



**PERFORMANCE REPORT
SUPPORTING CHARTS**

**QUARTER 2 AND 3
2023/24**

(1 JULY 2023 – 31 DECEMBER 2023)

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1. PERFORMANCE SUMMARY

BAROMETER OVERVIEW

Moray currently has **11 local indicators**. Of these **3 are Green**, and **8 are Red**.

Figure 1 - Performance Summary

Health and Social Care Moray Performance Report									
Code	Barometer (Indicator)	Q3 2223	Q4 2223	Q1 2324	Q2 2324	Q3 2324	New Target	Previous Target	RAG
		Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	(from Q1 2324)	from Q1 2022 or earlier	
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%	9.6%	no change	4%	R

2. DELAYED DISCHARGE - RED

Trend Analysis

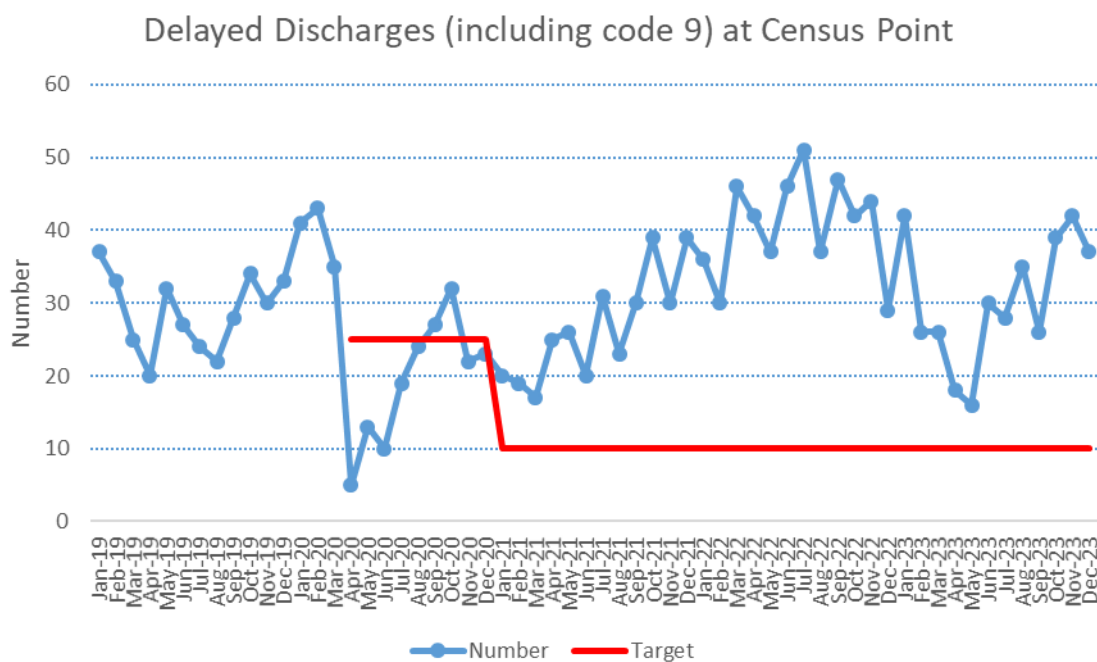
The number of delays at the November snapshot was up to **37**, up from a low of **30** in June and **26** in the previous quarter. While there is a lot of variation weekly (and even daily) operationally and the figure of **37** around the average for this period.

Bed days lost due to delayed discharges increased to **1,162** this quarter from **845** last quarter. 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.

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

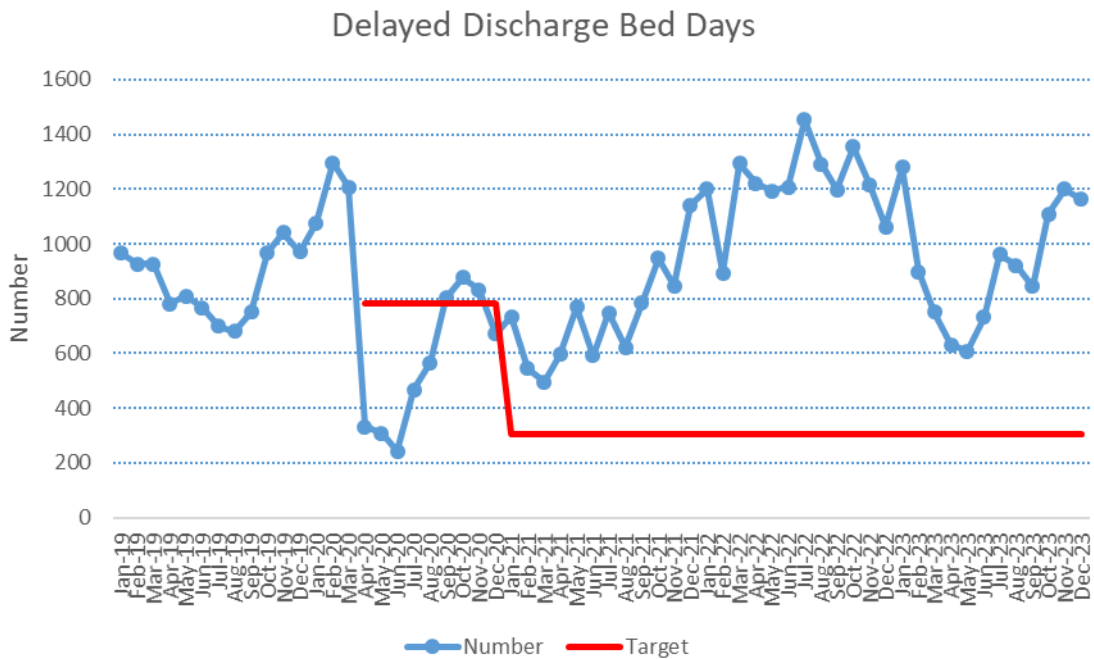
Despite some volatility in numbers from month to month the underlying trend for the number of people experiencing Delayed Discharge has increased since a low at the end of Quarter 2 2023/24.

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 are 4 times over the target number of days but this is and double the figures in May 2023.

Source [Public Health Scotland](#)

3. EMERGENCY ADMISSIONS - RED

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 **2,598**, however this still exceeds the target of **2,320** per 1,000 population.

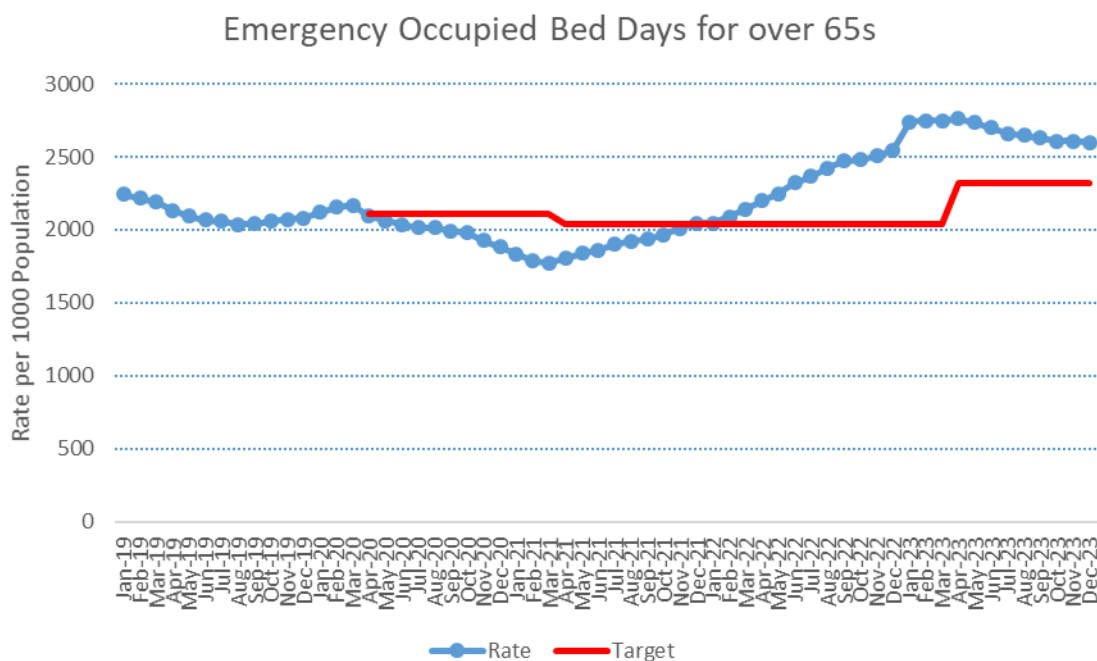
The emergency admission rate per 1000 population for over 65s has increased through quarter 2 to **189.9** and then decreased in quarter 3 to **188.7** which is still above the target of 177.

Similarly, the number of people over 65 admitted to hospital in an emergency also increased to **133.2** over quarter 2 and then decreased slightly to **132.9** in quarter 3. 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 – Decreasing

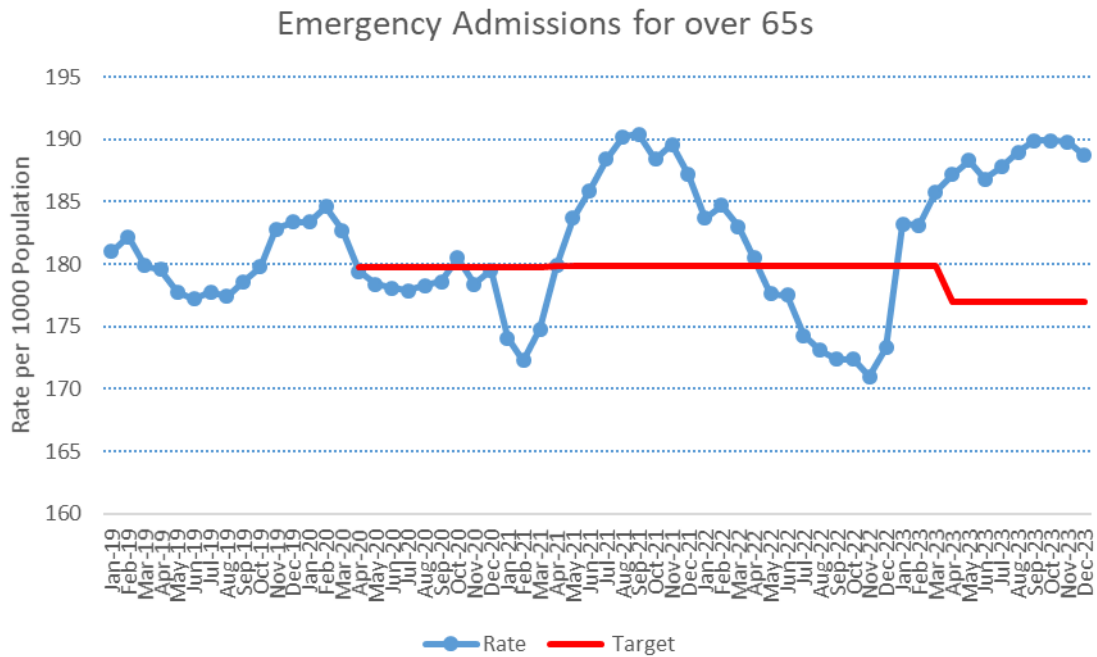
Since the start of April 2023 there has been a steady but decreasing trend.

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 – Increasing

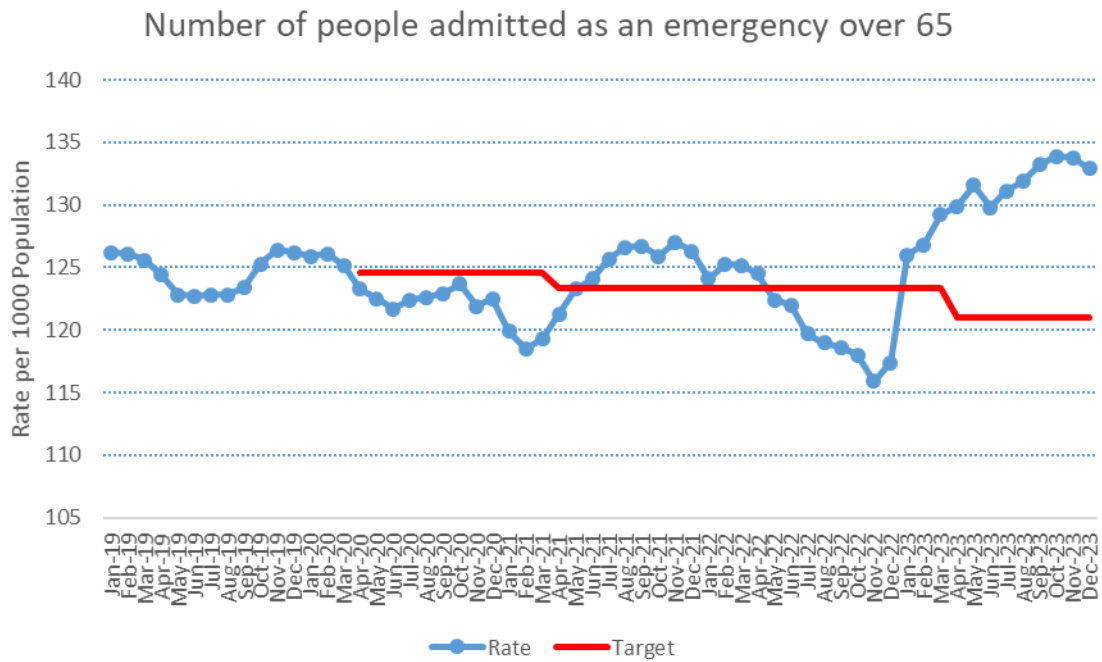
Despite a small decrease in this measure in December 2023 the trend over the past year has been an increasing one.

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 – Increasing
 Despite a small decrease in this measure in December 2023 the trend over the past year has been an increasing one.

Source	Health Intelligence
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4. EMERGENCY DEPARTMENT – GREEN

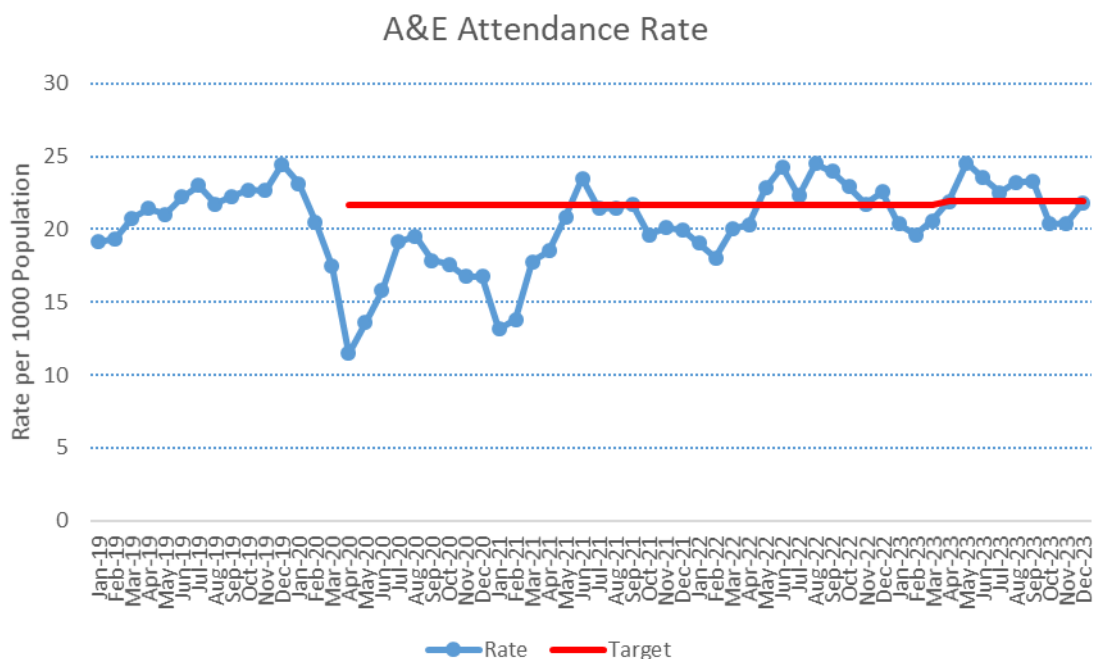
Trend Analysis

There was a decrease in the rate 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 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.

Source	Health Intelligence
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5. HOSPITAL RE-ADMISSIONS - GREEN

Trend Analysis

The 28-day re-admissions remain on target at **7.9%**, as does the 7-day re-admissions which have decreased to **3.3%**.

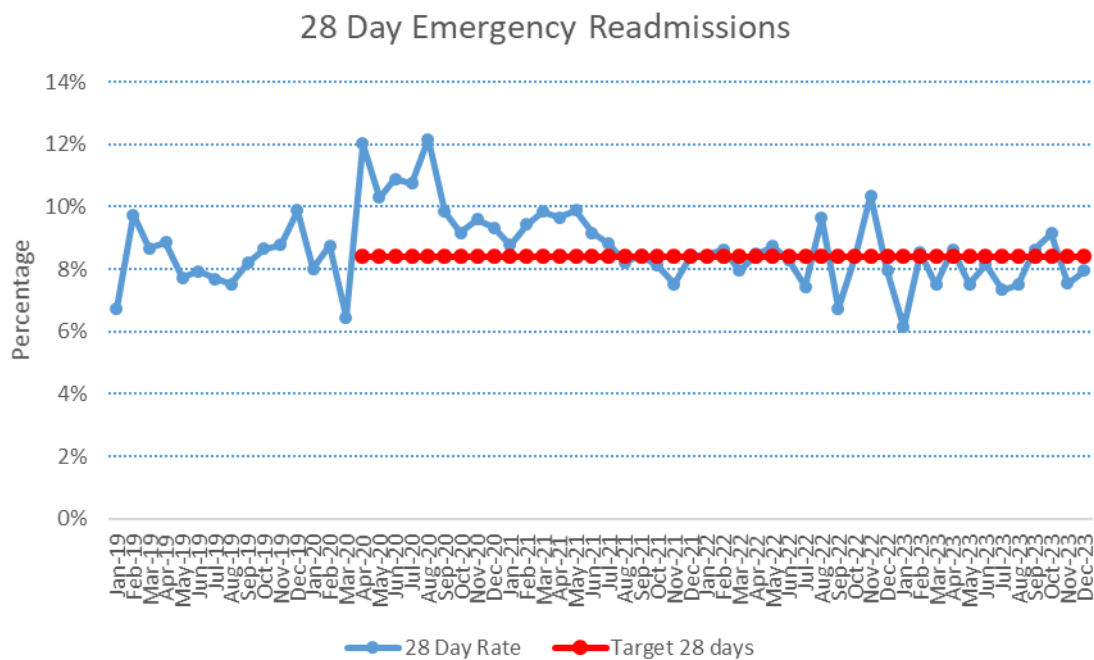
HR-01: PERCENTAGE OF EMERGENCY RE-ADMISSIONS TO HOSPITAL WITHIN 28 DAYS - MORAY PATIENTS

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-dayEmergency Readmissions



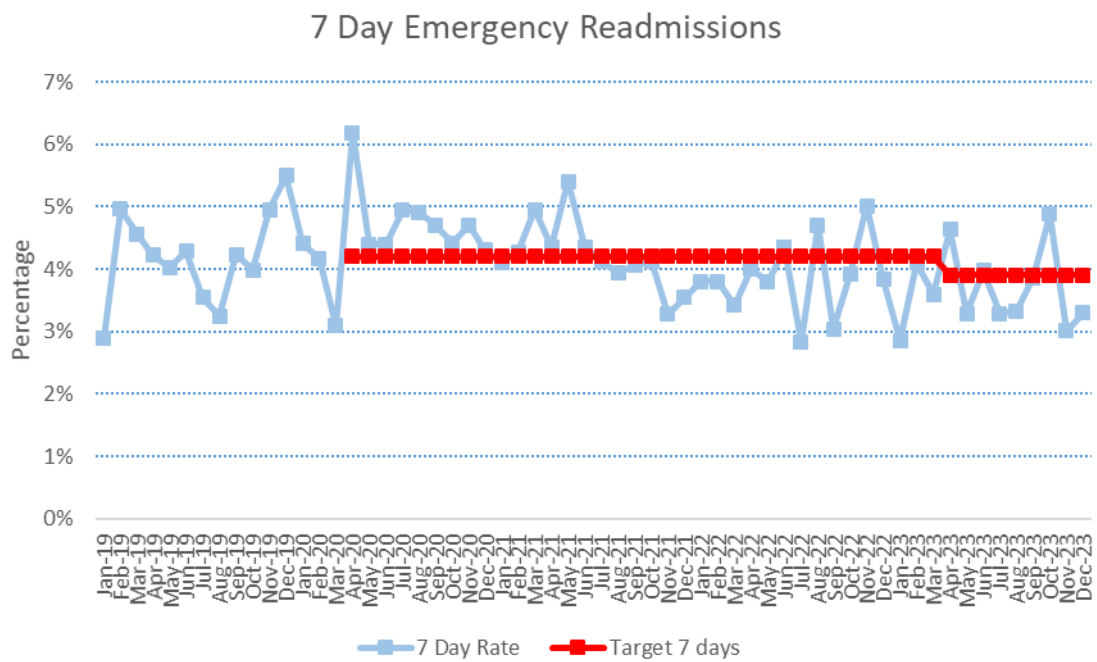
Indicator Trend – Stable
28-day Hospital Re-admissions have generally remained below the target of 8.4% for the last two quarters.

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 3.9% for this quarter.

Source	Health Intelligence
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6. MENTAL HEALTH – RED

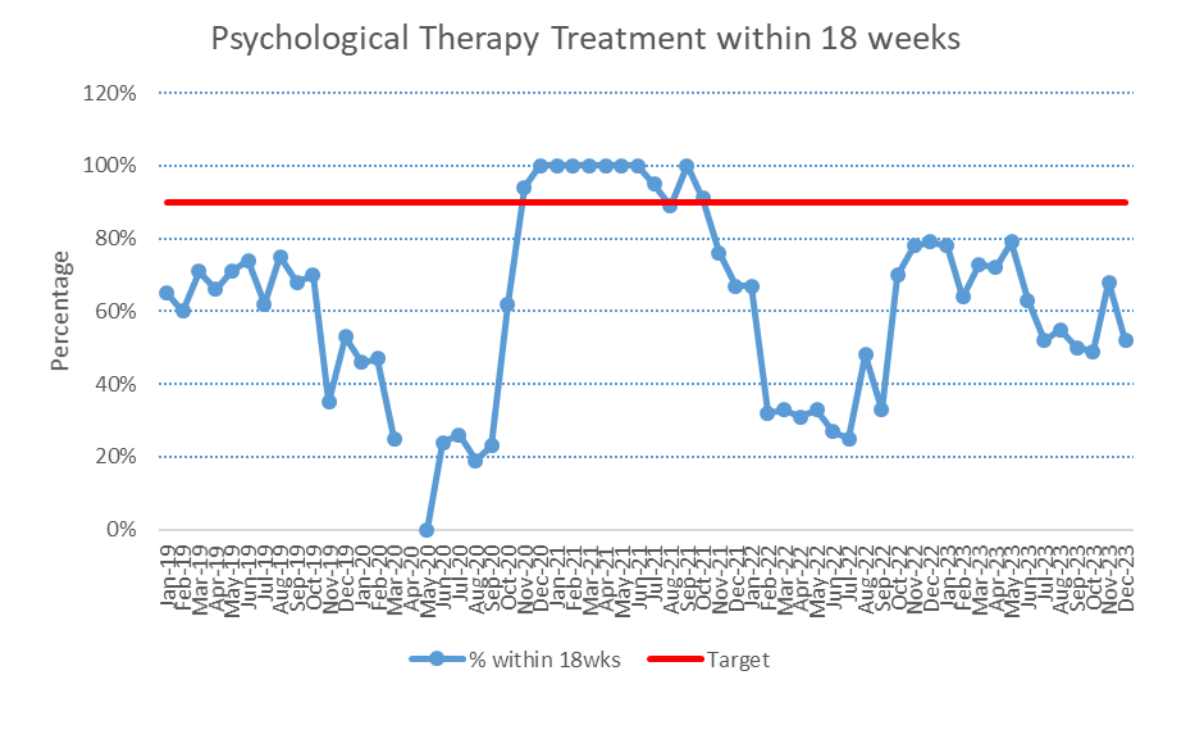
Trend Analysis

After achieving **79%** in May 2023 there has been a reduction in performance for the second quarter in row with now **52%** of patients being referred within 18 weeks at the end of quarter 3 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 – Decreasing

After being for three quarters the rate has decreased in the last two quarters.

Source	Health Intelligence
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7. STAFF MANAGEMENT - RED

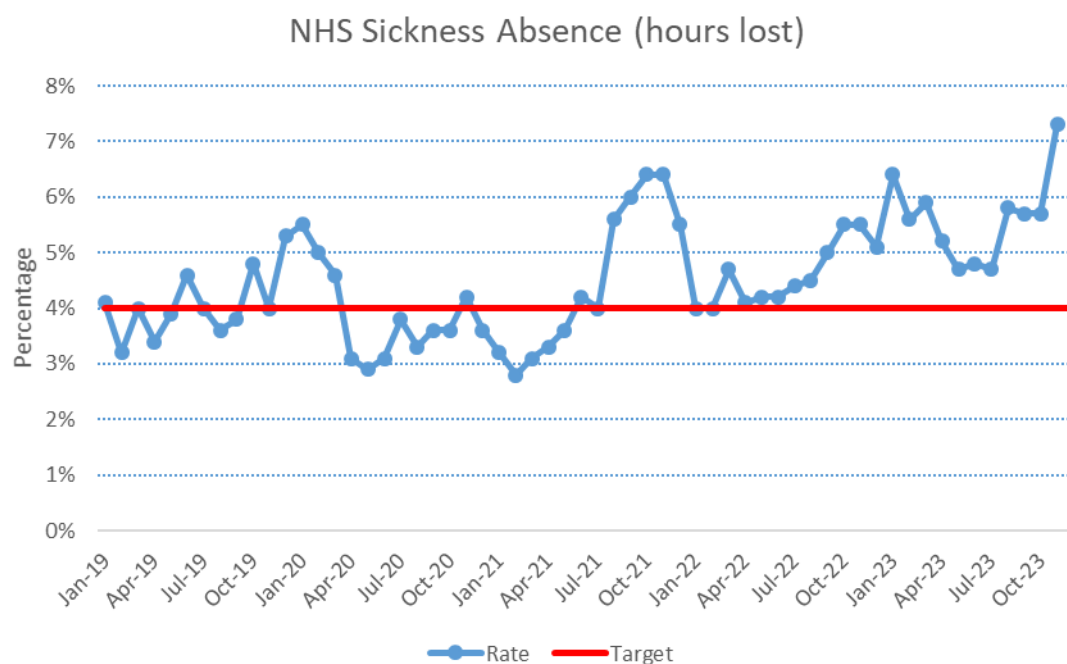
Trend Analysis

Sickness absence for NHS employed staff increased to **5.9%** during quarter 2 and further to **7.3%** by the end of November in quarter 3 2023/24. Council employed staff sickness has increased this quarter to **9.6%**, which is higher than the figure of **8.3%** 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 2023/24 despite a brief decrease at the end of quarter 1 the trend is still an increasing one since January 2022.

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.
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Strategic Priority	1: BUILDING RESILIENCE	Linked Indicator(s)	SM-01																																																
National Health & Wellbeing Outcome		1, 2, 3, 5																																																	
<p>Figure 12 – Moray Council Sickness Absence</p> <p style="text-align: center;">Council Sickness absence (% of days lost)</p> <table border="1"> <caption>Data for Figure 12: Council Sickness absence (% of days lost)</caption> <thead> <tr> <th>Quarter</th> <th>Rate (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Q1 2020/21</td><td>6.5</td><td>4.0</td></tr> <tr><td>Q2 2020/21</td><td>6.1</td><td>4.0</td></tr> <tr><td>Q3 2020/21</td><td>6.2</td><td>4.0</td></tr> <tr><td>Q4 2020/21</td><td>6.2</td><td>4.0</td></tr> <tr><td>Q1 2021/22</td><td>7.0</td><td>4.0</td></tr> <tr><td>Q2 2021/22</td><td>7.8</td><td>4.0</td></tr> <tr><td>Q3 2021/22</td><td>8.0</td><td>4.0</td></tr> <tr><td>Q4 2021/22</td><td>9.0</td><td>4.0</td></tr> <tr><td>Q1 2022/23</td><td>8.9</td><td>4.0</td></tr> <tr><td>Q2 2022/23</td><td>5.2</td><td>4.0</td></tr> <tr><td>Q3 2022/23</td><td>8.3</td><td>4.0</td></tr> <tr><td>Q4 2022/23</td><td>9.7</td><td>4.0</td></tr> <tr><td>Q1 2023/24</td><td>7.1</td><td>4.0</td></tr> <tr><td>Q2 2023/24</td><td>8.4</td><td>4.0</td></tr> <tr><td>Q3 2023/24</td><td>9.5</td><td>4.0</td></tr> </tbody> </table>				Quarter	Rate (%)	Target (%)	Q1 2020/21	6.5	4.0	Q2 2020/21	6.1	4.0	Q3 2020/21	6.2	4.0	Q4 2020/21	6.2	4.0	Q1 2021/22	7.0	4.0	Q2 2021/22	7.8	4.0	Q3 2021/22	8.0	4.0	Q4 2021/22	9.0	4.0	Q1 2022/23	8.9	4.0	Q2 2022/23	5.2	4.0	Q3 2022/23	8.3	4.0	Q4 2022/23	9.7	4.0	Q1 2023/24	7.1	4.0	Q2 2023/24	8.4	4.0	Q3 2023/24	9.5	4.0
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<p>Indicator Trend – Increasing This indicator continues to rise and the trend is increasing since quarter 4 2020/21.</p>																																																			
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

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.