Midlothian Integration Joint Board

11 January 2018

Measuring Performance Under Integration

Executive summary

Item number:

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:

- Comment on performance across the improvement goals.

- Note the positive impact that stopping the use of Liberton Hospital has had on the overall unscheduled occupied bed days.

- Note the improvement in A&E 4 hour performance for people who are subsequently admitted into hospital

Report

Performance Information

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 the positive impact that stopping the use of Liberton Hospital has had on the overall unscheduled occupied bed days.

- Note the improvement in A&E 4 hour performance for people who are subsequently admitted into hospital

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).

Another way to look at the data is to compare total activity between years. Data for December 2017 is not available for this report so only activity from January to November is used.

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

2015	2016	2017
7,217	6,662	7,114

- **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
57,507	57,086	53,552

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
1,881	2,151	1,960

- **The % of people treated within 4 hours who were subsequently admitted has improved (data for Jan –Oct)**

2015	2016	2017
81.2%	79.3%	85.0%

- **A&E activity is increasing**

2015	2016	2017
19,042	19,696	19,975

- **OBD as a result of a delayed discharge has increased (Jan to Sep)**
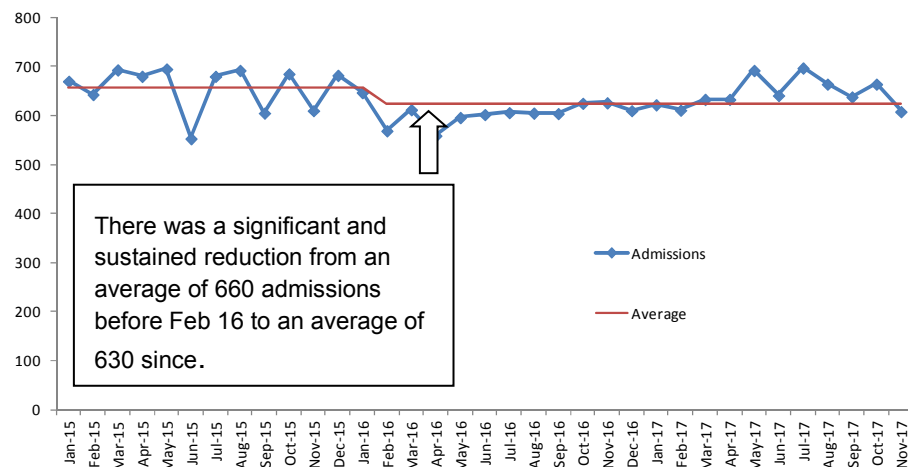
2015	2016	2017
7,409	7,030	8,261

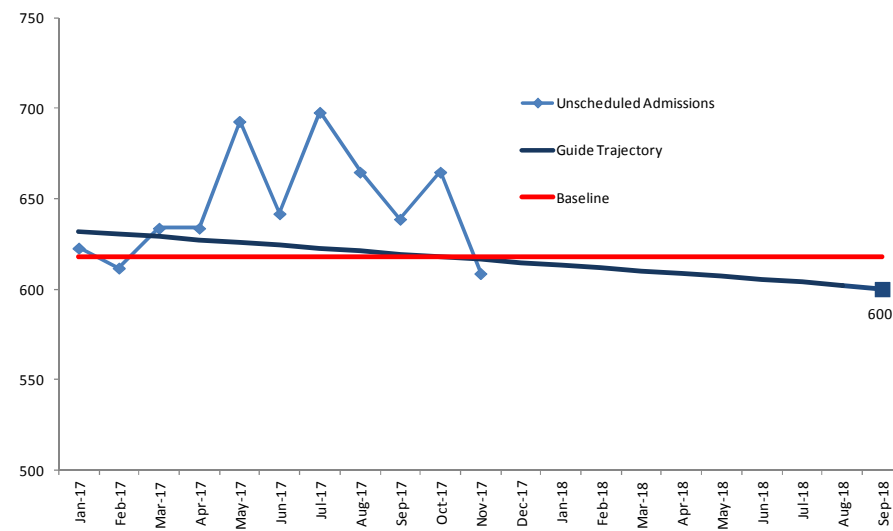# 1: Reduce Unscheduled Admissions by 5% by September 2018

Baseline: 662 admissions per month*

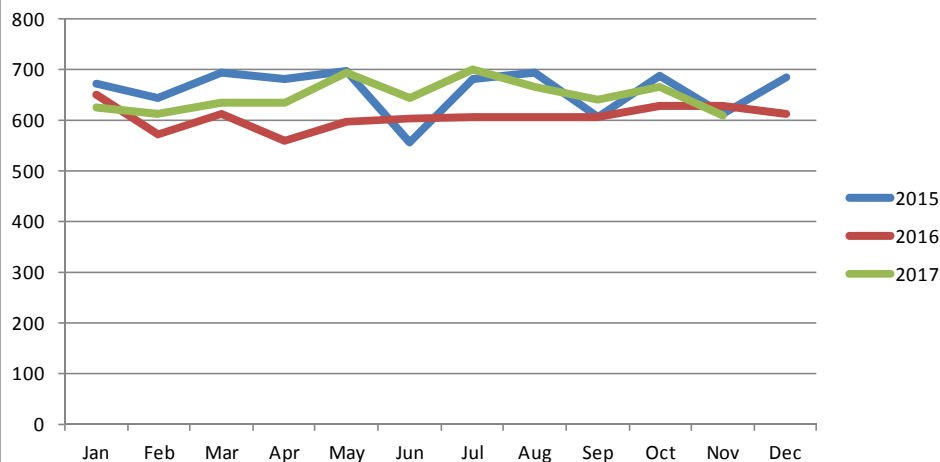***** This was incorrectly reported previously to the IJB as 640

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

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

Chart 1c shows that performance in 2017 is tracking closely with performance in 2015.

Direction for improvement

Direction for improvement

2a: Number of Unscheduled Occupied Bed Days from Midlothian

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

4,709

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

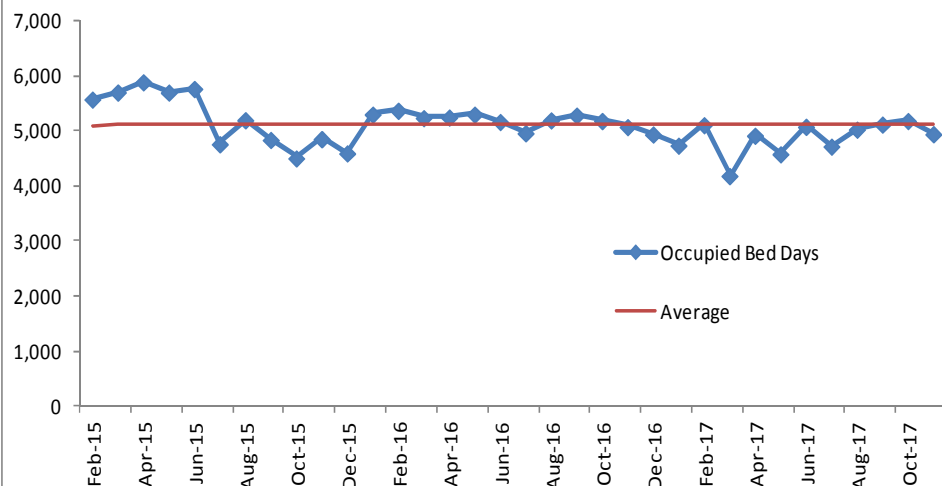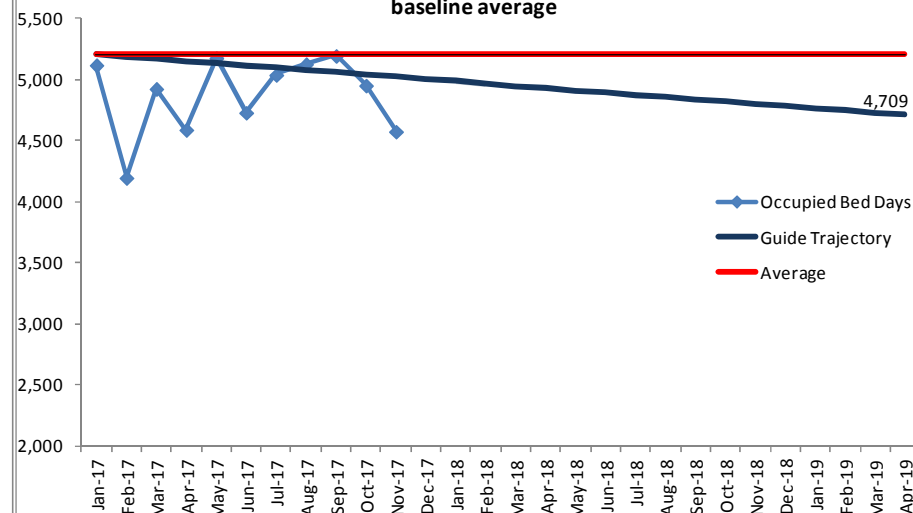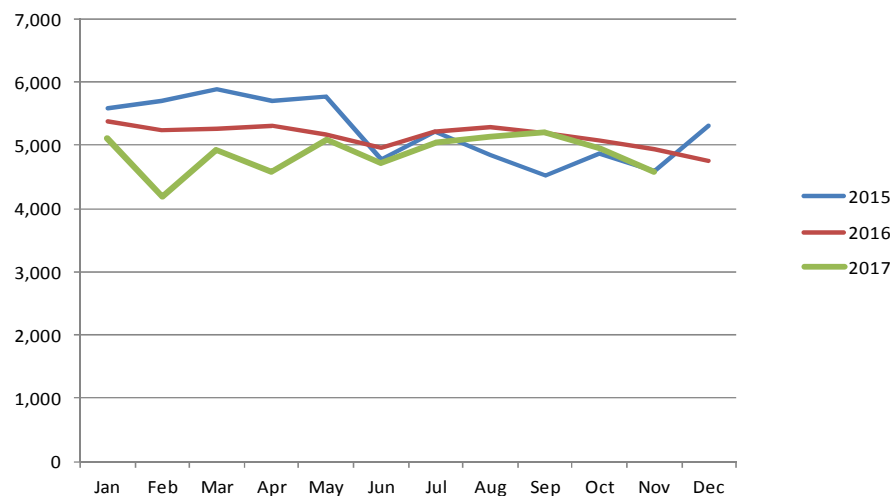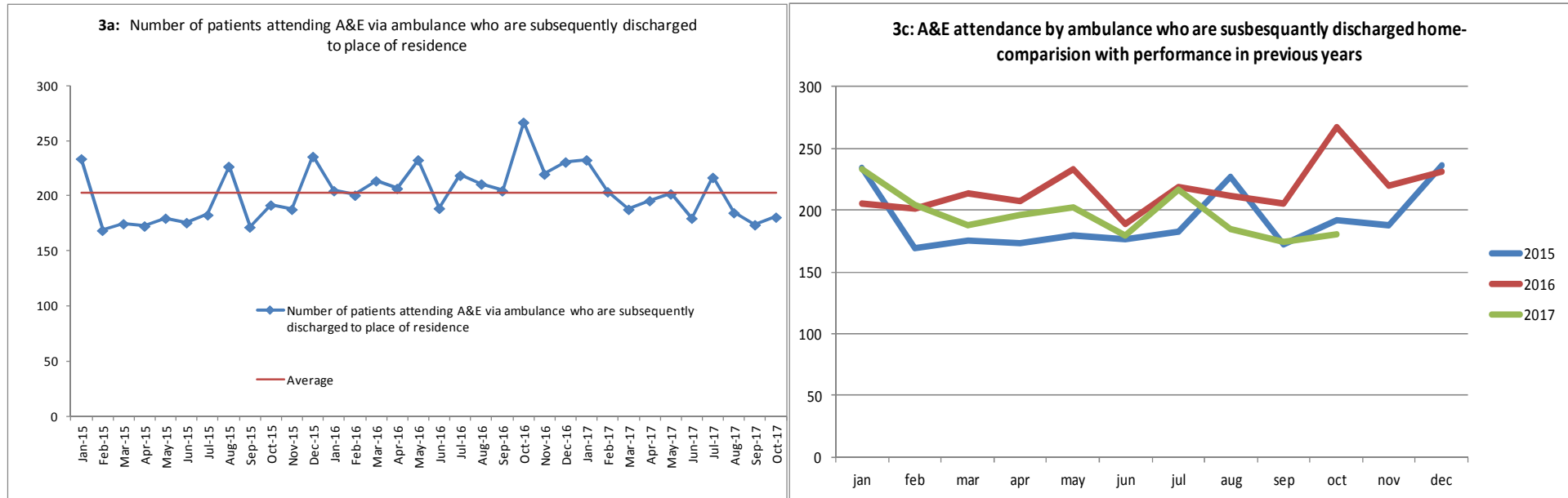The baseline of 5,122 unscheduled OBD from Midlothian in each month was calculated from performance in 2015 and 2016

There is seasonally variation apparent in chart 2a.

Chart 2c appears to show that performance in 2017 is better than in performance with performance in 2015 and 2016. .

3. Reduce the number of patients arriving by ambulance to A&E who are subsequently discharged home Baseline: 206
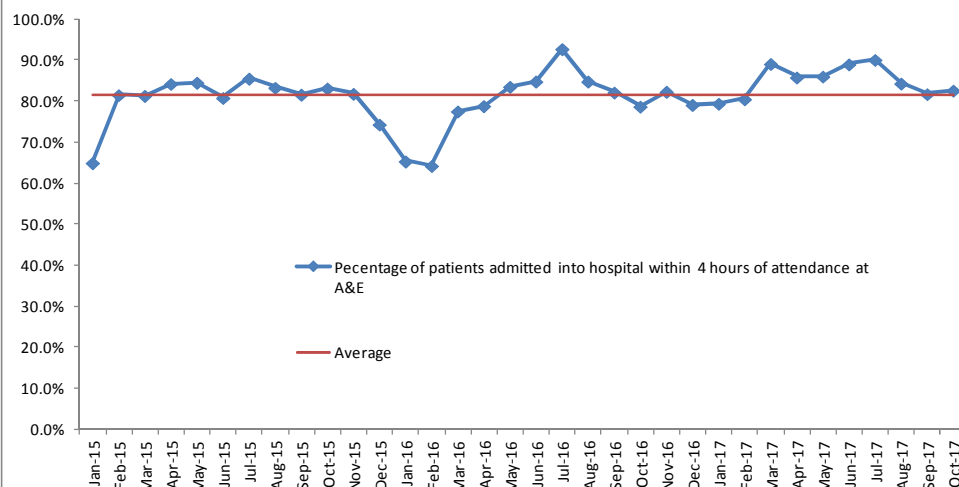
3a: Number of patients attending A&E via ambulance who are subsequently discharged to place of residence

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.

Both charts demonstrate an increasing number of patients are following this pathway.
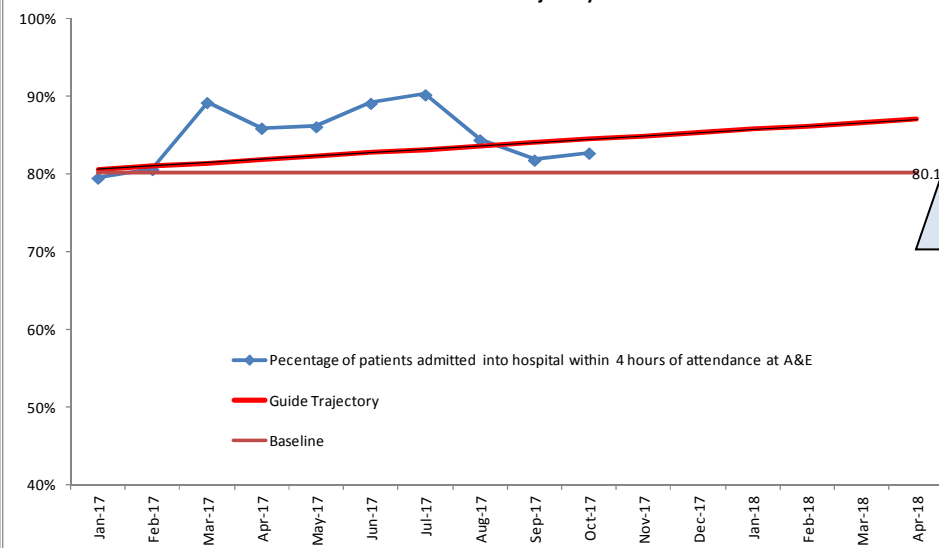
4: By April 2018 over 87% of patients who are subsequently admitted into hospital from A&E are within the 4 hour standard.

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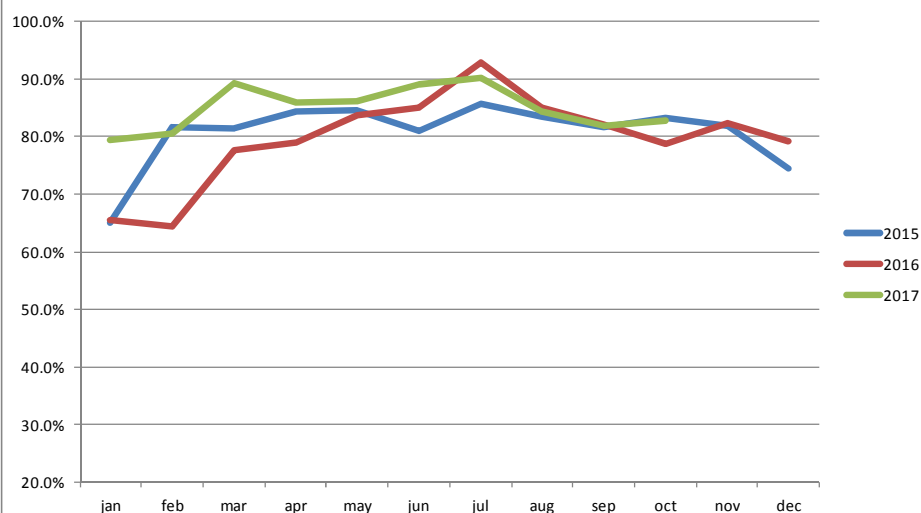

4b: Percentage of patients who are subsequently admitted into hospital from A&E within the 4 hour standard: Guideline trajectory and baseline

Direction for improvement

4c: A&E patients admitted into hospital- 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.
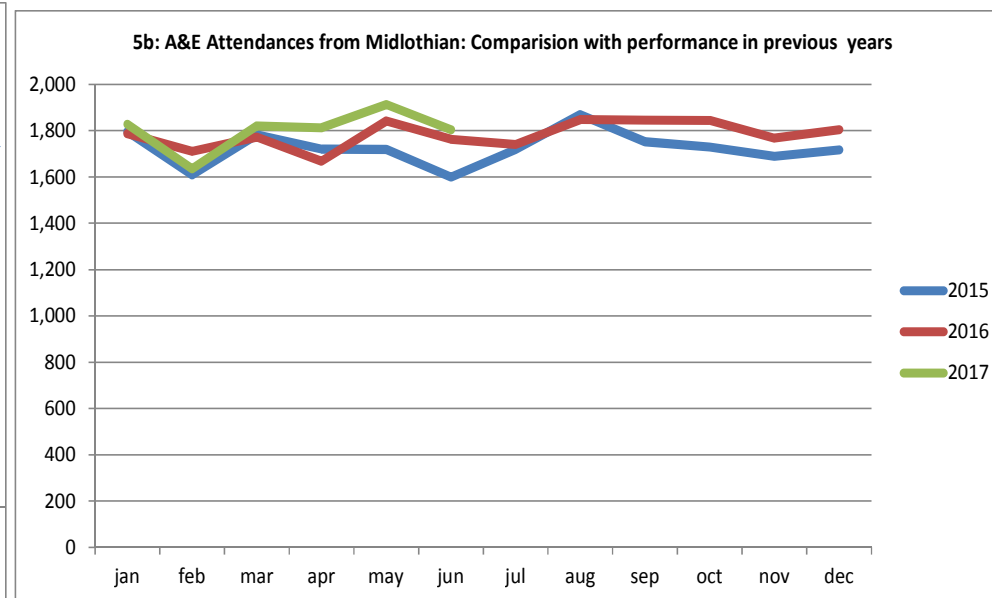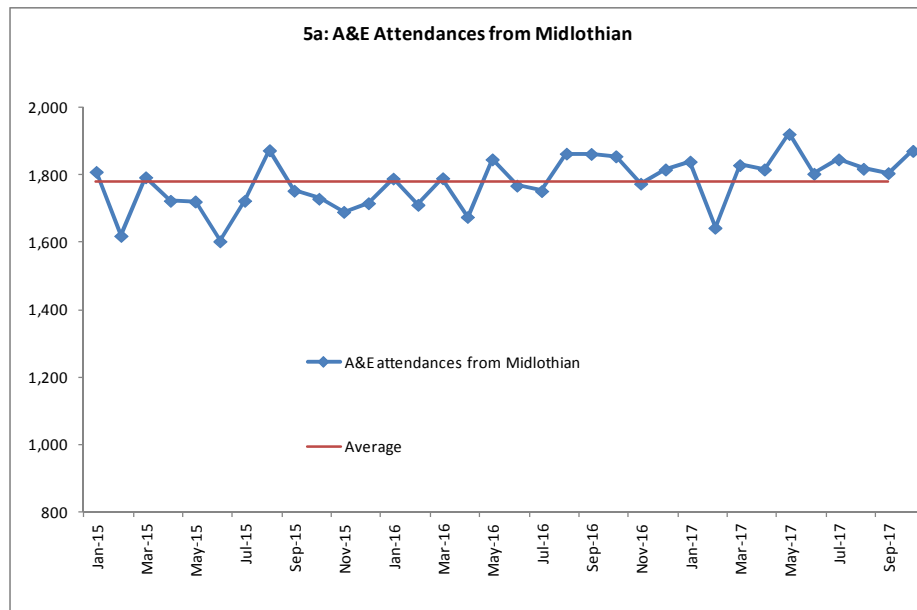
There is seasonally variation apparent in chart 4a.

Chart 4c shows that performance in 2017 is better than the same months in previous years

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

5a: A&E Attendances from Midlothian

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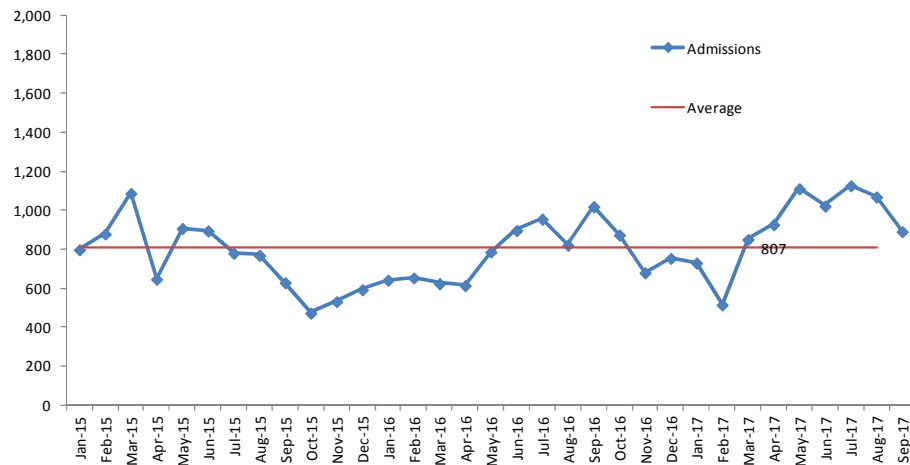

The baseline for this goal is 1,756 A&E attendances which was the average number of monthly attendances in 2015 and 2016.
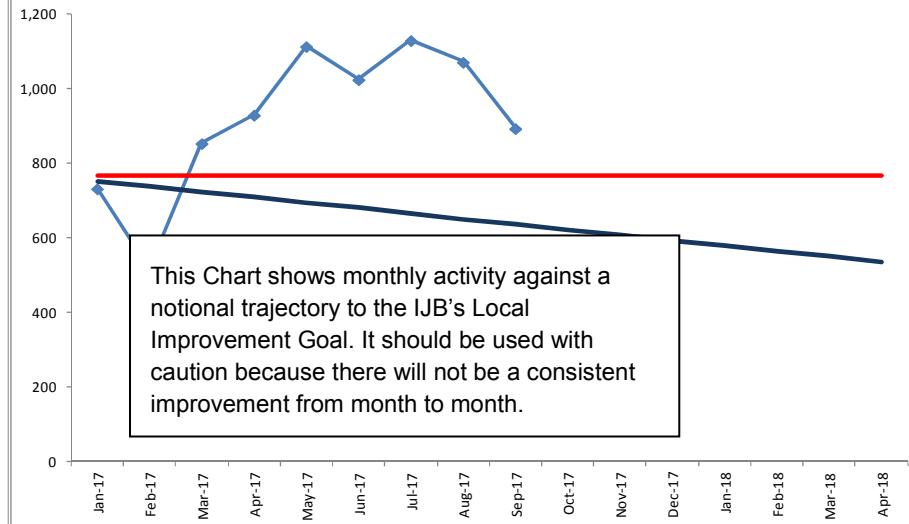
6: Reduce delayed discharge occupied bed days by 30% by April 2018
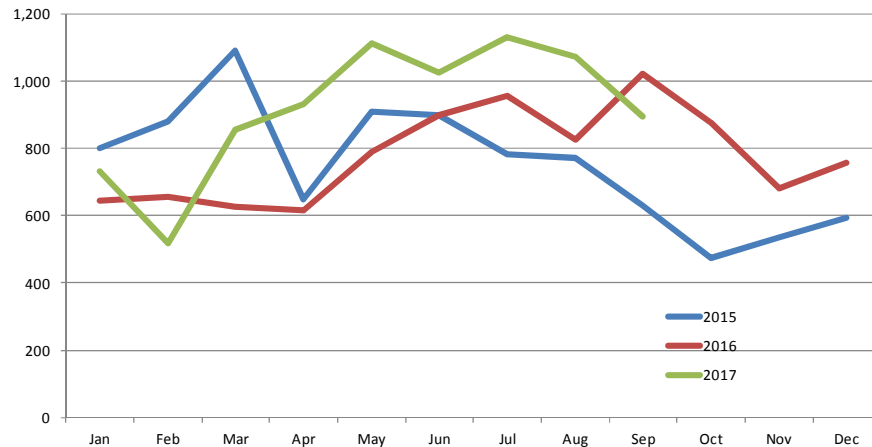
Baseline: 765 delayed discharge OBD

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

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
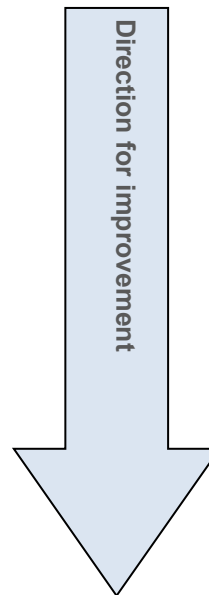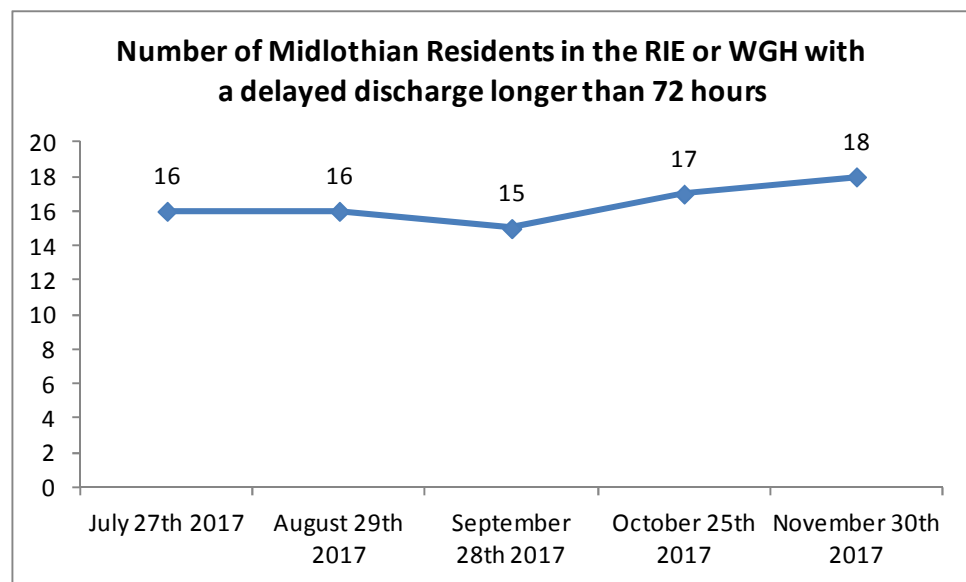

The baseline for this goal is 765 OBD per month. This was average number of occupied bed days per month in 2015 and 2016 as a result of a delayed discharge.

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

	July 27th 2017	August 29th 2017	September 28th 2017	October 25th 2017	November 30th 2017
Value	16	16	15	17	18

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***	*19,172*	*20,498*	*20,961*	*19,473*

* this includes Midlothian Community Hospital because the information source does not allow specific hospitals to be excluded

The information available does not currently allow separation of time spent in Midlothian Community Hospital from time spent in the Edinburgh Royal Infirmary or Western General Hospital. Further work is required to separate the data for these 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

Large Hospital	2013/14	2014/15	2015/16
Midlothian IJB	2.0%	2.1%	1.9%
Care Home			
Midlothian IJB	6.9%	6.7%	6.8%

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

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

AUTHOR'S NAME	Jamie Megaw
DESIGNATION	Strategic Programme Manager
CONTACT INFO	Jamie.megaw@nhslothian.scot.nhs.uk
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 Waiting 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	
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*	