



REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 29 FEBRUARY 2024

SUBJECT: QUARTER 2 AND 3 (JULY - DECEMBER 2023) PERFORMANCE REPORT

BY: CORPORATE MANAGER

1. REASON FOR REPORT

1.1 To update the Committee on performance as at Quarter 3 (October - December 2023). Quarter 2 and Quarter 3 analysis is incorporated into this report.

2. RECOMMENDATION

2.1 It is recommended the Committee consider, provide comment on and note:

i) the performance of local indicators for Quarters 2 and 3 (July to December 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 Committee.

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 3 is attached in **APPENDIX 1**.

Summary

4.3 Performance within Health and Social Care Moray (HSCM) is set out in the agreed indicators up to the end of quarter 3 of the financial year 2023/24 with three of the indicators on green and eight on red. This represents an improved performance compared to quarter 2 in this year 2023/24, however when compared to the same period in the previous year there is reduced performance. The contributing factors are indicated in the report, however it should be noted that there are mitigations in place that are having a positive impact.

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 the other four are red.

Figure 1 – Performance Summary

Health and Social Care Moray Performance Report									
Code	Barometer (Indicator)	Q3 2223 Oct-Dec	Q4 2223 Jan-Mar	Q1 2324 Apr-Jun	Q2 2324 Jul-Sep	Q3 2324 Oct-Dec	New Target (from Q1 2324)	Previous Target (from Q1 2022 or earlier)	RAG
AE	Accident and Emergency								
AE-01	A&E Attendance rate per 1000 population (All Ages)	22.6	20.6	23.6	23.3	21.8	21.9	21.7	G
DD	Delayed Discharges								
DD-01	Number of delayed discharges (including code 9) at census point	29	26	30	26	37	no change	10	R
DD-02	Number of bed days occupied by delayed discharges (including code 9) at census point	1063	751	732	845	1162	no change	304	R
EA	Emergency Admissions								
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	2547	2749	2699	2628	2598	2320	2037	R
EA-02	Emergency admission rate per 1000 population for over 65s	173.3	185.8	186.8	189.9	188.7	177	179.9	R
EA-03	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	117.4	129.2	129.8	133.2	132.9	121	123.4	R
HR	Hospital Readmissions								
HR-01	% Emergency readmissions to hospital within 7 days of discharge	3.8%	3.6%	4.0%	3.9%	3.3%	3.9%	4.2%	G
HR-02	% Emergency readmissions to hospital within 28 days of discharge	8.0%	7.5%	8.1%	8.6%	7.9%	8.4%	8.4%	G
MH	Mental Health								
MH-01	% of patients commencing Psychological Therapy Treatment within 18 weeks of referral	79%	73%	63%	50%	52%	no change	90%	R
SM	Staff Management								
SM-01	NHS Sickness Absence (% of hours lost)	5.1%	5.9%	4.8%	5.7%	7.3%	no change	4%	R
SM-02	Council Sickness Absence (% of days lost)	8.3%	9.7%	7.0%	8.4%		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.

EMERGENCY DEPARTMENT - GREEN

4.5 There was a decrease in the rate attending per 1,000 this quarter, from **23.6** in quarter 1 to **23.3** in quarter 2 and more significantly to **21.8** in quarter 3. This is lower than the number presenting during the same period last year. Reasons for this include better signposting and public messaging during periods of increased activity. This also includes redirecting to NHS 24 or Primary Care services where possible. It should be noted that in the same period, Primary Care (including Out of Hours) activity increased. Out of Hours centre activity and home visits have significantly increased from the same period last year. Scottish Ambulance Service conveyance figures have also remained stable for this period. This means to a certain extent, the redirection of accident and emergency presentations has been successful as patients are

being seen by the right service at the right time, rather than a decrease in demand.

DELAYED DISCHARGES – RED

- 4.6 The number of delays at the December 2023 snapshot was up to **37**, this has shown an upward trend from **26** in quarter 2. It should be noted that delayed discharges for the winter (October – March) period show a common trend with previous years. Daily huddles and increased multi-disciplinary team working are prioritising our delayed discharge reduction work.
- 4.7 Bed days lost due to delayed discharges increased to **1,162** in quarter 3 from **845** in quarter 2. This is lower than our pre Covid levels in 2019 but is now increasing. This is in correlation to an increased number of people who are delayed in their discharge.

EMERGENCY ADMISSIONS – RED

- 4.8 The rate of emergency occupied bed days for people aged over 65 continues to decrease since the end of quarter 4 2022/23, and the rate has decreased from **2,749** to **2,598**, however this still exceeds the target of **2,320** per 1,000 population.
- 4.9 The emergency admission rate per 1000 population for over 65s had been an increasing trend however it decreased in quarter 3 to **188.7** from **189.9** in quarter 2, it remains above the target of **177**.
- 4.10 Similarly, the number of people (rate per 1,000 population) over 65 admitted to hospital in an emergency increased to **133.2** over quarter 2 and decreased to **132.9** in quarter 3.

HOSPITAL RE-ADMISSIONS - GREEN

- 4.11 The 28-day re-admissions remained within target at **7.9%**, with the 7-day re-admission rate also decreasing to **3.3%** at the end of quarter 3.

MENTAL HEALTH – RED

- 4.12 After achieving **79%** in quarter 3 22/23, there has been a decrease for the second quarter in a row with **52%** of patients being seen within 18 weeks at the end of quarter 3 2023/24. The target for this measure is currently **90%**.

STAFF MANAGEMENT – RED

- 4.13 Sickness absence for NHS employed staff increased to **5.7%** in quarter 2 and increased further to **7.3%** during quarter 3. Moray Council employed staff sickness increased to **8.4%** in quarter 2 and **9.6%** in quarter 3. These figures are comparable to those for the same period last year.

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 increased to **37**. The number of bed days occupied (DD-02) has increased to **1162** days, again this an increase from quarter 3 in the previous year. Dr Gray's Hospital has repeatedly been at our highest system escalation level (GOPES 4) and HSCM has also been at level 4 for short

periods for the first time since the implementation of this metric. In this quarter, community hospitals have been operating on a one in, one out basis, and they have remained at full capacity.

- 5.2 There are 13 care homes operating across Moray continuing to operate at 99% capacity with very few beds available. This is not specific to Moray which causes neighbouring authorities to place in Moray care homes too. A number of issues cause this including the use of care home beds for emergency admissions, respite care and freeing up hospital beds. The pressure on care at home availability significantly impacts on care home bed numbers available to those who, via a robust clinical and social risk matrix, are assessed as needing them.
- 5.3 Monitoring continues as per the Multi Agency Monitoring process. Three homes have received a period of enhanced and/or supportive monitoring. This can lead to admissions being closed for an extensive period of time further impacting on bed availability.
- 5.4 The impact of the current situation is that people are in care homes or hospital settings who do not need to be which is detrimental to their overall wellbeing, frailty level, independence and ability to return home with care, and people who do require a care home bed cannot get one because the homes are at capacity or the homes are accepting the National Care Home contract higher nursing care needs/rates only rather than residential care needs/rates. The cessation of non-recurring interim funds will further exacerbate the lack of available places.

Mitigation

- 5.5 Whole system Moray Portfolio flow meetings occur daily with operational staff from all services in attendance to ensure system wide awareness of the pressures that may impact patient flow. All services provide a status and capacity update allowing improved communication and quicker deployment of resources to those services most in need.
- 5.6 The Hospital Discharge Team continues to scrutinise and update delays daily. The Care at Home team continue to enable additional rotas to be opened where possible, ensuring that all care is appropriate and reviewed as timeously as possible.
- 5.7 All community hospital delays over 90 days are added to the Datix system and managed by the Lead Operational Nurse. They are subject to enhanced monitoring and will be escalated via the clinical governance and clinical risk management groups. Robust delayed discharge plans are in place and the multi-disciplinary team is well embedded, and all resource decisions are monitored at portfolio flow and delayed discharge meetings.
- 5.8 Regular Care at Home workshops continue and evidence based change continues, including analysis and enhanced monitoring of the Brokerage lists and a minor change in End of Life (EOL) pathway from Dr Gray's Hospital to care homes. Discussions also take place around the alternatives to Home Care.

Emergency Admissions

- 5.9 The rate of emergency occupied bed days has slowly started to decrease since March 2023 from **2749** to **2598** in quarter 3 2023/24, however this reflects a system still under pressure. The numbers of admissions in EA-02 and EA-03 have increased slightly, suggesting that people are staying in hospital for longer. This may be due to the increased complexity of medical needs of those presenting. A number of surge beds being made available in Dr Gray's Hospital and Seafield Hospital have contributed to this increase due to an increased capacity. Dr Grays has been operating at over 100% capacity for the majority of quarter 3, with surge beds taking the capacity over the 100%.
- 5.10 Moray's population demography will be a contributory factor to this figure. 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 additional support may be required to facilitate a discharge home.

Mitigation

- 5.11 There is a focus on flow through the system, and minimising delays in people's pathway journeys. The work on prevention is as important, including social prescribing, good signposting and targeted health improvement programmes. Good access to primary care is vital as part of that early intervention and supporting people to remain in the community, and the Primary Care Vision work will report to the March MIJB meeting.

Mental Health

- 5.12 There continues to be a reduction in the number of patients commencing Psychological Therapy within 18 weeks. The reasons for this has been multi-faceted including maternity leave and long term sickness.
- 5.13 Another factor is the significant increase in Psychological Therapy referrals into the service. The number of referrals received in 2022 was 198. In 2023 347 referrals were received which is a 75% increase. The main reason for the increase is that referrals can now be made for group therapy following a temporary stop in group work due to Covid-19 restrictions.

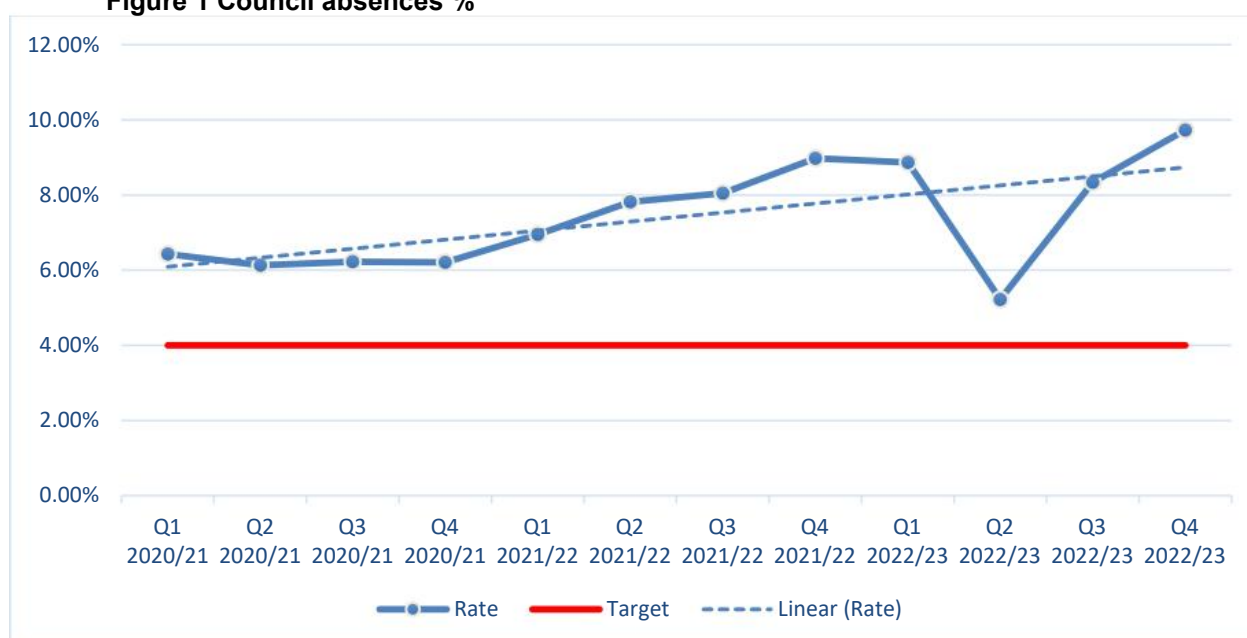
Mitigation

- 5.14 The prolonged sickness period within our Mental Health services has now ended and the previously vacant maternity leave post is now filled, seeing the team return to a full operational capacity. This will have a positive impact on the waiting list.
- 5.15 The service is linked into the Grampian wide Psychological Therapies Improvement Board meetings looking at capacity within the service and trajectory planning.
- 5.16 The implementation of the ten Medication Assisted Treatment Standards, (MATs): evidence based standards to enable the consistent delivery of safe, accessible, high quality drugs treatments across Scotland, sees Moray progressing well with 1-5 implemented and 6-10 in progress.

Staff Management

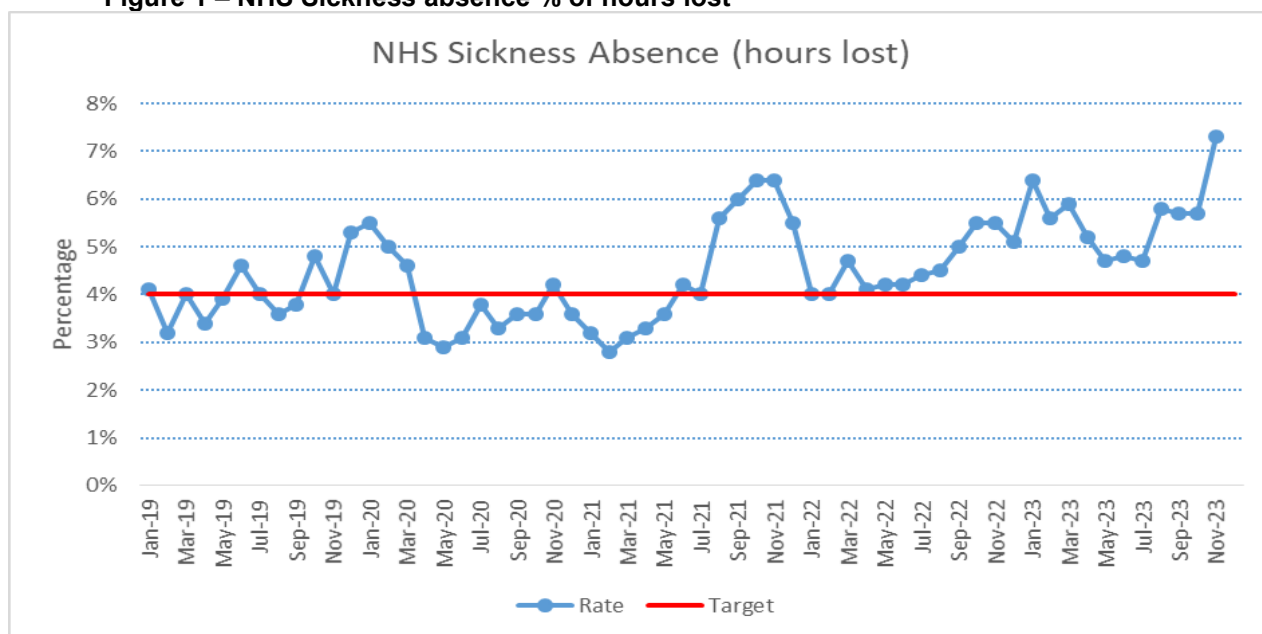
5.17 Sickness absence for Moray Council employed HSCM staff has increased from 8.3% in quarter 3 to 9.7% in quarter 4. This is the highest it has been in the two years. After a decrease in quarter 2 this is now showing an increasing trend as shown in Figure 1 and Figure 2. Mental health reasons and Muscular-skeletal injury are the predominant causes of sickness. December in particular saw 1 in 6 NHS staff off short term with flu, respiratory and a reoccurrence of Covid added to the mix, unfortunately a common trend during the winter months. Staff are asked not to attend work with respiratory illnesses to reduce the risk of spreading the illness to patients and staff.

Figure 1 Council absences %



5.18 NHS staff absences due to sickness are continuing to increase from 4.8% to 7.3% in quarter 3.

Figure 1 – NHS Sickness absence % of hours lost



Retention of care at home / care home / care provider staff

5.19 There is an ongoing recruitment and retention programme across Care at Home, Care Providers and Care Homes. Despite the challenges in recruitment and retention, Care at Home staff retention is currently holding stable at 82%, which is higher than the national average. Within this sector, within the previous 12 months, workers have received a pay grade rise and have experienced increased flexible working. However there remain health care support worker and social care assistant posts being advertised and remaining vacant. There is a flexibility with moving posts that is relatively new and can be wide ranging across the health and social care sector given the level of vacancies. The cost of fuel provides further challenge as staff are more reluctant to use their own vehicles, sighting upfront costs as being out of reach some months, therefore many are unable or unwilling to accommodate this in the current financial climate. That said, improved induction programmes alongside a recruitment cell devoted to recruitment and retention has helped to stabilise and maintain a higher than average retention rate.

Mitigation

5.20 There is mitigation in place regarding sickness: work is ongoing to offer support to staff to help to improve their mental health and reduce absences.

5.21 Dr Gray’s Hospital have recently held staff absence management drop-in sessions supported by Human Resource colleagues. The aim of these sessions is to help Line Managers in the management and improvement of staff absences. These sessions will be repeated again in April 2024.

5.22 Moray Council have peer Mental Health First Aiders in place to provide support to colleagues experiencing work placed stress.

5.23 NHS Grampian have a “We Care” programme which has numerous resources available to staff. “We Care” is a staff health and wellbeing programme established to deliver, co-ordinate and enhance staff wellbeing across NHS Grampian and the Health and Social Care Partnerships.

- 5.24 NHS Grampian provides a 'My Healthy Workplace' platform that includes topics such as eating well, home energy workshops, menopause resources and what support is available to staff who are also Carers.
- 5.25 Care at Home have regular best practice workshops and share their learning. Regular wellbeing initiatives are ongoing across each service.

6. 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,
Operational Managers Health and Social Care,
Caroline O'Connor, Committee Services Officer, Moray Council and their
comments are incorporated in the report.

7. CONCLUSION

7.1 This report provides the Committee 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
Ref: