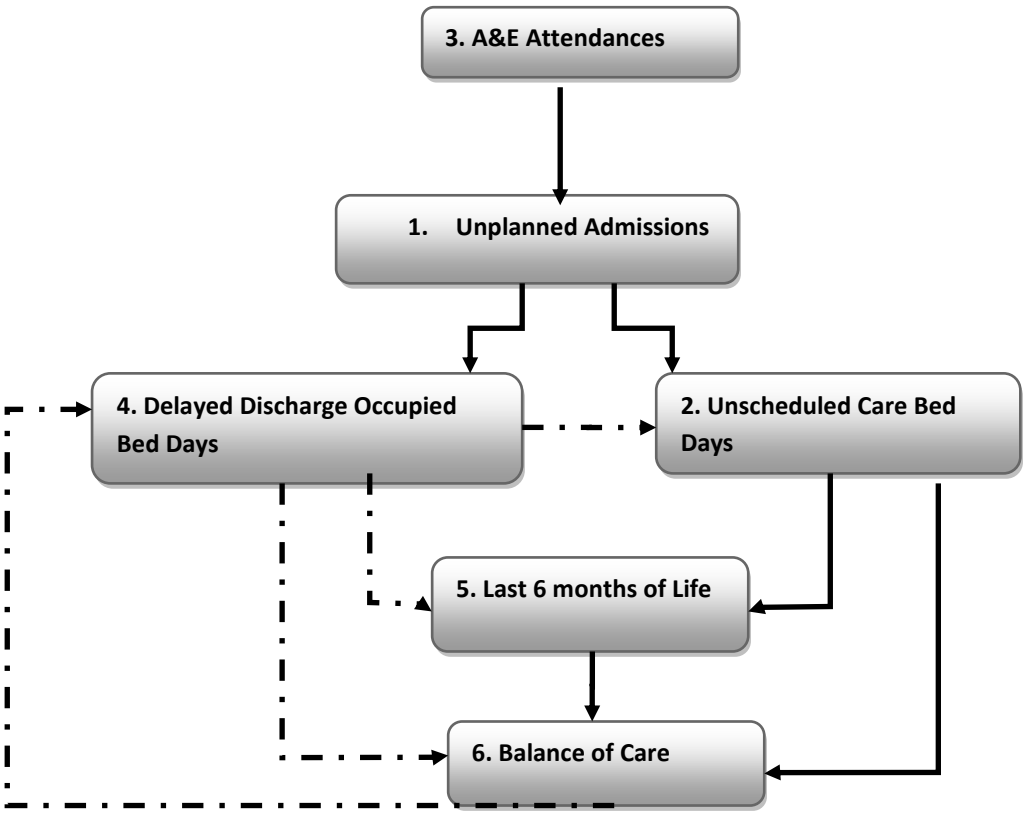
Integration Joint Board 23.03.17
Agenda Item: 7.1.1
Purpose: For Information

Integration Performance Indicators – Trajectories

Purpose & Overview:

The purpose of the document is to provide additional information with regard to IJB Integration Improvement Performance Indicators with trajectories for 2017/18 for the Western Isles.

The diagram below provides an overview of how the measures influence each other in terms of the trajectories set by Western Isles



Denotes indirect influence on measure performance

Denotes direct influence on measure performance

Key Points:

- All measures are based on Board / Authority of Residence other than measure 3 which is based on A& E attendance within the Board area. This means that bed days and admissions are not only where the patient has attend a hospital within the Western Isles.
- Due to how measures are calculated, trajectories will be dynamic and change retrospectively as patients complete their stays in Hospital

Indicator		Outputs	National Improvement Target	Local Improvement Target	Activity / Improvement Plan
1	Unplanned admissions	• Monthly data o Total number of admissions o Source of admission Destination following unplanned admission	• Reduce unscheduled bed-days in hospital by up to 10 percent	• **Reduce unplanned admissions by 5%**	• Mental Health Redesign • Delayed discharge action plan • Urgent and Emergency Care Reform
2	OBDs for unscheduled care	• Monthly data o Total number of bed days ▪ Proportion of delayed bed days ▪ Proportion of bed days during last six months of life	• Reduce unscheduled bed-days in hospital by up to 10 percent	• **Reduce unscheduled bed-days in hospital by 15%**	• Mental Health Redesign • Delayed discharge action plan • Urgent and Emergency Care Reform
3	A&E performance	• Monthly data o % seen within 4hrs o Number of attendances • Conversion to admission	• Reduce unscheduled bed-days in hospital by up to 10 percent	• **Maintain % of patients seen within 4 hrs** • **Reduce no. attendances by 5%**	• Urgent and Emergency Care Reform
4	Delayed discharges	• Monthly data o Total number of bed days occupied	• Reduce unscheduled bed-days in hospital by up to 10 percent	• **Reduce unscheduled bed-days in hospital by 15%** • **Reduce care home / Code 9 delays by 10%**	• Delayed discharge action plan
5	End of life care	• Annual data o Place of residence during last six months of life o Occupied bed days during last six months of life	• Doubling the palliative and end of life provision in the community, which will result in fewer people dying in a hospital setting	• **Reduce occupied bed days during last six months of life to the level of the top performing locality area**	• Palliative and end of life care commissioning plan
6	Balance of care/spend	• Annual data o Place of residence of elderly population	• the majority of the health budget being spent in the community by 2021 • By 2021, spending on primary care increases to 11 percent of the frontline NHS Scotland budget	• **By the end of 2017, 10% reduction in hospital bed capacity to shift resource into community settings**	• Mental Health Redesign • Delayed discharge action plan • Urgent and Emergency Care Reform

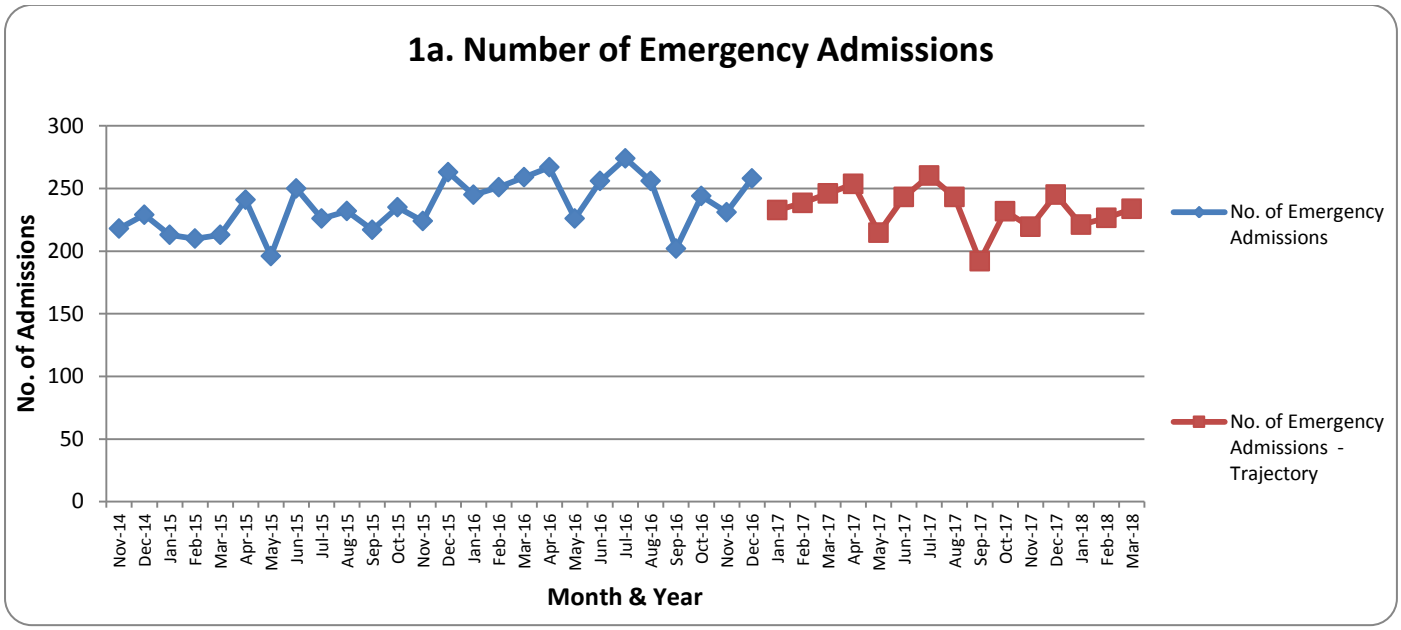
1. Unplanned Admissions

1a. Number of emergency Admissions

This measure is based on SMR01 data – which only includes patients who have completed their stay in hospital, the month of admission is added to the month retrospectively. This means that any admissions where the patient is still in hospital are not included within the trajectory provided by ISD. The data includes admissions for hospitals in the Western Isles and those in other areas where patients resident in the Western Isles may have received treatment.

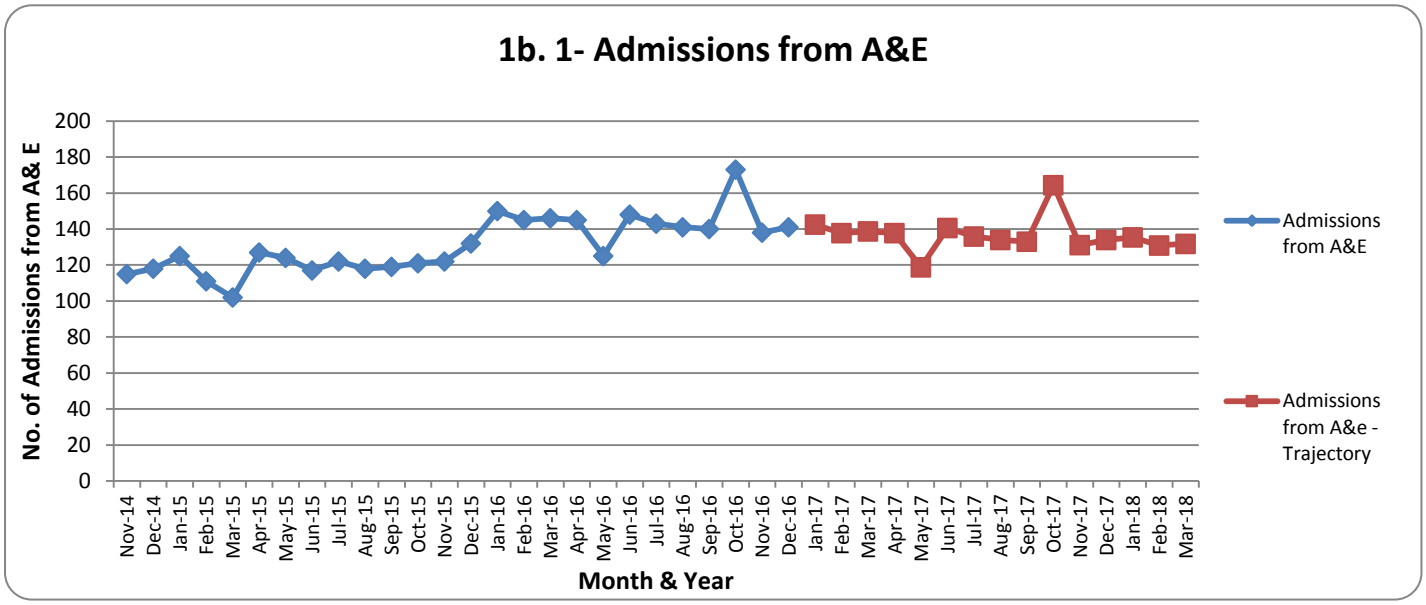
Where a patient is admitted in one month and discharged another, the number of admissions within the previous month will increase in the new reporting period i.e. a patient is admitted in Dec-16 and discharged in Feb-17, the admissions for Dec-16 will change when Feb-17 data is available in March-17.

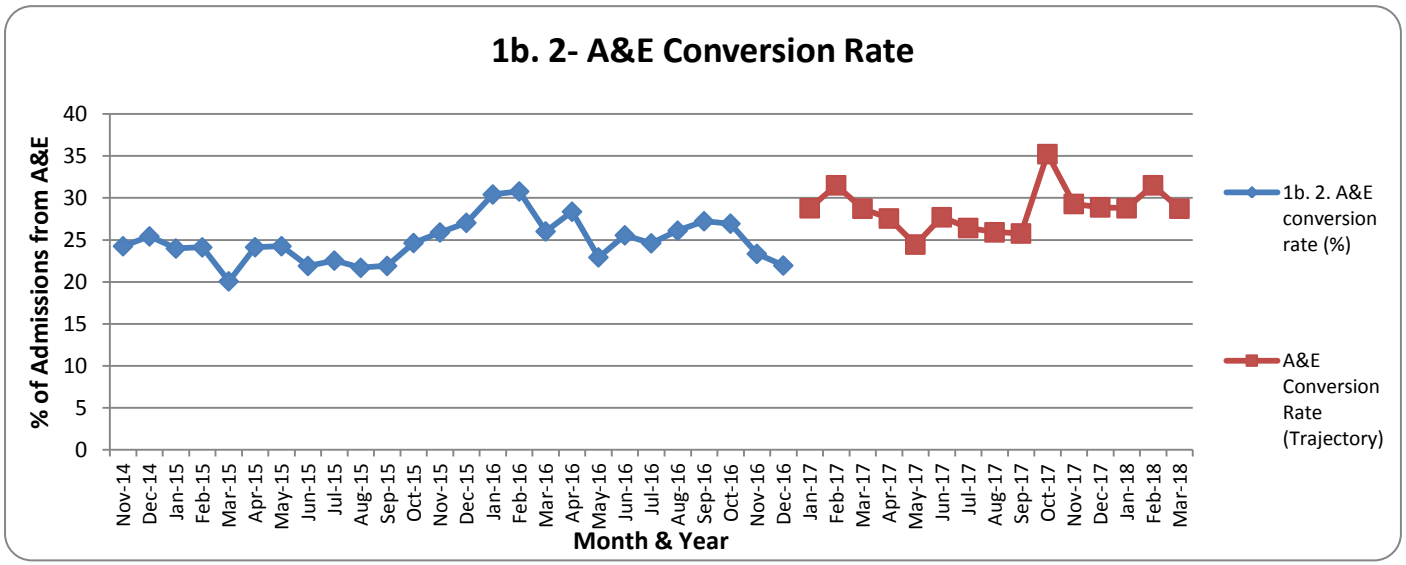
The target for this trajectory is 5% reduction within the period 2017/18.



1b. 1 – Admissions from A&E & 2- A&E Conversion Rate

Admissions from A&E are calculated from the same data as measure 1a. It is projected that the number of admissions from A&E will reduce slightly as a result of the reduced flow to A&E described in measure 3. In terms of conversion, it is anticipated that the conversion rate for A&E attendances will increase slight due to plans such as roll out of ACPs' reducing flow to A&E in the first instance.





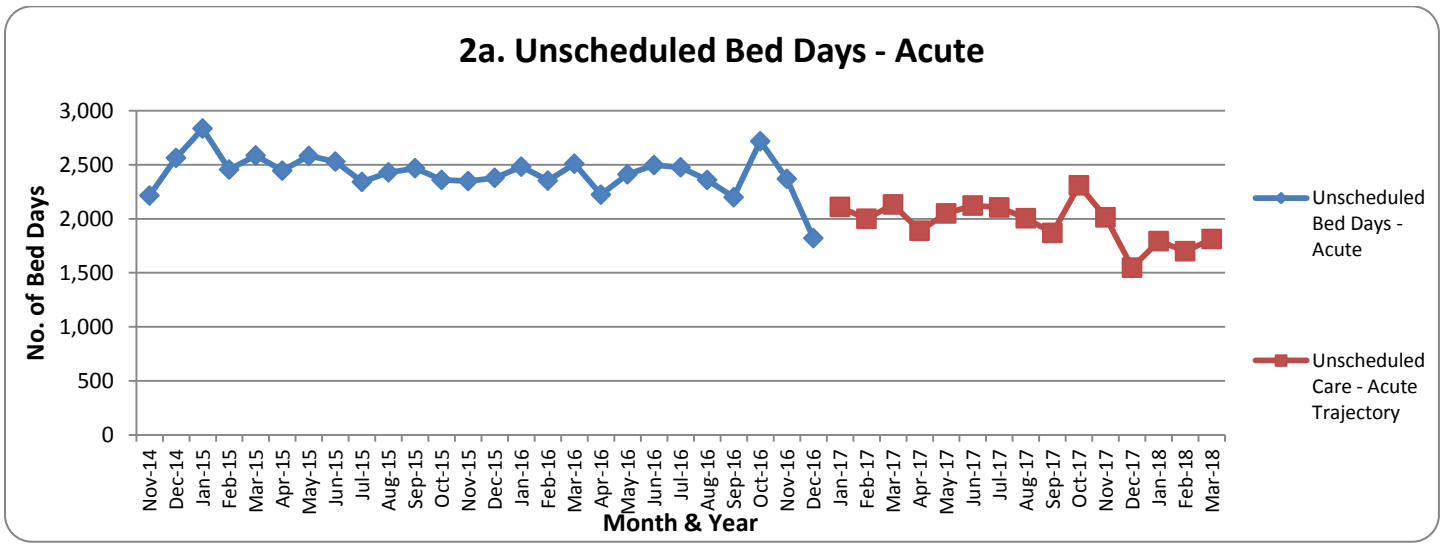
Key Points:

- Admissions data is calculated retrospectively once a patient has completed their stay in hospital and as such data will change for previous months
- The target for reduction is 5% of Emergency Admissions
- The three measures are linked, but are also influence by measure3 – A&E attendances

2a. Number of unscheduled hospital bed days; acute specialties

This measure is based on SMR01 data – the number of bed days where a patient has had a completed stay and the number of bed days during the calendar month are counted. This means that any bed days where the patient is still in hospital are not included within the trajectory provided by ISD. The data includes beds days for hospitals in the Western Isles and those in other areas where patients resident in the Western Isles may have received treatment.

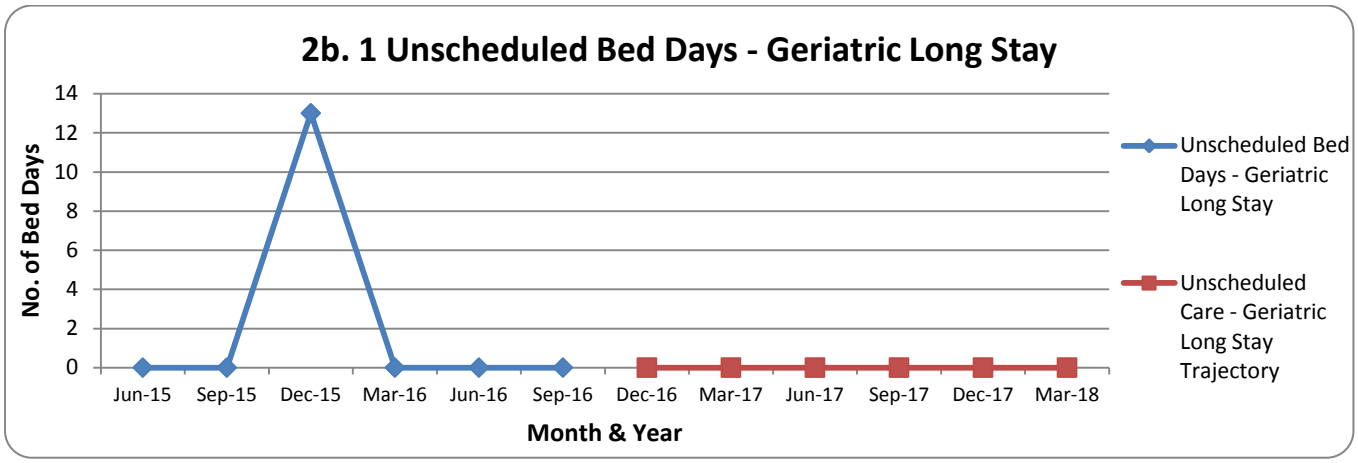
Where a patient is admitted in one month and discharged another, the number of bed days occupied within the previous month will increase in the new reporting period i.e. a patient is admitted in Dec-16 and discharged in Feb-17, bed days for Dec-16 and Jan-17 will change when Feb-17 data is available in March-17



The proposed target is a reduction of 15% for 2017/18

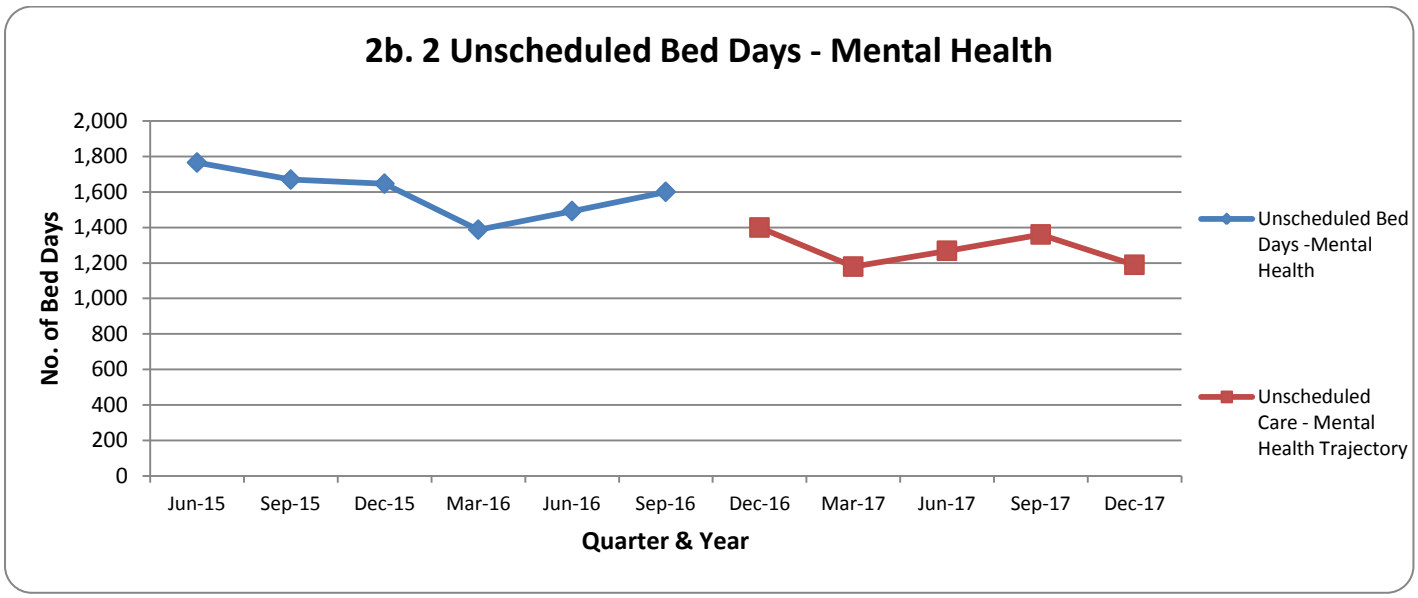
2b. 1. Number of unscheduled hospital bed days; geriatric long stay specialties

This measure is based on SMR01 data – the number of bed days where a patient has had a completed stay and the number of bed days during the calendar month are counted. This means that any bed days where the patient is still in hospital are not included within the trajectory provided by ISD. This is further broken down to only look at Geriatric Long Stay Specialities. As there are no words of this speciality within Western Isles Hospitals, numbers and trajectory and very low, with only those where Patients from the Western Isles who have been Inpatients off-island at such a facility recorded. No change target trajectory has been recorded against this measure.



2b. 2. Number of unscheduled hospital bed days; mental health specialties

This measure is based on SMR04 data, and included bed days for both patients that have completed their stay and those who are still in hospital. This includes beds days for hospitals in the Western Isles and those in other areas where patients resident in the Western Isles may have received treatment.



The proposed target is a reduction of 15% per annum.

Key Points:

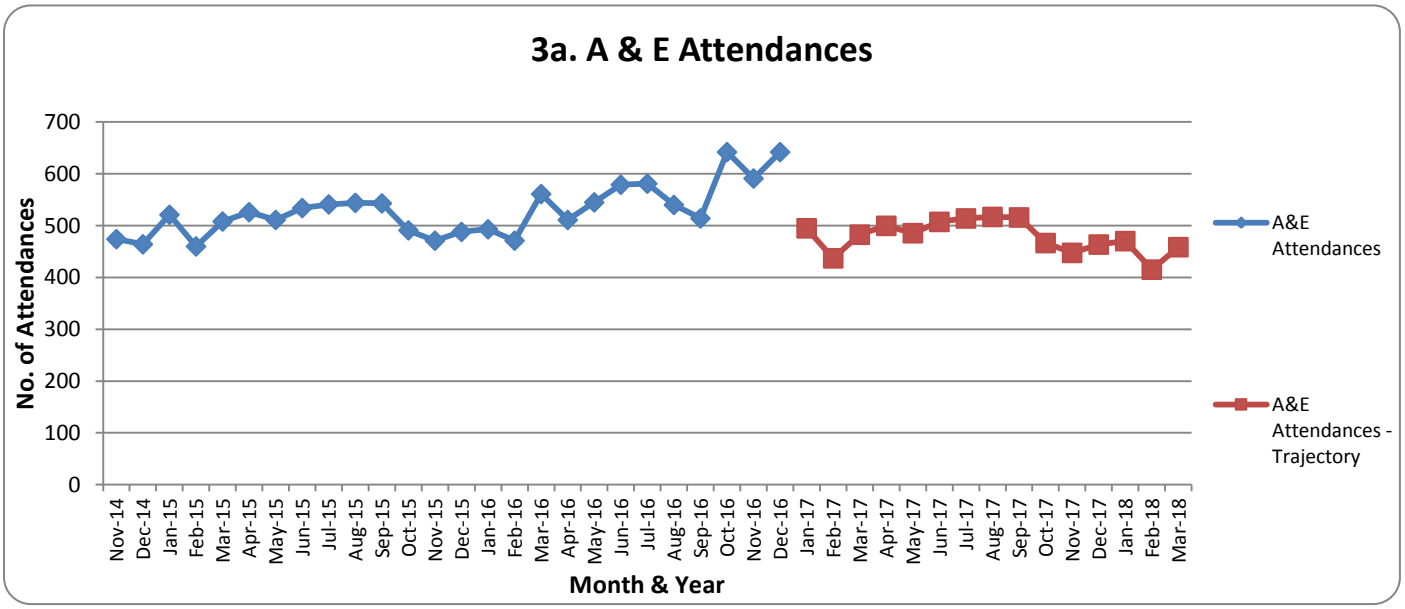
- Bed days for previous months with change potentially each month as a result of patients being admitted and discharged in different months
- Bed days in measures 2a and 2b.1 are linked
- Measures 2a and 2b.1 are based on completed stays and as such only include Delayed Discharge bed days where the patient has been discharged
- Bed days for measure 2b.2 are not linked to the previous two measures

3. A & E Performance

3a. A&E attendances

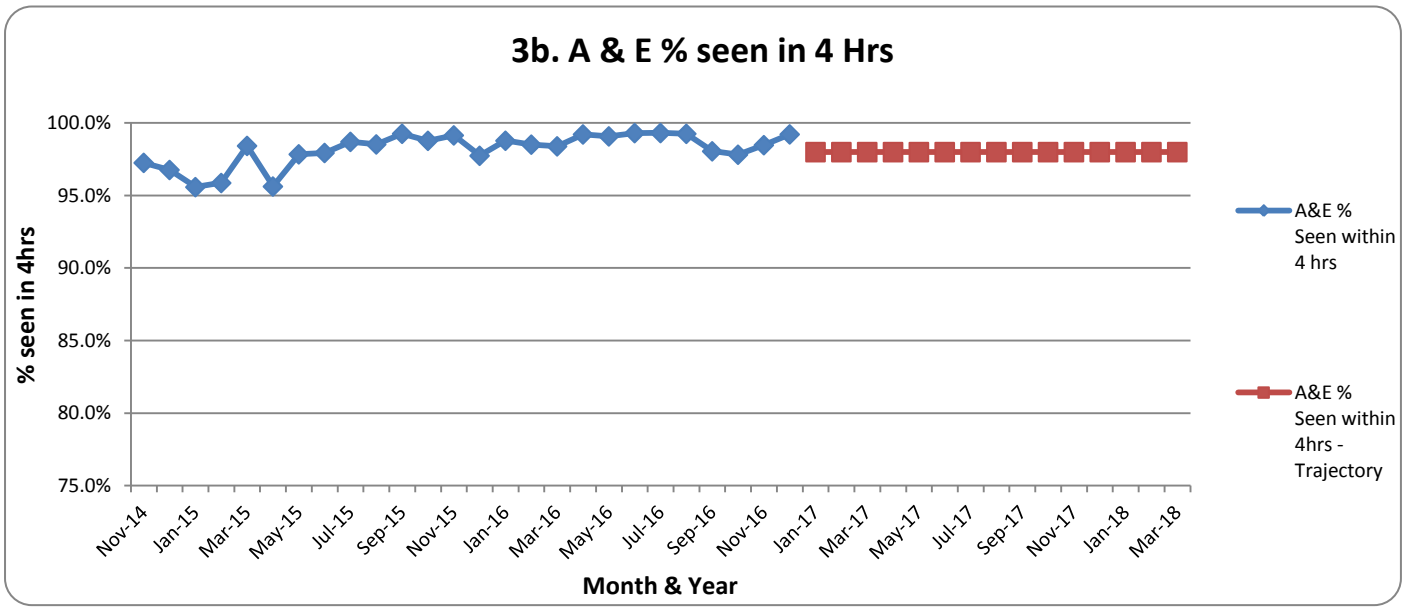
This measure is based on the number of new and unplanned visits that people have made to A&E departments within the Western Isles. Until Oct-2016, the data provided is only for Western Isles Hospital, in Oct-2016 by episode data for Uist & Barra A&E was added. As can be seen, this impacts on the overall trend by increasing the projected number of attendances.

The target set for this measure is to reduce attendances by 5%.



3b. A&E % seen within 4 hours

Western Isles have consistently performed well against the 4hr target and as such the trajectory is to maintain at 98%.



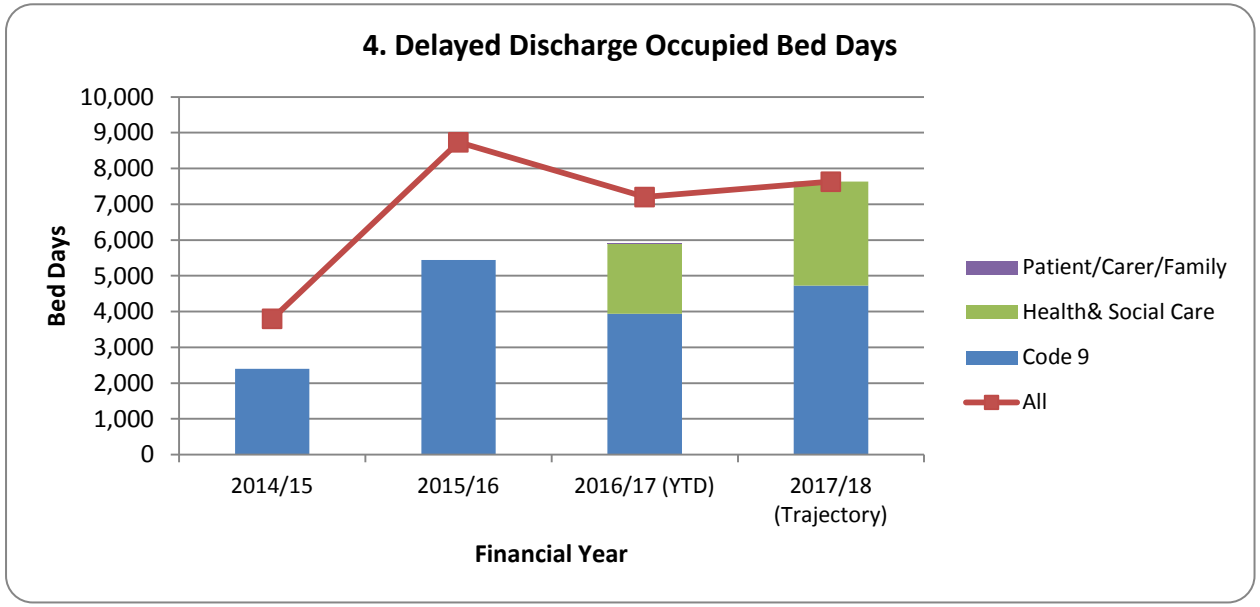
Key Points:

- The target for reduction of A&E attendances are a reduction of 5%
- A&E attendances are calculated on the board of attendance rather than the board of residence, as such seasonal trends can be seen where increased tourism activity can be seen within the Western Isles

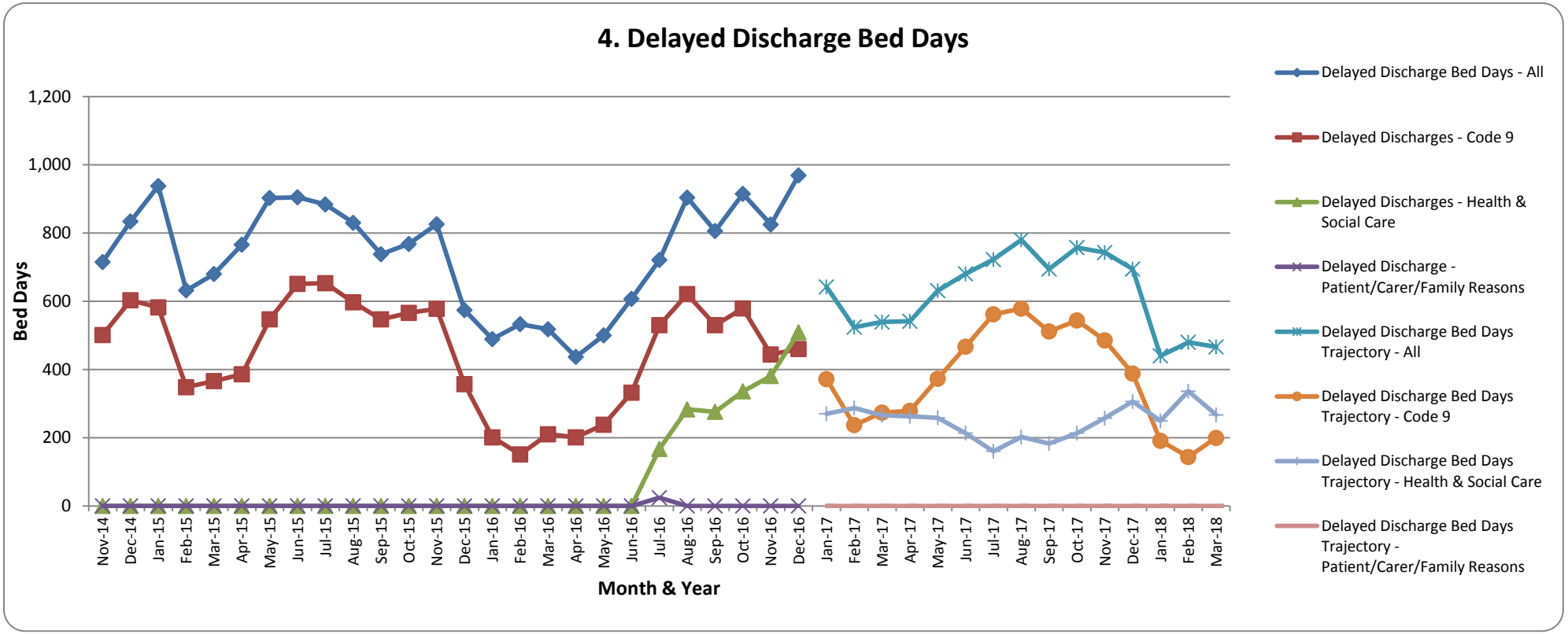
4. Delayed Discharge

Delayed Discharge Bed Days are based on data provided in the Delayed Discharge Census sent to ISD on a monthly basis. The introduction of new features to the PAS in January-17 will allow improved local reporting to support local MI production and operational visibility of Delay Discharges and their impacts. Delayed Discharge continues to be a challenging area within the Western Isles, with a specific Delayed Discharge Action plan the target is to reduced delayed discharge bed days by 10% in 2017/18. The trajectory has been designed to smooth the impact of significant changes such as the introduction of additional Care Home beds in Nov-15 which would adversely affect the accuracy of the projection.

Changes to coding of delayed discharges has seen a transition of delays being recorded as Code 9 toward Health & Social Care reasons, as such the trajectory for improvement has been evenly split between the two reason types.



The subsequent page provide a month on month trajectory but due to variation visual representation of the reduction is best shown using annualised data as above.



Key Points:

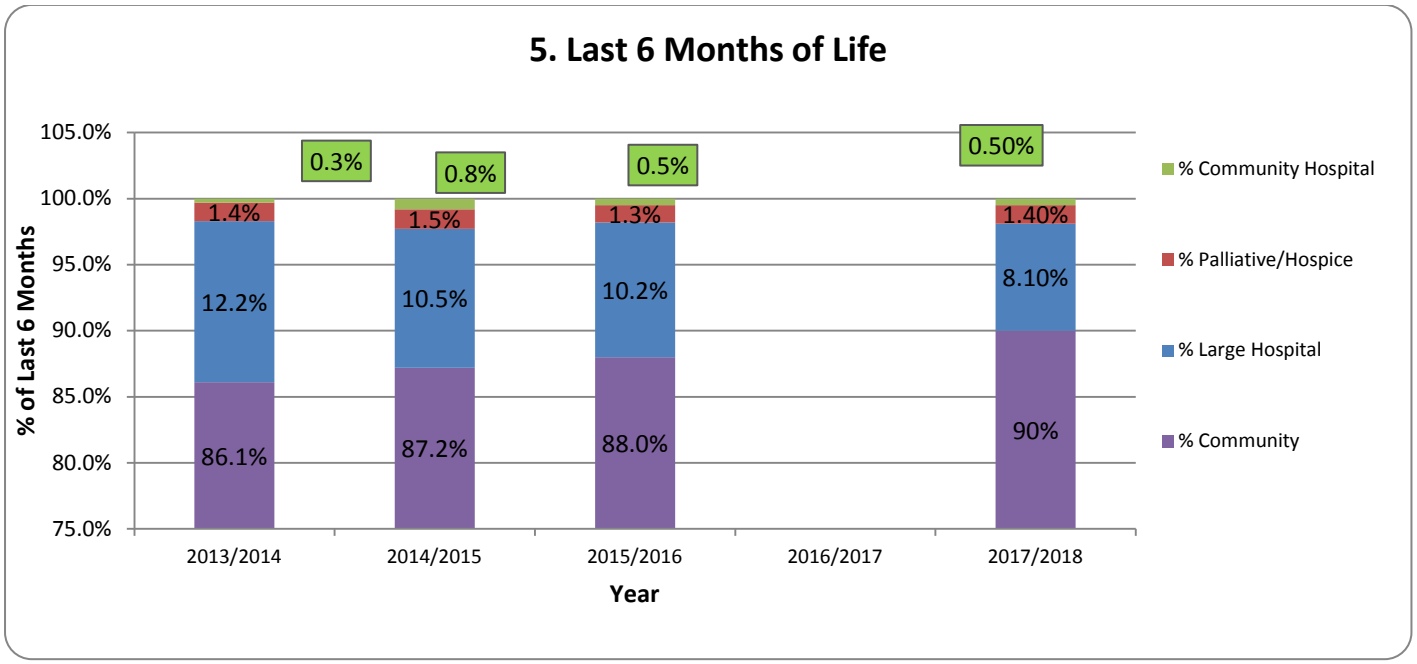
- Delayed Discharge bed days are provided as part of the delayed discharge census reporting on a monthly basis
- The target for reduction in delayed discharge bed days are a 10% reduction overall

5. End of Life

The measure for last 6 months of life is calculated using SMR01 and SMR04 data to identify Hospital and Hospice bed days, with the remaining days being attributed to Home / Homely setting which includes residential care. Only one facility within the Western Isles provides palliative care, with the data submitted on an annual basis.

Western Isles shows positive result with regard to the proportion of the last 6 months that people spend in Hospital in the last 6 months of life. The trajectory has been developed by establishing our best performing locality and applying the findings to the overall Western Isles area.

For the purposes of the calculation, it is assumed that death rates remain the same. The improvement target proposed for this measure is a 2% reduction in the percentage of time people spend in large hospitals in the last 6 months of life.

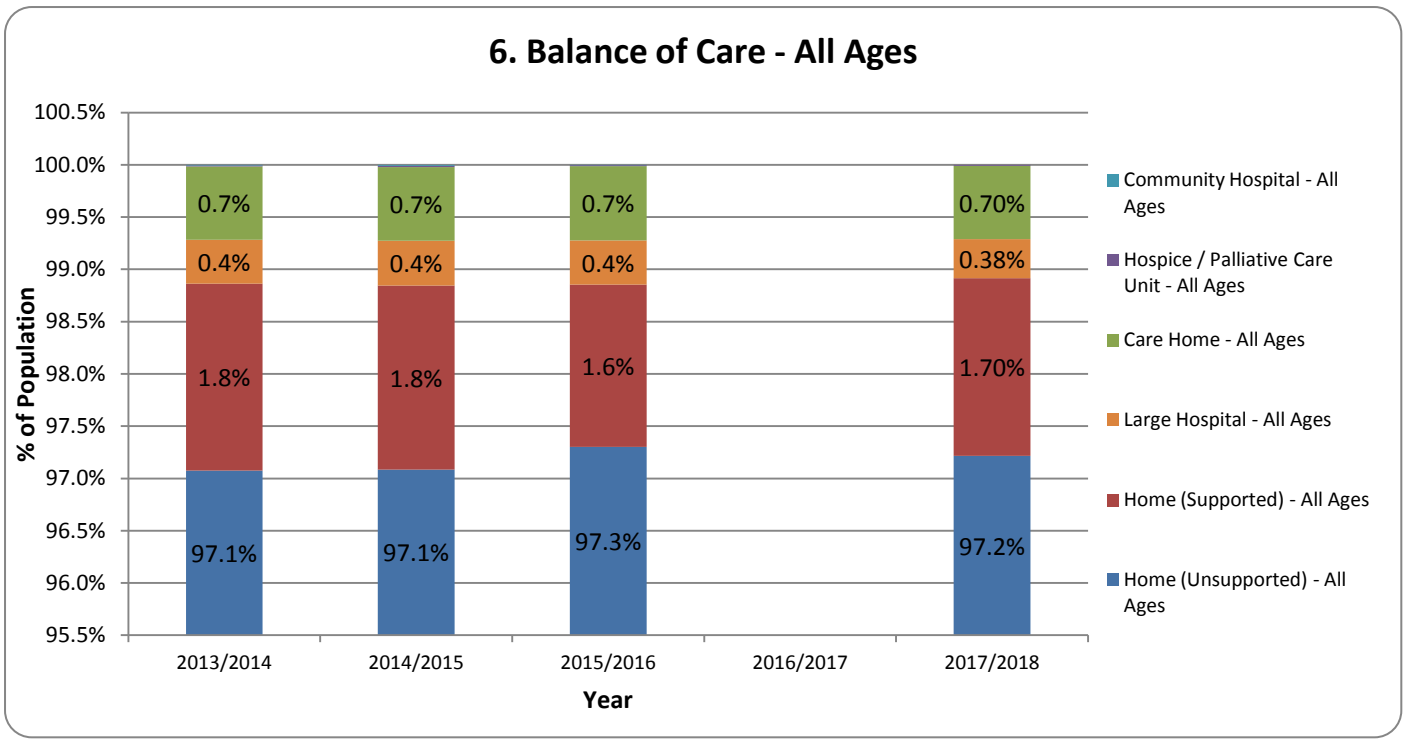


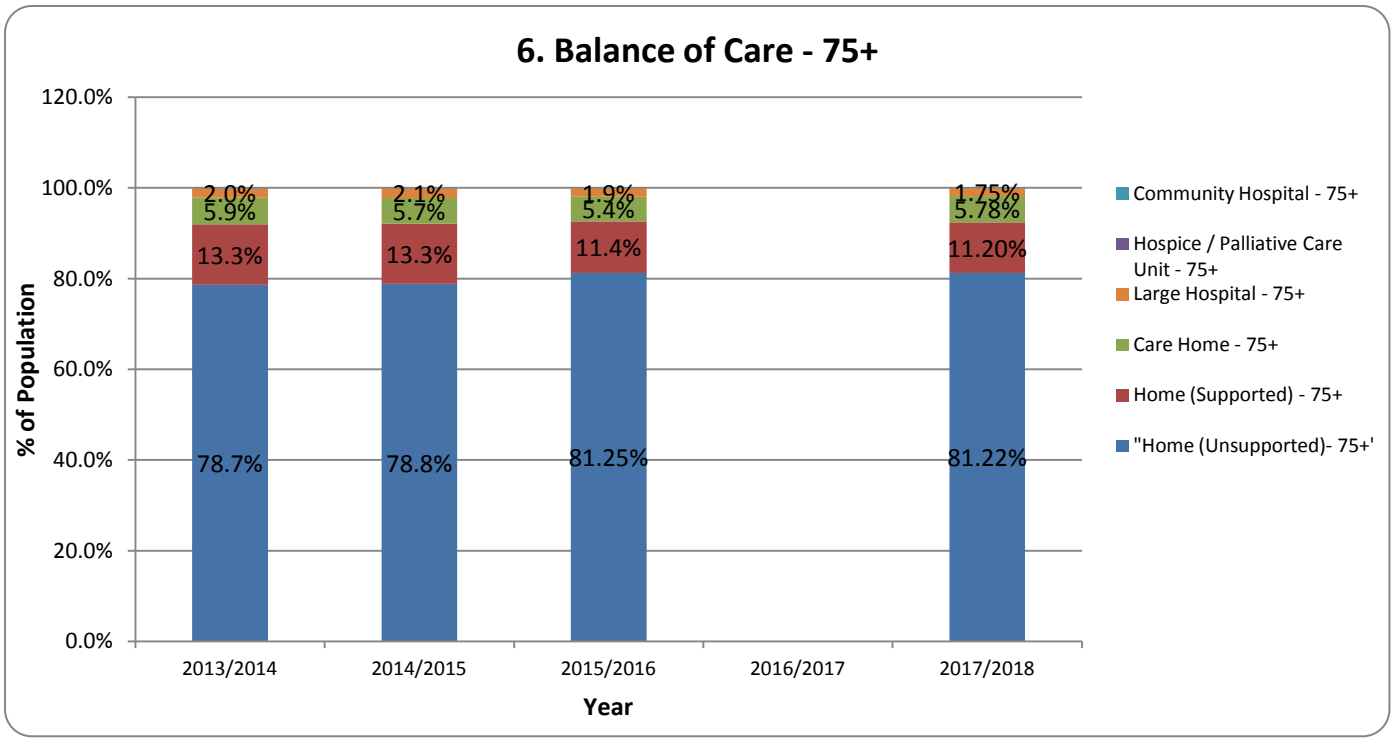
Key Points:

- The target for change is that a 2% of days with be spent in the Community rather than in Large Hospitals.
- The calculation is based on Death rates remaining constant

6. Balance of Care

To ensure that limited resources available to successfully deliver change in the 2017/18 period, within this measure the area of focus has been reducing the percentage of over 75s' within large hospitals in line with Delayed Discharge and End of Life trajectory plans . An increase in residential care is seen and maintained as a result of the additional bed capacity introduced in Nov-15 referenced previously in the delayed discharge section. This shows limited change in individual aspects of balance of care but an overall shift of 1.5% from Large Hospital to Community based care including care homes for the over 75 population. In terms of the overall population, shift is small with a reduction of 0.2% in Large Hospital Care primarily to supported at home with particular emphasis on the 65-75 age group.





Key Points:

- Overall shift is relatively small with transfer mainly from Large hospital to Community based care
- Change is driven by actions associated with previous measures - reduction in Delayed Discharge and unscheduled Admission bed days