

Midlothian Integration Joint Board



Thursday 16th June 2022, 1.00pm

IJB Improvement Goals

Item number: 5.7

Executive summary

The purpose of this report is to update the IJB on progress towards achieving the current IJB performance goals, and to make a recommendation to set new goals for 2022/23.

Board members are asked to:

- **Note the performance against the IJB Improvement Goals for 2021/22;**
 - **Note the recommendation from the Performance Assurance & Governance Group regarding the proposed Improvement Goals for 2022/23;**
 - **Approve the IJB Improvement Goals for 2022/23.**
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IJB Improvement Goals

1 Purpose

The purpose of this report is to update the IJB on progress towards achieving the current IJB performance goals (2021/22); and to set out the recommendation of the Performance Assurance and Governance Group regarding proposed improvement goals for 2022/23.

2 Recommendations

2.1 As a result of this report Members are asked to:-

- Note the performance against the IJB Improvement Goals for 2021/22 (Appendix 1);
- Note the recommendation from the Performance Assurance & Governance Group regarding the proposed Improvement Goals for 2022/3;
- Approve the IJB Improvement Goals for 2022/23.

3 Background and main report

3.1 The IJB has previously identified improvement goals to monitor progress implementing the Strategic Plan. The improvement goals focused on reducing unscheduled hospital activity and use of institutional care. They are based on goals recommended by the Scottish Government Ministerial Strategic Group for Health and Community Care.

3.2 The IJB approved the following revised improvement goals at the IJB meeting in April 2021:

- Reduce Unscheduled Admissions into hospital by 5% by April 2022 compared to 2017/18
- Reduce Unplanned Occupied Bed Days (OBD) by 10% by April 2022 compared to 2017/18
- Maintain Emergency Department attendances at the level of 2017/18
- Maintain Delayed Discharge Occupied Bed Days below 40% of the 2017/18 activity
- Reduce the percentage of time people spend in a large hospital in their last six months of life.
- Maintain the proportion of people over the age of 65 who are living in the community at 97% or higher.

- 3.3 An updated report describing progress against each improvement goal is attached in Appendix 1. This report is produced by the LIST team on behalf of the Midlothian HSCP. Members are asked to note the information in Appendix 1, specifically with regard to data completeness (slide 4). Due to the processes required to validate these data, there is an inbuilt reporting delay and this information is not taken from a “live” system. This means that we are not yet in a position to calculate the full year average performance for 2021/22.
- 3.4 The IJB is required to set updated improvement goals for 2022/23. This was discussed at the May meeting of the Performance Assurance & Governance Group. It was recognised during the discussion that this is a welcome opportunity to take a mature approach to performance measurement for the coming year. This approach recognises the need for the health and care system to stabilise as we continue to rebuild from the COVID-19 pandemic.
- 3.5 The Performance Assurance & Governance Group is recommending that the improvement goals for 2022/23 are set in order to prioritise an increase in system stability, focussing on workforce recovery and wellbeing. Members are asked to note, and approve, the following **proposed goals**, based on a continuation of the target rates set for 2021/22:

MSG Indicator	2021/22 Target Rate per 100,000	2021/22 Running Average per 100,000	2022/23 Proposed Target Rate per 100,000
A&E Attendances	2,629 / month	2,789 (at Feb 2022)	2,629 / month
Emergency Admissions	767 / month	820 (at Feb 2022)	767 / month
Unplanned Bed Days	5,074 / month	4,714 (at Feb 2022)	5,074 / month
Delayed Discharge Occupied Bed Days	820 / month	680 (at Feb 2022)	820 / month
End of Life - Percentage of Last Six Months Spent in Large Hospitals	<8.7%	7.4% (provisional)	<8.7%
Balance of Care	>96.4%	96.7% (provisional)	>96.4%

4 Directions

- 5.1 There are no currently identified implications for Directions 2022-23.

5 Equalities Implications

- 6.1 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 groups of people that make more use of hospitals than others – for example older people, people living in areas of deprivation or people who live alone.

6 Resource Implications

- 7.1 There will be resource implications resulting from further action to achieve these improvement goals.

7 Risk

- 8.1 The main risk is that the IJB fails to set improvement goals that take cognisance of the continued instability of health and care systems, and the ongoing challenges of supporting workforce wellbeing.

8 Involving people

- 8.1 The Performance Assurance & Governance Group (PAGG) was consulted in May 2022 regarding the approach to, and process of, setting new IJB Improvement Goals. The proposed improvement goals recommended in this paper (for 2022/23) were discussed at the May 2022 PAGG meeting.

9 Background Papers

- 10.1 Appendix 1: LIST Report describing progress against the IJB improvement goals 2021/22.

AUTHOR'S NAME	Elouise Johnstone
DESIGNATION	Performance Manager
CONTACT INFO	elouise.johnstone@nhslothian.scot.nhs.uk
DATE	31/05/2022
