



**PERFORMANCE REPORT
- SUPPORTING CHARTS**

**QUARTER 2
2021/22**

(1 JULY 2021 – 30 SEPTEMBER 2021)

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1. PERFORMANCE SUMMARY

BAROMETER OVERVIEW

Moray currently has **11 local indicators**. Of these **5 are Green** and **4 are Red** and **1 is Amber**. Data for one of the indicators are not yet available.

Figure 1 – Performance Summary

Health and Social Care Moray Performance Report									
Code	Barometer (Indicator)	Q2 2021 Jul-Sep	Q3 2021 Oct-Dec	Q4 2021 Jan-Mar	Q1 2122 Apr-Jun	Q2 2122 Jul-Sep	New Target (from Q1 2122)	Previous Target (from Q1 2021 or earlier)	RAG
AE	Accident and Emergency								
AE-01	A&E Attendance rate per 1000 population (All Ages)	17.9	16.8	17.8	23.5	21.7	no change	21.7	G
DD	Delayed Discharges								
DD-01	Number of delayed discharges (including code 9) at census point	27	23	17	19	29	no change	10	R
DD-02	Number of bed days occupied by delayed discharges (including code 9) at census point	803	672	496	592	784	no change	304	R
EA	Emergency Admissions								
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	1994	1881	1773	1859	1934	2037	2107	G
EA-02	Emergency admission rate per 1000 population for over 65s	178.6	179.5	174.8	185.9	190.4	179.9	179.8	R
EA-03	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	122.9	122.5	119.3	124.1	126.7	123.4	124.6	A
HR	Hospital Readmissions								
HR-01	% Emergency readmissions to hospital within 7 days of discharge	4.7%	4.3%	5.0%	4.4%	4.1%	no change	4.2%	G
HR-02	% Emergency readmissions to hospital within 28 days of discharge	9.8%	9.3%	9.8%	9.2%	8.4%	no change	8.4%	G
MH	Mental Health								
MH-01	% of patients commencing Psychological Therapy Treatment within 18 weeks of referral	23%	100%	100%	100%	100%	no change	90%	G
SM	Staff Management								
SM-01	NHS Sickness Absence (% of hours lost)	3.6%	3.6%	3.1%	4.2%	6.0%	no change	4%	R
SM-02	Council Sickness Absence (% of calendar days lost)						no change	4%	

2. DELAYED DISCHARGE - RED

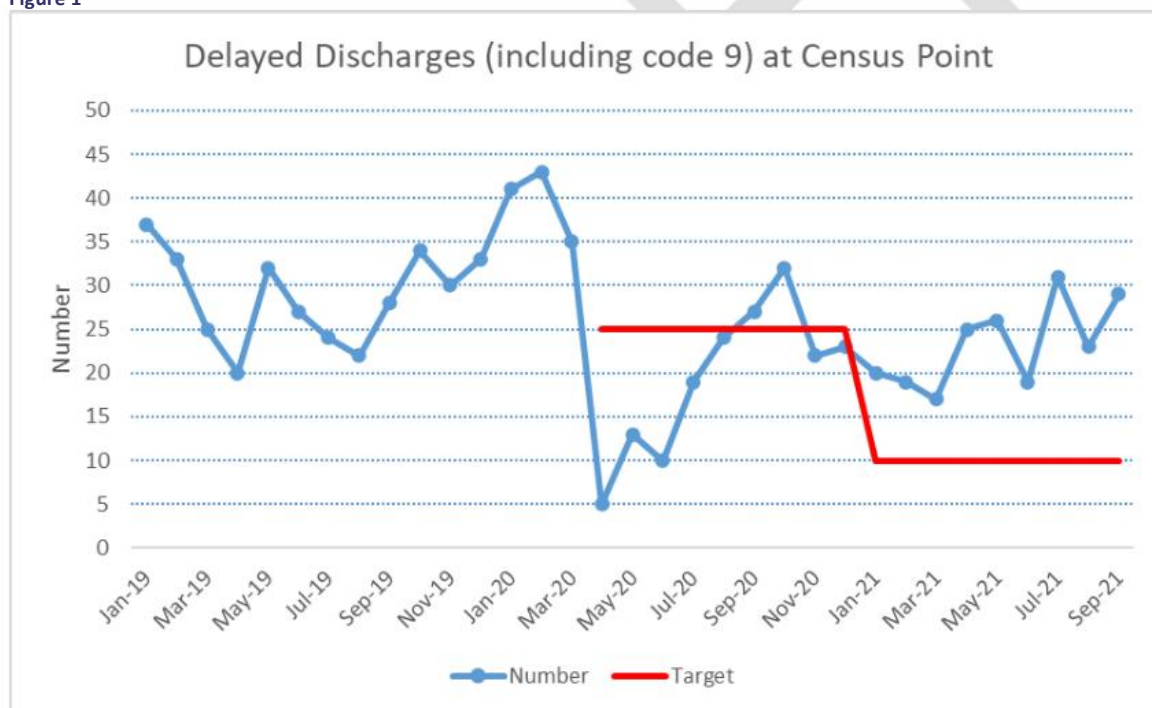
Trend Analysis

The number of delays at snapshot (**29**) and number of bed days lost due to delayed discharges (**784**) have both increased since Q1 2021/22. Prior to March 2021 the figure had been reducing. As the third wave hit in July and there were significant impacts across the whole system in Grampian there is a potential that this figure may show a further increase next quarter.

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 1



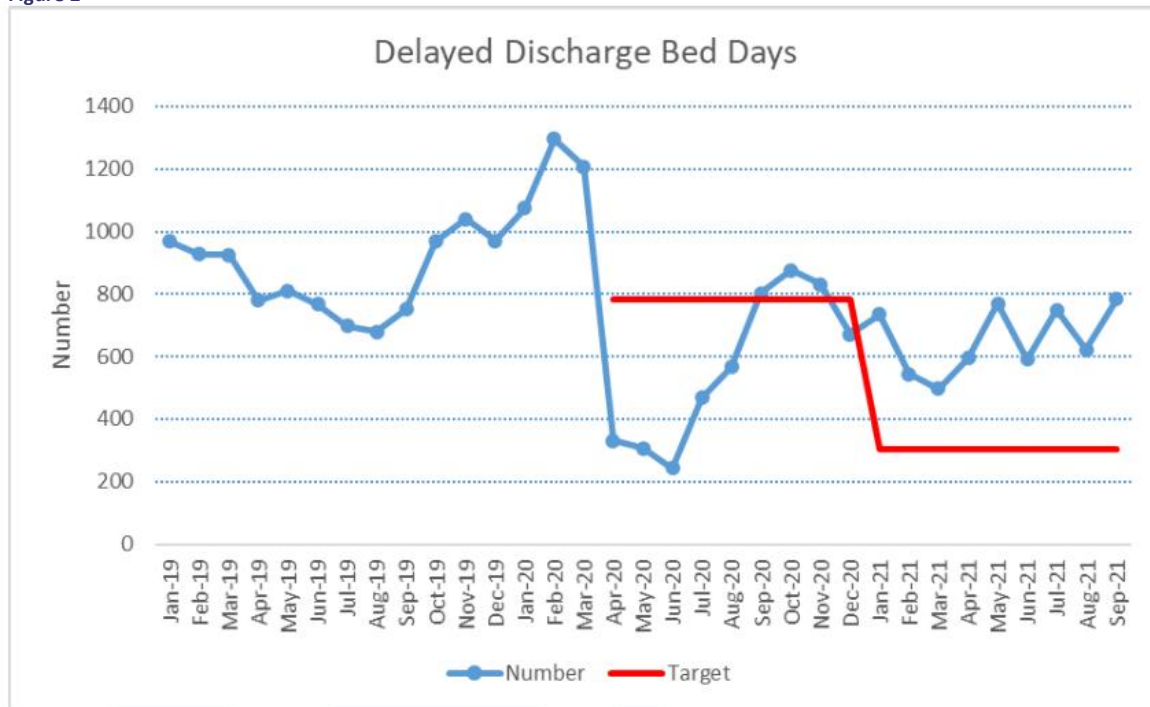
Indicator Trend – **Increasing**

Scotland Trend	TBC
Peer Group	TBC
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 2



Indicator Trend – Static

The number of bed-days remains well over double the target number of days and has shown no sign of reducing for the past 2 quarters.

Scotland Trend	TBC
Family Group	TBC
Source	Public Health Scotland

3. EMERGENCY ADMISSIONS - RED

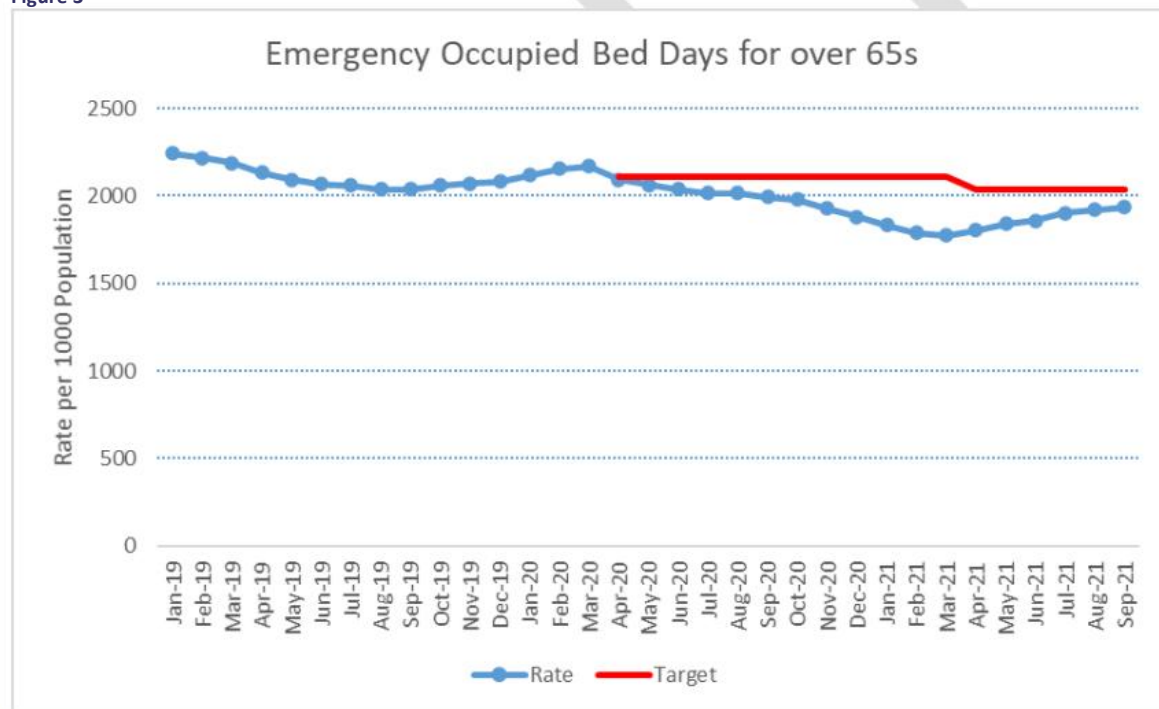
Trend Analysis

Since March 2021 there has been a steady increase each month in the rate of emergency occupied bed days from 1,773 to 1,934 in September 2021. Similarly, the emergency admission rate per 1000 population for over 65s has increased from 174.8 to 190.4 over the same period, while the number of people over 65 admitted to hospital in an emergency also increased from 119.3 to 126.7.

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 3



Indicator Trend – Increasing

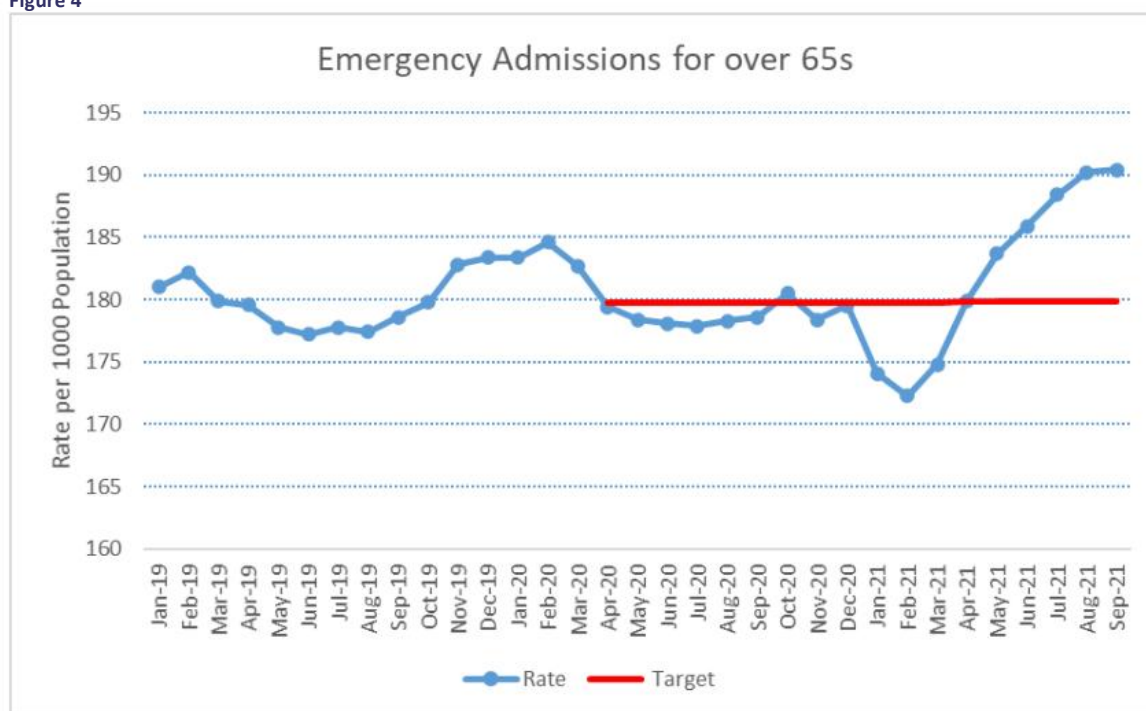
This indicator was on a downward trend for most of 2020, but since the start of 2021 has been increasing, although remaining below the reduced target that has been set.

Scotland Trend	Not Available
Peer Group	Not Available
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 4



Indicator Trend – Increasing

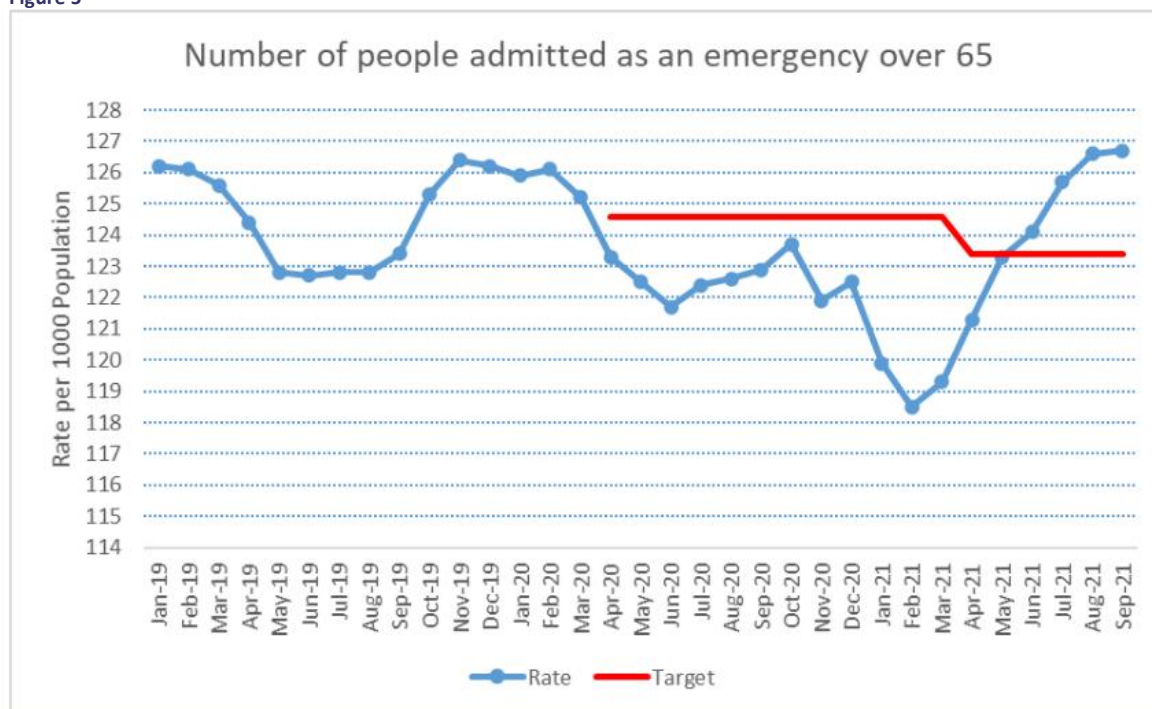
Since the start of 2021 the trend has been rapidly increasing, but during August and September it may have started to level off, albeit above the target of 179.9 admissions per 1,000 population.

Scotland Trend	Not Available
Peer Group	Not Available
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 5



Indicator Trend – Increasing

This indicator was showing a consistent downward trend until February 2021, since when the trend has reversed and increased rapidly. As with Figure 4 the rate has levelled off in August and September, but remains above target with the highest recorded figure of 126.7 per 1,000 population.

Scotland Trend	Not Available
Peer Group	Not Available
Source	Health Intelligence

4. EMERGENCY DEPARTMENT – GREEN

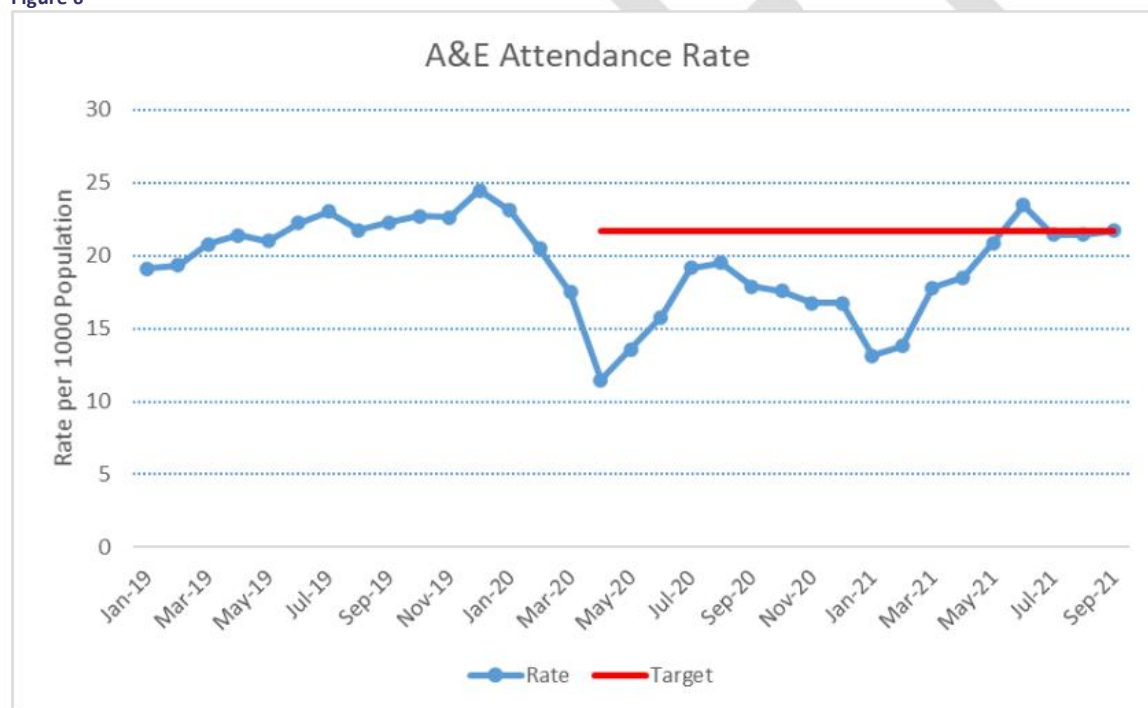
Trend Analysis

There has been a slight decrease in the rate per 1,000 this quarter from **23.5** to **21.7**, meeting the target but above the number presenting over the same period last year. While the rate in January 2021 was low (likely due to increased lockdown measures and the Flow Navigation Hub redirecting people) there has been a steady increase in this rate since then.

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 6



Indicator Trend – Stable

During quarter 2 the attendance rate per 1,000 population has remained stable, close to the target. However, over the longer-term since April 2020 there has been a steady increase albeit with some variation.

Peer Group	Unknown
Source	Health Intelligence

5. HOSPITAL RE-ADMISSIONS - GREEN

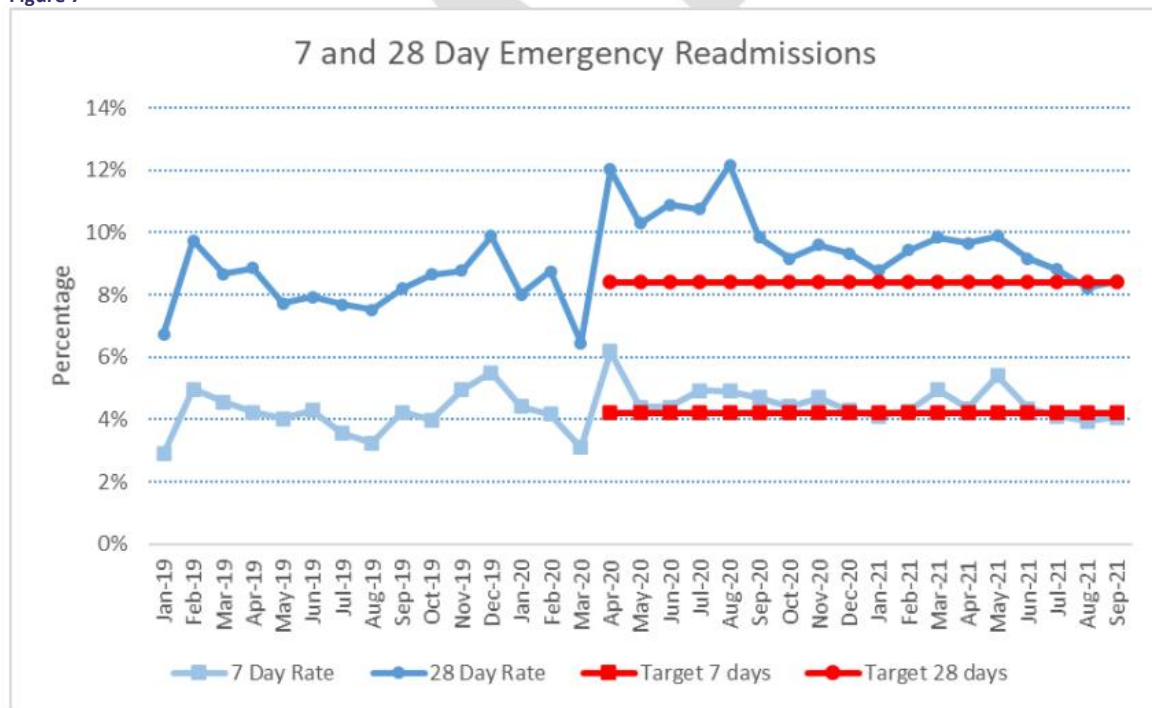
Trend Analysis

Both indicators in this barometer are now green. 28 day re-admissions are **8.4%** and 7 day Re-admissions are at **4.1%**.

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 7



Indicator Trend – Stable

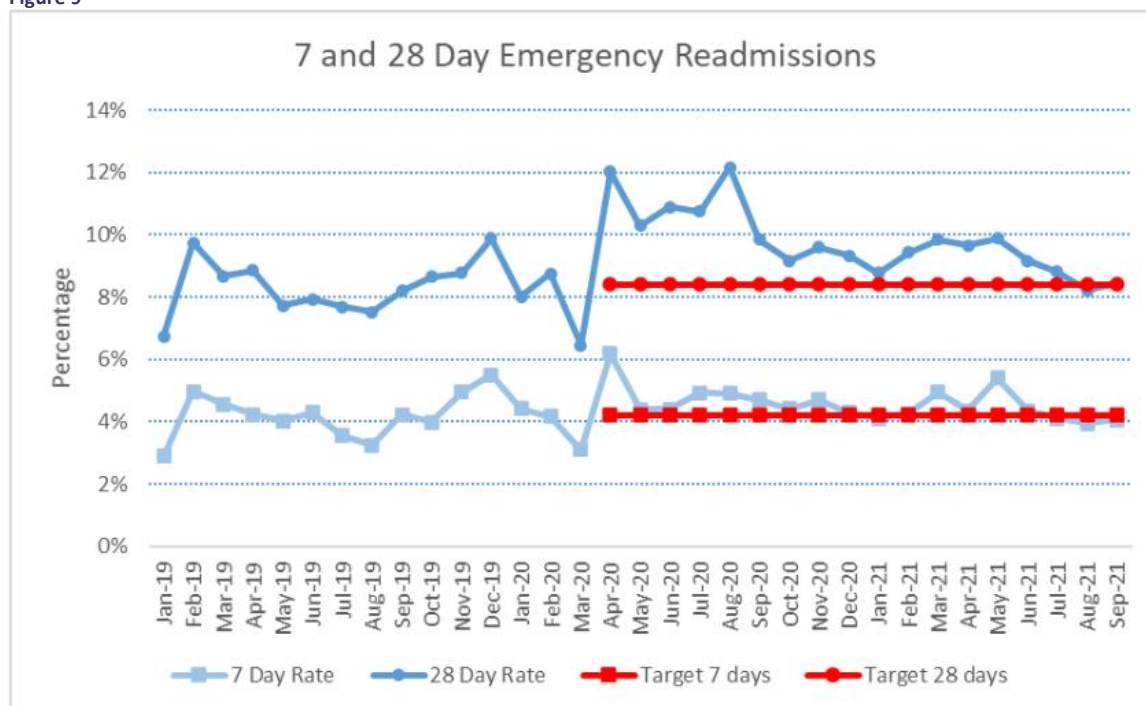
28-day Hospital Re-admissions have remained around the target of 8.4% this quarter.

Scotland Trend	Unknown
Peer Group	Unknown
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



Indicator Trend – Stable

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

Scotland Trend	Unknown
Peer Group	Unknown
Source	Health Intelligence

6. MENTAL HEALTH - GREEN

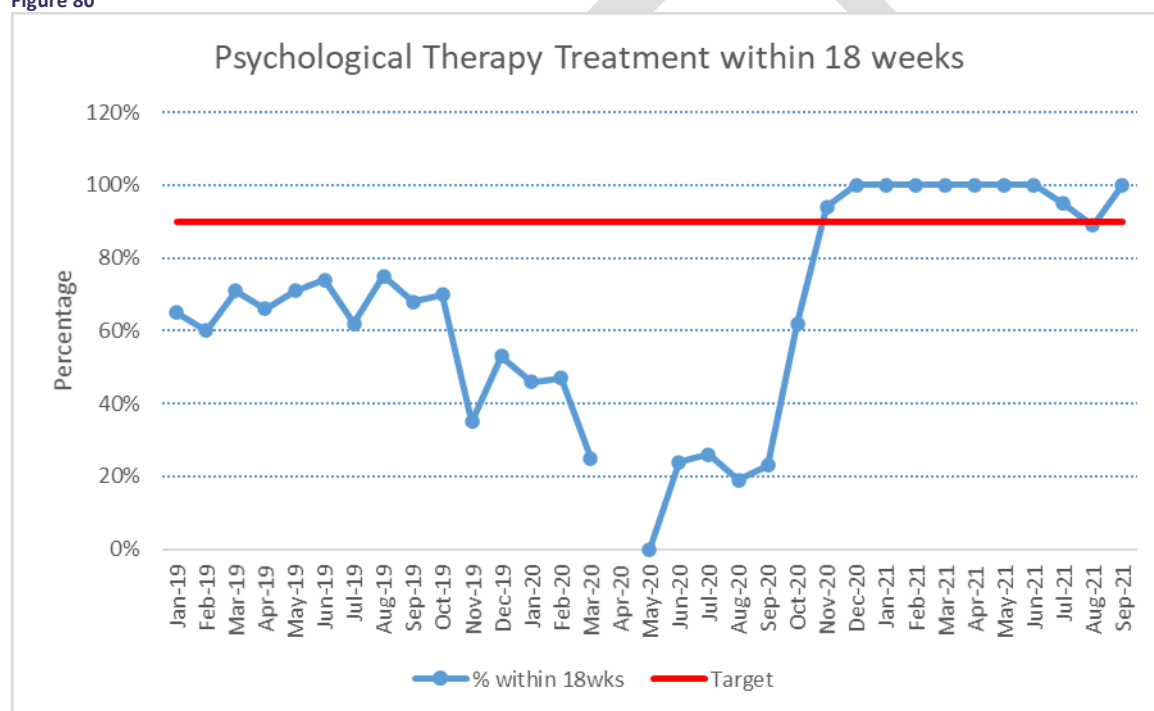
Trend Analysis

After 24 months below target and a year at around 20% this measure is at **100%** for the fourth consecutive quarter.

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 80



Indicator Trend – Stable

This measure remains at 100% for the fourth quarter in a row despite a blip in July and August 2021.

Scotland Trend	Unavailable
Peer Group	Unavailable
Source	Health Intelligence

7. STAFF MANAGEMENT - RED

Trend Analysis

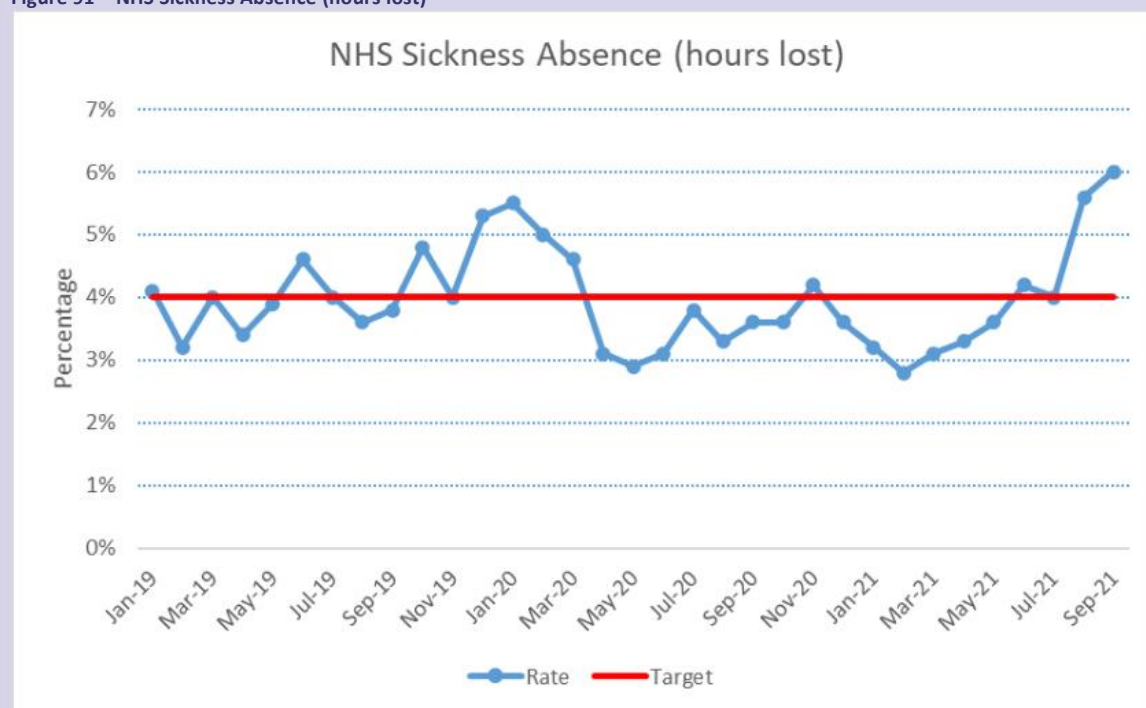
Sickness absence for NHS employed staff has increased **6.0%**, which is one and a half times greater than the target of 4%, continuing the rising trend observed during quarter 1. Council employed staff sickness has risen again from **6.95%** to **7.8%**, which is above the figure for the same period in the previous 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		

Target (+10%)	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22
4%	3.1%	3.6%	3.6%	3.1%	4.2%	6.0%

Figure 91 – NHS Sickness Absence (hours lost)



Indicator Trend – Increasing

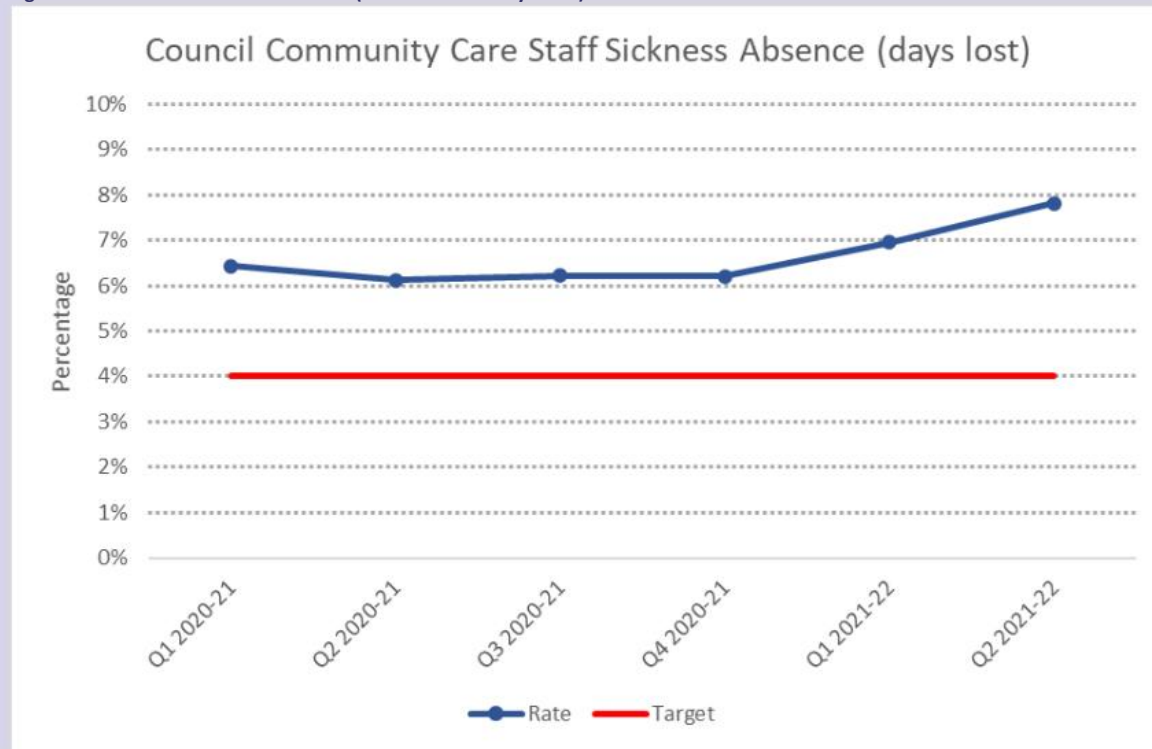
This indicator has been increasing over recent quarters and has shown a significant increase this quarter.

Source	Health Intelligence
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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				
Target	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22
4%	6.4%	6.1%	6.2%	6.2%	6.95%	7.8%

Figure 102 - Council Sickness Absence (% of Calendar Days Lost)



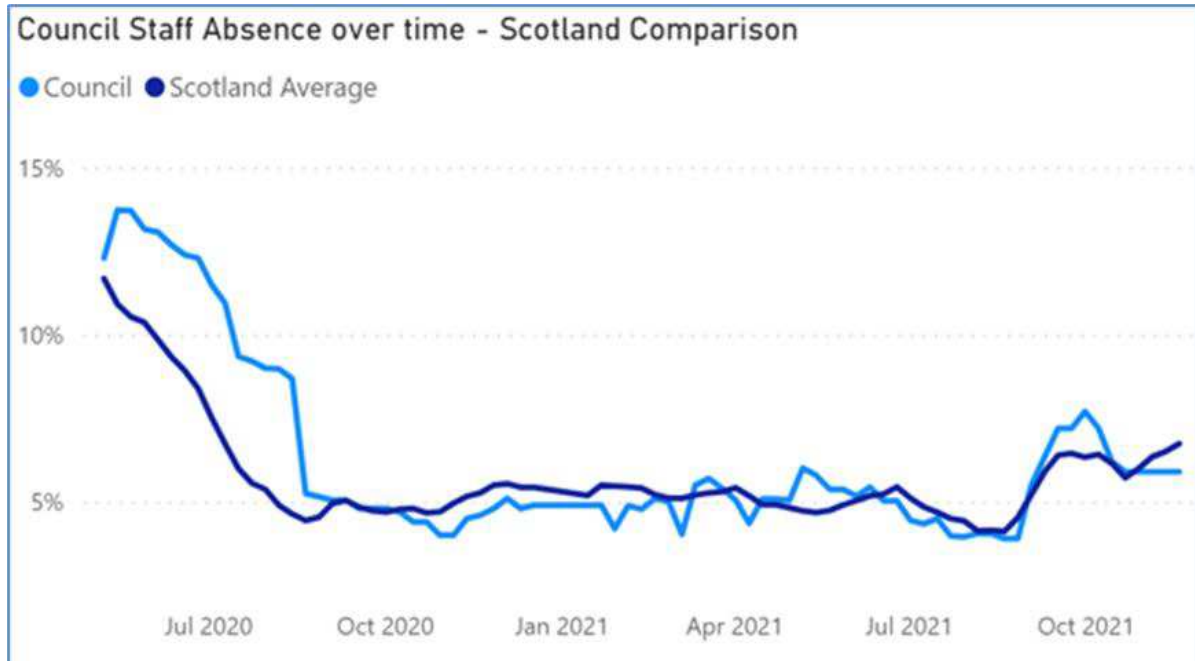
Indicator Trend – Increasing

This indicator continues to rise, remaining above target although it is significantly lower than the figure of 9% recorded in quarter 4 2019/20 where it was at a peak.

Source Council HR

COUNCIL STAFF ABSENCE OVER TIME – SCOTLAND COMPARISON

Chart provided by the Improvement Service using data from the from weekly SOLACE council returns. This update captures data from the week ending 19 November 2021.



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.
▲ - ▼	Indicating the direction of the current trend.

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 (DR GRAY'S)
- **HR-02:** PERCENTAGE OF EMERGENCY RE-ADMISSIONS TO HOSPITAL WITHIN 7 DAYS - MORAY PATIENTS (DR GRAY'S)
- **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.