Scottish Borders Health & Social Care Integration Joint Board

Meeting Date: 19 August 2020

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PERFORMANCE REPORT
AUGUST 2020 (LATEST AVAILABLE DATA AT END JUNE 2020)

Purpose of Report:	To provide a high-level summary of quarterly performance for Integration Joint Board (IJB) members, using latest available data. The report focuses on demonstrating progress towards the Health and Social Care Partnership's Strategic Objectives

Recommendations:	Health & Social Care Integration Joint Board is asked to: a) *Note* and approve any changes made to performance reporting. b) *Discuss* any proposed additional performance measures c) *Note* the key challenges highlighted. d) *Direct* actions to address the challenges and to mitigate risk

Personnel:	*n/a*

Carers:	*n/a*

Equalities:	A comprehensive Equality Impact Assessment was completed as part of the strategic planning process. Performance information supports the strategic plan.

Financial:	*n/a*

Legal:	*n/a*

Risk Implications:	*n/a*

1. BACKGROUND

1.1 The Integration Performance Group (IPG) established a set of high-level key performance indicators (KPI) for quarterly reporting to Integration Joint Board (IJB). The KPIs are aligned under the three Health and Social Care Strategic Plan 2018-2021 strategic objectives, broadly summarised below as:

- *Objective 1*: keeping people healthy and out of hospital
- *Objective 2*: ensuring people only stay in hospital for as long as required
- *Objective 3*: building capacity within Scottish Borders communities

1.2 The IPG continues to review, refine and develop the indicators to better balance the mix of hospital-focussed and social care KPIs. Wherever possible, the indicators are selected from robust, reliable data sources that can be compared to the Scottish average. The IPG will ensure that any new indicators for reporting are similarly robust and that proposed changes are discussed at IJB.

1.3 The February 2020 IJB raised concerns about the balance of indicators and requested that the report be expanded to include additional social care measures. The proposed additional social care measures have been discussed by IPG (*July 2020 meeting*) and have been shown in Section 3 of this covering paper for IJB discussion.

1.4 The IPG endeavours to present the latest available data. For some measures there is a significant lag whilst local data is validated and released publicly. This does increase robustness and allows for national comparison, but it is not ideal. Normally this is an inconvenience, but given the Covid-pandemic it is a bigger issue (i.e.) this quarterly performance report generally indicates performance pre-Covid, whereas most people are understandably more interested in our pandemic-related performance. To try and balance this, some more up to date data has been shown in Section 4 of this report showing the National impact of Covid on delayed discharge, A&E attendances and hospital admissions. This data comes from a 'lessons-learned' report that the Cabinet Secretary and COSLA requested in July 2020.

1.5 The IJB Strategic Risk Register focuses on risk and controls. The focus of the Quarterly Performance Report is to highlight performance trend, but the indicators also show where performance is off target and where mitigating action to address this needs to be taken. Performance and risk are very closely linked.

1.6 As normal, the quarterly performance report has three parts to it:

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

2. SUMMARY OF PERFORMANCE: (NOTE: BULK OF DATA REPORTED IS PRE-COVID)

2.1 The rate of **emergency hospital admissions (all ages) [*data to December 2019*]** performance trend has worsened over the last four reporting quarters, with the latest figure now 29.1 admissions per 1,000 population. This is worse than the Scottish average (27.6) and worse than our locally set target (27.5). The decline for Borders up to December 2019 quarter (from 27.4 to 29.1) is greater than the decline for Scotland (from 26.8 to 27.6). This becomes even more apparent when looking specifically at the **over 75 years [*data to December 2019*]** age group. Performance here is now 101.2 per 1,000 population (again to December 2019. The previous quarter was 88.1). The Scottish average also shows performance decline, but at a lesser rate (current is 94.4, previous quarter was 90.8). Winter pressure is likely to be one factor impacting the figures.

2.2 **A&E waiting times [*data to March 2020*]** appears to be relatively static and shows that 86.2% of people attending A&E were seen within 4 hours. This is below the Scottish average of 88.6% and worse than our locally set target (95%). Conversely, the data for **A&E attendances [*data to March 2020*]** shows that the number of attendances at A&E has fallen significantly. Borders A&E attendances were 70.1 per 1,000 population in Q3 2019/20, but have fallen to 59.6 per 1,000 population in Q4. The rate for Scotland also dropped over the same period and by a similar amount (from 72.1 to 62.0). it is likely that the early impact of Covid-19 during March 2020 will have played a part in the reduction in A&E attendances

2.3 The **balance of spend on emergency hospital stays [*data to September 2019*]** remains very positive - with 19.1% of health and care resource spent on hospital stays where the patient was admitted as an emergency (persons aged 18+). However this data is as of Q2 2019/20 so is close to 12 months out of date and does not reflect any Covid-impact.

2.4 The **quarterly occupied bed day rates for emergency admissions [*data to March 2020*]** in Scottish Borders residents *age 75+* is demonstrating a relatively flat performance trend over the last 4 quarters (824 to 826 per 1,000 population as of March 2020). Performance remains better than the Scotland average (1,108) and better than our local target (997), which is based on remaining at least 10% better than the national average. The Covid-19 impact will not be reflected in these figures.

2.5 With regard to delayed discharge, the **'snapshot' data performance [*taken on one day in May 2020*]** is positive, with 13 delayed discharges recorded. This demonstrates a positive performance trend over the last 4 months (28 to 13) and is better than our target of 23. The quarterly **rate of bed days associated with delayed discharges (75+) [*data to March 2020*]** performance however has worsened this quarter (to 206 beds per 1,000 population aged 75+ as of March 2020). This is worse than the Scotland average (for 2019) and worse than our locally set target (180). However, this once again, pre-dates any Covid impact.

2.6 The **% of patients satisfied** with care, staff & information in BGH and Community hospitals remains very good and the combined satisfaction rate remains high at 95.5%. The data is taken from questions asked in the "*2 minutes of your time*" survey done at BGH and community hospitals.

2.7 Our performance for the **Quarterly rate of emergency readmissions within 28 days of discharge [*data to December 2019*]** for Scottish Borders residents has declined with performance now showing a 11.5% readmission rate. This is worse than the latest Scotland average (10.4%) and worse than our local target (10.5%). Performance against this indicator has been discussed on a number of occasions at SPG and IJB.

2.8 Performance in relation to **end of life care [*data to December 2019*]** is improving, with 87.6%% of people able to spend the last 6 months of their life at home or in a community setting. This is slightly above target (87.5%) and close to the Scotland average (88.1%).

2.9 The % of **Carer Support Plans completed** performance is very positive, with 82% of the plans offered, having been completed, well above our 40% target.

2.10 Similarly, the **outcomes for carers** indicators remain positive. This suite of indicators looks at the positive outcome change between baseline assessment and subsequent review.

3 ADDITIONAL SOCIAL CARE PERFORMANCE INDICATORS

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

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

3.2

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

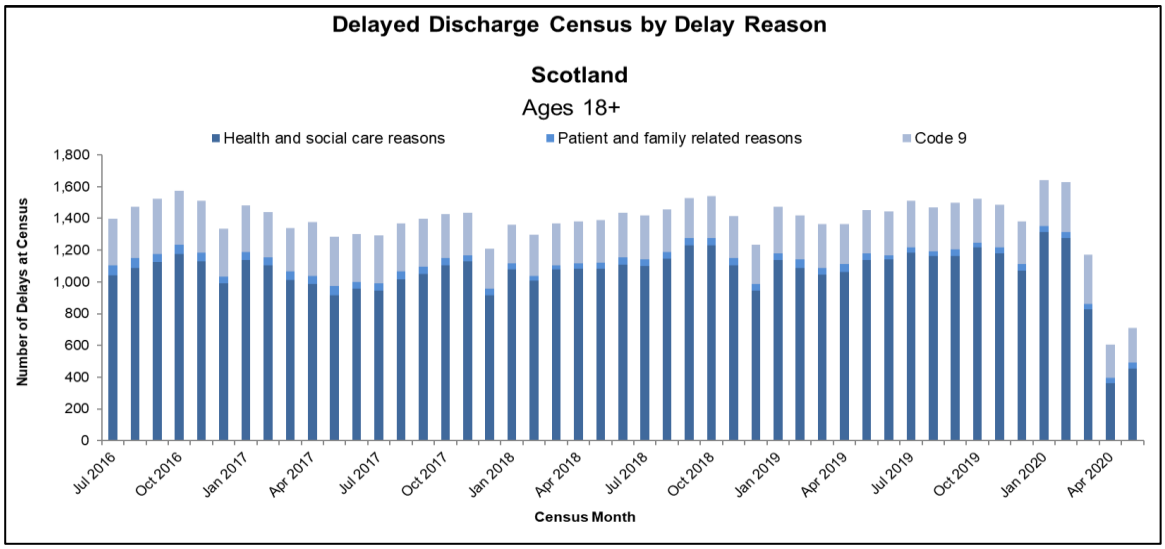
4 ADDITIONAL CONTEXT FOR DELAYED DISCHARGES, A&E ATTENDANCES AND HOSPITAL ADMISSIONS

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

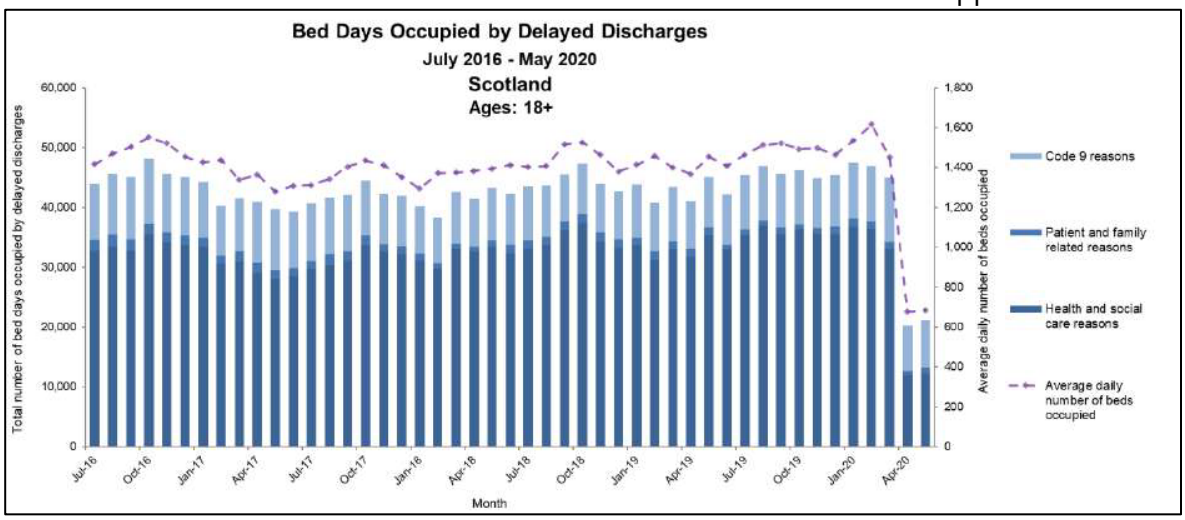
4.2 The report concluded that historical problems with **Delayed Discharges** have:

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

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



4.4 The report found that COVID-19 has undoubtedly proved to be the stimulus needed to make significant delayed discharge and subsequent **Bed Days Occupied by Delayed Discharge** reductions. The response to the outbreak removed some of the historic barriers as well as providing the enablers and the incentive for progress. It has in a perverse way created the necessary conditions to make the sort of significant progress that had long proved difficult to achieve. This progress has come at a speed that has never before been possible.

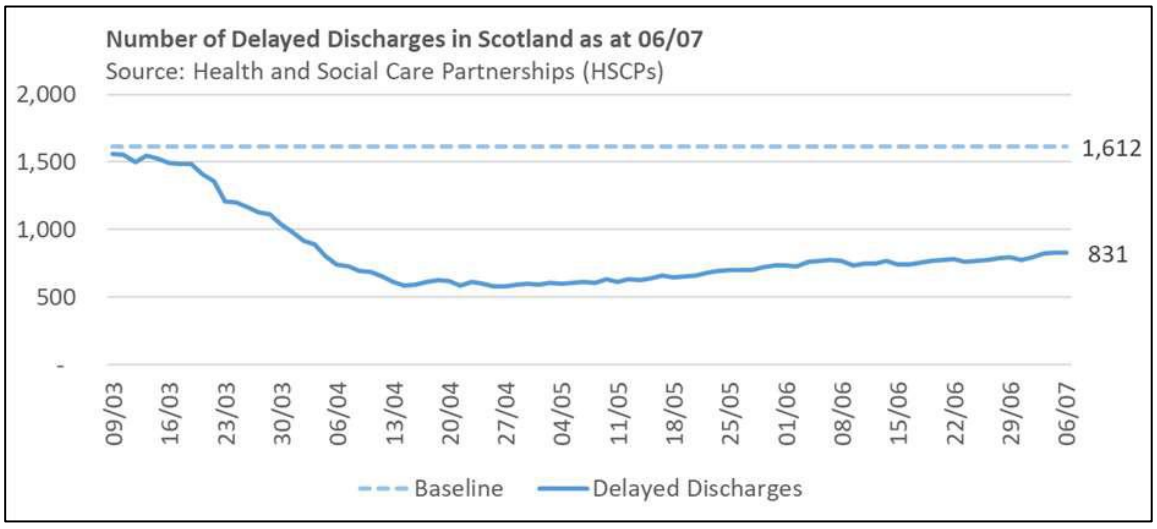


4.5 Bed days associated with delayed discharge reduced from 45,061 in May 2019 to 21,225 in April 2020.

5 POST COVID-19

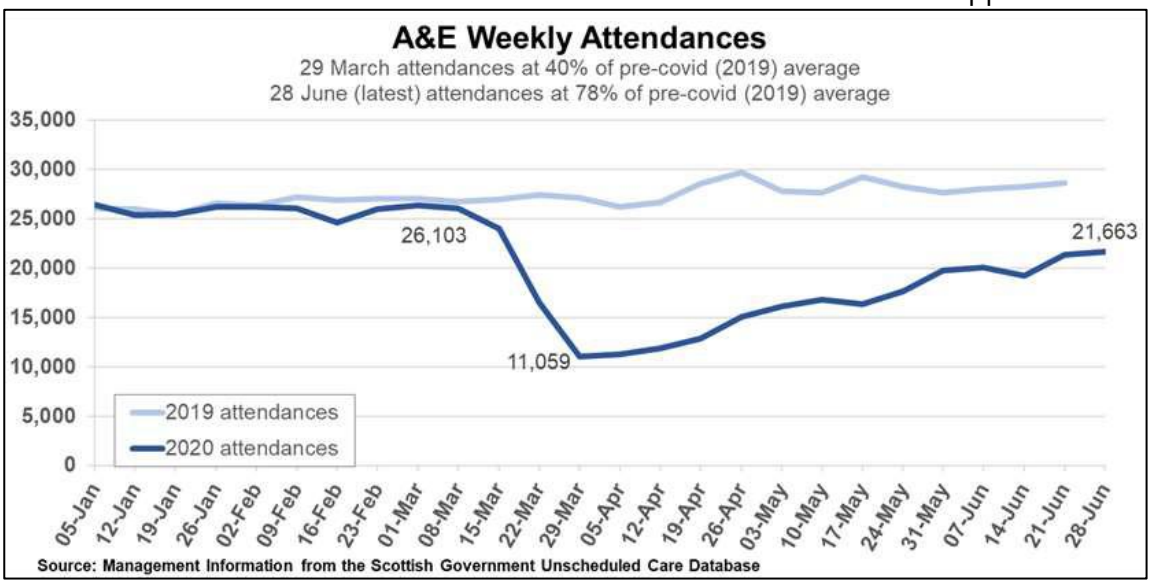
5.1 Delayed Discharge

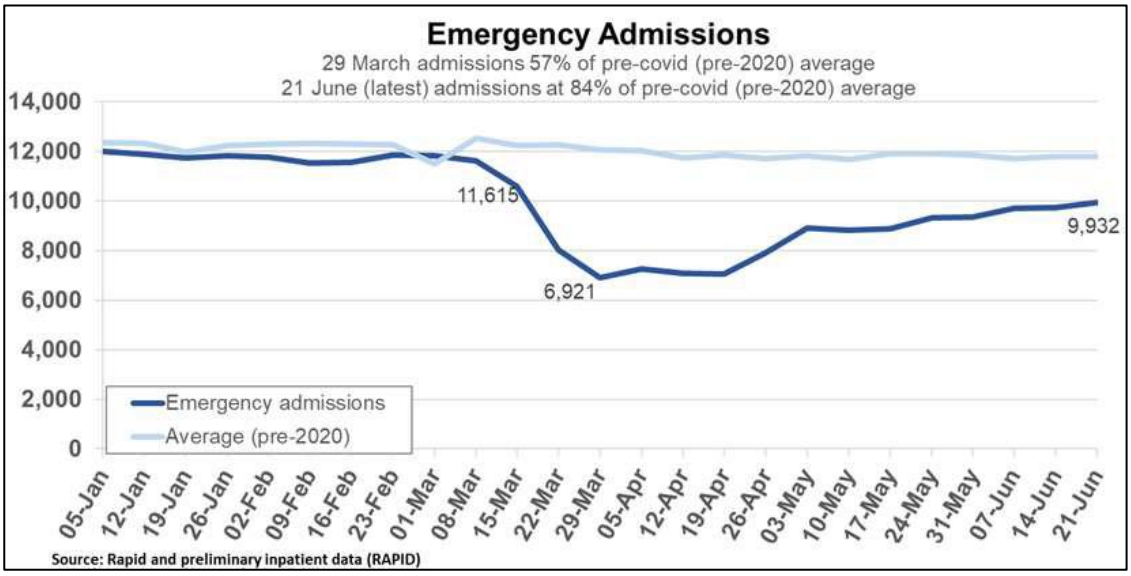
Everyone agrees that delayed discharge is a bad thing. Everyone agrees that being in hospital when you do not need to be there is a bad thing. There is no 'upside' to this problem. It uses up valuable NHS resources, denies a bed to others that need it and it is a very poor outcome for the individual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



5.2 A&E Attendances and Emergency Admissions

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


A&E Weekly Attendances
29 March attendances at 40% of pre-covid (2019) average
28 June (latest) attendances at 78% of pre-covid (2019) average
35,000
30,000
25,000
20,000
15,000
10,000
5,000
0
26,103
11,059
21,663
2019 attendances
2020 attendances
05-Jan
12-Jan
19-Jan
26-Jan
02-Feb
09-Feb
16-Feb
23-Feb
01-Mar
08-Mar
15-Mar
22-Mar
29-Mar
05-Apr
12-Apr
19-Apr
26-Apr
03-May
10-May
17-May
24-May
31-May
07-Jun
14-Jun
21-Jun
28-Jun
Source: Management Information from the Scottish Government Unscheduled Care Database


Emergency Admissions
29 March admissions 57% of pre-covid (pre-2020) average
21 June (latest) admissions at 84% of pre-covid (pre-2020) average
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
11,615
6,921
9,932
Emergency admissions
Average (pre-2020)
05-Jan
12-Jan
19-Jan
26-Jan
02-Feb
09-Feb
16-Feb
23-Feb
01-Mar
08-Mar
15-Mar
22-Mar
29-Mar
05-Apr
12-Apr
19-Apr
26-Apr
03-May
10-May
17-May
24-May
31-May
07-Jun
14-Jun
21-Jun
Source: Rapid and preliminary inpatient data (RAPID)