Appendix 1

PERFORMANCE REPORT SUPPORTING CHARTS

QUARTER 1 2023/24

(1 APRIL 2023 – 31 JUNE 2023)

1. TABLE OF CONTENTS

1. PERFORMANCE SUMMARY

BAROMETER OVERVIEW

Moray currently has **11 local indicators**. Of these **1 is Green**, **1 is Amber** and **9 are Red**.

Figure 1 - Performance Summary

Health and Social Care Moray Performance Report										
Code	**Barometer (Indicator)**	**Q1 2223** Apr-Jun	**Q2 2223** Jul-Sep	**Q3 2223** Oct-Dec	**Q4 2223** Jan-Mar	**Q1 2324** Jan-Mar	**Target**	**New Target** (from Q1 2324)	**Previous Target** from Q1 2022 or earlie	**RAG**
AE	**Accident and Emergency**									
AE-01	A&E Attendance rate per 1000 population (All Ages)	24.3	24.0	22.6	20.6	23.6	21.9	21.9	21.7	R
DD	**Delayed Discharges**									
DD-01	Number of delayed discharges (including code 9) at census point	46	47	29	26	30	10	no change	10	R
DD-02	Number of bed days occupied by delayed discharges (including code 9) at census point	1207	1197	1063	751	732	304	no change	304	R
EA	**Emergency Admissions**									
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	2320	2469	2547	2749	2699	2320	2320	2037	R
EA-02	Emergency admission rate per 1000 population for over 65s	177.5	172.4	173.3	185.8	186.8	177	177	179.9	R
EA-03	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	122	118.6	117.4	129.2	129.8	121	121	123.4	R
HR	**Hospital Readmissions**									
HR-01	% Emergency readmissions to hospital within 7 days of discharge	4.3%	3.0%	3.8%	3.6%	4.0%	3.9%	3.9%	4.2%	A
HR-02	% Emergency readmissions to hospital within 28 days of discharge	8.3%	6.7%	8.0%	7.5%	8.1%	8.4%	8.4%	8.4%	G
MH	**Mental Health**									
MH-01	% of patients commencing Psychological Therapy Treatment within 18 weeks of referral	27%	33%	79%	73%	63%	90%	no change	90%	R
SM	**Staff Management**									
SM-01	NHS Sickness Absence (% of hours lost)	4.2%	5.0%	5.1%	5.9%	4.7%*	4%	no change	4%	R
SM-02	Council Sickness Absence (% of hours lost)	8.9%	5.2%	8.3%	9.7%	7.0%	4%	no change	4%	R

2. DELAYED DISCHARGE - RED

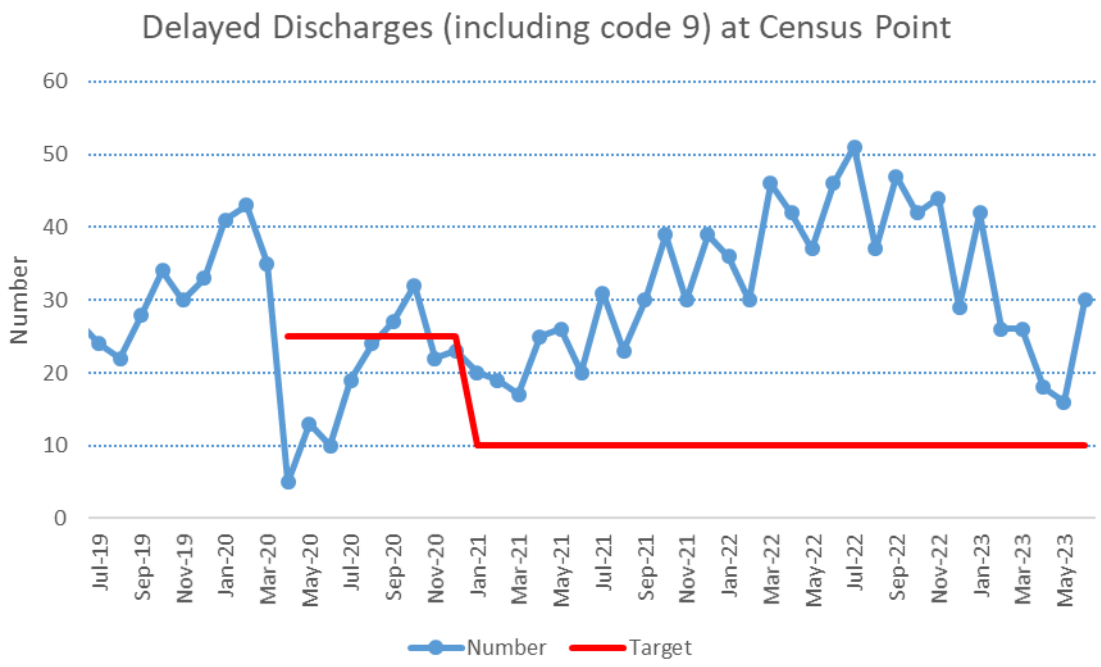
Trend Analysis

The number of delays at the June snapshot was up to **30**, up from a low of **16** in May and **26** in the previous quarter. There is a lot of variation weekly (and even daily) operationally and the figure of **30** for this measure is on high side for this period.
Bed days lost due to delayed discharges reduced from **751** last quarter to **732** this quarter. This is a reduction despite the increase in the more volatile snapshot days (DD-01) measure and demonstrates that the trend is decreasing overall in Delayed Discharges over this period.

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

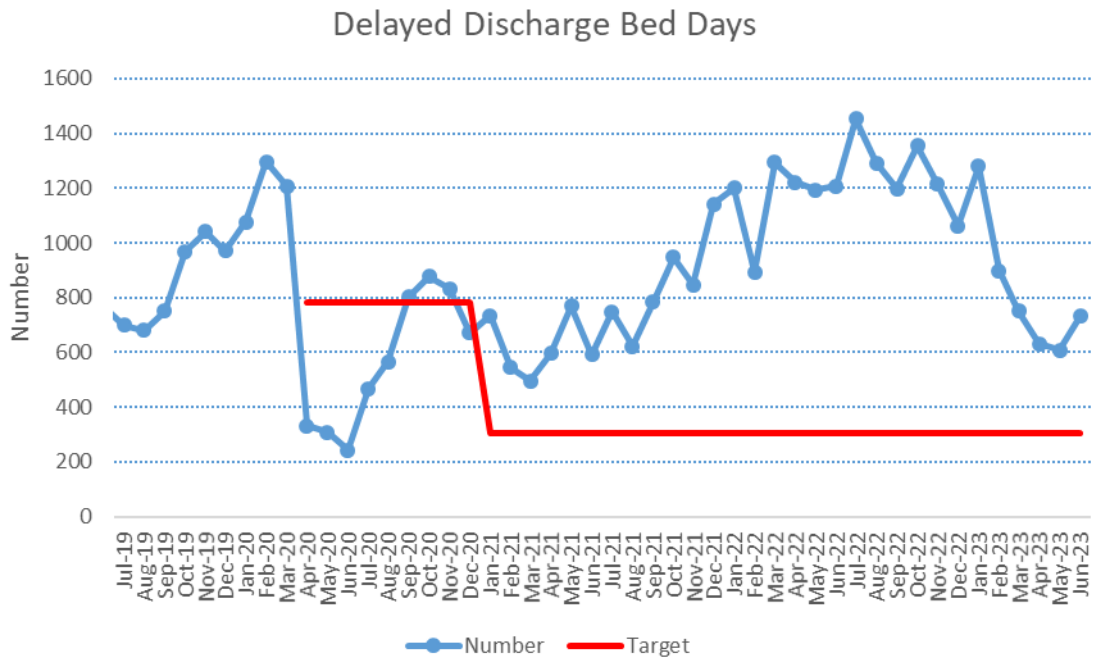


Indicator Trend – Decreasing
Despite some volatility in numbers from month to month the underlying trend for the number of people experiencing Delayed Discharge had been decreasing since the end of Quarter 2 2022/23.

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 – Decreasing

The number of bed-days are over 2 times the target number of days but this is less than previous quarters, and similar to quarter 2 2021/22.

Source	Public Health Scotland

3. EMERGENCY ADMISSIONS - RED

Trend Analysis

For the first quarter since March 2021 there was not an increase in the rate of emergency occupied bed days for over 65s. Since the end of quarter 4 2022/23 the rate has decreased from **2,749** to **2,699**, however this still exceeds the target of **2,320** per 1,000 population.

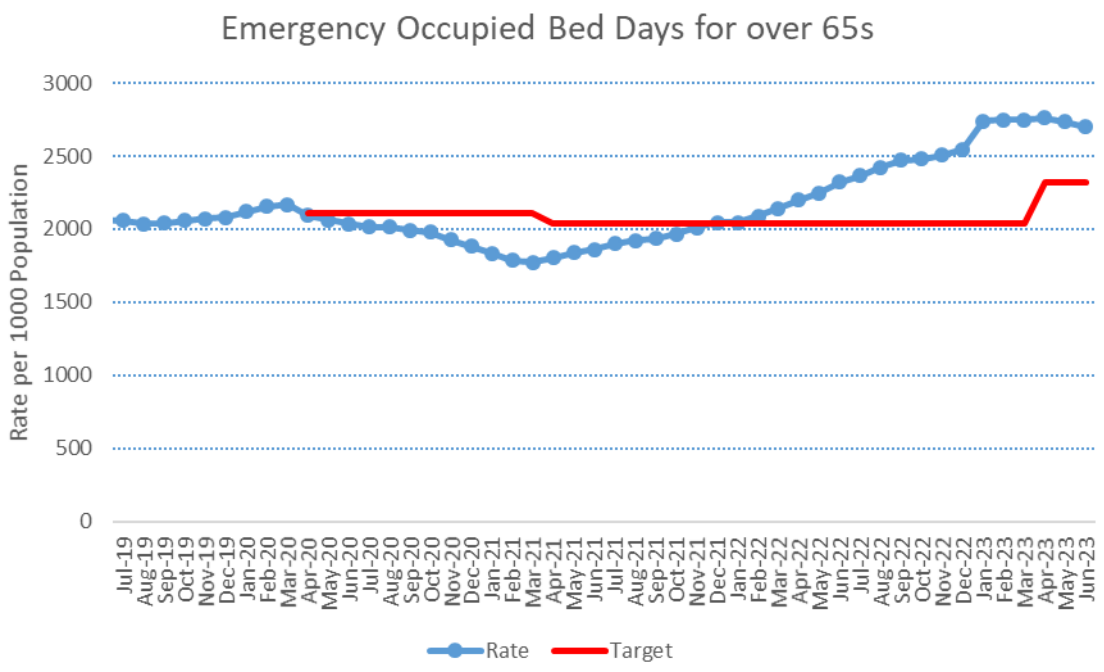
The emergency admission rate per 1000 population for over 65s has increased this quarter from **185.8** to **186.8** above the target of 177.

Similarly, the number of people over 65 admitted to hospital in an emergency also increased from **129.2** to **129.8** over the same period. Both of these indicators are now **RED.**

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)



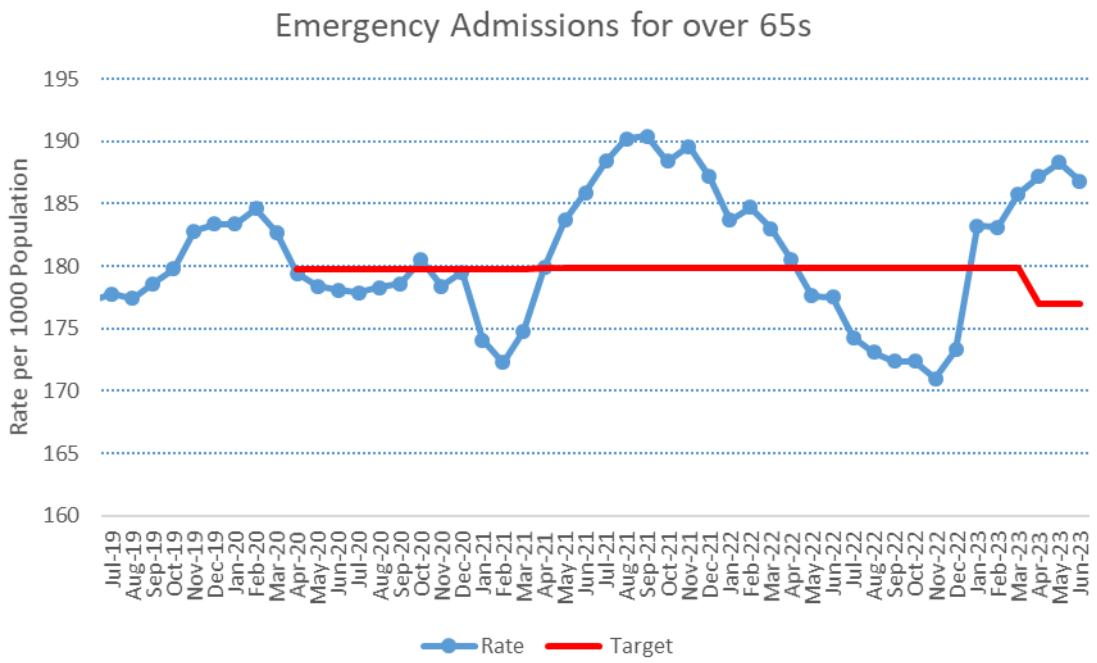
Indicator Trend – Increasing

Since the start of 2021 has been increasing and has exceeded the reduced target since quarter 3 2021/22.

Source	Health Intelligence

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 – Increasing

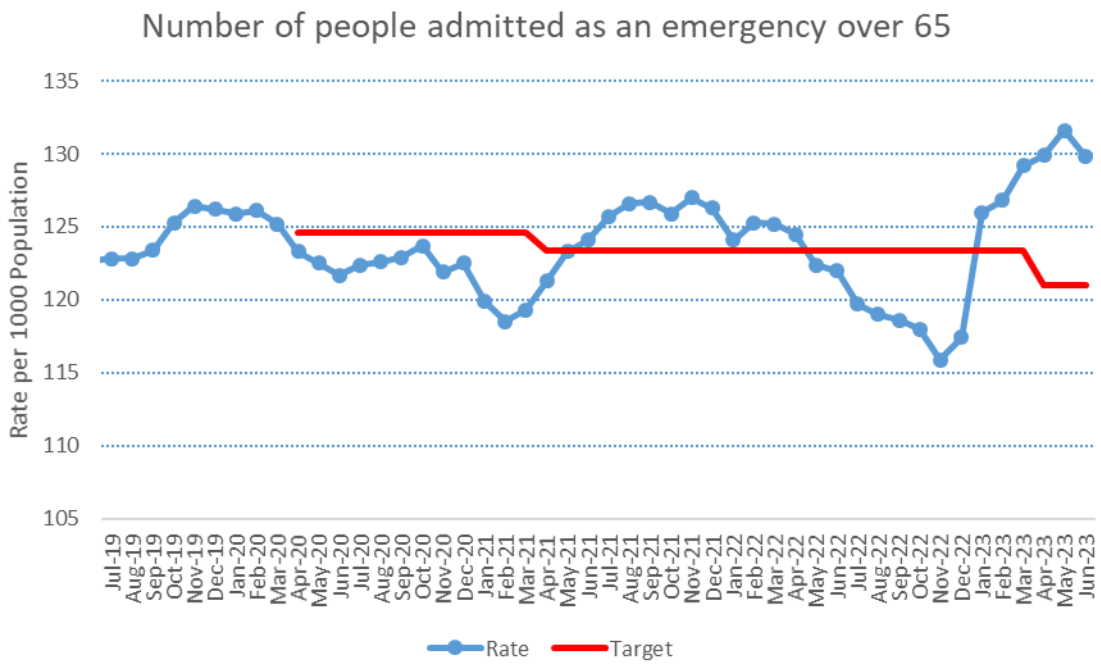
The trend is now increasing, after a sustained reduction over the latter half of 2022, and above levels seen at the same point in 2022.

Source	Health Intelligence

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 – Increasing

The trend is now increasing, after a sustained reduction over the latter half of 2022, and above levels seen at the same point in 2022.

Source	Health Intelligence

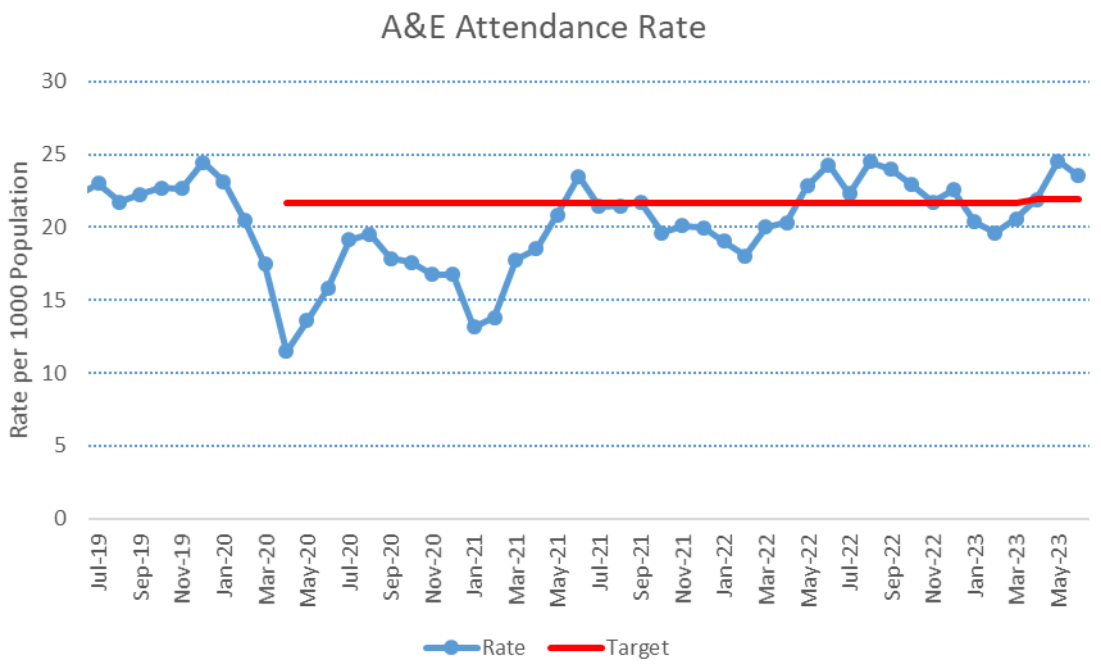
4. EMERGENCY DEPARTMENT – RED

Trend Analysis

There was an increase in the rate per 1,000 this quarter from **20.6** to **23.6**, below the number presenting at the same period last year.

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 3 the attendance rate per 1,000 population has remained stable, sitting just above the target level. However, the attendance rate has fallen below the target in the last quarter of 2022/23.

Source	Health Intelligence

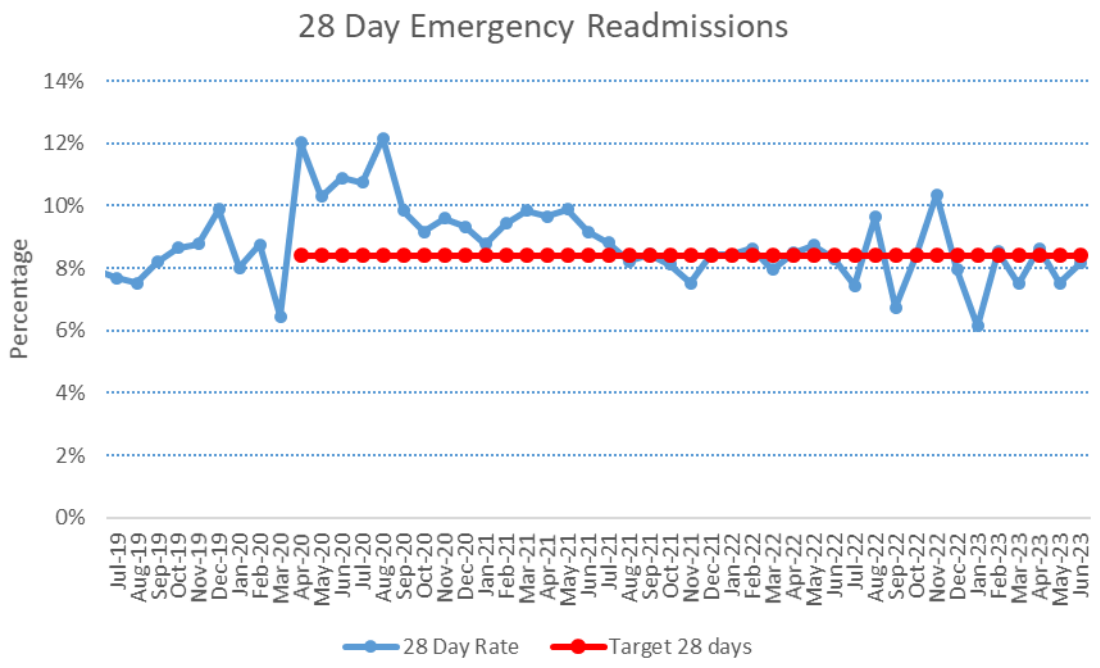
5. HOSPITAL RE-ADMISSIONS - GREEN

Trend Analysis

The 28-day re-admissions remain on target at **8.1%**, as does the 7-day re-admissions which have increased slightly to **4.0%**.

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-dayEmergency Readmissions

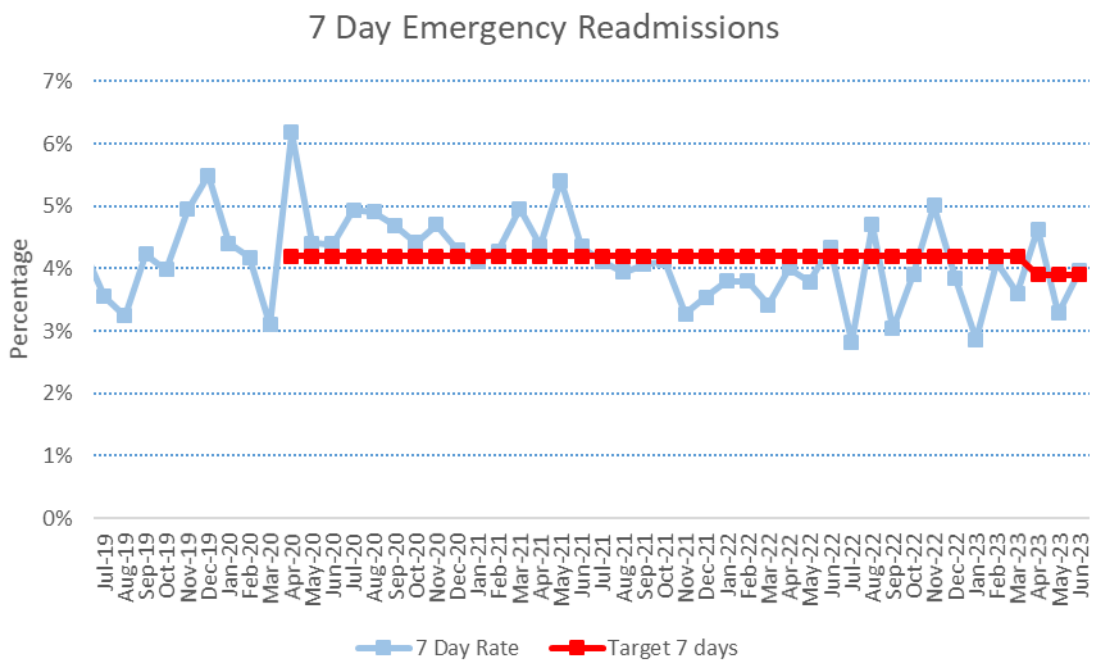


Indicator Trend – Stable
28-day Hospital Re-admissions have remained around the target of 8.4% for this quarter.

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

7-day Hospital Re-admissions have remained around the target of 4.2% for this quarter.

Source	Health Intelligence

6. MENTAL HEALTH – RED

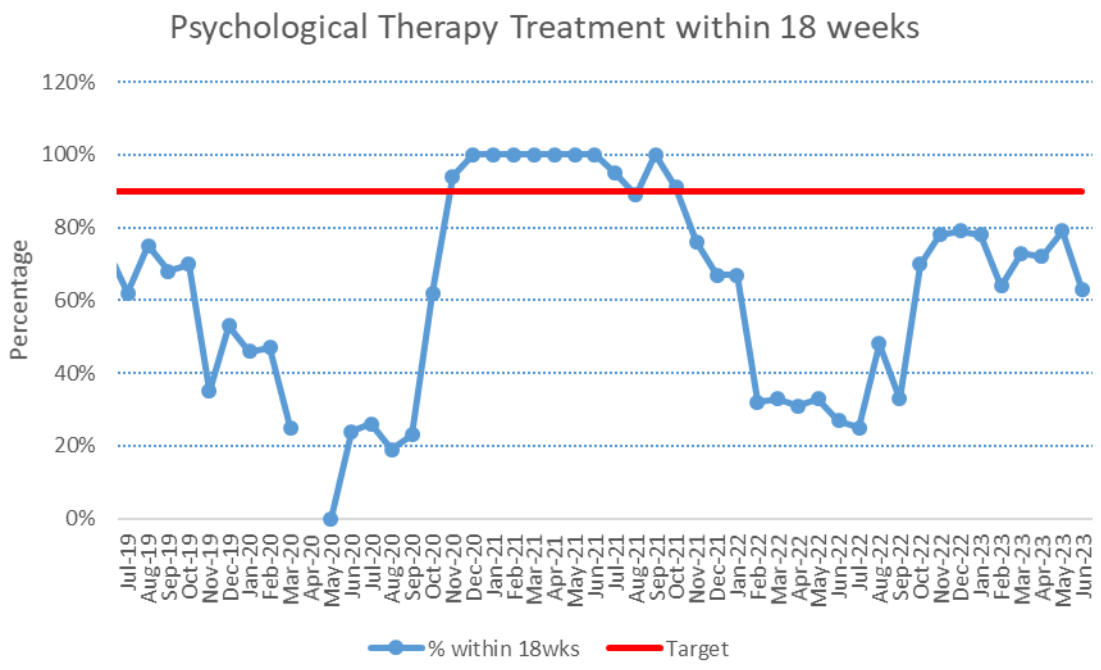
Trend Analysis

After achieving **79%** in quarter 3 2022/23 there has been a reduction in performance for the second quarter in row with now **63%** of patients being referred within 18 weeks at the end of quarter 1 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 – Increasing
After being consistently low for 4 quarters the rate has started to return to pre pandemic levels.

Source	Health Intelligence

7. STAFF MANAGEMENT - RED

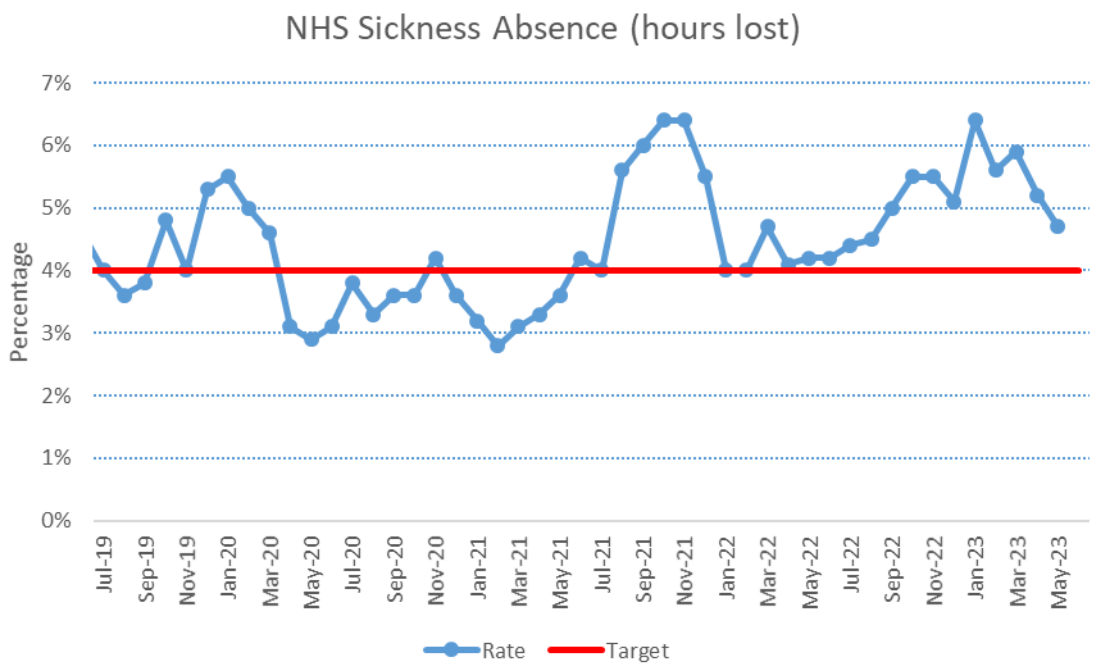
Trend Analysis

Sickness absence for NHS employed staff reduced to **4.7%** during quarter 1 2023/24. Council employed staff sickness has reduced this quarter from a high of **9.7%** to **7.0 %**, which is lower than the figure 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 – Increasing
This indicator had been increasing over 2022/23 and continues to do so.

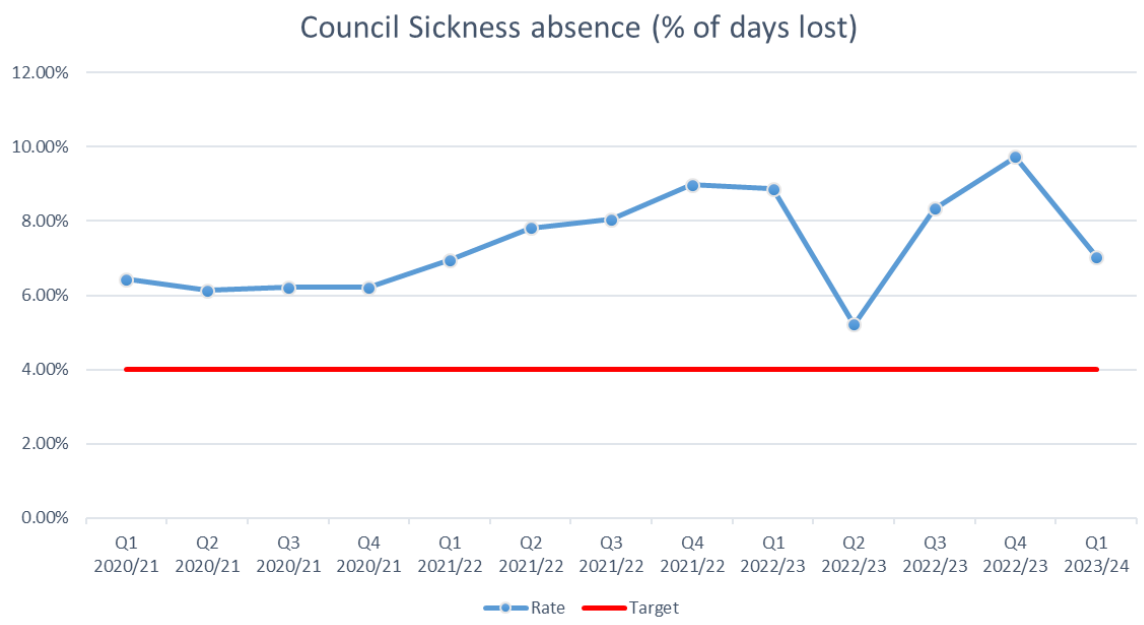
Source	Health Intelligence

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

National Health & Wellbeing Outcome	1, 2, 3, 5

Figure 12 – Moray Council Sickness Absence



Indicator Trend – Increasing

This indicator continues to rise, remaining double the target and close to the figure of 10%.

Source	Council HR

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

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.