



REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 29 JUNE 2023

SUBJECT: QUARTER 4 (JANUARY TO MARCH 2023) PERFORMANCE REPORT

BY: INTERIM STRATEGY AND PLANNING LEAD

1. REASON FOR REPORT

- 1.1 To update the Audit, Performance and Risk Committee on performance as at Quarter 4 (January to March 2023).

2. RECOMMENDATION

- 2.1 It is recommended that the Committee consider and note:

- i) the performance of local indicators for Quarter 4 (January to March 2023) 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.

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

- 4.2 The detailed performance report for quarter 4 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 4 of the financial year 2022/23 is showing as variable. Three of the indicators are presenting as green, two are amber and six are red. This represents a reduced performance compared to quarters 2 and 3 in 2022/23 and similar to quarter 1 2021/22.
- 4.4 Figure 1 provides a summary and the historical trends. A summary of performance for each of the 6 reporting categories is provided below. Two of these areas are presenting as green, while one is amber and the other three are red.

EMERGENCY DEPARTMENT - GREEN

- 4.5 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.

DELAYED DISCHARGES – RED

- 4.6 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, which is influencing the RED category, it is at its lowest level since August 2021, which should be recognised as a major success for HSCM.
- 4.7 Bed days lost due to delayed discharges reduced from **1063** last quarter to **751** this quarter. This decrease again highlights the successful work undertaken through the Delay Discharge plan. Although this continues to be above the target of 304 it is at its lowest level since August 2021, which contributes to the RED categorisation.

EMERGENCY ADMISSIONS – AMBER

- 4.8 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.
- 4.9 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.

HOSPITAL RE-ADMISSIONS - GREEN

- 4.10 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%**.

MENTAL HEALTH – RED

- 4.11 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.

STAFF MANAGEMENT – RED

- 4.12 NHS employed staff sickness levels (to the end of quarter 4) have increased from to **5.1%** from **5.9%**, above the target of 4%. Council employed staff sickness was **9.7%** last quarter, more than double the 4% target.

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 earlier	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

Note: In order to match other national and local data sources indicators are showing the last month in the reporting quarter.

*From May 2022, the census figures for April 2021 onwards include delays due to infection control measures in place at hospital (delay reason codes 26X and 46X)

5. AREAS NOT MEETING TARGETS

Delayed Discharge

- 5.1 The number of people waiting to be discharged from hospital at census date (DD-01) has reduced again in quarter 4 to **26** delays and is the lowest since August 2021 as is the number of bed days occupied (DD-02) at **751** days, and early figures show that this looks to be continuing on that trajectory into 2023/24.
- 5.2 Whole system Moray Portfolio meetings, which occur daily, have been taking place with operational staff from all services to ensure system wide awareness of the pressures that might cause issues with patient flow. The meeting begins with an overview of the current status of all services and then provides a platform to support staff with problems that might interrupt flow. It is also an opportunity to deploy available resource to the most critical areas. This has resulted in improved communication, quicker placement and improved flow. In addition to this more care home beds have been made available due to an agreement to pay from offer of care home bed to ensure beds are free on discharge date.
- 5.3 This reduction is also in part due to the new classification of delays to discharge in the NHS system introduced across Scotland in February 2023. The new Planned Discharge Date (PDD) 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. While this has resulted in longer stays prior to an agreed discharge date it has aligned Moray practice with the rest of Scotland.

- 5.4 Additionally, the Hospital Discharge Team continues to scrutinise all delays daily and ensure they are still relevant, 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.
- 5.5 Despite still not achieving the target the improvement in both delayed discharge measures is worth noting as have the measures that have been put in place and the work that has gone into achieving the improvement to date by the teams.

Emergency Admissions

- 5.6 The rate of emergency occupied bed days has been consistently increasing since March 2021. This measure has seen a continual rise to **2,749** at the end of quarter 4 reflects a system still under pressure despite the gains made in other measures. The numbers of admissions in EA-02 and EA-03 have not increased along with this and would suggest people are spending more time in hospital as a whole. A number of surge beds being made available in Moray have contributed to this increase due to increased capacity.
- 5.7 Moray's aging population will also be a factor as patients over 65 are more likely to spend time in hospital after the point at which they are 'fit' to be transferred or discharged from an acute care setting because more support needs to be organised to facilitate a discharge home.
- 5.8 With the reduction in delayed discharges this figure will decrease in the coming months, as it is a rolling 12 month figure, so there is a time lag in any improvements made in the system showing in the longer term trend analysis.

Mental Health

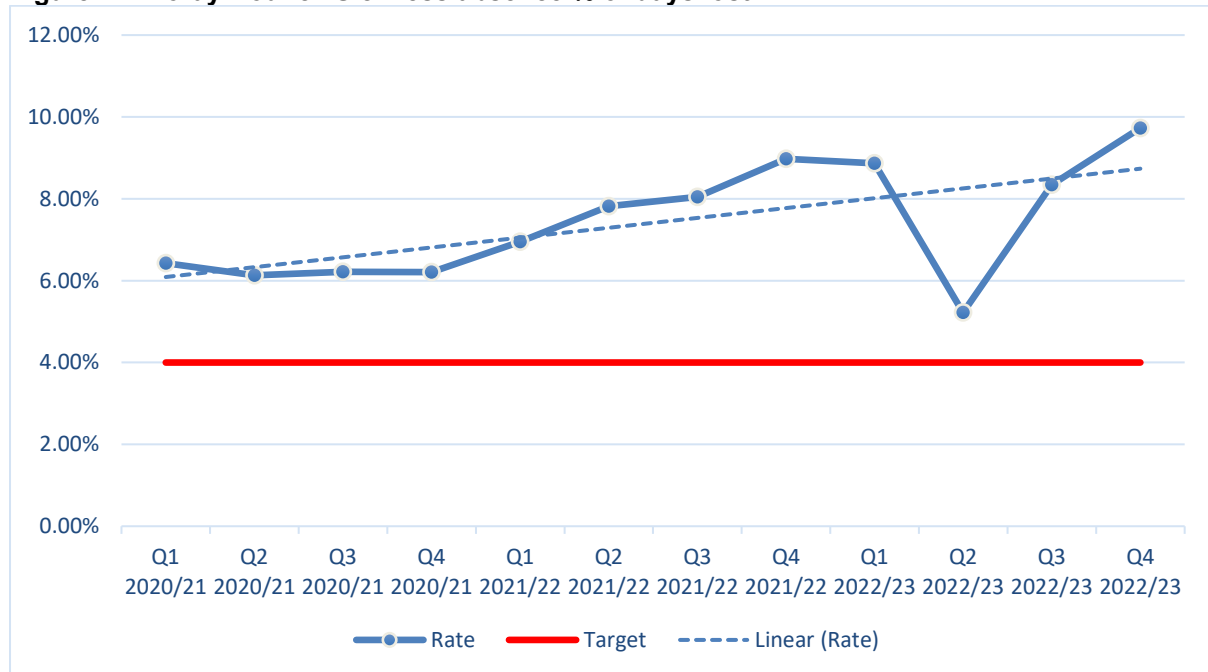
- 5.9 There was a slight reduction in the percentage of patients receiving psychological therapy treatment within 18 weeks (MH-01) from 79% in quarter 3 to 73% at the end of March 2023, but this is much higher than the figure at the same point in 2021/22 (33% at the end of quarter 4) but the target of 90% is still not being achieved.
- 5.10 This is due to a variety of factors such as an increase in the number and complexity of referrals, long term sickness absence within the team, upcoming maternity leave and a further period of planned sick leave. The team are working hard to reduce waiting times and are addressing this through current and planned group work, allowing for more people to be seen in a timely manner. However, this is not suitable for all people referred into the service.
- 5.11 The service is also linked into the Grampian wide Psychological Therapies Improvement Board meetings looking at capacity within the service and trajectory planning.

- 5.12 Without recruitment to the maternity leave post and as a result of further planned sick leave, it is difficult to predict when this position may change.

Staff Management

- 5.13 Sickness absence for Moray Council employed HSCM staff has increased from 8.3% in quarter 3 to 9.7% in quarter 4. This is the highest it has been in the two years. After a decrease in quarter 2 this is now showing an increasing trend as shown in figure 1.

Figure 1 – Moray Council Sickness absence % of days lost



- 5.14 NHS staff absences due to sickness are continuing to increase from 5.1% in quarter 3 to 5.9% at the end of quarter 4.

Figure 2 – NHS Sickness absence % of days lost



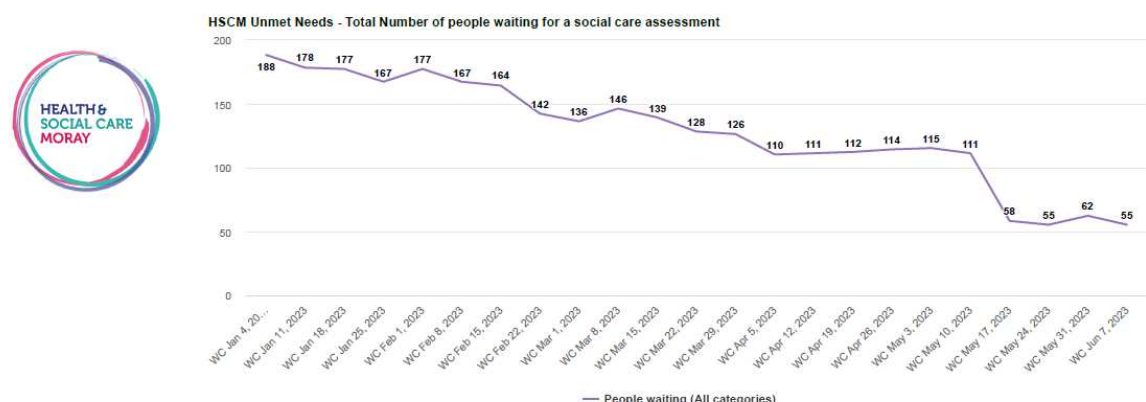
- 5.15 The recruitment cell continues to give excellent support to Provider Services working to highlight the team and their role. Recruitment has been ongoing with **21** new Social Care Assistants (SCAs) starting in quarter 4, bringing the total of new SCAs for 2022/23 to **71**. The largest proportion of these recruits (**42.3%**) coming from outside of care sector, followed by those coming from other care companies in the Moray area (**33.8%**).
- 5.16 Temporary staff were employed for 12 months as Care at Home Officers to fill the gaps left by secondments and other absences and to provide support to all SCAs.
- 5.17 Care at Home continue to react to staffing pressures from sickness and annual leave. The average sickness rate in quarter 4 was 9.6% slightly higher than the average rate in quarter 3 of 8.5%, but lower than quarter 4 2021/22 which was 9.9%. It is expected that annual leave will now account for the highest number of staff not at work as we head into the busy holiday period.

SOCIAL CARE

- 5.18 The data shows people waiting for social care assessment has rapidly decreased since January 2023. There has been a test of change within the Access Teams to address the challenge of what was a very lengthy waiting list, with people then waiting considerable time for their assessment. The predominant focus of the teams is to support those with an ongoing and continued need for social work, social care, and MDT support, from the outset. In attempting to redefine the role and function of the teams and to improve social work practice one of the benefits is that collectively the teams are now in a position to undertake more assessments. The other contributing factor in the decrease in numbers of people waiting for assessment is the use of 3 care enablers, who undertake assessments where a care need is identified.

Figure 3 – Unmet Need

♥ HSCM - Unmet Need



5. **SUMMARY OF IMPLICATIONS**

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Moray 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

Senior Management Team, Health and Social Care, consulted as has the Democratic Services Manager, Moray Council and their comments are incorporated in the report.

6. CONCLUSION

- 6.1 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.**

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Background Papers: Available on request
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