

DRAFT INTERIM OBJECTIVES

Dumfries and Galloway Health and Social Care Partnership

January 2018

MSG Improvement Objectives – summary of objectives for Adults and Children

Dumfries and Galloway	Unplanned admissions	Unplanned bed days	A&E attendances	Delayed discharge bed days	Last 6 months of life	Balance of Care
Baseline	Data from Nov 2014 – Nov 2016 indicated that with no change to the current processes, we might expect to see a rise from 1377 to 1448 emergency admissions per month by the end of March 2019 (an additional 69 admissions a month). This represents an increase of +5% by the end of March 2019.	Data from Nov 2014 – Nov 2016 indicated that with no change to the current processes, we might expect to see a rise from 11,740 unscheduled acute bed days to 11,995 bed days (255 more bed days per month) by the end of March 2019. This represents an increase of +2.2% by the end of March 2019.	Data from Nov 2014 – Nov 2016 indicated that with no change to the current management of A&E attendances we might expect to see a rise from 3,900 to 4,300 attendances per month (an extra 400 attendances a month) by the end of March 2019. This represents an increase of +10.3% by the end of March 2019.	Data from Nov 2014 – Nov 2016 indicated that with no change to the current processes, we might expect to see a rise from 1,094 bed days (trend up to Dec 2016) to 1,317 bed days on average by the end of March 2019 (an extra 223 bed days a month). [CAUTION: VERY POOR FIT TO TREND]	The proportion of time spent in a large hospital setting in people’s last six months of life has increased from 8.4% in 2014/15 to 9.3% in 2015/16 and decreased to 8.7% in 2016/17p.	The proportion of people of all ages supported/unsupported at home was 98.967% in 2013/14 and 98.956% in 2015/16. For people aged 75 and older, this was 92.704% and 93.006% respectively. As this is based on complete person-years, most of which have no contact, a shift of activity occurs at the 2 nd or 3 rd decimal place. This is strongly influenced by changes in population estimates which can be similar size (~300) to the total person-years spent in large hospital (~450).

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Appendix Two

<p>Objective</p>	<p>Redress the current increasing trend, aiming for reduction of 2.7% by end of 2017/18 and of 5.0% by end of 2018/19. This equates to a flat rolling average of 1,379 unplanned admissions per month. By <u>2017/18</u> a real term reduction of 37 admissions per month By <u>2018/19</u> a real term reduction of 69 admissions per month</p>	<p>Redress the current increasing trend, aiming for reduction of 1.6% by end of 2017/18 and of 3.0% by end of 2018/19. By <u>2017/18</u> this equates to 11,689 unplanned bed days per month, a reduction of 188 bed days per month By <u>2018/19</u> this equates to 11,646 unplanned bed days, a reduction of 349 bed days per month</p>	<p>Redress the current increasing trend, aiming for reduction of 5.5% by end of 2017/18 and of 10.0% by end of 2018/19. This equates to a nearly flat rolling average number of attendances of 3,900 per month. By <u>2017/18</u> a real term reduction of 217 attendances per month By <u>2018/19</u> a real term reduction of 390 attendances per month</p>	<p>Note trajectory was ill-fitted. Redress the current increasing trend, aiming for reduction of 5.8% by end of 2017/18 and of 10.0% by end of 2018/19. By <u>2017/18</u> this equates to 1,151 bed days per month, a reduction of 67 bed days per month By <u>2018/19</u> this equates to 1,197 unplanned bed days, a reduction of 120 bed days per month</p>	<p>Match Dumfries and Galloway historic low of 8.4% in acute hospital. This would equate to a reduction of 2,950 days spent in an acute setting in the last six months of life from 29,685 to 26,736 days based on the 2015/16 totals. <u>2016/17</u> 9.0% <u>2017/18</u> 8.7% <u>2018/19</u> 8.4%</p>	<p>Maintain balance observed in 2015/16, which has the lowest level of time spent in acute hospital (0.2897%) or lower if possible. This is equivalent to: Large hospital activity <u>2016/17</u> 431 person-years <u>2017/18</u> 430 person-years <u>2018/19</u> 429 person-years Community hospital <u>2016/17</u> 70 person-years <u>2017/18</u> 70 person-years <u>2018/19</u> 69 person-years Palliative care unit <u>2016/17</u> 7 person-years <u>2017/18</u> 7 person-years <u>2018/19</u> 7 person-years</p>
<p>How will it be achieved</p>	<p>STARS at Emergency Department, Nithsdale in Partnership community referrals, SAS falls initiative, Rapid assessment test of change (by ANPs) in combined assessment unit, trolleys to chairs to combat 'pj paralysis', New IT allows CAU to flex to accommodate</p>	<p>Dynamic Daily Discharge, Locality Flow coordinators, Day of Care audits, Week of Care in CHs, Improved middle grade staffing rotas, STARS and Nithsdale in Partnership re-abling in the community Anticipatory Care Planning</p>	<p>Extended GP practice support teams, ANPs, Mental Health, Prescribing Support, Physios. Review of Out of Hours services Meet ED campaign, and social media about ED pressures Case note review of medical admissions from ED Anticipatory Care</p>	<p>Dynamic Daily Discharge, Locality Flow coordinators, Day of Care audits, Week of Care in CHs, Improved middle grade staffing rotas, Anticipatory Care Planning</p>	<p>Recruitment to new palliative care consultant with community model, New palliative care strategy under development, Anticipatory Care Planning</p>	<p>Extended GP practice support teams, ANPs, Mental Health, Prescribing Support, Physios. STARS and Nithsdale in Partnership re-abling in the community, SAS falls initiative, Telecare/TEC programme development, SDS training, Supporting Carers through ACSs,</p>

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Appendix Two

	ED pressures, Anticipatory Care Planning Partnership working to prevent social admissions, Bid for new community respiratory nurse		Planning Flu vaccine programme Community infection control, Vital signs training in nursing homes			Supporting quality improvement of third and independent sector partners through contract monitoring Anticipatory Care Planning
Progress (updated by ISD)	1,346 (Oct 17) Above target trajectory. Note that October data 93% complete.	8,415 (Oct 17) Below target, trajectory met early Note that October data 93% complete.	3,876 (Oct 17) Attendances have been on target, but recently risen slightly. Still well below predicted values. ED waits reported to IJB quarterly as LDP standard B19 (Nov 17 – 92.2%)	1,040 (Oct 17) Below target, trajectory met early	8.7% (16/17p) Below target	Not available
Notes	Data completeness below 95% for 4 of last 6 months. Rolling 12 month averages exclude any data less than 95% complete. Conversion rate from ED also higher than expected (30.7% in October 2017 against average of 29.3%)	Data completeness below 95% for 4 of last 6 months. Rolling 12 month averages exclude any data less than 95% complete. May re-assess trajectory once stable for 12 months.	Note 4 hour wait worsening.	May re-assess trajectory once stable for 12 months	On track to meet target, hSMR for DGRI good	Query indicator methodology