



REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 24 NOVEMBER 2022

SUBJECT: QUARTER 2 (JULY TO SEPTEMBER 2022) PERFORMANCE REPORT

BY: CORPORATE MANAGER

1. REASON FOR REPORT

1.1 To update the Audit, Performance and Risk Committee on performance as at Quarter 2 (July to September 2022).

2. RECOMMENDATION

2.1 **It is recommended that the Audit, Performance and Risk Committee consider and note the performance of local indicators for Quarter 2 (July - September 2022)**

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.

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>	
GREEN	If Moray is performing better than target.
AMBER	If Moray is performing worse than target but within agreed tolerance.
RED	If Moray is performing worse than target by more than agreed tolerance.

- 4.2 There is no detailed report attached due to system pressures.

Summary

- 4.3 Performance within Health and Social Care Moray (HSCM) as demonstrated by the agreed indicators up to the end of quarter 2 of the financial year 2022/23 is showing as variable. Four of the indicators are presenting as green and six are red. This represents a reduced performance compared to quarters 3 and 4 in 2021/22 and similar to quarter 1 in 2022. This is a reflection of the pressure being placed on the service that has continued during quarter 2.

EMERGENCY DEPARTMENT (ED) - RED

- 4.4 There was a slight decrease in the attendance rate per 1,000 this quarter from 24.3 to 24, exceeding the target and above the number presenting at the same period last year. The trend over the past 5 months has been a steady and consistent increase each month, in contrast to the gradual decrease each month in the previous 8 months. This increase in demand will not only put pressure on ED but will undoubtedly have an impact on other services.

DELAYED DISCHARGES – RED

- 4.5 The number of delays at the June snapshot was 47, a slight increase from the previous quarter, remaining well above the revised target of 10. Although the number of bed days lost due to delayed discharges reduced from 1207 last quarter to 1197 this is still almost 4 times the target. Both indicators are back to the levels last seen in the winter of 2019/20, just before the COVID-19 pandemic regulations were introduced.

EMERGENCY ADMISSIONS – AMBER

- 4.6 The steady monthly increase in the rate of emergency occupied bed days for over 65s, noted in previous reports, continued this quarter. Since the end of quarter 4 last year the rate has increased from 2,140 to 2,469, exceeding the target of 2,037 per 1,000 population. The emergency admission rate per 1000 population for over 65s has continued to reduce further this quarter from 177.5 to 172.4. Similarly, the long-term trend for the number of people over 65 admitted to hospital in an emergency in the previous 12 months also reduced from 122 to 118.6 over the same period. Both indicators are now GREEN but given the continuing increase in the emergency occupied bed-days for over 65s the overall status for the three indicators combined is AMBER.

HOSPITAL RE-ADMISSIONS - GREEN

- 4.7 The 28-day re-admissions improved and was below target at 6.7%, and the 7-day re-admissions also reduced to below target at 3%.

MENTAL HEALTH – RED

- 4.8 The service has been unable to meet the 18 week LDP¹ target since September 2021. This has declined steadily and in the second quarter of 2022 the % of people who were referred into the service and treated within 18 weeks had fallen to 33%.

STAFF MANAGEMENT – RED

- 4.9 NHS employed staff sickness levels (to the end of August 2022) have declined from 4.2% to 4.5%, still close to the target of 4%. Data for council staff sickness not included in this report due to staffing and time constraints.

Figure 1 - Performance Summary

Health and Social Care Moray Performance Report									
Code	Barometer (Indicator)	Q2 2122	Q3 2122	Q4 2122	Q1 2223	Q2 2223	New Target (from Q1 2122)	Previous Target (from Q1 2021 or earlier)	RAG
		Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep			
AE	Accident and Emergency								
AE-01	A&E Attendance rate per 1000 population (All Ages)	21.7	20.0	20.0	24.3	24.0	no change	21.7	R
DD	Delayed Discharges								
DD-01*	Number of delayed discharges (including code 9) at census point	30	39	46	46	47	no change	10	R
DD-02	Number of bed days occupied by delayed discharges (including code 9) at census point	784	1142	1294	1207	1197	no change	304	R
EA	Emergency Admissions								
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	1934	2045	2140	2320	2469	2037	2107	R
EA-02	over 65s	190.4	187.2	183	177.5	172.4	179.9	179.8	G
EA-03	emergency in the previous 12 months per 1000 population	126.7	126.3	125.2	122	118.6	123.4	124.6	G
HR	Hospital Readmissions								
HR-01	% Emergency readmissions to hospital within 7 days of discharge	4.1%	3.5%	3.4%	4.3%	3.0%	no change	4.2%	G
HR-02	% Emergency readmissions to hospital within 28 days of discharge	8.4%	8.4%	8.0%	8.3%	6.7%	no change	8.4%	G
MH	Mental Health								
MH-01	% of patients commencing Psychological Therapy Treatment within 18 weeks of referral	100%	67%	33%	27%	33.0%	no change	90%	R
SM	Staff Management								
SM-01	NHS Sickness Absence (% of hours lost)	6.0%	5.5%	4.7%	4.2%	4.5%	no change	4%	R

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

*From May 2022, the census figures for April 2021 onwards include delays due to infection control measures in place at hospital (delay reason codes 26X and 46X)

*SMO1 data to Sept 2022

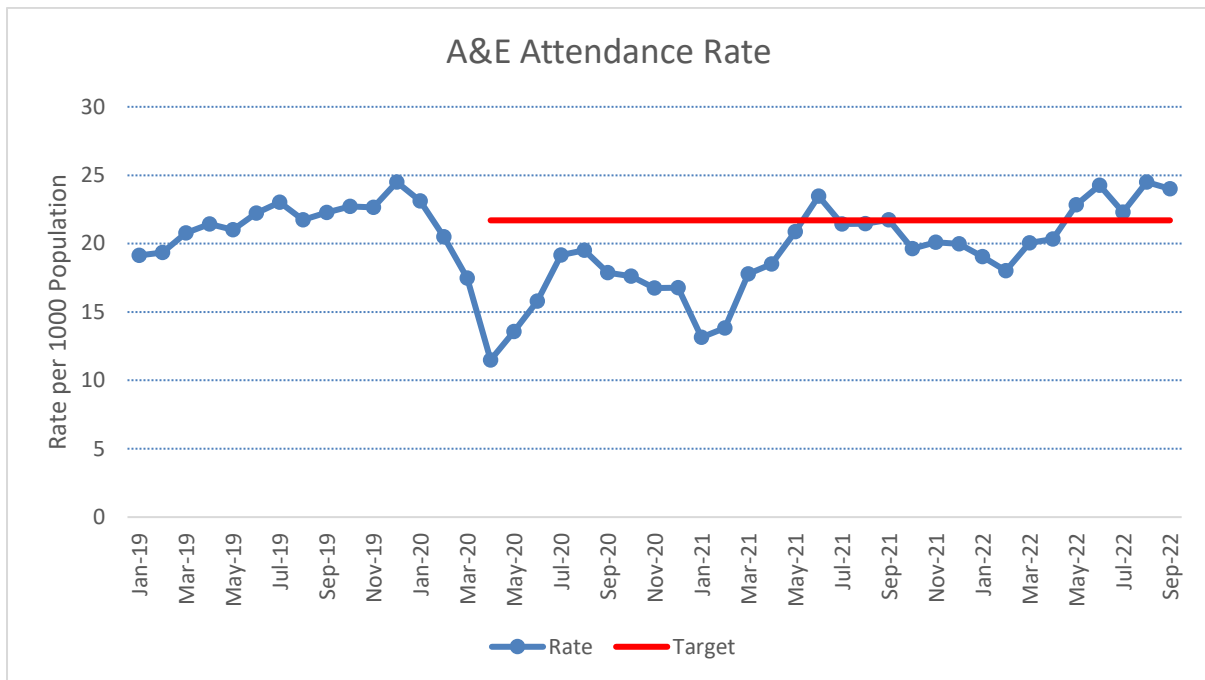
5. AREAS NOT MEETING TARGETS

Emergency Department

- 5.1 The rate per 1,000 population presenting at ED is 24, above the required performance level of 21.7 and displaying an increasing trend. In addition, the proportion of patients seen within the 4-hour target time continues to reduce. Prior to March 2020 over 95% of attendees at ED were seen within 4 hours, generally reducing to 90% in the winter months. Performance is below target and continues to deteriorate.

¹ Local Delivery Plan Standards; priorities set and agreed between the Scottish Government and NHS Boards. Previously known as HEAT Targets and Standards.

Figure 2 – A&E Attendance rates (all ages) – (TrakCare)



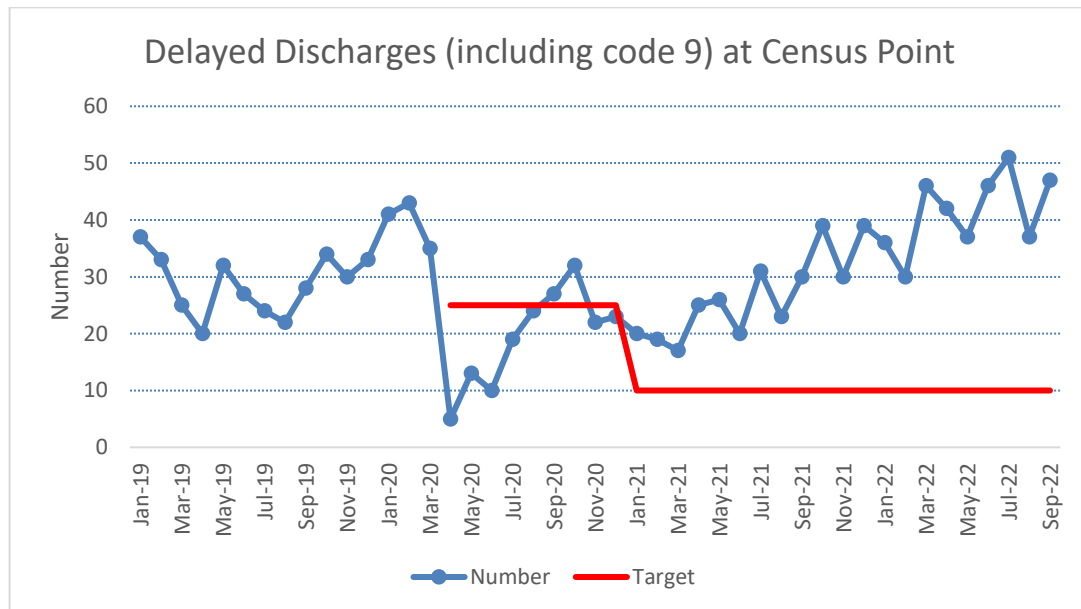
- 5.2 The Medicine and Unscheduled service continue to working closely with the hospital team and wider partnership to improve flow across the hospital. The hospital continues to experience a significant number of breaches within the ED, many attributed to long bed waits, secondary to delayed discharges and an extensive community hospital waiting list. This regularly equates to 30 percent of the bed base at Dr Gray’s Hospital (DGH). The team has re-established daily breach meetings to establish causes and help mitigate recurring trends. They are also working with the discharge coordinator/social work team and wider Moray partnership to review and manage this on a daily basis.
- 5.3 Regular, daily, safety briefs are being held to help address any urgent issues with crowding, Scottish Ambulance Service waits and reduced performance, working across the NHSG systems to establish solutions. Minor injury patients are now re-directed regularly and a review of minor injury patients in Moray/DGH has been commenced under the leadership of the Head of Service HSCM and his team. This is ongoing.
- 5.4 The Medicine and Unscheduled service are also engaging with colleagues across NHSG as part of the redesign of unscheduled care, whilst working to complete the ED service plan which includes plans to reduce the numbers of attendances at ED and improve the performance figures. This includes the design of the rapid assessment and discharge unit based in DGH. This unit will help reduce the pressures faced by ED and improve the flow and performance within the department.
- 5.5 The ED continues to face significant recruitment issues which have impacted on the service, requiring locum doctors and agency nurses to be engaged. Regular staffing assurance meetings take place with the hospital manager and the team are active in rota management. Finally, a Business Impact Assessment has been completed to help mitigate the impact of gaps in

the rota and to ensure the safety of the department, and the well-being of its staff.

Delayed Discharge

- 5.6 The number of people waiting to be discharged from hospital remains high, and there are no indications that the target of 10 people is going to be met soon. The Delayed Discharge indicators (DD-01 and DD-02) continue to be red and remain well above the new targets set at the end of quarter 3 of 2020/21.

Figure 3 – Delayed Discharges (all ages) – (PHS, Delayed Discharges publication)



- 5.7 The reasons for the above target levels remain the same; there is an additional demand from the increase in patients presenting at ED. Previous reports have noted the increased frailty and more complex needs of patients.
- 5.8 External providers of care within Moray were also experiencing similar high levels of staff absence as were care homes. This significantly limited the ability to meet the demand for care at home.
- 5.9 The measures outlined in previous reports did appear to be reducing the number of delayed discharges. However, by the end of quarter 2 the situation had reversed, and more people were facing delays when ready to be discharged from hospital.

Emergency Admissions

- 5.10 Emergency Admission rates for the over 65s (EA-02) have reduced further during quarter 1, continuing the trend observed in previous quarters. Note that the rate of 172.4 per 1,000 population is now back below the target based on the 2019 average of 179.9 per 1,000 population. Similarly, the number of people in this category admitted during the past 12 months (EA-03) has followed a similar trend. At the end of quarter 2 the rate had reduced to 118.6 per 1,000 population, below the target of 123.4 per 1,000 population (also based on the 2019 average).
- 5.11 However, the reduction in admissions may be due to the lack of available beds, in part caused by delays in discharging people and also generally high

demand. Furthermore, the over 65s admitted for an emergency are staying in hospital longer. This has been increasing steadily since the start of 2021 and continued to increase each month during quarter 2 reaching a rate of 2,469 bed-days per 1,000 population, exceeding the target of 2,037 per 1,000 population.

Mental Health

- 5.12 Referrals continue to be received by the team and they are working hard to reduce waiting times, offering short notice appointments when it is practical to do so. Following a workshop in June 2022, the Moray psychological therapies steering group was to reconvene and begin the planning of the work streams identified.

Staff Management

- 5.13 The Moray vaccination programme continues to be delivered across all relevant groups as a priority.
- 5.14 Provider Services continue to face significant challenges, with high staff absences and vacancies adding real dilemmas for front-line delivery. This fluctuating and high level of absence requires close management, with supervisors and managers often having to deliver care.
- 5.15 Managers are still being faced with daily challenges to find staff to allocate to rosters and to maintain the delivery of their services, and to prioritise the services being provided.
- 5.16 Recent quarterly reports have highlighted the issues of staff burn-out and the staffing situation facing the HSCM services. There is not much more to add this quarter other than to say that managers and the HR teams continue to spend much of their time on addressing the shortfall in staff and meeting the demand for care.

6. 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 2019 – 2029”

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

For Health and Social Care Moray the Chief Officer, Corporate Officer and Service Managers in relation to respective areas have been consulted as has Tracey Sutherland, Committee Services Officer, Moray Council and their comments are incorporated in the report.

7. CONCLUSION

7.1 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.

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Background Papers: Available on request

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