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**REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 30 MARCH 2023**

**SUBJECT: QUARTER 3 (OCTOBER TO DECEMBER 2022) PERFORMANCE REPORT**

**BY: CORPORATE MANAGER**

**1. REASON FOR REPORT**

- 1.1 To update the Audit, Performance and Risk (APR) Committee on performance as at Quarter 3 (October to December 2022).

**2. RECOMMENDATION**

**2.1 It is recommended that Committee consider and note:**

- i) the performance of local indicators for Quarter 3 (October - December 2022) as presented in the Performance Report at APPENDIX 1; and
- ii) the analysis of the local indicators that have been highlighted and actions being undertaken to address performance that is outside of acceptable target ranges as detailed in APPENDIX 1;

**3. BACKGROUND**

- 3.1 The purpose of this report is to ensure the Moray Integration Joint Board (MIJB) fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and on the programme of work as set out in its Strategic Plan.
- 3.2 **APPENDIX 1** identifies local indicators for the MIJB and the functions delegated by NHS Grampian and Moray Council, to allow wider scrutiny by the Board.

**4. KEY MATTERS RELEVANT TO RECOMMENDATION**

- 4.1 Local Indicators are assessed on their performance via a common performance monitoring Red, Amber, and Green (RAG) traffic light rating system.

<b>RAG scoring based on the following criteria:</b>	
<b>GREEN</b>	If Moray is performing better than target.
<b>AMBER</b>	If Moray is performing worse than target but within agreed tolerance.
<b>RED</b>	If Moray is performing worse than target by more than agreed tolerance.

- 4.2 The detailed performance report for quarter 1 is attached in **APPENDIX 1**.

### **Summary**

- 4.3 Performance within Health and Social Care Moray (HSCM) as demonstrated by the agreed indicators up to the end of quarter 3 of the financial year 2022/23 is showing as variable. Four of the indicators are presenting as green, one is amber and six are red. This represents a similar performance compared to quarters 1 and 2 of 2022/23. This is a reflection of the continued pressure being placed on the service.
- 4.4 Figure 1 provides a summary and the historical trend by indicator since quarter 3 of year 2021/2022. A summary of performance for each of the 6 reporting categories is provided below. One area is presenting as green, while two are amber and the other three are red.

### **EMERGENCY DEPARTMENT - AMBER**

- 4.5 There was a decrease in the attendance rate per 1,000 this quarter from 24 to 22.6, just above the target of 21.7. The trend over the past 5 months has been generally downwards, but above the target. However, the longer-term trend over 2 and ½ years is a gradual increase in the attendance rate. This increase in demand will not only put pressure on ED but will undoubtedly have an impact on other services.

### **DELAYED DISCHARGES – RED**

- 4.6 The number of delays at the December census snapshot was 29, down considerably from 47 at the end of quarter 2 but remaining well above the revised target of 10. Although the number of bed days lost due to delayed discharges reduced from 1,197 last quarter to 1,063 this is still over 3 times the target.

### **EMERGENCY ADMISSIONS – AMBER**

- 4.7 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 2 the rate has increased from 2,469 to 2,547, exceeding the target of 2,107 per 1,000 population. The emergency admission rate per 1000 population for over 65s has increased slightly this quarter from 172.4 to 173.3. While the long-term trend for the number of people over 65 admitted to hospital in an emergency in the previous 12 months reduced from 118.6 to 117.4 over the same period. Both indicators are now GREEN but given the continuing increase in the emergency occupied bed-days for over 65s the overall status for the three indicators combined is AMBER.

### **HOSPITAL RE-ADMISSIONS - GREEN**

- 4.8 The 28-day re-admissions remain on target at 8.0%, as do the 7-day re-admissions 3.8%.

## MENTAL HEALTH – RED

- 4.9 The service has been unable to meet the 18 week LDP<sup>1</sup> target since September 2021. This has declined steadily and in the first quarter of 2022 the % of people who were referred into the service and treated within 18 weeks had fallen to 27%, but in quarter 3 there have been signs of a recovery at and the proportion of people being treated within 18 weeks is 79%.

## STAFF MANAGEMENT – RED

- 4.10 NHS employed staff sickness levels (to the end of November 2022) have increased from 5.0% to 5.5%, while Council employed staff sickness was 8.3% last quarter, more than double the 4% target.

Figure 1 - Performance Summary – Date to Nov 2022

Health and Social Care Moray Performance Report									
Code	Barometer (Indicator)	Q3 2122 Oct-Dec	Q4 2122 Jan-Mar	Q1 2223 Apr-Jun	Q2 2223 Jul-Sep	Q3 2223 Oct-Dec	New Target (from Q1 2122)	Previous Target (from Q1 2021 or earlier)	RAG
<b>AE</b>	<b>Accident and Emergency</b>								
AE-01	A&E Attendance rate per 1000 population (All Ages)	20.0	20.0	24.3	24.0	22.6	no change	21.7	A
<b>DD</b>	<b>Delayed Discharges</b>								
DD-01*	Number of delayed discharges (including code 9) at census point	39	46	46	47	29	no change	10	R
DD-02	Number of bed days occupied by delayed discharges (including code 9) at census point	1142	1294	1207	1197	1063	no change	304	R
<b>EA</b>	<b>Emergency Admissions</b>								
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	2045	2140	2320	2469	2547	2037	2107	R
EA-02	Emergency admission rate per 1000 population for over 65s	187.2	183	177.5	172.4	173.3	179.9	179.8	G
EA-03	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	126.3	125.2	122	118.6	117.4	123.4	124.6	G
<b>HR</b>	<b>Hospital Readmissions</b>								
HR-01	% Emergency readmissions to hospital within 7 days of discharge	3.5%	3.4%	4.3%	3.0%	3.8%	no change	4.2%	G
HR-02	% Emergency readmissions to hospital within 28 days of discharge	8.4%	8.0%	8.3%	6.7%	8.0%	no change	8.4%	G
<b>MH</b>	<b>Mental Health</b>								
MH-01	% of patients commencing Psychological Therapy Treatment within 18 weeks of referral	67%	33%	27%	33%	79.0%	no change	90%	R
<b>SM</b>	<b>Staff Management</b>								
SM-01	NHS Sickness Absence (% of hours lost)	5.5%	4.7%	4.2%	5.0%	5.5%	no change	4%	R
SM-02	Moray Council Sickness Absence (% of days lost)	8.1%	8.9%	8.8%	5.2%	8.3%	no change	4%	R

## 5. AREAS NOT MEETING TARGETS

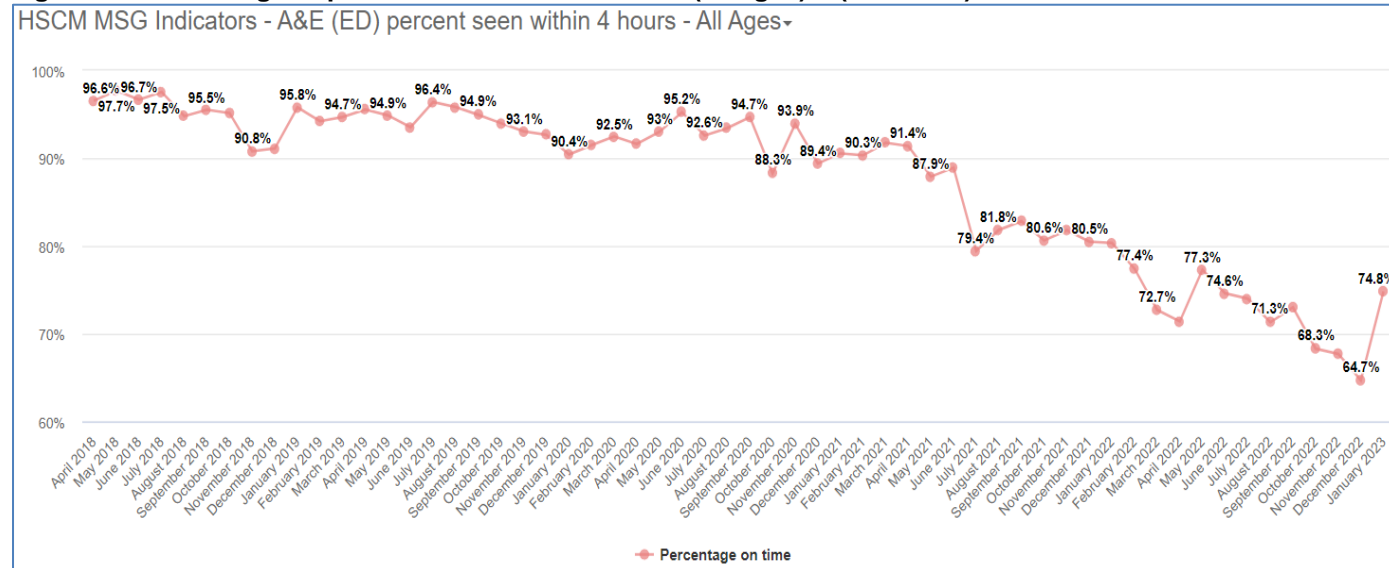
### Emergency Department

- 5.1 The rate per 1,000 population presenting at ED is 22.6, closer to the required performance level of 21.7. However, the proportion of patients seen within the 4-hour target time continued to reduce during 2021 and 2022 (Figure 2). Prior to March 2020 over 95% of attendees at ED were seen within 4 hours, generally reducing to 90% in the winter months. Since May 2021 this rate has

<sup>1</sup> Local Delivery Plan Standards; priorities set and agreed between the Scottish Government and NHS Boards. Previously known as HEAT Targets and Standards.

dropped and at the end of quarter 3 was 64.7%. Performance is below target, but in January there was a 10% improvement to 74.8%, which may indicate improved performance for 2023.

**Figure 2 – Percentage of patients seen within 4 hours (all ages) – (PHS data)**



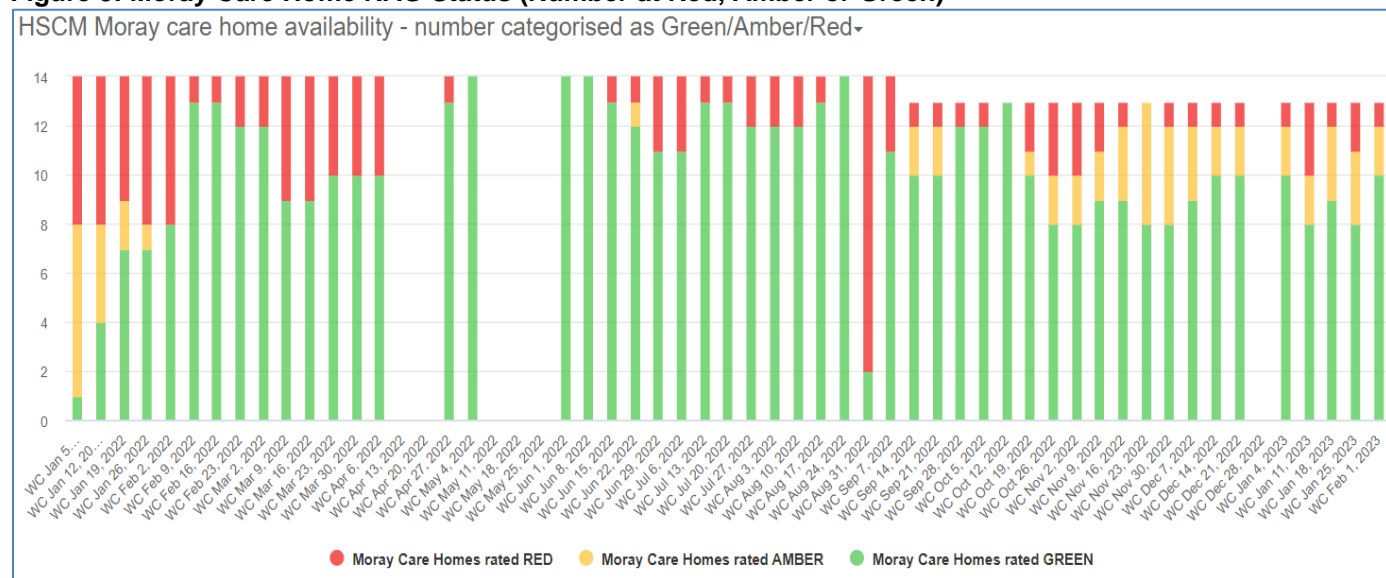
- 5.2 Following the launch of the Medical Ambulatory Emergency Care (AEC) service at Dr Gray's hospital on 09 January 2023, we have seen an improvement in ED performance. These figures are in correlation with a 10% fall in specialty admissions to hospital (surgical and medical) from ED, compared to December 2022.

### Delayed Discharge

- 5.3 The number of people who are clinically safe waiting to be discharged from hospital remains high, and there are no indications that the target of 10 people is going to be met soon. The Delayed Discharge indicators (DD-01 and DD-02) continue to be red and remain 3 times higher than the new targets set at the end of quarter 3 of 2020/21. For the past 11 months the average number of people waiting to be discharged each week has fluctuated around 40, although at the end of the last week of 2022 this had reduced to 21. At the start of 2023 numbers rose back to 41, but have since slowly reduced week-by-week. The most recent data recorded 35 people waiting in hospital.
- 5.4 There are various pressures on the system that are preventing medically fit people from being able to leave hospital, most of which have been reported extensively in previous reports. The number of staff available to work has been an issue throughout the pandemic and continues to be an issue and is discussed in more detail below. Council staff absences due to sickness have fluctuated between 6-8%, while the NHS staff absences during quarters 1 and 2 this year returned closer to 4%. However, NHS absences are increasing once more and ended the year at 5.5%.
- 5.5 High numbers of people facing delays in leaving hospital indicate problems elsewhere in the system. Apart from the few cases where power of attorney, or other legal matters, require time to be resolved, the majority of the delays are either due to a suitable package of care not being available, or lack of beds in a residential home. Figure 3 shows the number of care homes that have been available each week since January 2022 (those in the 'Red')

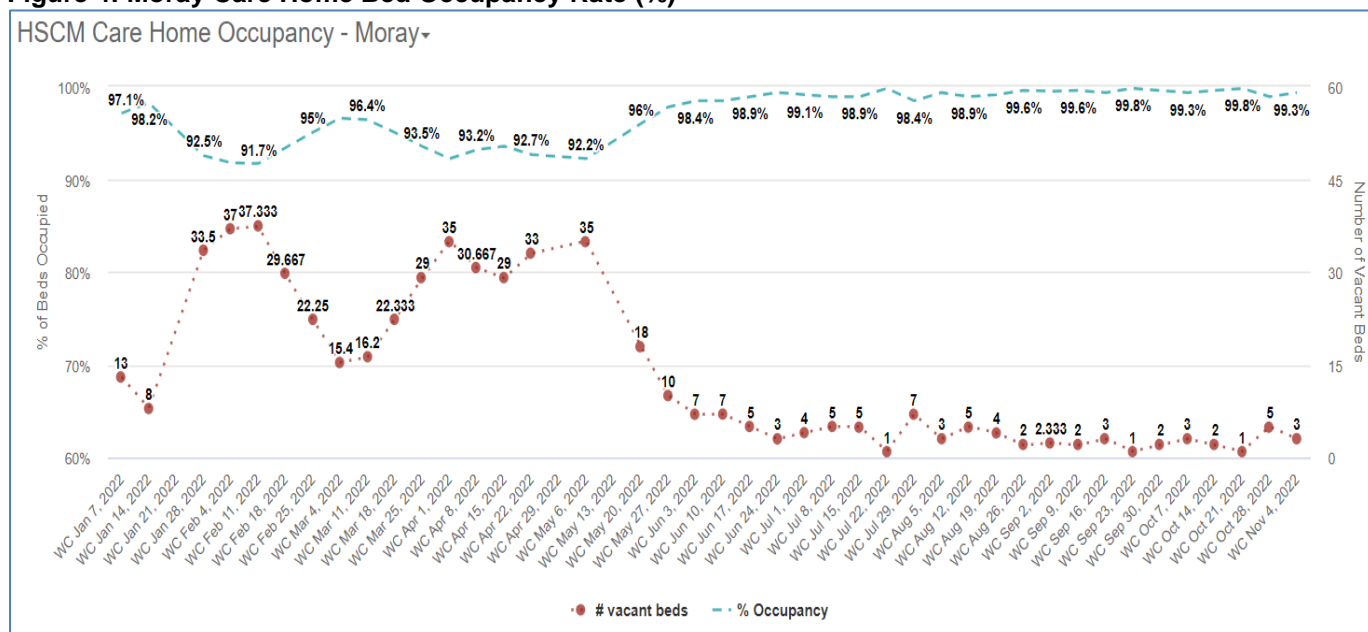
category have not been able to admit new residents). Apart from the occasional week there has typically been at least one care home unable to accept new residents.

**Figure 3: Moray Care Home RAG Status (Number at Red, Amber or Green)**



- 5.6 There are few empty beds in residential homes in Moray (Figure 4). At the start of November 2022 bed occupancy was 99.3%, with just 3 beds available (this figure excludes the 6 interim beds that Health and Social Care Moray pay for in addition, to support short-term needs). Consequently, between care homes not being able to take in new residents and a shortage of care home beds, which might not always be located where the person wants to live, there are only limited places for a person waiting in hospital to go.
- 5.7 More care home beds have become available recently. Cathay was closed while a large-scale investigation was underway, but since re-opening has enabled 8 empty beds to become instantly available. Spynie was closed for some time due to Covid but has since re-opened. Care Home operators have also been requested that they offer places to residents from Moray first rather than offer them to people from outside Moray.

**Figure 4: Moray Care Home Bed Occupancy Rate (%)**



5.8 The average number of people waiting to be discharged have reduced from 50 in July 2022 to 29 for the most recent week. The measures that have been put in place to manage the flow of patients from hospital to home (or care home) include the following:

- People who have been waiting a while have sourced care under Option 2<sup>2</sup> as there has been availability through that option.
- Daily portfolio meetings have helped expedite the outcomes for people.
- The new Planned Discharge Date system changed the criterion from 'medically fit' to 'clinically fit'. When we declare a person is clinically fit it allows time for occupational therapy, physio-therapy and social work to carry out their assessments before the person is categorised as a delay, and this measure has reduced delays slightly.

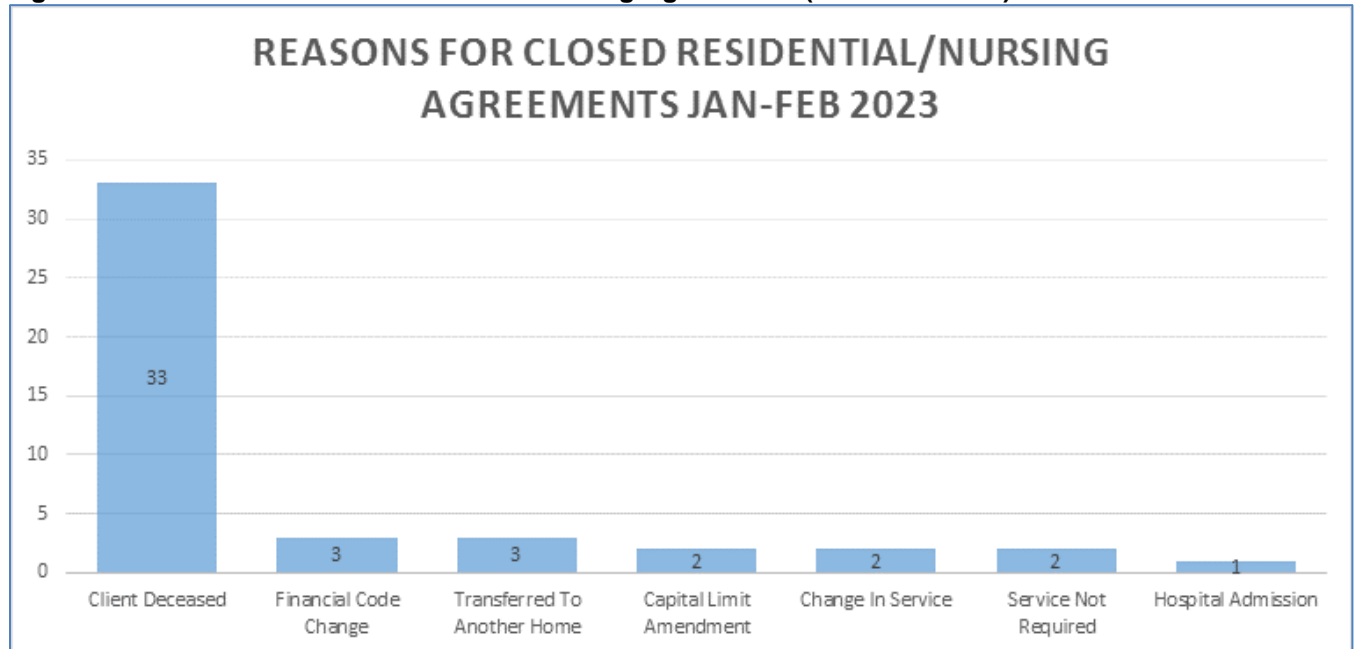
5.9 In addition, more people have been recruited into the Care at Home team enabling more rotas to be opened, and there are fewer people requiring double-up care than in recent months. It appears that people with more complex needs are choosing to move into residential homes rather than requiring Care at Home services. Both these changes have allowed more people to be given care packages, helping to reduce the backlog (see section 6 for more details of unmet need).

5.10 Care at Home assessors are now able to complete assessments in a timely manner and there is no backlog of assessments waiting to be completed. Third, there is a close liaison between the assessors and area managers and their Allied counterparts, ensuring that any spare capacity is able to be utilised promptly to provide care packages for people waiting. The demands and capacity are discussed twice weekly at the Care-at-home hub meetings.

<sup>2</sup> As part of Self-directed support (SDS), there are several options for managing your care. Option 2 is one of these options. You choose how the budget is used but the money is managed by someone else.

5.11 Finally, and sadly, some people die waiting to be discharged. The numbers aren't large, but in 2022 there were 7 such deaths and in 2023 so far there have been 2. Since the start of 2023 the most common reason for a residential or nursing agreement to be closed is due to the person's death (71%, see Figure 5), but then allows the next person waiting for a residential or nursing agreement to be offered the care they require. These figures will be monitored in future reports to identify trends from year to year.

**Figure 5: Reasons for Closed Residential Nursing Agreements (Jan – Feb 2023)**

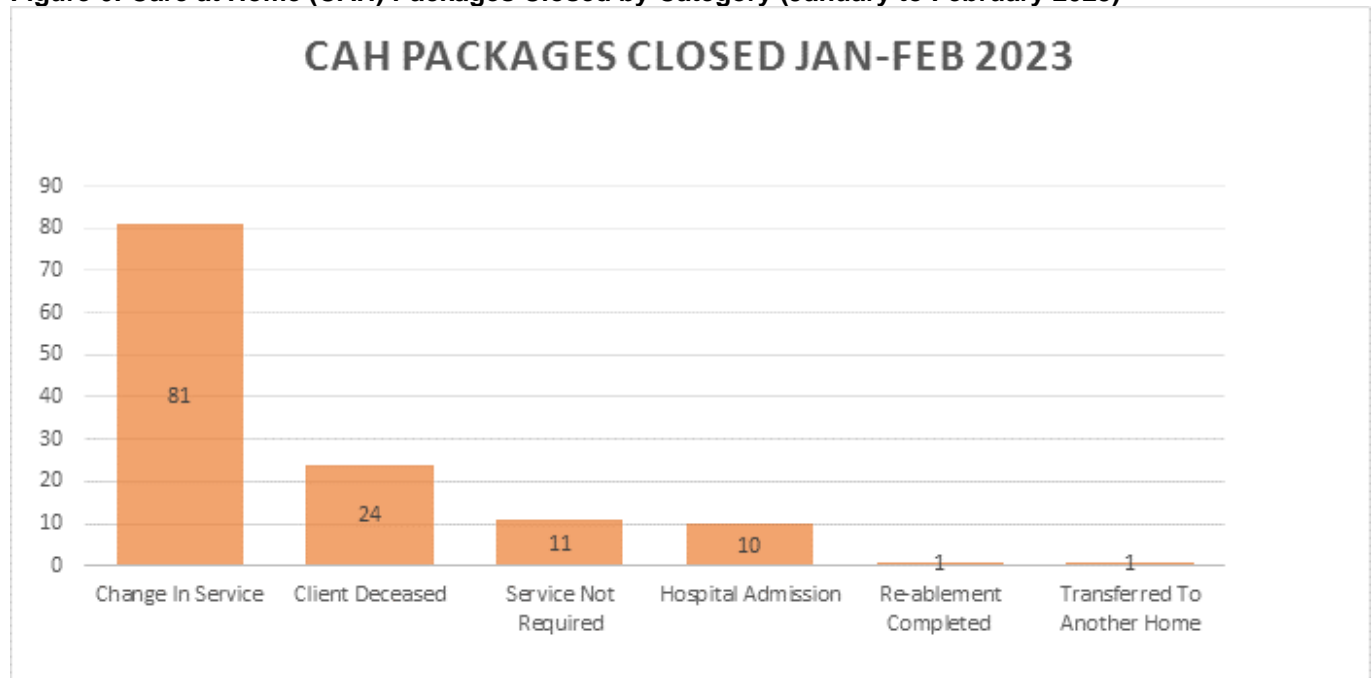


5.12 For Care at Home packages most are closed due to a change in service (63%), but the second largest cause is death, responsible for the closure approximately 1 in 5 agreements (Figure 6). Again, these deaths allow packages to be made available to the next person on the waiting list.

Reason	Percentage
Change In Service	63.28%
Client Deceased	18.75%
Service Not Required	8.59%
Hospital Admission	7.81%
Re-ablement Completed	0.78%
Transferred To Another Home	0.78%

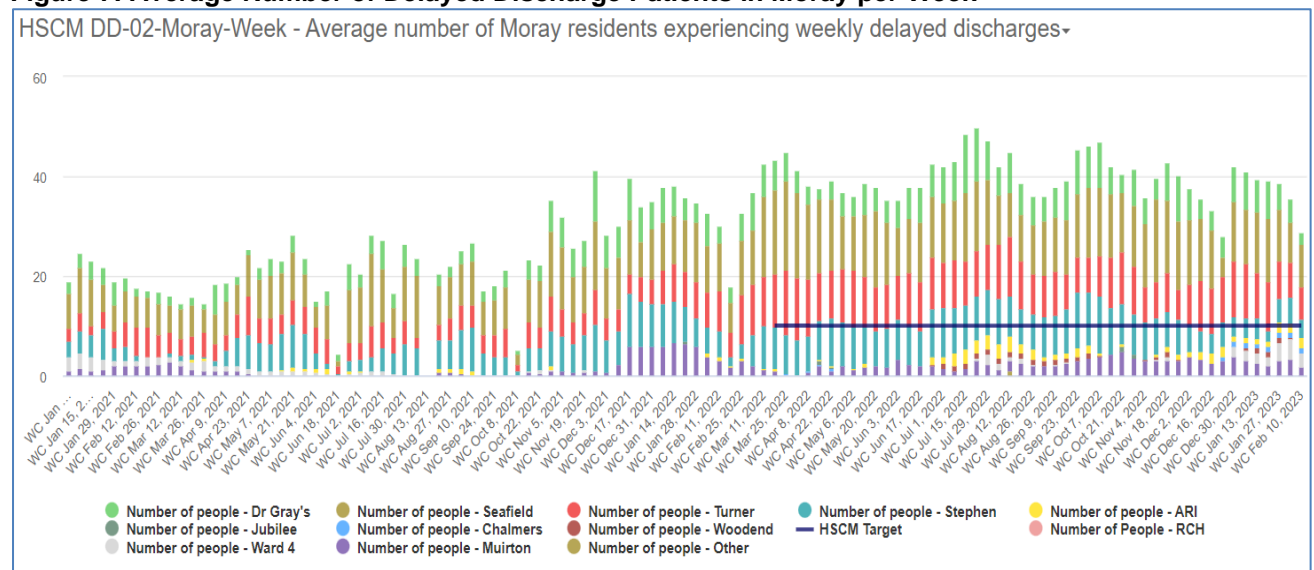


**Figure 6: Care at Home (CAH) Packages Closed by Category (January to February 2023)**



5.13 Figure 5 displays the weekly average number of people, who are clinically safe, experiencing delayed discharge, by hospital, and illustrates how many more people are being affected than before the COVID-19 pandemic. This continues to represent a significant loss of bed-capacity for other medical procedures, for example, and an additional unplanned burden on hospital and social care staff. Approximately half the delays are for people admitted to one of Moray's community hospitals.

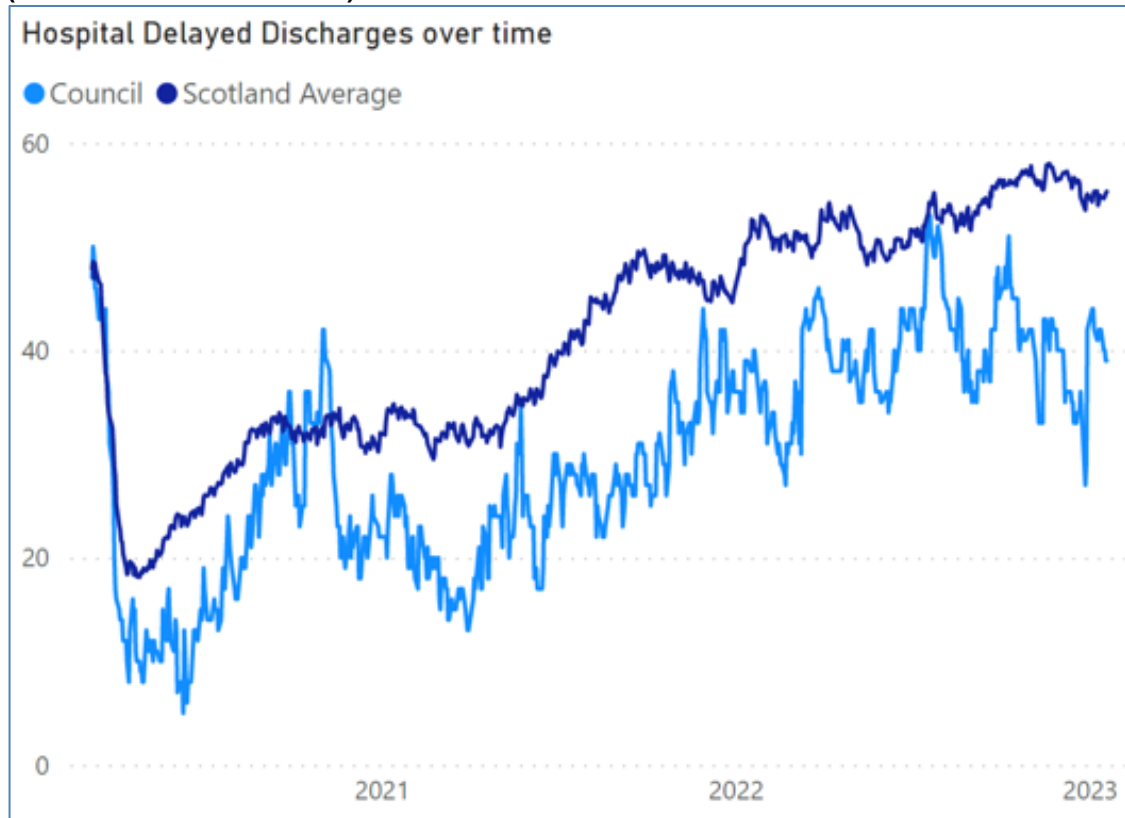
**Figure 7: Average Number of Delayed Discharge Patients in Moray per Week**



5.14 To put the Moray experience into context, at the end of quarter 3 the average across Scotland was 55, similar to the figure of 56 at the end of quarter 2. The Moray average during 2022 has consistently been below the Scottish level, and apart from being more spiky, has tended to follow a similar trend (Figure 8).



**Figure 8: Hospital Delayed Discharges over time - Comparison of Scotland and Moray (Scottish Government data)**



### **Emergency Admissions**

- 5.15 Emergency Admission rates for the over 65s (EA-02) have reduced significantly over the past 15 months, although there was a small increase in December 2022. Note that the rate of 173.3 per 1,000 population is below the target based on the 2021 average of 179.8 per 1,000 population. Similarly, the number of people in this category admitted during the past 12 months (EA-03) has followed a similar trend. At the end of quarter 3 the rate had reduced to 117.4 per 1,000 population, below the target of 124.6 per 1,000 population.
- 5.16 However, the reduction in admissions may be due to the lack of available beds, in part caused by delays in discharging people. Furthermore, the over 65s admitted for an emergency are continuing to stay in hospital longer as evidenced by the Emergency Occupied Bed Days for over 65s (EA-01) indicator. This has been increasing steadily since the start of 2021 and continued to increase each month during quarter 3 reaching a rate of 2,547 bed-days per 1,000 population, exceeding the target of 2,037 per 1,000 population, and the highest recorded rate since this indicator was first measured.

### **Mental Health**

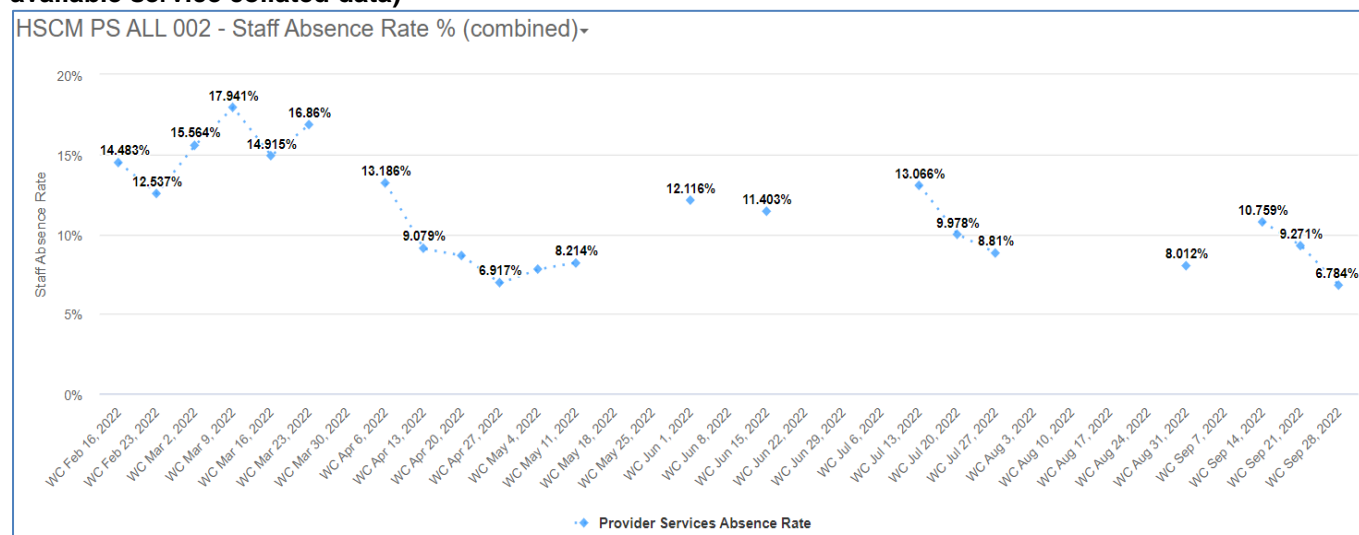
- 5.17 Approximately 1 in 5 patients requiring psychological therapy treatment are having to wait more than 18 weeks for their treatment to begin. While this figure remains below the target it is a significant improvement on the previous 2 quarters when almost 4 out of 5 patients had to wait more than 18 weeks. Improvement is attributed to close monitoring of the service and implementation of a series of actions aimed at reducing variation, maximizing capacity and efficiency within the department.

- 5.18 Long term absence of the psychology service lead and psychology resource being diverted elsewhere in the wider system impacts on ability to achieve 90% target. Recruitment processes are currently underway for an NHS Grampian wide Band 8D adult mental health psychology lead post. Meanwhile existing Moray psychological services staff will continue to be supported to identify and implement any actions that assist further towards meeting the required standard. Progress continues to be monitored within NHS Grampian Psychological Service Improvement Board.
- 5.19 Moray service is working with Grampian colleagues as part of the NHS Grampian Psychological Therapies Improvement Plan which has been submitted to the Scottish Government and will be monitored. Part of this work has been to look at capacity and demand within the service, offering a set number of sessions dependant on clinical need and contracting patients in line with these recommendations.
- 5.20 Staff working within the service have been triaging patients on the waiting list and offering group work, when appropriate, to increase the number of people they can see. However, some people will not be suitable for this and will require individual appointments.
- 5.21 The team has been affected by ongoing sickness absence which impacts on service delivery and there is an upcoming maternity leave. Discussions are taking place about cover for the latter.

#### **Staff Management**

- 5.22 The average absence due to sickness for all Moray Council staff since May 2020 was 6.8% at the end of quarter 3. This is just above the Scottish average of 6.1% for the same period and above the pre-pandemic levels. Sickness absence for Moray Council employed HSCM staff remains high at 8.3%, and NHS staff absences due to sickness have increased from 4.2% at the end of quarter 1 to 5.5% in quarter 3 (data to November 2022).
- 5.23 The locally collected data for Provider Services provides an illustration of the magnitude of the difficulties that faced managers in this front-line delivery service (Figure 7). The high absence rates of 17% experienced in March 2022 have steadily reduced, but throughout the summer and autumn of 2022 the absence rate has fluctuated between 13% to 7%, still requiring close management.

**Figure 9: Provider Services staff absence rate from 26 January 2022 to September 2022 (latest available service collated data)**

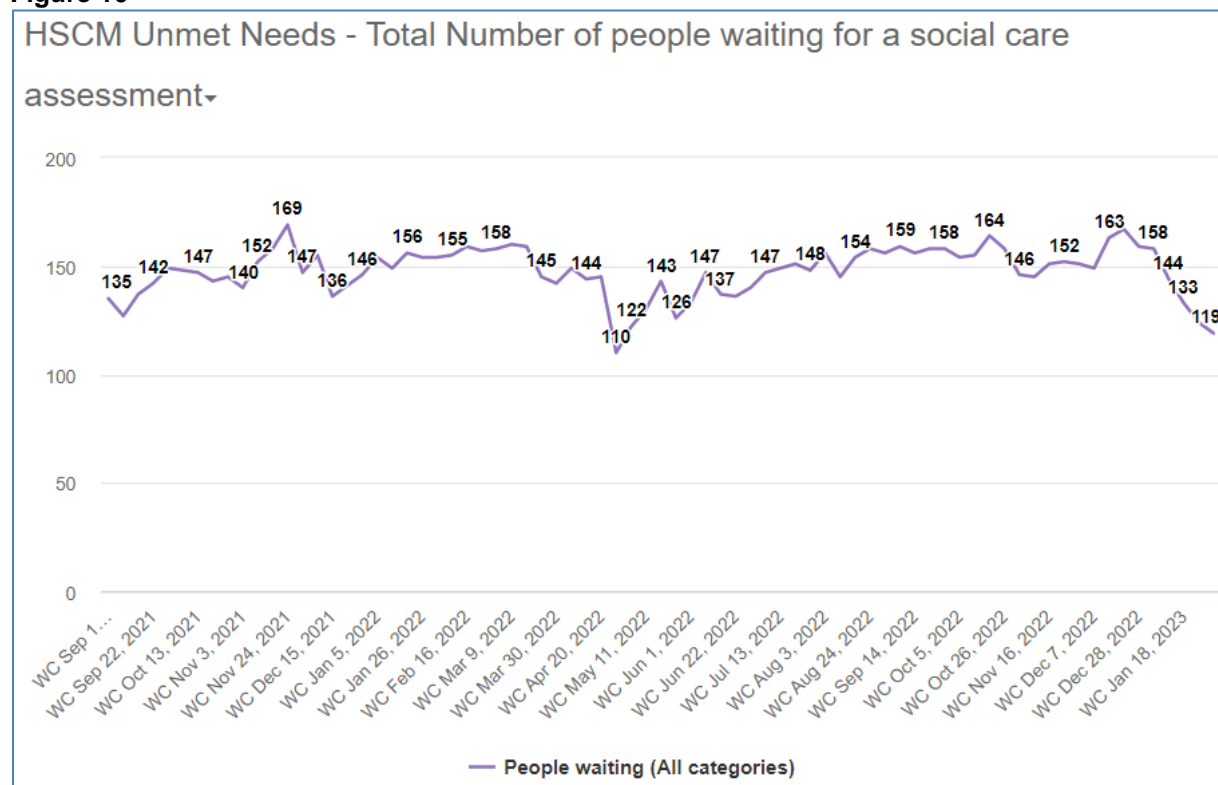


5.24 Moray Council has recently reinstated face-to-face Health and Work training for all managers who have staff attendance responsibility. The Moray Council's Health and Work policy is a supportive policy, and the training sessions provide vital skills to those managing absence.

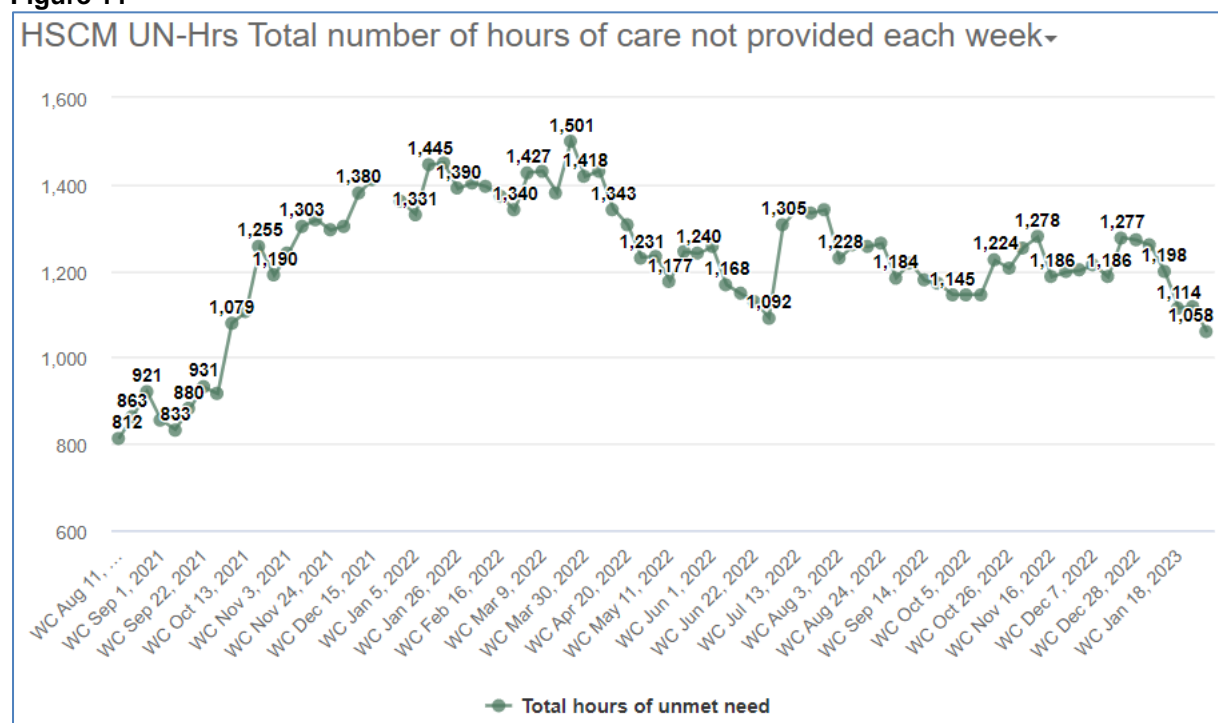
## 6. UNMET NEED

6.1 The continuing staff shortages for care at home is impacting on the service's ability to meet the demand from people who require support. Since July last year there have been approximately 150 to 165 people waiting to receive a social care assessment. However, since the start of December 2022 the number of people waiting has steadily reduced to 119. Still high, but the trend is in the right direction (Figure 8). Over the same period the number of hours of care not being delivered has remained well above the pre-pandemic levels, but has gradually and steadily been reducing from 1,500 hours in March 2022 down to 1,058 hours for the most recent week (Figure 9).

**Figure 10**

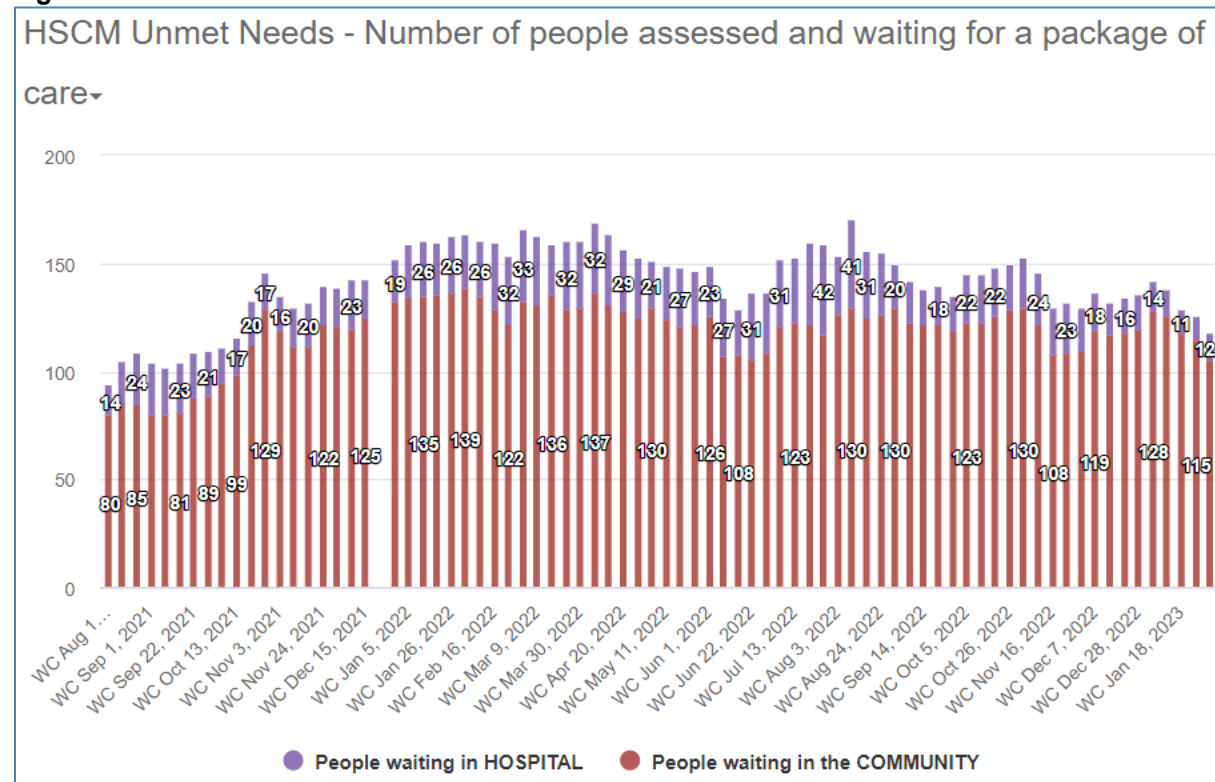


**Figure 11**



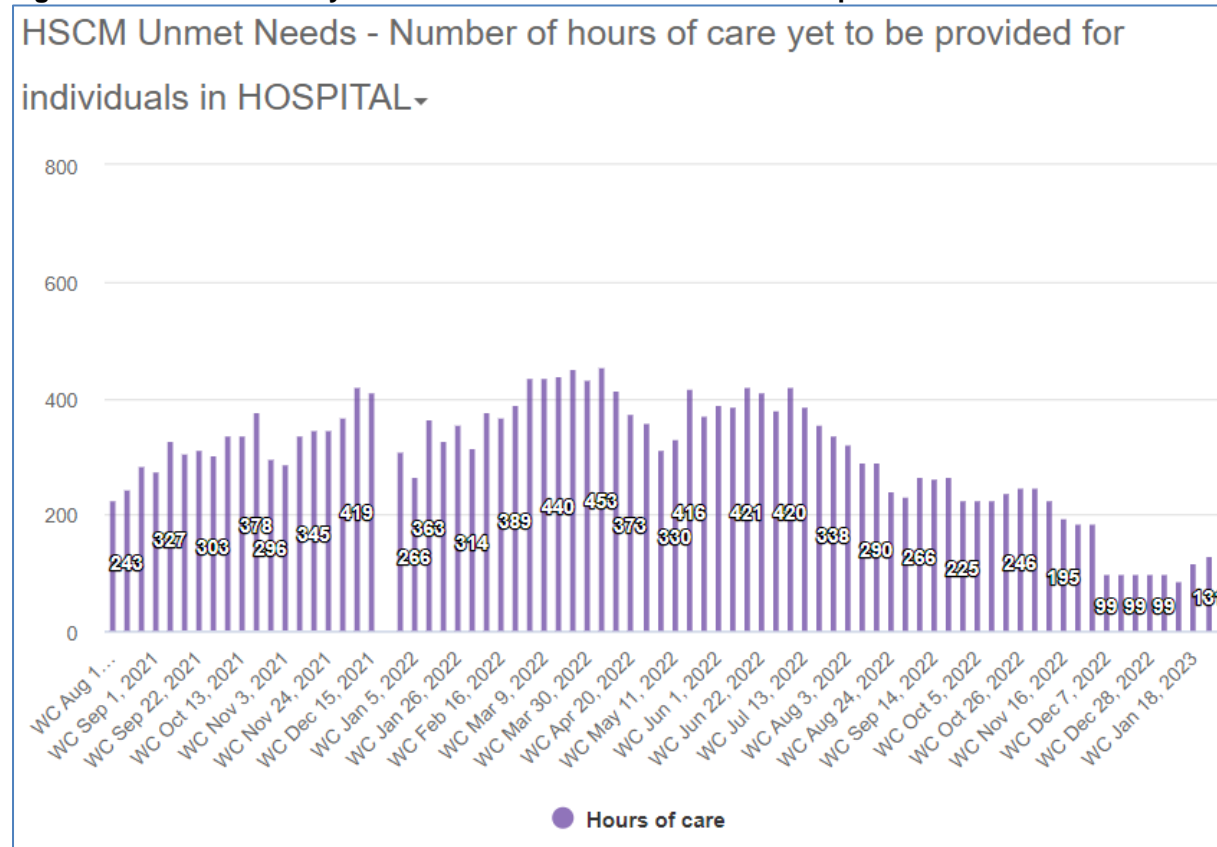
6.2 The impact of this lack of capacity to deliver care is predominantly on people living in the community. The number of people in hospital who have been assessed and are waiting for a package of care to be put in place has reduced from 41 last August to just 12. However, there are 106 people in the community waiting for their care packages to begin (Figure 10). Overall the numbers of people in this category have reduced from over 170 to about 120 in the past 12 months, so the trend is heading in the right direction and the rate at which the numbers are reducing is speeding-up, albeit after a slow start.

**Figure 12:**

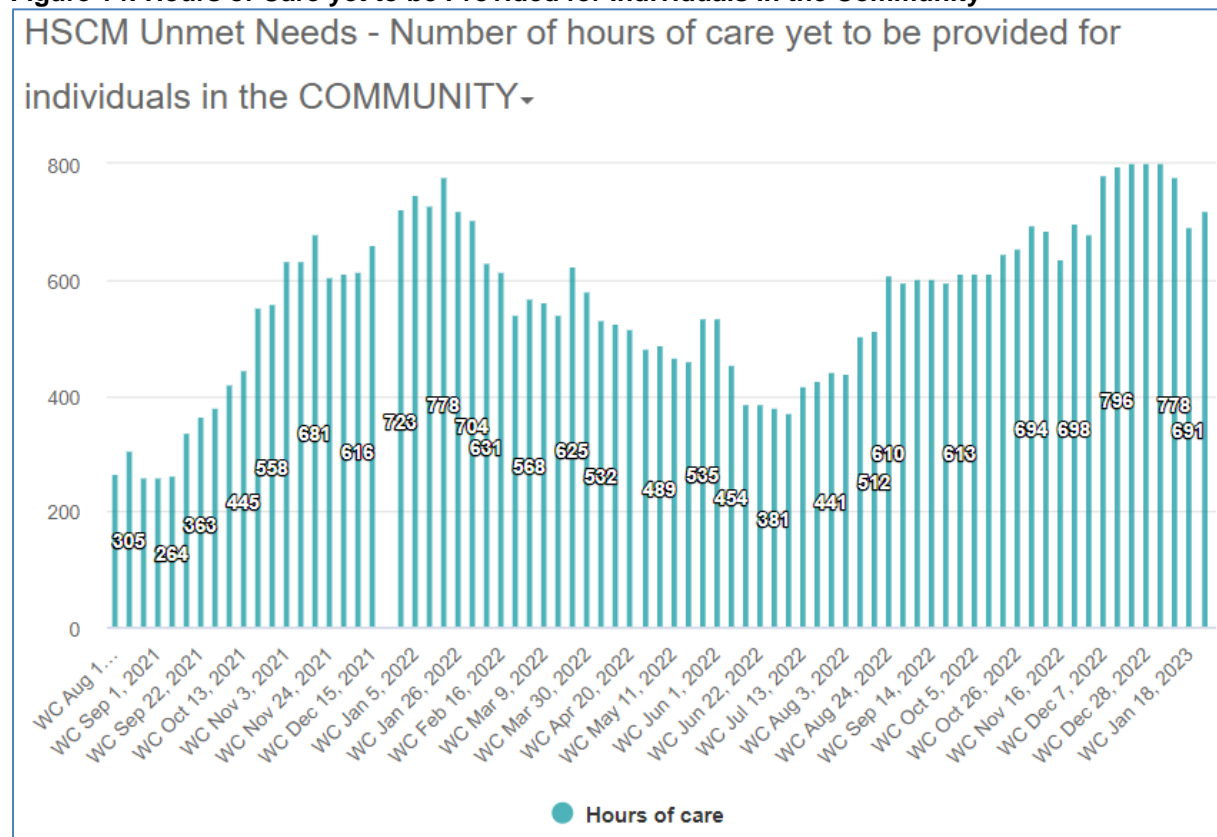


- 6.3 The shortfall in provision of care is also monitored by measuring the number of hours of care not provided each week. The data are measured for those in hospital and those in the community who are waiting for care packages to commence, and also for those with a care package in place but who aren't receiving the full allocation of hours of care assessed as needed. The number of hours not being provided has been high for most of 2022, but there are signs the situation may be improving, albeit still at higher levels than is acceptable.
- 6.4 The following 3 figures (Figures 11, 12 & 13) illustrate the difficulties faced by the Social Care team in providing the required numbers of hours of care during the COVID-19 pandemic.

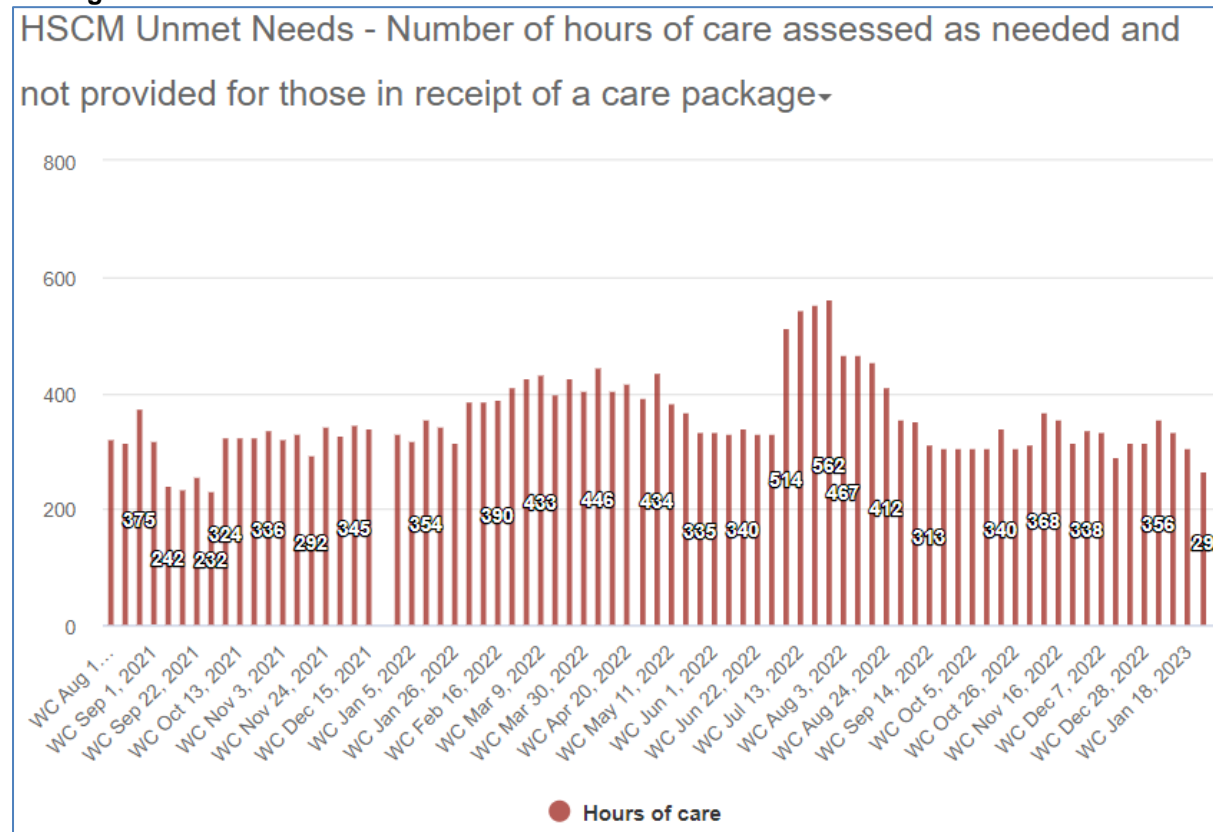
**Figure 13: Hours of Care yet to be Provided for Individuals in Hospital**



**Figure 14: Hours of Care yet to be Provided for Individuals in the Community**

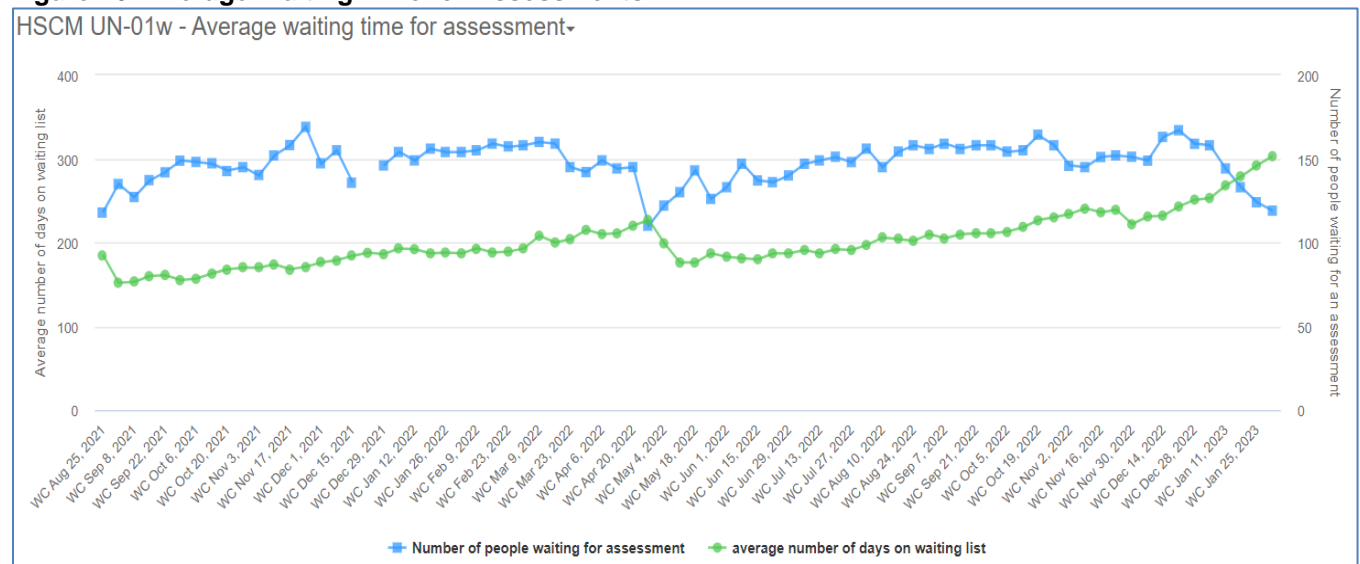


**Figure 15: Hours of Care Assessed as Needed and not Provided for those in Receipt of a Care Package**



- 6.5 Although the levels of unmet need may have peaked and are starting to reduce the average time that people have to wait for an assessment continues to increase. The average number of days has doubled from 152 in September 2021 to over 300, while the number of people waiting has reduced back to the September 2021 figure. The increased waiting time may suggest that care packages are becoming more complex and assessments are taking longer so that fewer are able to be completed each week, or that there are insufficient staff to undertake the number of assessments required.

**Figure 16: Average Waiting Time for Assessments**





## **7. SUMMARY OF IMPLICATIONS**

**(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Partners in Care 2022 – 2032”**

Performance management reporting is a legislative requirement under section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014.

In addition to publishing an Annual Performance Report, the Moray Integration Scheme requires that the MIJB will “monitor the performance of the delivery of integrated services using the Strategic Plan on an ongoing basis” (para 5.2.2 of the Moray Integration Scheme refers).

**(b) Policy and Legal**

None directly associated with this report.

**(c) Financial implications**

None directly associated with this report.

**(d) Risk Implications and Mitigation**

There are no risk issues arising directly from this report. The long-term impact of the COVID-19 on the Health and Social Care system are still unknown and performance measurement will remain flexible to enable the service to be prepared and react to any future developments.

**(e) Staffing Implications**

None directly associated with this report.

**(f) Property**

None directly associated with this report.

**(g) Equalities/Socio Economic Impact**

An Equality Impact Assessment is not required for the Performance Framework because there will be no impact, as a result of the report, on people with protected characteristics.

**(h) Climate Change and Biodiversity Impacts**

No climate change or biodiversity implications have been determined for this policy/activity. It should be noted that extreme weather events, such as the recent storms, are expected to occur more frequently and with greater ferocity in future years. In the longer-term there are likely to be issues with the reduction in availability and increases in costs of fossil fuels that will pose challenges for the delivery of care services to people living in rural areas.

**(i) Directions**

There are no directions arising from this report.

**(j) Consultations**

For Health and Social Care Moray the Chief Officer, Corporate Officer and Service Managers in relation to respective areas have been consulted as has Tracey Sutherland, Committee Services Officer, Moray Council and their comments are incorporated in the report.

## **8. CONCLUSION**

- 8.1 This report provides the MIJB with an overview of the performance of specified Local and National indicators and outlines actions to be undertaken to improve performance in Section 4 and expanded on in APPENDIX 1. As this is my final report before I retire, may I take the opportunity to wish the MIJB all the best for the future.**

Authors of Report: Sonya Duncan, Corporate Manager  
Carl Bennett, Senior Performance Officer

Background Papers: Available on request

Ref: