

# Midlothian Integration Joint Board



**Thursday 3 May 2018 at 2.00pm**

## **Measuring Performance Under Integration**

**Item number: 5.6**

### **Executive summary**

The purpose of this report is to provide information to the IJB on performance and improvement towards the Local Improvement Goals agreed by the IJB in April 2017

#### ***Board members are asked to:***

- Discuss performance across the improvement goals.
- Note that information on the ranking of Midlothian IJB against other IJBs and the rate against the population has been included for some indicators.

## Measuring Performance Under Integration

### 1. Purpose

---

- 1.1. To update the IJB on progress towards achieving the Local Improvement Goals that the IJB agreed in April 2017.

### 2. Recommendations

---

- Comment on performance across the improvement goals.
- Note that information on the ranking of Midlothian IJB against other IJBs and the rate against the population has been included for some indicators.

### 3. Background and main report

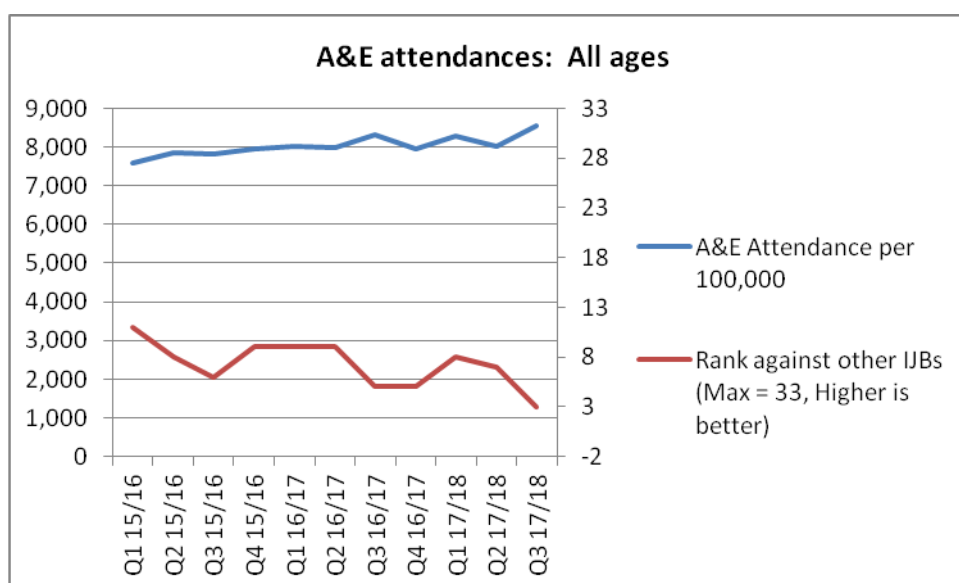
---

- 3.1 The IJB agreed to use the following local improvement goals to measure improvement across the health and care system. These goals are based on indicators that the Ministerial Strategic Group for Health and Community Care agreed in December 2016.

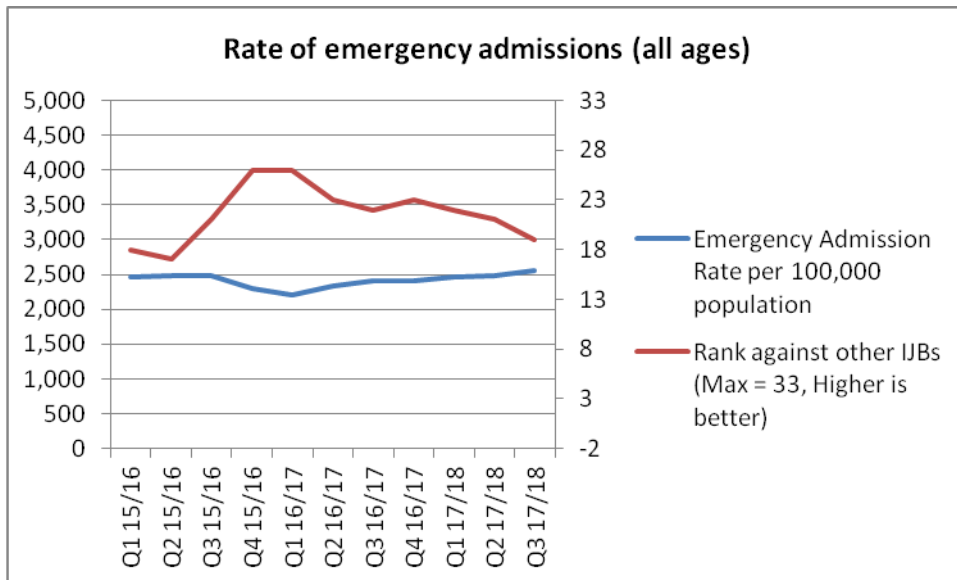
Midlothian IJB Local Improvement Goals
1: Reduce unscheduled admissions by 5% by September 2018
2: Reduce unscheduled hospital occupied bed days by 10% by April 2019
3: Reduce the number of patients arriving by ambulance to A&E who are subsequently discharged home
4: By April 2018 over 87% of patients who are subsequently admitted into hospital from A&E are within the 4 hour standard
5: Maintain the current number of patients using A&E (ongoing)
6: Reduce delayed discharge occupied bed days by 30% by April 2018
7: No patients in the RIE or WGH with a delayed discharge over 72 hours by April 2018
8: Reduce by 10% by April 2018 the number of occupied bed days in the RIE and WGH during the last six months of life*
9: Reduce the percentage of patients over 75 who are in a larger hospital

## 4. Ranking and Rate

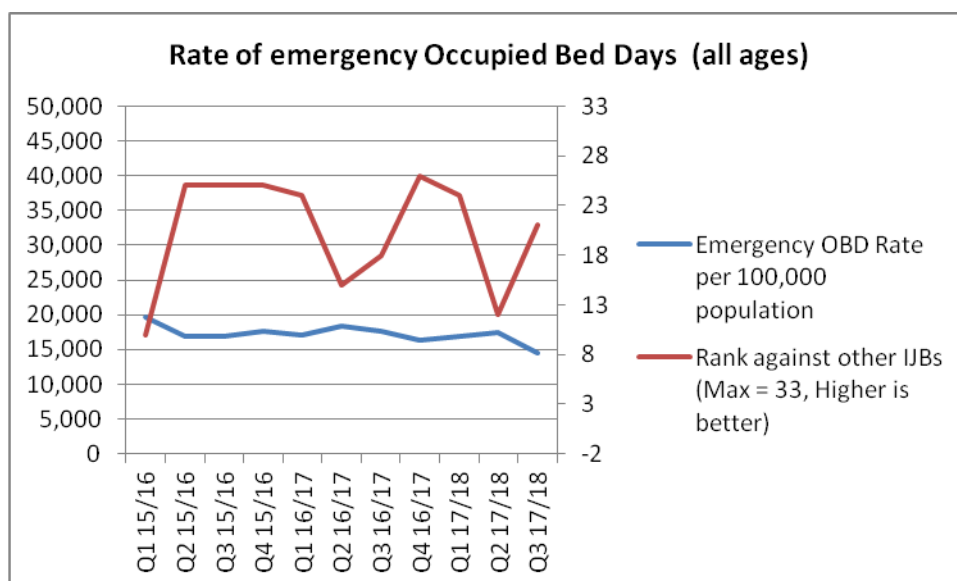
- 4.1 The IJB in March 2018 requested further information to understand performance as a rate of the population. This information is not routinely available for all the IJB's Local Improvement Goals but has been provided by ISD Scotland from the LIST team for A&E activity, unplanned admissions and unplanned occupied bed days.
- 4.2 Data presented in this section is for 'all ages' which is different to the IJB's Local Improvement Goals.
- 4.3 **A&E Attendance:** This shows that the rate is increasing (improvement direction is for rate to decrease) and ranking against other IJB areas is falling (improvement direction is to increase).



- 4.4 **Emergency Admissions:** This shows that the rate of emergency admissions is increasing after falling to a low in Q1 2016/17. However the ranking against other IJBs shows that Midlothian IJB is above the average.



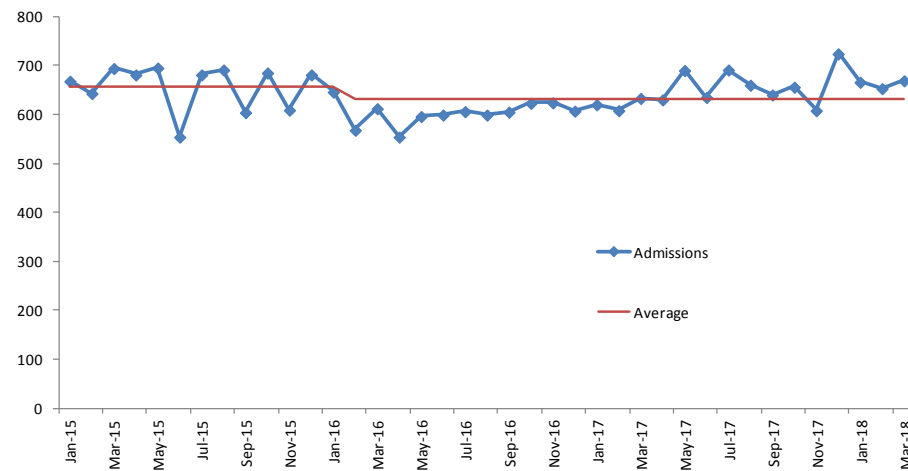
- 4.5 **Unplanned Occupied Bed Days (OBD):** This shows a trend where the rate of OBD in Midlothian has decreased and ranking against other IJBs has broadly remained above average.



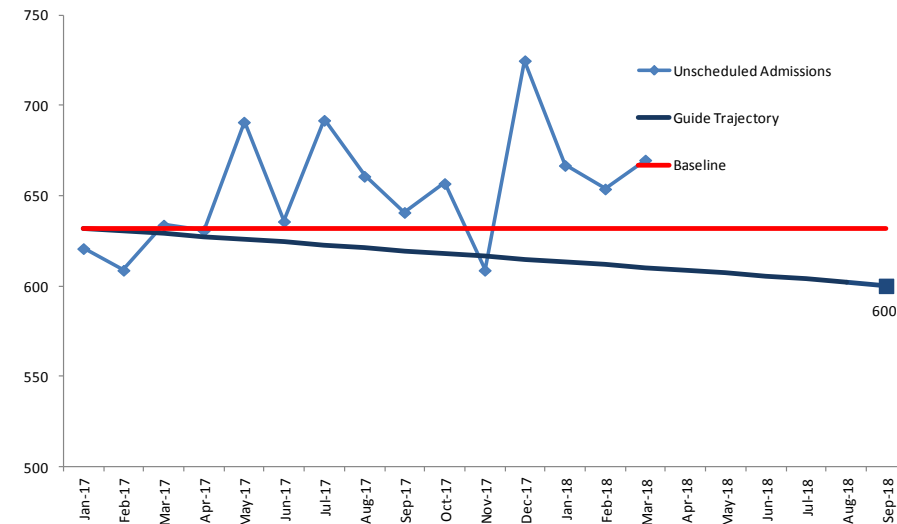
# 1: Reduce Unscheduled Admissions by 5% by September 2018

Baseline: 662 admissions per month

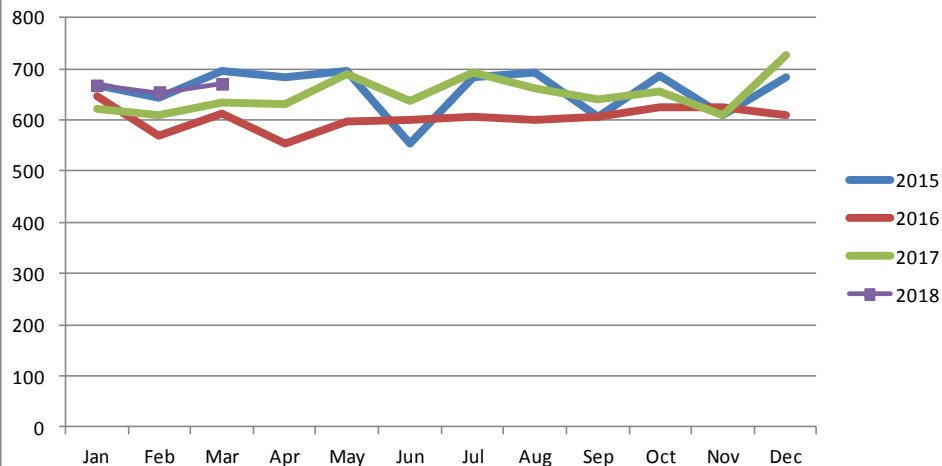
1a: Number of Unscheduled Admissions from Midlothian



1b: Unscheduled Admissions from Midlothian: Guide trajectory & baseline

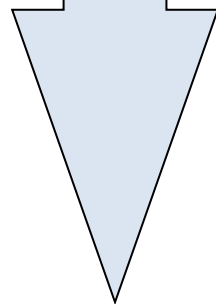


1c: Unscheduled Admissions from Midlothian - comparison with performance in previous years



The baseline of 662 unscheduled admissions from Midlothian per month was calculated from performance in 2015 and 2016

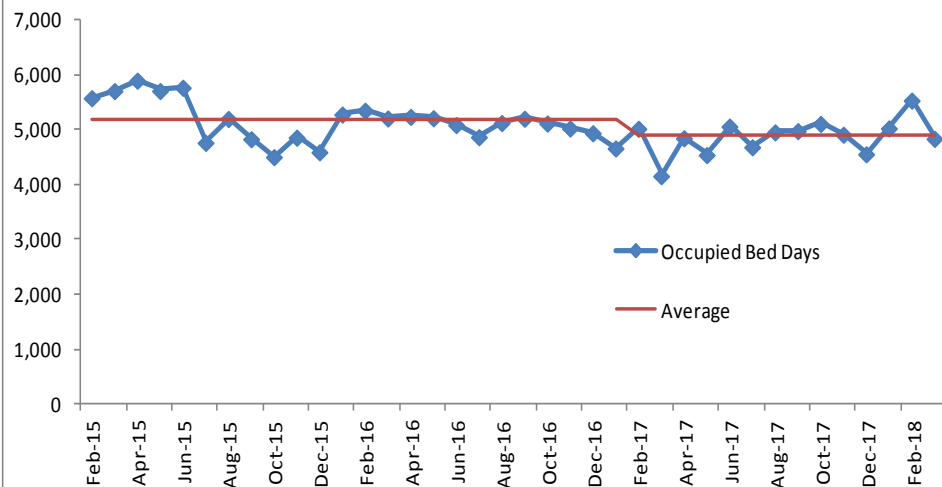
Direction for improvement



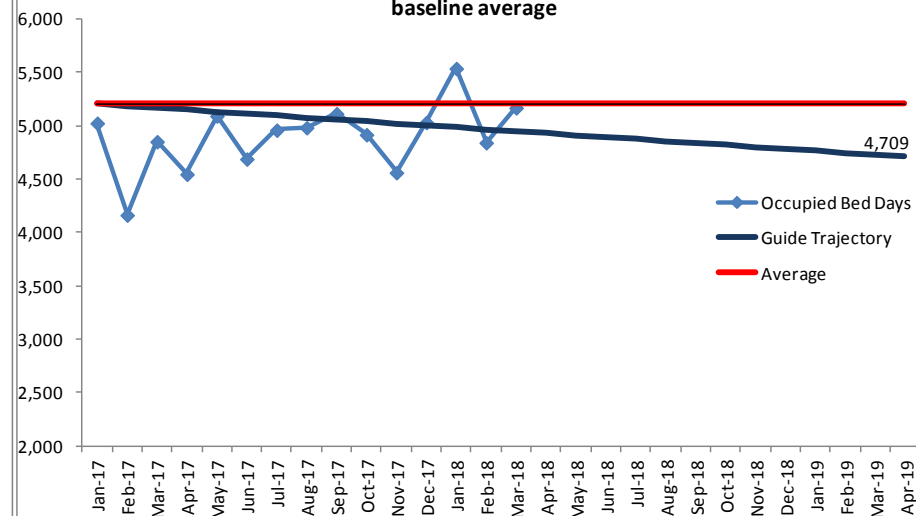
## 2. Reduce unscheduled hospital occupied bed days (OBD) by 10% by April 2019

Baseline: 5,122 OBD per month

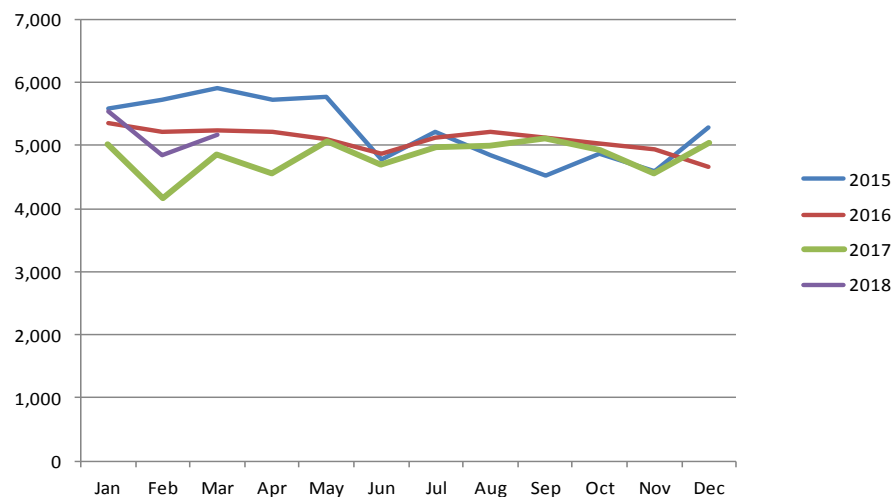
2a: Number of Unscheduled Occupied Bed Days from Midlothian



2b: Unscheduled Occupied Bed Days from Midlothian: Guide trajectory & baseline average



2c: Unscheduled Occupied Bed Days from Midlothian - comparison with performance in previous years

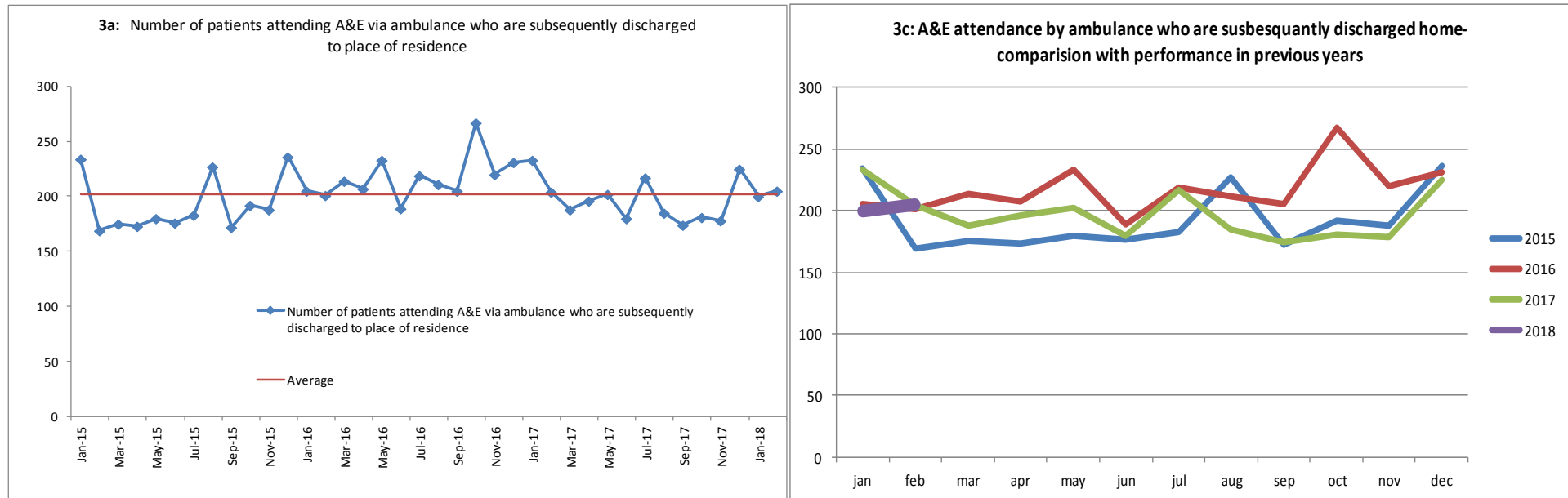


The baseline of 5,122 unscheduled OBD from Midlothian in each month was calculated from performance in 2015 and 2016

There is seasonally variation apparent in chart 2a.

Direction for improvement

### 3. Reduce the number of patients arriving by ambulance to A&E who are subsequently discharged home Baseline: 206

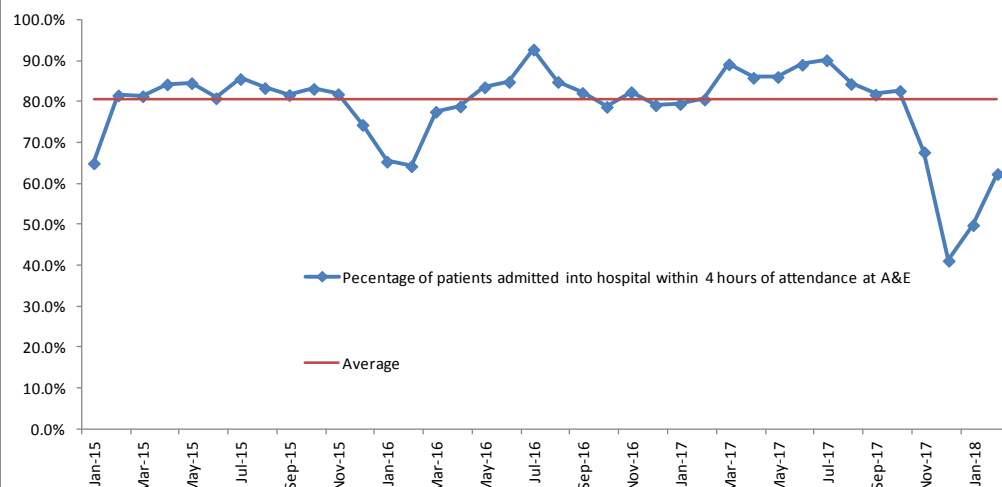


The baseline is 206 patients per month who attended A&E via Ambulance who were subsequently discharged to their place of residence during 2015 and 2016.

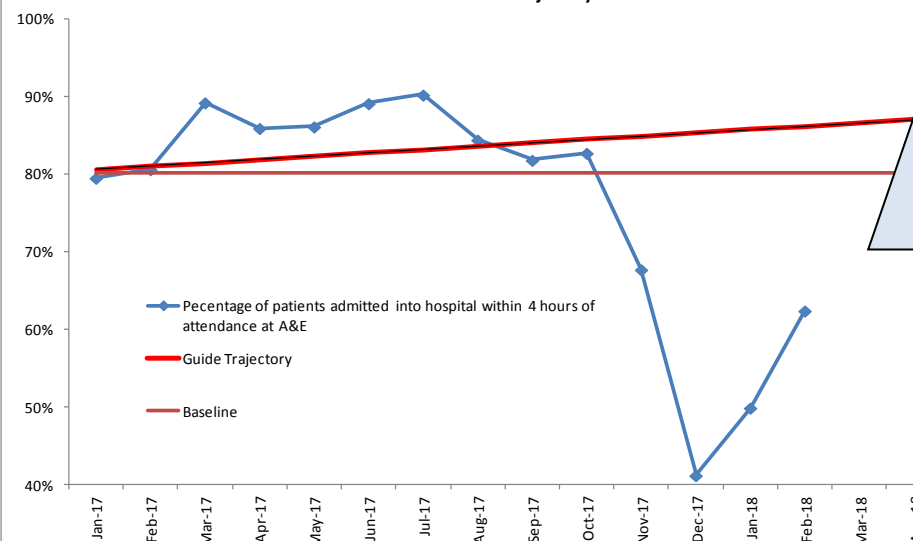
Direction for improvement

#### 4: By April 2018 over 87% of patients who are subsequently admitted into hospital from A&E are within the 4 hour standard.

4a: Percentage of patients who are subsequently admitted into hospital from A&E within the 4 hour standard:

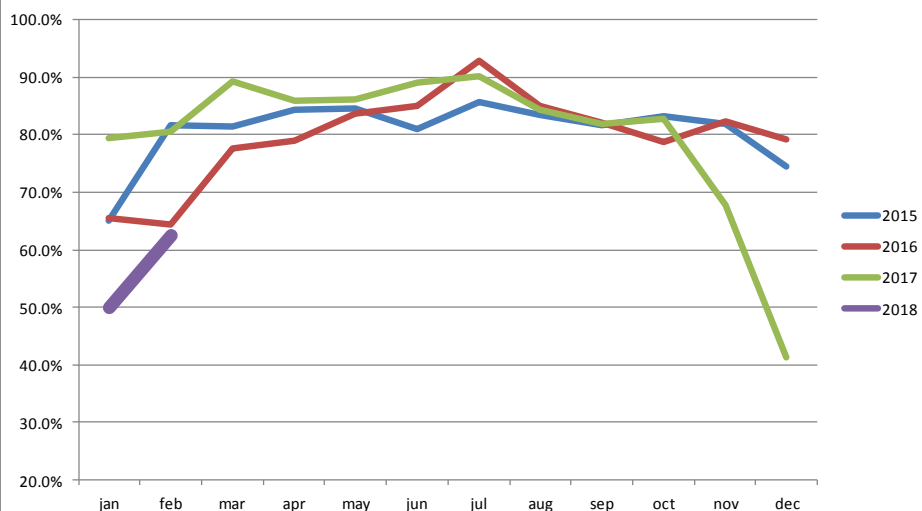


4b: Percentage of patients who are subsequently admitted into hospital from A&E within the 4 hour standard: Guideline trajectory and baseline



Direction for improvement

4c: A&E patients admitted into hospital- comparison with performance in previous years



The baseline for this goal is **80.1%** each month which was the average percentage each month during 2015 and 2016 against the 4 hour A&E standard for patients who were subsequently admitted to hospital.

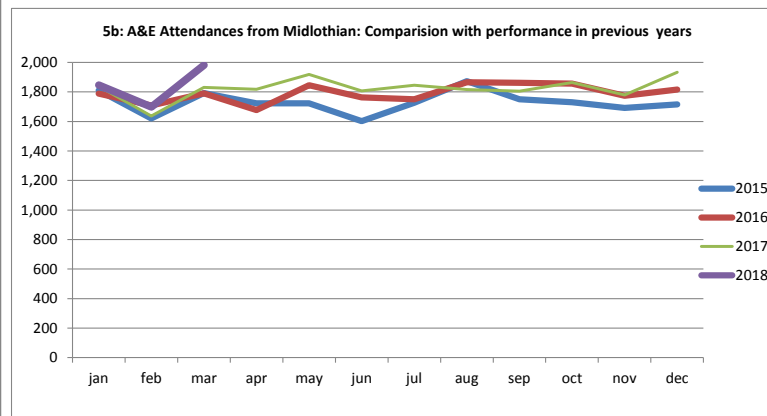
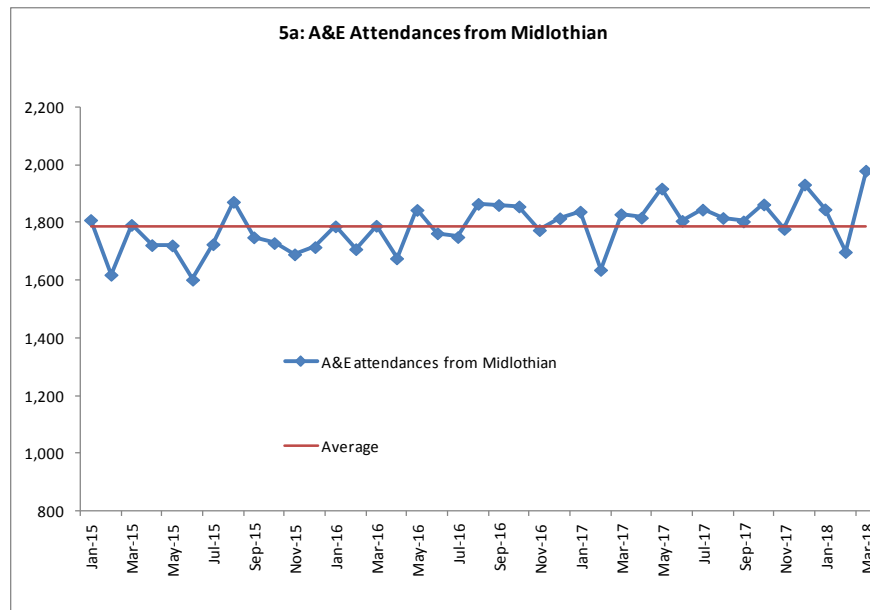
There is seasonally variation apparent in chart 4a.

The lower performance in November and December is indicative of the considerable pressure that hospital services were experiencing in Lothian and across the UK.



## 5: Maintain the current number of patients using A&E (ongoing)

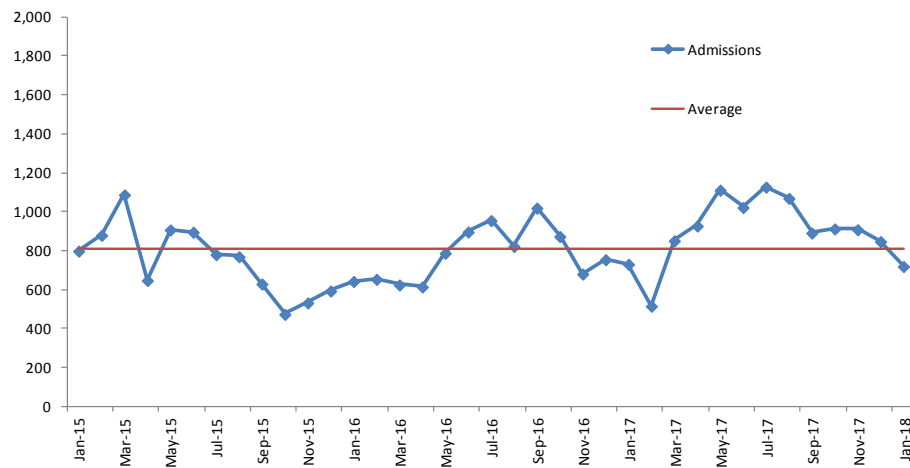
Baseline: 1,756 A&E attendances



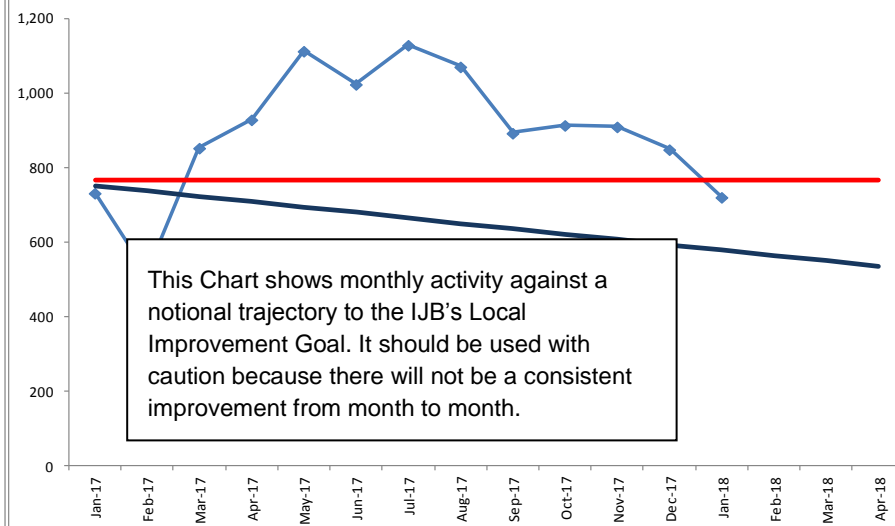
## 6: Reduce delayed discharge occupied bed days by 30% by April 2018

Baseline: 765 delayed discharge OBD

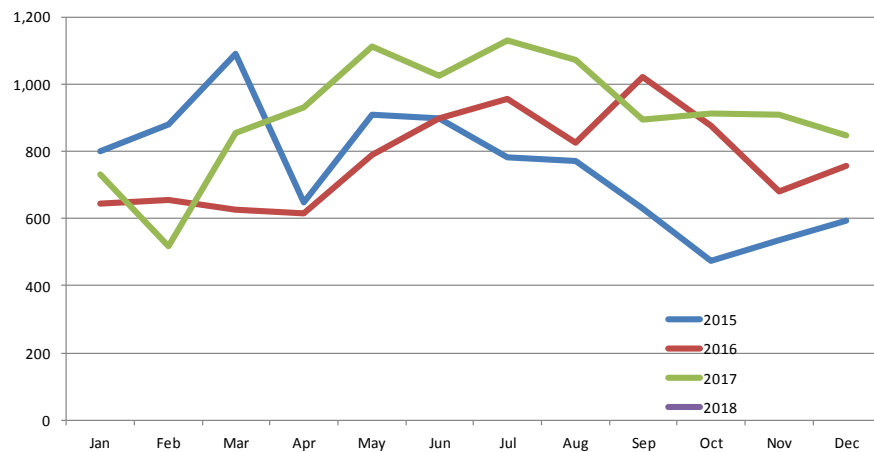
6a: Delayed Discharge Occupied Bed Days (all delays)



6b: Delayed Discharge Occupied Bed Days (all delays) Guide trajectory & baseline average



6c: Comparison with performance in previous years: Delayed Discharge Occupied Bed Days

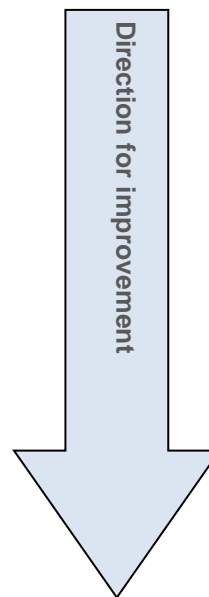
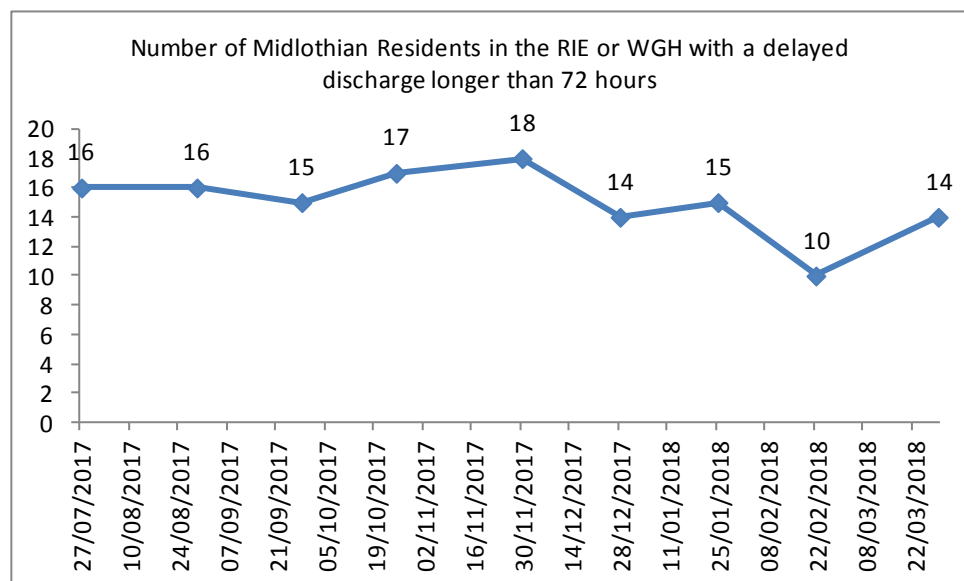


The baseline for this goal is 765 OBD per month. This was average number of occupied bed days per month in 2015 and 2016 as a result of a delayed discharge.

Direction for improvement

## 7: No patients in the RIE or WGH with a delayed discharge over 72 hours by April 2018

The information for this Improvement Goal is captured on the Delayed Discharge census date (last Thursday of the month).



## 8: Reduce by 10% by April 2018 the number of occupied bed days in the RIE and WGH during the last six months of life.

	2013/14	2014/15	2015/16	2016/17
<b>Midlothian IJB*</b>	<b>14,325</b>	<b>15,333</b>	<b>15,934</b>	<b>14,704</b>

\* the information in this table has changed from previous IJB performance reports because previously OBD in Midlothian Community Hospital was included in the total OBD for large hospitals. This has now been fixed and the data presented here is only for OBD in 'large hospitals'.

**9: Reduce the percentage of patients over 75 who are in a larger hospital.**

	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>
<b>Large Hospital</b>	<b>1.6%</b>	<b>1.6%</b>	<b>1.4%</b>	<b>1.3%</b>
<b>Care Home</b>	<b>6.9%</b>	<b>6.7%</b>	<b>6.8%</b>	<b>6.6%</b>

Further work is required to confirm a timeframe for this goal.

The information in this table has changed from previous IJB performance reports because previously OBD in Midlothian Community Hospital was included in the total OBD for large hospitals. This has now been fixed and the data presented here is only for activity in 'large hospitals' like for example the RIE or WGH.

## 5. Policy Implications

---

The performance improvement goals will support the implementation of the IJB Strategic Plan.

## 6. Equalities Implications

---

There are no equality implications from focussing on these goals but there may be implications in the actions that result from work to achieve them.

The focus of most of the goals is on reducing hospital activity and hospitals are not used equally by the population. There are population groups that make more use of hospitals than other groups – for example older people or people living in areas of deprivation.

There has not been an EQIA undertaken for the establishment. Specific actions resulting from work to achieve this goals will have an EQIA completed as part of the establishment and evaluation of the action.

## 7. Resource Implications

---

There are no immediate resource implications as a result of the recommendations in this paper

## 7 Risks

---

The main risk is that the IJB fails to set a suitable ambitious pace of change across the health and care system to reduce hospital utilisation and respond to the changing demographics

## 8 Involving People

---

The Strategic Planning Group has been consulted in agreeing the Local Improvement Goals.

## 9 Background Papers

---

None

<b>AUTHOR'S NAME</b>	Jamie Megaw
<b>DESIGNATION</b>	Strategic Programme Manager
<b>CONTACT INFO</b>	<a href="mailto:Jamie.megaw@nhslothian.scot.nhs.uk">Jamie.megaw@nhslothian.scot.nhs.uk</a>
<b>DATE</b>	03/01/2018

---



## Appendix 1:

Midlothian IJB Local Improvement Goals	Technical information on data used to monitor the goal
1: Reduce unscheduled admissions by 5% by September 2018	<ul style="list-style-type: none"> <li>• Data Source: TRAK (Oracle Analytical Database), NHS Lothian</li> <li>• Ages Included: 20+</li> <li>• Hospitals Included: RIE, WGH, STJ, REAS, Liberton, Princess Alexander Eye Pavilion</li> <li>• TRAK Admissions</li> <li>• IJB area of residence: Midlothian</li> <li>• Admission Type: Unplanned</li> </ul>
2: Reduce unscheduled hospital occupied bed days by 10% by April 2019	<ul style="list-style-type: none"> <li>• Data Source: TRAK (Oracle Analytical Database), NHS Lothian</li> <li>• Ages Included: 20+ (report does not allow 18+ to be selected)</li> <li>• Hospitals Included: RIE, WGH, STJ, REAS, Princess Alexander Eye Pavilion, Liberton</li> <li>• IJB area of residence: Midlothian</li> <li>• Admission Type: Unplanned</li> </ul>
3: Reduce the number of patients arriving by ambulance to A&E who are subsequently discharged home*	<ul style="list-style-type: none"> <li>• Data Source: NSS Discovery Level 2 A&amp;E Waiting Target Residence</li> <li>• Ages Included: 20+ (report does not allow 18+ to be selected)</li> <li>• IJB area of residence: Midlothian</li> <li>• Arrival Mode: 'Ambulance –Road', 'Ambulance – air', 'ambulance + A&amp;E retrieval tea,'</li> <li>• Discharge Destination: 'Place of Residence'</li> </ul>
4: By April 2018 over 87% of patients who are subsequently admitted into hospital from A&E are within the 4 hour standard	<ul style="list-style-type: none"> <li>• Data Source: NSS Discovery Level 2 A&amp;E Wait Target Residence</li> <li>• Ages Included: 20+ (report does not allow 18+ to be selected)</li> <li>• IJB area of residence: Midlothian</li> <li>• Discharge Destination: 'Admitted'</li> </ul>
5: Maintain the current number of patients using A&E (ongoing)	<ul style="list-style-type: none"> <li>• Data Source: TRAK (Oracle Analytical Database), NHS Lothian</li> <li>• Ages Included: All</li> <li>• A&amp;E/MIU included: RIE, WGH, STJ. The A&amp;E in Sick Kids is excluded</li> <li>• IJB area of residence: Midlothian</li> </ul>

6: Reduce delayed discharge occupied bed days by 30% by April 2018	<ul style="list-style-type: none"> <li>• Monthly data release by SOURCE team for Measuring Performance Under Integration</li> <li>• 'All' Delayed Discharges included</li> </ul>
7: No patients in the RIE or WGH with a delayed discharge over 72 hours by April 2018	<ul style="list-style-type: none"> <li>• Data Source: TRAK, NHS Lothian</li> <li>• TRAK and Admissions Report on monthly census day (last Thursday of the month)</li> <li>• All delayed discharges included which are longer on census day than 72 hours</li> </ul>
8: Reduce by 10% by April 2018 the number of occupied bed days in the RIE and WGH during the last six months of life	<ul style="list-style-type: none"> <li>• Monthly data release by SOURCE team for Measuring Performance Under Integration</li> </ul>
9: Reduce the percentage of patients over 75 who are in a larger hospital from 1.9% to 1.6% and in an care home from 6.8% by TBD*	<ul style="list-style-type: none"> <li>• Monthly data release by SOURCE team for Measuring Performance Under Integration</li> </ul>