



REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 27 JUNE 2024

SUBJECT: QUARTER 4 PERFORMANCE REPORT

BY: CORPORATE MANAGER

1. REASON FOR REPORT

1.1 To update the Audit, Performance and Risk Committee on performance as at Quarter 4 (January-March 2024).

2. RECOMMENDATION

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

- i) the performance of local indicators for Quarter 4 (January to March 2024) 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; and**
- iii) the performance report from the Children & Families Social Work and Justice Service at Appendix 2.**

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.

RAG scoring based on the following criteria:

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 2023/24 are showing as variable. One of the indicators is presenting as green, three are amber and seven are red. This represents reduced performance when compared to the same period in the previous year. The contributing factors are indicated in the report, however it should be noted that there are excellent mitigations in place that are having a slow, yet steady 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. Three of these areas are presenting as amber, while the other three are red.

EMERGENCY DEPARTMENT - AMBER

4.5 There was a slight increase in the rate attending per 1,000 this quarter from **21.8** to **22.6**. This is also a slight increase on the number presenting during the same period last year

DELAYED DISCHARGES – RED

4.6 The number of delays at the end of Quarter 4 have increased from **37** to **43**, this has shown an upward trend from **26** in the same period 2022/23, but slightly lower than the **46** recorded in the same quarter 2021/22. This is significantly higher than the target of 10.

4.7 Bed days lost due to delayed discharges increased significantly from **1,162** to **1501** in quarter 4. This is almost three times the target.

EMERGENCY ADMISSIONS – AMBER

4.8 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.

4.9 The emergency admission rate per 1000 population for over 65s decreased in quarter 4 from **188.7** to **179.9**, it is showing continued improvement and is now slightly above the target of **177**.

4.10 Similarly, the number of people over 65 admitted to hospital in an emergency decreased to **125.8** over quarter 4 and from **132.9** in quarter 3. This also reflects an improving downward trend and is closer to the target of **121**.

HOSPITAL RE-ADMISSIONS - AMBER

4.11 The 28-day re-admissions remained within target at **8.3%**. With the 7-day re-admission rate also decreasing to **4.4%** at the end of quarter 4, increasing to slightly higher than the target of **3.9%**.

MENTAL HEALTH – RED

- 4.12 There has been a continued increase for the second quarter in row with **57%** of patients now being referred within 18 weeks at the end of quarter 4 2023/24. The target for this measure is currently **90%**.

STAFF MANAGEMENT – RED

- 4.13 Sickness absence for NHS employed staff decreased from **6.6%** to **5.7%** in quarter 4, this is slightly lower than the same period in 2022/23. Moray Council employed staff sickness increased to **9.7%** in quarter 4 from **9.6%** in quarter 3, these figures are comparable to those for the same period last year.

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

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)

- 4.14 The performance data and reporting for Children & Families Social Work and Justice Service will continue to be developed and presented to committee in September 2024.

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 **43**. The number of bed days occupied (DD-02) has increased to **1501** days, this is a significant increase from Quarter 3 and double the figure of the previous year.
- 5.2 During Quarters 3 and 4, our contracted partner provider faced significant constraints and was unable to accept any new cases and some cases were transferred back to Care at Home for management and delivery. Unfortunately, this situation had broader implications for various services and also resulted in Care at Home having reduced capacity to take on any new cases, all of this contributing to delays in discharge.
- 5.3 The Scottish Government is currently revising the target figures, based on a ratio per 100,000. As a result the new target for Moray will be **27**.
- 5.4 Additionally, a comprehensive review of national delayed discharge reporting and criteria is underway, which will enhance the accuracy and comparability of reporting across Scotland.
- 5.5 The current situation has led to individuals being placed in care homes or hospitals on an interim basis.

Mitigation

- 5.6 The daily Moray Portfolio Additional Flow meeting adopts a multidisciplinary team (MDT) approach to address individuals categorised as delayed. There is a specific focus on those who have experienced prolonged delays.
- 5.7 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.
- 5.8 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.
- 5.9 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.

- 5.10 There continues to be a review of all Care at Home, focusing on the model of delivery for internal and external care at home and alternatives to the care at home service, in particular, utilising other community resources and assets. A strategic lead has been identified to lead on facilitating this process, including the specification for the new contract.

Emergency Admissions

- 5.11 The rate of emergency occupied bed days has slowly started to decrease since March 2023 from **2749** to **2509** in quarter 4 2023/24, however this reflects a system still under pressure.
- 5.12 Readmissions continue to be a challenge across the system, striking the balance between length of stay, thorough assessment and seamless transition into the community setting is crucial. The MDT planning and effective communication remains a top priority to improve outcomes for all patients.

Mitigation

- 5.13 There is a focus on flow through the system, and minimising delays in people's pathway journeys is a priority. The work on prevention plays a crucial role, encompassing social prescribing, effective signposting and targeted health improvement programmes. Access to primary care is vital for early intervention and supporting people to stay within the community, The Primary Care Vision work continues to progress.
- 5.14 The heightened focus on frailty work at both the national and Moray levels appears to be yielding positive results. Early indications suggest a reduction in presentations within this age group in those areas.

Mental Health

- 5.15 There is a continued increase in the number of patients commencing Psychological Therapy within 18 weeks in quarter 4, from **52%** to **57%**.
- 5.16 Several factors contribute to fluctuations in the number of referrals made to the service and subsequently to the waiting list. The complexity of illnesses means that some individuals remain in treatment for extended periods, which ultimately reduces the services capacity.

Mitigation

- 5.17 The service is linked into the Grampian wide Psychological Therapies Improvement Board meetings looking at capacity within the service and trajectory planning.
- 5.18 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 continuing to progress well with the standards and early feedback indicates that Moray is continuing to meet the benchmarks set.

- 5.19 A Cognitive Behavioural Therapist (CBT) has been appointed and this has started to have an impact on waiting list.

Staff Management

- 5.20 NHS staff absences due to sickness are continuing to decrease with a slight improvement from **6.6%** to **5.7%** in quarter 4.
- 5.21 Sickness absence for Moray council employed HSCM staff has increased slightly from **9.6%** to **9.7%**, the same figure as quarter 4 in 2023. This continues to be the highest level for the last two years. It was noted in Quarter 3 that the causes of sickness were predominantly Mental Health reasons and Muscular-skeletal injuries. Typically, during this period there is also a continuation in the common trend of winter respiratory illnesses.

Mitigation

- 5.22 There continues to be a number of programmes offered by both Moray Council and NHS Grampian to provide support staff health and wellbeing e.g. Mental Health First Aid, We Care.

Retention of Care at Home/Home Care/Care Provider Staff

- 5.23 Recruitment for health care support worker and social care assistant posts remains a challenge, posts are advertised and remaining vacant, on scrutinising exit surveys the top 3 reason for leaving Social Care Assistant posts are resignation, to take up a new job, resignation for personal reasons, or retirement. The flexibility with moving posts remains alongside that the path for career progression is clearly discussed with new employees.
- 5.24 The ongoing recruitment and retention programme across Care at Home, Care Providers and Care Homes continues to run with 21 new staff joining the Care at Home Service over quarter 4. Care at Home staff retention is currently holding stable at 84%, which remains higher than the national average.
- 5.25 Within this sector, in the past few months, workers have received another pay grade rise resulting in increased interest in the role.
- 5.26 The bi-monthly improved induction programme for Care at Home has been well attended with the largest cohort due to attend in July. This has been core to the recruitment cells priorities and is shown to be effective with positive feedback being received from attendees and maintenance of a higher than average retention rate.
- 5.27 In addition, training on new initiatives, available for all partnership staff, around care provision are planned for June 2024 further allowing personal development to staff, an increased skillset for the service and the potential to address some of the current and future demand for the care at home 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.

(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 this report.

(h) Climate Change and Biodiversity Impacts

No climate change or biodiversity implications have been determined for this policy/activity.

(i) Directions

There are no directions arising from this report.

(j) Consultations

Senior Management Team
Chief Social Work Officer,
Performance Officers,
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 and Appendix 2.

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