HEALTH & SOCIAL CARE MORAY

PERFORMANCE REPORT

QUARTER 1 2020/21

(1 APRIL 2020 – 30 JUNE 2020)

NHS Grampian

moray council

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2. PERFORMANCE SUMMARY

COMMENTARY

Performance within Health and Social Care Moray (HSCM) as demonstrated by the agreed indicators up to the end of quarter 1 of the financial year 2020/21 is showing as generally positive; however the impact of COVID-19 and the changes made to routine procedures in hospitals and care homes has had a knock on impact to HSCM services that will only become evident in future quarters.

Three indicators are new and have no target set. These indicators will be monitored throughout the year and targets will be set in Q1 2020/21. There is currently no data available for SM-01 and SM-02 due to the COVID-19 pandemic interrupting operations within the HR departments.

The impact of COVID-19, where the whole system was working to a different set of priorities, will mean that it will not be possible to draw direct comparisons with previous years. Where the acute sector ceased elective operations this will have meant a reduction in the number of admissions, readmissions and delayed discharges. New indicators are being developed to address the issues raised by the MIJB at the development session on 30 July 2020. Due to the timing of the meetings these will not be reflected in this report but will be added in the Q2 report. This will include a graphic that illustrates the measures and how their performance relates to the strategic priorities as outlined in the Strategic Plan 2019-29 'Partners in Care'.

All indicators and trends are presented with the acknowledgement that it is likely that there will be long-term unseen implications from the pandemic and targets will likely be re-assessed and updated appropriately.

DELAYED DISCHARGE - GREEN

The focus of the COVID-19 reaction in Moray was assessing and finding suitable support for those in hospital (specifically those ready for discharge) to allow for the expected influx of COVID-19 patients. This has resulted in the indicators in this measure having significant reductions in both measures with only **10 patients** being delayed at the latest survey of the quarter which amounted to **242 bed days**.

Delayed Discharges are being addressed in detail under Operation Home First where data rich story boards will be developed and used to demonstrate progress. Detail on the actions taken and progress of this will be available by the end of the year and should reflect in the continuation of delayed discharge targets being met.

EMERGENCY ADMISSIONS - GREEN

There was no significant year on year change in any of the Emergency Admission measures despite there being a reduction in the number of Emergency Department attendances.

ACCIDENT AND EMERGENCY - GREEN

Moray had a significant drop in the rate of attendances people per 1,000 population to the Emergency Department in quarter 1 (from over consistently over 20 to **16**). This was mirrored across Scotland during the first months of the COVID-19 pandemic.

HOSPITAL RE-ADMISSIONS - RED

The number of re-admissions to hospital increased significantly in the last quarter. The primary driver for this is that the total number of people entering hospital has decreased. The number of **28 day re-admissions** is reduced from consistently over **150** a month in 2019/20 to a little over **100** a month in the past quarter. Similarly, the raw number of **7 day re-admissions** reduced from consistently over **80** a month in 2019/20 to under **50** a month in the past quarter.

UNMET NEED – DATA ONLY

At the end of the quarter there were **36 people** awaiting care packages which amounted to **623 hours** of unmet need. This is the first quarter it is being reported and therefore no trend is present and no actions have been undertaken.

OUTSTANDING ASSESSMENTS – DATA ONLY

At the end of quarter 1 there **were 1,506 reviews** in Carefirst showing as outstanding. While the measure is new, historical management information suggests that this is well above normal and indicates an increased pressure on Social Work. The data from which this measure is derived is due to undergo data cleansing and it is hoped that this will help give a clearer picture in future quarters.

MENTAL HEALTH - RED

For the last three quarters only around **20%** of patients commenced Psychological Therapy Treatment within 18 weeks of referral.

Following a decline in the previous three months in the number of people commencing Psychological Therapy treatment, June 2020 showed an increase in those accessing treatment within 18 weeks.

During the COVID-19 pandemic, psychological therapies staff were redeployed to the Psychological Resilience Hub. Although they have a weekly commitment to that service it is anticipated that they will be able to offer virtual outpatient appointments to those waiting within a shorter timeframe and this is anticipated to reduce waiting times.

STAFF MANAGEMENT – NO UPDATE

Due to the increased workload within HR departments in responding to the COVID-19 pandemic, data regarding this measure has been delayed by one quarter.

INDICATOR SUMMARY

Moray currently has 14 local indicators. Of these 6 are Green and 3 are Red. There are 3 indicators that are new and have targets pending and 2 that currently have no data due to no resource available within the relevant service to collate and provide the data.

Figure 2 – Performance Summary

Code	Measure	Q1 19-20	Q2 19-20	Q3 19-20	Q4 19-20	Q1 20-21	Target	Deviation
DD	**Delayed Discharge**							
DD-01	Number of delayed discharges (including code 9, Census snapshot, at end of quarter)	27	28	33	35	10	25	
DD-02	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) 18+ population	768	751	971	1,208	242	781	
EA	**Emergency Admissions**							
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	2067	2039	2085	2,169	2,086	2,242	
EA-02	Emergency Admissions rate per 1000 population for over 65s	177	179	184	183	178.2	182	
EA-03	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	123	123	126	125	122	127	
AE	**Accident and Emergency**							
AE-01	A&E Attendance rate per day per 1000 population (All Ages)	22	22	24	17	16	22	
HR	**Hospital Re-Admissions**							
HR-01	% of Emergency Readmissions to hospital within 28 days - Moray Patients	7.9%	8.1%	9.9%	6.4%	10.4%	7.5%	
HR-02	% of Emergency Readmissions to hospital for within 7 days - Moray Patients	4.3%	4.2%	5.5%	3.1%	4.5%	3.5%	
UN	**Unmet Need**							
UN-01	Number of Long Term Home Care hours unmet at weekly Snapshot	-	-	-	-	623	Data only for first year	
UN-02	Number of People requiring Long Term homecare hours unmet at weekly Snapshot	-	-	-	-	36	Data only for first year	
OA	**Outstanding Assessments**							
OA-01	Number of Reviews Outstanding at end of quarter snapshot	-	-	-	-	1506	Data only for first year	
MH	**Mental Health**							
MH-01	Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral	73%	78%	20%	20%	21%	90%	
SM	**Staff Management**							
SM-01	NHS Sickness Absence (% of Hours Lost)	4.60%	3.80%	5.30%	4.60%	N/A	4%	
SM-02	Council Sickness Absence (% of Calendar Days Lost)	7.70%	8.80%	8.00%	9.08%	N/A	4%	

3. DELAYED DISCHARGE

| Trend Analysis |
| --- |
| The focus of the COVID-19 reaction in Moray was assessing and finding suitable support for those in hospital (specifically those ready for discharge) to allow for the expected influx of COVID-19 patients. This has resulted in the indicators in this measure having dramatic reductions.

Comparing overall trends and seasonal data is currently not relevant. |
| **Operational Actions and Maintenance** |
| An Enhanced Discharge Hub was set up to centralise the operational management, administrative support and data management via co-location and a virtual team model which ensured colleagues were able to communicate and make decisions as quickly as possible while maintaining professional integrity.

Daily monitoring of the capacity within external and internal providers was implemented to ensure quick placement; in addition, formal temporary systems were put in place to ensure closer operational interaction between Care at Home, External Providers (through the Commissioning Team), Access, and the Hospital Discharge Team. This enabled the centralising of all discharge activity, vacancy monitoring (in Care Homes), Care at Home capacity, and Resource Allocation decision making. Resource Allocation occurred daily as opposed to weekly as it was up to Pre-COVID-19.

Staffing resources across all adult social care teams were co-opted to support the extra work required to set up and facilitate the above. |
| **Action Timescales** |
| Delayed Discharges are being addressed in detail under Operation Home First where data rich story boards will be developed and used to demonstrate progress. Detail on the actions taken and progress of this will be available by the end of the year and should reflect in the continuation of delayed discharge targets being met. |

DD-01: NUMBER OF DELAYED DISCHARGES (INCLUDING CODE 9, CENSUS SNAPSHOT, AT END OF QUARTER)

Purpose	Reliably achieving timely discharge from hospital is an important indicator of quality and is a marker for person centred, effective, integrated and harm free care.					
Strategic Priority	2: HOME FIRST		**Linked Indicator(s)**	DD-02		
National Health & Wellbeing Outcomes	2, 3, 5, 7					
Target (+10%)	**Q4 (Jan-Mar 19)**	**Q1 (Apr-Jun 19)**	**Q2 (Jul-Sep 19)**	**Q3 (Oct-Dec 19)**	**Q4 (Jan-Mar 20)**	**Q1 (Apr-Jun 20)**
25	**32**	**27**	**28**	**33**	**35**	**10**

Figure 1

Delayed Discharge Census by Delay Reason

Moray
Ages 18+
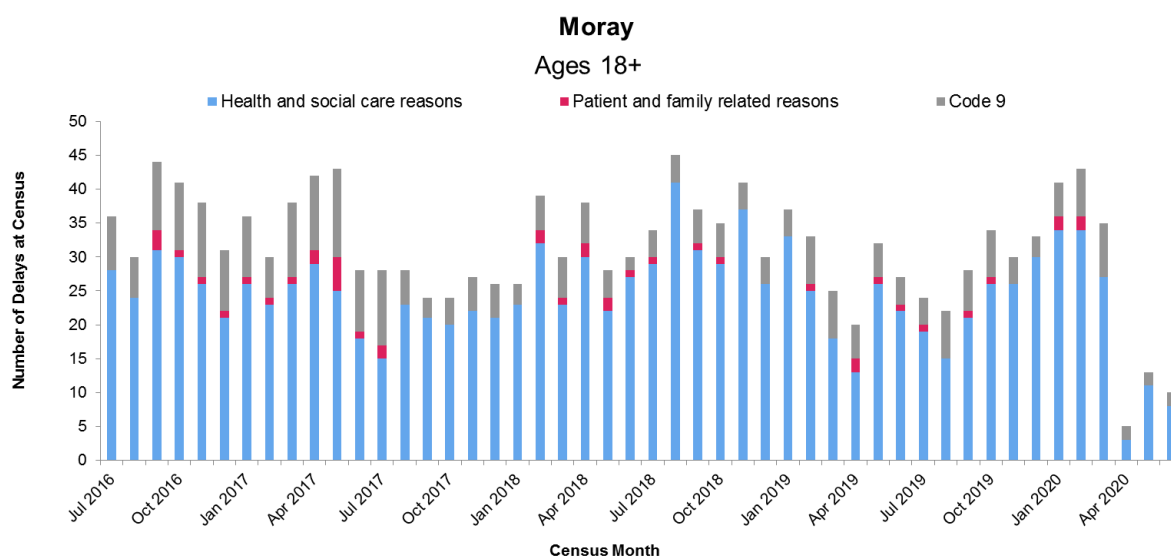
Indicator Trend

As a result, April recorded an all-time low of 5 patients in hospital and while this has increased in the following months it is now consistently under 20 people at any one time.

Scotland Trend	Quarter 1 Delayed Discharges reduced dramatically across Scotland this quarter with Moray having one of the larger reductions.
Peer Group	Moray reduced the numbers being delayed at discharge by almost 90% from February to April compared to 42% across its comparators.
Last Reported	August 2020 for Quarter 1 2020/21 data
Next Update Due	November 2020 for Quarter 2 data
Source	Public Health Scotland

DD-02: NUMBER OF BED DAYS OCCUPIED BY DELAYED DISCHARGES PER QUARTER (INC CODE 9) PER 1000 18+ POPULATION

Purpose	This monitors the number of people delayed in hospital once medically fit for discharge. Longer stays in hospital are associated with increased risk of infection, low mood, and reduced motivation.					
Strategic Priority	2: HOME FIRST		**Linked Indicator(s)**		DD-01	
National Health & Wellbeing Outcomes			2, 3, 5, 7			
Target (+5%)	**Q4** (Jan-Mar 19)	**Q1** (Apr-Jun 19)	**Q2** (Jul-Sep 19)	**Q3** (Oct-Dec 19)	**Q4** (Jan-Mar 20)	**Q1** (Apr-Jun 20)
781	**926**	**768**	**751**	**971**	**1,208**	**242**

Figure 2

Bed Days Occupied by Delayed Discharges
July 2016 - June 2020
Moray
Ages: 18+
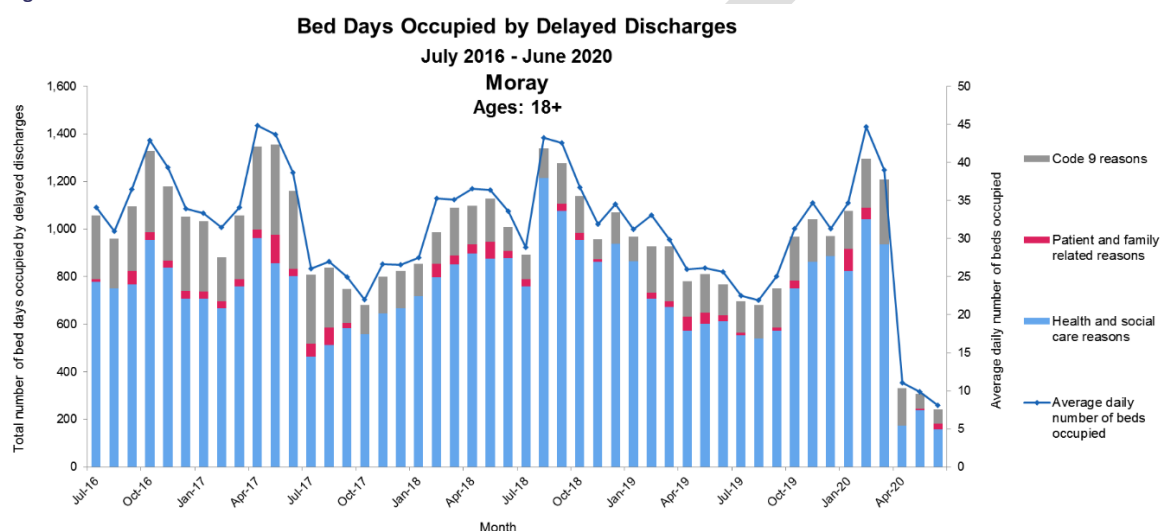
Indicator Trend	
Due to the COVID-19 pandemic it is not possible to decipher any trend in the last quarter.	

Scotland Trend	In the short-term, Scotland has had a steady increase in the three months of the quarter while Moray has decreased.
Family Group	Moray has bucked the slowly increasing comparator trend in this quarter.
Last Reported	August 2020 for Quarter 1 2020/21 data
Next Update Due	November 2020 for Quarter 2 data
Source	Public Health Scotland

4. EMERGENCY ADMISSIONS

Trend Analysis

The three indicators that fall under this measure all show generally positive quarterly figures and while there was a drop in all measures, they are still comparable to the numbers recorded in the same period in 2019/20.

Operational Actions and Maintenance

No actions have been outlined to specifically improve this measure.

Action Timescales

No timescales set currently.

EA-01: RATE OF EMERGENCY OCCUPIED BED DAYS FOR OVER 65S PER 1000 POPULATION

Purpose	UC-E1, E2 and E3 are all interconnected and provide a narrative when viewed together of whether emergency admissions and bed days are within tolerance and indicate where potential risks could arise.
Strategic Priority	1: BUILDING RESILIENCE	**Linked Indicator(s)**	EA-02, EA-03

National Health & Wellbeing Outcomes		1, 2, 3, 5			

Target (+5%)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	Q4 (Jan-Mar 20)	Q1 (Apr-Jun 20)
2,242	2,188	2,067	2,039	2,085	2,169	2,086

Figure 3 - Rate of emergency occupied bed days for over 65s per 1000 population
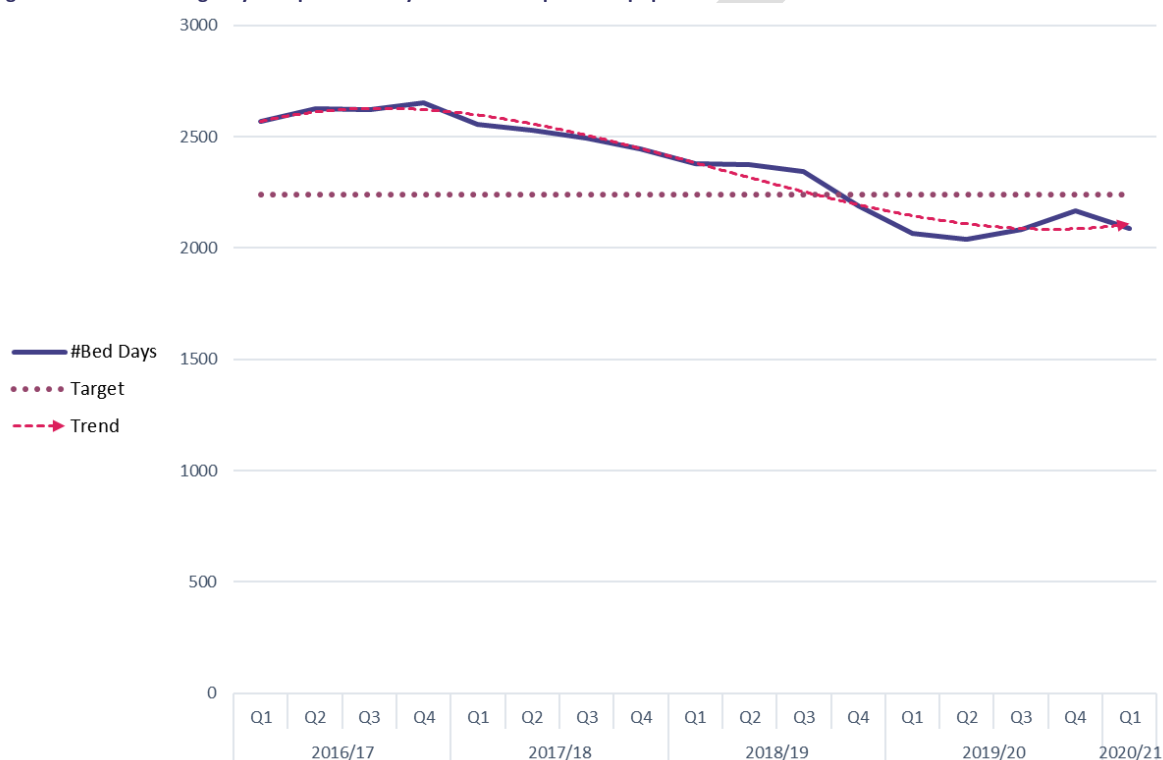
Indicator Trend

There has been a decreasing trend in this indicator over the past 4 years and despite small increases in the last two quarters the quarter 1 2010/21 figure is below any quarter prior to 2019/20 and is still below the target of 2,242.

Scotland Trend	Not Available
Peer Group	Not Available
Last Reported	August 2020 for Quarter 1 2020/21 data
Next Update Due	November 2020 for Quarter 2 data
Source	Health Intelligence

EA-02: EMERGENCY ADMISSIONS RATE PER 1000 POPULATION FOR OVER 65S

Purpose	UC-E1, E2 and E3 are all interconnected and provide a story when viewed together of whether emergency admissions and bed days are within tolerance and indicate where potential risks could arise.

Strategic Priority	1: BUILDING RESILIENCE	Linked Indicator(s)	EA-01, EA-03

National Health & Wellbeing Outcomes		1, 2, 3, 5			

Target (+5%)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	Q4 (Jan-Mar 20)	Q1 (Apr-Jun 20)
182	180	177	179	184	183	178

Figure 4 - Emergency Admissions rate per 1000 population for over 65s
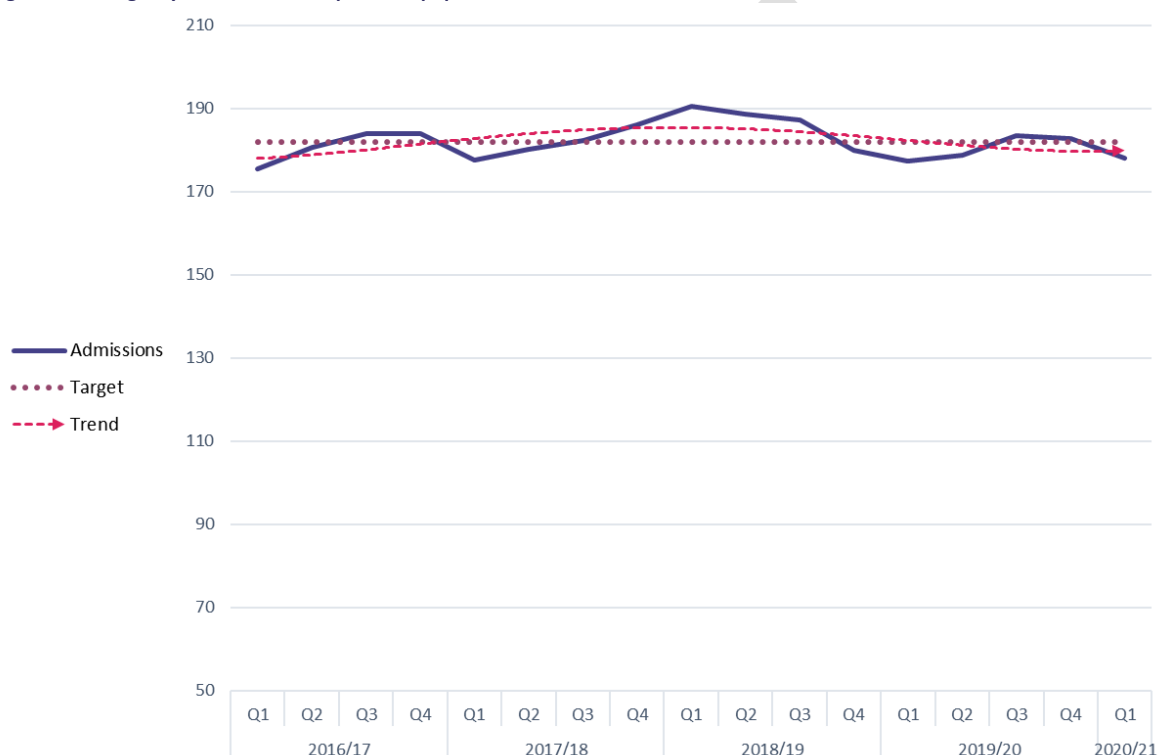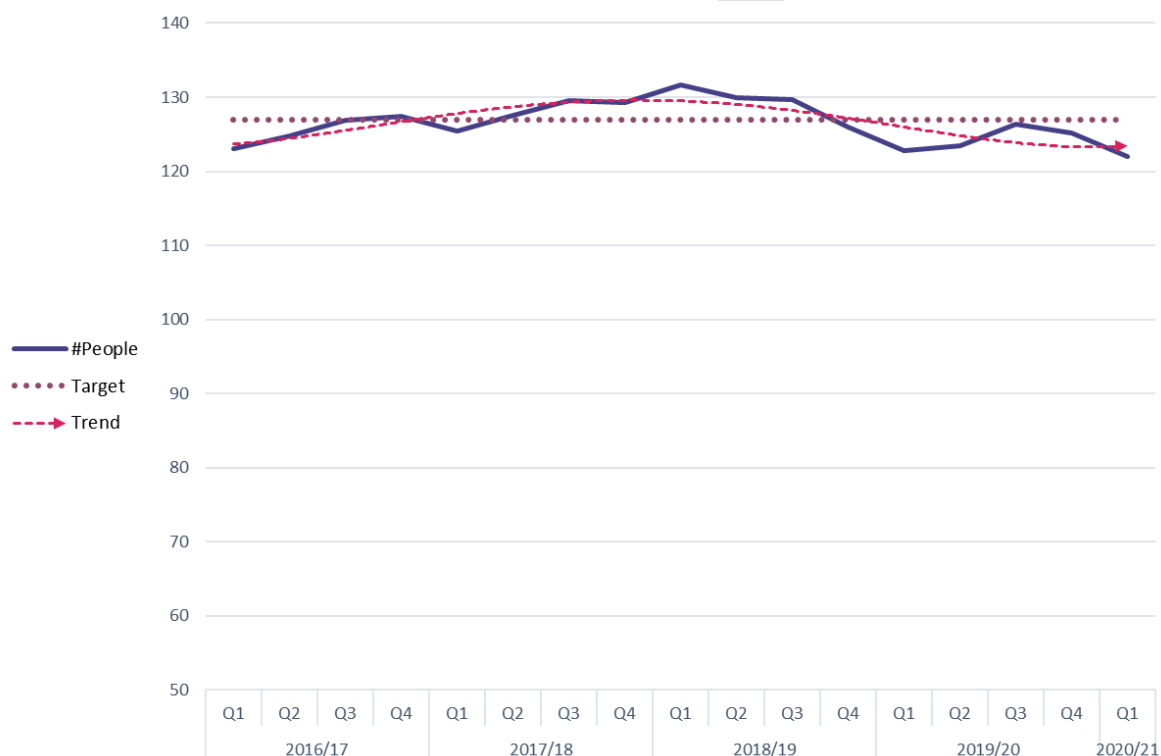

Indicator Trend

This indicator has generally hovered around target for the past few years without any significant unseasonal variation.

Scotland Trend	Not Available
Peer Group	Not Available
Last Reported	August 2020 for Quarter 1 2020/21 data
Next Update Due	November 2020 for Quarter 2 data
Source	Health Intelligence

EA-03: NUMBER OF PEOPLE OVER 65 YEARS ADMITTED AS AN EMERGENCY IN THE PREVIOUS 12 MONTHS PER 1000 POPULATION

Purpose	UC-E1, E2 and E3 are all interconnected and provide a story when viewed together of whether emergency admissions and bed days are within tolerance and indicate where potential risks could arise.					

Strategic Priority	1: BUILDING RESILIENCE		Linked Indicator(s)	EA-01, EA-02		

National Health & Wellbeing Outcomes			1, 2, 3, 5			

Target (+5%)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	Q4 (Jan-Mar 20)	Q1 (Apr-Jun 20)
127	126	123	123	126	125	122

Figure 5 - Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population

Indicator Trend	

There had been an increase in this measure through 2018 and after a reduction in 2019/20 it would have been expected to remain at those levels.

Scotland Trend	Not Available
Peer Group	Not Available
Last Reported	August 2020 for Quarter 1 2020/21 data
Next Update Due	November 2020 for Quarter 2 data
Source	Health Intelligence

5. ACCIDENT AND EMERGENCY

Trend Analysis
Moray had a significant drop in the number of attendances to the Emergency Department in quarter 1 and this was mirrored across Scotland during the first months of the COVID-19 pandemic.

| Operational Actions and Maintenance |
|---|
| The MIJB Transformational Plan 2019-24 has Unscheduled Care as a key goal stretch goal and actions underway include shifting unnecessary unplanned hospital activity to preventative, ensuring appropriate, responsive service delivery as locally as possible and as specialist as necessary, and positive team co-ordination. |

Action Timescales
No timescales set currently.

AE-01: A&E ATTENDANCE RATES PER 1000 POPULATION (ALL AGES)

Purpose	A greater system-wide understanding of how people access emergency care, and why certain choices are made, will allow local health systems to develop intelligence about avoidable attendances at emergency departments and target their responses.					
Strategic Priority	1: BUILDING RESILIENCE		**Linked Indicator(s)**	HR-01, HR-02		
National Health & Wellbeing Outcomes			1, 2, 3, 5			
Target (+10%)	**Q4 (Jan-Mar 19)**	**Q1 (Apr-Jun 19)**	**Q2 (Jul-Sep 19)**	**Q3 (Oct-Dec 19)**	**Q4 (Jan-Mar 20)**	**Q1 (Apr-Jun 20)**
21.5	**21**	**22**	**22**	**24**	**17**	**16**

Figure 6 – Monthly A&E Attendance rates per 1000 population (All Ages)
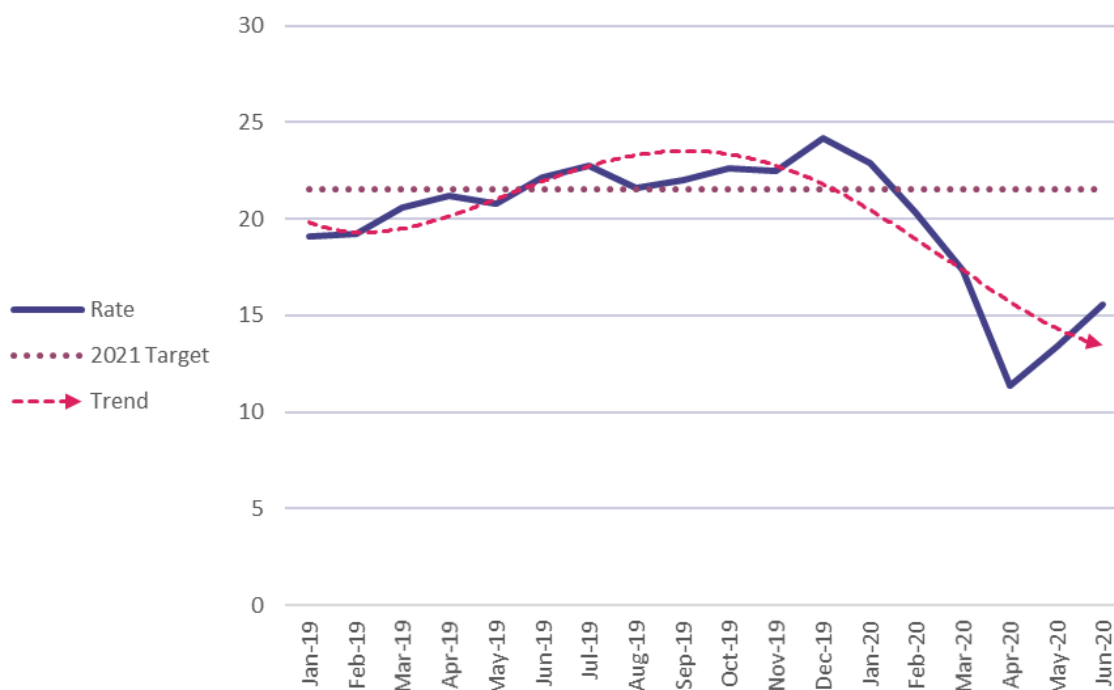
Indicator Trend	
Prior to the pandemic there had been an increasing trend in this measure, but the pandemic resulted in the numbers attending the Emergency Department reducing significantly.	
Scotland Trend	Moray has mirrored the rest of Scotland trend.
Peer Group	Unknown
Last Reported	August 2020 for Quarter 1 2020/21 data
Next Update Due	November 2020 for Quarter 2 data
Source	Public Health Scotland

6. HOSPITAL RE-ADMISSIONS

| |
|---|
| **Trend Analysis** |
| The number of re-admissions to hospital increased significantly in the last quarter. The primary driver for this is that the total number of people entering hospital has decreased. Pre-COVID-19 it was noted that the increase in the number of re-admissions was heavily influenced by the numbers of people re-admitted within 7 days while those re-admitted from 8 to 28 days remained static. This trend continues. |
| **Operational Actions and Maintenance** |
| Hospital re-admissions are being addressed in Operation Home First and more specifically in the Discharge to Assess stream where the intention is to analyse data on those entering hospital to better understand their journeys. |
| **Action Timescales** |
| It is expected there will be an update on this by the end of the year. |

HR-01: PERCENTAGE OF EMERGENCY RE-ADMISSIONS TO HOSPITAL WITHIN 28 DAYS - MORAY PATIENTS (DR GRAY'S)

Purpose	Re-admissions are often undesirable for patients and have also been shown to be associated with the quality of care provided to patients at several stages along the clinical pathway including during initial hospital stays, transitional care services and post-discharge support.					
Strategic Priority	1: BUILDING RESILIENCE		**Linked Indicator(s)**		HR-02, AE-01	
National Health & Wellbeing Outcome			1, 2, 3, 5			

Target	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	Q4 (Jan-Mar 20)	Q1 (Apr-Jun 20)
7.5%	**8.7%**	**7.9%**	**8.1%**	**9.9%**	**6.4%**	**10.4**

Figure 7 - Percentage of Emergency Re-admissions to hospital within 28 days - Moray Patients
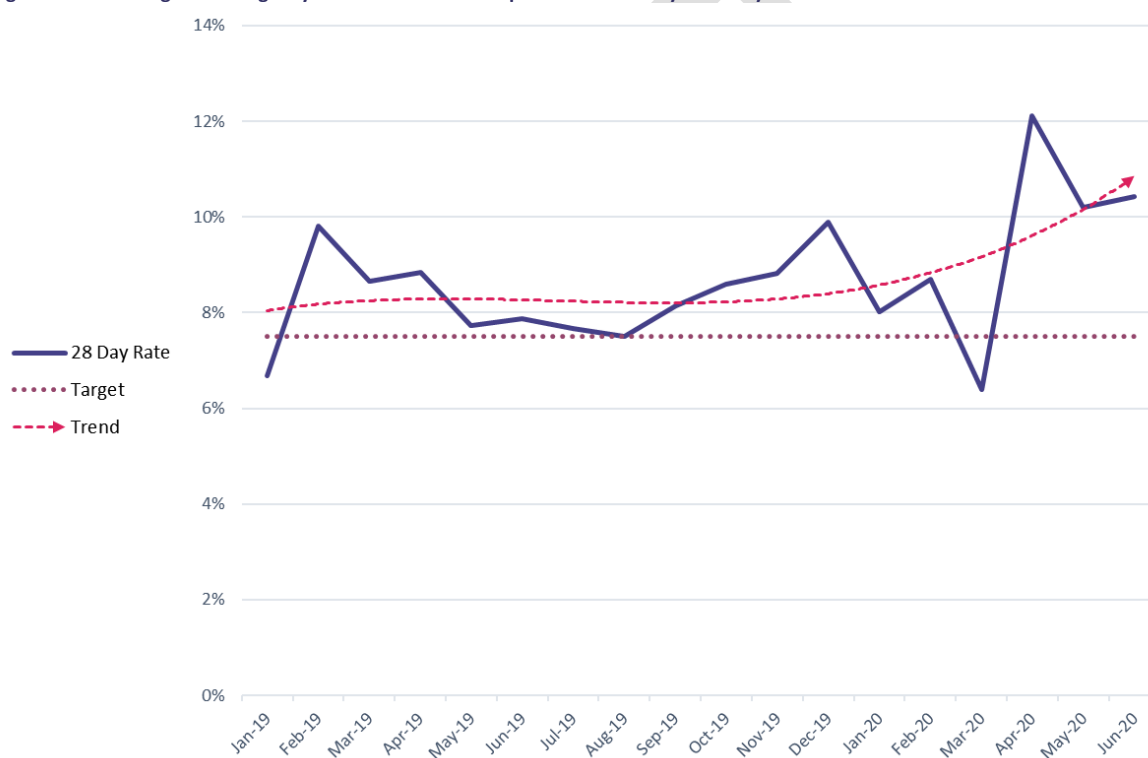
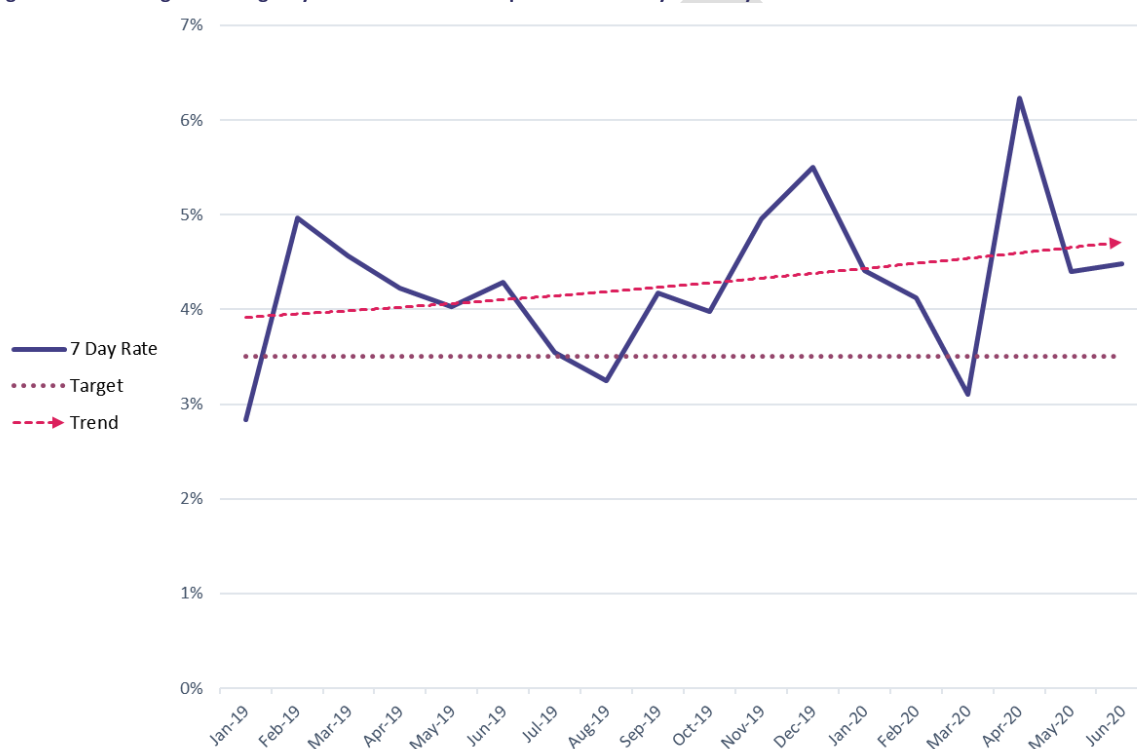| Indicator Trend	
COVID-19 has shown an increase in this measure but this is accounted for in the decrease in the total number of admissions. The raw number of 28 day re-admissions in fact reduced from consistently over 150 a month in 2019/20 to a little over 100 a month in the past quarter.	
Scotland Trend	Unknown
Peer Group	Unknown
Period Last Reported	August 2020 for Quarter 1 2020/21 data
Next Update Due	November 2020 for Quarter 2 data
Source	Health Intelligence

HR-02: PERCENTAGE OF EMERGENCY RE-ADMISSIONS TO HOSPITAL WITHIN 7 DAYS - MORAY PATIENTS (DR GRAY'S)

Purpose	Re-admissions are often undesirable for patients and have also been shown to be associated with the quality of care provided to patients at several stages along the clinical pathway including during initial hospital stays, transitional care services and post-discharge support.				
Strategic Priority	1: BUILDING RESILIENCE		**Linked Indicator(s)**		HR-01, AE-01
National Health & Wellbeing Outcome			1, 2, 3, 5		
Target	**Q4 (Jan-Mar 19)**	**Q1 (Apr-Jun 19)**	**Q2 (Jul-Sep 19)**	**Q3 (Oct-Dec 19)**	**Q4 (Jan-Mar 20)**	**Q1 (Apr-Jun 20)**
3.5%	**4.6%**	**4.3%**	**4.2%**	**5.5%**	**3.1%**	**4.5%**

Figure 8 - Percentage of Emergency Re-admissions to hospital within 7 days - Moray Patients

Indicator Trend	

COVID-19 has shown an increase in this measure but this is accounted for in the decrease in the total number of admissions. The raw number of 7-day re-admissions in fact reduced from consistently over 80 a month in 2019/20 to under 50 a month in the past quarter.

Scotland Trend	Unknown
Peer Group	Unknown
Last Reported	August 2020 for Quarter 1 2020/21 data
Next Update Due	November 2020 for Quarter 2 data
Source	Health Intelligence

7. UNMET NEED

Trend Analysis
This is the first quarter it is being reported and therefore no trend is present.

Operational Actions and Maintenance
As this data is currently in its first iteration and is a metric that will have been significantly impacted by COVID-19, actions for improvement are yet to be outlined (if they are required).

Action Timescales
No timescales set currently.

UN-01: NUMBER OF LONG-TERM HOME CARE HOURS UNMET AT WEEKLY SNAPSHOT

Purpose	It is important to monitor the number of people who require long-term care who are awaiting that care. The numbers of those with an unmet need is an important indicator of the health of the Health and Social Care system.

Strategic Priority	1: BUILDING RESILIENCE	Linked Indicator(s)	UN-02

National Health & Wellbeing Outcome		1, 2, 3, 5

Target	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	Q4 (Jan-Mar 20)	Q1 (Apr-Jun 20)
For Info	ND	ND	ND	ND	ND	**623**

Indicator Trend	
No Data	
Scotland Trend	Unavailable
Peer Group	Unavailable
Last Reported	July 2020
Next Update Due	October 2020
Source	Brokerage

UN-02: NUMBER OF PEOPLE WITH LONG-TERM CARE HOURS UNMET AT WEEKLY SNAPSHOT

Purpose	It is important to monitor the number of people who require long-term care who are awaiting that care. The numbers of those with an unmet need is an important indicator of the health of the Health and Social Care system.					
Strategic Priority	1: BUILDING RESILIENCE		**Linked Indicator(s)**	UN-01		
National Health & Wellbeing Outcome	1, 2, 3, 5					
Target	**Q4 (Jan-Mar 19)**	**Q1 (Apr-Jun 19)**	**Q2 (Jul-Sep 19)**	**Q3 (Oct-Dec 19)**	**Q4 (Jan-Mar 20)**	**Q1 (Apr-Jun 20)**
For Info	ND	ND	ND	ND	ND	36

Indicator Trend	
No Data	
Scotland Trend	Unavailable
Peer Group	Unavailable
Last Reported	July 2020
Next Update Due	October 2020
Source	Brokerage

8. OUTSTANDING ASSESSMENTS

Trend Analysis
At the end of quarter 1 there were 1,506 reviews in Carefirst showing as outstanding. While the measure is new, historical management information suggests that this is well above normal and indicates an increased pressure on Social Work. The data from which this measure is derived is due to undergo data cleansing and it is hoped that this will help give a clearer picture in future quarters.
Operational Actions and Maintenance
As this data is currently in its first iteration and is a metric that will have been significantly impacted by COVID-19 and suspension of care packages actions for improvement are yet to be outlined.
Action Timescales
No timescales set currently.

OA-01: NUMBER OF OUTSTANDING ASSESSMENTS (COMMUNITY CARE REVIEWS, SUPPORT PLANS…)

Purpose	Those awaiting assessments are at risk of not receiving the service they require in good time, and can then put pressure on other, more resource intensive primary and acute services.				
Strategic Priority	3: PARTNERS IN CARE		**Linked Indicator(s)**		
National Health & Wellbeing Outcome			1, 2, 3, 5		

Target	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	Q4 (Jan-Mar 20)	Q1 (Apr-Jun 20)
For Info	ND	ND	ND	ND	ND	1506

Indicator Trend	
No Data	
Scotland Trend	Not Available
Peer Group	Not Available
Last Reported	July 2020
Next Update Due	October 2020
Source	TBC

9. MENTAL HEALTH

| |
|---|
| **Trend Analysis** |
| The indicator under this measure has been decreasing rapidly over the last year and is currently at 21%. |
| **Operational Actions and Maintenance** |
| Following a decline in the previous three months in the number of people commencing Psychological Therapy treatment, June 2020 showed an increase in those accessing treatment within 18 weeks.

During the COVID-19 pandemic, psychological therapies staff were redeployed to the Psychological Resilience Hub. Although they have a weekly commitment to that service it is anticipated that they will be able to offer virtual outpatient appointments to those waiting within a shorter timeframe and this is anticipated to reduce waiting times. |
| **Action Timescales** |
| We would anticipate an improvement in these figures in the quarter 3 2020/21 figures as we consider a new way of working within the service. |

MH-01: PERCENTAGE OF PATIENTS COMMENCING PSYCHOLOGICAL THERAPY TREATMENT WITHIN 18 WEEKS OF REFERRAL

Purpose	Timely access to healthcare is a key measure of quality and that applies equally in respect of access to mental health services.				
Strategic Priority	1: BUILDING RESILIENCE	**Linked Indicator(s)**			
National Health & Wellbeing Outcome		1, 2, 3, 5			
Target (-5%)	**Q4 (Jan-Mar 19)**	**Q1 (Apr-Jun 19)**	**Q2 (Jul-Sep 19)**	**Q3 (Oct-Dec 19)**	**Q4 (Jan-Mar 20)**	**Q1 (Apr-Jun 20)**
For Info	**78%**	**73%**	**78%**	**20%**	**20%**	**21%**

Figure 9 - Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral (adults only)
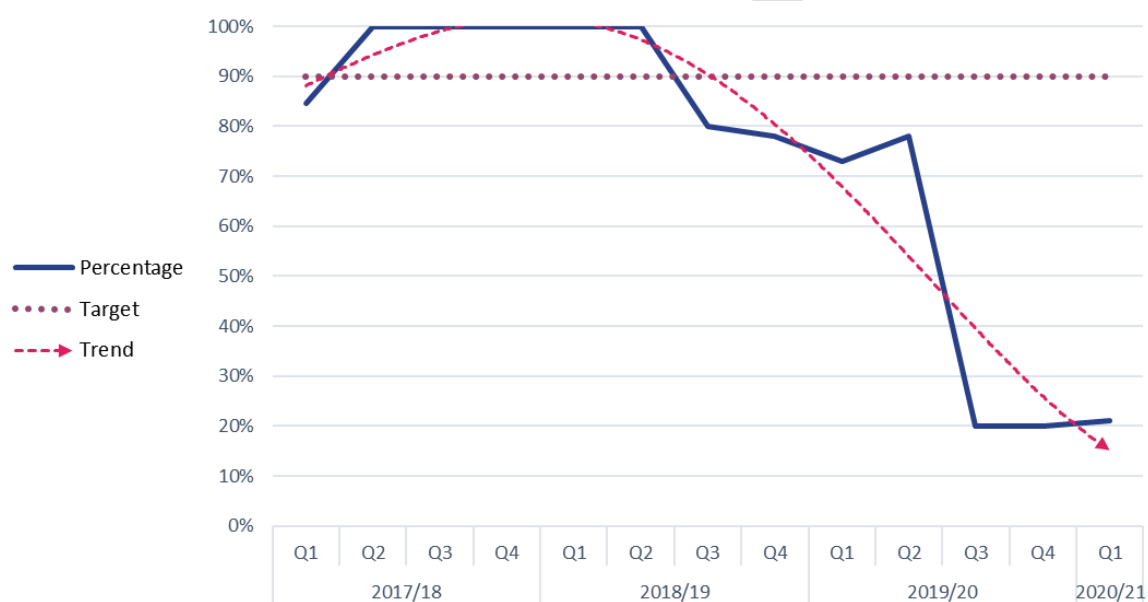
Indicator Trend	
This indicator has seen a dramatic decrease in the past three quarters after hovering at 20%, well below target.	
Scotland Trend	Unavailable
Peer Group	Unavailable
Last Reported	August 2020 for Quarter 1 2020/21 data
Next Update Due	November 2020 for Quarter 2 data
Source	Health Intelligence

10. STAFF MANAGEMENT

| Trend Analysis |
|---|
| Prior to the COVID-19 pandemic absence figures within HSCM have been outside of target, particularly within the council. NHSG had hit target two quarters in a row, the most recent data has the absence rate at 4.7% against a target of 4.0% |
| **Operational Actions and Maintenance** |
| Currently there are no actions underway to address this. |
| **Action Timescales** |
| No timescales set currently. |

SM-01: NHS SICKNESS ABSENCE % OF HOURS LOST

Purpose	Attendance at work of all employees is essential in the interests of the effective and efficient operation of services.				
Strategic Priority	1: BUILDING RESILIENCE	**Linked Indicator(s)**	SM-02		
National Health & Wellbeing Outcome		8			

Target (+10%)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	Q4 (Jan-Mar 20)	Q1 (Apr-Jun 20)
4%	**3.8%**	**3.9%**	**3.8%**	**4.7%**	No Data	**No Data**

Figure 10 - NHS Sickness Absence % of Hours Lost
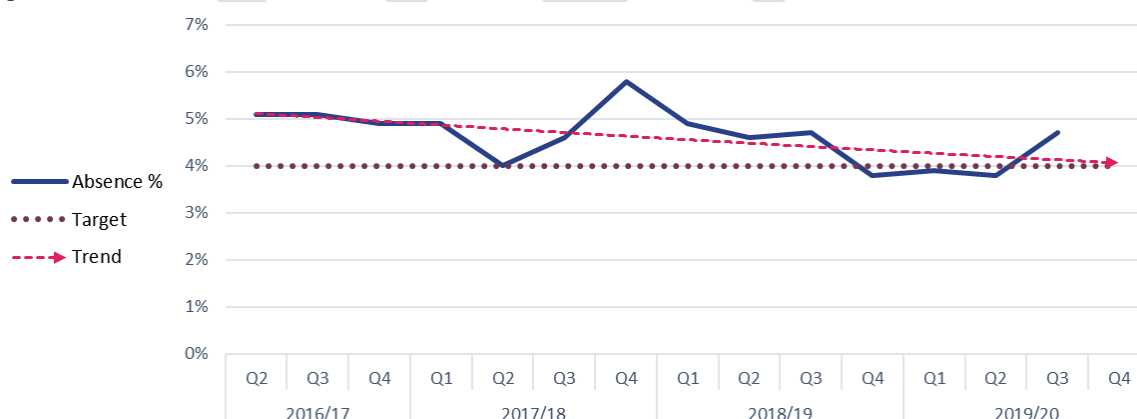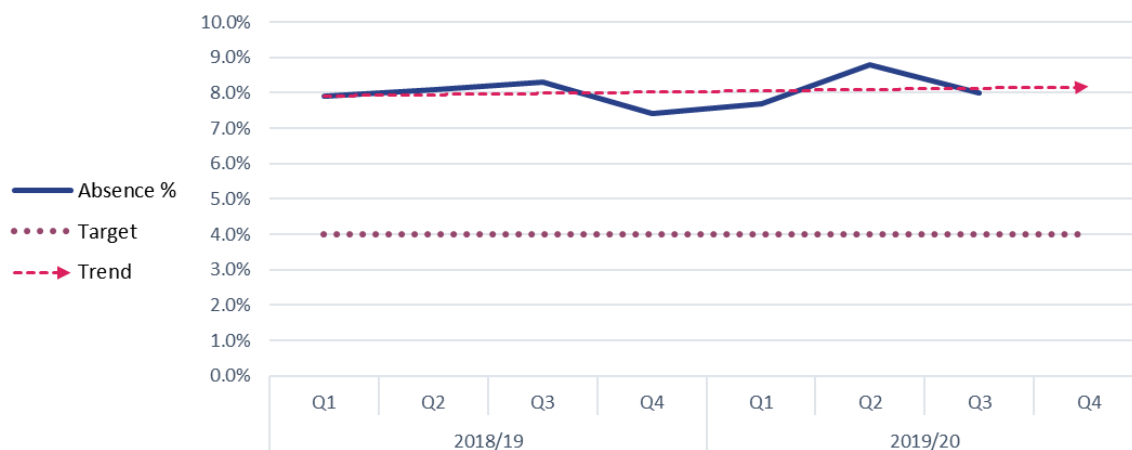
Indicator Trend
Despite an increase in quarter 3 there is still a decreasing trend in this indicator.

Scotland Trend	Unknown
Peer Group	Unknown
Last Reported	July 2020 (Quarter 4 2020/21)
Next Update Due	September 2020 for Quarter 1 and 2 data
Source	Health Intelligence

SM-02: COUNCIL SICKNESS ABSENCE (% OF CALENDAR DAYS LOST)

Purpose	Attendance at work of all employees is essential in the interests of the effective and efficient operation of services.					
Strategic Priority	1: BUILDING RESILIENCE		**Linked Indicator(s)**		SM-01	
National Health & Wellbeing Outcome			1, 2, 3, 5			
Target	**Q4 (Jan-Mar 19)**	**Q1 (Apr-Jun 19)**	**Q2 (Jul-Sep 19)**	**Q3 (Oct-Dec 19)**	**Q4 (Jan-Mar 20)**	**Q1 (Apr-Jun 20)**
For Info	**7.4%**	**7.7%**	**8.8%**	**8.0%**	**No Data**	**No Data**

Figure 11 - Council Sickness Absence (% of Calendar Days Lost)

Indicator Trend	
This indicator remains well above target and even though there was a decrease in quarter 3 the trend is still an increasing one.	
Scotland Trend	Unknown
Peer Group	Unknown
Period Last Reported	July 2020 (Quarter 4 2020/21)
Next Update Due	September 2020 for Quarter 1 and 2 data
Source	Council HR

APPENDIX 1: KEY AND DATA DEFINITIONS

RAG SCORING CRITERIA

GREEN	If Moray is performing better than target.
AMBER	If Moray is performing worse than target but within specified tolerance.
RED	If Moray is performing worse than target but outside of specified tolerance.
▲ – ▼	Indicating the direction of the current trend.

PEER GROUP DEFINITION

Moray is defined as being in Peer Group 2 in the Local Government Benchmarking Framework

Family Group 1	**Family Group 2**	Family Group 3	Family Group 4
East Renfrewshire	**Moray**	Falkirk	Eilean Siar
East Dunbartonshire	**Stirling**	Dumfries & Galloway	Dundee City
Aberdeenshire	**East Lothian**	Fife	East Ayrshire
Edinburgh, City of	**Angus**	South Ayrshire	North Ayrshire
Perth & Kinross	**Scottish Borders**	West Lothian	North Lanarkshire
Aberdeen City	**Highland**	South Lanarkshire	Inverclyde
Shetland Islands	**Argyll & Bute**	Renfrewshire	West Dunbartonshire
Orkney Islands	**Midlothian**	Clackmannanshire	Glasgow City

APPENDIX 2: STRATEGIC PRIORITIES

1. THE HEALTH AND SOCIAL CARE STRATEGY AT A GLANCE

WE ARE PARTNERS IN CARE

OUR VISION: "We come together as equal and valued partners in care to achieve the best health and wellbeing possible for everyone in Moray throughout their lives."

OUR VALUES: Dignity and respect; person-centred; care and compassion; safe, effective and responsive

OUTCOMES: Lives are healthier – People live more independently – Experiences of services are positive – Quality of life is improved – Health inequalities are reduced – Carers are supported – People are safe – The workforce continually improves – Resources are used effectively and efficiently

THEME 1: BUILDING RESILIENCE - Taking greater responsibility for our health and wellbeing

THEME 2: HOME FIRST - Being supported at home or in a homely setting as far as possible

THEME 3: PARTNERS IN CARE - Making choices and taking control over decisions affecting our care and support

TRANSFORMATION (DELIVERY) PLAN supported by enablers:

- Medium Term Financial Plan
- Performance Framework
- Locality Plans
- Existing strategies
- Infrastructure Planning
- Housing Contribution
- Organisational Development and Workforce Plan
- Communication & Engagement Framework

APPENDIX 3: NATIONAL HEALTH AND WELLBEING OUTCOMES

1 - PEOPLE ARE ABLE TO LOOK AFTER AND IMPROVE THEIR OWN HEALTH AND WELLBEING AND LIVE IN GOOD HEALTH FOR LONGER.

2 - PEOPLE, INCLUDING THOSE WITH DISABILITIES OR LONG-TERM CONDITIONS, OR WHO ARE FRAIL; ARE ABLE TO LIVE, AS FAR AS REASONABLY PRACTICABLE, INDEPENDENTLY AT HOME OR IN A HOMELY SETTING IN THEIR COMMUNITY.

3 - PEOPLE WHO USE HEALTH AND SOCIAL CARE SERVICES HAVE POSITIVE EXPERIENCES OF THOSE SERVICES, AND HAVE THEIR DIGNITY RESPECTED.

4 - HEALTH AND SOCIAL CARE SERVICES ARE CENTRED ON HELPING TO MAINTAIN OR IMPROVE THE QUALITY OF LIFE OF PEOPLE WHO USE THOSE SERVICES.

5 - HEALTH AND SOCIAL CARE SERVICES CONTRIBUTE TO REDUCING HEALTH INEQUALITIES.

6 - PEOPLE WHO PROVIDE UNPAID CARE ARE SUPPORTED TO LOOK AFTER THEIR OWN HEALTH AND WELLBEING, INCLUDING TO REDUCE ANY NEGATIVE IMPACT OF THEIR CARING ROLE ON THEIR OWN HEALTH AND WELLBEING.

7 - PEOPLE USING HEALTH AND SOCIAL CARE SERVICES ARE SAFE FROM HARM.

8 - PEOPLE WHO WORK IN HEALTH AND SOCIAL CARE SERVICES FEEL ENGAGED WITH THE WORK THEY DO AND ARE SUPPORTED TO CONTINUOUSLY IMPROVE THE INFORMATION, SUPPORT, CARE, AND TREATMENT THEY PROVIDE.

9 - RESOURCES ARE USED EFFECTIVELY AND EFFICIENTLY IN THE PROVISION OF HEALTH AND SOCIAL CARE SERVICES.