Midlothian Integration Joint Board

1 March 2018, 2.00 pm

Measuring Performance Under Integration

Item number:	5.5

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 Goal 8 and 9 has changed and improved to more accurately record performance.

- Note that Scottish Government requested in January an update on performance from all IJBs for the Ministerial Strategic Group and that response from Midlothian is attached in Appendix 2.

Report

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 Goal 8 and 9 has changed and improved to more accurately record performance.

• Note that Scottish Government requested an update on performance from all IJBs and the response from Midlothian is attached in Appendix 2.

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 from 1.9% to 1.6% and in an care home from 6.8% by TBD*

*further work required to finalise the goal target or date.

3.2   The IJB agreed in April 2017 to receive a quarterly update on progress towards the Midlothian IJB Local Improvement Goals. It is recommended that this frequency of the reporting is increased so that IJB members receive reports at each IJB meeting.

3.3   Appendix One provides technical detail of how these goals are measured and how the baselines were calculated.

4.   Summary of what the data shows in Midlothian (all tables in this section use data from January to November unless stated).

This section has been updated since the January IJB meeting where possible to include data for all of 2017.

- **Unscheduled hospital admissions have changed little over the last three years**

2015	2016	2017
7,898	7,268	7,851

- **There has been a more significant decrease in unscheduled occupied bed days and this is driven by a change in use of Liberton Hospital**

2015	2016	2017
62,802	61,732	58,704

The factors affecting hospital attendance and OBD are multifaceted and complex and it can be difficult to make direct conclusions as to the reason behind this fall in activity. One significant factor though is the change in use of Liberton by Midlothian residents. During the last three years the use of Liberton has reduced though planned changes to the pathway. In Liberton there were 7696 OBD in 2015, 5,991 in 2016 and 1,578 in 2017. There have been no Midlothian patients in Liberton since July 2017.

- **The number of people attending A&E by ambulance who are discharged home from A&E has increased from 2015 (data for Jan – Oct)**

2015	2016	2017
2,305	2,602	2,363

- **A&E activity is increasing**

2015	2016	2017
20,757	21,500	21,894

- **OBD as a result of a delayed discharge has increased (Jan to Nov)**

2015	2016	2017
8,418	8,587	10,085

* This was incorrectly reported previously to the IJB as 640

1a: Number of Unscheduled Admissions from Midlothian

There was a significant and sustained reduction from an average of 660 admissions before Feb 16 to an average of 630 since.

- Admissions
- Average

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

- Unscheduled Admissions
- Guide Trajectory
- Baseline

600

Direction for improvement
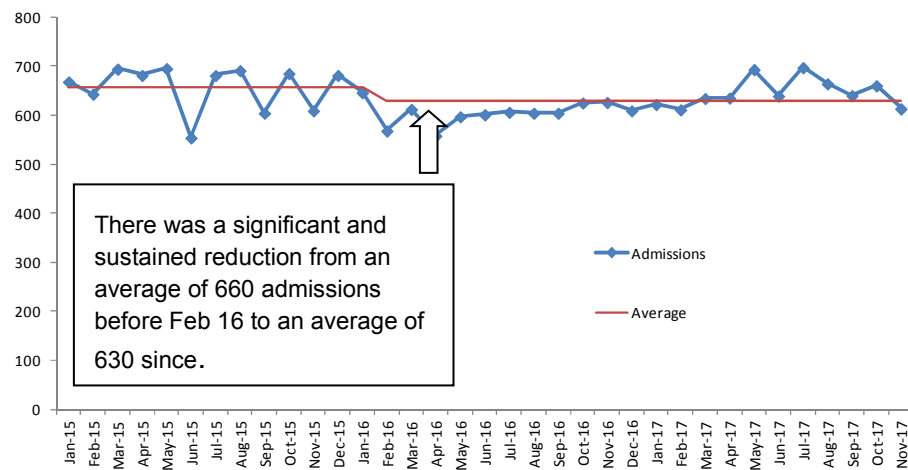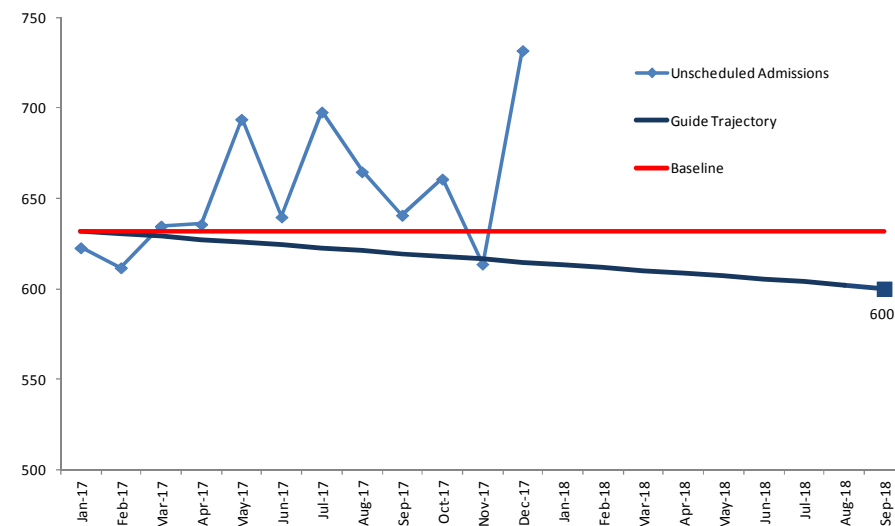
1c: Unscheduled Admissions from Midlothian - comparision with performance in previous years
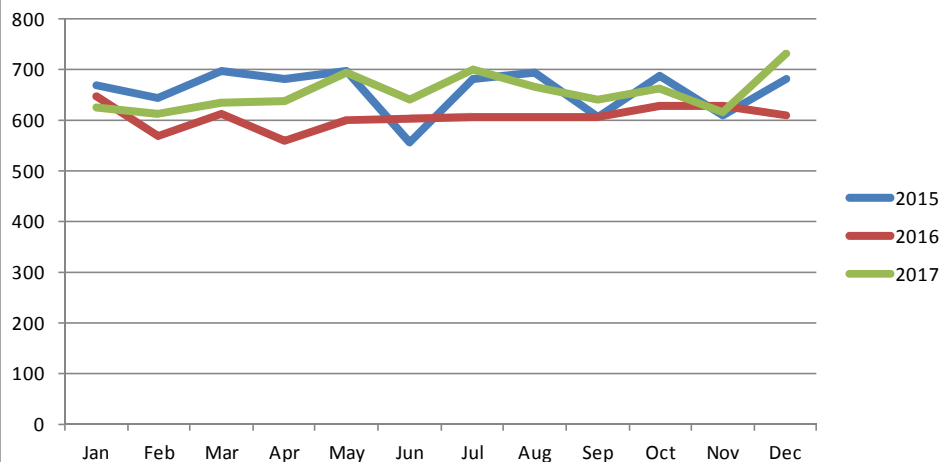
- 2015
- 2016
- 2017

The baseline of 662 unscheduled admissions from Midlothian per month was calculated from performance in 2015 and 2016
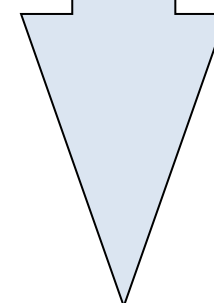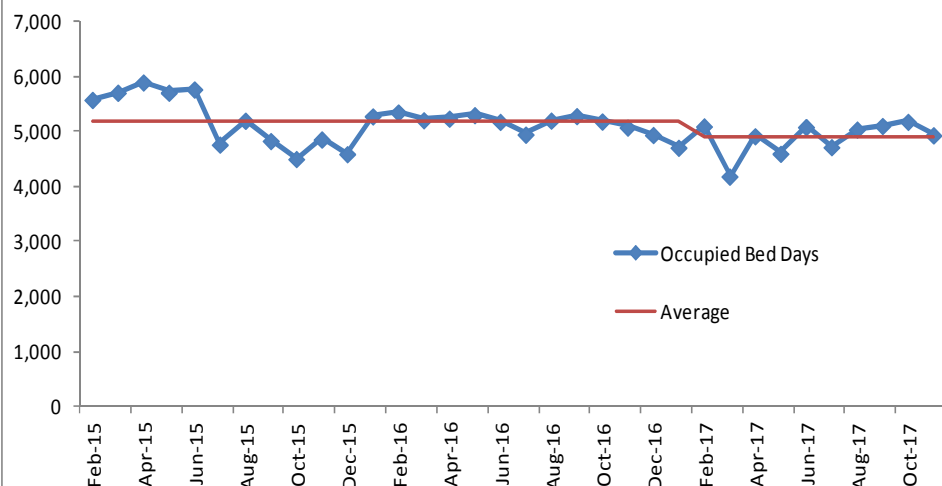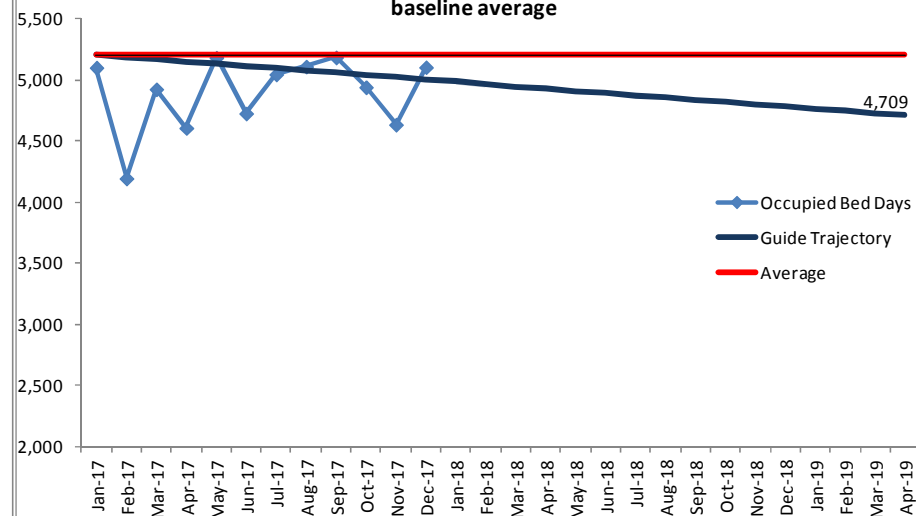
2. Reduce unscheduled hospital occupied bed days (OBD) by 10% by April 2019   Baseline: 5,122 OBD per month
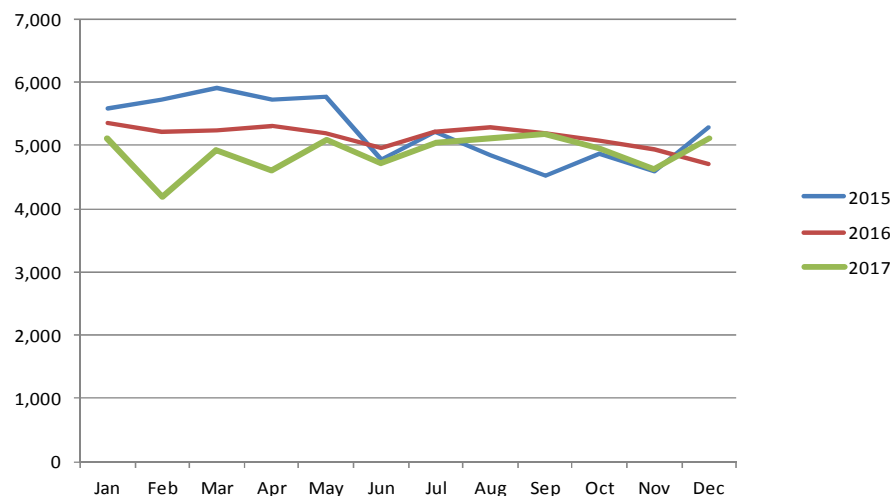
2a: Number of Unscheduled Occupied Bed Days from Midlothian

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

4,709

Direction for improvement

2c Unscheduled Occupied Bed Days from Midlothian - comparision 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.

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

3a: Number of patients attending A&E via ambulance who are subsequently discharged to place of residence
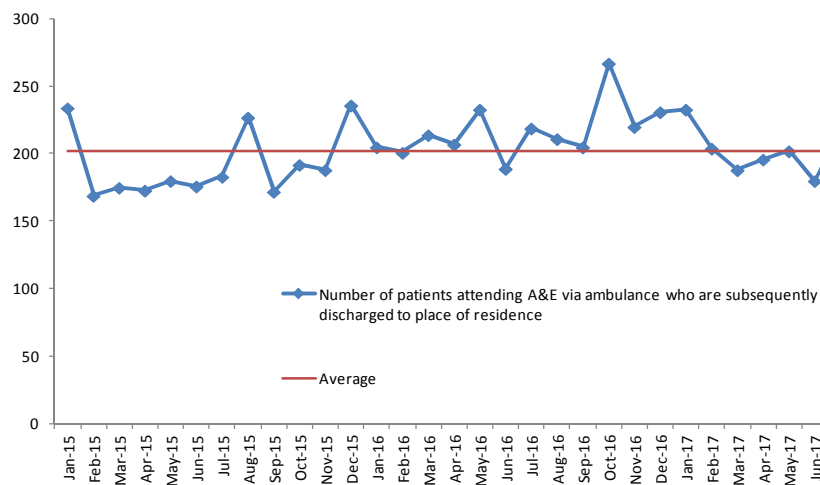
3c: A&E attendance by ambulance who are susbesquantly discharged home- comparision with performance in previous years
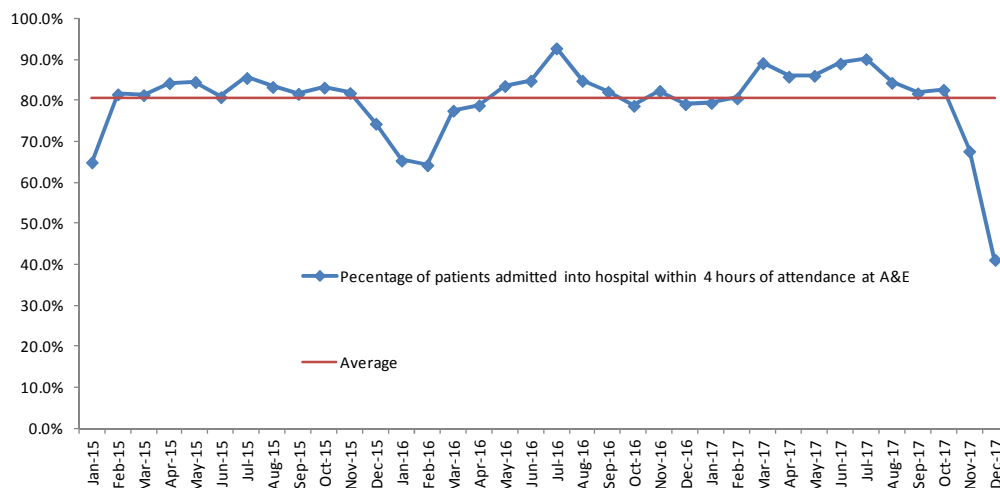

Direction for improvement
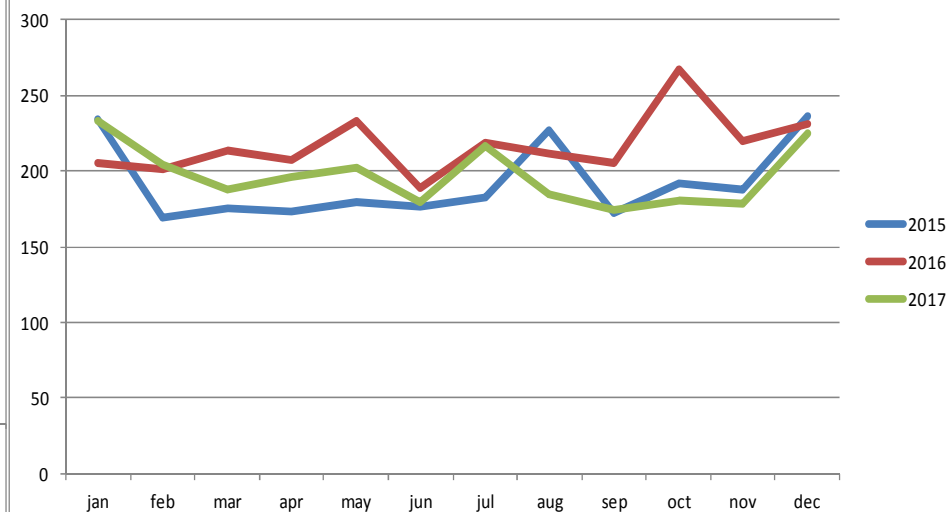
The baseline is 206 patients per month who attended A&E via Ambulance who were subsequently discharged to their place of residence during 2015 and 2016.

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:
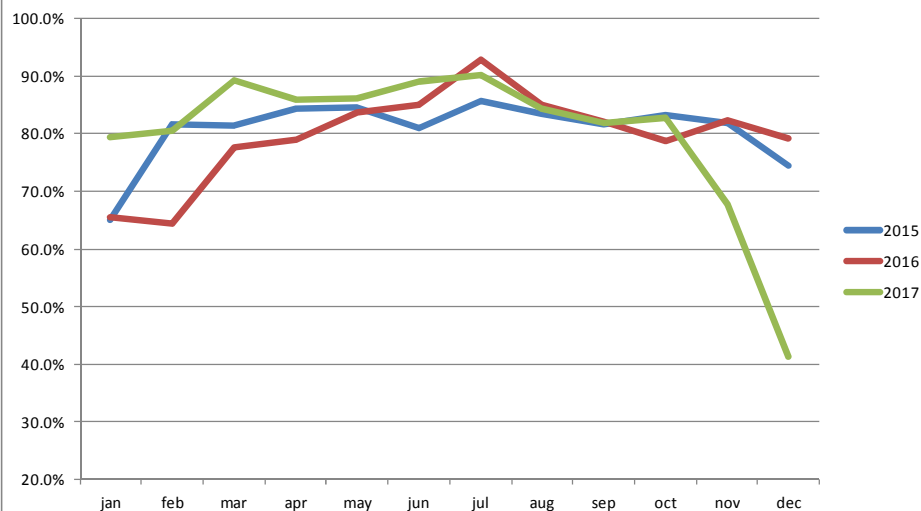

4b: Percentage of patients who are subsequently admitted into hospital from A&E within the 4 hour standard: Guideline trajectory and baseline
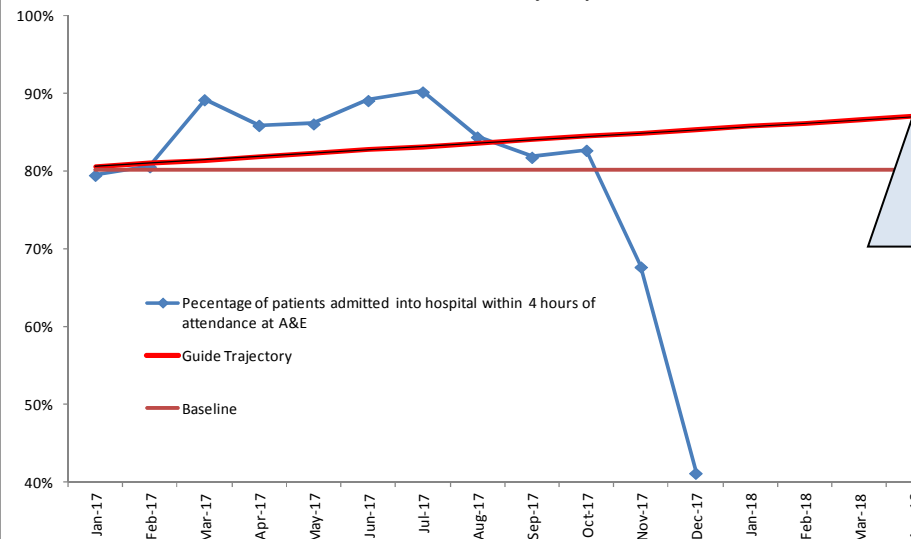
4c: A&E patients admitted into hospital- comparision with performance in previous years

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.

Direction for improvement

5: Maintain the current number of patients using A&E (ongoing)   Baseline: 1,756 A&E attendances

5a: A&E Attendances from Midlothian

- ◆ A&E attendances from Midlothian
- —— Average

5b: A&E Attendances from Midlothian: Comparision with performance in previous years
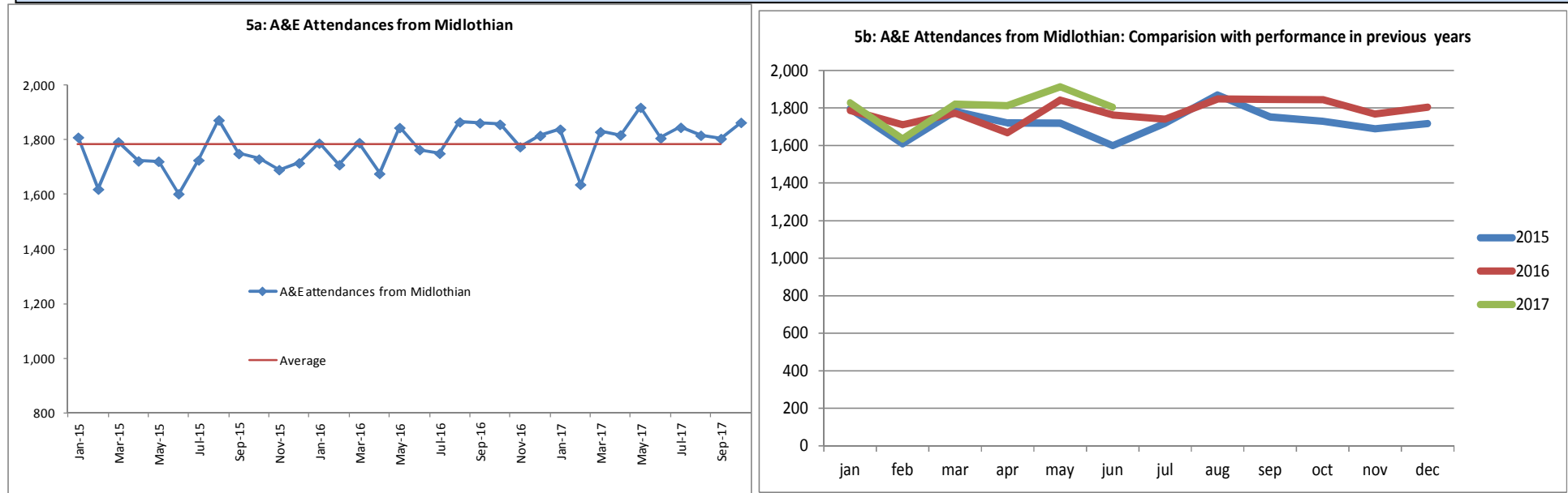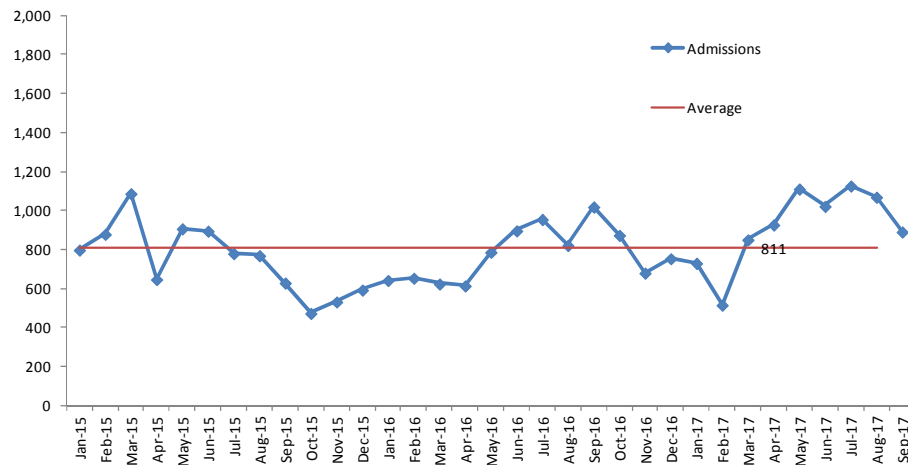

- —— 2015
- —— 2016
- —— 2017

The baseline for this goal is 1,756 A&E attendances which was the average number of monthly attendances in 2015 and 2016.
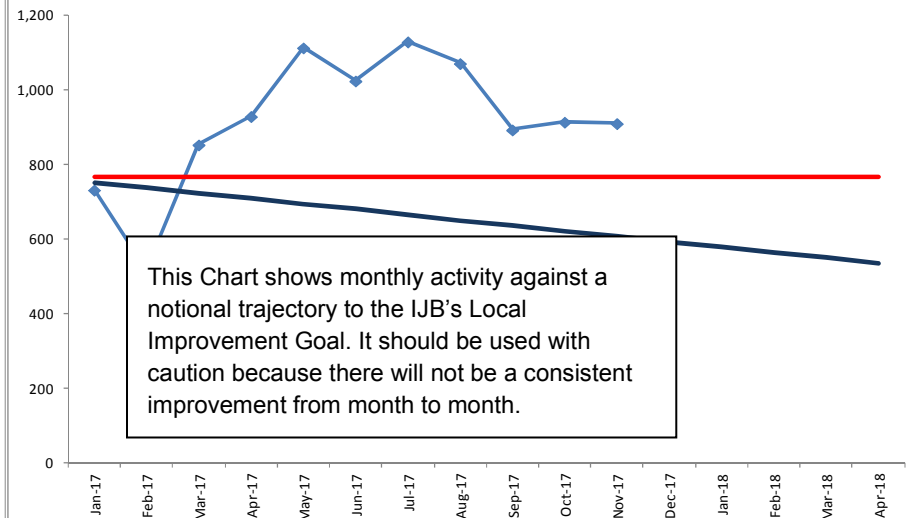
6: Reduce delayed discharge occupied bed days by 30% by April 2018 Baseline: 765 delayed discharge OBD

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

811

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

This Chart shows monthly activity against a notional trajectory to the IJB's Local Improvement Goal. It should be used with caution because there will not be a consistent improvement from month to month.

6c: Comparison with performance in previous years: Delayed Discharge Occupied Bed Days
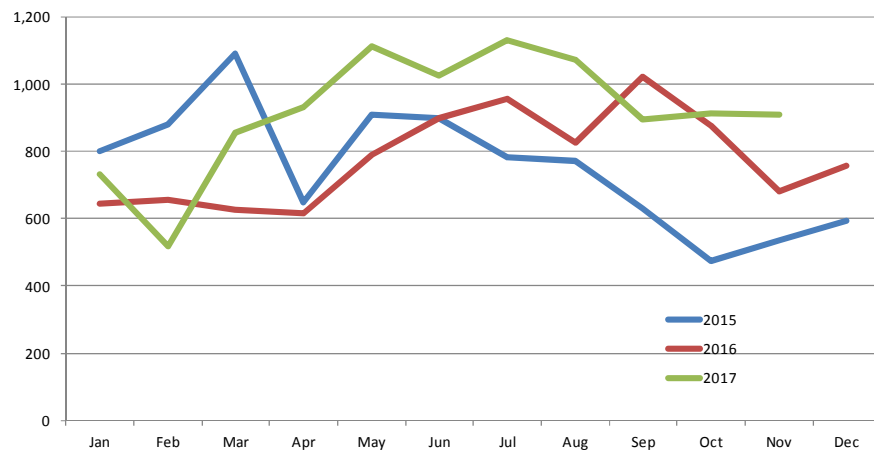
The baseline for this goal is 765 OBD per month. This was average number of occupied bed days per month in 2015 and 2016 as a result of a delayed discharge.

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).
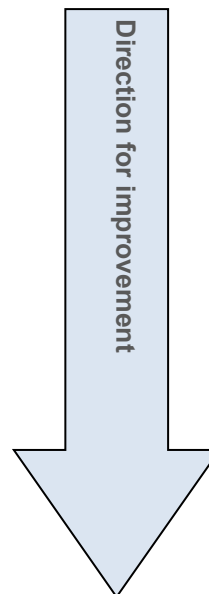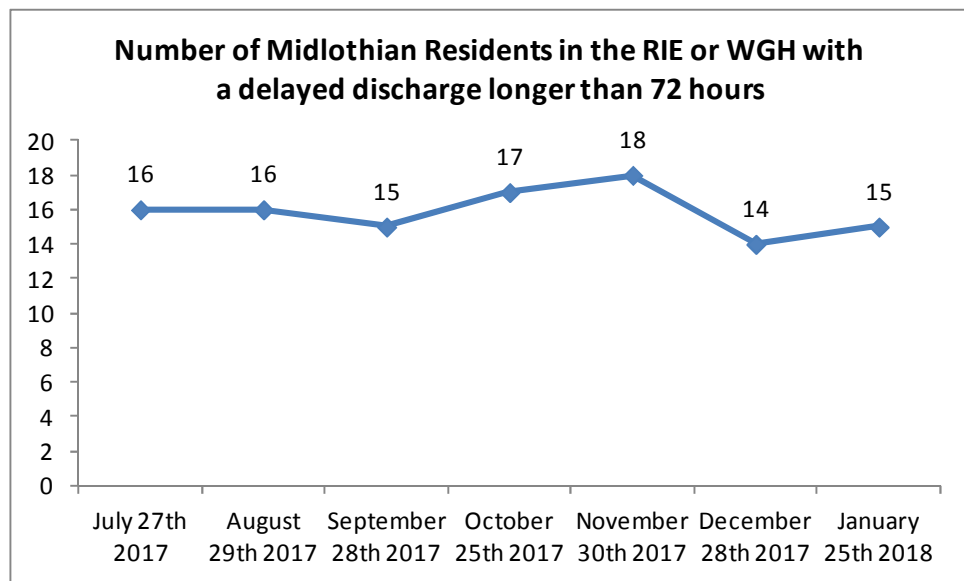
Number of Midlothian Residents in the RIE or WGH with a delayed discharge longer than 72 hours

Direction for improvement

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
Midlothian IJB*	14,325	15,333	15,934	14,704

* 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 from 1.9% to 1.6% and in an care home from 6.8% to 6.2% by TBD

	2013/14	2014/15	2015/16	2016/17

Large Hospital	*1.6%*	*1.6%*	*1.4%*	1.3%
Care Home	**6.9%**	**6.7%**	**6.8%**	**6.6%**

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

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DATE	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	• Data Source: TRAK (Oracle Analytical Database), NHS Lothian • Ages Included: 20+ • Hospitals Included: RIE, WGH, STJ, REAS, Liberton, Princess Alexander Eye Pavilion • TRAK Admissions • IJB area of residence: Midlothian • Admission Type: Unplanned
2: Reduce unscheduled hospital occupied bed days by 10% by April 2019	• Data Source: TRAK (Oracle Analytical Database), NHS Lothian • Ages Included: 20+ (report does not allow 18+ to be selected) • Hospitals Included: RIE, WGH, STJ, REAS, Princess Alexander Eye Pavilion, Liberton • IJB area of residence: Midlothian • Admission Type: Unplanned
3: Reduce the number of patients arriving by ambulance to A&E who are subsequently discharged home*	• Data Source: NSS Discovery Level 2 A&E Waiting Target Residence • Ages Included: 20+ (report does not allow 18+ to be selected) • IJB area of residence: Midlothian • Arrival Mode: 'Ambulance –Road', 'Ambulance – air', 'ambulance + A&E retrieval tea,' • Discharge Destination: 'Place of Residence'
4: By April 2018 over 87% of patients who are subsequently admitted into hospital from A&E are within the 4 hour standard	• Data Source: NSS Discovery Level 2 A&E Wait Target Residence • Ages Included: 20+ (report does not allow 18+ to be selected) • IJB area of residence: Midlothian • Discharge Destination: 'Admitted'
5: Maintain the current number of patients using A&E (ongoing)	• Data Source: TRAK (Oracle Analytical Database), NHS Lothian • Ages Included: All • A&E/MIU included: RIE, WGH, STJ. The A&E in Sick Kids is excluded • IJB area of residence: Midlothian
6: Reduce delayed discharge occupied bed days by 30% by April 2018	• Monthly data release by SOURCE team for Measuring Performance Under Integration • 'All' Delayed Discharges included
7: No patients in the RIE or WGH with a delayed discharge over 72 hours by April 2018	• Data Source: TRAK, NHS Lothian • TRAK and Admissions Report on monthly census day (last Thursday of the month) • All delayed discharges included which are longer on census day than 72 hours

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	• Monthly data release by SOURCE team for Measuring Performance Under Integration
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*	• Monthly data release by SOURCE team for Measuring Performance Under Integration

Appendix 2:
MSG Improvement Objectives – summary of objectives for Midlothian Integration Joint Board – January 2018

Midlothian IJB	Unplanned admissions	Unplanned bed days	A&E attendances	A&E attendance via SAS who are discharged home	A&E admissions	Delayed discharge bed days	Delayed Discharge in RIE or WGH	Last 6 months of life	Balance of Care
Baseline	2015 and 2016 average unscheduled admissions per month Baseline = 662	2015 and 2016 average unscheduled OBD per month Baseline = 5,122	2015 and 2016 average A&E attendance by month Baseline=1,756	2015 and 2016 average A&E attendance by month Baseline=206	2015 and 2016 average performance by month Baseline=80.1%	2015 and 2016 average performance by month Baseline=765	Baseline was started in July 2017 Baseline = 16	2014/15 and 2015/16 average performance by month Baseline= 1727	% of patients over 75 who are in a large hospital: 1.9% and in a care home: 6.8%
Objective	Reduce unscheduled admissions by 5% by September 2018 Expected average unscheduled admissions to be 600 per month from September 2018	Reduce unscheduled hospital OBD by 10% by April 2019 Expected average monthly unscheduled OBD to be 4,709 from April 2019	Maintain the current baseline of patients using A&E (prevent future growth)	Reduce the number of patients arriving by ambulance to A&E who are subsequently discharged home	By April 2018 over 87% of patients who are subsequently admitted into hospital from A&E are treated within the 4 hour standard	Reduce delayed discharge OBD by 30% by April 2018	No patients in the RIE or WGH with a delayed discharge over 72 hours by April 2018	Reduce by 10% by April 2018 the OBD in the RIE and WGH by April 2018	Reduce the % of patients over 75 who are in a large hospital from 1.9% to 1.6% and in a care home from 6.8% to 6.2% by TBD
How will it be achieved	• Reduce A&E attendances and admissions from Care Homes • Reduce out-of-hours admissions from LUCS through development of Out-of-hours services as per Ritchie • Reduce	• Achieve a 5% reduction in emergency admissions as per objective 1 • No delayed discharge in an acute hospital bed • Reduce the LOS for patients on an acute site through actions including locality-based admission policy for frail older patients	• Achieve a 5% reduction in emergency admissions as per objective 1 • Make progress towards achieving the 10% reduction in OBD as per objective 2 • Increase access to General Practice through the Midlothian General Practice Strategic Programme to reduce inappropriate use of A&E • Develop a process between RIE A&E, SAS and General Practices in Midlothian to redirect patients. • Reduce inappropriate A&E attendances by patients with care homes • Joint work between MELDAP and the RIE Alcohol Liaison Service to reduce inappropriate use on A&E by patients with problematic substance use • Better use of Anticipatory Care Planning			Redesign of care at home services to ensure a more sustainable service delivery Increased joint working between district nursing and care at home to support discharge Introduce new approach for patients awaiting	Improved rehab pathway between acute and community to maximise use of Edenview Ward in MCH Increase the number of assessment and rehab beds within Highbank Intermediate Care	Facilitating patient discharge through integrated working between DN service and re-ablement teams Working closely with H@H who may identify deteriorating patients who are no longer responding to active treatment Further developing our local Palliative and End	The overall shift in the balance of care will be achieved through the delivery of the actions set out in the table and through the implementation of the Midlothian

	preventable admissions specifically for patients with COPD and Type 2 Diabetes • Reduce admissions relating to falls • Reduce admissions relating to frailty through improved anticipatory care supported by the efrailty project • Maximise capacity of the Hospital at Home service by 50%	and development of community services and facilities at Highbank and MLCH				Guardianship to reduce delays Establish Midlothian Discharge Hub to co-ordinate and support early discharge Further work with care homes to ensure quicker assessment and admissions, in partnership with patients & families Establish 'family first' approach to supporting discharge home, moving away from paid care in the first instance	Implement Discharge to Assess within acute settings Joint working between AMU and Hospital at Home to pull patients from the front door Partnership with British Red Cross for assisted discharge home for patients in acute settings awaiting support at home	of Life Care Partnership Group which includes working closely with other agencies Ensuring actions from the above group are completed, which includes: Shared learning project; Progressing use of ACP in Newbyres Care Village; Video conferencing to facilitae education sessions between all Midlothian care homes; Family feedback system introduced in Newbyres Care Village; Closer working with Marie Curie, including a link Marie Curie nurse for Newbyres Care Village and closer working between VOCAL and Marie Curie.	Health & Social Care Delivery Plan
Progress (updated by ISD)	Trajectory is used to view monthly progress. As an indicator of progress the total admissions from January to September for 2015, 2016,2017 is included below: J-S 2015: 7,217 J-S 2016: 6,662 J-S 2017: 7,114	Trajectory is used to view monthly progress. As an indicator of progress the total unscheduled OBD from January to September for 2015, 2016,2017 is included below: J-S 2015: 57,507 J-S 2016: 57,086 J-S 2017: 53,552	Trajectory is used to view monthly progress. As an indicator of progress the total A&E attendances from January to September for 2015, 2016,2017 is included below: J-S 2015: 19,042 J-S 2016: 19,696 J-S 2017: 19,975	Trajectory is used to view monthly progress. As an indicator of progress the total A&E attendances in this pathway from January to September for 2015, 2016,2017 is included below: J-S 2015: 1,881 J-S 2016: 2,151 J-S 2017: 1,960	Trajectory is used to view monthly progress. Performance has been above trajectory in 2017 in 6/10 months	Trajectory is used to view monthly progress. As an indicator of progress the total OBD due to a DD from January to September for 2015, 2016,2017 is included below: J-S 2015: 7,409 J-S 2016: 7,030 J-S 2017: 8,261	Trajectory is used to view monthly progress. Since July 2017 there has not been fewer than 16 patients in the RIE or WGH with a delayed discharge over 72 hours.	Data is provided annually by ISD Scotland In 2016/17 there were 19,473 OBD (1662 OBD per month). This is a reduction of 7% from the baseline.	Data is provided annually by ISD Scotland

| Notes | Data Source: TRAK (Oracle Analytical Database), NHS Lothian

Ages Included: 20+

Hospitals Included: RIE, WGH, STJ, REAS, Liberton, Princess Alexander Eye Pavilion

TRAK Admissions

IJB area of residence: Midlothian

Admission Type: Unplanned | Data Source: TRAK (Oracle Analytical Database), NHS Lothian
Ages Included: 20+ (report does not allow 18+ to be selected)
Hospitals Included: RIE, WGH, STJ, REAS, Princess Alexander Eye Pavilion, Liberton

IJB area of residence: Midlothian

Admission Type: Unplanned | Data Source: TRAK (Oracle Analytical Database), NHS Lothian
Ages Included: All
A&E/MIU included: RIE, WGH, STJ.
The A&E in Sick Kids is excluded
IJB area of residence: Midlothian | Data Source: NSS Discovery Level 2 A&E Waiting Target Residence
Ages Included: 20+ (report does not allow 18+ to be selected)
IJB area of residence: Midlothian
Arrival Mode: 'Ambulance –Road', 'Ambulance – air', 'ambulance + A&E retrieval tea,'
Discharge Destination: 'Place of Residence' | Data Source: NSS Discovery Level 2 A&E Waiting Target Residence
Ages Included: 20+ (report does not allow 18+ to be selected)
IJB area of residence: Midlothian
Discharge Destination: 'Admitted' | Monthly data release by SOURCE team for Measuring Performance Under Integration
'All' Delayed Discharges included | Data Source: TRAK, NHS Lothian
TRAK and Admissions Report on monthly census day (last Thursday of the month)
All delayed discharges included which are longer on census day than 72 hours | Monthly data release by SOURCE team for Measuring Performance Under Integration

NB: data does not allow HSCP to separate Midlothian Community Hospital from Larger Hospital which is necessary | Monthly data release by SOURCE team for Measuring Performance Under Integration

NB: data does not allow HSCP to separate Midlothian Community Hospital from Larger Hospital which is necessary |