from 1st January 2017 to address any issues that have the potential to compromise performance as they arise.

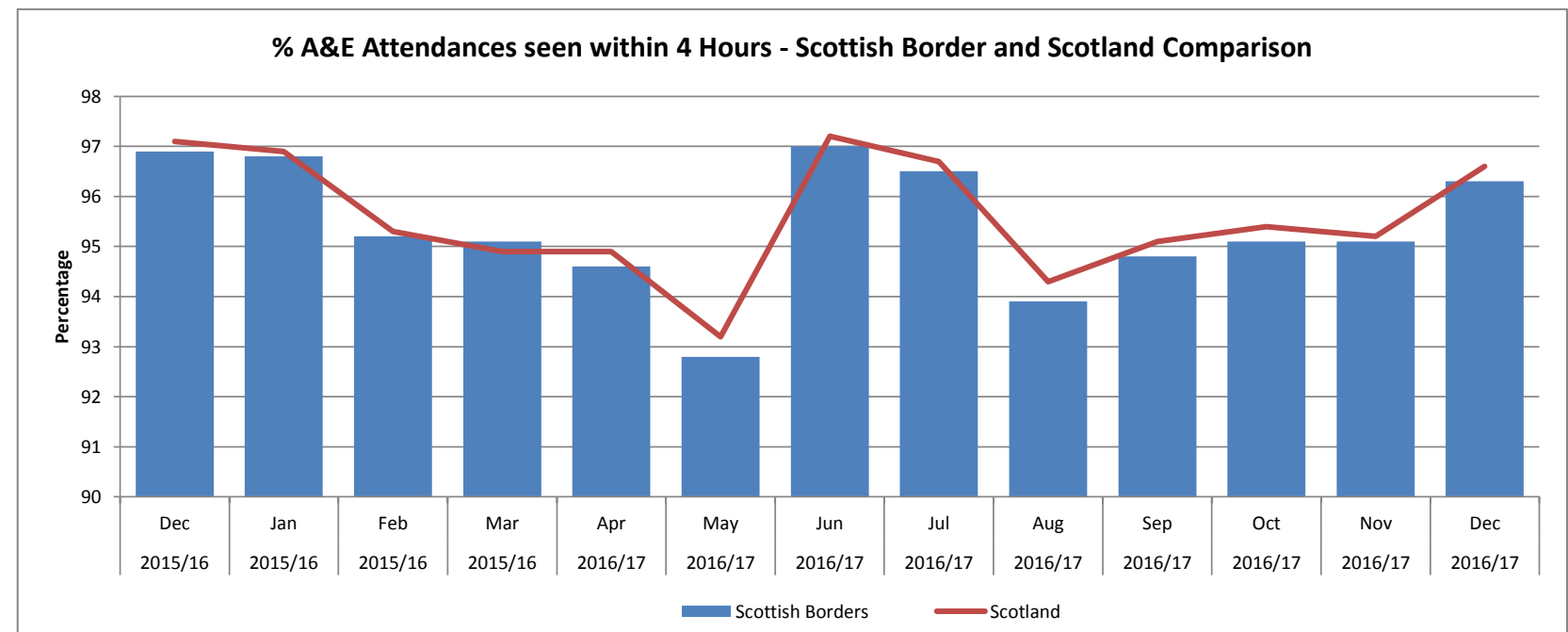
What are we doing to improve or maintain performance?

Delays in transitions of care were rising towards the end of December 2016 and we will be working closely with partners to address these delays.

We are also ensuring there is careful planning in place for patients with Lengths of Stay of over 28 days.

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

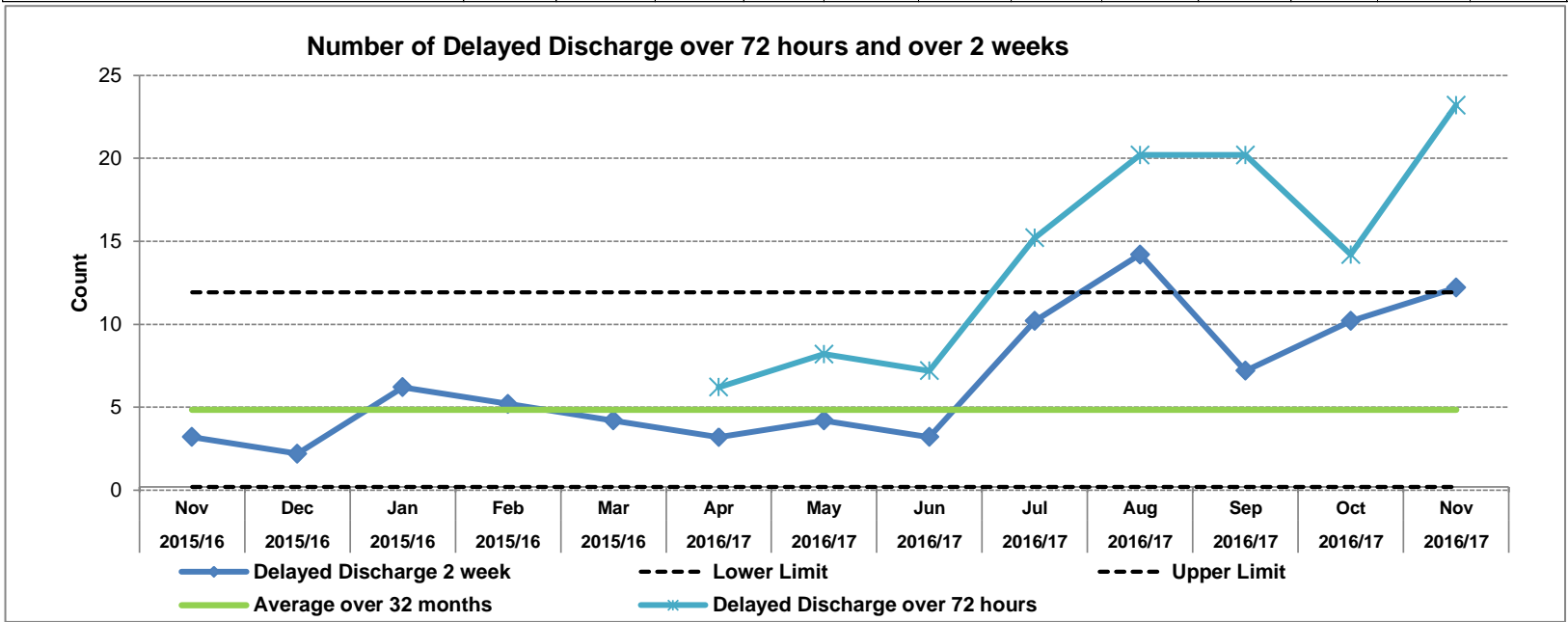
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
% A&E Attendances seen within 4 hour Scottish Borders	94.6%	92.8%	97.0%	96.5%	93.9%	94.8%	95.1%	95.1%	96.3%			
% A&E Attendances seen within 4 hour Scotland	94.9%	93.2%	97.2%	96.7%	94.3%	95.1%	95.5%	95.2%	96.6%			



4. Delayed Discharge

Delayed Discharge

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Number of Delayed Discharge over 2 weeks	3	4	3	10	14	7	10	12				
Number of Delayed Discharge over 72 hours	6	8	7	15	20	20	14	23				



Please note the Delayed Discharge over 72 hours measurement has only recently been implement from April 2016. It has been overlayed on this graph as an indicator of the new measurement (light blue line) however as data is limited to less than one year we cannot provide a statistical run chart for this. The Delayed Discharge 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

How are we performing?

A new national target of zero delays over 72 hours came into force on 1st April 2016. New definitions for recording delayed discharges were introduced on the 1st July 2016. 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 key reasons for delay experienced by patients are currently being influenced by challenges relating to the following issues:

- Care at home – we continue to be challenged in sourcing care at home across the Borders.
- Choices of care home placements and availability thereof and total capacity in Care Homes in Borders, particularly for more complex cases.
- A number of complex cases with a significant length of stay.

Ongoing focus is being placed upon supporting the discharge of delayed patients awaiting their next stage of care across the system. This is within the context of work taking place to create adequate patient flow to ensure the achievement of the 4 Hour ED Standard, quality of care and ensuring people are in the right care setting, and the avoidance of disruption to planned surgical admissions. There are weekly delayed discharge meetings with senior managers and senior colleagues from Scottish Borders Council and SB Cares, Chief Officer for Health and Social Care, and General Managers for Primary & Community Services and Unscheduled Care. The purpose of this meeting is to take cross service actions, escalated from daily and weekly monitoring and to implement the overall action plan taking short, medium and long term actions to help NHS Borders achieve the 72 hour standard.

What are we doing to improve or maintain performance?

The Action Plan focuses on actions to address the main reasons for the delays currently experienced by patients across the hospital system. The key actions include:

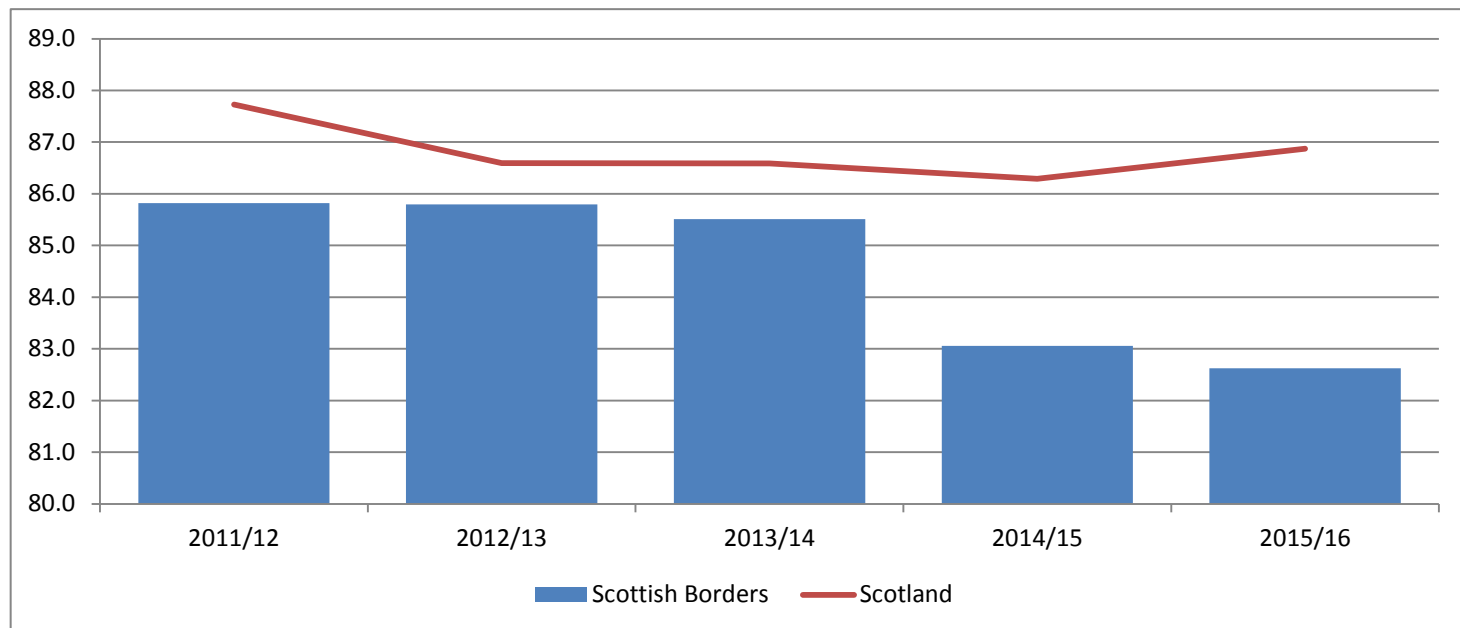
- Senior Management attendance and support to Community Hospital Multi Disciplinary Meetings where anticipated delays are identified.
- Challenge to current assumptions for standard packages of care for people with high level needs.
- Development of a co-ordination function to identify and direct care home resources. (brokerage visit)
- Additional Telecare Support - development of a plan to introduce more technology to support aspects of community based care.
- Introduction of a transitional care facility to support step down care - Waverly Care Home has been redesigned to introduce 16 further step down beds supported by ICF. Work is underway to spread models across other care homes.
- The review of current practice for discharging patients who lack capacity which includes undertaking an appreciative enquiry approach to understand local challenges and create an improvement plan.

Numbers of delayed discharges at a census date each month are difficult to compare with national information. To compare our Delayed Discharge performance with other areas we would suggest including additional measures around this theme in future performance reports for the IJB.

5. End of Life Care

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

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Scottish Borders %	85.8%	85.8%	85.5%	83.1%	82.6%	
Scotland %	87.7%	86.6%	86.6%	86.3%	86.9%	



How are we performing?

The percentage of last 6 months of life spent at home or in a community setting has fluctuated in the Borders from year to year but in each case remains slightly below the Scottish average.

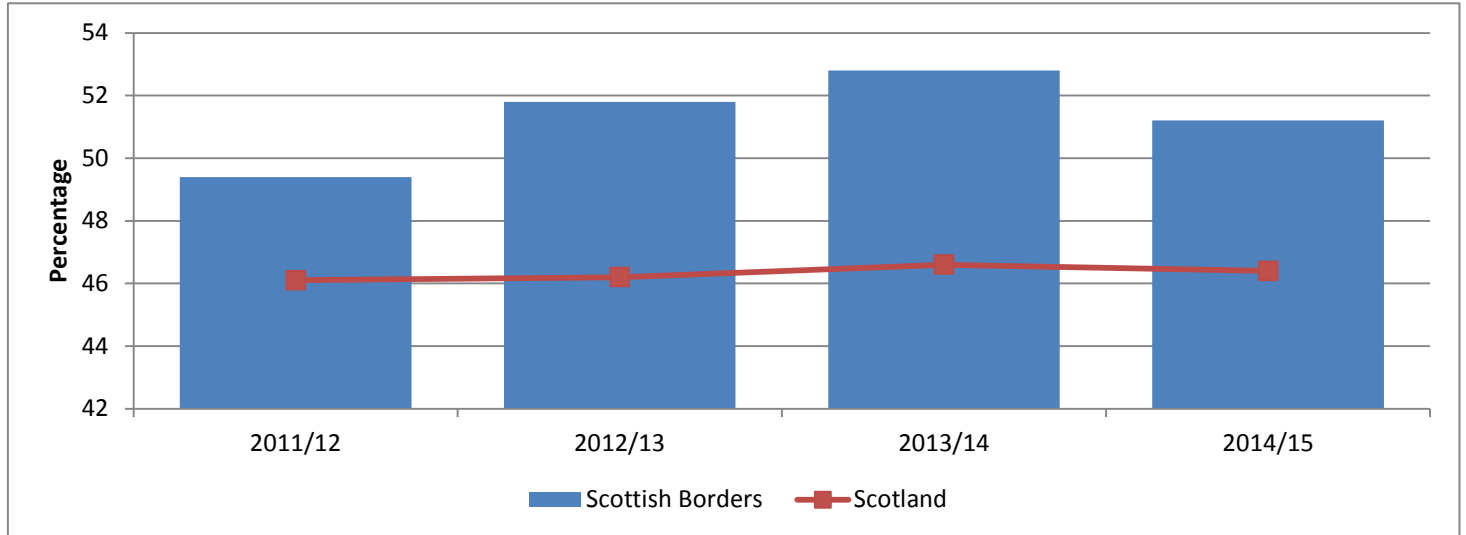
What are we doing to improve or maintain performance?

There is significant work underway to support people who choose to remain at home or in a community setting in the last 6 months of life. The opening of the Margaret Kerr Unit has provided another option and the impact of this will be monitored. The service is looking at opportunities to broaden the range of options for support in community settings.

6. Balance of Spend

Total Health and Social Care Expenditure

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Scottish Borders Total Spend (£ millions)	248.7	247.7	257.8	267.2		
Scottish Borders % spent on Community-Based care	49.40%	51.80%	52.80%	51.20%		
Scottish Total Spend (£ millions)	11,675	11,782	12,109	12,620		
Scottish % spent on Community-Based care	46.10%	46.20%	46.60%	46.40%		

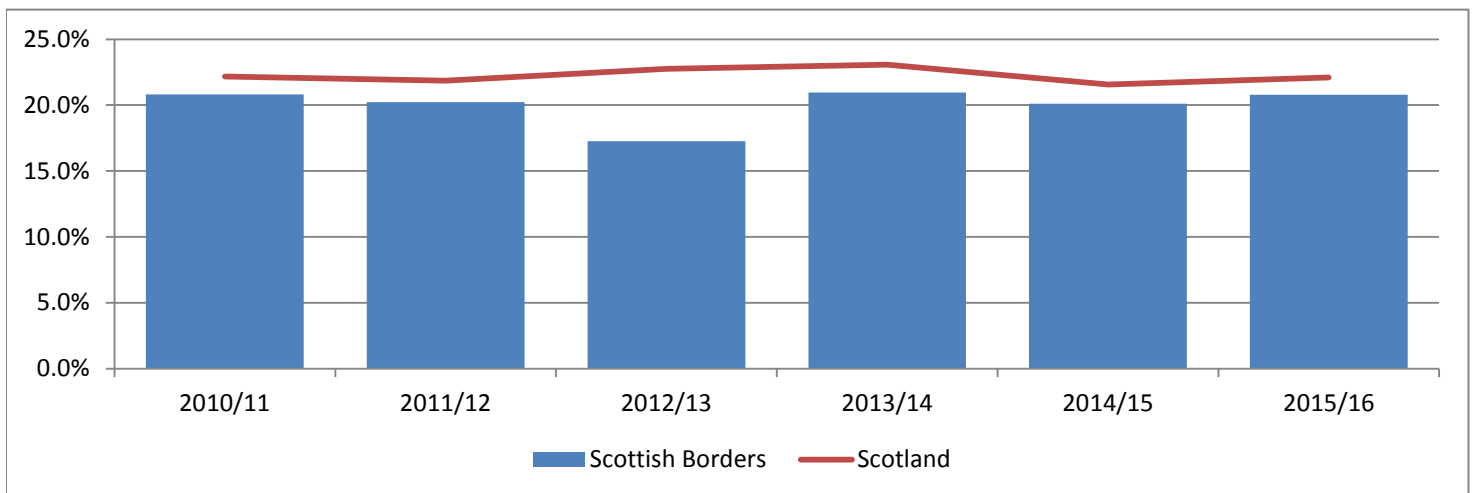


How are we performing?

In the four years 2011/12 to 2014/15 the percentage of total health and care spend in the Borders that was accounted for by community-based services has been consistently higher than the Scottish average. Whilst this is a good baseline position for the Health and Social Care Partnership relative to Scotland, it will be important to ensure that the community service share is maintained/improved. The share for 2014/15 dropped relative to that for 2013/14. We are expecting data for 2015/16 to be available to us in March 2017.

Percentage of health and care resource spent on hospital stays where the patient was admitted in an

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Scottish Borders	20.8%	20.2%	17.3%	21.0%	20.1%	20.8%
Scotland	22.2%	21.9%	22.7%	23.1%	21.6%	22.1%



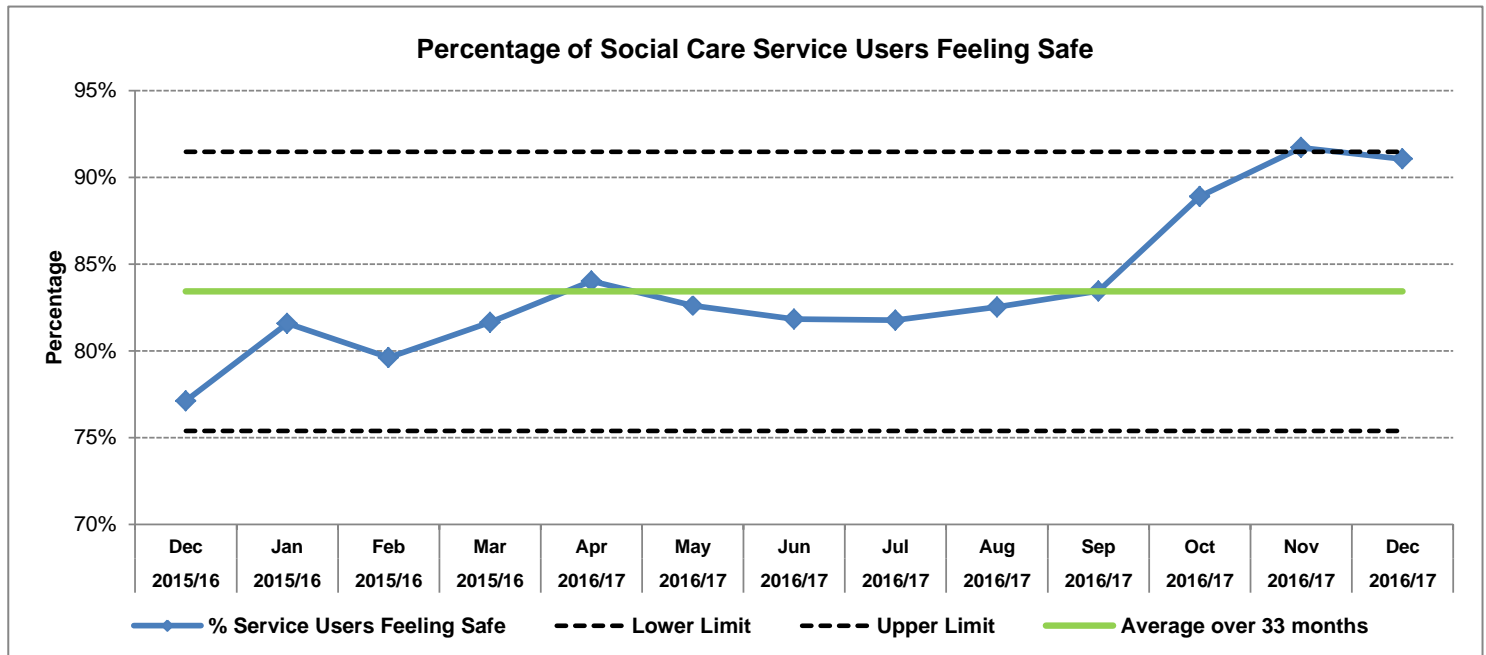
6. Balance of Spend

<u>How are we performing?</u>
Over all the years for which this indicator is available, Scottish Borders has consistently performed slightly better than Scotland. However, there is no obvious downward (improving) trend, and as with other Health and Social Care Partnerships, Scottish Borders is expected to work to reduce the relative proportion of spend attributed to unscheduled stays in hospital.
<u>What are we doing to improve or maintain performance?</u>
The Strategic Plan sets out the Framework to support a shift in resources from the acute sector to the community.

7. Social Care

Social Care Survey - Do you feel safe?

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Number of People Feeling Safe	205	209	171	139	170	136	152	177	173			
% of People Feeling Safe	84%	83%	82%	82%	83%	83%	89%	92%	91%			



How are we performing?

Fluctuating within the expected limits of this indicator shows over 80% of those asked if they feel safe following a Social Care Adult Assessment answered yes. This information is in recovery from some recent changes to the survey which allowed the question to be left blank. Recent changes have ensured that this option no longer occurs and this question can only be answered yes or no.

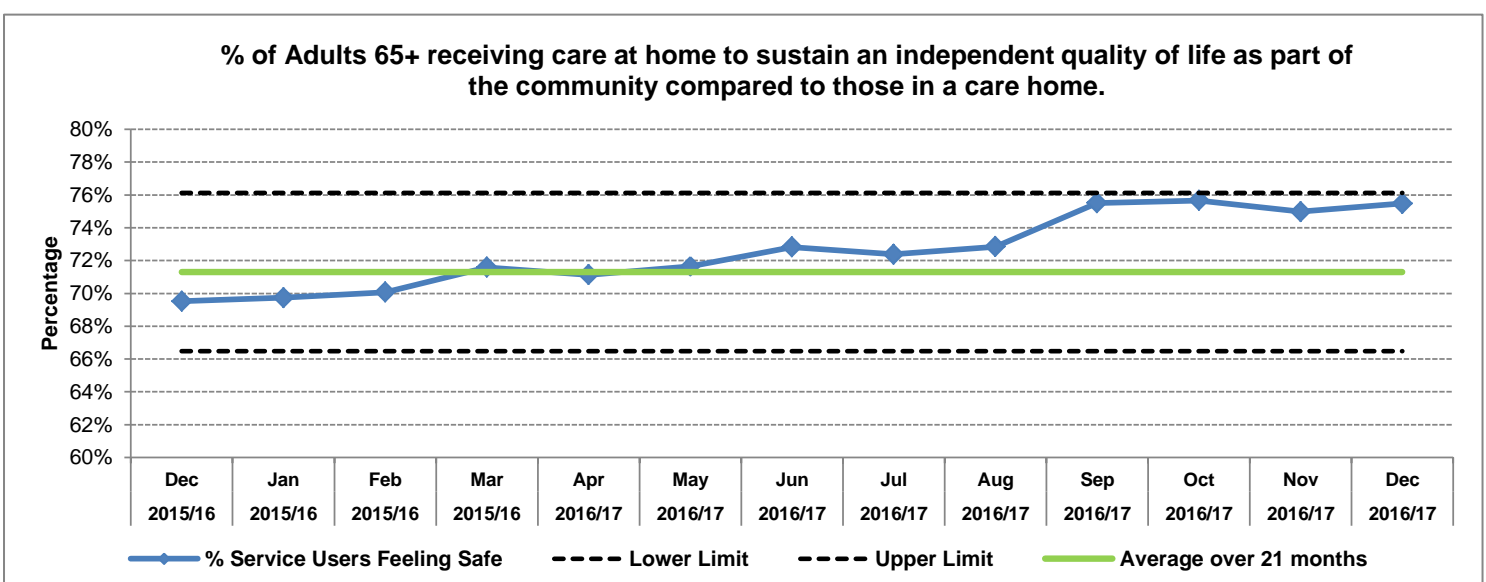
What are we doing to improve or maintain performance?

Amendments to the survey have ensured that all those who have an assessment will be asked the question and can only respond yes or no. This will ensure consistency in Responses and reliable data recording to give an overall outcome response to the work of Social Care.

The SDS approach within Social Care is now well established with emphasis on client information and choice. This ensures a more informed and appropriate outcome for the client which ensures their needs are met.

People within the Scottish Borders with intensive care needs receiving support in a community setting rather than a care home.

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Number of Adults 65+ within community	1563	1619	1716	1710	1766	2032	2019	1988	2018			
% of Adults 65+ receiving care at home compared to those in care home	71%	72%	73%	72%	73%	76%	76%	75%	75%			



7. Social Care

How are we performing?

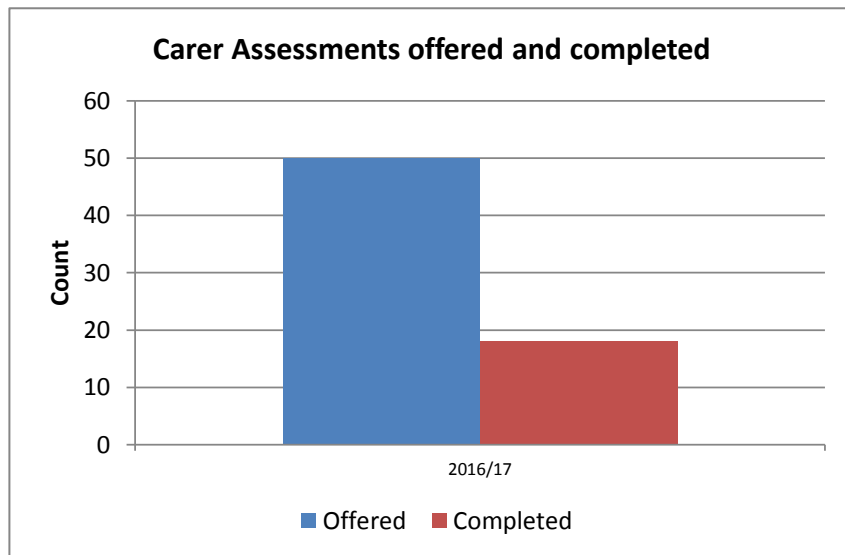
Consistently on or above average for the past 7 months. This indicator shows we are actively supporting a large percentage of adults over 65 within a homely, community setting rather than a residential environment.

What are we doing to improve or maintain performance?

Locality based teams monitoring and assessing the needs of our clients ensure a more community based outcome for clients. Further emphasis on locality management of client with further maintain and improve this measure.

Carers offered and completed assessments.

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Assessments offered during Adult Assessment										50		
Carers Centre	New measure. Recording started in 2017									18		



How are we performing?

This information shows that during the month of January we offered 50 assessment to individuals who were identified as carers during a Social Work Adult Assessment. Within the same month the Carers Centre completed 18 assessment. Although these measurement are taken within the same month they may not relate to the same individuals, eg a person offered an assessment in January may not actually undergo an assessment until some time later. We expect over a year the total offered will be similar to the total completed.

What are we doing to improve or maintain performance?

Although the offering of an assessment to a carer identified during an adult assessment is not a new action, we have no regular recording or monitoring of the take up of the offer. With regular monitoring and review of this measure we can identify improvement we can make in the service to ensure uptake of the carers assessment is maintain or improved.

The measurements above are difficult to compare with national information as there are no identical measurements. To allow us to compare this performance with other areas we would suggest including additional measures around this theme in future performance reports for the IJB.