



Thursday 24 August 2017 at 2.00pm

Measuring Performance Under Integration

Item number: 5.2

Executive summary

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

Board members are asked to:

- Comment on performance across the improvement goals.
 - Note that the IJB will receive an update on progress every three months. The next update will be in November 2017
-

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 the IJB will receive an update on progress every three months. The next update will be in November 2017

3. Background and main report

- 3.1 Scottish Government has invited all IJBs to set local goals for each of the indicators. The context for these improvement objectives is the IJB Strategic Commissioning Plan and the IJB's Directions that are issued to NHS Lothian and Midlothian Council. The three products are interdependent – the Strategic Commission Plan sets the vision for change in Midlothian, the Directions describe the actions to work towards this vision and the indicators will demonstrate progress of the actions and towards the vision.
- 3.2 The IJB will demonstrate progress against the national health and wellbeing outcomes which have a much wider focus than the Local Improvement Goals described in this paper which are predominantly about change in how hospital-based services are utilised. Progress on the health and wellbeing outcomes will be reported to the IJB within its Annual Report.
- 3.3 In addition the Joint Management Team of the Midlothian Health and Social Care Partnership receives a more detailed operational report which provides a deeper understanding on progress to achieving the IJB's local improvement goals.
- 3.4 The purpose of the integration of health and social care and the establishment of Integration Joint Boards is to drive forward the changes required that have not been possible to achieve under previous governance and organisation configurations.

- 3.5 The IJB must be ambitious in the scale and pace of change it demands across the system. The rapid demographic change and the current overreliance on hospital-based care are incompatible. The IJB must provide strong leadership through its vision and directions. The performance improvement goals quantify the scale and pace that the IJB requires Midlothian Council and NHS Lothian to deliver.
- 3.6 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.

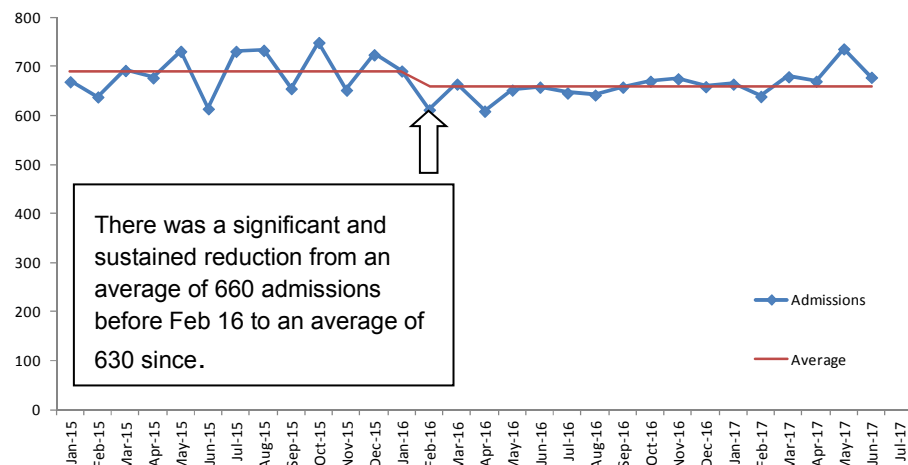
- 3.7 The IJB agreed in April 2017 to receive a quarterly update on progress towards the Midlothian IJB Local Improvement Goals. This is the second of these reports. The next report will be presented to the IJB in November 2017.
- 3.8 Appendix One provides technical detail of how these goals are measured and how the baselines were calculated.

1: Reduce Unscheduled Admissions by 5% by September 2018

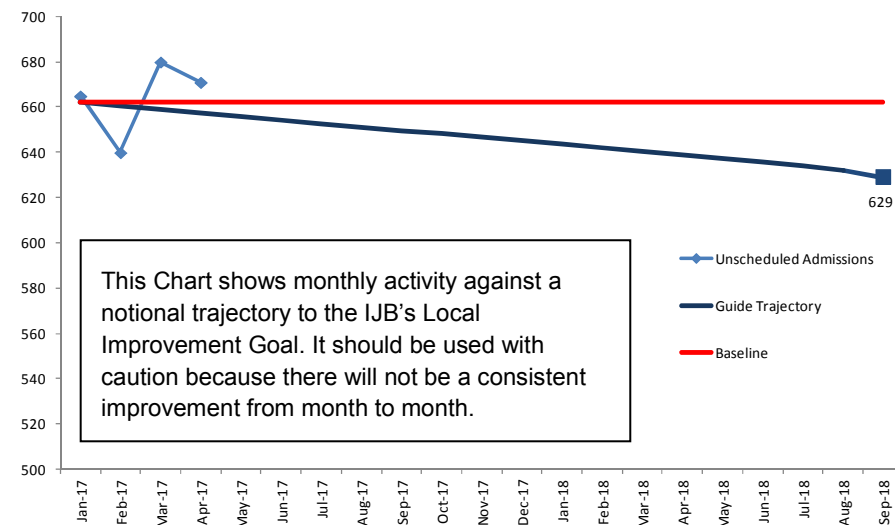
Baseline: 662 admissions per month*

* This was incorrectly reported previously to the IJB as 640

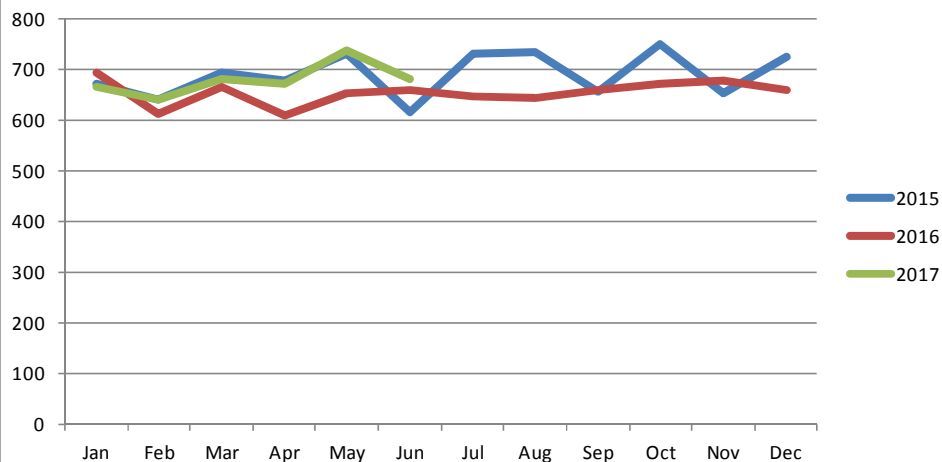
1a: Number of Unscheduled Admissions from Midlothian



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



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



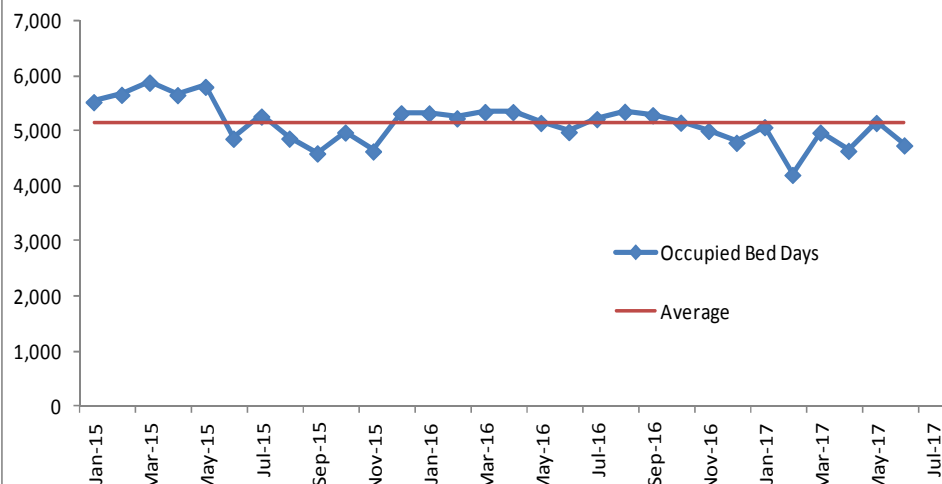
The baseline of 662 unscheduled admissions from Midlothian per month was calculated from performance in 2015 and 2016

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

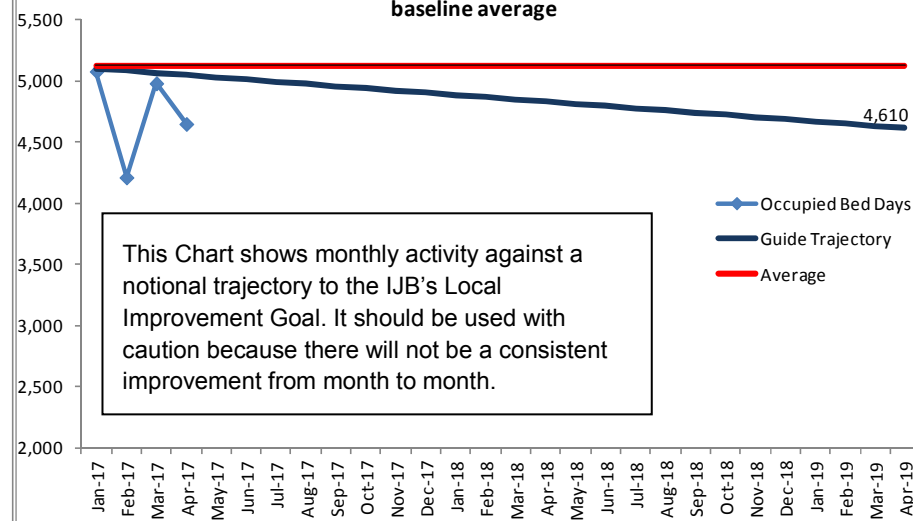
2. Reduce unscheduled hospital occupied bed days (OBD) by 10% by April 2019

Baseline: 5,122 OBD per month

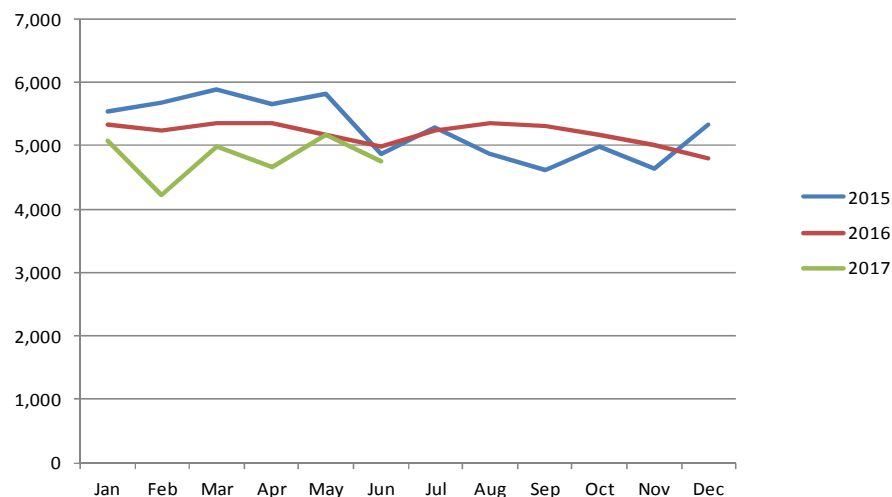
2a: Number of Unscheduled Occupied Bed Days from Midlothian



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



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

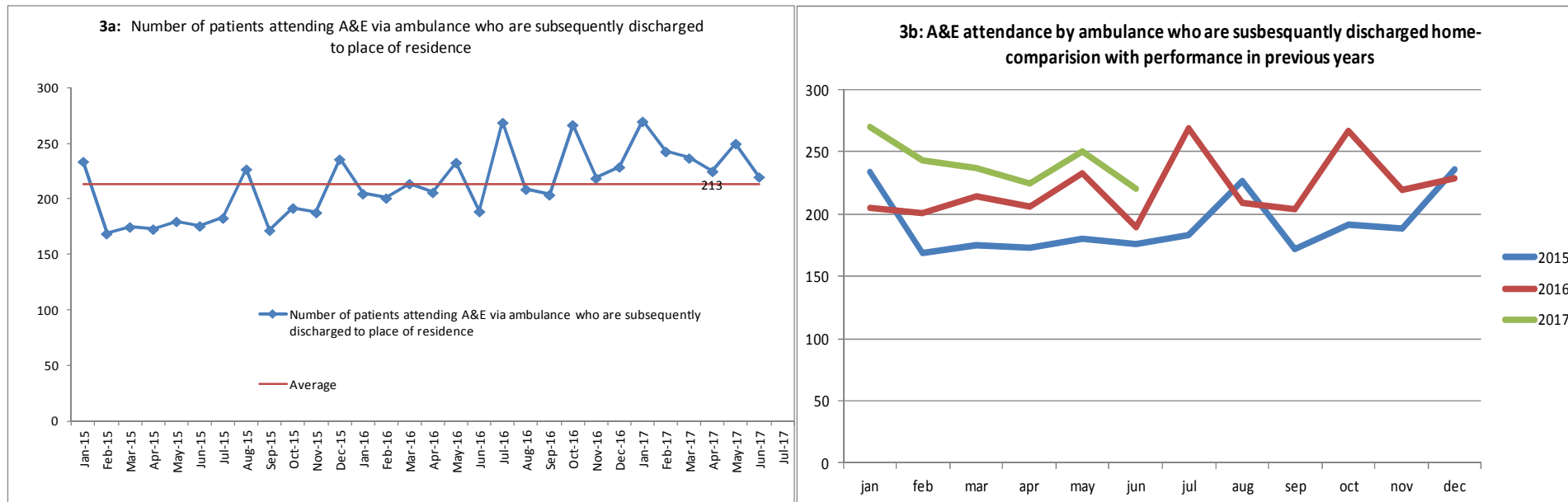


The baseline of 5,122 unscheduled OBD from Midlothian in each month was calculated from performance in 2015 and 2016

There is seasonally variation apparent in chart 2a.

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

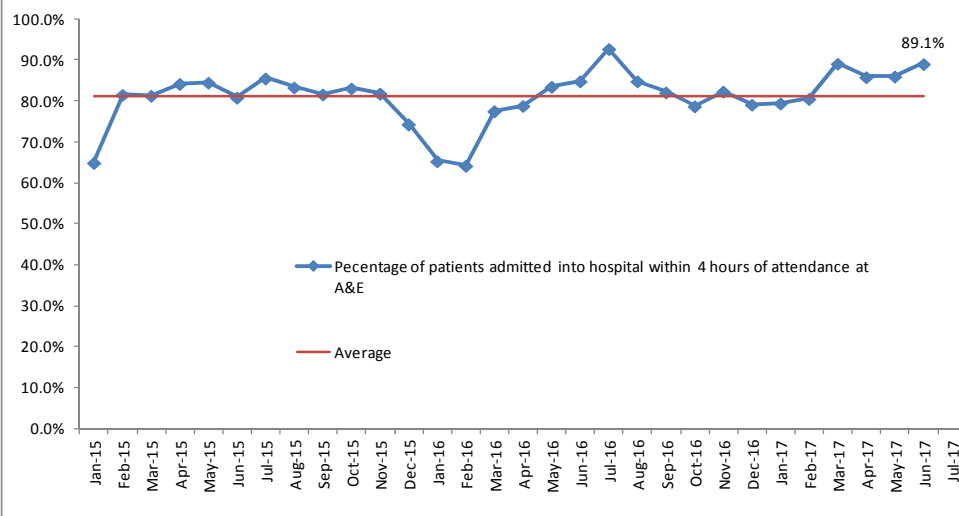


The baseline is 206 patients per month who attended A&E via Ambulance who were subsequently discharged to their place of residence during 2015 and 2016.

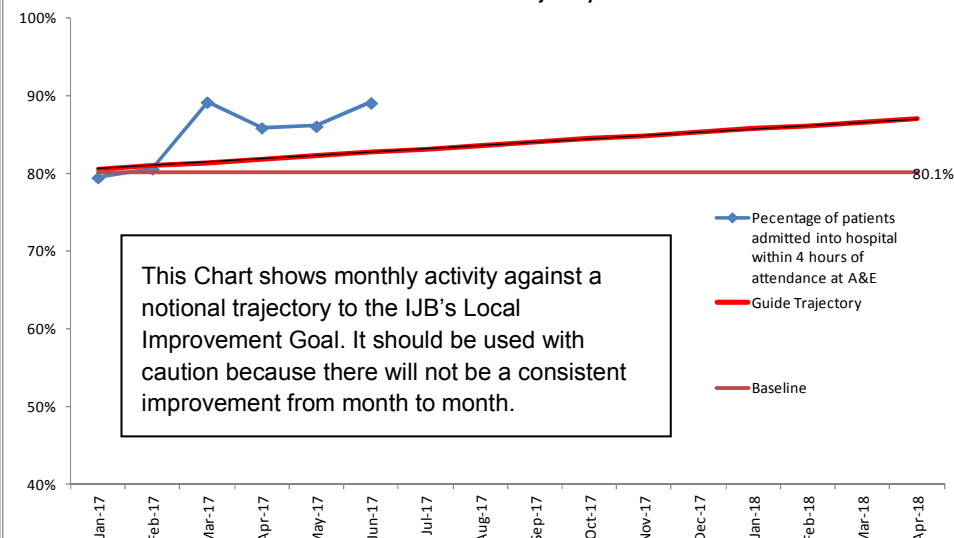
Both charts demonstrate an increasing number of patients are following this pathway.

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

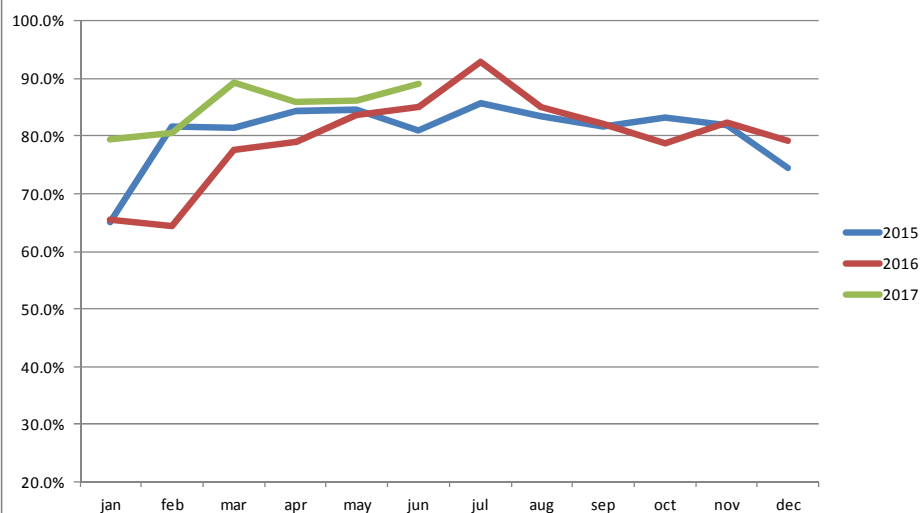
4a: Percentage of patients who are subsequently admitted into hospital from A&E within the 4 hour standard:



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



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



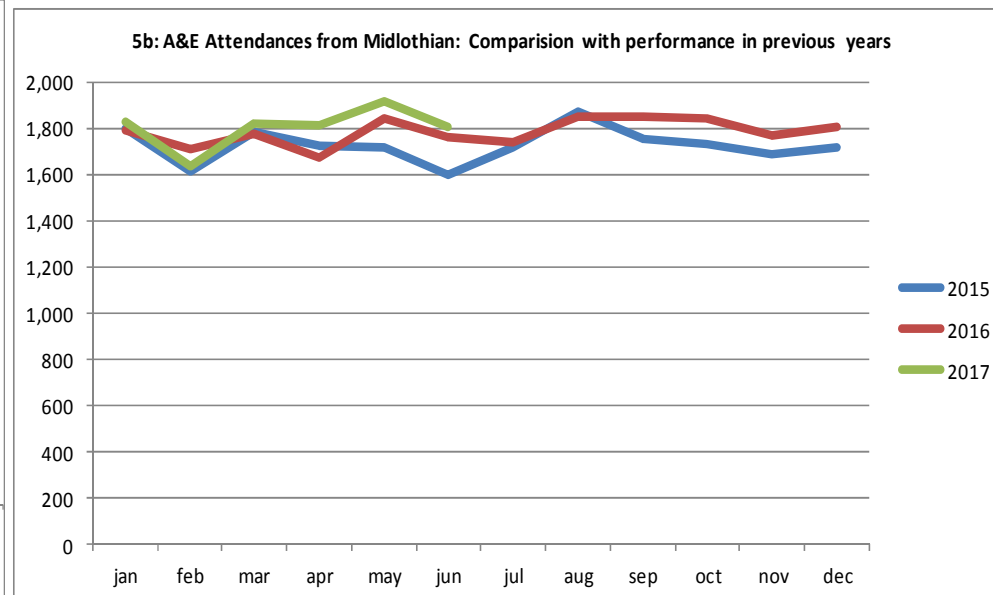
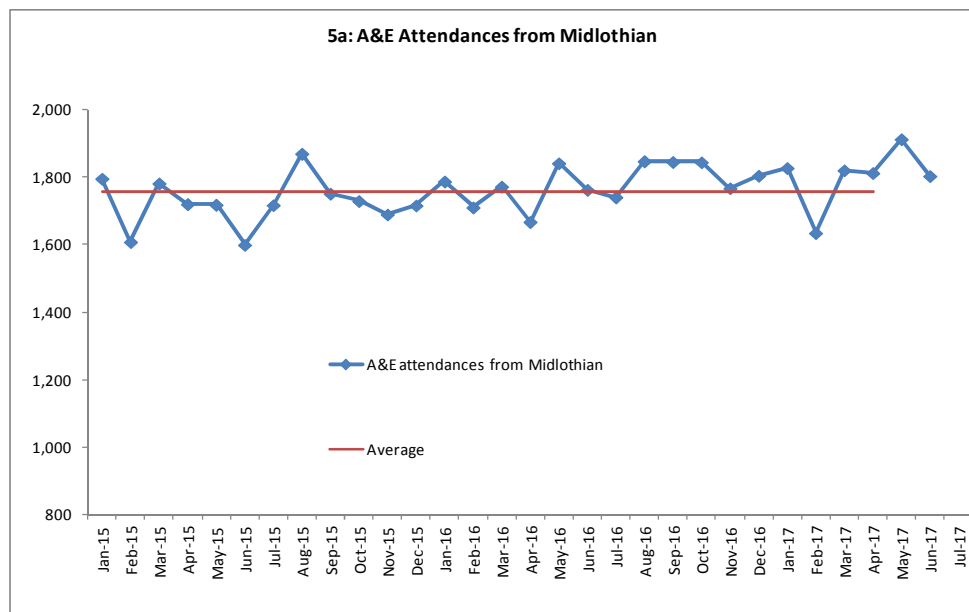
The baseline for this goal is **80.1%** each month which was the average percentage each month during 2015 and 2016 against the 4 hour A&E standard for patients who were subsequently admitted to hospital.

There is seasonally variation apparent in chart 4a.

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

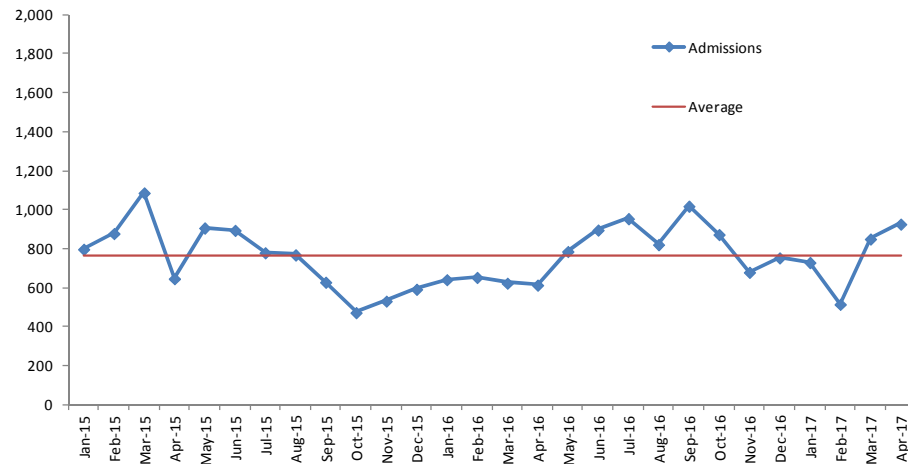


The baseline for this goal is 1,756 A&E attendances which was the average number of monthly attendances in 2015 and 2016.

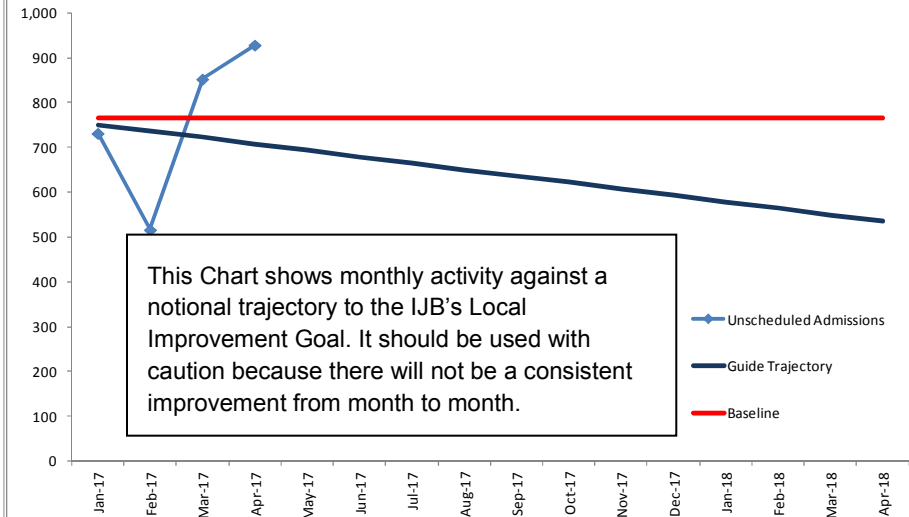
6: Reduce delayed discharge occupied bed days by 30% by April 2018

Baseline: 765 delayed discharge OBD

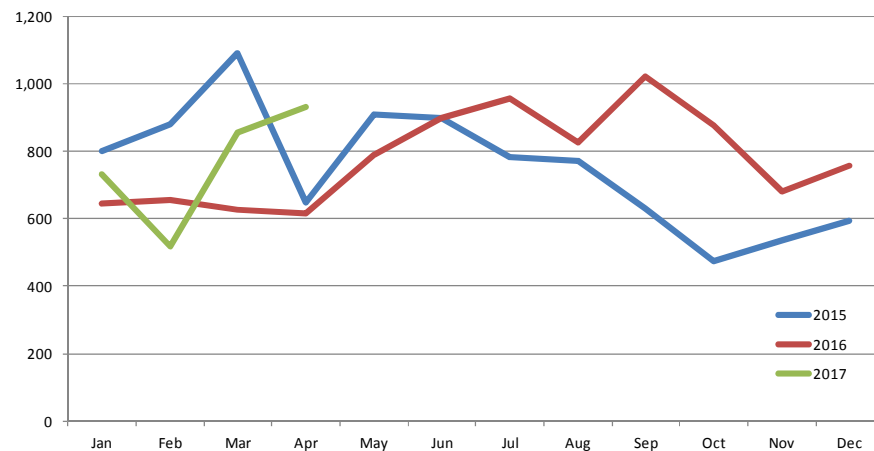
6a: Delayed Discharge Occupied Bed Days (all delays)



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



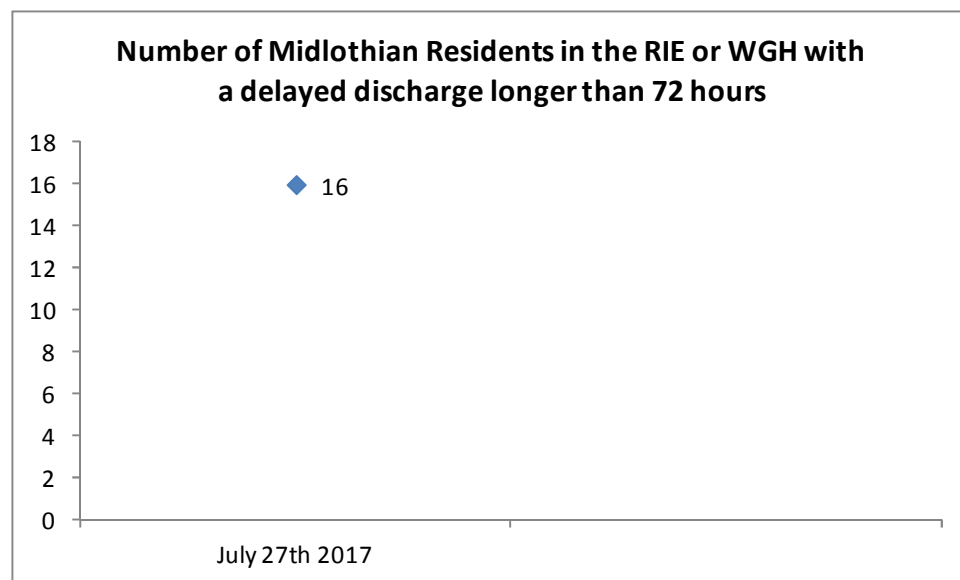
6c: Comparison with performance in previous years: Delayed Discharge Occupied Bed Days



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.

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
Midlothian IJB*	19,162	19,991	20,132

** 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

	2013/14	2014/15	2015/16
Midlothian IJB	2.0%	2.1%	1.9%

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

4. Policy Implications

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

5. 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 these goals will have an EQIA completed as part of the establishment and evaluation of the action.

6. 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	2 nd August 2017

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"> • 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	<ul style="list-style-type: none"> • 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*	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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*	