



## PERFORMANCE REPORT

### QUARTER 1 2021/22

(1 APRIL 2021 – 30 JUNE 2021)

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## 2. PERFORMANCE SUMMARY

### COMMENTARY

#### DELAYED DISCHARGE – RED

The number of delays at June snapshot was 19 (down from 26 in previous quarter) and number of bed days lost due to delayed discharges was 592 (down from **770**) showing a decrease on the previous. This figure is still considerably above the recently amended target of 10.

#### EMERGENCY ADMISSIONS - GREEN

There was no change quarter on quarter from Mar 2021 (**1,773**) to June 2021 (**1,773**) in rate of emergency occupied bed days while the emergency admission rate per 1000 population for over 65s reduced from **174.8** to **170** and the number of people over 65 admitted to hospital in an emergency also decreased (**119.4** to **116.3**).

In line with infection prevention and control guidelines there has been a reduction in the number of beds available at Dr Gray's and Community Hospitals, this will continue to have had an impact on patient flow and the number of admissions.

#### ACCIDENT AND EMERGENCY - RED

There has been a significant increase in the rate per 1,000 this quarter from **17.8** to **23.5**. This is well above the target of 21.7 and also well above the number presenting at the 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.

This increase is in number of those in Flow 1 presenting (Minor Injury and Illness, including care provided in A&E Departments, in Minor Injury Units and through schemes such as See and Treat). Flows 2, 3 and 4 remain at relatively consistent levels as they have done throughout the pandemic.

#### HOSPITAL RE-ADMISSIONS - AMBER

Both indicators in this barometer are red and are not decreasing significantly since the Q1 2020-21 spike. 28 day re-admissions are 9.2% and 7 day Re-admissions are at **4.4%**. These are both above target.

Elective treatment continues to be below pre-pandemic levels therefore the overall number of discharges from hospital is less, this in turn impacts the percentage of those readmitted. The current targets are based on activity before the pandemic, these will be reviewed when there is a recognised 'normal' level of hospital activity.

#### MENTAL HEALTH - GREEN

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

Adult mental health continue to carry a full time vacancy despite two rounds of advertising. However, despite this, the service continues to see patients within targets. The situation will be kept under review.

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**STAFF MANAGEMENT – AMBER / RED**

NHS employed staff sickness levels have risen to 4.2% which is now above the target of 4%.  
Council employed staff sickness levels have risen to 6.95%

Staffing levels are being closely monitored as the impact of staffing vacancies and summer leave is placing additional pressure on services at a time when demand for services is increasing.

Managers are working to support teams and individuals to ensure they are receiving sufficient breaks and leave, and signposting to support where required, to prevent people being overwhelmed and becoming ill.

## BAROMETER OVERVIEW

Moray currently has **11 local indicators**. Of these **4 are Green** and **4 are Red** and **1 is Amber**. There are 2 indicators which have not had their data published.

Figure 2 – Performance Summary

Health and Social Care Moray Performance Report									
Code	Barometer (Indicator)	Q1 2021 Apr-Jun	Q2 2021 Jul-Sep	Q3 2021 Oct-Dec	Q4 2021 Jan-Mar	Q1 2122 Apr-Jun	New Target (from Q1 21-22)	Previous Target	RAG
<b>DD</b>	<b>Delayed Discharges</b>								
DD-01	Number of delayed discharges (including code 9) at census point	10	27	23	17	26*	no change	10	R*
DD-02	Number of bed days occupied by delayed discharges (including code 9) at census point	242	803	672	496	770*	no change	304	R*
<b>EA</b>	<b>Emergency Admissions</b>								
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	2037	1994	1881	1773	1773	2037	2107	G
EA-02	Emergency admission rate per 1000 population for over 65s	178.1	178.6	179.5	174.8	170	179.9	179.8	G
EA-03	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	121.7	122.9	122.5	119.3	116.3	123.4	124.6	G
<b>AE</b>	<b>Accident and Emergency</b>								
AE-01	A&E Attendance rate per 1000 population (All Ages)	15.8	17.9	16.8	17.8	23.5	no change	21.7	R
<b>HR</b>	<b>Hospital Readmissions</b>								
HR-01	% Emergency readmissions to hospital within 7 days of discharge	4.4%	4.7%	4.3%	5.0%	4.4%	no change	4.2%	A
HR-02	% Emergency readmissions to hospital within 28 days of discharge	10.9%	9.8%	9.3%	9.8%	9.9%*	no change	8.4%	R
<b>MH</b>	<b>Mental Health</b>								
MH-01	% of patients commencing Psychological Therapy Treatment within 18 weeks of referral	24%	23%	100%	100%	100%	no change	90%	G
<b>SM</b>	<b>Staff Management</b>								
SM-01	NHS Sickness Absence (% of hours lost)	3.1%	3.6%	3.6%	3.1%	No Data	no change	4%	No Data
SM-02	Council Sickness Absence (% of calendar days lost)	6.4%	6.1%	6.1%	6.2%	No Data	no change	4%	No Data

\* May data used as end of quarter data is not currently available and verified.

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

### 3. DELAYED DISCHARGE - RED

#### Trend Analysis

The number of delays at snapshot (19) and number of bed days lost due to delayed discharges (592) which has increased since Q4 2020/21. 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 an increase next quarter.

#### Operational Actions and Maintenance

Since the last report, delayed discharges in Moray have increased owing to various capacity issues in specific fractions of the system. This is primarily down to planned and unplanned leave (staff isolation etc.), in combination with recognised resourcing concerns.

Nevertheless, the level of work being undertaken across the Moray system continues, looking for and progressing improvements and resolutions.

The aims continue:

- To support a reduction in delayed discharge
- To reduce the risks to patients from unnecessary time spent in hospital
- To ensure that processes are sustainable
- That we have appropriately resourced teams across the system

Work continues with some areas of Improvement with a fastidious focus on :

- Communications
- Pathways including Planned Discharge Date (PDD)
- Capacity and Performance

Work continues to be progressed to support the aims of Delayed Discharges. For example:

- Community Hospital Waiting lists continue to be monitored
- Options regarding patient transport, for transfer and discharge continues to be explored
- ICT solution for prescriptions for patient discharge continues to be progressed with e-Health
- Work is being progressed to secure permanent Discharge Coordinator Posts
- Process mapping work continues at both Grampian and Moray levels

This work will contribute to generating a positive impact on Moray's Delayed Discharge performance.

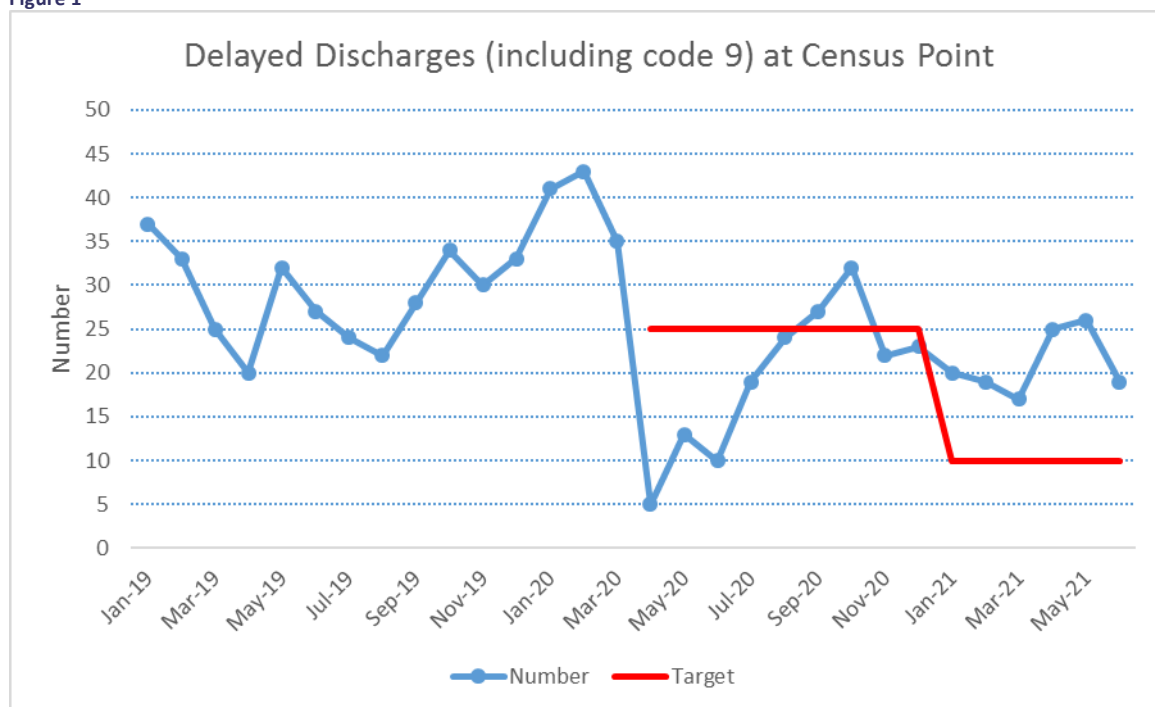
#### Next Steps

Delayed Discharges continues to remain the subject of an outcome focused model which, in working in collaboration, should maximise capacity across Moray further addressing delayed discharges.

Discharge to Assess teams will be operational from August 2021 and it is anticipated that this will have assist in the reduction of delayed discharges.

**DD-01: NUMBER OF DELAYED DISCHARGES (INCLUDING CODE 9, CENSUS SNAPSHOT, AT END OF QUARTER)**

<b>Purpose</b>	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.		
<b>Strategic Priority</b>	2: HOME FIRST	<b>Linked Indicator(s)</b>	<a href="#">DD-02</a>
<b>National Health &amp; Wellbeing Outcomes</b>	2, 3, 5, 7		

**Figure 1****Indicator Trend – fluctuating**

The number of delayed discharges started to increase in April and May but then fell in June 2021. There are several factors influencing this however the impact of Covid is starting to show in the increasing acuity and frailty of the patients coming into the emergency department who once medically fit then require support of care at home. Demand for care at home services has increased sharply and available capacity is a limiting factor. Services continue to work collaboratively to provide the best and most appropriate service for individuals.

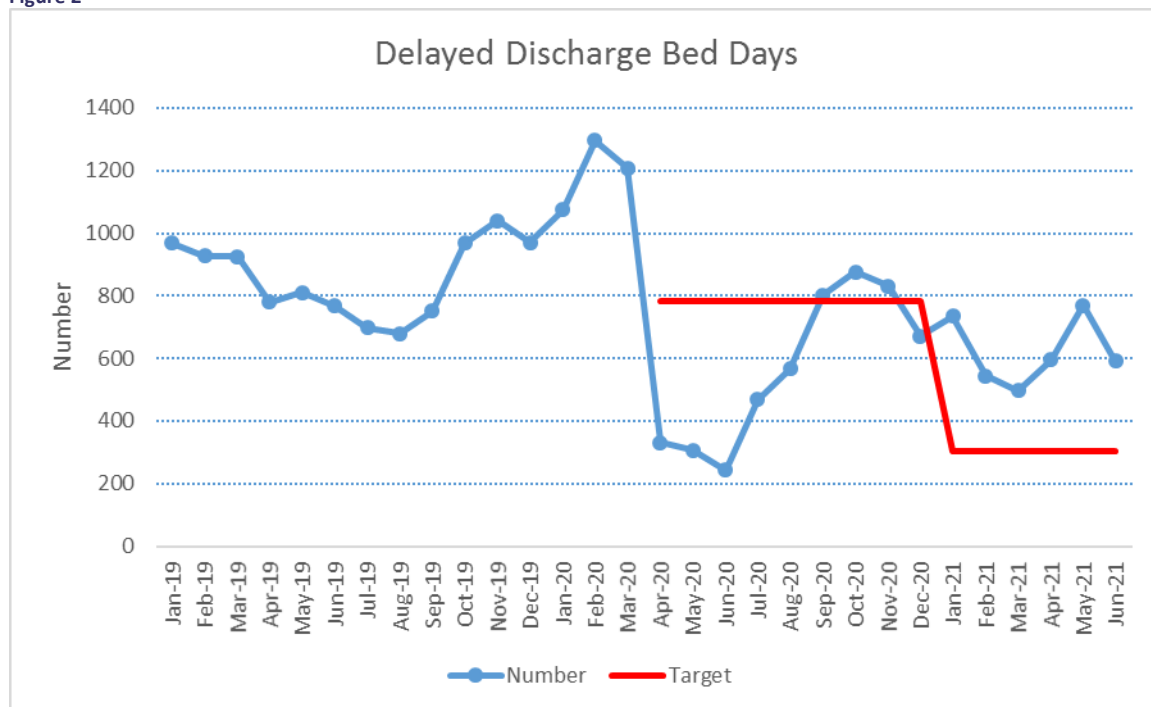
<b>Scotland Trend</b>	TBC
<b>Peer Group</b>	TBC
<b>Last Reported</b>	August 2021 for Quarter 1 Data
<b>Next Update due</b>	November 2021 for Quarter 2 Data
<b>Source</b>	<a href="#">Public Health Scotland</a>



**DD-02: NUMBER OF BED DAYS OCCUPIED BY DELAYED DISCHARGES PER QUARTER (INC CODE 9) PER 1000 18+ POPULATION**

<b>Purpose</b>	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.		
<b>Strategic Priority</b>	2: HOME FIRST	<b>Linked Indicator(s)</b>	<a href="#">DD-01</a>
<b>National Health &amp; Wellbeing Outcomes</b>	2, 3, 5, 7		

Figure 2

**Indicator Trend – Decreasing**

Whilst the number had been decreasing since September 2020 there has been a sharp increase since March 2021 and whilst there has been a drop in June 2021 it is anticipated there will be an increase during July whilst the system is in surge status as a result of the third wave of Covid.

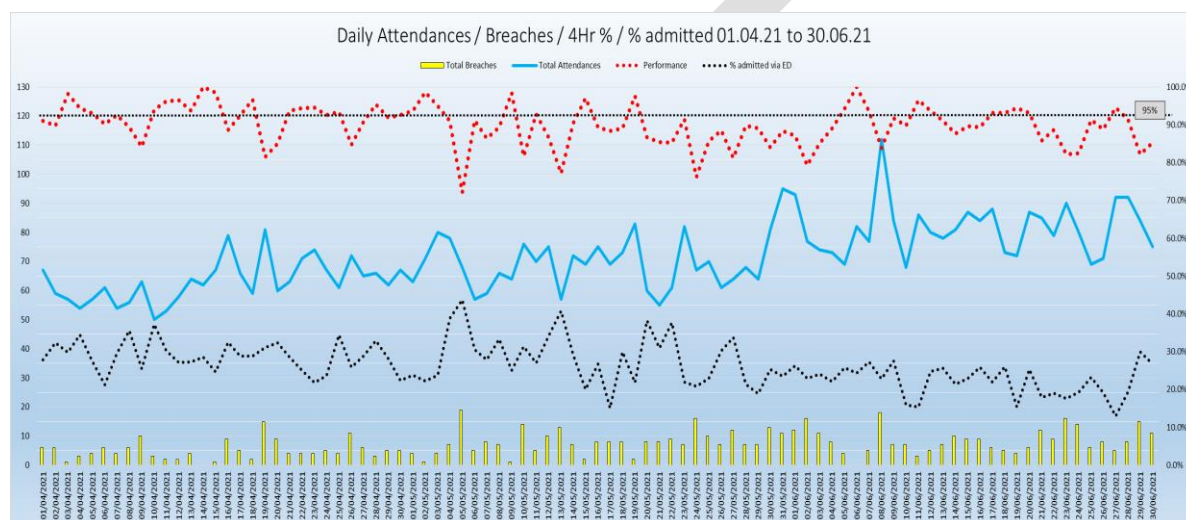
<b>Scotland Trend</b>	TBC
<b>Family Group</b>	TBC
<b>Last Reported</b>	August 2021 for Quarter 1 data
<b>Next Update Due</b>	November 2021 for Quarter 2 data
<b>Source</b>	<a href="#">Public Health Scotland</a>

## 4. EMERGENCY ADMISSIONS - GREEN

### Trend Analysis

There was no change quarter on quarter from March 2021 (1,773) to June 2021 (1,773) in rate of emergency occupied bed days while the emergency admission rate per 1000 population for over 65s reduced from 174.8 to 170 and the number of people over 65 admitted to hospital in an emergency also decreased (119.4 to 116.3).

In line with infection prevention and control guidelines there has been a reduction in the number of beds available at Dr Gray's and Community Hospitals, this will continue to have had an impact on the number of admissions.



### Operational Actions and Maintenance

In addition to the reduction of beds due to infection prevention and control guidelines above Business Continuity Planning was activated during refurbishment works to the General Medical Ward when water outlets were sampled, with results revealing a legionella risk. The ward was subsequently closed on Thursday 27 May. To safely accommodate closure of the General Medical Ward beds across the site were re-purposed. Understandably there were periods of moderate impact on flow and congestion. This challenging situation has been incredibly well supported by all teams across site with all ensuring patient welfare and experience is not compromised and disruption minimised.

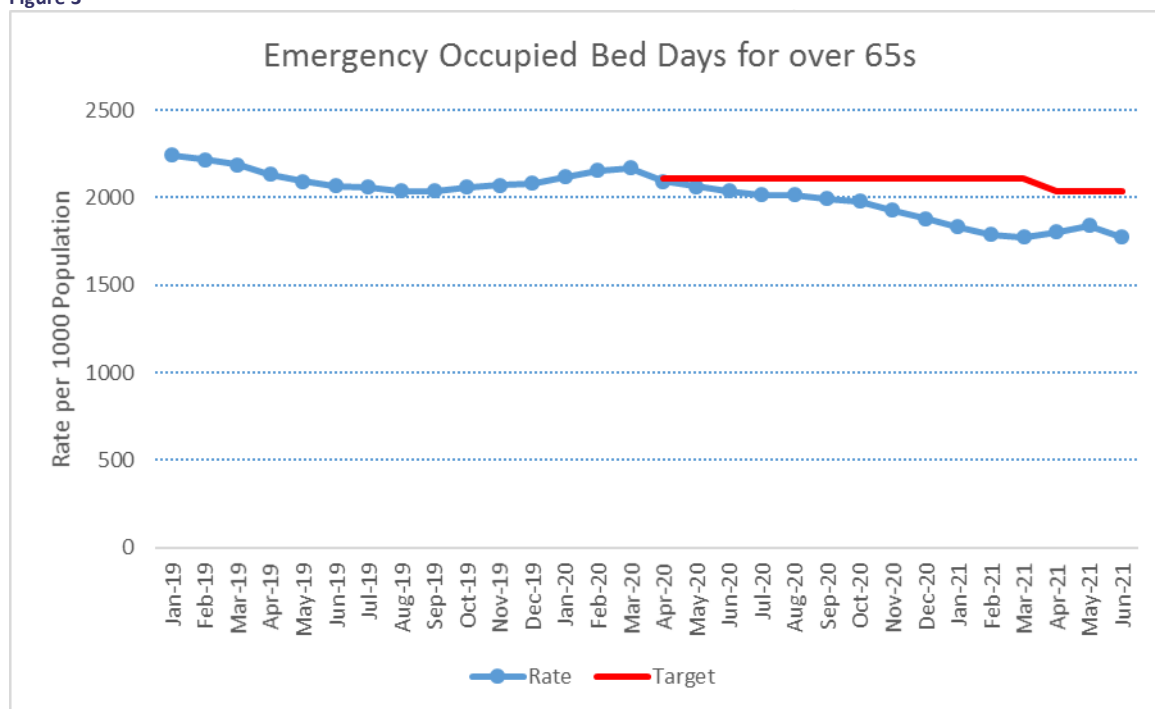
### Next Steps

The leadership team continue to manage the water safety incident at Dr Gray's and planned improvement works on the affected area have been accelerated in order to bring that clinical space back into use by the end of the calendar year. In the interim, effective use of all available clinical space is being made in order to maximise the available bed base and manage unscheduled patient flow, as well as making every attempt to preserve some capacity to enable high priority elective procedures. Teams in Moray are developing alternatives to admission, such as through the work of the discharge to assess teams and community response teams and the situation is being closely monitored via the Moray senior management team.

### EA-01: RATE OF EMERGENCY OCCUPIED BED DAYS FOR OVER 65S PER 1000 POPULATION

<b>Purpose</b>	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.		
<b>Strategic Priority</b>	1: BUILDING RESILIENCE	<b>Linked Indicator(s)</b>	<a href="#">EA-02</a> , <a href="#">EA-03</a>
<b>National Health &amp; Wellbeing Outcomes</b>	1, 2, 3, 5		

Figure 3



#### Indicator Trend – Reducing

This indicator is on a downward trend.

**Scotland Trend** Not Available

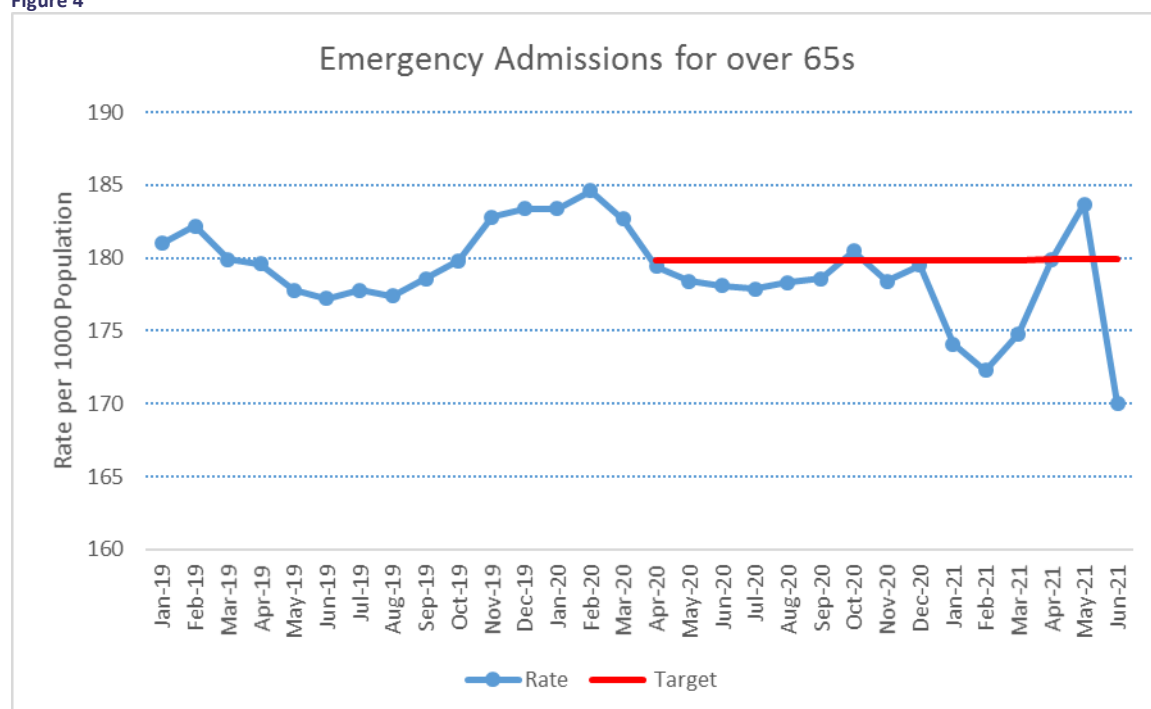
**Peer Group** Not Available

**Source** Health Intelligence

**EA-02: EMERGENCY ADMISSIONS RATE PER 1000 POPULATION FOR OVER 65S**

<b>Purpose</b>	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.		
<b>Strategic Priority</b>	1: BUILDING RESILIENCE	<b>Linked Indicator(s)</b>	<a href="#">EA-01</a> , <a href="#">EA-03</a>
<b>National Health &amp; Wellbeing Outcomes</b>	1, 2, 3, 5		

Figure 4

**Indicator Trend – Variable#**

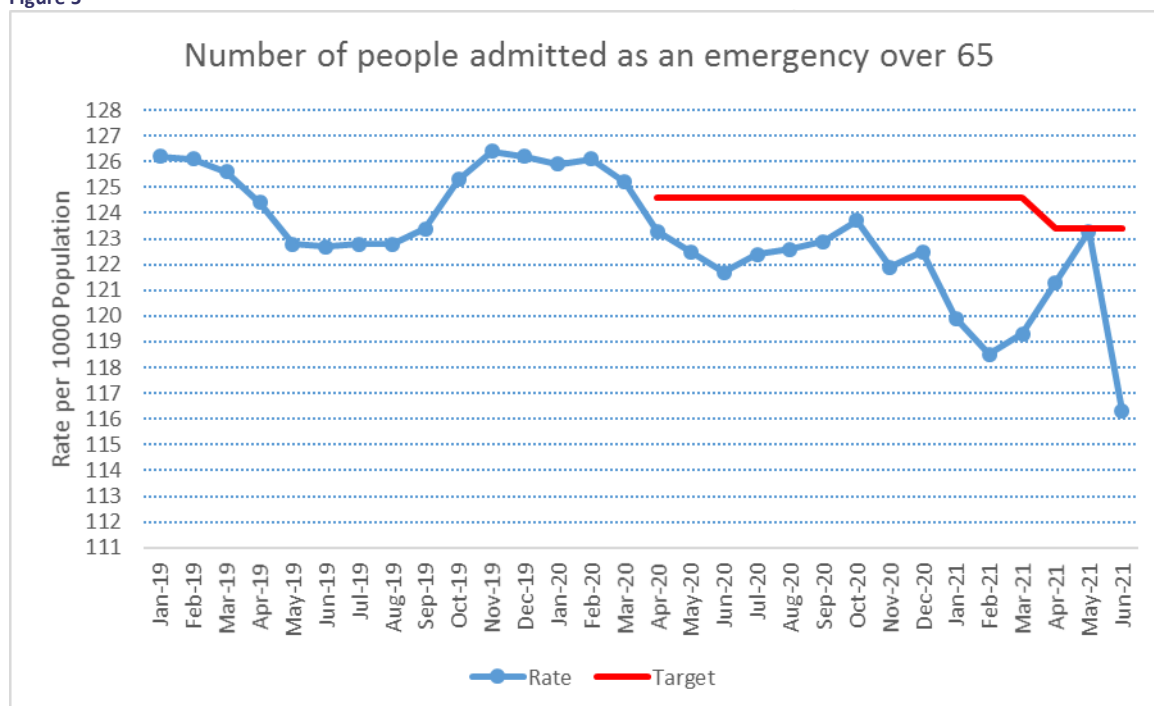
The drop in Qtr 4 followed the pattern of Q3 to Q4 reductions shown in the previous 3 years. However there was a significant spike in April 2021 followed by sharp drop in May which is not following a recognised pattern.

<b>Scotland Trend</b>	Not Available
<b>Peer Group</b>	Not Available
<b>Source</b>	Health Intelligence

### EA-03: NUMBER OF PEOPLE OVER 65 YEARS ADMITTED AS AN EMERGENCY IN THE PREVIOUS 12 MONTHS PER 1000 POPULATION

<b>Purpose</b>	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.		
<b>Strategic Priority</b>	1: BUILDING RESILIENCE	<b>Linked Indicator(s)</b>	<a href="#">EA-01</a> , <a href="#">EA-02</a>
<b>National Health &amp; Wellbeing Outcomes</b>	1, 2, 3, 5		

Figure 5



#### Indicator Trend – Variable

This indicator is showing a consistent downward trend, although there was a spike in April the figures have plummeted to a new low of 116.

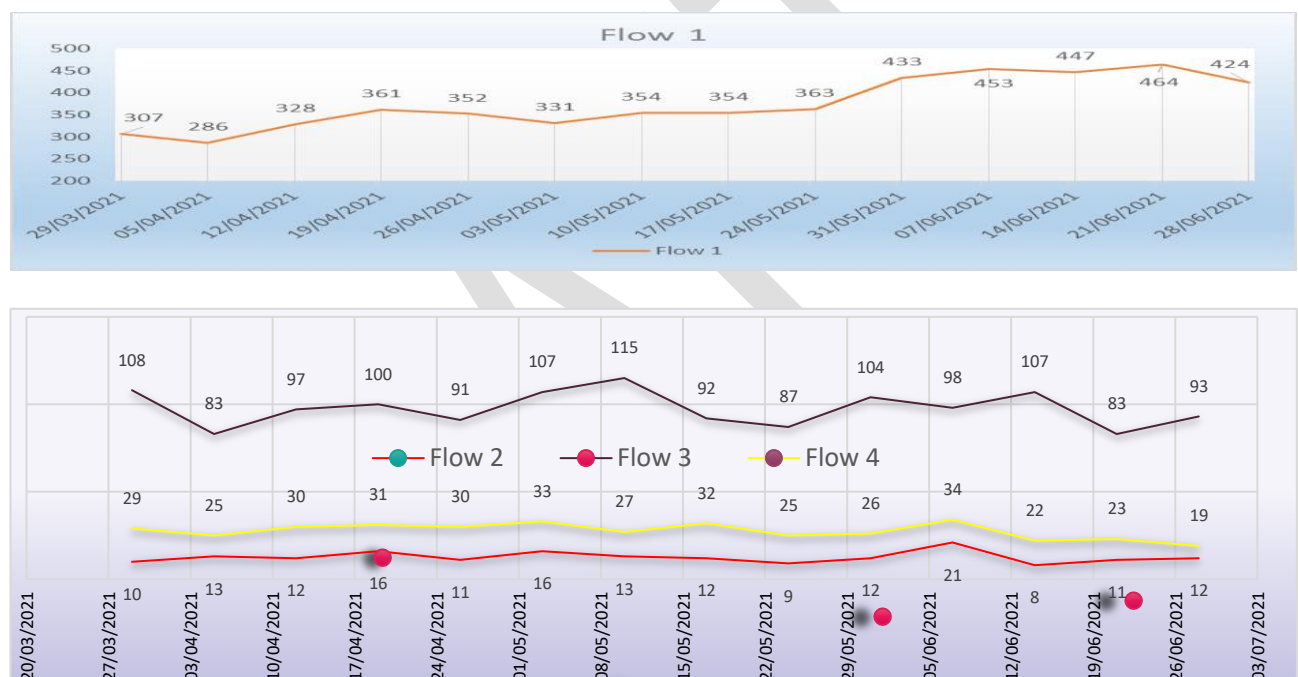
<b>Scotland Trend</b>	Not Available
<b>Peer Group</b>	Not Available
<b>Source</b>	Health Intelligence

## 5. ACCIDENT AND EMERGENCY – RED

### Trend Analysis

There has been a significant increase in the rate per 1,000 this quarter from 17.8 to 23.5. This is above the target of 21.7 and is well above the number presenting at the 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.

Operational data from Dr Gray's implies that this increase is in number of those in Flow 1 presenting (Minor Injury and Illness, including care provided in A&E Departments, in Minor Injury Units and through schemes such as See and Treat). Flows 2, 3 and 4 remain at relatively consistent levels as they have done throughout the pandemic.



### Operational Actions and Maintenance

The MIJB Strategic Plan 2019-29 has reduction in levels of Unscheduled Care as a key goal: shifting unplanned hospital activity to preventative interventions; ensuring appropriate, responsive service delivery as locally as possible and as specialist as necessary; and positive team co-ordination.

The Flow Navigation Hub (FNH) has been running since 17<sup>th</sup> Jan 2021 and data for analysis is still limited, however we continue to monitor up to date weekly data to enable more responsive action from management teams. This close monitoring of data assists with the identification of opportunities for improvement i.e. walk in patients have been re-assigned to scheduled care from unscheduled via the FNH.

The work locally is following the lead from the NHS Scotland redesign of urgent care

[NHS Scotland redesign of urgent care - first national staging review report: 1 December 2020 – 31 March 2021 - gov.scot \(www.gov.scot\)](#)

It should be noted that agreed timelines for implementation of each element have been delayed and postponed several times to reflect emerging impacts on services including moving from a nationwide big bang approach to a more regional soft launch approach

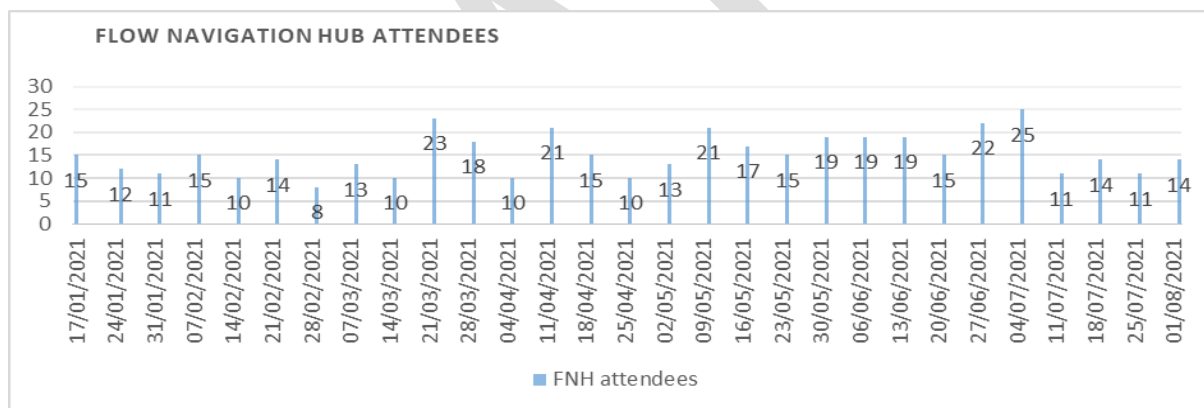
TV and radio publicity:

These elements of the campaign were due to take place in April/May; however this was delayed due to the service demands already on NHS 24 and deemed too high risk to proceed.

### Next Steps

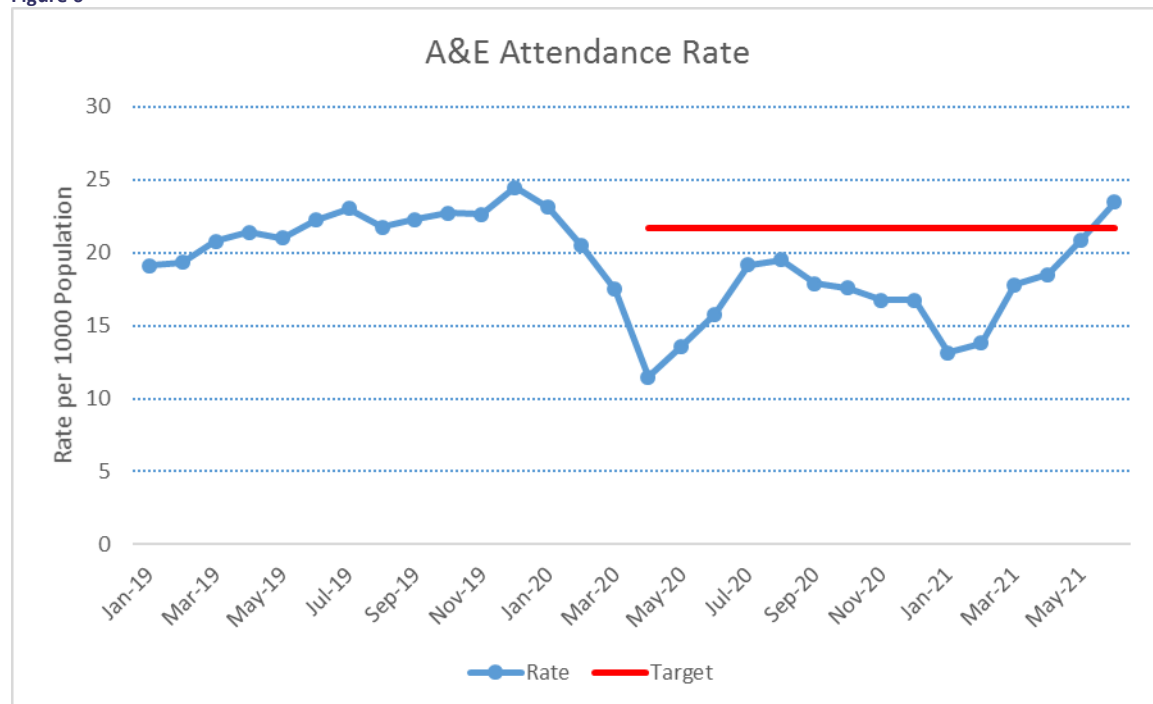
The Flow Navigation hub is a relatively new service and meaningful trend information is not currently available but is being developed.

Figures are being monitored on a weekly basis but numbers remain low however these patients are seen by the medical staff from Emergency Department (ED) and are in addition to the figures presented for ED as above. See additional data re the delay in the SG media campaign regarding this part of the redesign



**AE-01: A&E ATTENDANCE RATES PER 1,000 POPULATION (ALL AGES)**

<b>Purpose</b>	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.		
<b>Strategic Priority</b>	3: PARTNERS IN CARE	<b>Linked Indicator(s)</b>	<a href="#">HR-01</a> , <a href="#">HR-02</a>
<b>National Health &amp; Wellbeing Outcomes</b>	1, 2, 3, 5		

**Figure 6**

**Indicator Trend – Increasing**

Whilst there had been a reduction in attendances from November 2020 to January 2021 there has been a steady increase in the numbers attending and they are now back to the levels seen during the winter period of 2019/20.

<b>Scotland Trend</b>	Moray has mirrored the rest of Scotland trend.
<b>Peer Group</b>	Unknown
<b>Source</b>	Health Intelligence



## 6. HOSPITAL RE-ADMISSIONS - RED

### Trend Analysis

Both indicators in this barometer are red and are not decreasing significantly since the Q1 2020-21 spike. 28 day re-admissions are **9.2%** and 7 day Re-admissions are at **4.4%**. These are both above target.

Elective treatment is yet to be resumed in any volume and this means that the raw discharge numbers remain low and consequently the rate per Discharge remains high.

### Operational Actions and Maintenance

This indicator covers all hospitals and all patients in Moray.

More detailed information is available for each hospital and Locality managers have oversight of this performance information.

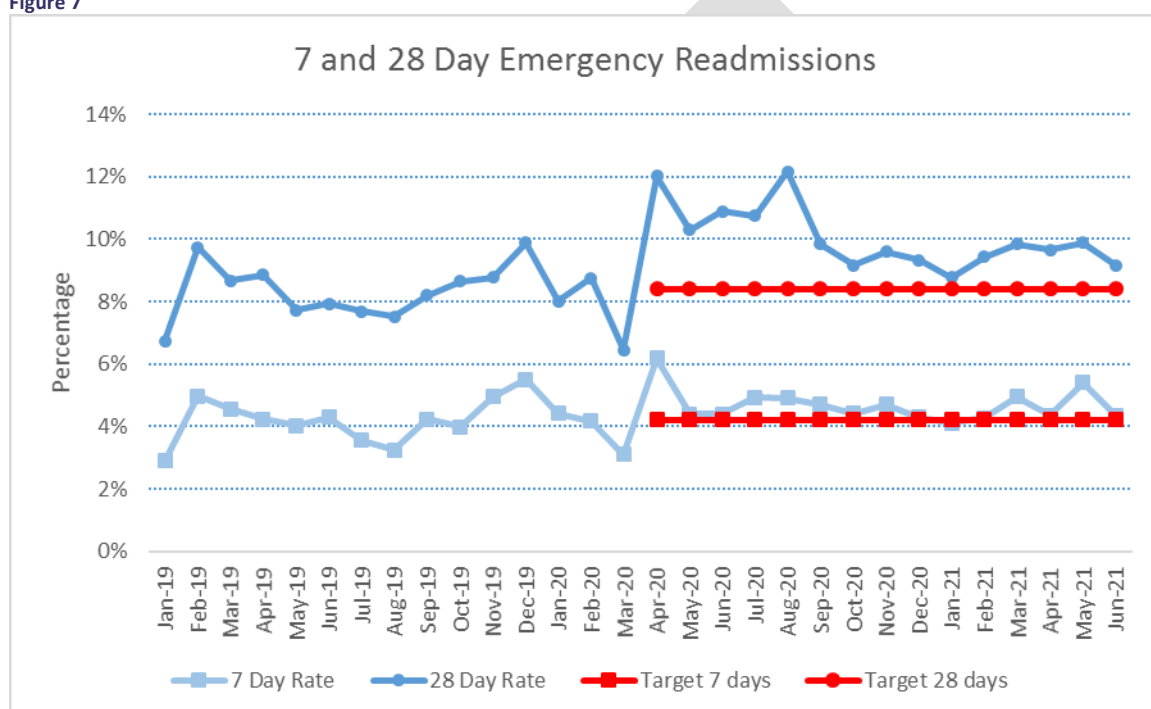
### Next Steps

Continue to work with Locality managers to monitor data at a community hospital level on a regular basis, with an aim of identifying potentially avoidable readmissions and any associated improvement actions.

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

<b>Purpose</b>	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)		
<b>Strategic Priority</b>	1: BUILDING RESILIENCE	<b>Linked Indicator(s)</b>	<a href="#">HR-02</a> , <a href="#">AE-01</a>
<b>National Health &amp; Wellbeing Outcome</b>	1, 2, 3, 5		

Figure 7



#### Indicator Trend – Stable

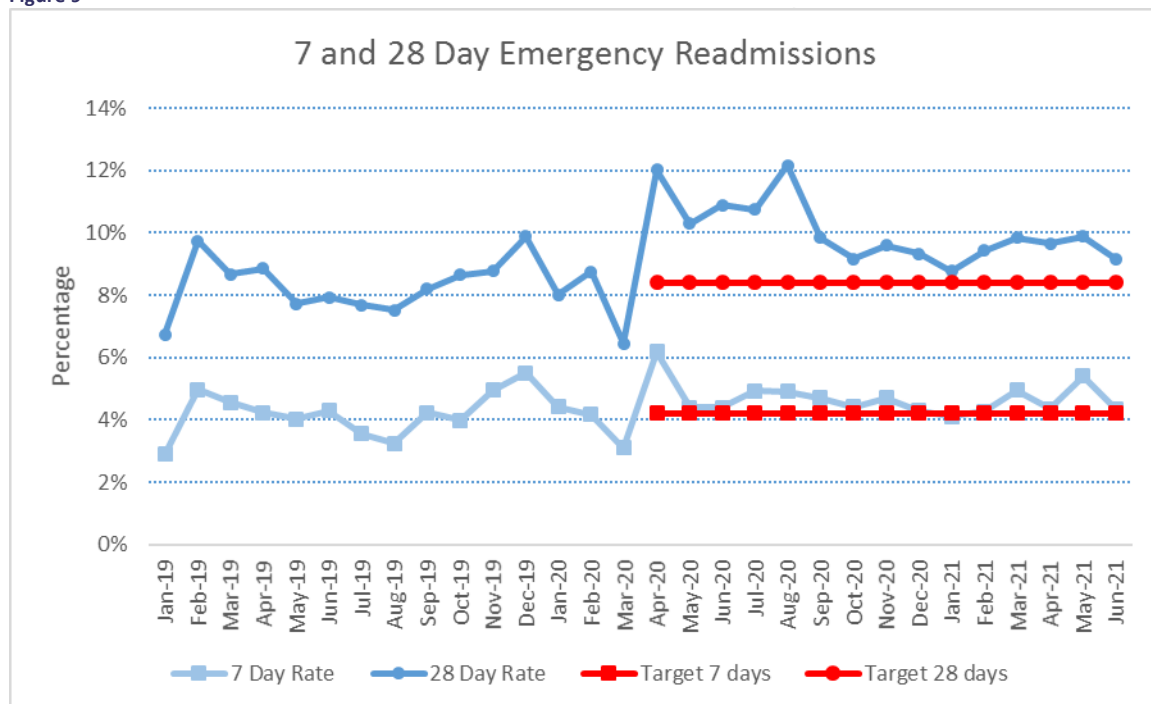
28 day Hospital Re-admissions have remained around 9.5% over the last 4 quarters, slightly above target.

<b>Scotland Trend</b>	Unknown
<b>Peer Group</b>	Unknown
<b>Source</b>	Health Intelligence

## HR-02: PERCENTAGE OF EMERGENCY RE-ADMISSIONS TO HOSPITAL WITHIN 7 DAYS - MORAY PATIENTS

<b>Purpose</b>	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.		
<b>Strategic Priority</b>	1: BUILDING RESILIENCE	<b>Linked Indicator(s)</b>	<a href="#">HR-01</a> , <a href="#">AE-01</a>
<b>National Health &amp; Wellbeing Outcome</b>	1, 2, 3, 5		

Figure 9



### Indicator Trend – Stable

The rate of 7 day re-admissions had a slight increase in quarter 4 but has returned to the level of the previous 4 quarters.

<b>Scotland Trend</b>	Unknown
<b>Peer Group</b>	Unknown
<b>Source</b>	Health Intelligence

## 7. MENTAL HEALTH - GREEN

### Trend Analysis

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

### Operational Actions and Maintenance

All areas continue to achieve 100% HEAT targets for waiting and treatment times.

Adult mental health continue to carry a full time vacancy despite two rounds of advertising. However, despite this, the service continues to see patients within targets. The situation will be kept under review.

Staff from the older adult team continue to be redeployed on a part time basis to the Psychological Resilience Hub but this is not currently affecting ability to see secondary care patients. The Psychological Resilience Hub funding has been extended until January 2022, meeting to take place with lead psychologist to discuss continued support from secondary care services.

Primary care staff continue to be redeployed to the Psychological Resilience Hub. Recruitment to all primary care posts has now concluded. Staff are continuing to support the PRH alongside primary care work, ongoing support to be discussed locally.

Referrals into all secondary care services are manageable.

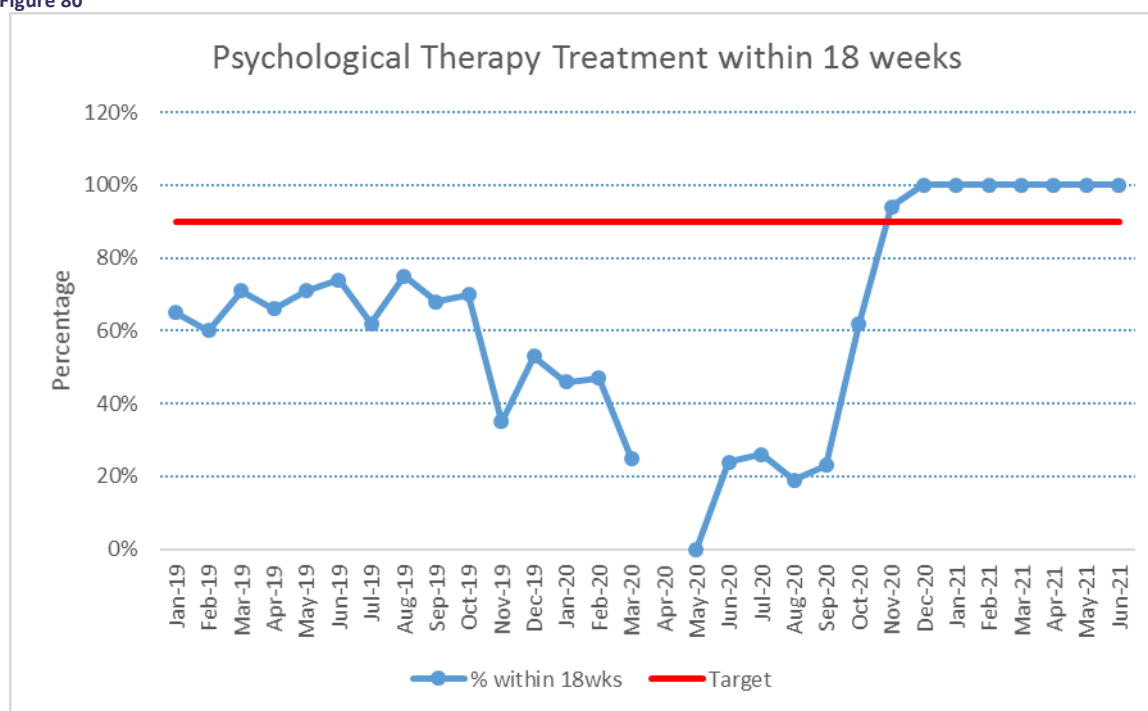
### Next Steps

Pilot group for Mentalisation Based Therapy (MBT) patients to commence on 9 August, further preparatory work being done for other psychological therapies groups to be delivered via technology. Issues with platform availability has been identified and a solution is being sought in relation to this to enable further roll out of group work.

### MH-01: PERCENTAGE OF PATIENTS COMMENCING PSYCHOLOGICAL THERAPY TREATMENT WITHIN 18 WEEKS OF REFERRAL

<b>Purpose</b>	Timely access to healthcare is a key measure of quality and that applies equally in respect of access to mental health services.		
<b>Strategic Priority</b>	3: PARTNERS IN CARE	<b>Linked Indicator(s)</b>	
<b>National Health &amp; Wellbeing Outcome</b>	1, 2, 3, 5		

Figure 80



#### Indicator Trend – **Stable**

This measure remains at 100% for the third quarter in a row.

<b>Scotland Trend</b>	Unavailable
<b>Peer Group</b>	Unavailable
<b>Source</b>	Health Intelligence

## 8. STAFF MANAGEMENT - RED

### Trend Analysis

Sickness absence for NHS employed staff has increased to 4.2% which is above the target of 4% and this is the first time it has been above target since November 2020.

Council employed staff sickness has risen slightly from 6.2% to 6.95% which is just above the figure for the same period in the previous year.

It was reported previously that across the general population, during the lockdown period with Covid measures in place and with improved hand hygiene there had been a reduction in the levels of colds, respiratory infections and flu, which it was felt was also being reflected in HSCM with the reduction of absence rates.

It would appear that the sickness levels are increasing and maybe related to the relaxation of lockdown measures however it will require further investigation to identify reasons for the increase.

### Operational Actions and Maintenance

Managers continue to focus on supporting staff and following good absence management practice. Staff wellbeing is a key focus given the pressures and challenges people have faced during the Covid-19 response.

Moray Council have undertaken a survey of staff in relation to their wellbeing and the outputs are awaited as they will help inform actions that will be undertaken to maintain and improve support to staff.

### Next Steps

HSCM have instigated an internal collation of staffing figures relating to sickness absence, vacancies, covid isolation/sickness, annual leave and special leave to identify any services being significantly affected and requiring support.

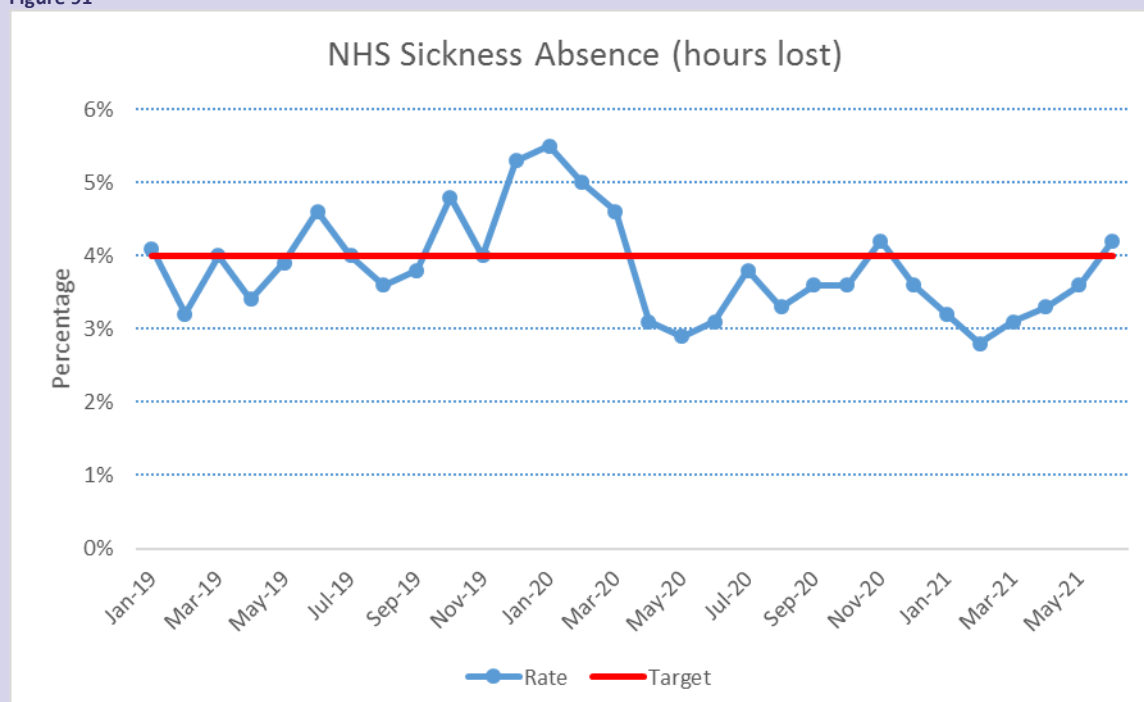
Managers will continue to monitor absence management and are aware of the continued need to support staff through the transitions of coming out of lockdown.

**SM-01: NHS SICKNESS ABSENCE % OF HOURS LOST**

<b>Purpose</b>	Attendance at work of all employees is essential in the interests of the effective and efficient operation of services.		
<b>Strategic Priority</b>	1: BUILDING RESILIENCE	<b>Linked Indicator(s)</b>	<a href="#">SM-02</a>
<b>National Health &amp; Wellbeing Outcome</b>	8		

Target (+10%)	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22
4%	4.6%	3.1%	3.6%	3.6%	3.1%	4.2%

Figure 91


**Indicator Trend – Increasing**

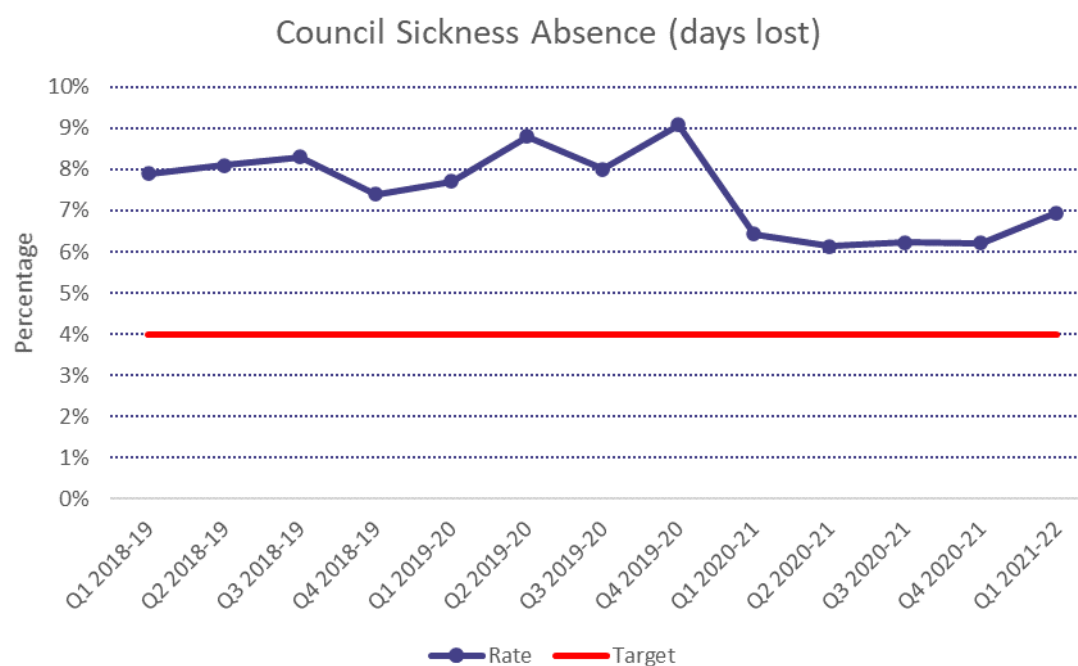
This indicator has been increasing slightly over the last two quarters and it is now just above target.

<b>Scotland Trend</b>	Unknown
<b>Peer Group</b>	Unknown
<b>Source</b>	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)		<a href="#">SM-01</a>	
National Health & Wellbeing Outcome			1, 2, 3, 5			
Target	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Qtr1 21/22
4%	9.1%	6.4%	6.1%	6.2%	6.2%	6.95%

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

**Indicator Trend**

This indicator remains above target up to the end of quarter 4 2020/21 but it has dropped significantly from quarter 4 2019/20 where it was at a peak. We are awaiting the information from HR for Qtr1 however information from managers highlights that sickness absence is increasing and this increase is not directly attributable to the impact of Covid.

<b>Scotland Trend</b>	Unknown
<b>Peer Group</b>	Unknown
<b>Source</b>	Council HR



## APPENDIX 1: KEY AND DATA DEFINITIONS

### RAG SCORING CRITERIA

<b>GREEN</b>	If Moray is performing better than target.
<b>AMBER</b>	If Moray is performing worse than target but within specified tolerance.
<b>RED</b>	If Moray is performing worse than target but outside of specified tolerance.
<b>▲ – ▼</b>	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 East Dunbartonshire Aberdeenshire Edinburgh, City of Perth & Kinross Aberdeen City Shetland Islands Orkney Islands	<b>Moray</b> <b>Stirling</b> <b>East Lothian</b> <b>Angus</b> <b>Scottish Borders</b> <b>Highland</b> <b>Argyll &amp; Bute</b> <b>Midlothian</b>	Falkirk Dumfries & Galloway Fife South Ayrshire West Lothian South Lanarkshire Renfrewshire Clackmannanshire	Eilean Siar Dundee City East Ayrshire North Ayrshire North Lanarkshire Inverclyde West Dunbartonshire 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:

Medium Term Financial Plan

Performance Framework

Locality Plans

Existing strategies

Infrastructure Planning

Housing Contribution

Organisational Development and Workforce Plan

Communication & Engagement Framework

## 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.**