

Scottish Borders Health & Social Care
Integration Joint Board



Meeting Date: 28 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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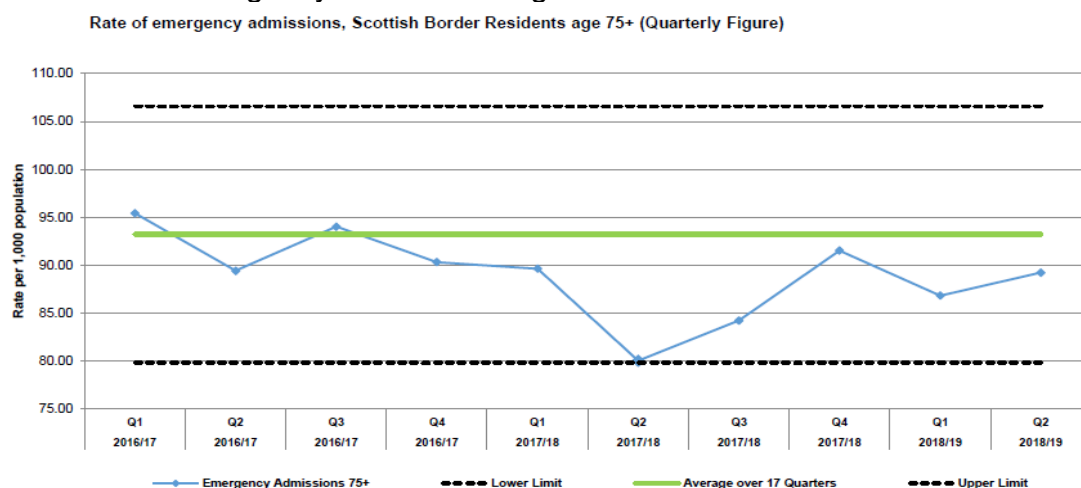
Financial:	<i>n/a</i>
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Legal:	<i>n/a</i>
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Risk Implications:	<i>n/a</i>
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Background

- 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:
- We will improve the health of the population and reduce the number of hospital admissions;
 - We will improve the flow of patients into, through and out of hospital;
 - We will improve the capacity within the community for people who have been in receipt of health and social care services to better manage their own conditions and support those who care for them.
- 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 (however this 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%), October 2018 (94.4%) just below target, November/December exceed 95% 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 however 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 following a slight increase the last 4 quarters (from 10.3 to 11.0). This is higher than the Scottish average but the gap has narrowed.
- 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 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 develop further over time. In the future, performance reporting will increasingly align to and support the updates required to the Strategic Plan. This work will be overseen by the IPG, and be reported to both SPG and IJB.