



**REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 31 AUGUST 2023**

**SUBJECT: QUARTER 1 (APRIL TO JUNE 2023) PERFORMANCE REPORT**

**BY: INTERIM STRATEGY AND PLANNING LEAD**

**1. REASON FOR REPORT**

1.1 To update the Audit, Performance and Risk (APR) Committee on performance as at Quarter 1 (April to June 2023).

**2. RECOMMENDATION**

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

- i) the performance of local indicators for Quarter 1 (April to June 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>	
<b>GREEN</b>	If Moray is performing better than target.
<b>AMBER</b>	If Moray is performing worse than target but within agreed tolerance.
<b>RED</b>	If Moray is performing worse than target by more than agreed tolerance.

4.2 Detailed charts and indicator data 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 1 of the financial year 2023/24 is showing as mostly in the red. Only one of the indicators is presenting as green, one is amber and nine are red.
- 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. Five of these areas are presenting as red, while one is green.

### **EMERGENCY DEPARTMENT - RED**

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

### **DELAYED DISCHARGES – RED**

The number of delays at the June snapshot increased to 30, 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 high 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 showing a decrease overall in length of time delayed.

### **EMERGENCY ADMISSIONS – RED**

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.

### **HOSPITAL RE-ADMISSIONS - AMBER**

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%.

### **MENTAL HEALTH – RED**

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.

### **STAFF MANAGEMENT – RED**

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.

**Figure 1 – Performance Summary**

Health and Social Care Moray Performance Report								
Code	Barometer (Indicator)	Q1 2223	Q2 2223	Q3 2223	Q4 2223	Q1 2324	Target	RAG
		Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Jan-Mar		
<b>AE</b>	<b>Accident and Emergency</b>							
AE-01	A&E Attendance rate per 1000 population (All Ages)	24.3	24.0	22.6	20.6	23.6	21.9	R
<b>DD</b>	<b>Delayed Discharges</b>							
DD-01	Number of delayed discharges (including code 9) at census point	46	47	29	26	30	10	R
DD-02	Number of bed days occupied by delayed discharges (including code 9) at census point	1207	1197	1063	751	732	304	R
<b>EA</b>	<b>Emergency Admissions</b>							
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	2320	2469	2547	2749	2699	2320	R
EA-02	Emergency admission rate per 1000 population for over 65s	177.5	172.4	173.3	185.8	186.8	177	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	R
<b>HR</b>	<b>Hospital Readmissions</b>							
HR-01	% Emergency readmissions to hospital within 7 days of discharge	4.3%	3.0%	3.8%	3.6%	4.0%	3.9%	A
HR-02	% Emergency readmissions to hospital within 28 days of discharge	8.3%	6.7%	8.0%	7.5%	8.1%	8.4%	G
<b>MH</b>	<b>Mental Health</b>							
MH-01	% of patients commencing Psychological Therapy Treatment within 18 weeks of referral	27%	33%	79%	73%	63%	90%	R
<b>SM</b>	<b>Staff Management</b>							
SM-01	NHS Sickness Absence (% of hours lost)	4.2%	5.0%	5.1%	5.9%	4.7%*	4%	R
SM-02	Council Sickness Absence (% of hours lost)	8.9%	5.2%	8.3%	9.7%	7.0%	4%	R

\* SM-01 - Data to May 23

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

## **AREAS NOT MEETING TARGETS**

### **Delayed Discharge**

- 4.5 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 operationally and the figure of 30 for this measure is on high side for this period with daily figures generally falling in the low 20s.
- 4.6 The average number of daily delays in June was 24 compared to in the same period last year where the number of delays was 46 and continued to rise to 52 by October 2022. Additionally in June 2022, there were 9 delays over 90 days, in June 2023 there were 2. Although there has been an increase in delays from May, delays have reduced over the long term.
- 4.7 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 length of time delayed over this period.
- 4.8 Measures mentioned in previous reports continue to be in place:
- Whole system Moray Portfolio meetings occur daily with operational staff from all services to ensure system wide awareness of the pressures that might cause issues with patient flow.
  - 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.
  - The Planned Discharge Date (PDD) system changed the criterion from 'medically fit' to 'clinically fit'.
  - More people have been recruited into the Care at Home team enabling more rotas to be opened.
- 4.9 Challenges that remain include:
- Staffing pressures across the care sector in Moray.
  - An aging population is resulting in more complex care requirements.
  - Lack of respite facility- both planned and emergency.
- 4.10 Despite still not achieving the target an immense amount of work has gone into ensuring the figures in Moray have not escalated and both measures are now regularly below the pre-pandemic targets.

### **Emergency Department**

- 4.11 There was an increase in the A&E attendance rate per 1,000 this quarter from 20.6 to 23.6, below the number presenting at the same period last year.
- 4.12 The increase can be attributed to 2 public holidays and the additional Kings Coronation holiday during this reporting period, which impacts on attendance levels at ED as there is no Primary care provision on these dates.

### **Emergency Admissions**

- 4.13 For the first quarter since March 2021 there was not an increase in the rate of emergency occupied bed days for over 65s (EA-01). Since the end of quarter 4 2022/23 the rate has decreased from 2,749 to 2,699, while this still exceeds the target of 2,320 per 1,000 population this decrease is in line with expectations as the reduction in DD-01 and DD-02 over the recent months is now impacting this measure.
- 4.14 The emergency admission rate per 1000 population for over 65s (EA-02) 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 (EA-03) also increased from 129.2 to 129.8 over the same period. Both of these indicators are now RED and will explain why the reduction in EA-01 was small.
- 4.15 The increase in admissions in ED can be directly correlated with the increase in admissions in this period and it is expected that EA-02 and EA-03 should return to GREEN in the next quarter.

### **Mental Health**

- 4.16 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.
- 4.17 A variety of factors have an impact on this measure:
- An increase in the number and complexity of referrals,
  - Long term sickness absence within the team,
  - Ongoing maternity leave and
  - A further period of planned sick leave.

The team continue to work 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.

- 4.18 The service is linked into the Grampian wide Psychological Therapies Improvement Board, looking at capacity within the service and trajectory planning.
- 4.19 Recruitment to the maternity leave post was not possible due to no applicants meeting the criteria. As a result of further planned sick leave, it is difficult to predict when this position may change.

### **Staff Management**

- 4.20 Sickness absence for NHS employed staff reduced to 4.7% during quarter 1 2023/24. Council employed staff sickness has also reduced this quarter from a high of 9.7% to 7.0%, which is lower than the figure for the same period last year.

- 4.21 The latest available breakdown of data is for quarter 4 2022/23 and this shows that the percentage of absences that are long term is 53% for NHS employed staff and 56.5% for council employed staff.
- 4.22 Within NHS employed staff 29.9% of absences are marked as “Other known causes - not otherwise classified” or “Unknown Causes/Not Specified”. While the top recorded reasons are “Anxiety/stress/depression/other psychiatric illnesses” with 11.5% of total absences and “Cold, cough, flu-influenza” with 10.1% of total absences.

**Table 1 - NHS Top Ten Absence Reasons (Quarter 4 2022/23)**

<b>Absence Reason</b>	<b>% of all Absences</b>
Other known causes - not otherwise classified	16.8 %
Unknown causes/not specified	13.1 %
Anxiety/stress/depression/other psychiatric illnesses	11.5 %
Cold, cough, flu - influenza	10.1 %
Gastro-intestinal problems	7.0 %
Covid-related illness	7.0 %
Other musculoskeletal problems	6.9 %
Chest & respiratory problems	6.8 %
Injury, fracture	3.7 %
Pregnancy related disorders	3.4 %
Back problems	3.0 %

- 4.23 Within council employed staff the profile is different with 21.5% of absences recorded as “Depression/Stress/Anxiety” and the second highest recorded reason being “Joint Pain/Injury” with 8.7% of total absences.

**Table 2 - Council Top Ten Absence Reasons (Quarter 4 2022/23)**

<b>Absence Reason</b>	<b>% of all Absences</b>
Depression/Stress/Anxiety	21.5%
Joint Pain/Injury	8.7%
Chest Infection/Bronchitis	7.2%
Covid-19	7.1%
Operation/Post Operation	6.1%
Cold	5.7%
Back Pain/Injury	5.3%
Broken Bones	4.8%
Stomach Upset/Sick/Diarrhoea	4.3%
Bereavement	3.1%

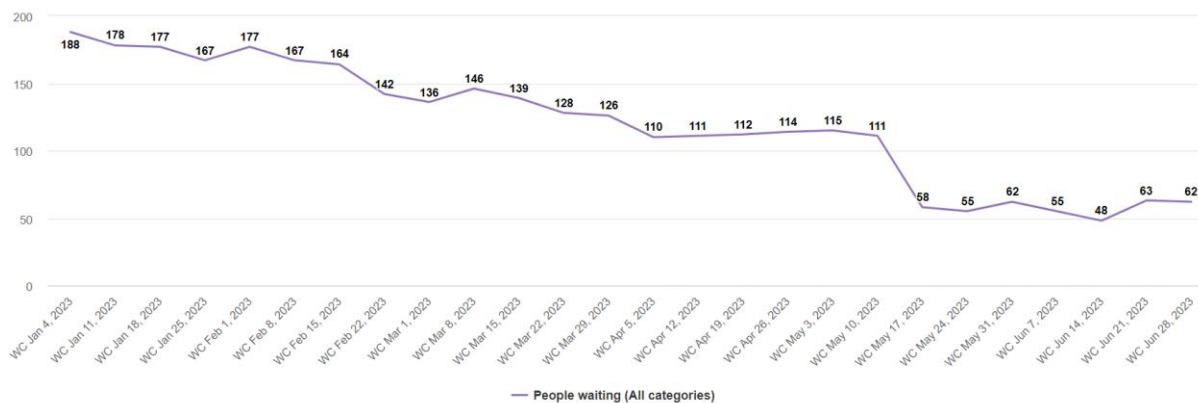
- 4.24 Our absence statistics are reflective of NHSG and Council staff and occupational health reports with mental health reasons representing our first and largest and muscular-skeletal (MSK) injuries our second largest indicator of absence. It should be noted that mental health reasons consists of stress in all varieties: work stress in particular is not specified, and also includes depression and anxiety. HSE have specified moving and handling and associated MSK injury as targets for action in 2023-2024.
- 4.25 Mitigations for these absences are increased focus on health and wellbeing within teams and/or services with an emphasis on self-education and self-

awareness. Assurance is sought from teams regularly that up-to-date training is in situ and key performance indicators for manual handling will be implemented. Our new delivery plan for HSCM 2023 specifies removing the stigma from mental health as one of our designated actions and we are keen to reinforce this with our staff.

### Social Care – Unmet Need

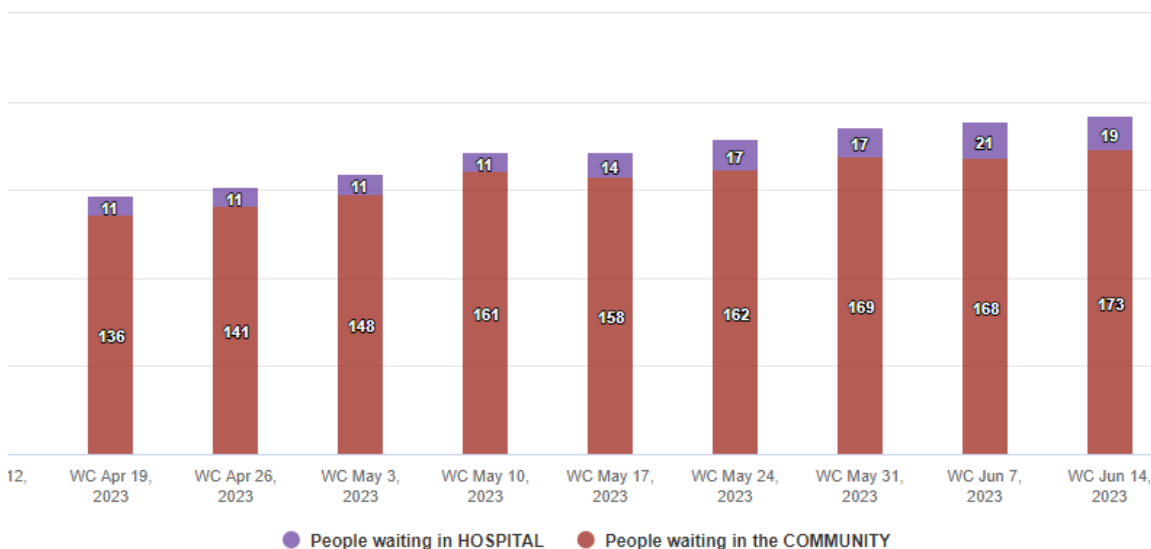
4.26 The unmet need pressure has shifted throughout the last quarter, the test of change introduced in January 2023 (outlined in quarter 4) has reduced the number of people awaiting an assessment from 188 people in January 2023 to 62 at the end of June 2023.

**Figure 2 - People awaiting a social care assessment**

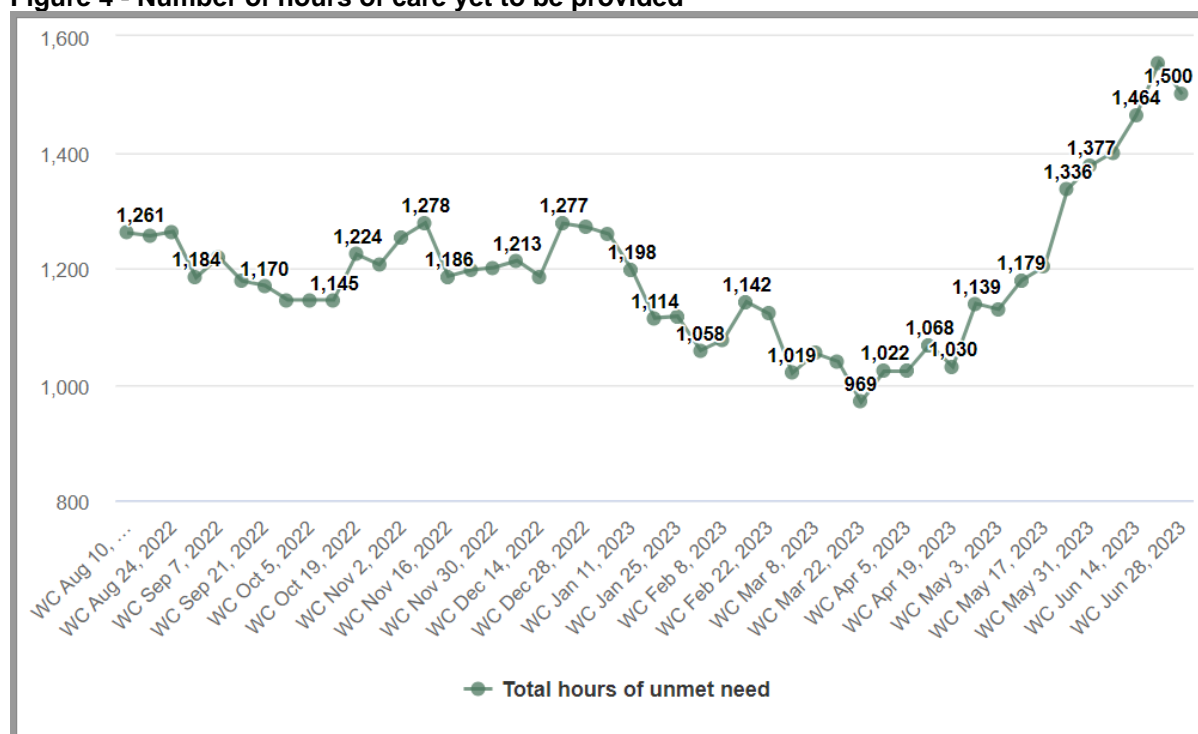


4.27 The increase in completing social work assessments can be attributed to the rise in figure 3 below is a result of the improved practice. The number of people who are waiting for a package of care has increased in the period and the number of hours of care to be provided has increased accordingly as shown in Figure 4. This increase for care in the community is from 118 people in March to 170 people in June 2023. An additional factor impacting this is care homes having fewer available beds as the quarter has progressed.

**Figure 3 - Number of people waiting for a package of care**



**Figure 4 - Number of hours of care yet to be provided**



- 4.28 A positive factor for care at home is an improved trend in recruitment with an additional 21 new staff members during this quarter. This has resulted in an increase of 3.3% in contractual hours. Absence rate for care at home staff has reduced to 5.1% which is slightly above the baseline of staff absence of 4%.
- 4.29 Additionally Care Enablers completed over 200 assessments this quarter to assist with flow across the system. The Care Enablers support the 'waiting well' agenda, initiating regular supportive conversations whilst waiting for care.
- 4.30 Weekly Collaborative Care Home Support Team meetings continue to scrutinise and support partnership services across Moray.

## 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 Tracey Sutherland, Committee Services Officer, 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.**

Authors of Report: Bruce Woodward, Performance Support Officer

Background Papers: Available on request

Ref: