Appendix 1

HEALTH & SOCIAL CARE MORAY

PERFORMANCE REPORT - SUPPORTING CHARTS

QUARTER 4 2022/23

(1 JANUARY 2023 – 31 MARCH 2023)

NHS Grampian

moray council

1. TABLE OF CONTENTS

1. PERFORMANCE SUMMARY

BAROMETER OVERVIEW

Moray currently has **11 local indicators**. Of these **3 are Green, 2 are Amber** and **6 are Red**.

Figure 1 - Performance Summary

Health and Social Care Moray Performance Report									
Code	Barometer (Indicator)	Q4 2122 Jan-Mar	Q1 2223 Apr-Jun	Q2 2223 Jul-Sep	Q3 2223 Oct-Dec	Q4 2223 Jan-Mar	New Target (from Q1 2122)	Previous Target from Q1 2021 or earlie	RAG
AE-01	A&E Attendance rate per 1000 population (All Ages)	20.0	24.3	24.0	22.6	20.6	no change	21.7	G
DD	**Delayed Discharges**								
DD-01*	Number of delayed discharges (including code 9) at census point	46	46	47	29	26	no change	10	R
DD-02	Number of bed days occupied by delayed discharges (including code 9) at census point	1294	1207	1197	1063	751	no change	304	R
EA	**Emergency Admissions**								
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	2140	2320	2469	2547	2749	2037	2107	R
EA-02	Emergency admission rate per 1000 population for over 65s	183.0	177.5	172.4	173.3	185.8	179.9	179.8	A
EA-03	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	125.2	122	118.6	117.4	129.2	123.4	124.6	A
HR	**Hospital Readmissions**								
HR-01	% Emergency readmissions to hospital within 7 days of discharge	3.4%	4.3%	3.0%	3.8%	3.6%	no change	4.2%	G
HR-02	% Emergency readmissions to hospital within 28 days of discharge	8.0%	8.3%	6.7%	8.0%	7.5%	no change	8.4%	G
MH	**Mental Health**								
MH-01	% of patients commencing Psychological Therapy Treatment within 18 weeks of referral	33%	27%	33%	79%	73.0%	no change	90%	R
SM	**Staff Management**								
SM-01	NHS Sickness Absence (% of hours lost)	4.2%	5.0%	5.1%	5.6%	5.9%	no change	4%	R
SM-02	Moray Council Sickness Absence (% of hours lost)	9.0%	8.9%	5.2%	8.3%	9.7%	no change	4%	R

2. DELAYED DISCHARGE - RED

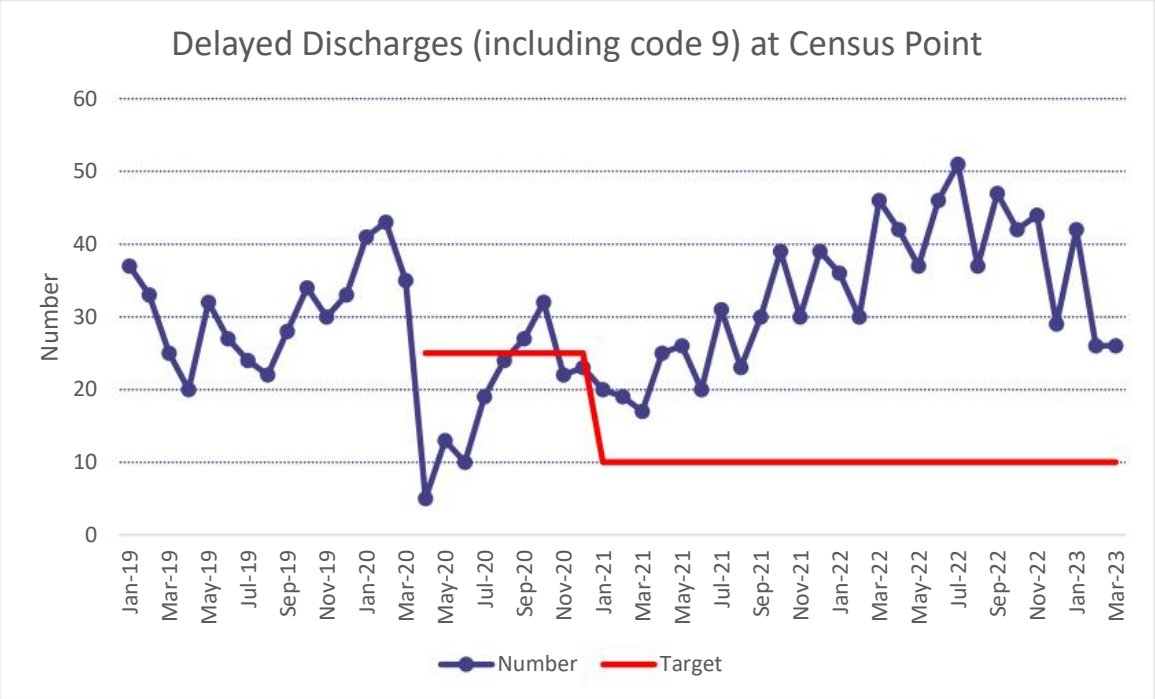
Trend Analysis

The number of delays at the June snapshot was **26**, down from the previous quarter. Although the number continues to be above the target of 10 it is at its lowest level since August 2021.
Bed days lost due to delayed discharges reduced from **1063** last quarter to **751** this quarter. Although the number continues to be above the target of 304 it is at its lowest level since August 2021.

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		

Figure 2 – Delayed Discharges

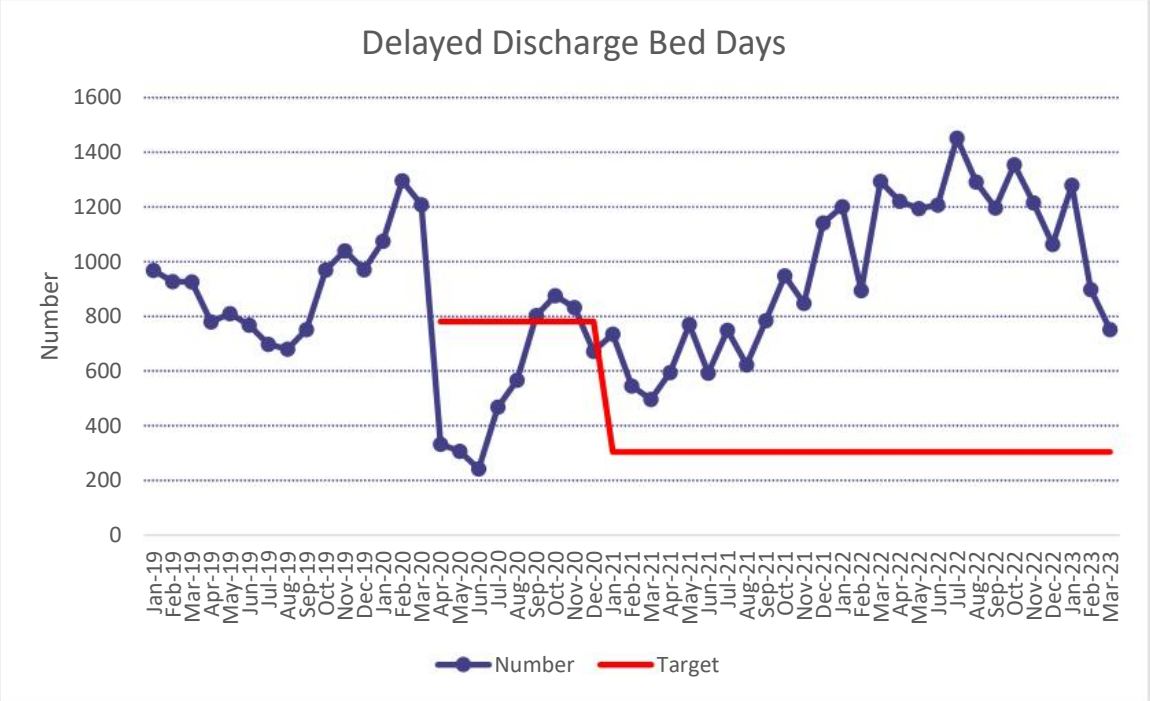


Indicator Trend – Decreasing
Despite some volatility in numbers from month to month the underlying trend for the number of people experiencing Delayed Discharge had been decreasing since the end of Quarter 2 2022/23.

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		

Figure 3 – Delayed Discharge Bed-days



Indicator Trend – Decreasing

The number of bed-days are over 2 times the target number of days but this is less than previous quarters, and similar to quarter 2 2021/22.

Source	Public Health Scotland

3. EMERGENCY ADMISSIONS - AMBER

Trend Analysis

The steady monthly increase in the rate of emergency occupied bed days for over 65s, noted in previous reports, continued this quarter. Since the end of quarter 3 the rate has increased from **2,547** to **2,749**, exceeding the target of 2,037 per 1,000 population.

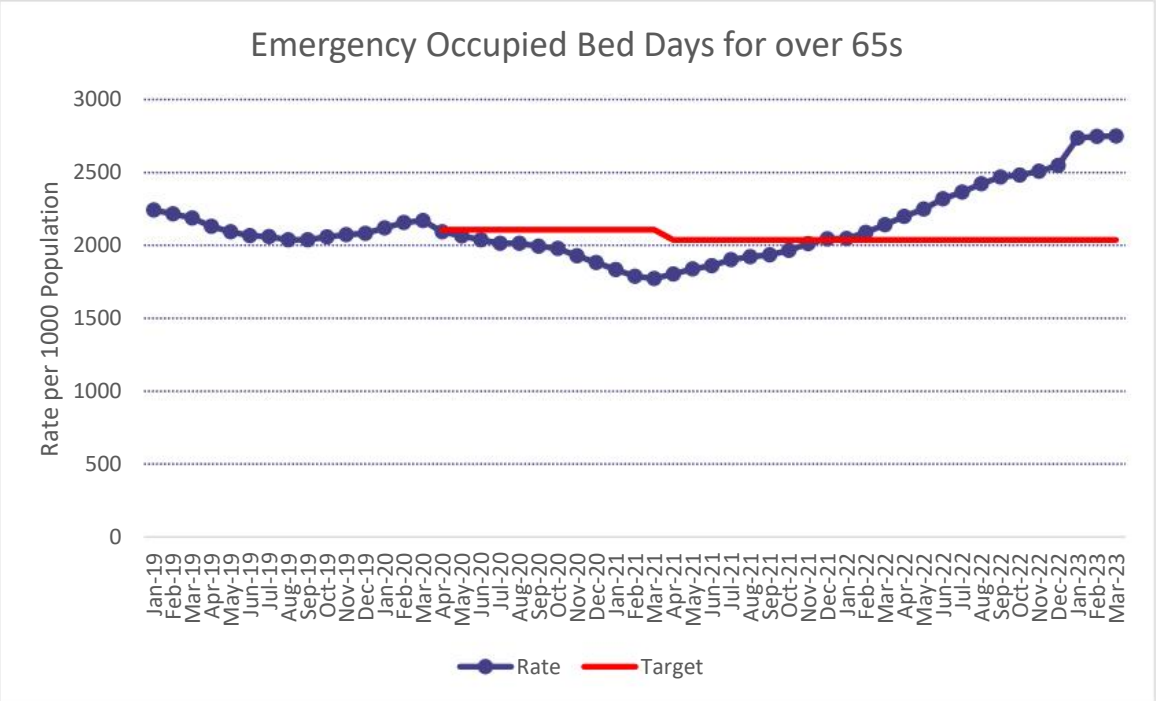
The emergency admission rate per 1000 population for over 65s has increased this quarter from **173.3** to **185.8** above the target of 179.9.

Similarly, the number of people over 65 admitted to hospital in an emergency also increased from **117.4** to **129.2** over the same period. Both of these indicators are now **AMBER** having been **GREEN** for the previous 3 quarters in 2022/23.

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

Purpose	EA-01, EA-02, and EA-03 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		

Figure 4 – Emergency Occupied Bed-days (Over 65s)



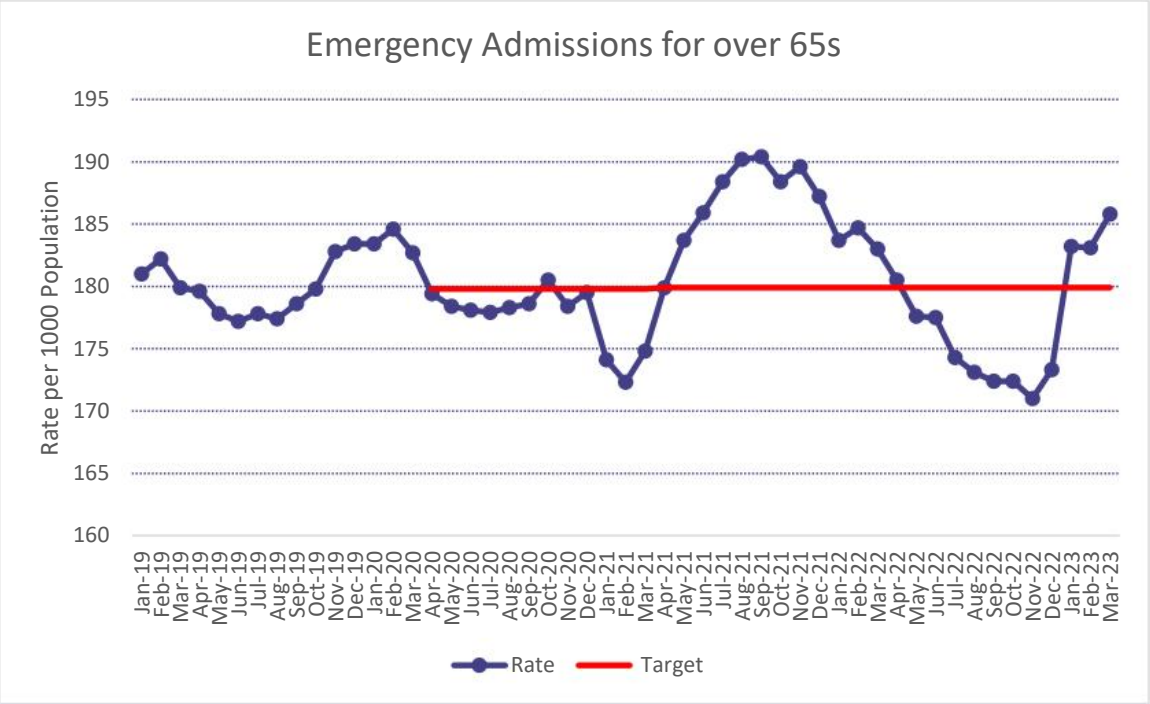
Indicator Trend – Increasing

Since the start of 2021 has been increasing and has exceeded the reduced target since quarter 3 2021/22.

Source	Health Intelligence

EA-02: EMERGENCY ADMISSIONS RATE PER 1000 POPULATION FOR OVER 65s			
Purpose	EA-01, EA-02, and EA-03 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		

Figure 5 – Emergency Admissions (Over 65s)



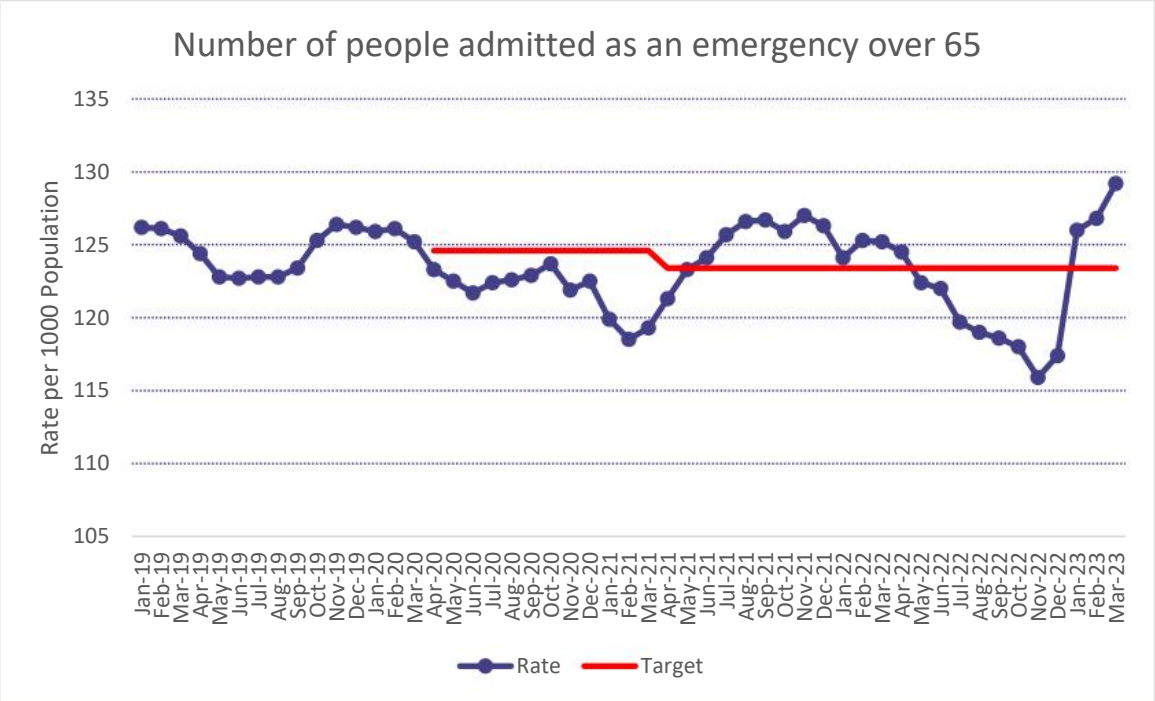
Indicator Trend – Increasing

The trend is now increasing, after a sustained reduction over the latter half of 2022, and above levels seen at the same point in 2022.

Source	Health Intelligence

EA-03: NUMBER OF PEOPLE OVER 65 YEARS ADMITTED AS AN EMERGENCY IN THE PREVIOUS 12 MONTHS PER 1000 POPULATION			
Purpose	EA-01, EA-02, and EA-03 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		

Figure 6 – Number of Over 65 People Emergency Admissions



Indicator Trend – Increasing

The trend is now increasing, after a sustained reduction over the latter half of 2022, and above levels seen at the same point in 2022.

Source	Health Intelligence

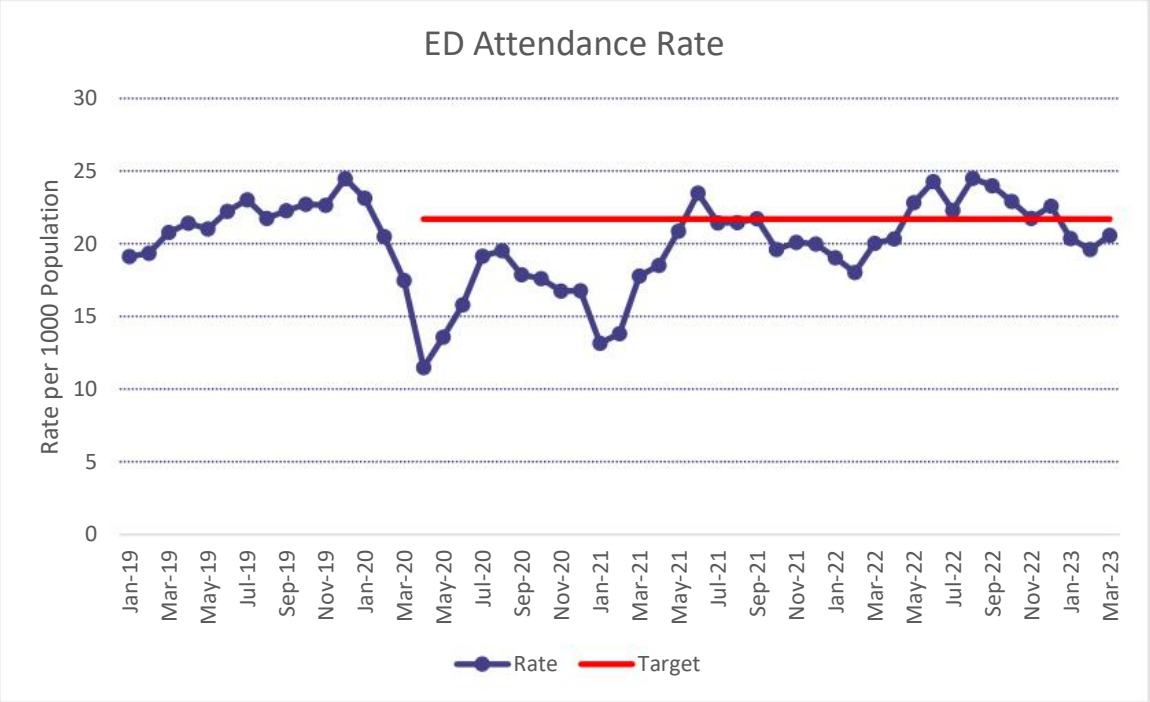
4. EMERGENCY DEPARTMENT – RED

Trend Analysis

There was a decrease in the rate per 1,000 this quarter from **22.6** to **20.6**, only slightly above the number presenting at the same period last year. The trend over the past 6 months has been a decrease.

AE-01: ED ATTENDANCE RATES PER 1,000 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	3: PARTNERS IN CARE	**Linked Indicator(s)**	HR-01, HR-02
National Health & Wellbeing Outcomes	1, 2, 3, 5		

Figure 7 – ED Attendance Rate



Indicator Trend – Stable

During quarter 3 the attendance rate per 1,000 population has remained stable, sitting just above the target level. However, the attendance rate has fallen below the target in the last quarter of 2022/23.

Source	Health Intelligence

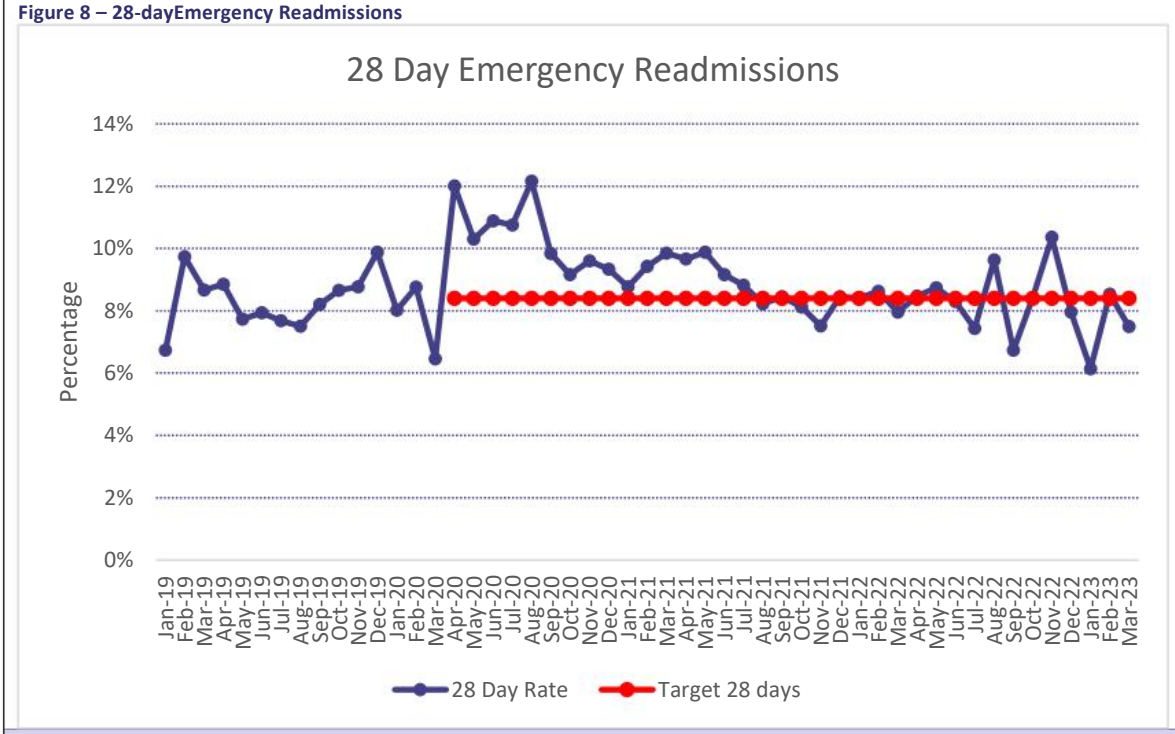
5. HOSPITAL RE-ADMISSIONS - AMBER

Trend Analysis

The 28-day re-admissions remain on target at **7.5%**, as does the 7-day re-admissions which have reduced slightly to **3.6%**.

HR-01: PERCENTAGE OF EMERGENCY RE-ADMISSIONS TO HOSPITAL WITHIN 28 DAYS - MORAY PATIENTS			
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. (This measure lags by a month due to the time required for a potential 28 day discharge to occur)		
Strategic Priority	1: BUILDING RESILIENCE	**Linked Indicator(s)**	HR-02, AE-01
National Health & Wellbeing Outcome	1, 2, 3, 5		

Figure 8 – 28-dayEmergency Readmissions

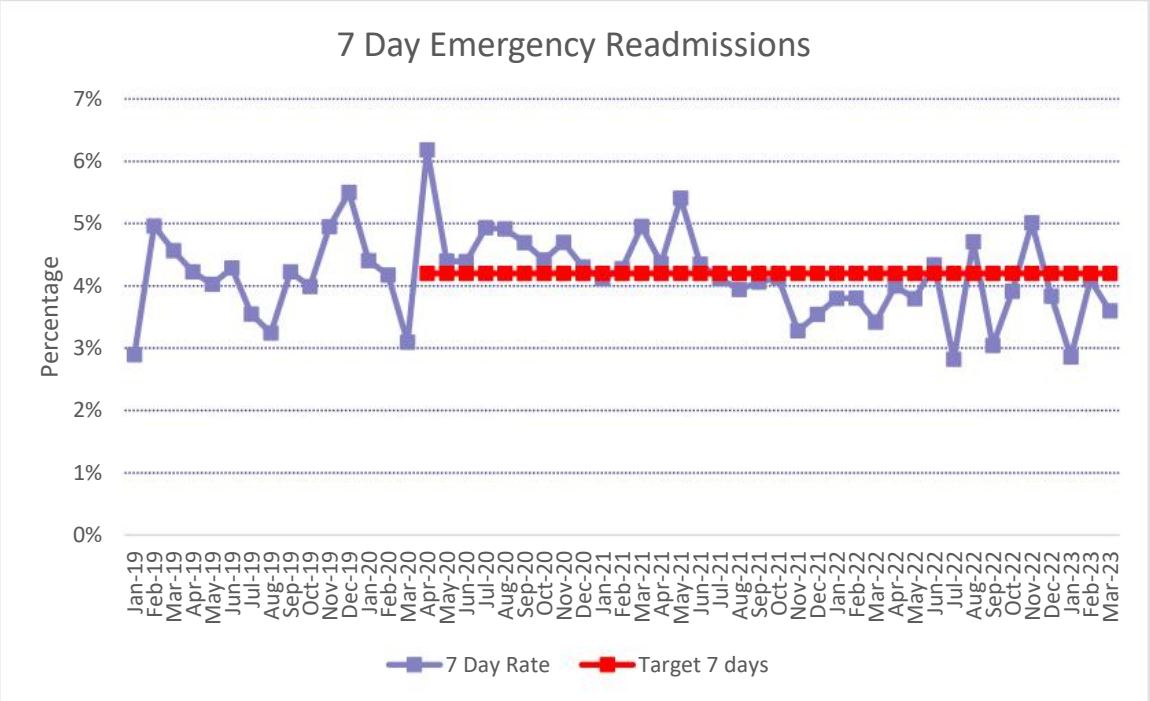


Indicator Trend – Stable
28-day Hospital Re-admissions have remained around the target of 8.4% for this quarter.

Source	Health Intelligence

HR-02: PERCENTAGE OF EMERGENCY RE-ADMISSIONS TO HOSPITAL WITHIN 7 DAYS - MORAY PATIENTS			
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	

Figure 9 – 7-day Emergency Readmissions



Indicator Trend – Stable

7-day Hospital Re-admissions have remained around the target of 4.2% for this quarter.

Source	Health Intelligence

6. MENTAL HEALTH – RED

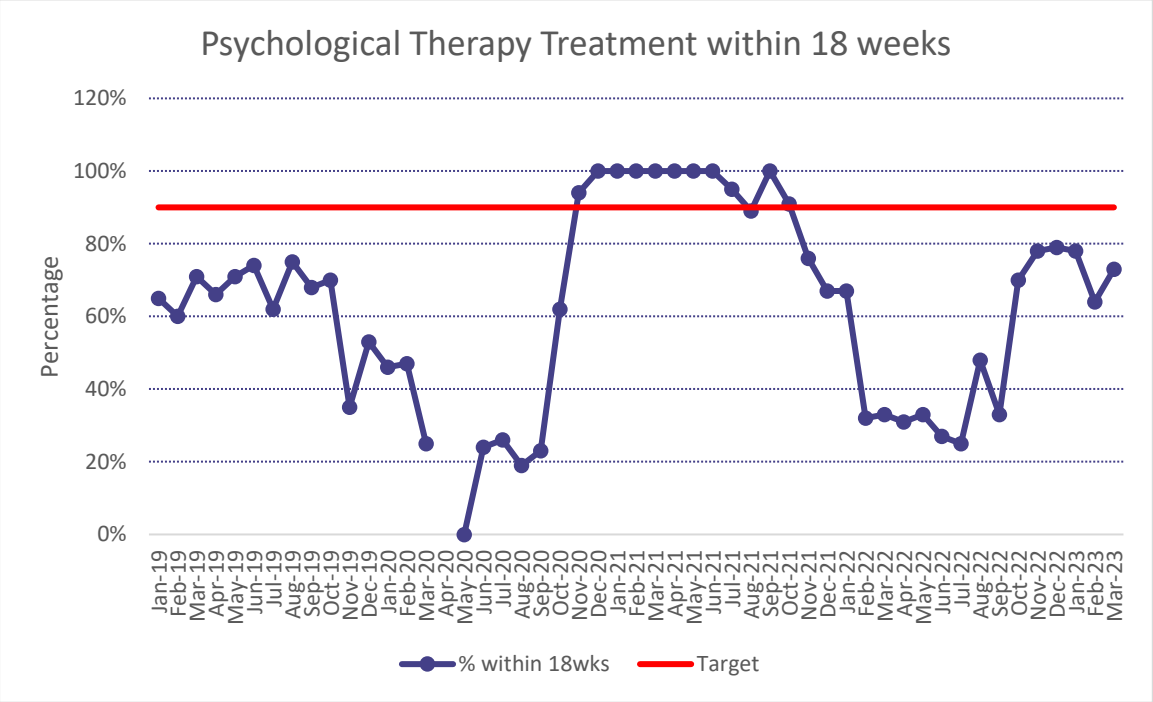
Trend Analysis

After achieving **79%** in quarter 3 there has been slight reduction in performance during this quarter with **73%** of patients being referred within 18 weeks at the end of quarter 4.

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	3: PARTNERS IN CARE	**Linked Indicator(s)**	
National Health & Wellbeing Outcome		1, 2, 3, 5	

Figure 10 – Psychological Therapy Treatment within 18 Weeks



Indicator Trend – Increasing

After being consistently low for 4 quarters the rate has started to return to pre pandemic levels.

Source	Health Intelligence

7. STAFF MANAGEMENT - RED

Trend Analysis

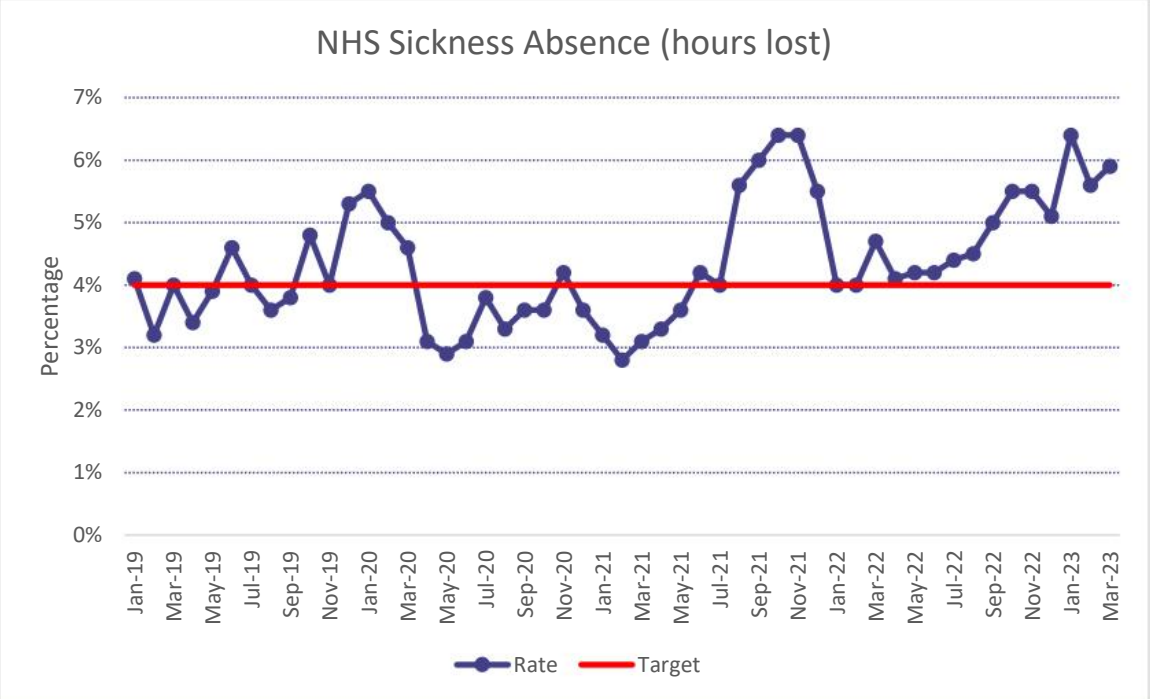
Sickness absence for NHS employed staff rose to 6.4 during quarter 3, but has since reduced and for the first 2 months of quarter 1 is at 4.2%. This may indicate that staffing absence is back to pre-pandemic levels for NHS employed staff. However, Council employed staff sickness has remained high with a minimal reduction from 8.98% to 8.87%, which is above the figure for the same period in the previous 2 years.

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%)	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
4%	5.5%	4.7%	4.2%	5.0%	5.1%	5.9%

Figure 11 – NHS Sickness Absence



Indicator Trend – Increasing
This indicator had been increasing over 2022/23 and continues to do so.

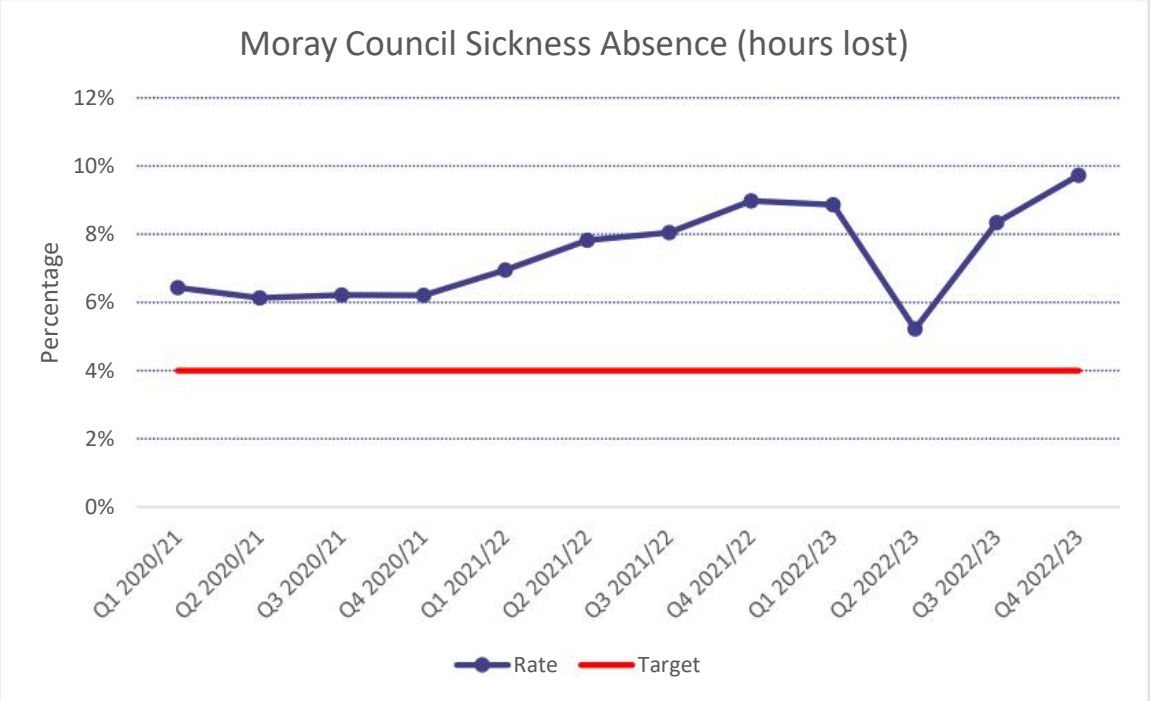
Source	Health Intelligence

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	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
4%	8.05%	8.98%	8.87%	5.22%	8.34%	9.73%

Figure 12 – Moray Council Sickness Absence



Indicator Trend – Increasing

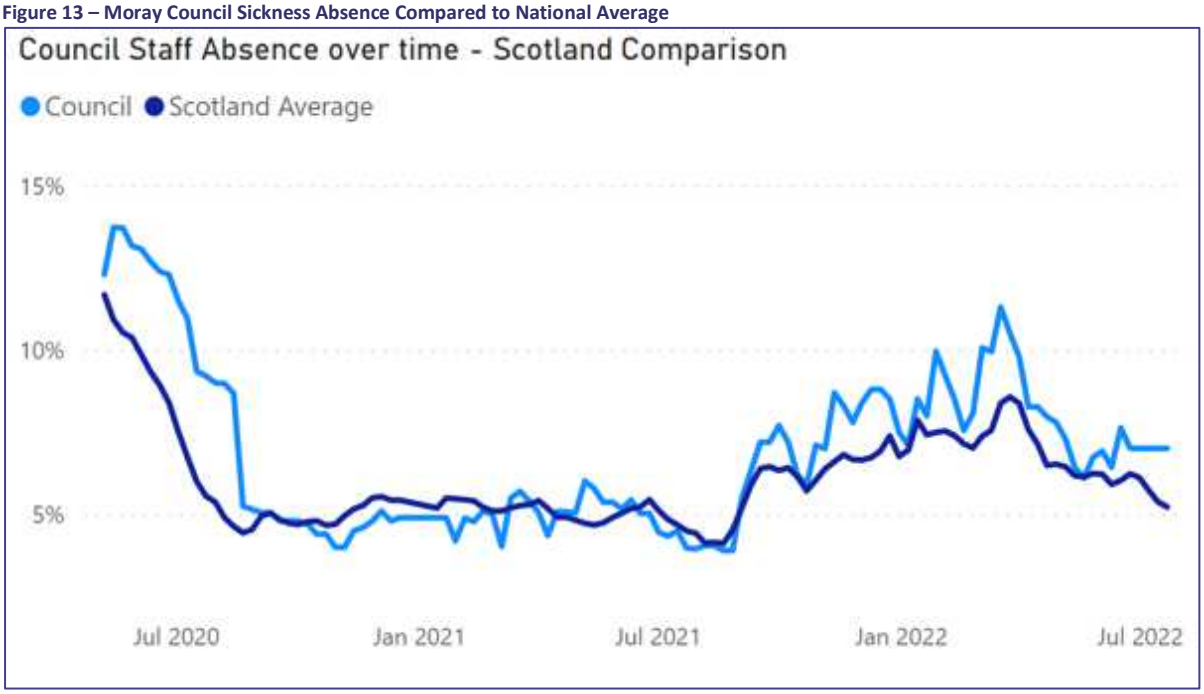
This indicator continues to rise, remaining double the target and close to the figure of 10%.

Source	Council HR

COUNCIL STAFF ABSENCE OVER TIME – SCOTLAND COMPARISON

Chart provided by the Improvement Service using data from the from weekly SOLACE council returns. This update captures data from the week ending 22 July 2022. Moray remains above the Scottish average.

Figure 13 – Moray Council Sickness Absence Compared to National Average



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.

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

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.