Integration Joint Board

DUMFRIES AND GALLOWAY
Health and Social Care

MSG Improvement Objectives – Quarterly Report

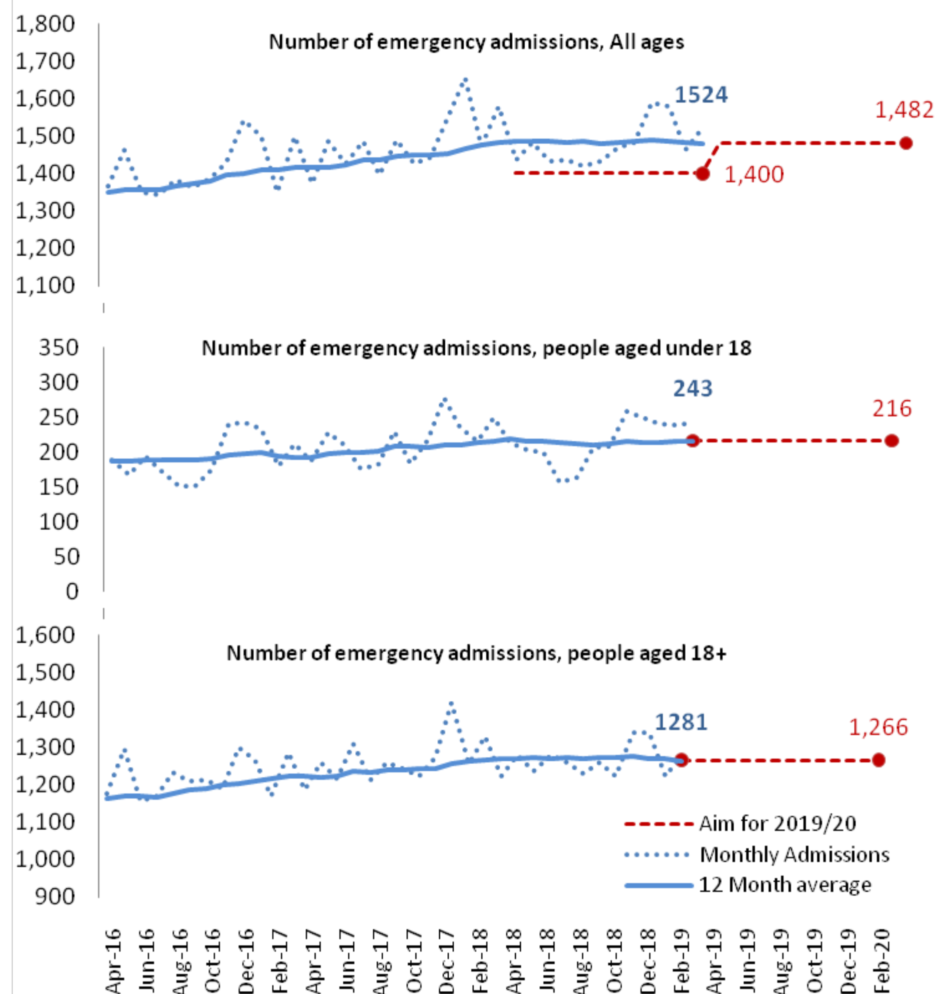
Based on ISD data v1.21

September 2019

1. Unscheduled admissions; (continuous inpatient stays)

Objective

Jan 19(p)	Feb 19(p)	Mar 19(p)	Aim
All People (2018/19)			
1,580	1,462	1,524	1,400
People aged under 18 (2019/20)			
240	239	243	216
People aged 18 or older(2019/20)			
1,340	1,223	1,281	1,266



How will it be achieved

There is a wide range of initiatives underway and it is felt that the full impact of these has not yet been realised. Examples include: 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', Frailty at the Front Door programme, New IT allowing CAU to flex to accommodate ED pressures, Anticipatory Care Planning Partnership working to prevent social admissions, new community respiratory nurse, the Frailty Collaborative and the Sustainability and Modernisation Programme.

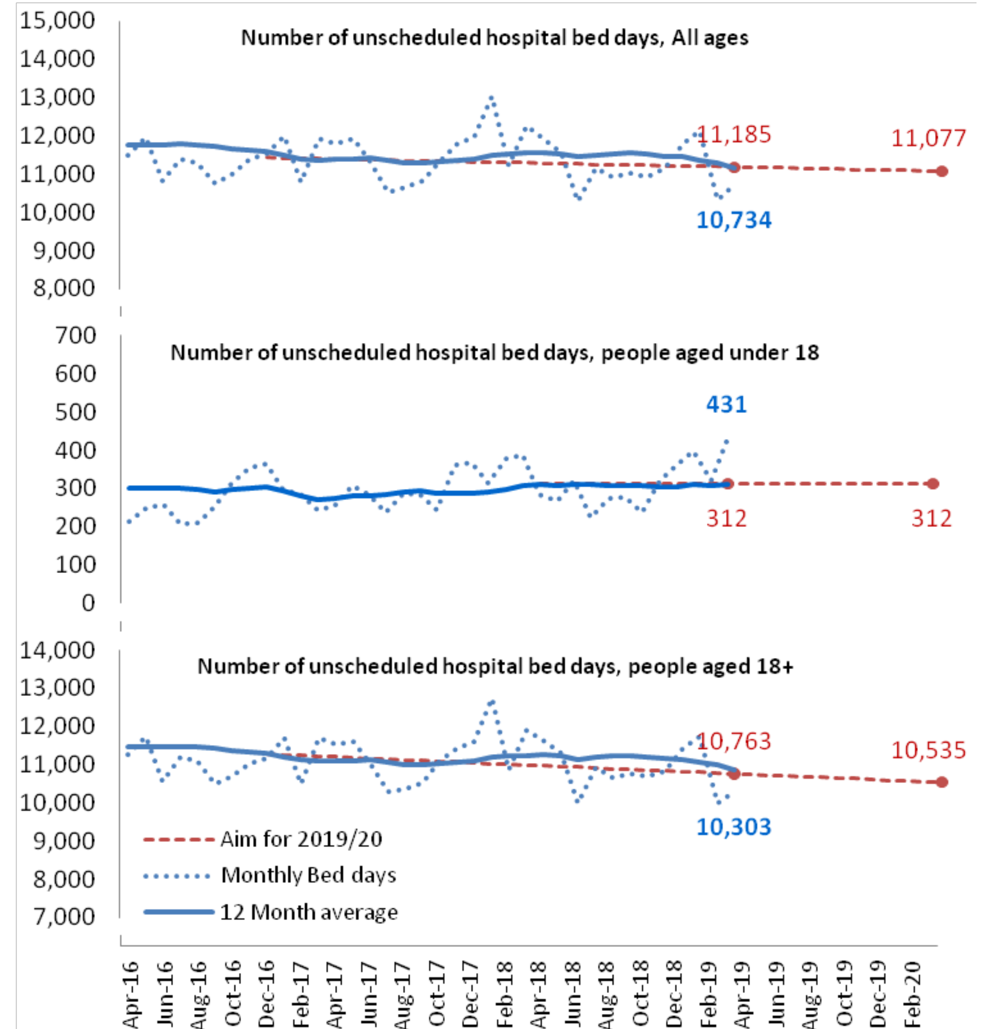
Notes

The 12 month rolling average, which smoothes out seasonal variation, shows that emergency admissions have levelled off in the past 12 months. This follows several years of increased admissions.
At the point of writing, ISD has figures beyond December 2018 still marked as provisional.

2a. Unscheduled bed days; acute specialties (continuous inpatient stays – including cottage hospital)

Objective

Jan 19(p)	Feb 19(p)	Mar 19(p)	Aim
All People (2018/19)			
12,119	10,323	10,734	11,185
People aged under 18 (2019/20)			
398	322	431	312
People aged 18 or older(2019/20)			
11,721	10,001	10,303	10,763



How will it be achieved

There are a wide range of improvement programmes based primarily within the hospital setting to improve flow such as: Dynamic Daily Discharge, Locality Flow coordinators, Day of Care audits, Week of Care in Cottage Hospitals, Improved middle grade staffing rotas, 6 Essential Actions programme, Frailty at the Front Door programme.
There are also community initiatives which will impact not only on unscheduled admissions but on overall lengths of stay such as: STARS and Nithsdale in Partnership re-abling in the community and Anticipatory Care Planning.

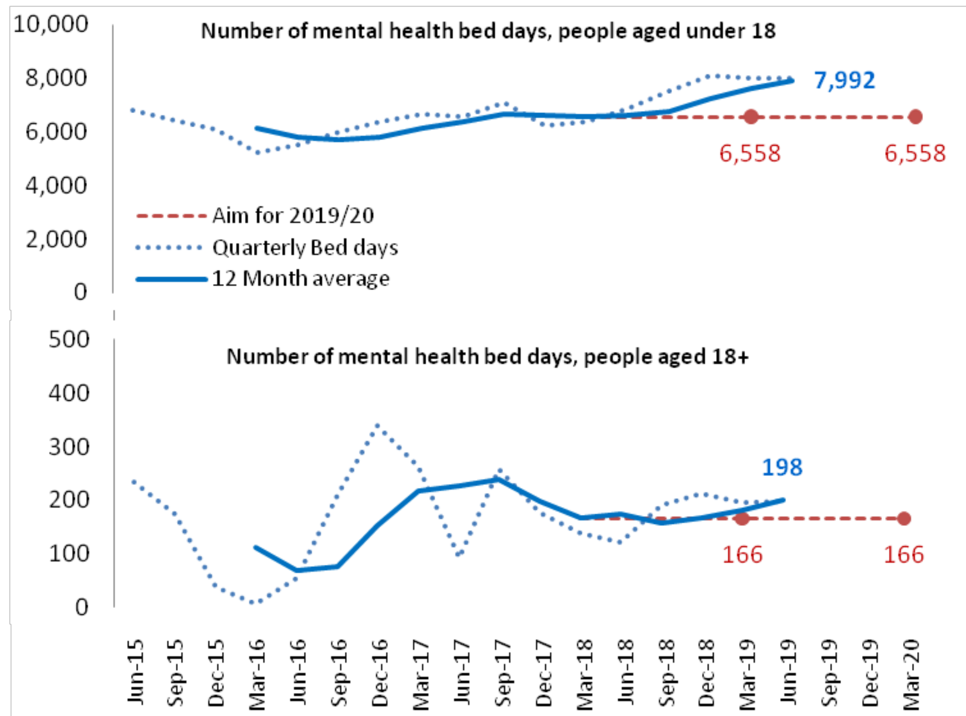
Notes

The 12 month rolling average, which smoothes out seasonal variation, shows that emergency bed days rose above the reduction trajectory in the past 12 months. For people aged under 18, this appears to have levelled off.
At the point of writing, ISD has figures beyond December 2018 still marked as provisional.

2b. Unscheduled bed days; geriatric long stay [NOT APPLICABLE]

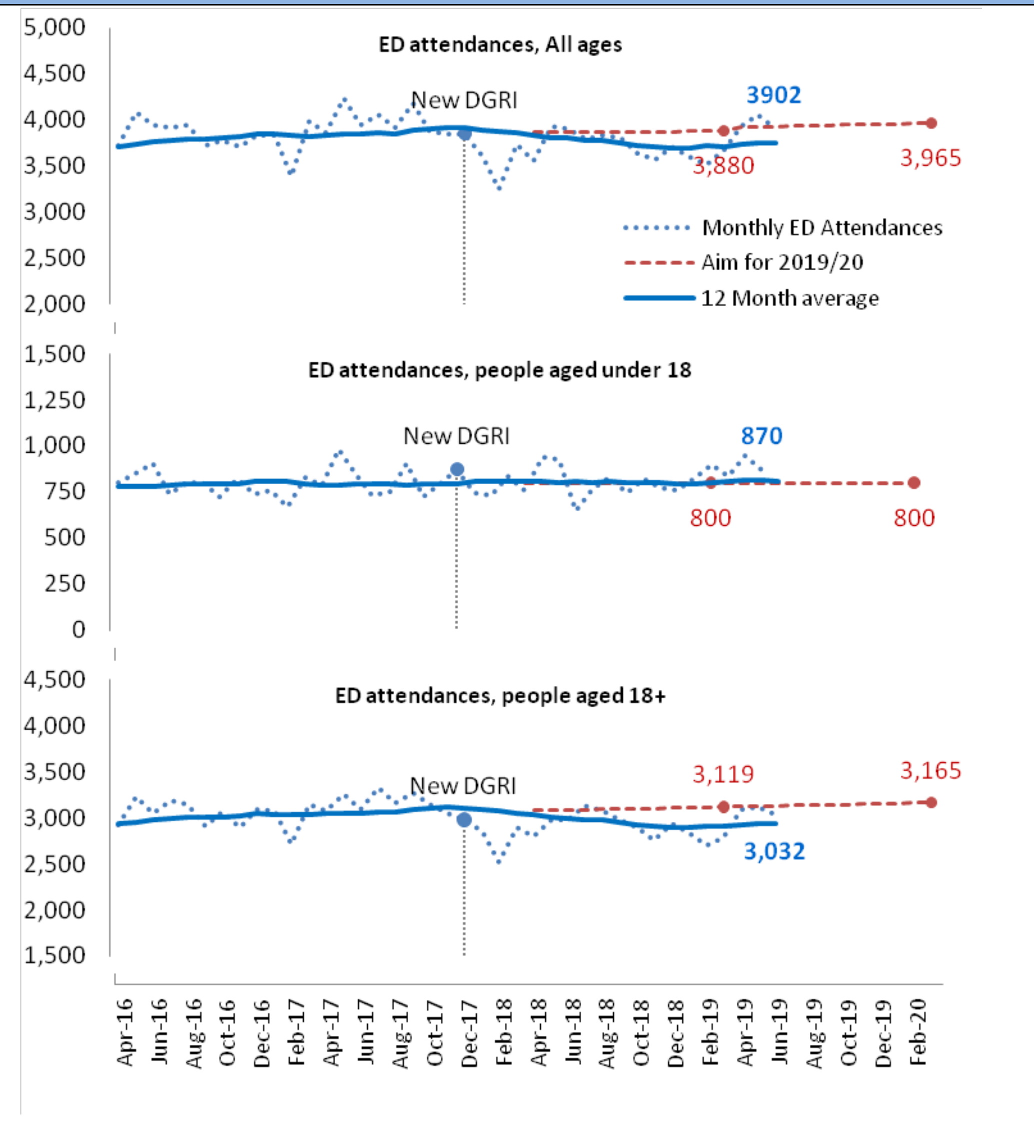
2c. Unscheduled bed days; mental health specialties *NEW*

	Dec 18(p)	Mar 19(p)	Jun 19(p)	Aim
Objective	People aged under 18			
	213	195	198	166
	People aged 18 or older			
	8,117	8,010	7,992	6,558
How will it be achieved	Service reviews have suggested that unscheduled bed days in mental health are influenced by clinical decisions made in both community and inpatient settings. Bed remodelling is being undertaken at Midpark Hospital to improve efficiency and flow. Earlier intervention services are being developed in community settings in addition to developments of crisis services.			
Notes	Dumfries and Galloway has not previously set an objective for unscheduled mental health bed days. Unscheduled bed days for people aged 18 or older have been rising over time. Emergency admissions for people aged under 18 are less common, and the bed days associated with these admissions are more variable. At the point of writing, ISD has figures beyond the quarter ending June 2018 were still marked as provisional.			



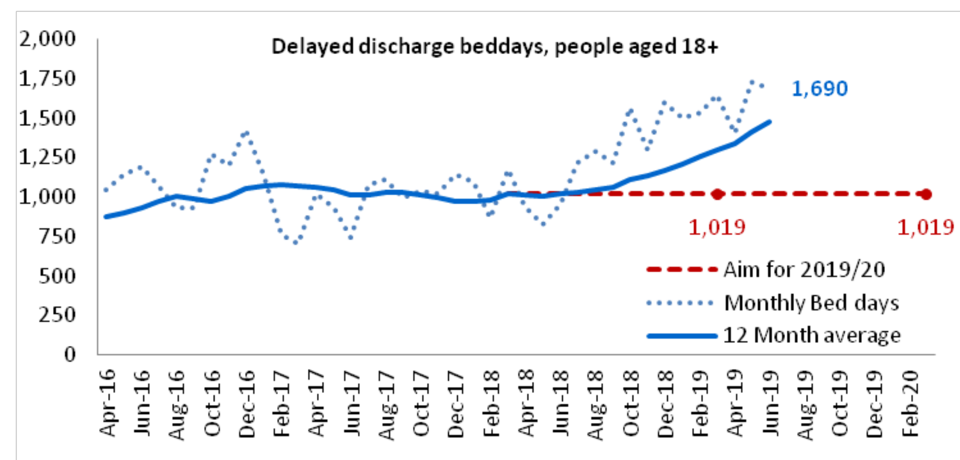
3. Emergency Department Attendances

	Apr 19	May 19	Jun 19	Aim
Objective	All People (2018/19)			
	3,933	4,062	3,902	3,930
	People aged under 18 (2019/20)			
	837	947	870	800
	People aged 18 or older (2019/20)			
	3,096	3,115	3,032	3,130
How will it be achieved	Extended GP practice support teams including ANPs, Mental Health, Prescribing Support and enhanced roles for AHPS. Review of Out of Hours services. Meet ED campaign, and social media about ED pressures. Anticipatory Care Planning, Flu vaccine programme, Community infection control support, Vital Signs training in nursing homes, Frailty at the front door initiative. Nithsdale Rapid Response team.			
Notes	Over the last 6 months, emergency department attendances have been below the trajectory for people aged 18 and over, and rising modestly for people aged under 18. Despite this, the volume of attendances remains a challenge, when managed in conjunction with direct GP admission referrals. This is particularly the case at the Dumfries and Galloway Royal Infirmary.			



4. Delayed discharge bed days (Aged 18+ only)

	Apr 19	May 19	Jun 19	Aim
Objective	All People aged 18 or older			
	1,407	1,732	1,690	1,019

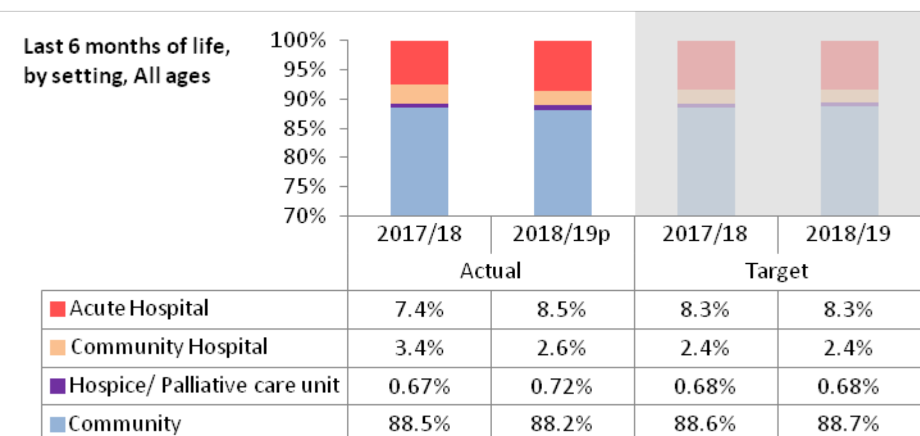


How will it be achieved	There are a wide range improvement programmes based primarily within the acute setting to improve flow such as: Dynamic Daily Discharge, Locality Flow coordinators, Day of Care audits, Week of Care in Cottage Hospitals, Improved middle grade staffing rotas, testing new discharge lounge model, 6 Essential Actions programme, Frailty at the Front Door programme. There are also community initiatives which will impact not only on unscheduled admissions but on overall lengths of stay such as: STARS and Nithsdale in Partnership re-abling in the community and Anticipatory Care Planning and promotion of guardianship and power of attorney. **Delayed discharges is a priority area for the Sustainability and Modernisation Programme (SAM).**
Notes	The Integration Joint Board previously agreed to set a stretch target for delayed bed days, following a sustained period of meeting the previous target. However, there are known issues in the community setting that have had a knock-on effect on timely discharge from hospital. The September 2019 day of care audit showed that the proportion of people not meeting the criteria for their location: had risen to 25% in DGRI, had fallen to 21% in Galloway Community Hospital and had risen to 54% in cottage hospitals.

5. Percentage of last six months of life by setting (all ages)

Objective

	2017/18	2018/19(p)	*Target* 2017/18	*Target* 2018/19
Community setting	88.5%	88.2%	88.6%	88.7%
Acute hospital setting	7.4%	8.5%	8.3%	8.3%



How will it be achieved

Reducing delayed discharges through the Sustainability and Modernisation programme (SAM). Individual pieces of work include: developing a new palliative care strategy, 23 month scoping project in partnership with Macmillan cancer support, roll out of Anticipatory Care Planning and the promotion of guardianship and power of attorney.

Notes

The partnership is interested not only in the time people spend in the last 6 months of life in community settings. We are also interested in the amount of time spent in large acute hospital settings.
ISD has recently reviewed the classification system for hospitals and identified that 2 cottage hospitals had been wrongly identified as acute settings. The amendment resulted in a rise of <1% in the community hospital figures and a matched decrease in time spent in an acute hospital setting.
The provisional figures for 2018/19 show that time spent in the community in the last 6 months of life were lower than anticipated. Time spent in an acute setting was 0.2% higher than anticipated.

6. Balance of care: Percentage of population in community or institutional settings (Aged 65+)

	2016/17	2017/18	2018/19(p)	Target 2018/19
Objective	Home supported + unsupported			
	96.32%	96.40%	96.46%	96.41%
	Institutional settings			
	3.68%	3.60%	3.54%	3.59%

How will it be achieved

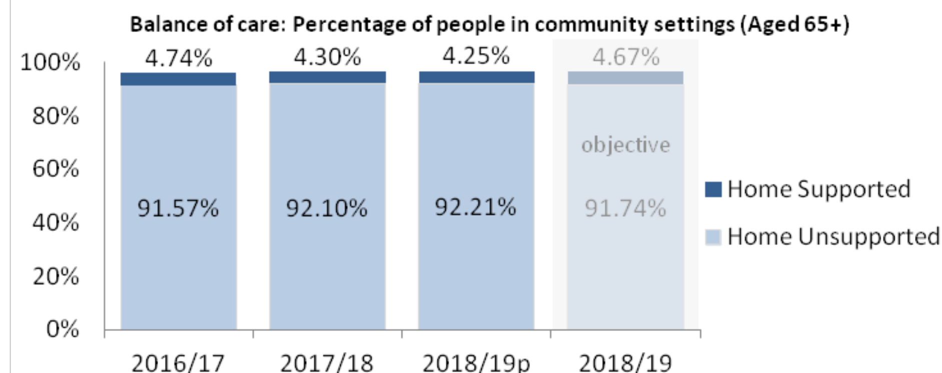
Reducing delayed discharges through the Sustainability and Modernisation programme (SAM). Individual pieces of work comprise: Extended GP practice support teams including ANPs, Mental Health, Prescribing Support and Physios. The STARS team and Nithsdale in Partnership re-abling in the community, the SAS falls initiative, Telecare/TEC programme development, SDS training and supporting Carers through Anticipatory Care Planning.

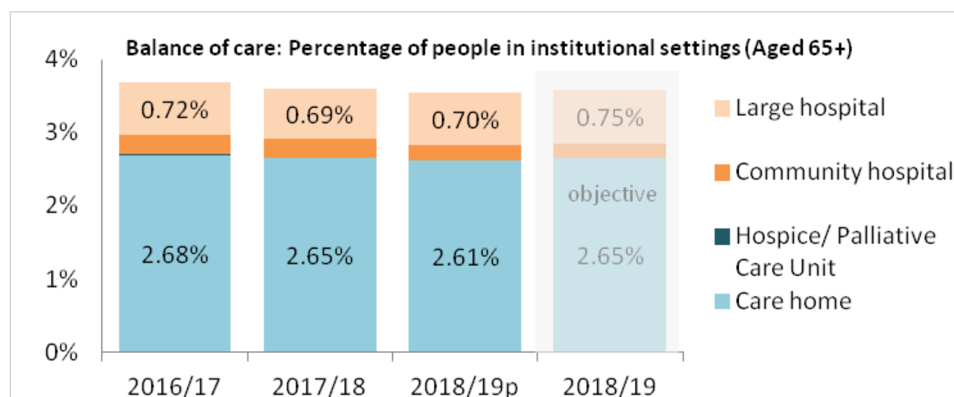
Notes

ISD has recently reviewed the classification system for hospitals and identified that 2 cottage hospitals had been wrongly identified as acute settings. The amendment resulted in a rise of 0.2% in the community hospital figures and a matched decrease in time spent in an acute hospital setting.

It is difficult to calculate the balance of care between institutional settings and being unsupported in the community.

However, figures for people aged 65 and older show that time spent at home either supported or unsupported in the community has increased modestly.





Note that 1,000 people = approximately 3% of the population aged 65 or older