



PERFORMANCE REPORT

QUARTER 3 2019/20

(1ST OCTOBER 2019 - 31ST DECEMBER 2019)

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DRAFT

2. PERFORMANCE SUMMARY

COMMENTARY

Seven of the indicators are green, 2 are amber and 8 indicators are showing as red. (Data for the summaries below are from the old layout and are here for illustrative purposes only. This will be updated to include the new Indicators and to be more readable)

DELAYED DISCHARGE - RED

The number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population and the Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter) have both increased this quarter (Further analysis and actions are addressed in a separate Delayed Discharges report being presented at this meeting).

EMERGENCY ADMISSIONS - GREEN

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ACCIDENT AND EMERGENCY - RED

A&E Attendance rates per 1000 population (All Ages) – An expected seasonal reduction in this measure did not occur and the rate of A&E attendances are at their highest since 2015/16 and on an increasing trend.

As reported last quarter a small percentage of attendances were recorded as inappropriate and were redirected. There is still an encouraging downward trend in the number of attendances whose conditions are not true accidents or emergencies, but they still make up one fifth of all attendances and the need to educate people of the help that can be provided by other professions such as pharmacies, opticians, dentists etc is subject to ongoing promotion by NHS Grampian through their “know who to turn to” communications.

HOSPITAL READMISSIONS - AMBER

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UNMET NEED - GREEN

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OUTSTANDING ASSESSMENTS - GREEN

MENTAL HEALTH - RED

Referrals into secondary care are being reviewed and active management of waiting lists is taking place. The primary care service has closed their waiting lists meantime until the position on funding is clarified. The withdrawal of admin support to the psychological primary care team has resulted in inaccurate data reporting as clinical staff are having to prioritise seeing patients over data entry. Psychotherapy has continued to adhere to the 18 week target for seeing patients.

NHS Sickness Absence (% of hours lost) AND L21 - Council Sickness Absence (% of Calendar Days Lost) – Both sickness absence rates were above target in quarter 3. Actions underway to address these are presented in a separate report to this committee.

INDICATOR SUMMARY

Moray currently has 17 local indicators of which 15 are reported quarterly up to the last period, one that is reported one quarter behind and another that is reported yearly. Of these 17,

Figure 2-a

ID.	Indicator Description	Source	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	Target	RAG Status
L07	Rate of emergency occupied bed days for over 65s per 1000 population	NHS	2344	2274	2117	2097	2112	2360	G▲
L08	Emergency Admissions rate per 1000 population for over 65s	NHS - PMS	187	182	177	179	184	193	G▲
L09	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	NHS - PMS	130	127	123	123	126	125	AA
L10	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population	NHS	41	37	31	26	39	-	RA
L11	Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter)	NHS	35	32	26	25	32	25*	RA
L12	A&E Attendance rates per 1000 population (All Ages)	NHS	58.0	59.4	63.5	64.9	69.1	-	RA
L13	A&E Percentage of people seen within 4 hours, within community hospitals	NHS	100.0% (564)	100% (563)	100% (647)	100% (673)	100% (537)	98%	G -
L14	Percentage of new dementia diagnoses who receive 1 year post-diagnostic support	ISD	Reported Annually	94.9% (2014/15)	90.7% (2015/16)	66.7% (2016/17)	96.5% (2017/18)	70%	G▲
L15	Smoking cessation in 40% most deprived communities after 12 weeks	NHS	30	35	25	16	Q2 is most recent, this indicator is always a quarter behind	-	R▼
L16	Percentage of clients receiving alcohol treatment within 3 weeks of referral	NHS	100.0%	100.0%	100.0%	100.0%	97.6%	90%	G▼
L17	Percentage of clients receiving drug treatment within 3 weeks of referral	NHS	100%	100.0%	100.0%	100.0%	100.0%	90%	G -
L18	Number of Alcohol Brief Interventions being delivered (includes ABIs in priority and wider settings where data can be aligned to HSCP)	NHS	166	125	147	171	113	259	R▼
L19A	Number of complaints received and % responded to within 20 working days - NHS	NHS	50.0% (18)	54.2% (24)	33% (12)	31%(16)	36% (11)	-	RA
L19B	Number of complaints received and % responded to within 20 working days - Council	SW	100% (6)	100% (3)	100% (5)	75%(8)	100% (3)	-	G▲
L20	NHS Sickness Absence % of Hours Lost	NHS	4.7%	3.8%	3.9%	3.8%	4.7%	4.0%	AA
L21	Council Sickness Absence (% of Calendar Days Lost)*	SW	8.3%	7.4%	7.7%	8.8%	8.0%	4.0%	R▼
L41	Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral	NHS	80.0%	78.0%	73.0%	78.0%	20.0%	90%	R▼
* Target Amended to align with overall Moray Council and NHS Targets.									

INDICATOR TRENDS

The performance indicator overall trend is detailed below. Moray has 17 local indicators of which in quarter 3 there were only 7 marked as green, 2 were amber and 8 red. This is the highest number of red indicators reported since the current local indicators were implemented.

Figure 2-b

Summary of indicators

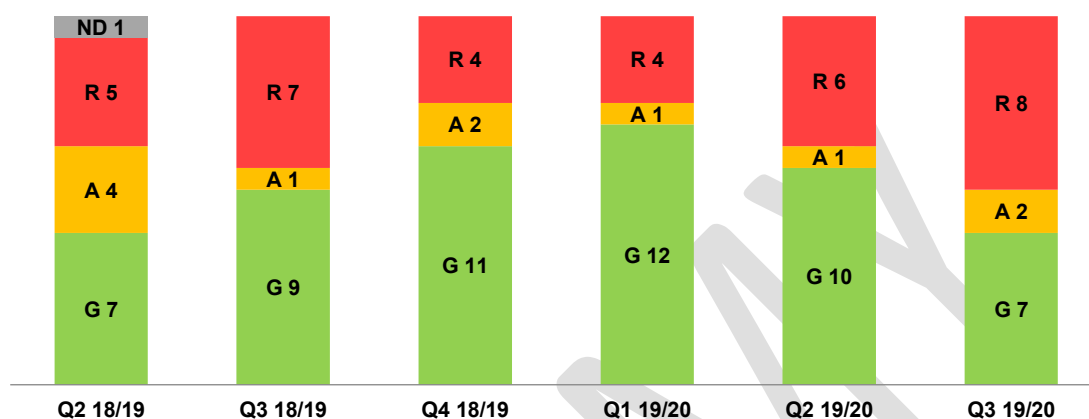


Figure 2-c

Figure 2-6

HSCM Indicator RAG over time									
ID.	Indicator Description	EPD*	Q1 (Apr-Jun 18)	Q2 (Jul-Sep 18)	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sept 19)	Q3 (Oct-Dec 19)
L07	Rate of emergency occupied bed days for over 65s per 1000 population	▼	A▼	A▼	G▼	G▼	G▼	G▼	G▲
L08	Emergency Admissions rate per 1000 population for over 65s	▼	G▼	G▲	G▼	G▼	G▼	G▲	G▲
L09	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	▼	A▼	RA	A -	A▼	G▼	G -	A▲
L10	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population	▼	RA	RA	G▼	G▼	G▼	G▼	RA
L11	Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter)	▼	RA	G -	G▼	G▼	G▼	G▼	RA
L12	A&E Attendance rates per 1000 population (All Ages)	▼	G▼	RA	G▼	A▲	RA	A▲	RA
L13	A&E Percentage of people seen within 4 hours, within community hospitals	▲	G -	G -	G -	G -	G -	G -	G -
L14	Percentage of new dementia diagnoses who receive 1 year post-diagnostic support	▲	ND	ND	ND	G - (2014/15)	G▼ (2015/16)	R▼ (2016/17)	G▲ (2017/18)
L15	Smoking cessation in 40% most deprived communities after 12 weeks	▲	R▼	G▲	R▼	G▲	G▲	R▼	R▼
L16	Percentage of clients receiving alcohol treatment within 3 weeks of referral	▲	G▲	G▼	G -	G -	G -	G -	G▼
L17	Percentage of clients receiving drug treatment within 3 weeks of referral	▲	G -	G▲	G -	G -	G -	G -	G -
L18	Number of Alcohol Brief Interventions being delivered	▲	R▼	R	R▼	R▼	RA	RA	R▼
L19A	Number of complaints received and % responded to within 20 working days - NHS	▲	G▲	R▼	R▼	G▲	R▼	RA	RA
L19B	Number of complaints received and % responded to within 20 working days - Council	▲	ND	G -	G -	G -	G -	R▼	G▲
L20	NHS Sickness Absence % of Hours Lost	▼	R▼	R▼	RA	G▼	G▲	G▼	A▲
L21	Council Sickness Absence (% of Calendar Days Lost)	▼	ND	ND	RA	R▼	A▲	RA	R▼
L41	Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral	▲	G▲	G▼	R▼	R▼	R▼	RA	R▼

* Expected Positive Direction

* Expected Positive Direction

3. DELAYED DISCHARGE

Trend Analysis

The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.

Operational Actions and Maintenance

HSCM are looking to take forward improvement initiatives and have looked at other boards who have been working with Healthcare Improvement Scotland. Leadership and culture also clearly can enable progress to focus on reducing the overall time people spend in hospital.

Following an operational performance meeting in April 2019 it was agreed a whole system approach is required to take these improvements further within the local Moray Alliance process. It is understood that several improvement initiatives are required and there is not one single improvement area.

Through discussions at Performance Management Group, a facilitated process mapping session was undertaken by a small group of practitioners from across the partnership (See Appendix 1 for the latest process map). They agreed that there should be further detailed work underpinned by a strong, collaborative, open and enabling leadership within a whole system approach and identified key improvement areas for further development as being :

- Continued focus on recruiting home care staff
- Early referral, home first and adults with capacity
- Focused work on first 36 hours of admission
- Discharge to assessment process
- Intermediate care
- Hospital from home

This formed the basis of a whole system workshop held on 23 July 2019 that had representatives from all services involved to identify the issues and potential solutions for Moray. A prioritised action plan will be collated from the outcomes of this session and actions will be undertaken by Moray Alliance.

Action Timescales

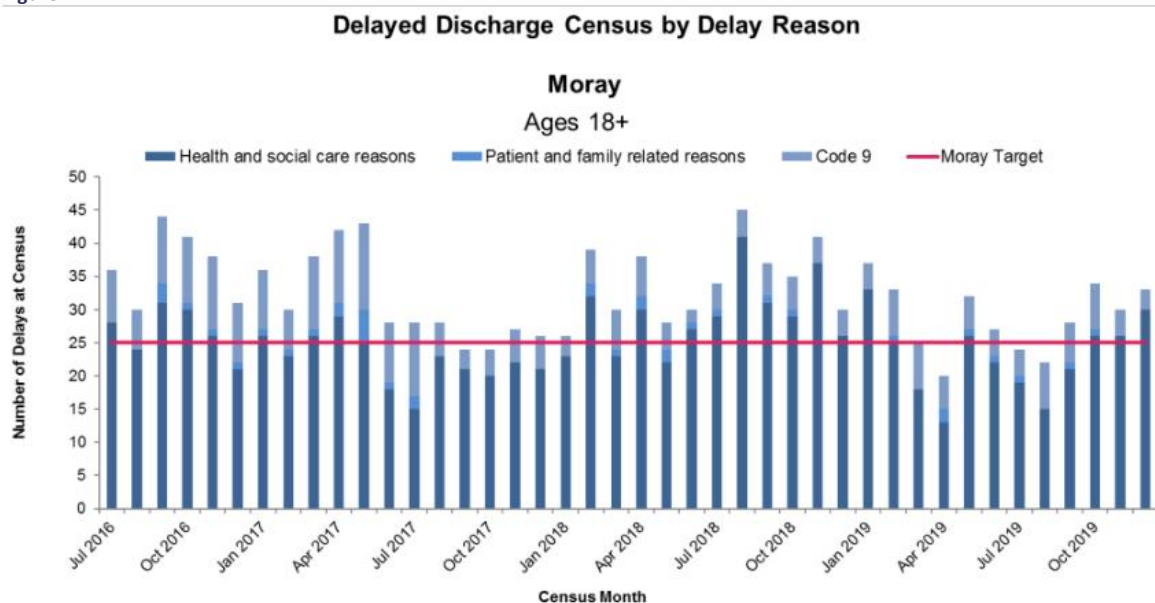
An update on the actions is to be presented to the APR at the March 2020 meeting.

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.	
Type of Indicator	Quantitative	Linked Indicator(s)	DD-02
Linked National Health & Wellbeing Outcome		2, 3, 5, 7	
Strategic Priority		2: HOME FIRST - Being supported at home or in a homely setting as far as possible	

HSCM Lead (s)		Sean Coady				
Target	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	RAG Status
25	35	32	26	25	32	R ▲

Figure 4



Indicator Trend

The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.

Scotland Trend Moray is performing worse than the Scottish Average of 25

Peer Group Moray is performing worse than most of its peer group

Data Frequency Monthly

Period Last Reported December 2019 (Quarter 3 2019/20)

Next Update Due March 2019 for Jan 2019 data

Source Health Intelligence

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.

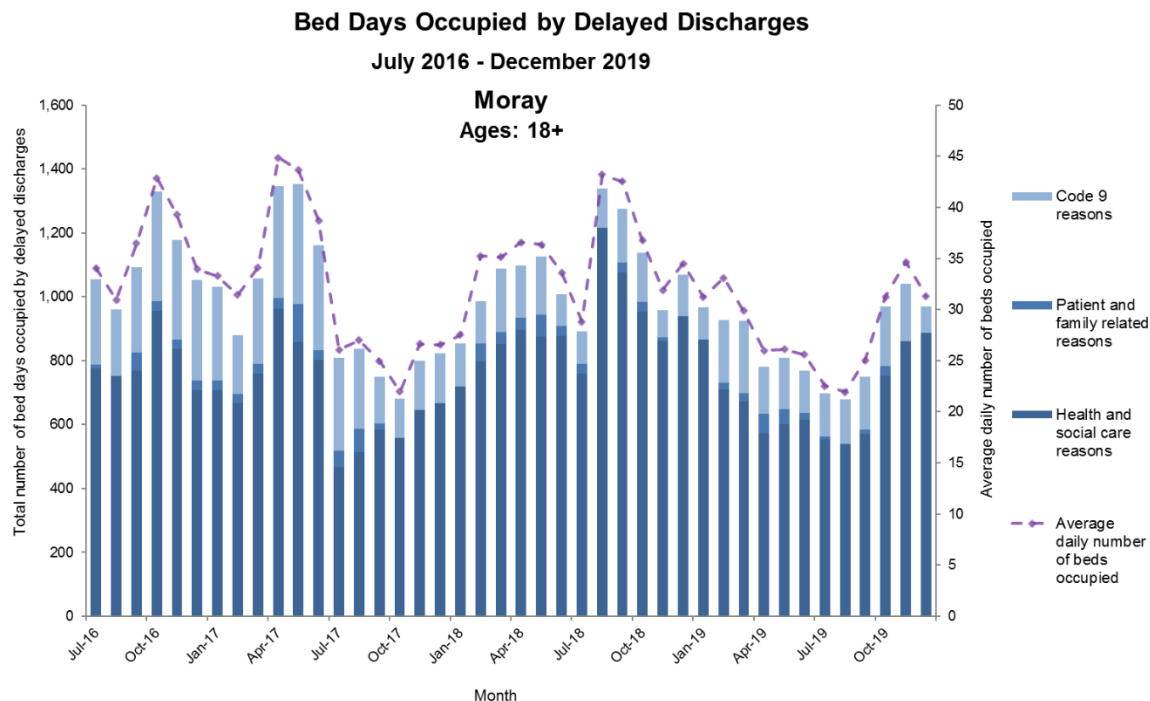
Type of Indicator Quantitative **Linked Indicator(s)** [DD-01](#)

Linked National Health & Wellbeing Outcome 2, 3, 5, 7

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

HSCM Lead (s)		Sean Coady				
Target	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	RAG Status
732	938	673	768	751	971	R ▲

Figure 5



Indicator Trend

The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.

Scotland Trend

Moray is performing worse than the Scottish Average of 25

Peer Group

Moray is performing worse than most of its peer group

Data Frequency

Monthly

Period Last Reported

December 2019 (Quarter 3 2019/20)

Next Update Due

March 2019 for Jan 2019 data

Source

Health Intelligence

4. EMERGENCY ADMISSIONS

Trend Analysis

As reported last quarter a small percentage of attendances were recorded as inappropriate and were redirected. There is still an encouraging downward trend in the number of attendances whose conditions are not true accidents or emergencies, but they still make up one fifth of all attendances and the need to educate people of the help that can be provided by other professions such as pharmacies, opticians, dentists etc is subject to ongoing promotion by NHS Grampian through their “know who to turn to” communications.

Monthly data over the past 5 years shows that since 2018 there has been a steady increase in the numbers attending the Emergency Department (ED) at Dr Gray's. This has been the case across all localities and the recent increase has been driven mainly by patients from Elgin and Speyside.

Operational Actions and Maintenance

The increase in 12 month rate per 100,000 population across Moray was 131 and Elgin and Speyside had increases in their rates of 157 and 174 respectively. This is a 12% increase in the rate per 100,000 of people from Speyside attending the ED in 2019 compared to 2018. While this issue has been highlighted in previous reports this recent increase warrants further investigation.

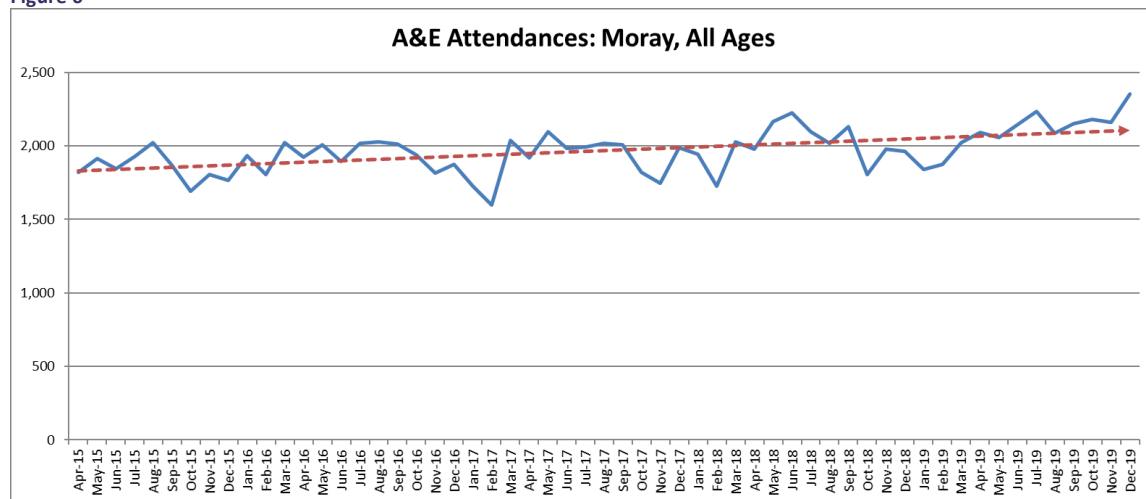
Action Timescales

An update on the actions is to be presented to the APR at the March 2020 meeting.

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 story when viewed together of whether emergency admissions and bed days are within tolerance and indicate where potential risks could arise.				
Type of Indicator	Quantitative		Linked Indicator(s)		EA-02, EA-03	
Linked National Health & Wellbeing Outcome		1, 2, 3, 5				
Strategic Priority		1: BUILDING RESILIENCE - Taking greater responsibility for our health and wellbeing				
HSCM Lead (s)		Sean Coady *Cross System*				
Target	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	RAG Status
For Info	2,085	2,149	2,182	2,161	2,354	Increasing

Figure 6



Indicator Trend

The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.

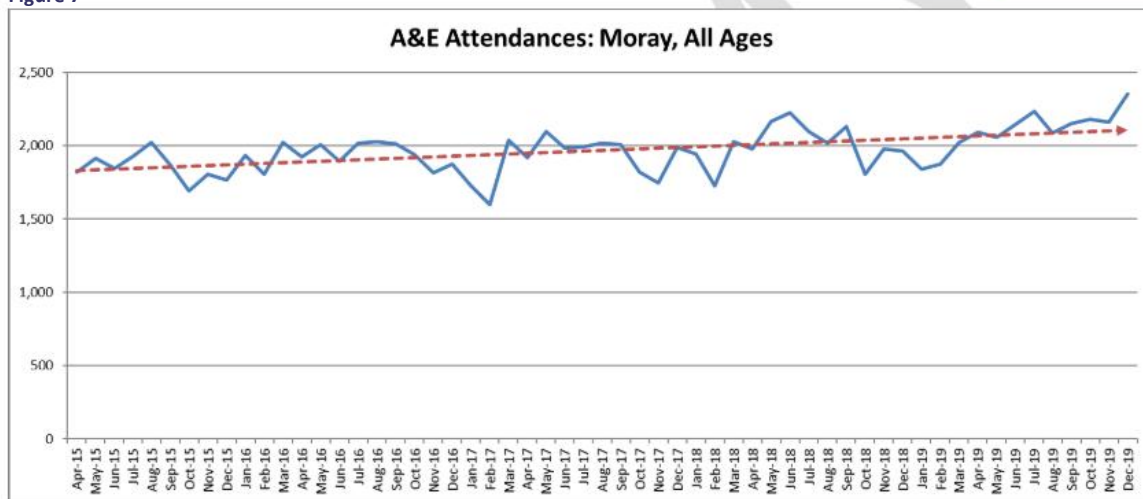
Scotland Trend	Moray is performing worse than the Scottish Average of 25
Peer Group	Moray is performing worse than most of its peer group
Data Frequency	Monthly
Period Last Reported	December 2019 (Quarter 3 2019/20)
Next Update Due	March 2019 for Jan 2019 data
Source	Health Intelligence

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.
----------------	--

Type of Indicator		Quantitative		Linked Indicator(s)		EA-01 , EA-03	
Linked National Health & Wellbeing Outcome		1, 2, 3, 5					
Strategic Priority		1: BUILDING RESILIENCE - Taking greater responsibility for our health and wellbeing					
HSCM Lead (s)		Sean Coady *Cross System*					
Target	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	RAG Status	
For Info	2,085	2,149	2,182	2,161	2,354	Increasing	

Figure 7



Indicator Trend

The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.

Scotland Trend	Moray is performing worse than the Scottish Average of 25
Peer Group	Moray is performing worse than most of its peer group
Data Frequency	Monthly
Period Last Reported	December 2019 (Quarter 3 2019/20)
Next Update Due	March 2019 for Jan 2019 data
Source	Health Intelligence

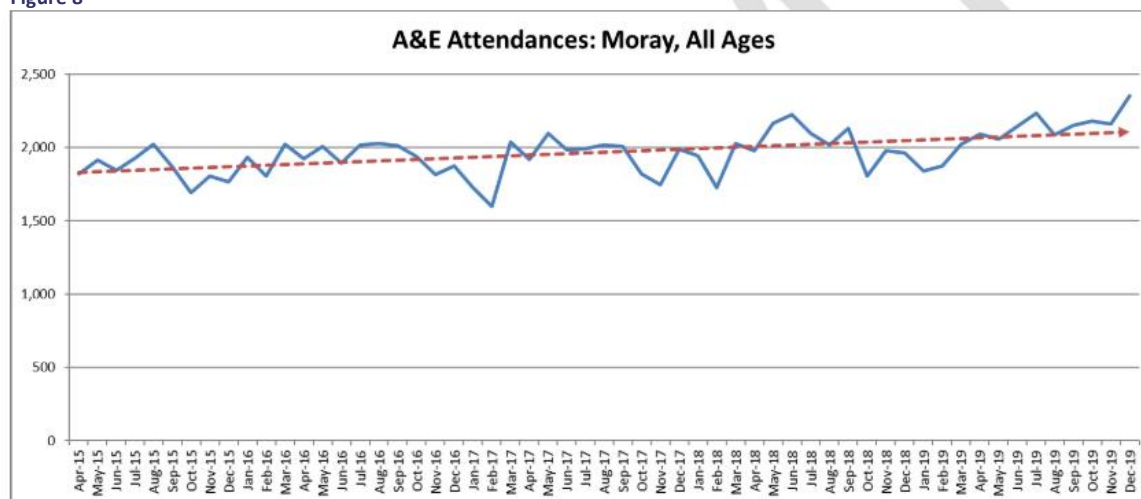
EA-03: NUMBER OF PEOPLE OVER 65 YEARS ADMITTED AS AN EMERGENCY IN THE PREVIOUS 12 MONTHS PER 1000 POPULATION

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.
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Type of Indicator	Quantitative	Linked Indicator(s)	EA-01 , EA-02
Linked National Health & Wellbeing Outcome	1, 2, 3, 5		
Strategic Priority	1: BUILDING RESILIENCE - Taking greater responsibility for our health and wellbeing		
HSCM Lead (s)	Sean Coady *Cross System*		

Target	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	RAG Status
For Info	2,085	2,149	2,182	2,161	2,354	Increasing

Figure 8



Indicator Trend

The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.

Scotland Trend	Moray is performing worse than the Scottish Average of 25
Peer Group	Moray is performing worse than most of its peer group
Data Frequency	Monthly
Period Last Reported	December 2019 (Quarter 3 2019/20)
Next Update Due	March 2019 for Jan 2019 data
Source	Health Intelligence

5. ACCIDENT AND EMERGENCY

Trend Analysis

The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.

Operational Actions and Maintenance

Through discussions at Performance Management Group, a facilitated process mapping session was undertaken by a small group of practitioners from across the partnership (See Appendix 1 for the latest process map). They agreed that there should be further detailed work underpinned by a strong, collaborative, open and enabling leadership within a whole system approach and identified key improvement areas for further development as being :

- Continued focus on recruiting home care staff
- Early referral, home first and adults with capacity
- Focused work on first 36 hours of admission
- Discharge to assessment process
- Intermediate care
- Hospital from home

This formed the basis of a whole system workshop held on 23 July 2019 that had representatives from all services involved to identify the issues and potential solutions for Moray. A prioritised action plan will be collated from the outcomes of this session and actions will be undertaken by Moray Alliance.

Action Timescales

An update on the actions is to be presented to the APR at the March 2020 meeting.

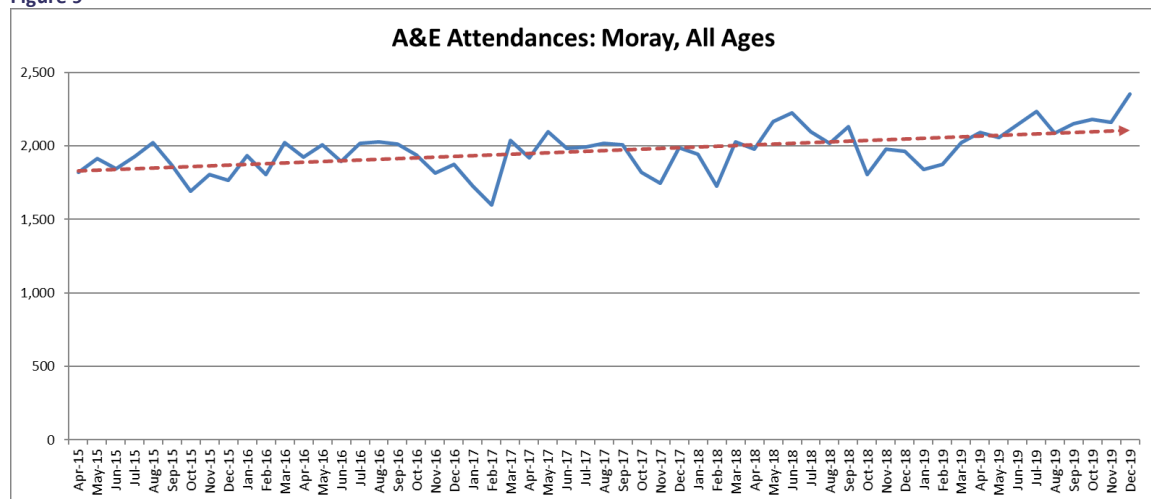
AE-01: A&E ATTENDANCE RATES PER 1000 POPULATION (ALL AGES)

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 A&E departments and target their responses.

Type of Indicator	Quantitative			Linked Indicator(s)		
Linked National Health & Wellbeing Outcome		1, 2, 3, 5				
Strategic Priority		1: BUILDING RESILIENCE - Taking greater responsibility for our health and wellbeing				
HSCM Lead (s)		Sean Coady *Cross System*				
Target	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	RAG Status
For Info	2,085	2,149	2,182	2,161	2,354	Increasing

Figure 9



Indicator Trend

The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.

Scotland Trend	Moray is performing worse than the Scottish Average of 25
Peer Group	Moray is performing worse than most of its peer group
Data Frequency	Monthly
Period Last Reported	December 2019 (Quarter 3 2019/20)
Next Update Due	March 2019 for Jan 2019 data
Source	Health Intelligence

6. HOSPITAL READMISSIONS

Trend Analysis

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Operational Actions and Maintenance

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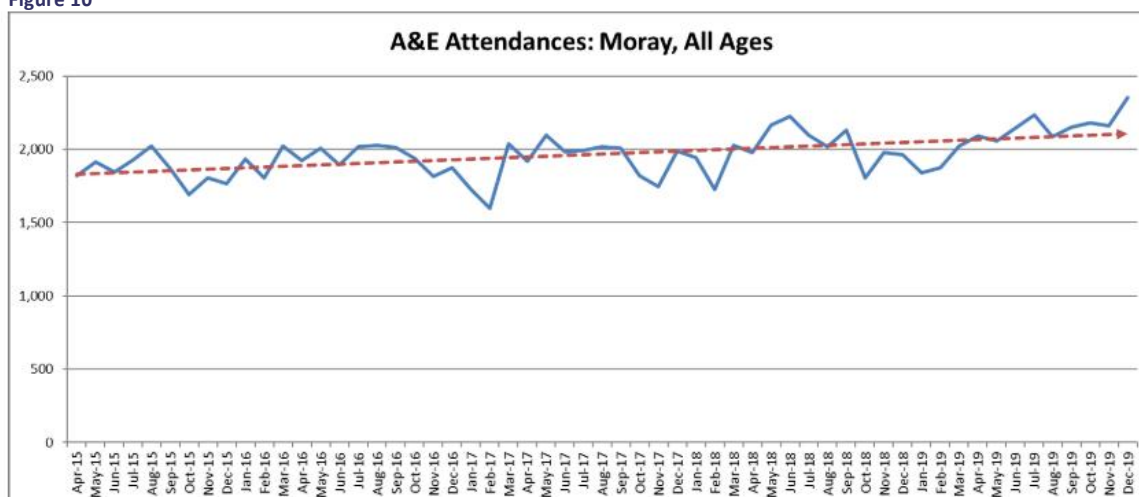
Action Timescales

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HR-01: READMISSION TO HOSPITAL WITHIN 28 DAYS (PER 1,000 POPULATION)

Purpose		Readmissions are often undesirable for patients, and they can be a burden for resource-stretched NHS hospitals. Importantly, readmissions 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.				
Type of Indicator	Quantitative		Linked Indicator(s)		HR-02	
Linked National Health & Wellbeing Outcome		1, 2, 3, 5				
Strategic Priority		1: BUILDING RESILIENCE - Taking greater responsibility for our health and wellbeing				
HSCM Lead (s)		Sean Coady *Cross System*				
Target	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	RAG Status
For Info	2,085	2,149	2,182	2,161	2,354	Increasing

Figure 10



Indicator Trend

The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.

Scotland Trend

Moray is performing worse than the Scottish Average of 25

Peer Group

Moray is performing worse than most of its peer group

Data Frequency

Monthly

Period Last Reported

December 2019 (Quarter 3 2019/20)

Next Update Due

March 2019 for Jan 2019 data

Source

Health Intelligence

HR-02: READMISSION TO HOSPITAL WITHIN 7 DAYS (PER 1,000 POPULATION)

Purpose

Readmissions are often undesirable for patients, and they can be a burden for resource-stretched NHS hospitals. Importantly, readmissions 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.

Type of Indicator

Quantitative

Linked Indicator(s)

[HR-01](#)

Linked National Health & Wellbeing Outcome

1, 2, 3, 5

Strategic Priority

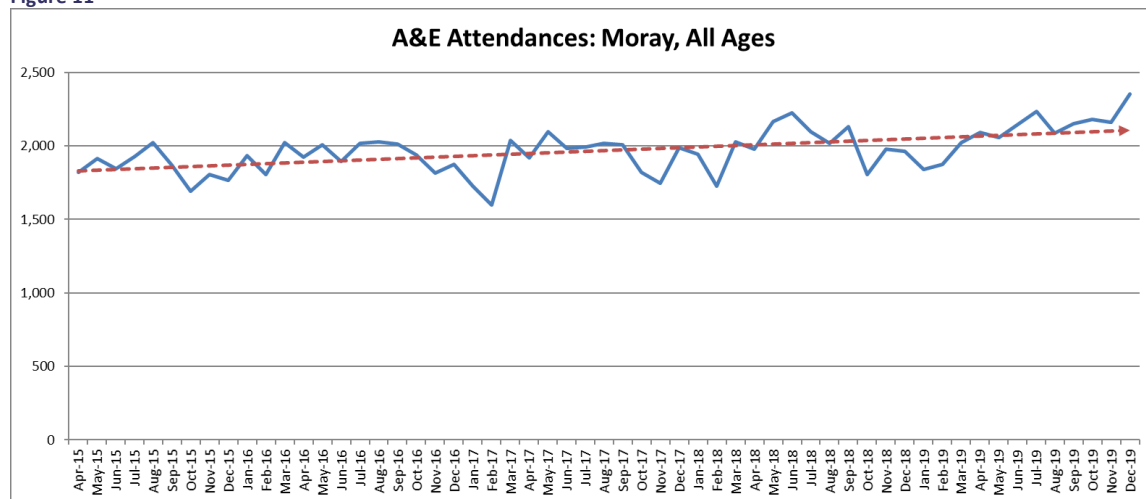
1: BUILDING RESILIENCE - Taking greater responsibility for our health and wellbeing

HSCM Lead (s)

Sean Coady *Cross System*

Target	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	RAG Status
For Info	2,085	2,149	2,182	2,161	2,354	Increasing

Figure 11



Indicator Trend

The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.

Scotland Trend	Moray is performing worse than the Scottish Average of 25
Peer Group	Moray is performing worse than most of its peer group
Data Frequency	Monthly
Period Last Reported	December 2019 (Quarter 3 2019/20)
Next Update Due	March 2019 for Jan 2019 data
Source	Health Intelligence

7. UNMET NEED

Trend Analysis

The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.

Operational Actions and Maintenance

HSCM are looking to take forward improvement initiatives and have looked at other boards who have been working with Healthcare Improvement Scotland. Leadership and culture also clearly can enable progress to focus on reducing the overall time people spend in hospital.

Following an operational performance meeting in April 2019 it was agreed a whole system approach is required to take these improvements further within the local Moray Alliance process. It is understood that several improvement initiatives are required and there is not one single improvement area.

Action Timescales

An update on the actions is to be presented to the APR at the March 2020 meeting.

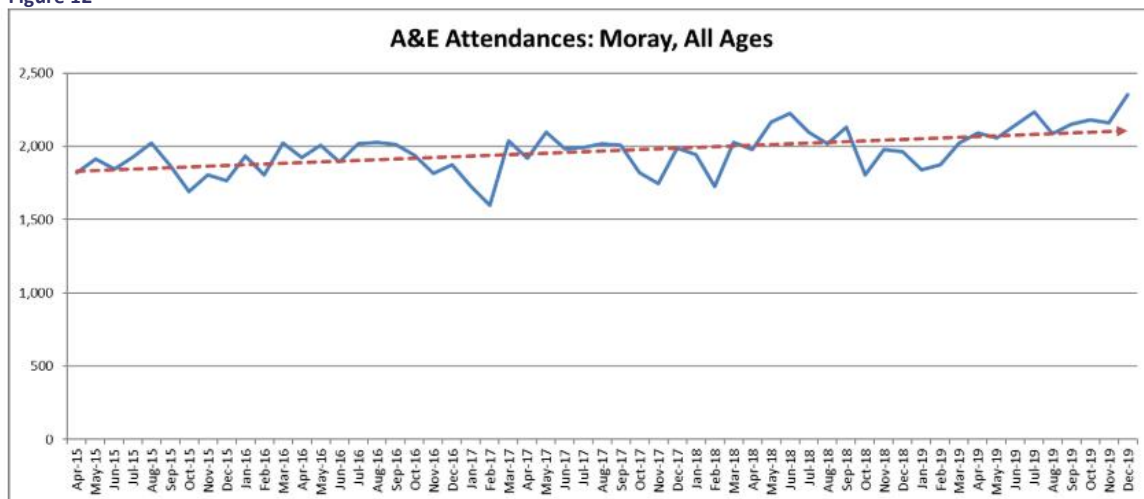
UN-01: NUMBER OF LONG TERM HOME CARE HOURS UNMET AT WEEKLY SNAPSHOT

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.

Type of Indicator	Quantitative		Linked Indicator(s)		UN-02	
Linked National Health & Wellbeing Outcome		1, 2, 3, 5				
Strategic Priority		1: BUILDING RESILIENCE - Taking greater responsibility for our health and wellbeing				
HSCM Lead (s)		Sean Coady *Cross System*				
Target	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	RAG Status
For Info	2,085	2,149	2,182	2,161	2,354	Increasing

Figure 12



Indicator Trend

The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.

Scotland Trend Moray is performing worse than the Scottish Average of 25

Peer Group Moray is performing worse than most of its peer group

Data Frequency Monthly

Period Last Reported December 2019 (Quarter 3 2019/20)

Next Update Due March 2019 for Jan 2019 data

Source Health Intelligence

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.

Type of Indicator Quantitative **Linked Indicator(s)** [UN-01](#)

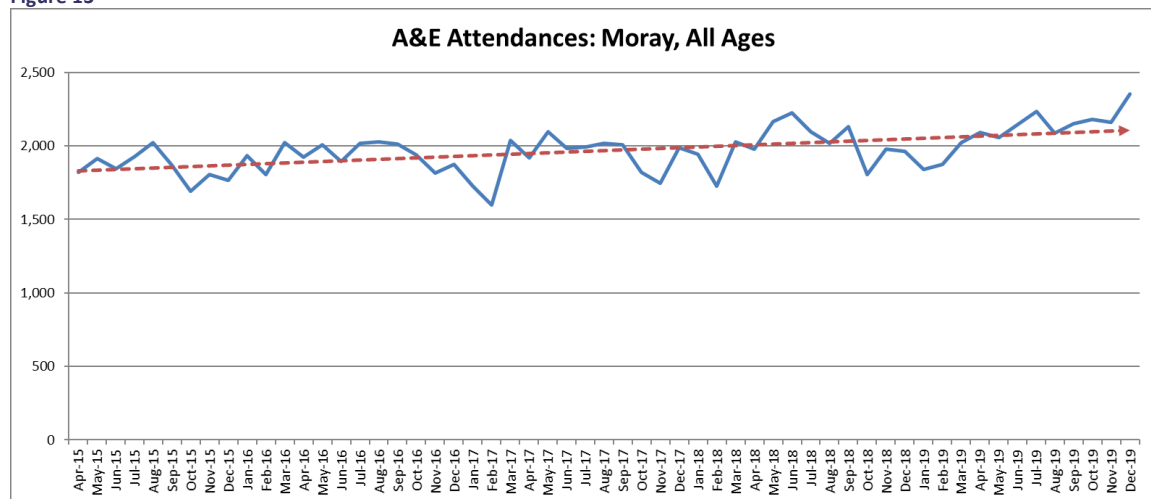
Linked National Health & Wellbeing Outcome 1, 2, 3, 5

Strategic Priority **1: BUILDING RESILIENCE** - Taking greater responsibility for our health and wellbeing

HSCM Lead (s) Sean Coady *Cross System*

Target	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	RAG Status
For Info	2,085	2,149	2,182	2,161	2,354	Increasing

Figure 13



Indicator Trend

The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.

Scotland Trend	Moray is performing worse than the Scottish Average of 25
Peer Group	Moray is performing worse than most of its peer group
Data Frequency	Monthly
Period Last Reported	December 2019 (Quarter 3 2019/20)
Next Update Due	March 2019 for Jan 2019 data
Source	Health Intelligence

8. OUTSTANDING ASSESSMENTS

Trend Analysis

The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.

Operational Actions and Maintenance

HSCM are looking to take forward improvement initiatives and have looked at other boards who have been working with Healthcare Improvement Scotland. Leadership and culture also clearly can enable progress to focus on reducing the overall time people spend in hospital.

Following an operational performance meeting in April 2019 it was agreed a whole system approach is required to take these improvements further within the local Moray Alliance process. It is understood that several improvement initiatives are required and there is not one single improvement area.

Action Timescales

An update on the actions is to be presented to the APR at the March 2020 meeting.

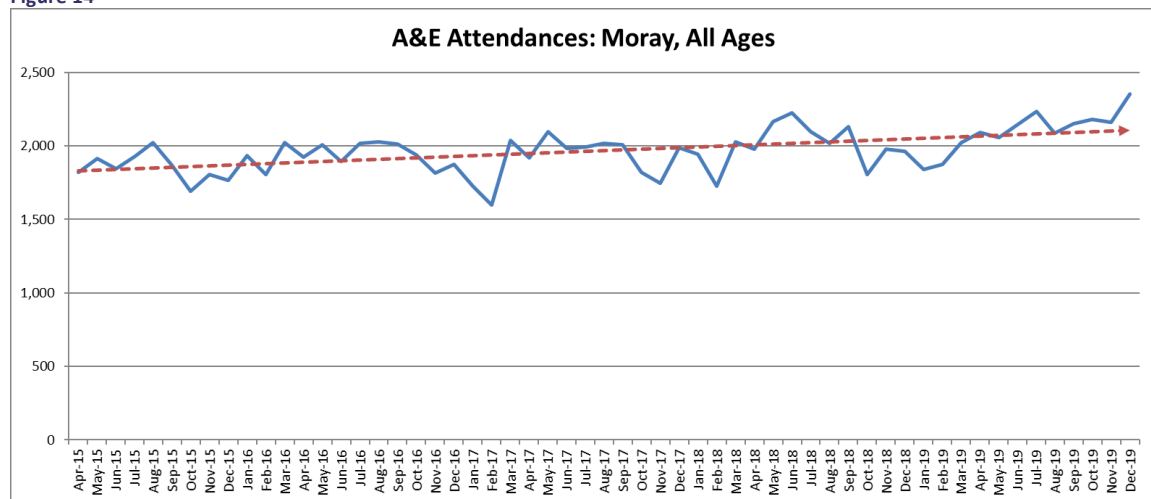
OA-01: NUMBER OF OUTSTANDING ASSESSMENTS (COMMUNITY CARE REVIEWS, SUPPORT PLANS...)

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 primary and acute services.

Type of Indicator	Quantitative		Linked Indicator(s)			
Linked National Health & Wellbeing Outcome		1, 2, 3, 5				
Strategic Priority		3: PARTNERS IN CARE - Making choices and taking control over decisions affecting our care and support				
HSCM Lead (s)		Sean Coady *Cross System*				
Target	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	RAG Status
For Info	2,085	2,149	2,182	2,161	2,354	Increasing

Figure 14



Indicator Trend

The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.

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Peer Group	Moray is performing worse than most of its peer group
Data Frequency	Monthly
Period Last Reported	December 2019 (Quarter 3 2019/20)
Next Update Due	March 2019 for Jan 2019 data
Source	Health Intelligence

9. MENTAL HEALTH

Trend Analysis

The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.

Operational Actions and Maintenance

HSCM are looking to take forward improvement initiatives and have looked at other boards who have been working with Healthcare Improvement Scotland. Leadership and culture also clearly can enable progress to focus on reducing the overall time people spend in hospital.

Following an operational performance meeting in April 2019 it was agreed a whole system approach is required to take these improvements further within the local Moray Alliance process. It is understood that several improvement initiatives are required and there is not one single improvement area.

Action Timescales

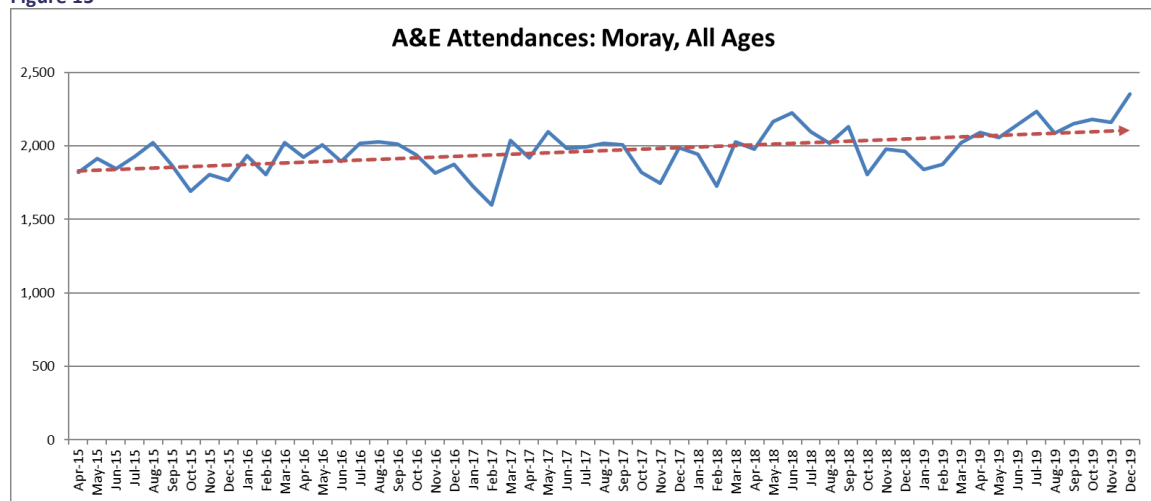
An update on the actions is to be presented to the APR at the March 2020 meeting.

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.
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Type of Indicator	Quantitative	Linked Indicator(s)				
Linked National Health & Wellbeing Outcome	1, 2, 3, 5					
Strategic Priority	1: BUILDING RESILIENCE - Taking greater responsibility for our health and wellbeing					
HSCM Lead (s)	Sean Coady *Cross System*					
Target	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	RAG Status
For Info	2,085	2,149	2,182	2,161	2,354	Increasing

Figure 15



Indicator Trend

The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.

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Peer Group	Moray is performing worse than most of its peer group
Data Frequency	Monthly
Period Last Reported	December 2019 (Quarter 3 2019/20)
Next Update Due	March 2019 for Jan 2019 data
Source	Health Intelligence

10. STAFF MANAGEMENT

Trend Analysis

The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.

Operational Actions and Maintenance

HSCM are looking to take forward improvement initiatives and have looked at other boards who have been working with Healthcare Improvement Scotland. Leadership and culture also clearly can enable progress to focus on reducing the overall time people spend in hospital.

Following an operational performance meeting in April 2019 it was agreed a whole system approach is required to take these improvements further within the local Moray Alliance process. It is understood that several improvement initiatives are required and there is not one single improvement area.

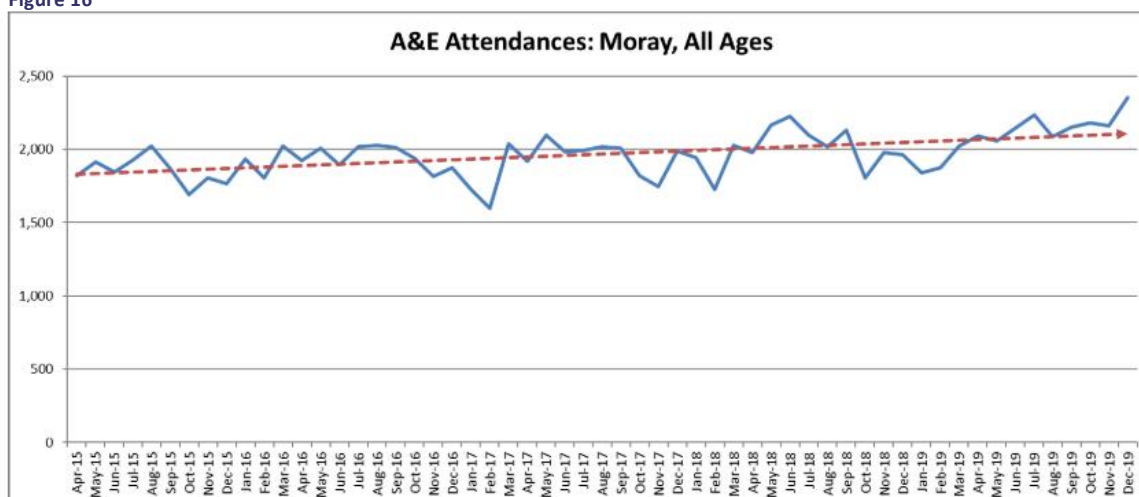
Action Timescales

An update on the actions is to be presented to the APR at the March 2020 meeting.

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.				
Type of Indicator	Quantitative		Linked Indicator(s)		SM-02	
Linked National Health & Wellbeing Outcome		8				
Strategic Priority		1: BUILDING RESILIENCE - Taking greater responsibility for our health and wellbeing				
HSCM Lead (s)		Sean Coady *Cross System*				
Target	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	RAG Status
For Info	2.085	2,149	2.182	2.161	2,354	Increasing

Figure 16



Indicator Trend

The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.

Scotland Trend

Moray is performing worse than the Scottish Average of 25

Peer Group

Moray is performing worse than most of its peer group

Data Frequency

Monthly

Period Last Reported

December 2019 (Quarter 3 2019/20)

Next Update Due

March 2019 for Jan 2019 data

Source

Health Intelligence

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

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 A&E departments and target their responses.

Type of Indicator

Quantitative

Linked Indicator(s)

[SM-01](#)

Linked National Health & Wellbeing Outcome

1, 2, 3, 5

Strategic Priority

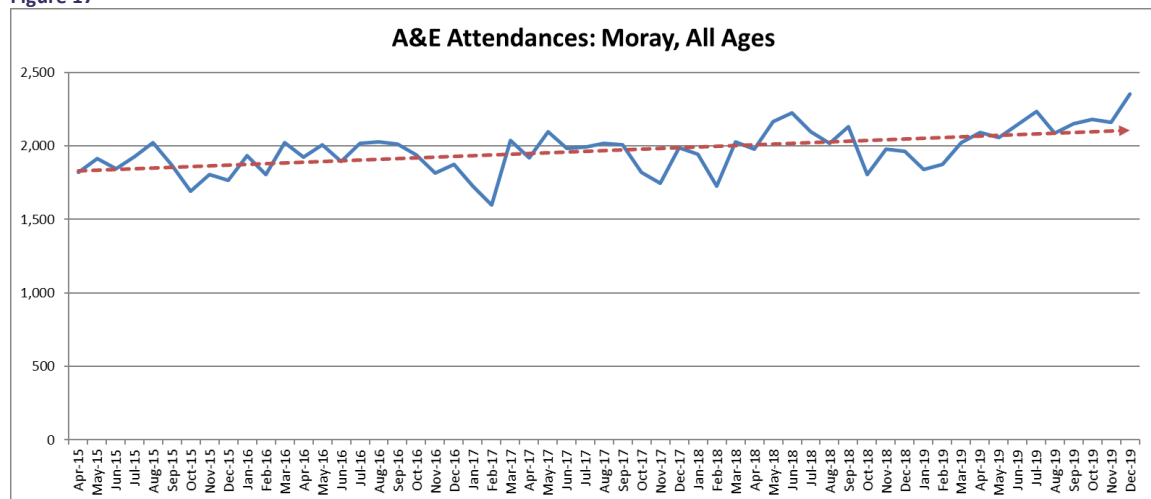
1: BUILDING RESILIENCE - Taking greater responsibility for our health and wellbeing

HSCM Lead (s)

Sean Coady *Cross System*

Target	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	RAG Status
For Info	2,085	2,149	2,182	2,161	2,354	Increasing

Figure 17



Indicator Trend

The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.

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Peer Group	Moray is performing worse than most of its peer group
Data Frequency	Monthly
Period Last Reported	December 2019 (Quarter 3 2019/20)
Next Update Due	March 2019 for Jan 2019 data
Source	Health Intelligence

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

Insert excerpt from the final Strategy

DRAFT

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 WELL-BEING.

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.