

Midlothian Integration Joint Board



Thursday 11th February 2021, 2.00 pm

IJB Improvement Goal Progress

Item number: 5.3

Executive summary

This report's purpose is to provide a summary of the progress towards achieving the IJB's Improvement Goals.

Board members are asked to:

- Review performance across the indicators
 - Note further information is included about current performance in Midlothian using a NHS Lothian data source (appendix 1)
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IJB Improvement Goal Progress

1 Purpose

- 1.1 To share information with the IJB on progress towards achieving the IJB's improvement goals

2 Recommendations

- 2.1 As a result of this report what are Members being asked to:-
- Review performance across the indicators
 - Note further information is included about current performance in Midlothian using a NHS Lothian data source (appendix 1)

3 Background and main report

- 3.1 The IJB has identified improvement goals to monitor progress implementing the Strategic Plan. The improvement goals focus on reducing unscheduled hospital and institutional care. They are based on goals recommended by the Scottish Government Ministerial Strategic Group for Health and Community Care.
- 3.2 The IJB has reviewed its improvement goals and endorsed the recommendations from the HSCP to amend the goals. The Improvement Goals reported in this report were agreed by the IJB in February 2019.
- 3.3 The data used in the main report is provided by the Health and Social Care team at Public Health Scotland. The benefit to using this data source is that the data is validated by ISD and is the primary data source used by most IJBs in Scotland. The data used for in this report was extracted from Version 1.37 of the MSG Integration Indicators provided by ISD Scotland. This was circulated to HSCPs in January 2021. This data source has a lagtime of several months with October 2020 being the most recent data period for some indicators.
- 3.4 Further information is provided in Appendix One to show weekly performance up to 18th January for ED activity, unscheduled hospital admissions and delayed discharges.

3.6 Summary of Midlothian Performance

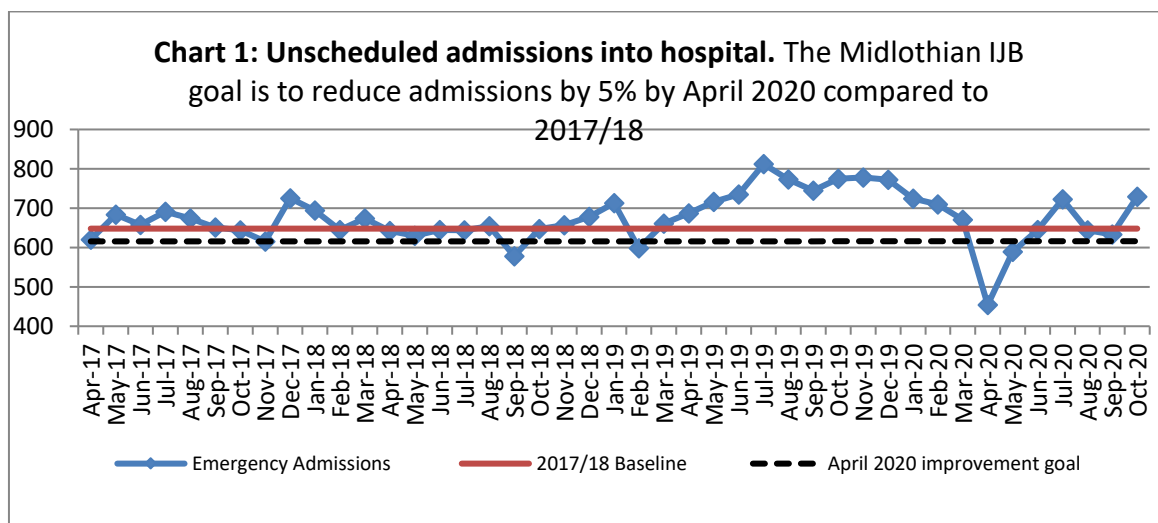
- The societal and system response to COVID19 impacted on all the IJB Performance Indicators.
- Unscheduled admissions have returned to a pre-COVID response level (pre-March 2020)
- Unscheduled OBD (Occupied Bed Days) are remaining below the IJB's April 2020 Improvement Goal.
- Mental Health OBD remain below the IJB's April 2020 Improvement Goal
- Emergency Department Attendances remain below the IJB's goal for activity to be below the 2017/18 baseline. The last month when activity was higher than the baseline was January 2020.
- Delayed Discharge OBD remains below the April 2020 Improvement Goal.
- Use of Geriatric Long Stay Services remains above the IJB's improvement goal.

3.7 Unscheduled Admissions into Hospital

- 3.7.1 The IJB improvement goal is to reduce unscheduled admissions into hospital from Midlothian by 5% by April 2020 compared to the average admissions during 2017/18. Chart 1 provides a summary of the monthly unscheduled admissions. Data from September 2020 is provisional and may be subject to change.

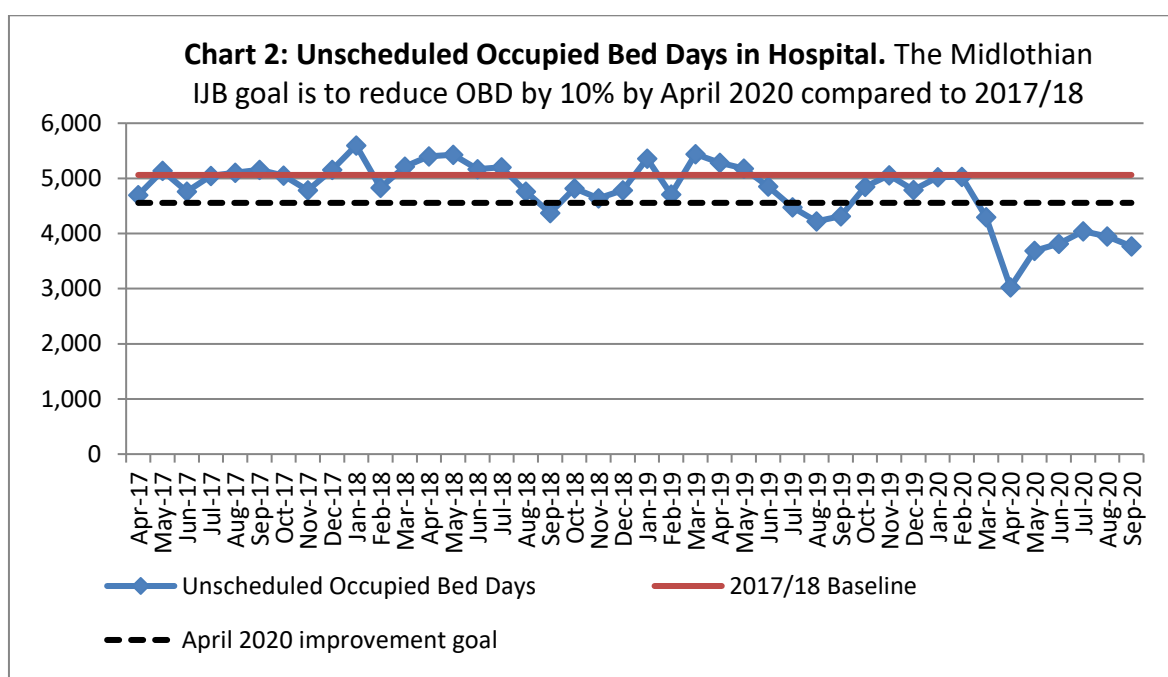
From May 2019 an increase in admission numbers at RIE has been identified following the introduction of ambulatory care facilities at the site, advice has been sought from ISD to ensure that this activity is being appropriately recorded.

Admission data for several months in 2019 included people who have been transferred to an Emergency and Observation Unit in the Royal Infirmary. This unit is intended to reduce emergency admissions into hospital for people but was coded on Hospital TRAK (the hospital's patient record system) as an 'admission' into hospital.



3.8 Unscheduled Hospital Occupied Bed Days

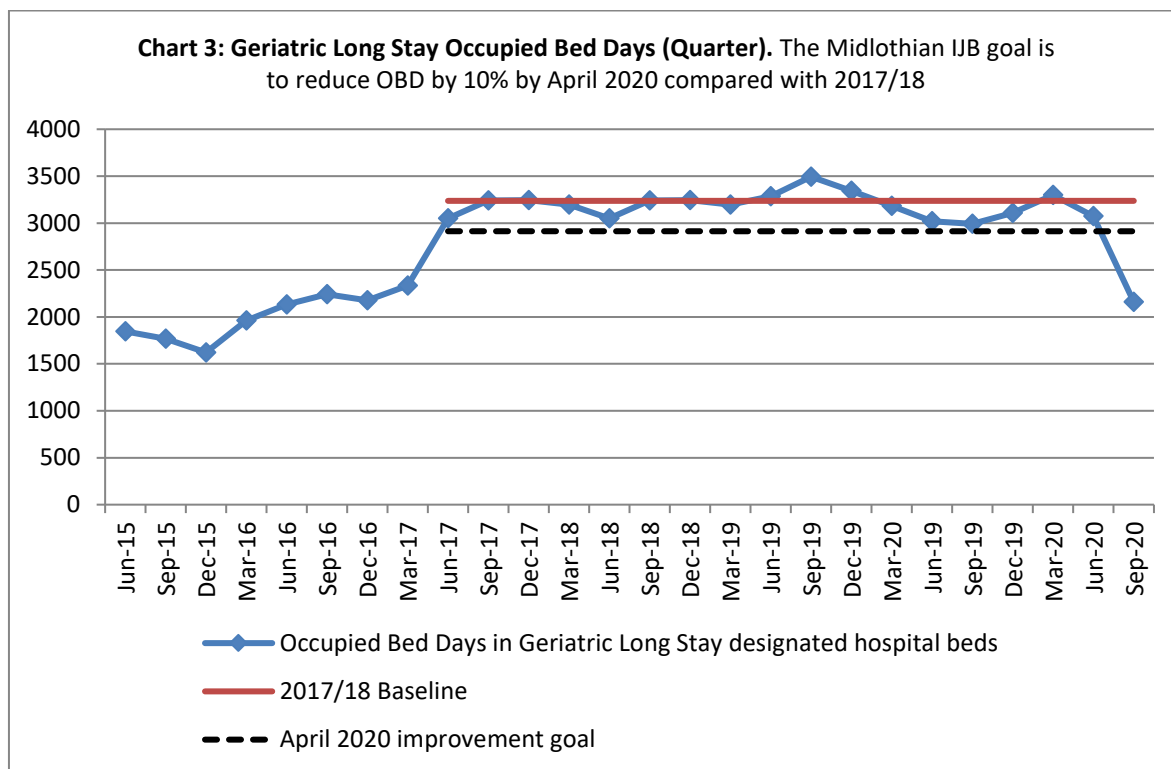
- 3.8.1 The IJB expects a reduction of 10% in unscheduled occupied bed days by April 2020 compared to the average OBD during 2017/18. Chart 2 provides a summary of the monthly unscheduled OBD. It is important to note that previous reports to the IJB excluded OBD in Midlothian Community Hospital because during that reporting period it was a strategic intention to increase the use of MCH by people from Midlothian and reduce the use of hospitals outwith Midlothian. That strategic goal has been realised with inpatient services in Liberton Hospital no longer used by people from Midlothian.
- 3.8.2 The Data from September 2020 is provisional and may be subject to change. The main reason for this is that people may be in hospital who have not been discharged and will not have their OBD included.



Geriatric Long-Stay Occupied Bed Days

- 3.8.3 To support the goal to reduce OBD by 10% there will be an expected decrease in the use of geriatric long-stay beds by people from Midlothian. Chart 3 provides a summary of use of these types of beds by quarter.

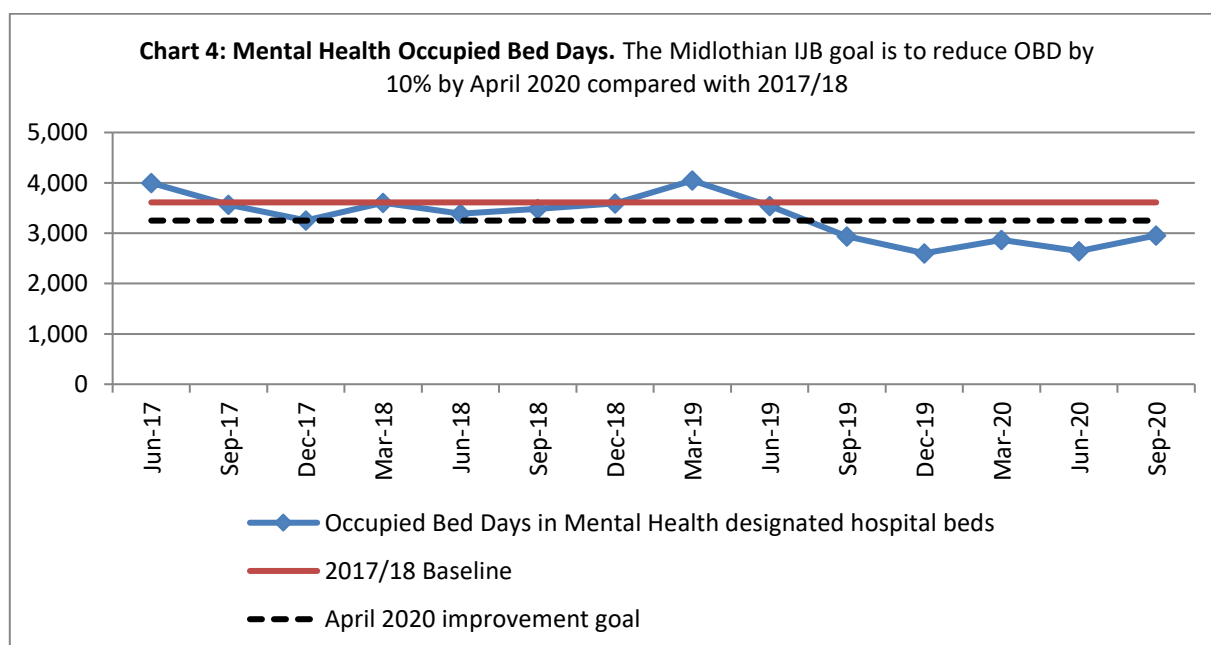
Data from June 2020 has not been formally published by ISD Scotland and may be affected by completeness issues.



3.9 Mental Health Occupied Bed Days

- 3.9.1 To support the goal to reduce OBD by 10% there will be an expected decrease in the use of mental health beds by people from Midlothian. Chart 4 provides a summary of use of these types of beds by quarter.

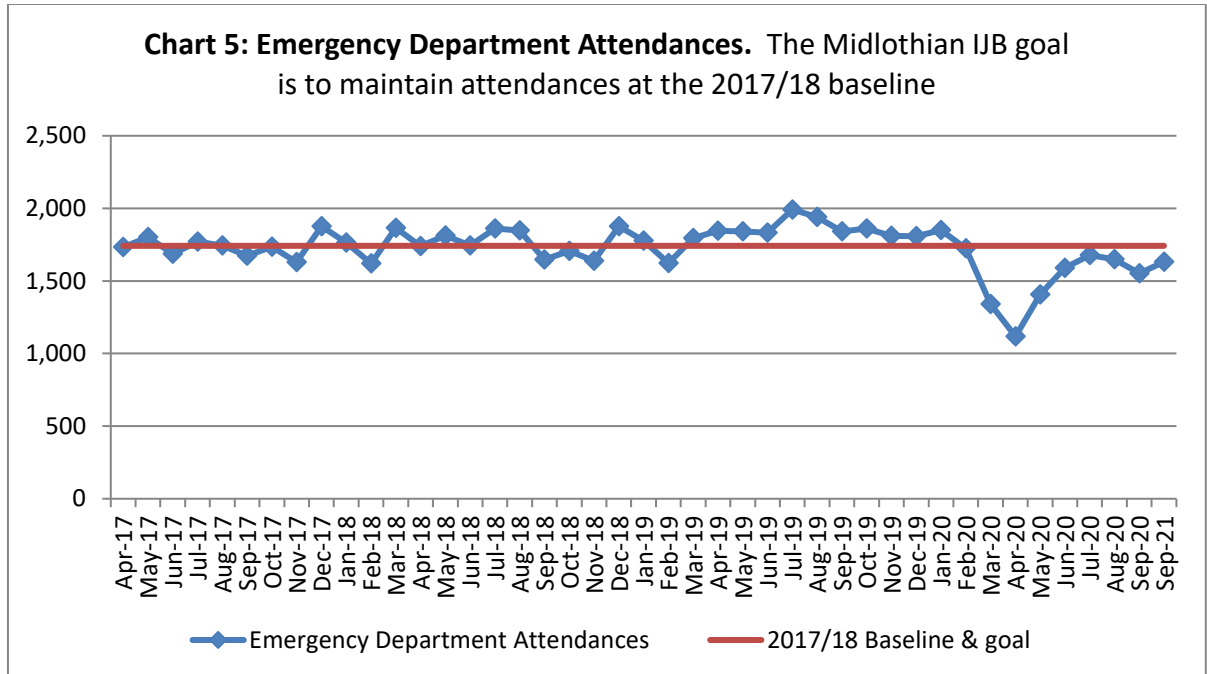
Data from June 2020 has not been formally published by ISD Scotland and may be affected by completeness issues.



3.10 Emergency Department Attendances

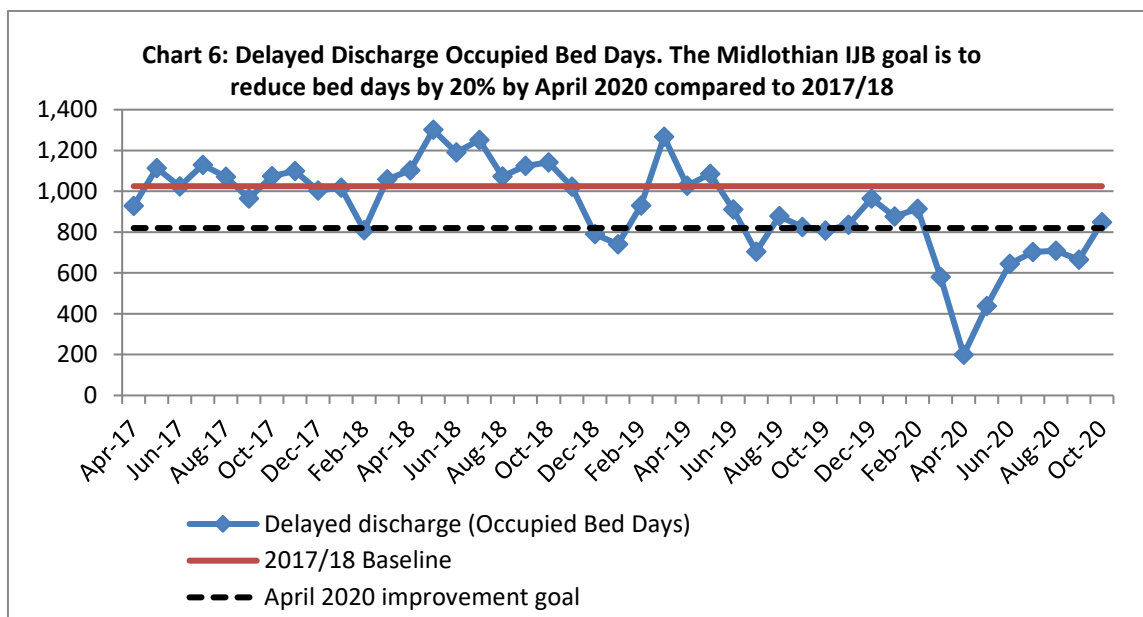
3.10.1 The goal in Midlothian is to maintain ED attendance numbers at the level experienced in 2017/18 because currently the use of ED is increasing year-on-year.

3.10.2 Chart 5 provides a summary of ED activity by people living in Midlothian.



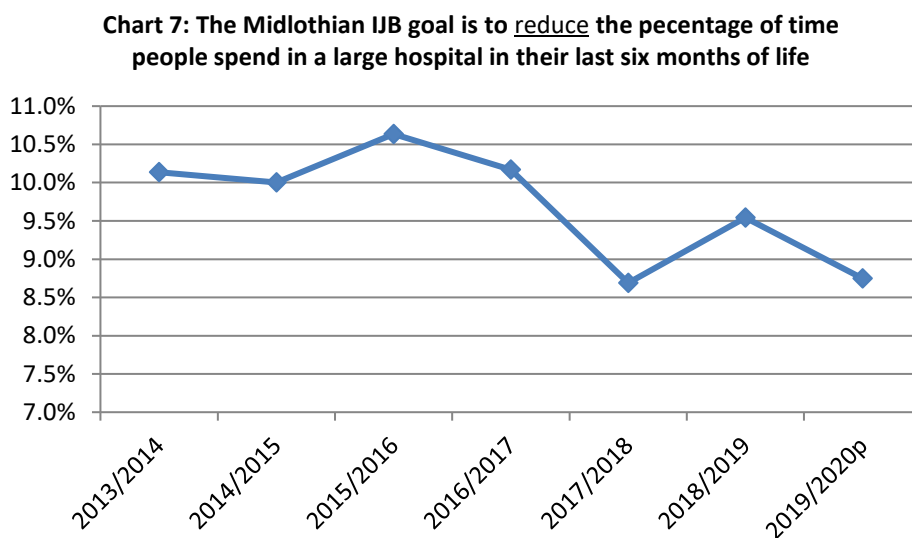
3.11 Occupied Bed Days resulting from a Delayed Discharge from hospital

3.11.1 The goal in Midlothian is to reduce OBD as a result of a delayed discharge by 20% compared to performance in 2017/18. Chart 6 shows progress towards this goal.



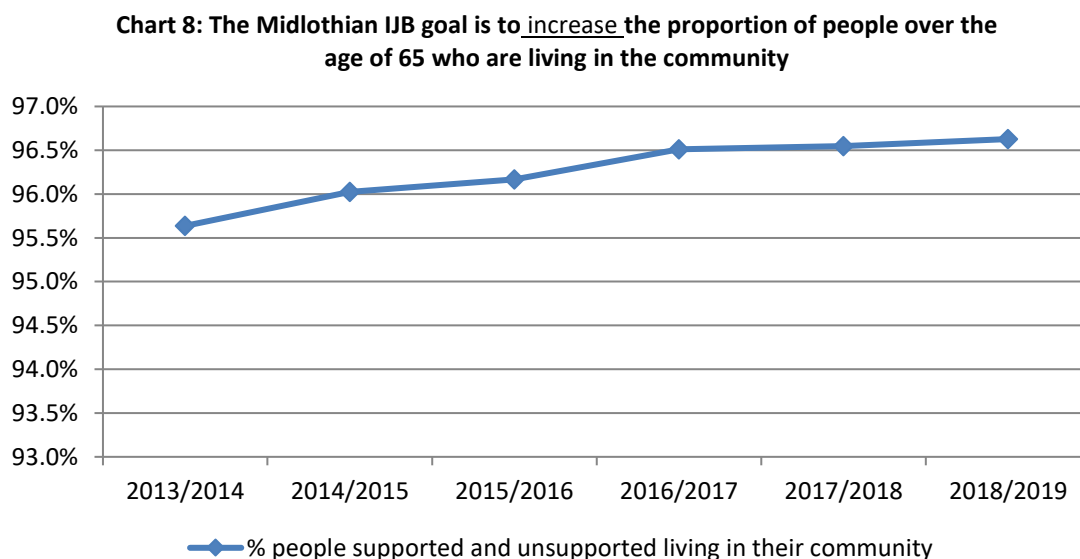
3.12 End of Life Care

3.12.1 The IJB's ambition is to increase the proportion of time that is spent in their community during a person's last six months of life. To monitor progress the IJB has agreed the improvement goals in Chart 7.



3.13 Proportion of people over 65 who are living at home (supported and unsupported)

3.13.1 The IJB's ambition is to increase the proportion of people over 65 who are living at home. To monitor progress the IJB has agreed the improvement goals in Chart 8.



4 Policy Implications

4.1 Using these improvement goals to monitor change across the system of health and social care will support the implementation of the IJB Strategic Plan.

5 Directions

- 5.1 There are no implications on the Directions.

6 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 population groups that make more use of hospitals than other groups – for example older people or people living in areas of deprivation.

7 Resource Implications

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

8 Risk

- 8.1 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

9 Involving people

- 9.1 The Strategic Planning Group was consulted in 2017 to agree the first set of Local Improvement Goals. The revised improvement goals in this paper were discussed at the April 2019 SPG meeting.

10 Background Papers

- 10.1 None

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DATE	03/02/2021

Appendices:

Appendix One, Overview of HSPC Hospital Metrics

Appendix One contains data from NHS Lothian Tableau. It's included to provide a more current position on system performance compared to the main body of this report which uses data provided from Public Health Scotland.

The data is presented in Statistical Process Control charts to indicate if variation between months is significant (special cause variation) or not significant (normal cause variation). The colour codes on the chart mean the following:

Green: significant shift in activity or the data is outside the range of expected variation (usually explainable)

Blue: Inside the range of expected variation and not significant.