



**PERFORMANCE REPORT
SUPPORTING CHARTS**

**QUARTER 4
2023/24**

(1 JANUARY 2024 – 31 MARCH 2024)

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1. PERFORMANCE SUMMARY

BAROMETER OVERVIEW

Moray currently has **11 local indicators**. Of these **1 is Green**, **3 are Amber** and **7 are Red**.

Figure 1 - Performance Summary

Health and Social Care Moray Performance Report								
Code	Barometer (Indicator)	Q4 2223 Jan-Mar	Q1 2324 Apr-Jun	Q2 2324 Jul-Sep	Q3 2324 Oct-Dec	Q4 2324 Jan-Mar	Target	RAG
AE	Accident and Emergency							
AE-01	A&E Attendance rate per 1000 population (All Ages)	20.6	23.6	23.3	21.8	22.6	21.9	A
DD	Delayed Discharges							
DD-01	Number of delayed discharges (including code 9) at census point	26	30	26	37	43	10	R
DD-02	Number of bed days occupied by delayed discharges (including code 9) at census point	751	732	845	1162	1501	304	R
EA	Emergency Admissions							
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	2749	2699	2628	2598	2509	2320	R
EA-02	Emergency admission rate per 1000 population for over 65s	185.8	186.8	189.9	188.7	179.9	177	A
EA-03	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	129.2	129.8	133.2	132.9	125.8	121	A
HR	Hospital Readmissions							
HR-01	% Emergency readmissions to hospital within 7 days of discharge	3.6%	4.0%	3.9%	3.3%	4.4%	3.9%	R
HR-02	% Emergency readmissions to hospital within 28 days of discharge	7.5%	8.1%	8.6%	7.9%	8.3%	8.4%	G
MH	Mental Health							
MH-01	% of patients commencing Psychological Therapy Treatment within 18 weeks of referral	73%	63%	50%	52%	57%	90%	R
SM	Staff Management							
SM-01	NHS Sickness Absence (% of hours lost)	5.9%	4.8%	5.7%	6.6%	5.7%	4%	R
SM-02	Council Sickness Absence (% of days lost)	9.7%	7.0%	8.4%	9.6%	9.7%	4%	R

2. DELAYED DISCHARGE - RED

Trend Analysis

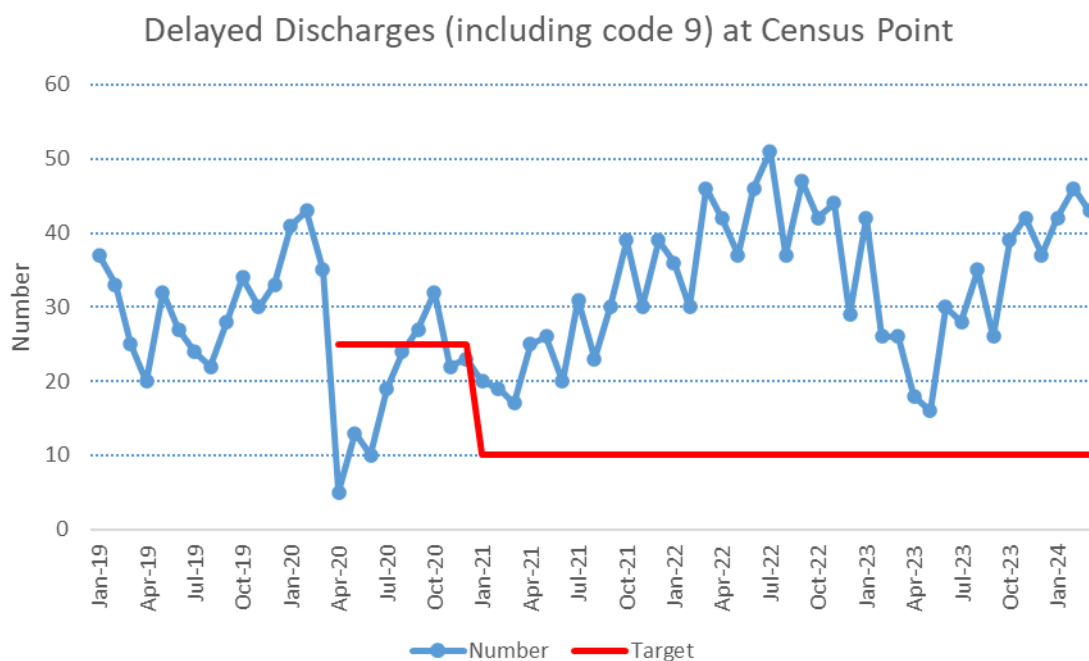
The number of delays at the March quarter 4 snapshot was up to **43**, from a low of **26** at the same time last year. While there is a lot of variation weekly (and even daily) operationally the daily figure did not drop below 40 in this period.

Bed days lost due to delayed discharges increased to **1,501** this quarter from **751** in the same period last year. This mirrors the increase in the more volatile snapshot days (DD-01) measure and demonstrates that the trend is indeed increasing overall in Delayed Discharges over this period with a more significant increase in the bed days lost.

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 – Increasing

Despite some volatility in numbers from month to month the underlying trend for the number of people experiencing Delayed Discharge continues to increase from a low at the end of Quarter 2 2023/24.

Source [Public Health Scotland](#)

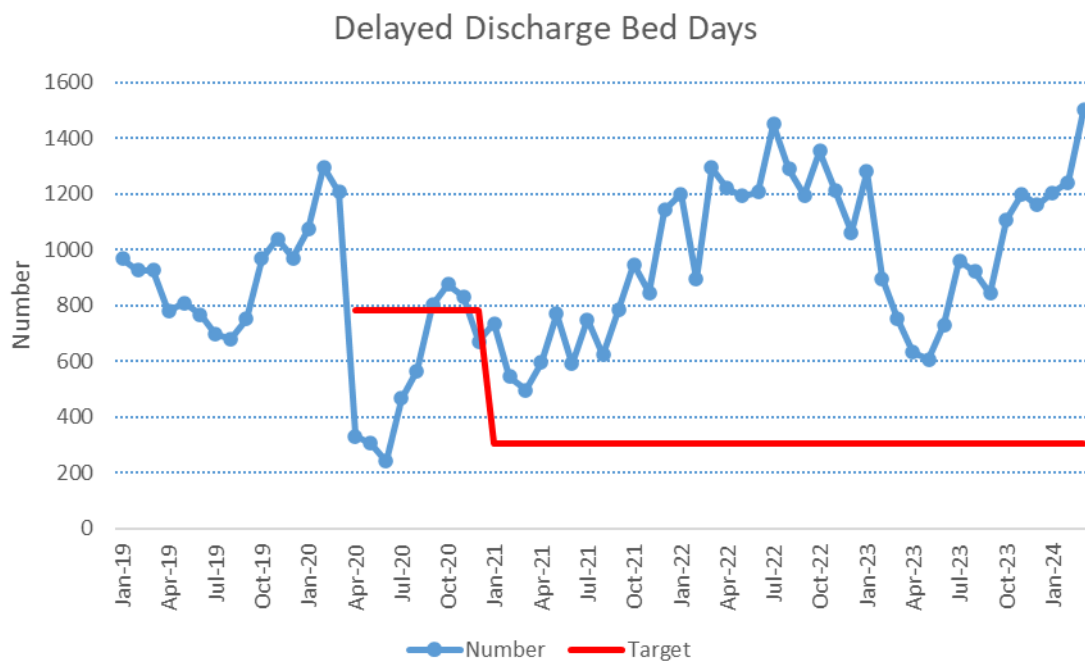
DD-02: NUMBER OF BED DAYS OCCUPIED BY DELAYED DISCHARGES PER QUARTER (INC CODE 9) PER 1000 18+ POPULATION

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 – Increasing

The number of bed-days lost are now 5 times the target number of days.

Source [Public Health Scotland](#)

3. EMERGENCY ADMISSIONS - AMBER

Trend Analysis

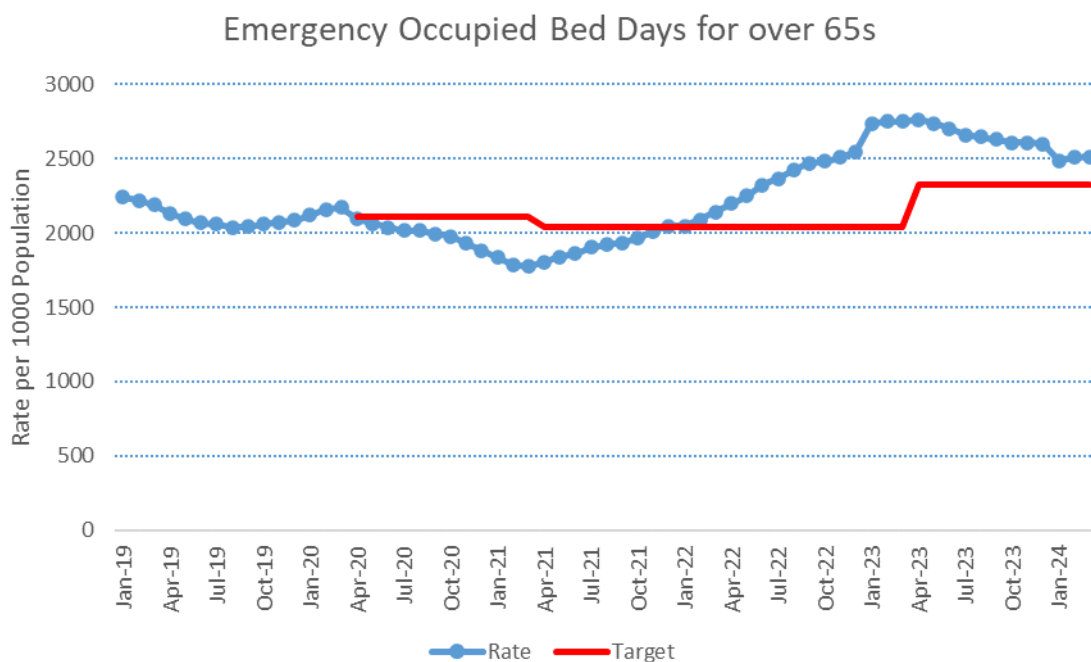
The rate of emergency occupied bed days for over 65s continues to decrease since the end of quarter 4 2022/23 the rate has decreased from **2,749** to **2,509**, however this still exceeds the target of **2,320** per 1,000 population.

The emergency admission rate per 1000 population for over 65s has increased through quarter 2 to **189.9** and then decreased two quarters in a row to **179.9** which is still just above the target of 177. Similarly, the number of people over 65 admitted to hospital in an emergency also increased to **133.2** over quarter 2 and then decreased to **125.8** in quarter 4. Both of these indicators are now **AMBER**.

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 – Decreasing

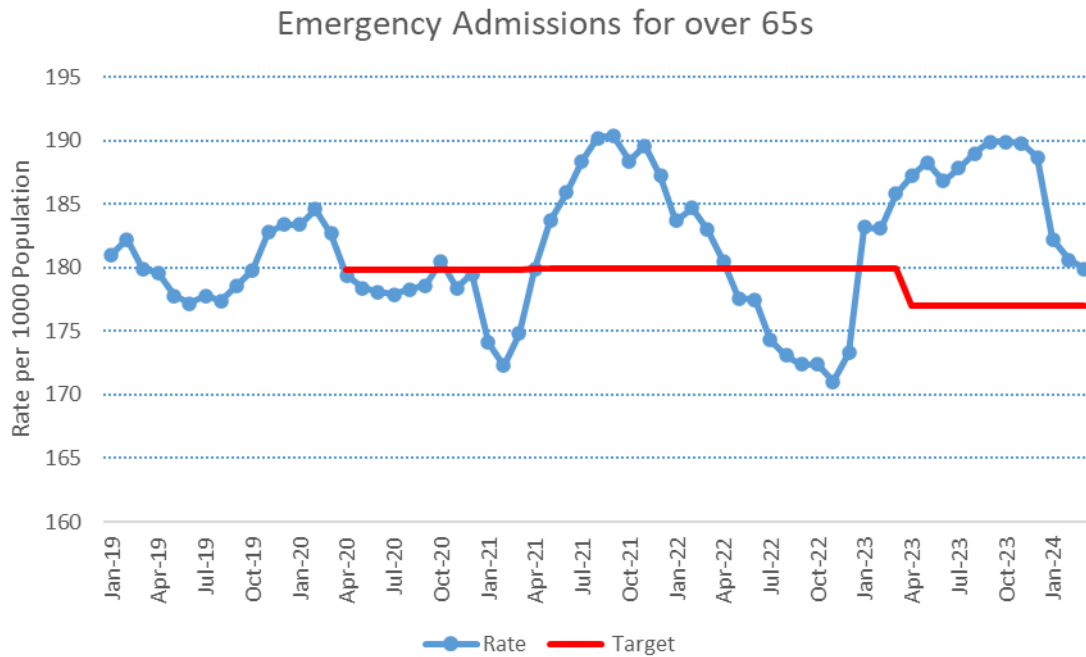
Since the start of April 2023 there has been a steady but decreasing trend.

Source	Health Intelligence
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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 – Decreasing

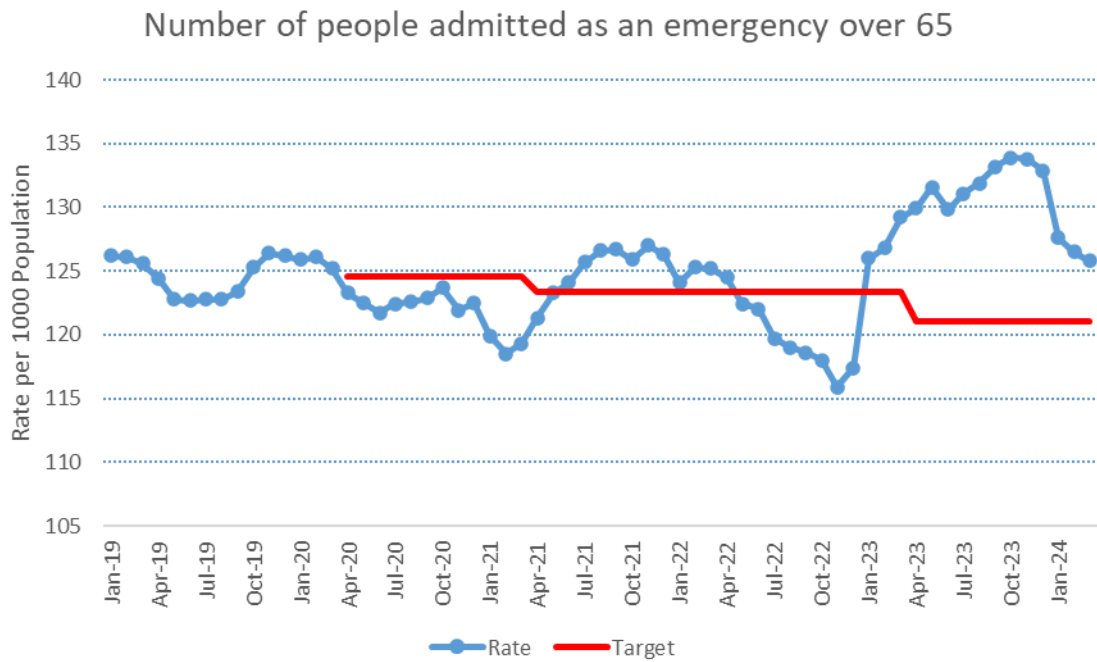
After a small decrease in this measure in December 2023 the last quarter saw a significant decrease in this measure.

Source	Health Intelligence
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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 – Decreasing

After a small decrease in this measure in December 2023 the last quarter saw a significant decrease in this measure.

Source	Health Intelligence
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4. EMERGENCY DEPARTMENT – AMBER

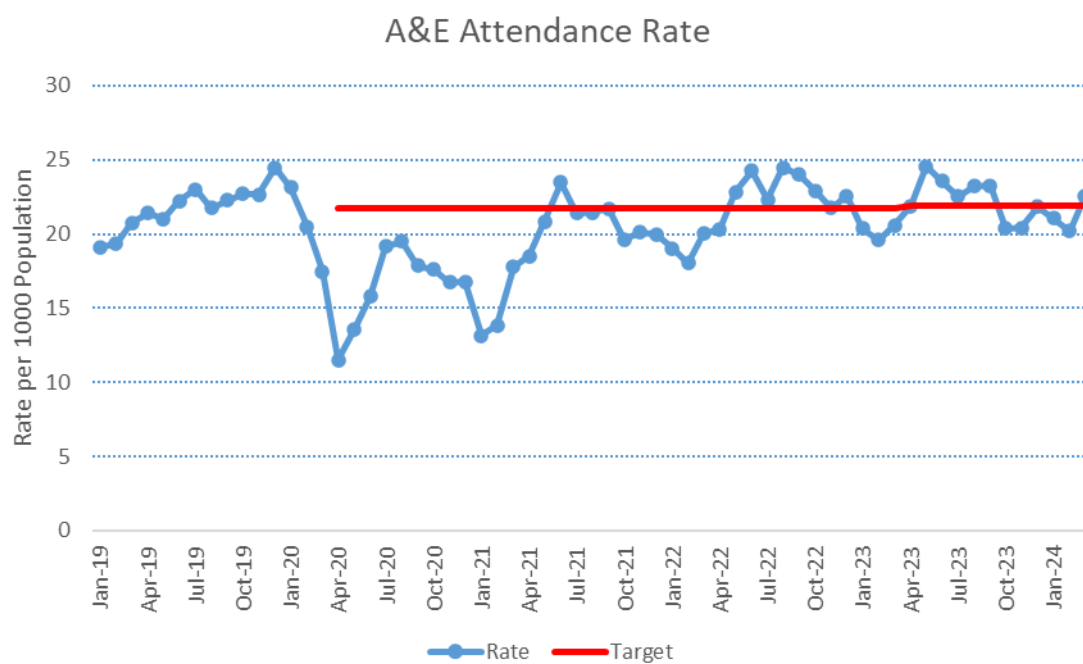
Trend Analysis

There was a decrease in the rate per 1,000 this quarter from **23.6** in quarter 1 **22.6** in quarter 4. This is above the number presenting at the same period last year but it is worth noting that the month on month figure is trending below the target and March 2024 is an outlier in that it went above the target whereas last year the low figure was an outlier in that it was a significant dip in previous months' figures.

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 4 the attendance rate per 1,000 population has remained stable, sitting just above the target level.

Source	Health Intelligence
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5. HOSPITAL RE-ADMISSIONS - AMBER

Trend Analysis

The 7-day re-admissions have increased to just above target to **4.4%**, and while the 28-day re-admissions which have increased they remain below target at **8.3%**.

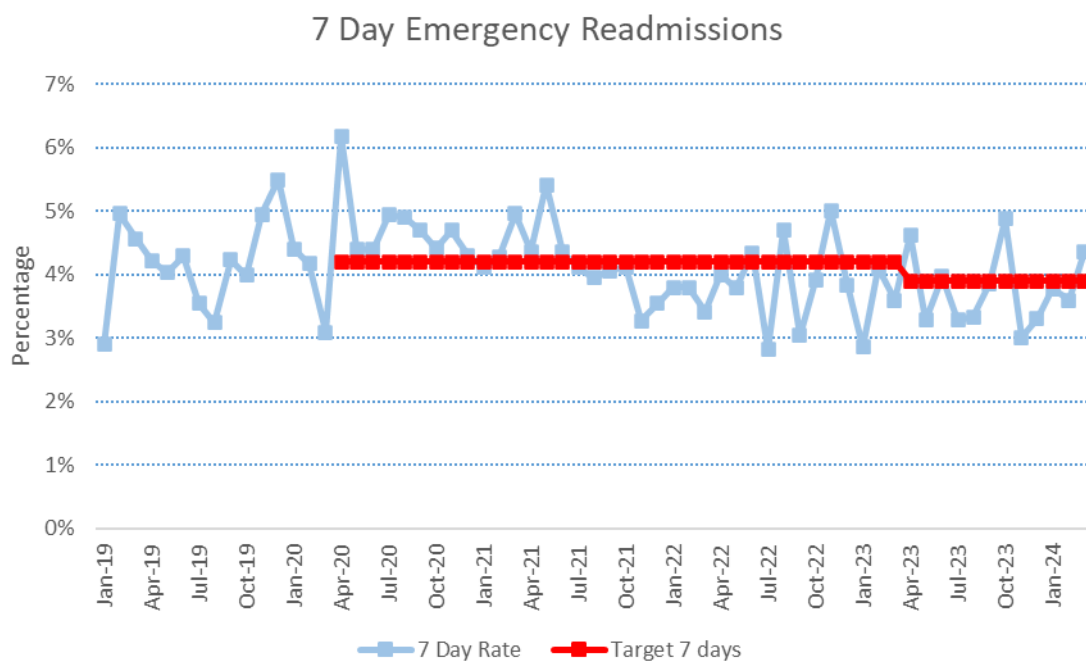
HR-01: PERCENTAGE OF EMERGENCY RE-ADMISSIONS TO HOSPITAL WITHIN 28 DAYS - MORAY PATIENTS

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-day Emergency Readmissions



Indicator Trend – Stable

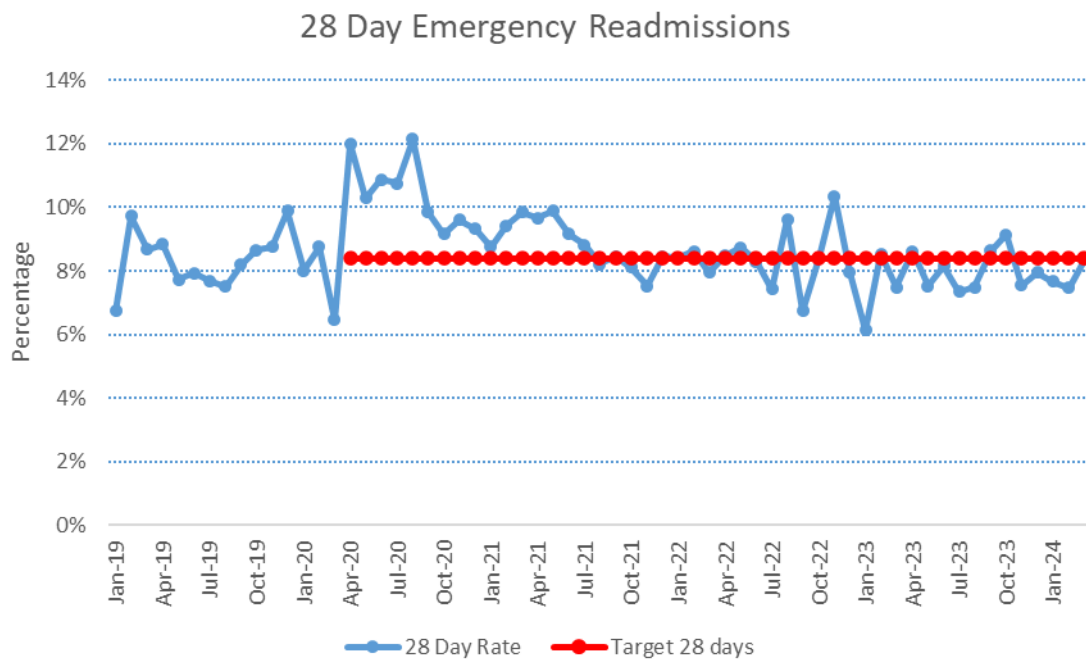
7-day Hospital Re-admissions have generally remained below the target of 3.9% for the last three quarters, only having the odd month above target.

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

28-day Hospital Re-admissions have remained below the target of 8.4% for this quarter.

Source	Health Intelligence
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6. MENTAL HEALTH – RED

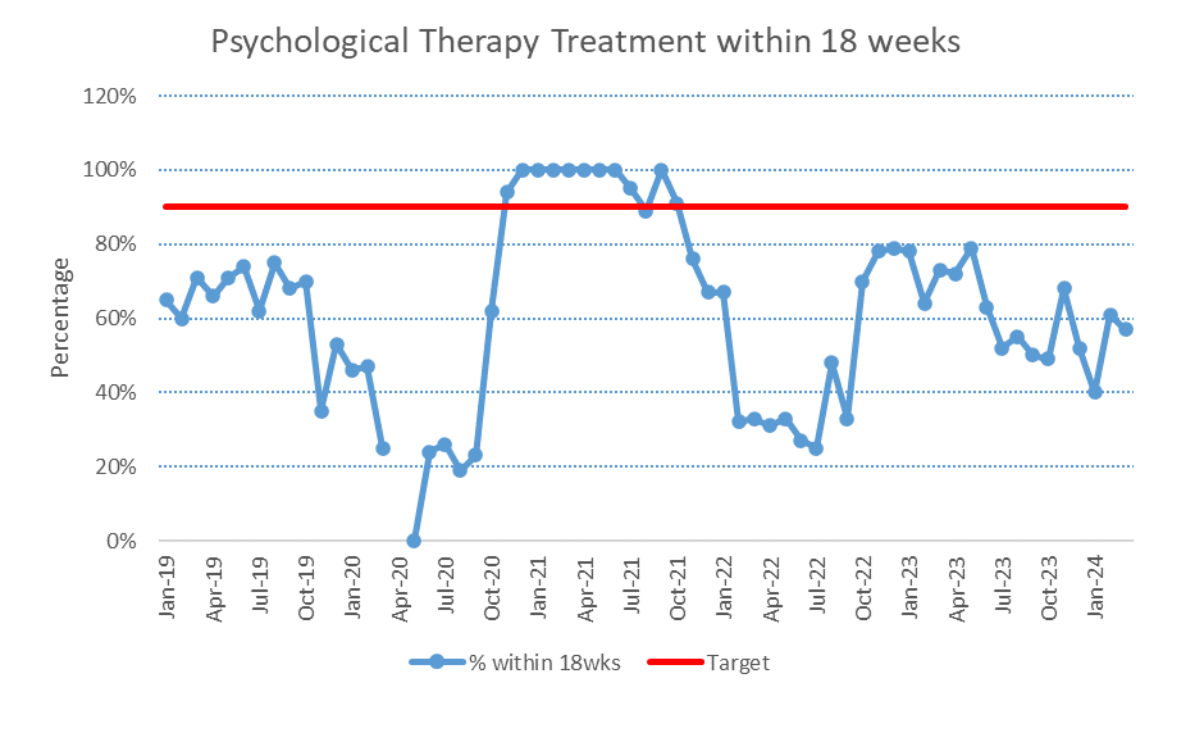
Trend Analysis

After achieving a low 50% in September 2023 there has been little variation in performance for the third and fourth quarters now 57% of patients being referred within 18 weeks at the end of quarter 4 2023/24.

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 – Stable but low

The short term monthly trend tends towards 54% in this measure in the last three quarters.

Source	Health Intelligence
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7. STAFF MANAGEMENT - RED

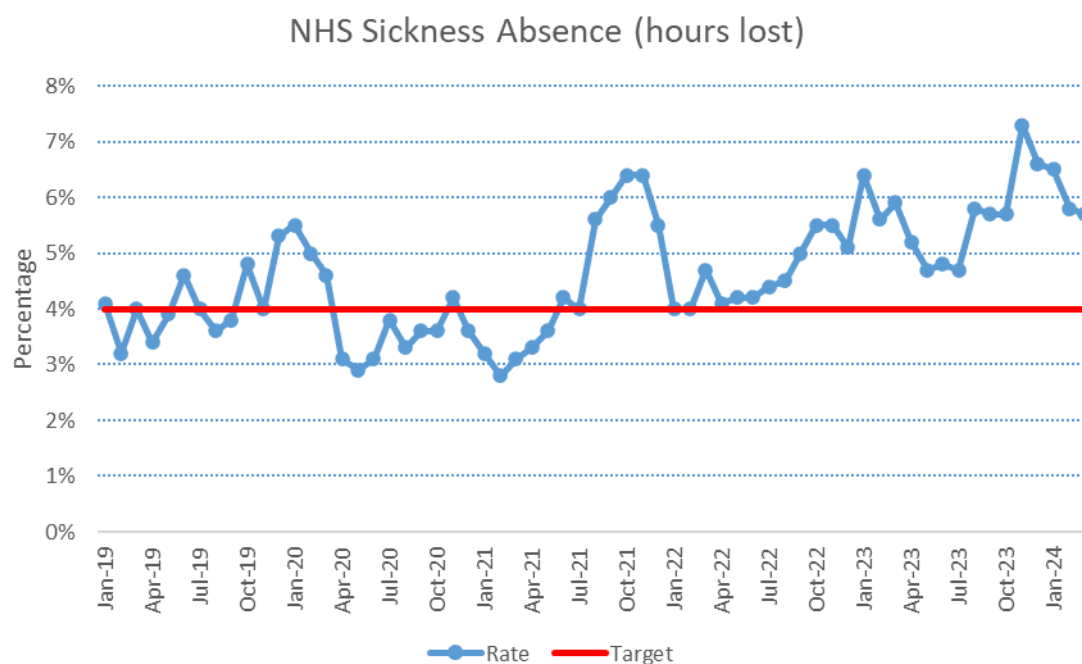
Trend Analysis

Sickness absence for NHS employed staff has decreased to **5.7%** during quarter 4 from a high of **7.3%** at the end of November 2023. Council employed staff sickness has stayed at **9.6%** for the second quarter in a row which is lower than the figure of **9.7%** for the same period last year.

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		

Figure 11 – NHS Sickness Absence



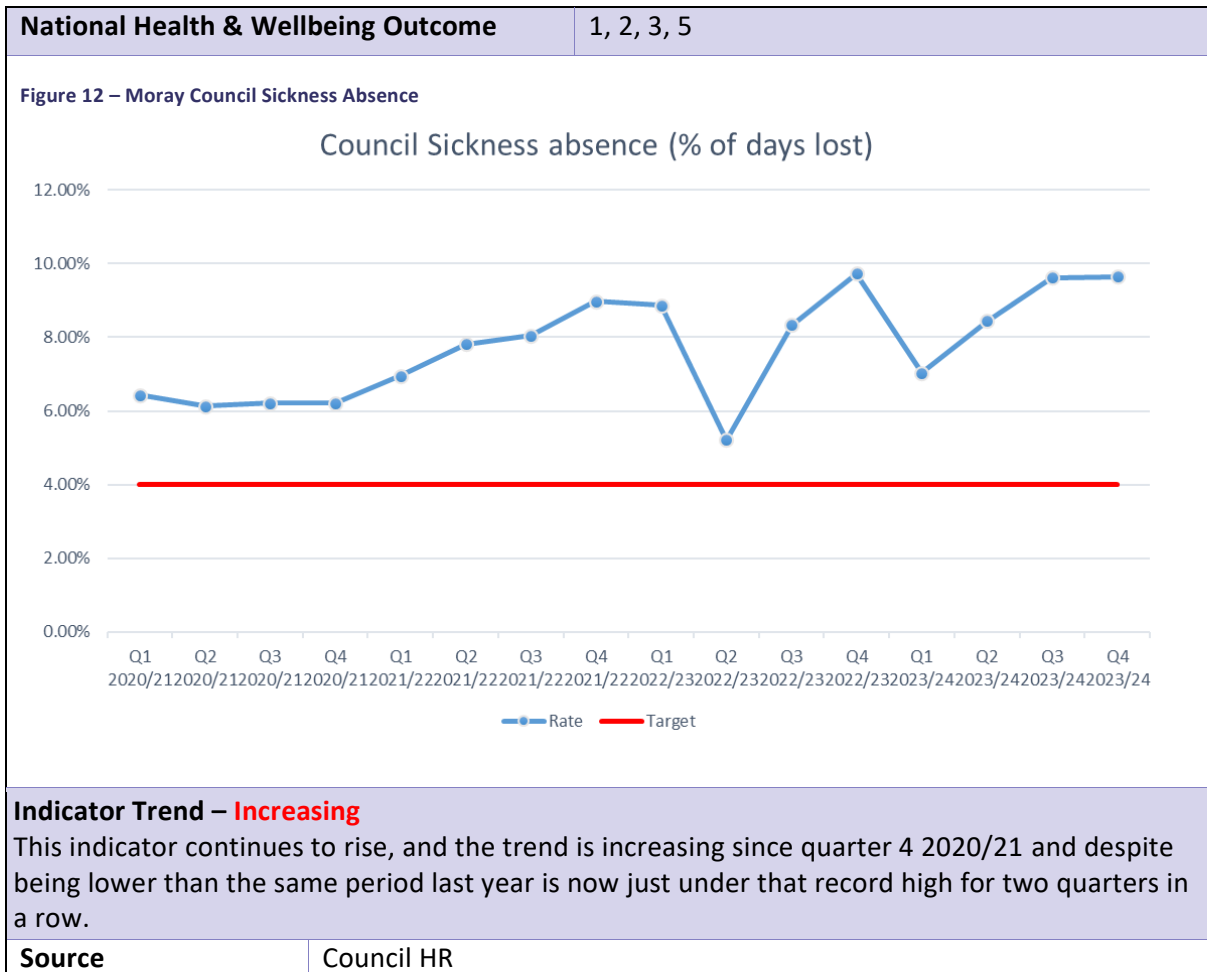
Indicator Trend – Decreasing

This indicator as been decreasing in the last 3 months of the year.

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



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

WE ARE PARTNERS IN CARE

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

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

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

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

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

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

TRANSFORMATION (DELIVERY) PLAN supported by enablers:



BUILDING RESILIENCE

- **EA-01:** RATE OF EMERGENCY OCCUPIED BED DAYS FOR OVER 65S PER 1000 POPULATION
- **EA-02:** EMERGENCY ADMISSIONS RATE PER 1000 POPULATION FOR OVER 65S
- **EA-03:** NUMBER OF PEOPLE OVER 65 YEARS ADMITTED AS AN EMERGENCY IN THE PREVIOUS 12 MONTHS PER 1000 POPULATION
- **HR-01:** PERCENTAGE OF EMERGENCY RE-ADMISSIONS TO HOSPITAL WITHIN 28 DAYS - MORAY PATIENTS
- **HR-02:** PERCENTAGE OF EMERGENCY RE-ADMISSIONS TO HOSPITAL WITHIN 7 DAYS - MORAY PATIENTS
- **SM-01:** NHS SICKNESS ABSENCE % OF HOURS LOST
- **SM-02:** COUNCIL SICKNESS ABSENCE (% OF CALENDAR DAYS LOST)

HOME FIRST

- **DD-01:** NUMBER OF DELAYED DISCHARGES (INCLUDING CODE 9, CENSUS SNAPSHOT, AT END OF QUARTER)
- **DD-02:** NUMBER OF BED DAYS OCCUPIED BY DELAYED DISCHARGES PER QUARTER (INC CODE 9) PER 1000 18+ POPULATION
- **UN-01:** NUMBER OF LONG-TERM HOME CARE HOURS UNMET AT WEEKLY SNAPSHOT
- **UN-02:** NUMBER OF PEOPLE WITH LONG-TERM CARE HOURS UNMET AT WEEKLY SNAPSHOT

PARTNERS IN CARE

- **OA-01:** NUMBER OF REVIEWS OUTSTANDING AT END OF QUARTER SNAPSHOT
- **MH-01:** PERCENTAGE OF PATIENTS COMMENCING PSYCHOLOGICAL THERAPY TREATMENT WITHIN 18 WEEKS OF REFERRAL
- **AE-01:** A&E ATTENDANCE RATES PER 1000 POPULATION (ALL AGES)

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.