

# Dumfries and Galloway Health and Social Care Partnership

## MSG Improvement Objectives – summary of objectives for Adults and Children

Based on ISD data v1.11

November 2018



Dumfries and Galloway	Unplanned admissions	Unplanned bed days	A&E attendances	Delayed discharge bed days	Last 6 months of life	Balance of Care
<b>Baseline</b>	Data from Nov 2014 – Nov 2016 indicated that with no change to the current processes, we might expect to see a rise from 1400 to 1499 emergency admissions per month by the end of March 2019 (an additional 99 admissions for the month). This represents an increase of +7.1% 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 fall from 11,428 unscheduled acute bed days to 11,185 bed days (242 fewer bed days for the month) by the end of March 2019. This represents an decrease of -2.1% 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 in the 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% 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 <sup>nd</sup> or 3 <sup>rd</sup> 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).
<b>Objective</b>	Redress the current increasing trend, aiming for reduction of 3.9% by end of 2017/18 and of 7.1% by end of 2019/20	Continue reducing trend, aiming for reduction of 1.2% by end of 2017/18 and of 2.1% by end of 2019/20	Redress the current increasing trend, aiming for reduction of 5.5% by end of 2017/18 and of 10.3% by end of 2019/20	Activity has met and sustained the original target of 1,197 by end of March 2019, for 12 months.	Match Dumfries and Galloway historic low of 8.4% in acute hospital.	Maintain balance observed in 2015/16, which has the lowest level of time spent in acute hospital (0.2897%) or

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	<p>by end of 2018/19. This equates to a flat rolling average of 1,400 unplanned admissions per month.</p> <p>By <u>2017/18</u> a real term reduction of 55 admissions per month</p> <p>By <u>2018/19</u> a real term reduction of 99 admissions per month</p>	<p>2018/19. By <u>2017/18</u> this equates to 11,293 unplanned bed days per month, a reduction of 135 bed days per month</p> <p>By <u>2018/19</u> this equates to 11,185 unplanned bed days, a reduction of 242 bed days per month</p>	<p>10.0% by end of 2018/19. This equates to a nearly flat rolling average number of attendances of 3,900 per month.</p> <p>By <u>2017/18</u> a real term reduction of 217 attendances per month</p> <p>By <u>2018/19</u> a real term reduction of 390 attendances per month</p>	<p>Stretch target proposed to attain a level of 988 or fewer delayed discharge bed days by end of March 2019. This equates to a 25% reduction on the original projected outcome.</p> <p>By <u>2018/19</u> stretch target to achieve 988 unplanned bed days</p>	<p>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.</p> <p><u>2016/17</u> 9.0%</p> <p><u>2017/18</u> 8.7%</p> <p><u>2018/19</u> 8.4%</p>	<p>lower if possible. This is equivalent to:</p> <p>Large hospital activity</p> <p><u>2016/17</u> 431 person-years</p> <p><u>2017/18</u> 430 person-years</p> <p><u>2018/19</u> 429 person-years</p> <p>Community hospital</p> <p><u>2016/17</u> 70 person-years</p> <p><u>2017/18</u> 70 person-years</p> <p><u>2018/19</u> 69 person-years</p> <p>Palliative care unit</p> <p><u>2016/17</u> 7 person-years</p> <p><u>2017/18</u> 7 person-years</p> <p><u>2018/19</u> 7 person-years</p>
<p><b>How will it be achieved</b></p>	<p>Emergency Department referring to STARS to prevent admission, Nithsdale in Partnership community referrals, Rapid assessment test of change (by ANPs) in combined assessment unit, trolleys to chairs to combat 'pj paralysis', Anticipatory Care Planning</p> <p>Partnership working to prevent social admissions, new community respiratory nurse,</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</p> <p>Anticipatory Care Planning, Frailty at the Front Door initiative</p>	<p>Extended GP practice support teams, ANPs, Mental Health, Prescribing Support, Physios.</p> <p>Review of Out of Hours services</p> <p>Meet ED campaign, and social media about ED pressures</p> <p>Anticipatory Care Planning</p> <p>Flu vaccine programme</p> <p>Community infection control,</p> <p>Vital signs training in nursing homes,</p> <p>Frailty at the Front</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,</p> <p>New palliative care strategy under development,</p> <p>23 month scoping project in partnership with Macmillan cancer support,</p> <p>Anticipatory Care Planning</p>	<p>Extended GP practice support teams, ANPs, Mental Health, Prescribing Support, Physios.</p> <p>STARS and Nithsdale in Partnership re-abling in the community,</p> <p>SAS falls initiative, Telecare/TEC programme development,</p> <p>SDS training,</p> <p>Supporting Carers through ACSs,</p> <p>Anticipatory Care Planning</p>

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	Frailty at the Front Door initiative		Door initiative			
<b>Progress (updated by NHS D&amp;G) Based on ISD data v1.11</b>	1,486 (May 18) 12 month rolling average 1,486 -above both prediction and desired trajectory. (June 2018 data <96% complete)	11,037 (May 18) 12 month rolling average 11,385 -following target trajectory. (June 2018 data <96% complete)	3,837 (Aug 18) Attendances 12 month rolling average 3,779 - below desired trajectory.	1,288 (Aug 18) 12 month rolling average 1,047 -above new desired trajectory.	8.2% (17/18p) Below target of 8.4% by 0.2% Improved from previous year (9.1%)	Large hospital activity <u>2016/17</u> : 446 <u>2017/18p</u> : 450 Community hospital <u>2016/17</u> : 75 <u>2017/18p</u> : 69 Palliative care unit <u>2016/17</u> : 7 <u>2017/18p</u> : 7  ALL Institutional: <u>2016/17</u> : 1,585 <u>2017/18p</u> : 1,583
<b>Notes</b>	Moved to new DGRI in Dec 17. Very challenging winter season across the country. How combined assessment unit (CAU) operates in conjunction with ED affects admission rates; development/ flow work ongoing	Move to new DGRI in Dec 17. How combined assessment unit (CAU) operates in conjunction with ED affects admission rates; development/ flow work ongoing	Not clear how CAU model impacts on the numbers attending ED. 4 hour ED waits reported to IJB quarterly as LDP standard B19 (Jul – Sep 18 = 93.1%) This is higher than agreed trajectory defined in NHS Board operational plan to reach 92.2% by end March 19.	Delayed discharges increased in June and July. November 2018 day of care audit showed proportion of people not meeting criteria has fallen to 14% in DGRI, but was 34% in cottage hospitals.	hSMR for DGRI good at 0.85 for Apr-Jun 2018. Mortality has fallen in the DGRI by 20.1% since baseline. Macmillan project will launch new palliative care strategy.	Time spent in acute hospital has risen since the previous year, while time spent in cottage hospital has fallen. Overall figures show that time spent in all institutional settings has reduced modestly.