# Midlothian HSCP MSG Indicators

Performance from April 2019 to April 2022, with 2020/21 MSG targets and trends

Local Intelligence Support Team (LIST), June 2022



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### 2020/21 MSG Targets - Methodology

- The MSG Objectives Performa was submitted in February 2020 which specified the 2020/21 targets and an action plan on how those targets were to be achieved
- 2017/18 MSG data was used as the baseline to calculate the 2020/21 targets

## Data completeness

Source: MSG data release Jun-22, PHS

Indicator	Published until	Provisional until	Data completeness issues
1. A&E attendances	Apr-22	n/a	-
2. Emergency admissions	Dec-21	Apr-22	(SMR01) Nov-20 = 93%
3a. Unplanned bed days (acute)	Dec-21	Apr-22	(SMR01) Nov-20 = 93%, May-21 = 97%, Nov-21 = 94%
3b. Unplanned bed days (GLS)	n/a	Apr-22	(SMR01E) Quarters ending: Jun-20 = 98%; Sep-20 = 91%; Dec-20 = 94%; Mar-21 = 92%; Jun-21 = 90%; Sep-20 = 91%; Dec-20 = 94%; Mar-21 = 93%; June-21 = 93%, Sep-21 = 95%, Dec- 21 = 95%; Mar-22=92%
3c. Unplanned bed days (MH)	Mar-21	Apr-22	-
4. Delayed discharges occupied bed days	Apr-22	n/a	-
5. Last 6 months of life (% in community setting)	2020/21	2021/22	-
6. Balance of care (% at home)	n/a	2020/21	-

## 2020/21 targets and actuals

Source: MSG objectives 2020-21 template - Midlothian IJB; MSG data release Jun-22, PHS

	2020/21	2020/21 target (rate per		2020/21		Target
Indicator	target	100,000)		(rate per 100,000)		Target met
		Annual	Monthly	Annual	Monthly	met
1. A&E attendances	Maintain	31,543	2,629	26,390	2,199	$\checkmark$
2. Emergency admissions	5% decrease	9,207	767	9,207	767	$\checkmark$
3a. Unplanned bed days (acute)	10% decrease	60,888	5,074	57,459	4,788	$\checkmark$
3b. Unplanned bed days (GLS)	Decrease	<13,733	<1,144	14,122 (p)	1,177 (p)	X
3c. Unplanned bed days (MH)	Decrease	<15,910	<1,326	12,511	1,043	$\checkmark$
4. Delayed discharges occupied						<b>~</b>
bed days	20% decrease	9,836	820	9,779	815	Ŷ
5. Last 6 months of life (% in						
large hospital)	Decrease	<8.7%	-	7.8%	-	$\checkmark$
						<b>~</b>
6. Balance of care (% at home)	Increase	>96.4%	-	97.%	-	•

(p) = provisional

• Indicators 3b and 6 are still provisional.

#### **Data Sources**

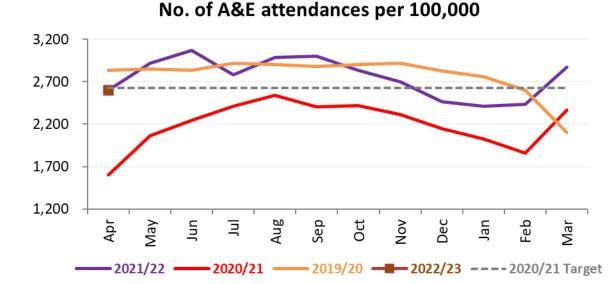
#### 2020/21 MSG Targets

- Source: MSG data release v1.55, Jun-22; Public Health Scotland
- These are official monthly figures released by PHS and will be nationally published (some data is provisional and not yet published)
- Next data release: Jul-22

### **A&E Attendances**

Source: MSG data release Jun-22; data published up to Apr-22

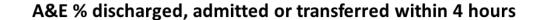
Target = maintain	Annual	Monthly
2020/21 Target Rate (per 100,000)	31,543	2,629
2019/20 Rate (per 100,000)	33,319	2,777
2020/21 Rate (per 100,000)	26,390	<b>2,199</b>
2021/22 Rate (per 100,000)	33,053	2,754
2022/23 Running average (Apr)		2,607

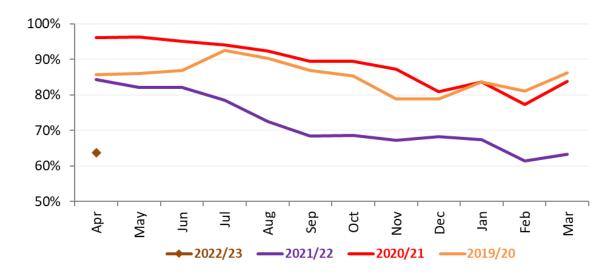


- The 2020/21 target was met
- The rate of attendances in 2020/21 was 21% lower than 2019/20, and 17% lower than the 2017/18 baseline year. Much of this may be due to covid-19.
- The rate of attendances had increased back to typical levels by Aug-20, but steadily decreased again until Mar-21 when it started increasing.
- From May-21 Nov-21 it exceeded the 2020/21 target level. Between Dec-21 and Feb-22 it dipped below the target again.

### A&E 4 hour performance

Source: MSG data release Jun-22; data published up to Apr-22





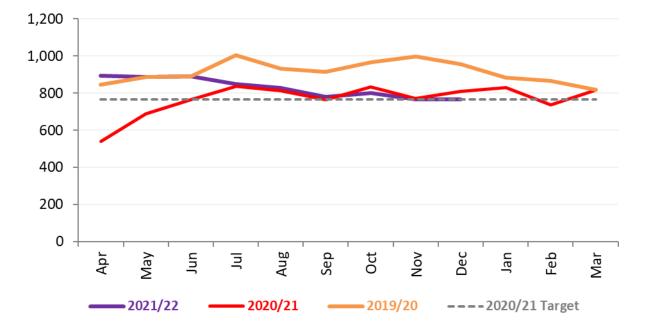
- Four hour performance was steady through the winter of 2020-21
- Overall four-hour performance for 2020/21 was 79.9%, a slight decrease from the 2019/20 level (85.2%)
- Performance through 2021/22 has steadily declined to around 63%

#### **Emergency Admissions**

Source: MSG data release Jun-22; data published up to Dec-21

Target = 5% decrease	Annual	Monthly
2020/21 Target Rate (per 100,000)	9,207	767
2019/20 Rate (per 100,000)	<i>10,966</i>	<b>914</b>
2020/21 Rate (per 100,000)	<i>9,</i> 207	767
2021/22 Rate (per 100,000) - Dec	7,464	829

Number of emergency admissions per 100,000



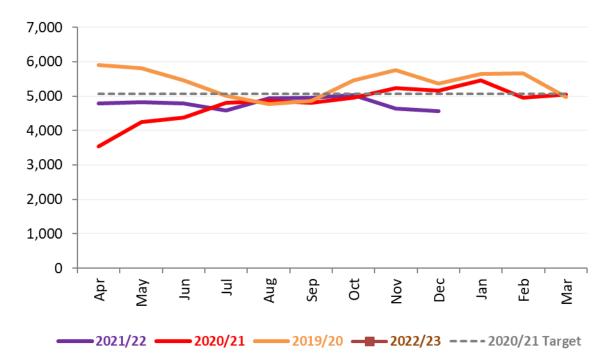
- The 2020/21 target was met
- The rate of emergency admissions dropped in Apr-20 due to Covid-19, but quickly returned to more typical levels – although remained lower than 2019/20 until March-21
- In the first quarter of 2021/22 the admissions rate increased above the 2020/21 target level and above 2020/21 levels; this discrepancy has reduced since

#### **Unplanned Bed Days - Acute**

Source: MSG data release Jun-22; data published up to Dec-21

Target = 10% decrease	Annual	Monthly
2020/21 Target Rate (per 100,000)	60,888	5,074
2019/20 Rate (per 100,000)	<b>64,683</b>	<i>5,390</i>
2020/21 Rate (per 100,000)	57,459	4,788
2021/22 Rate (per 100,000) - Dec	43,125	4,792

#### Acute unscheduled bed days per 100,000



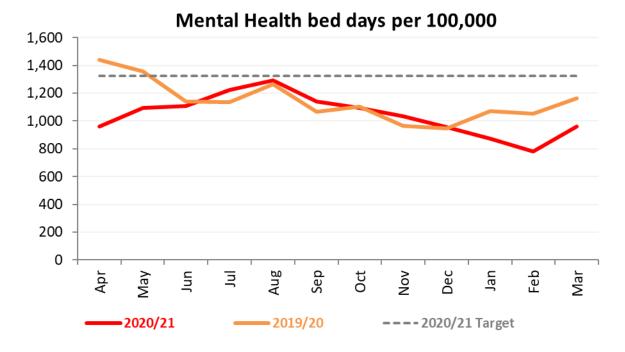
- The 2020/21 target was met
- The rate dropped drastically in Apr-20 due to Covid-19, but was back to a more typical level by Jul-20.
- The rate has remained stable since then

#### Unplanned Bed Days – Mental Health

Source: MSG data release Jun-22; data published up to Mar-21

Target = decrease	Annual	Monthly
2020/21 Target Rate (per 100,000)	15,912	1,326
2019/20 Rate (per 100,000)	13,708	1,14 <b>2</b>
2020/21 Rate (per 100,000)	12,511	<b>1,043</b>

- The 2020/21 target was
  met
- The rate of MH bed days has been lower than the target level since Jun-19
- During early 2021/22 the rate was lower than in the previous two years

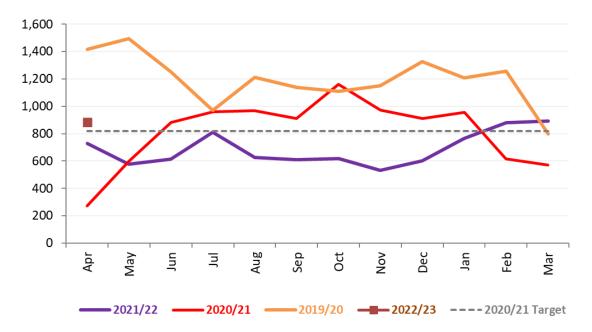


#### **Delayed Discharges Occupied Bed Days**

Source: MSG data release Jun-22; data published up to Apr-22

Target = 20% decrease	Annual	Monthly
2020/21 Target Rate (per 100,000)	9,836	820
2019/20 Rate (per 100,000)	14,336	1,195
2020/21 Rate (per 100,000)	9,779	815
2021/22 Rate (per 100,000)	8,249	<b>687</b>
2022/23 Running average (Apr)		886

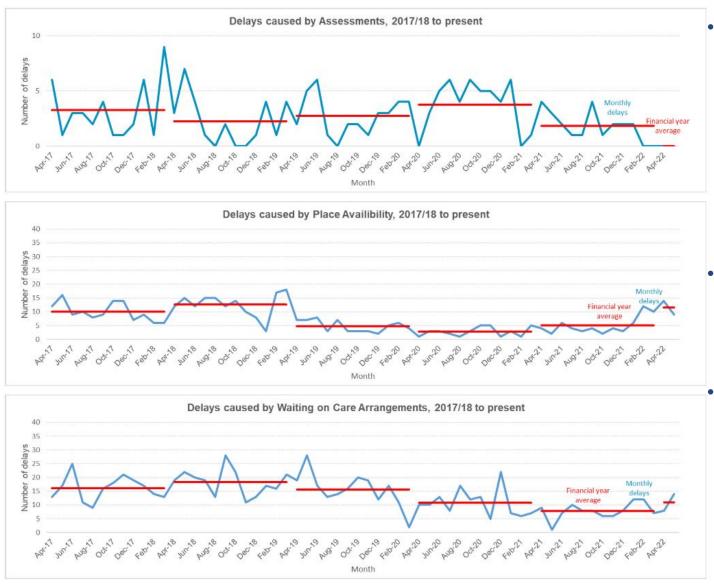
Delayed discharge bed days per 100,000, all reasons (18+)



- The 2020/21 target was met
- The rate of delayed discharge occupied bed days in Apr-20 was about 80% lower than the previous April's rate due to Covid-19
- The rate has remained mostly lower than the previous year ever since; during 2021/22 so far it has been lower than the 2020/21 target level, although it has now exceeded it since Feb-22

#### Delayed Discharges: Trends by Reason for Delay

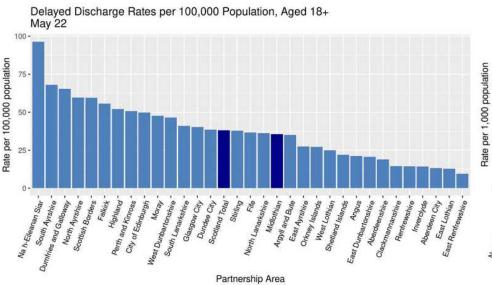
Data Source: Public Health Scotland Delayed Discharge Census July 2022 Publication



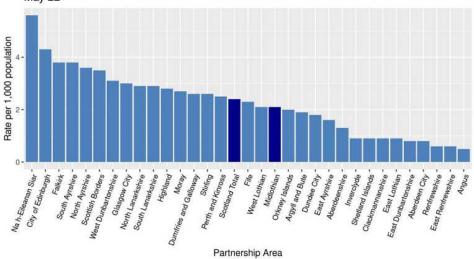
- These charts show the long term trend and the yearly average of the number of delays caused by: Assessments; Place Availability and Waiting on Care Arrangements.
- Data has been taken from the monthly Census from Public Health Scotland.
  - Performance has been improving since before the pandemic, although the latest 4 months have seen a substantial uptick in place availability delays.

#### Delayed Discharges (all reasons): Midlothian Position

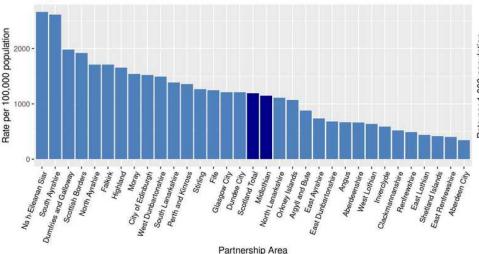
Data Source: Public Health Scotland Delayed Discharges July 2022 Publication



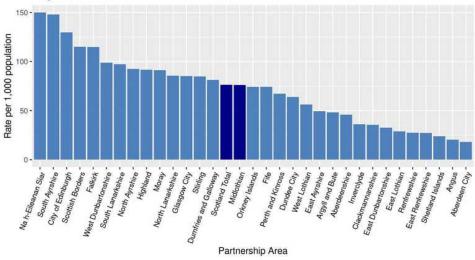
Delayed Discharge Rates per 1,000 Population, Aged 75+ May 22



Occupied Bed Days for Delayed Discharges - Rate per 100,000 Population, Aged 18+ May 22



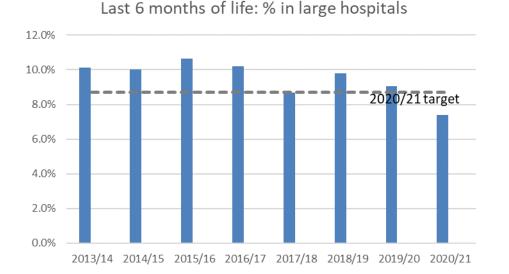
Occupied Bed Days for Delayed Discharges - Rate per 1,000 Population, Aged 75+ May 22



#### End of Life - Percentage of Last Six Months Spent in Large Hospitals

Source: MSG data release Jun-22; data published up to 2020/21

Target = decrease	Annual
2020/21 Target	<8.7%
2019/20	9.1%
2020/21	7.4%



- The 2020/21 target was
  met
- The provisional percentage for 2021/22 is below the target and is higher than the 2020/21 level