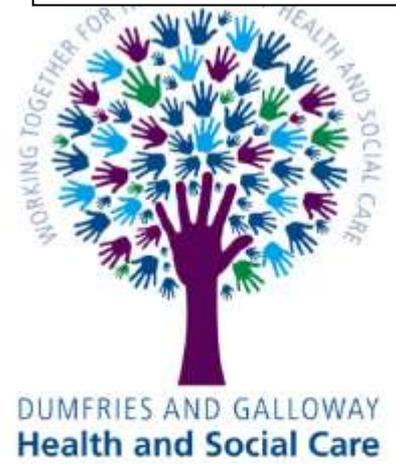


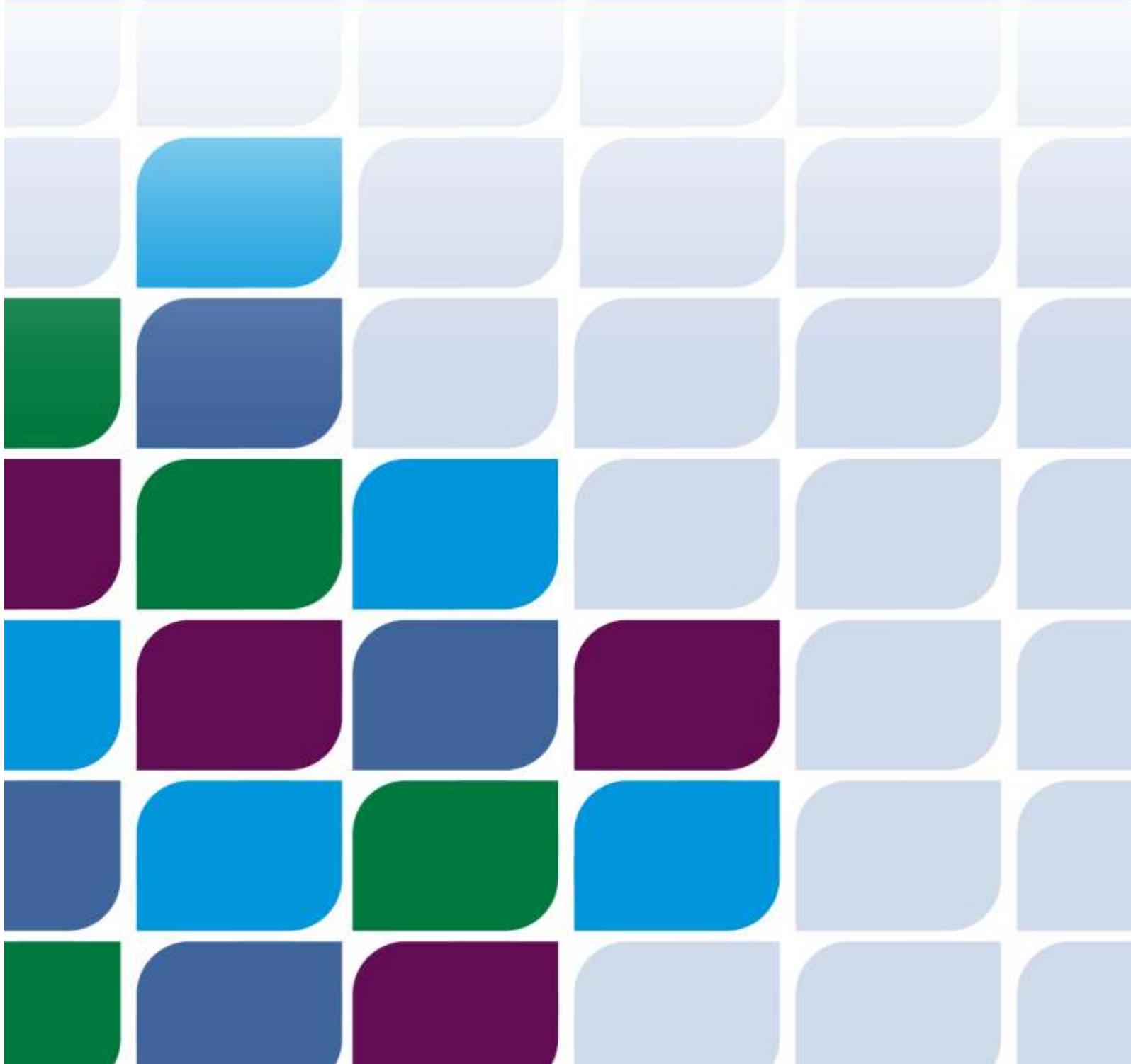
PERFORMANCE MANAGEMENT

MINISTERIAL STRATEGIC GROUP INTEGRATION INDICATORS



DRAFT

February 2018



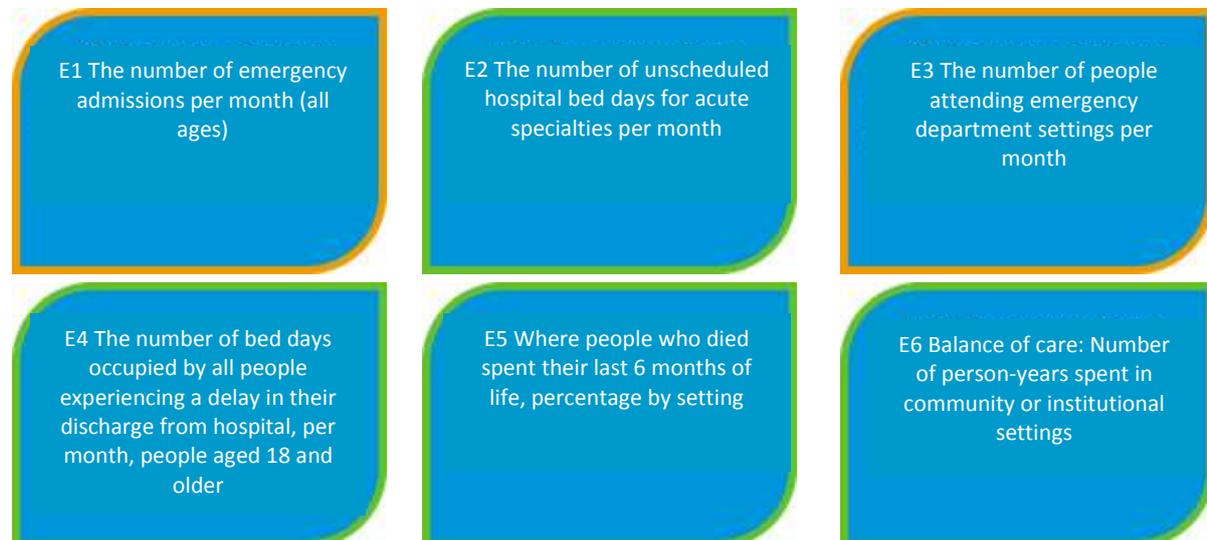
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Ministerial Strategic Group [Not Official Statistics: for management purposes only]

Overview

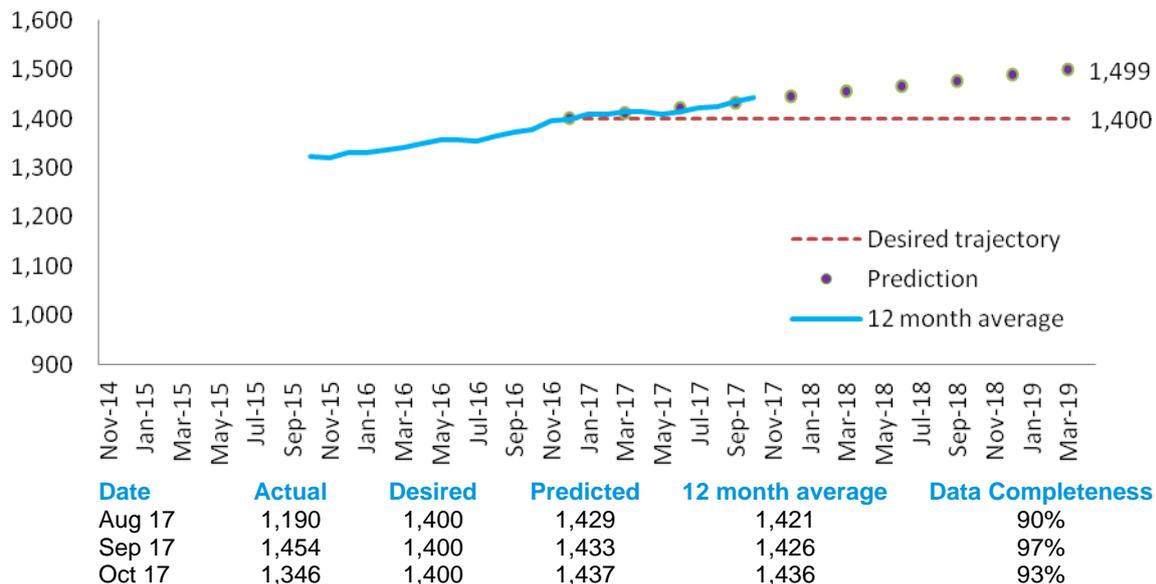


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E1 Number of emergency admissions

National Outcomes									Dumfries & Galloway Priority Area										Reported Frequency Source:	30/09/2017 Quarterly ISD Scotland
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10		

The number of emergency admissions per month (all ages)



Key Points

The number of people of all ages, admitted as urgent or an emergency, to all hospital locations in Scotland, for residents of Dumfries and Galloway was 1,346 in October 2017.

If the number of emergency admissions could be maintained at or below an average of 1,400 per month, this would equate to a drop of 7% compared to the likely result had no changes been made. This is shown on the chart as the 'prediction'. The prediction was based on the previous 2 years' figures (recalculated in December 2017).

The rolling 12 month average is increasing and in line with the prediction.

The Wider Context

These figures are reported from the Scottish Morbidity Recording 01(SMR01) dataset and there is currently a backlog causing data completeness issues. These figures include people admitted through the emergency department and also admissions direct to a ward arranged by a GP.

Research shows that approximately 40-50% of the rise in emergency admissions in the last 15 years can be attributed to demographic changes. It is believed that the growth in emergency admissions could, in part, be reduced by redesigning services to meet the needs of those people whose admission to hospital may have been avoidable in the community.

Improvement Actions

Nithsdale in Partnership (NIP) is a community based team dedicated to supporting people living in the DG1/DG2 postcode areas. Since its launch in August 2017, up to the end of December 2017 NIP has provided support to 206 people.

Stronger relationships between health and social care professionals and a wider network of partners, including local police, is helping to address some of the social challenges which previously could have resulted in admission to hospital.

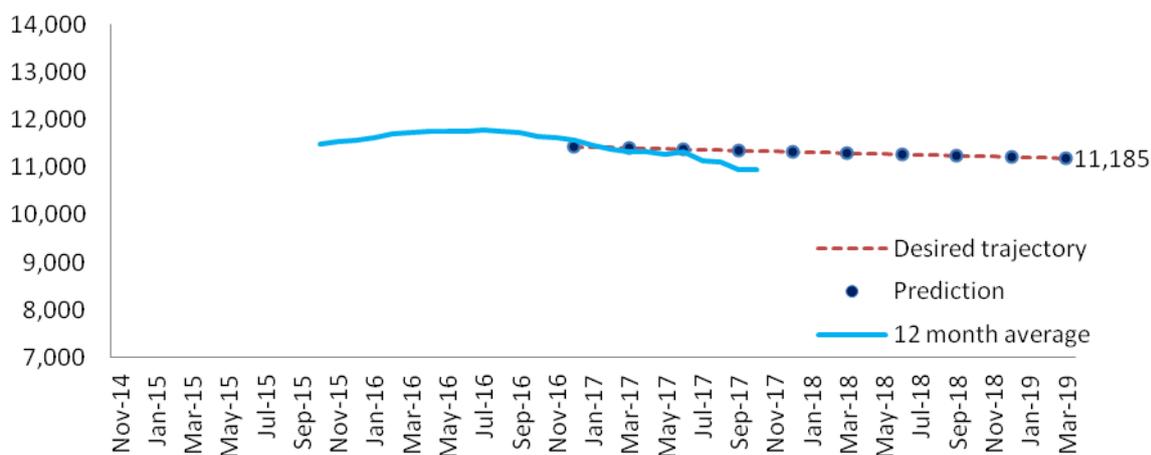
A bid has been submitted to the Scottish Government to fund a community respiratory nurse to support people with Chronic Obstructive Pulmonary Disease to remain in their own home environment.

An important contribution to managing people's care in the most appropriate way is good anticipatory care planning. Work to scale up and embed anticipatory care planning within Dumfries and Galloway Health and Social Care Partnership has recently commenced.

E2 Number of unscheduled hospital bed days for acute specialties

National Outcomes									Dumfries & Galloway Priority Area											Reported:	30/09/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	Quarterly	
																			Source:	ISD Scotland	

The number of unscheduled hospital bed days for acute specialties per month



Date	Actual	Desired	Predicted	12 month average	Data Completeness
Aug 17	9,225	11,410	11,410	11,118	90%
Sep 17	9,268	11,401	11,401	10,957	97%
Oct 17	8,415	11,392	11,392	10,958	93%

Key Points

The number of bed days for people of all ages, admitted as urgent or an emergency, to all hospital locations in Scotland, for residents of Dumfries and Galloway was 8,415 in October 2017.

The rolling 12 month average is a little lower than the prediction, which was based on the previous 2 years' figures (recalculated in December 2017). As the prediction is heading in a desirable direction, this has also been taken as the desired trajectory. If the number of emergency bed days continues to follow this trajectory, it would equate to a drop of 3.8% compared to the 12 month average reference point in November 2016.

Recent actions/changes in this area of care appear to have made an impact on this indicator. If this direction continues for a full year, a new desired trajectory will be calculated.

The Wider Context

These figures are reported from the Scottish Morbidity Recording 01(SMR01) dataset and there is currently a backlog causing completeness issues. Where the figures were less than 95% complete they have been left out of the 12 month average.

How long a person stays in hospital will be strongly related to the complexity of any procedure carried out as well the underlying health condition of the person. People admitted as emergencies generally stay longer than planned hospital admissions. In Scotland, in 2016/17, the average length of stay for a planned admission was 3.7 days. For an emergency admission, the average length of stay was 6.9 days.

Improvement Actions

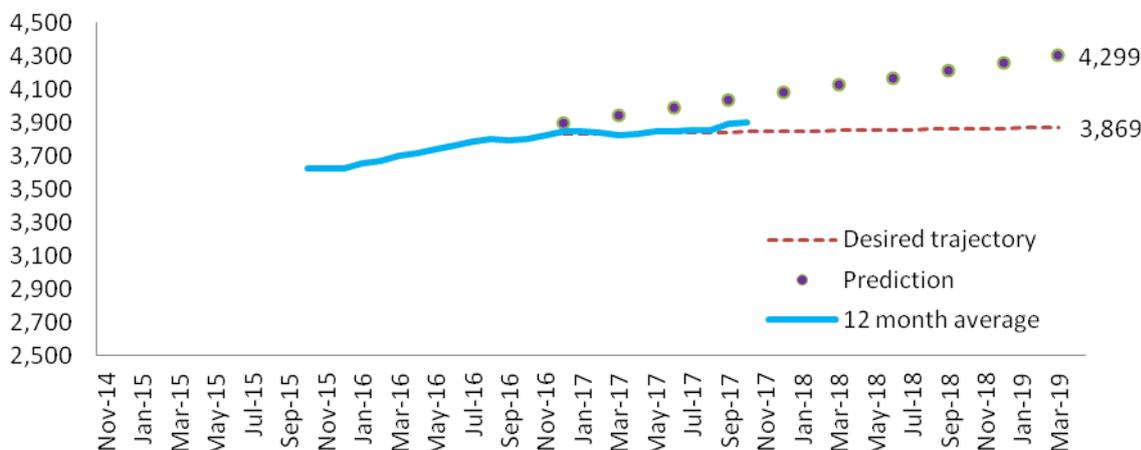
Daily Dynamic Discharge (DDD) is being rolled out across all hospital settings to improve the flow of people's journey through hospital. The Short Term Assessment Re-ablement Service (STARS) has started working with the discharge manager, patient flow coordinators and the senior social worker at Dumfries and Galloway Royal Infirmary. They hold a daily flow meeting to identify people suitable for re-ablement and/or home assessment. STARS have also started to link with locality teams to replicate this approach in cottage hospitals.

There are four new flow co-ordinator posts, one for each locality, who support the discharge process from cottage hospitals to a homely setting.

E3 Number of emergency department attendances

National Outcomes									Dumfries & Galloway Priority Area										Reported Frequency Source:	30/09/2017 Quarterly ISD Scotland
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10		

The number of people attending emergency department settings per month



Date	Actual	Desired	Predicted	12 month average
Aug 17	3,911	3,840	4,017	3,854
Sep 17	4,177	3,842	4,032	3,892
Oct 17	3,876	3,843	4,047	3,900

Key Points

The number of people attending any emergency department location in Dumfries & Galloway was 3,876 in October 2017.

If the number of people attending emergency departments follows the desired trajectory, this would equate to a drop of 10% compared to the likely result had no changes been made. This is shown on the chart as the 'prediction'. The prediction was based on the previous 2 years' figures (recalculated in December 2017).

The rolling 12 month average is increasing and is a little higher than the desired trajectory but below the number of attendances predicted.

The Wider Context

These figures are reported from the A&E datamart and do not include planned returns. There are no completion issues with this dataset.

In Scotland 25% of ED attendances in 2016/17 resulted in an admission to the same hospital. 30% of ED attendances in Dumfries and Galloway were admitted in 2016/17.

For emergency department waiting times, see indicator B19.

Improvement Actions

The Meet ED public awareness campaign has started to direct people to the most appropriate setting, which may not be the ED, through the busy winter months. We are using social media to communicate with the public when the department is particularly busy.

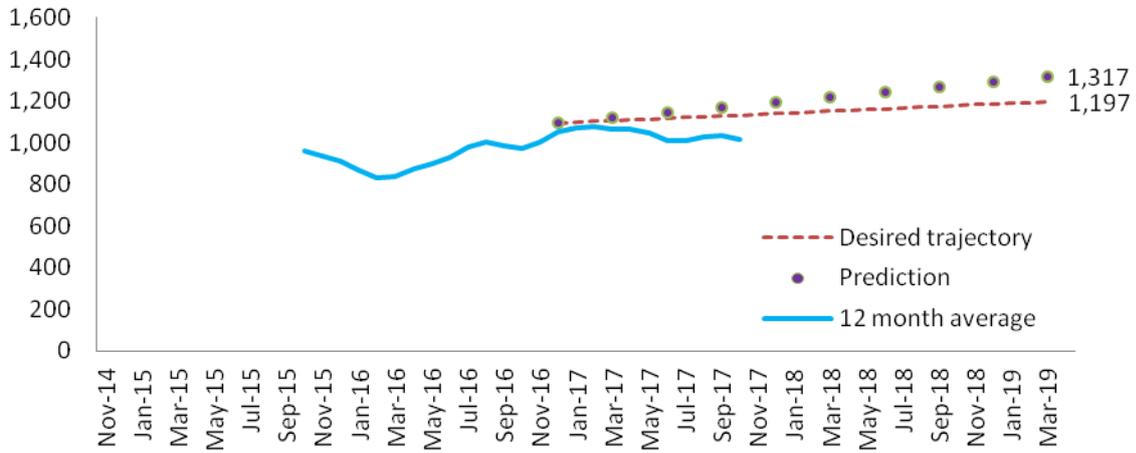
A case note review will be undertaken in the next quarter to assess the clinical appropriateness of medical admissions from the ED. This review will inform professionals where people might have been more appropriately treated or supported.

A test of change in the Combined Assessment Unit has introduced a rapid assessment by a senior clinician (Advanced Nurse Practitioner), reviewing test results and making a general assessment to provide a rapid decision about admission to hospital. The waiting environment has been changed to enable people to remain in their own clothes, supporting the expectation to return home rather than be admitted, where appropriate.

E4 Number of delayed discharge bed days

National Outcomes									Dumfries & Galloway Priority Area										Reported Frequency:	30/09/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Quarterly	ISD Scotland

The number of bed days occupied by all people experiencing a delay in their discharge from hospital, per month, people aged 18 and older



Date	Actual	Desired	Predicted	12 month average
Aug 17	1,110	1,125	1,160	1,027
Sep 17	995	1,129	1,169	1,032
Oct 17	1,040	1,132	1,177	1,013

Key Points

The number of bed days occupied by all people experiencing a delay in their discharge from any hospital was 1,040 for adult residents of Dumfries & Galloway in October 2017.

The rolling 12 month average is lower than the desired trajectory.

If the number of delayed bed days follows the desired trajectory line, this would equate to a real term drop of 10% compared to the likely result had no changes been made. This is shown on the chart as the prediction. The prediction was based on the previous 2 years' figures (recalculated in December 2017).

Recent improvement actions appear to have made an impact on this indicator. If this direction continues for a full year, a new desired trajectory will be calculated.

The Wider Context

These figures are reported as part of a monthly national delayed discharge audit. There are no completion issues with this dataset. Note that this is different to National Integration indicator A19, which reports delayed discharge bed days for people aged 75 or older.

Improvement Actions

Dynamic Daily Discharge (DDD) planning by multi disciplinary teams enables the team to prioritise the actions required to ensure that people remain on track with their treatment plan in anticipation of a timely planned discharge. This approach is beneficial for both acute and cottage hospital settings. Kirkcudbright, Castle Douglas, Newton Stewart, Thornhill and Lochmaben cottage hospitals have introduced DDD or weekly dynamic discharge to improve the timeliness of people's discharges.

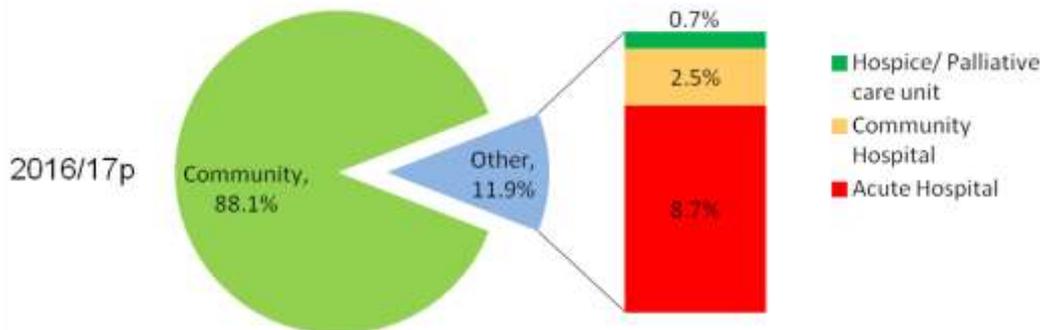
The number of people whose discharge was delayed from Dumfries and Galloway Royal Infirmary (DGRI) has reduced in the last 6 months from 195 to 85, in June 17. Discharging people before noon is challenging. Most people are discharged in the afternoon. This is being reviewed and improvement actions identified.

The Day of Care Survey now takes place on a monthly basis in the DGRI. The latest survey showed an improvement in the number of people who could have been discharged earlier, from 30.5% in September 2016 to 19.0% in January 2018.

E5 Percentage of last 6 months of life by setting

National Outcomes					Dumfries & Galloway Priority Area					Reported:	30/09/2017
1	2	3	4	5	1	2	3	4	5	Frequency:	1 Year
6	7	8	9	6	7	8	9	10	Source:	ISD Scotland	

Where people who died spent their last 6 months of life, percentage by setting



Date	Community	Hospice/ Palliative care unit	Community Hospital	Acute Hospital
2014/15	88.9%	0.8%	1.9%	8.4%
2015/16	87.9%	0.7%	2.1%	9.3%
2016/17p	88.1%	0.7%	2.5%	8.7%

Key Points

In Dumfries and Galloway the proportion of time that people who died, spent in a community setting in the last 6 months of their life, has risen from 87.9% in 2015/16 to 88.1% in 2016/17 (figures still provisional).

Across health and social care partnerships for 2016/17, this percentage ranged from 84.9% to 93.8%, with the Scotland average being 87.3%. The overall trend for Scotland is a slowly increasing proportion of the last 6 months of life spent in a community setting (85.3% in 2010/11 has risen to 87.3% in 2016/17.)

People appear to have spent less time in their last 6 months of life in an acute hospital setting in Dumfries and Galloway, from 9.3% in 2015/16 to 8.7% in 2016/17.

The Wider Context

This measure is the same as National Integration indicator A15, which compares the proportion of time spent in the community, but does not detail the other locations. The desired aim is to match or be lower than the 2014/15 figure of 8.4%, for proportion of time spent in a large hospital setting.

In 2016 there were 1,858 deaths recorded by the National Records for Scotland for residents of Dumfries and Galloway. This measure is calculated by determining the proportion of time people spent in hospital, and subtracting this from the total time in 6 months. Activity in the Alex Unit is recorded under hospice/palliative care unit.

Improvement Actions

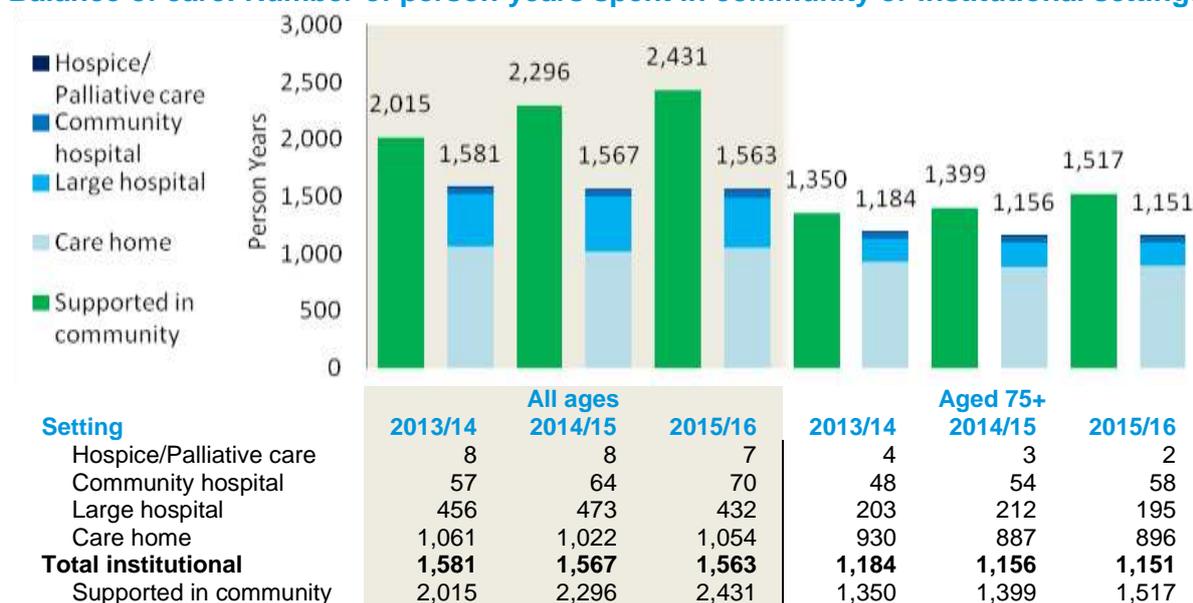
The health board actively monitors the hospital standardised mortality ratio (hSMR) which is an indicator of deaths in hospital. The Scottish patient safety programme (SPSP) has a range of service improvements to reduce issues such as catheter associated urinary tract infection (CAUTI), pressure ulcers and venous thrombo-embolism (VTE). It has been calculated that as a result of the SPSP, hospital mortality across Scotland has reduced by 8.6% in the two and half years up to September 2016. In this time, in the Dumfries and Galloway Royal Infirmary the reduction in mortality has been more than 10%.

Good anticipatory care planning will impact on where people spend their last six months of life. We are currently developing a new palliative care strategy for Dumfries and Galloway. Part of this process will include a scoping of palliative and end of life care options in Dumfries and Galloway.

E6 Balance of care

National Outcomes									Dumfries & Galloway Priority Area										Reported:	30/09/2017
1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	Frequency:	1 Year
																			Source:	ISD Scotland

Balance of care: Number of person-years spent in community or institutional settings



Key Points

The total amount of time that people are supported in the community is rising for people of all ages, including people aged 75 years and older. For people aged 75 years and older in 2013/14 the number of person years spent in the community was 1,350. This had risen to 1,517 person years in 2015/16.

The total amount of time that people are cared for in institutional settings is falling for all ages, including people aged 75 years and older. For people aged 75 years and older in 2013/14 the number of person years spent in all institutional settings was 1,184. This had fallen to 1,151 person years in 2015/16. (Note that the rise in support in the community is larger than the fall in institutional care.)

The Wider Context

A person year is the total amount of time one person has in one year. If someone has a home care support package all year round, this would equal one full person year of being supported in the community. If a person has a hospital admission for one month, this would equal one twelfth of a person year spent in an institutional setting. The activity of all Dumfries and Galloway residents is added together to give the person year total for the whole region. These figures do not include the activity of people who fund their own care and support, people who are supported solely by unpaid Carers and/or the voluntary sector or any outpatient or community health activity such as STARS, community nursing and mental health.

Improvement Actions

The majority of the population experience very little institutional care or home support in the community in any given year. The amount of person years spent by the entire region in the community unsupported is equal to the total population's person years (approximately 148,000) minus the above figures.

The proportion of time spent in the community unsupported ranged from 97.0% to 98.4% across all of the health and social care partnerships in 2015/16. The proportion for Dumfries and Galloway was 97.33%. The remaining 2.67% of time accounts for all hospital and social care activity in the region paid for by the statutory sector.

This measure lacks the sensitivity required to be able to demonstrate shifts in the balance of care. The issue has been raised with a visiting representative of the Ministerial Strategic Group.