PERFORMANCE REPORT

QUARTER 2
2020/21

(1 JULY 2020 – 30 SEPTEMBER 2020)

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2. PERFORMANCE SUMMARY

COMMENTARY

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 2020/21 is showing as generally positive once again; however the impact of COVID-19 is starting to show in some indicators. There have been changes made to routine procedures in hospitals and care homes that have impacted HSCM services both positively and negatively.

Despite no target being set, the three indicators without targets are being monitored and there is action underway to address concerns around what appear to be high levels of Reviews Outstanding (OA-01). There is still currently no data available for council absences in quarter 1 and quarter 2 (SM-02) due to the COVID-19 pandemic interrupting operations within the HR department. Other data is available and is presented in a separate report to this committee.

The impact of COVID-19, where the whole system is still working to a different set of priorities, will mean that it will not be possible to draw direct comparisons with previous years. As per the MIJB development session on 30 July 2020, a graphic that illustrates the measures and how their performance relates to the strategic priorities as outlined in the Strategic Plan 2019-29 'Partners in Care' is now presented under the Indicator Summary.

All indicators and trends are presented with the acknowledgement that it is likely that there will be long-term unseen implications from the pandemic and targets will likely be re-assessed and updated appropriately.

DELAYED DISCHARGE – AMBER (RED TRAJECTORY)

The significant reductions made in both measures in quarter 1 has not continued into quarter 2. The number of those delayed at census at the end of September was **27 patients**, against a pre-COVID-19 target of 25. While this figure is in Amber the rate of increase is much steeper than with comparator partnerships and the rest of Scotland. The number of bed days occupied in September was **803**, which is a less volatile measure, and this too is increasing sharply. Most of the increase in delay reasons are the non-availability of suitable care across Moray which is a trend being seen across Scotland.

Delayed Discharges are being addressed in detail in a cross-system group that has been established with action log focussing on the processes, resources, and performance around Delayed Discharges; and additionally it is being picked up under Operation Home First where detailed analysis has been undertaken at a granular level. Different workstreams under the Moray Home First initiative are now underway.

EMERGENCY ADMISSIONS - GREEN

There was no significant year on year change in any of the Emergency Admission measures despite there being a reduction in the number of Emergency Department attendances.

ACCIDENT AND EMERGENCY - GREEN

Moray had a significant drop in the rate of attendances people per 1,000 population to the Emergency Department in quarter 1 and this has increased in quarter 2 but is still below pre-COVID-19 figures at 17.9 and is still well below the target of **22**.

HOSPITAL RE-ADMISSIONS - RED

The percentage of emergency re-admissions **within 28 days** and **within 7 days** to hospital increased significantly in quarter 1 and this has continued in quarter 2. The primary driver for this is that the total number of people being admitted to and discharged from hospital has increased slowly since April 2020, while re-admissions are recovering more quickly and are almost to their pre-COVID-19 levels.

UNMET NEED – DATA ONLY

At the end of the quarter there were **44 people** awaiting care packages which amounted to **523 hours** of unmet need. This represents an increase in the number of people awaiting care but a decrease in the number of hours being unmet from quarter 1.

OUTSTANDING ASSESSMENTS – DATA ONLY

At the end of quarter 2 the number of reviews outstanding in CareFirst increased to **1,608**. A data cleansing initiative is now underway regarding this measure and while it is expected to reduce this figure, initial analysis does suggest that the number of reviews outstanding will remain high.

MENTAL HEALTH - RED

For the past year only around **20%** of patients commenced Psychological Therapy Treatment within 18 weeks of referral.

During the COVID-19 pandemic, psychological therapies staff were redeployed to the Psychological Resilience Hub. Although they have a weekly commitment to that service it is anticipated that they will be able to offer virtual outpatient appointments to those waiting within a shorter timeframe and this is anticipated to reduce waiting times. As stated last quarter, this improvement is expected in quarter 3.

STAFF MANAGEMENT – GREEN (NO UPDATE)

NHS staff absence decreased to well below target over quarter 1 and quarter 2 2020/21 to 3.1% and 3.3% respectively. Absence data for Council employees is still not available.

INDICATOR SUMMARY

Moray currently has 14 local indicators. Of these **6 are Green** and **3 are Red** and **1 is Amber**. There are 3 indicators that are new and have targets pending, and 1 that currently has no data due to no resource available within the relevant service to collate and provide the data.

Figure 2 – Performance Summary

Code	Measure	Q2 19-20	Q3 19-20	Q4 19-20	Q1 20-21	Q2 20-21	Target	Deviation
DD	**Delayed Discharge**							
DD-01	Number of delayed discharges (including code 9, Census snapshot, at end of quarter)	28	33	35	10	27	25	
DD-02	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) 18+ population	751	971	1,208	242	803	781	
EA	**Emergency Admissions**							
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	2,039	2,082	2,169	2,091	2,051	2,107	
EA-02	Emergency Admissions rate per 1000 population for over 65s	178.6	183.4	182.8	178.6	178.6	182	
EA-03	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	123.4	126.2	125.2	122.3	123.3	127	
AE	**Accident and Emergency**							
AE-01	A&E Attendance rate per day per 1000 population (All Ages)	22.3	24.5	17.5	15.8	17.9	22	
HR	**Hospital Re-Admissions**							
HR-01	% of Emergency Readmissions to hospital within 28 days - Moray Patients *(Aug 2020)*	8.2%	9.9%	6.5%	11.0%	11.8%	7.5%	
HR-02	% of Emergency Readmissions to hospital for within 7 days - Moray Patients	4.2%	5.5%	3.1%	4.4%	4.4%	3.5%	
UN	**Unmet Need**							
UN-01	Number of Long Term Home Care hours unmet at weekly Snapshot	-	-	-	623	523	Data only for first year	
UN-02	Number of People requiring Long Term homecare hours unmet at weekly Snapshot	-	-	-	36	44	Data only for first year	
OA	**Outstanding Assessments**							
OA-01	Number of Reviews Outstanding at end of quarter snapshot	-	-	-	1506	1608	Data only for first year	
MH	**Mental Health**							
MH-01	Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral	78%	20%	20%	21%	23%	90%	
SM	**Staff Management**							
SM-01	NHS Sickness Absence (% of Hours Lost) *(Aug 2020)*	3.80%	5.30%	4.60%	3.10%	3.30%	4%	
SM-02	Council Sickness Absence (% of Calendar Days Lost)	8.80%	8.00%	9.08%	N/A	N/A	4%	

3. DELAYED DISCHARGE

Trend Analysis

At the snapshot taken for this report on the last Thursday of September, DD-01 (Number of Delayed Discharges) was at 26, which is just above pre-COVID-19 target. However, this figure is volatile as demonstrated by one week later (Tuesday 29 September) having 36 discharges and again one week after that the number delayed is down to 25. Daily variances of 5 or more delays either way is common and as such caution should be taken when analysing shorter term trends based on this measure.

Longer term as the services return to relative normality, the indicator which was low in quarter 1 is now returning to pre-COVID-19 levels in quarter 2. While comparing numbers prior to the COVID-19 crisis has little value, it is worth noting that the months leading up to it had some of the highest figures Moray has had, these were primarily due to people awaiting Care Arrangements and this is the same reason given for the increase post crisis.

While the more stable DD-02 (Bed Days Occupied by Delayed Discharges) is showing a better than pre-COVID-19 level, additional pressures to the services from the first lockdown will impact this figure for months to come.

Operational Actions and Maintenance

Delayed Discharges are being addressed in detail in a cross-system group that has been established with action log focussing on the processes, resources, and performance around Delayed Discharges; and additionally it is being picked up under Operation Home First where detailed analysis has been undertaken at a granular level. Different workstreams under the Moray Home First initiative are now underway.

The Delayed Discharge Tracker has been developed and comprises of several actions to be undertaken to reduce delayed discharges to within the target of 25 (+10%). The recent rise is expected as the system moved out of the COVID-19 phase and into re-introduction of previously ceased or reduced services. The balance remains, within the system, to support delayed discharges along with the increased social debt arising from COVID-19 within the community of Moray balanced against a limited capacity to meet this demand.

Various improvements have been implemented to address this, including the introduction of new external providers in the area which is adding more flexibility and capacity into the system. Work is also recommenced to look at new commissioning tender for Moray to look at one external provider to work in collaboration with our internal provision. The expected outcome of this will be an outcome focused model which, in working in collaboration, should maximise capacity across Moray further addressing the delayed discharges.

Action Timescales

It is expected that actions within the delayed discharge tracker are to be implemented or completed by March 2021. Test of changes that have concluded as a result of the Home First agenda will also be evaluated within this timescale to allow the findings to direct ongoing development.

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				
Target (+10%)	**Q1 (Apr-Jun 19)**	**Q2 (Jul-Sep 19)**	**Q3 (Oct-Dec 19)**	**Q4 (Jan-Mar 20)**	**Q1 (Apr-Jun 20)**	**Q2 (Jul-Sep 20)**
25	27	28	33	35	10	27

Figure 1

Delayed Discharge Census by Delay Reason

Moray
Ages 18+
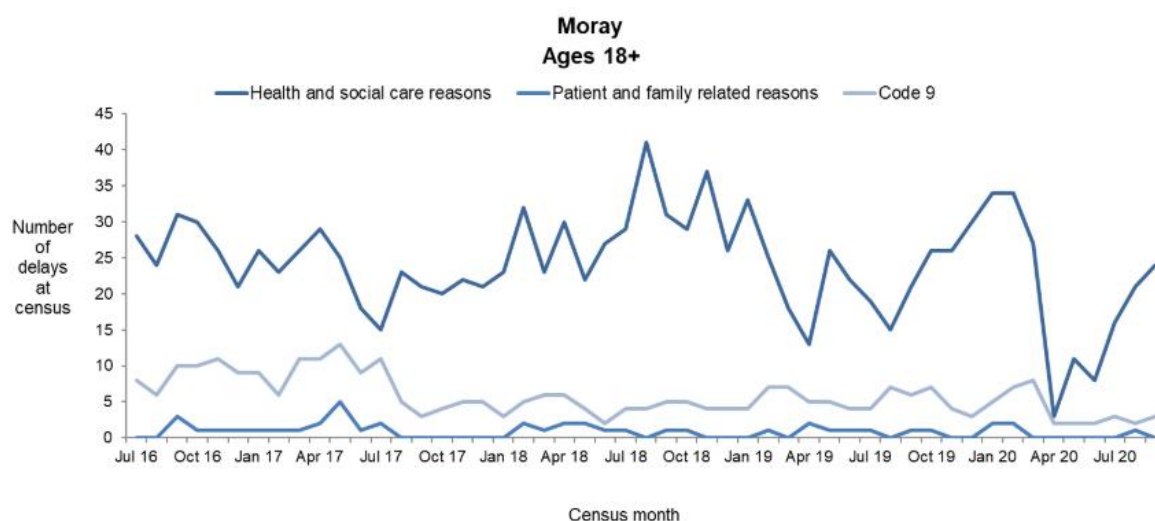
Indicator Trend	
Prior to COVID-19 this indicator was increasing steadily and while it dropped to an all-time low in April it has started to revert to its previous levels.	
Scotland Trend	Quarter 1 Delayed Discharges reduced dramatically and then have been returning to the normal across Scotland. While staying lower for longer Moray is now returning to normal at a faster than national rate.
Peer Group	Moray had the largest reduction in Delayed Discharges amongst the peer group and is now returning to pre-COVID-19 levels like its comparators.
Last Reported	November 2020 for Quarter 2 data
Next Update Due	February 2020 for Quarter 3 data
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			
Target (+5%)	**Q1 19/20**	**Q2 19/20**	**Q3 19/20**	**Q4 19/20**	**Q1 20/21**	**Q2 20/21**
781	**768**	**751**	**971**	**1,208**	**242**	**803**

Figure 2

Bed Days Occupied by Delayed Discharges
July 2016 - September 2020
Moray
Age 18+

Code 9 reasons — Patient and family related reasons — Health and social care reasons – – Average daily number of beds occupied
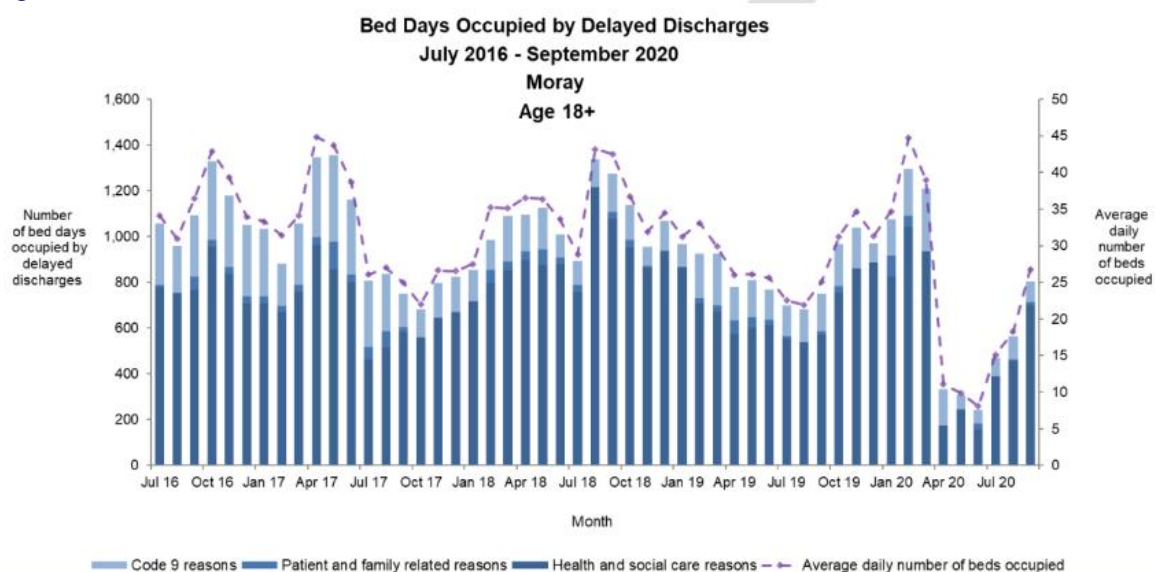
Indicator Trend	
This indicator is increasing rapidly and on its current trajectory could reach the pre-crisis highs of January and February 2020.	
Scotland Trend	The national trend in this measure is a steady increase since April. Moray had a reduction through May and June and was well below the national average. In quarter 2 this measure has increased significantly faster than the Scottish trend and at its current trajectory could hit pre-COVID-19 levels by the end of the year.
Family Group	The rest of Family Group 2 have tracked slightly above the Scottish trend in quarter 2 and while Moray started low it is now equal to the family group with a much steeper upward trajectory.
Last Reported	November 2020 for Quarter 2 data
Next Update Due	February 2020 for Quarter 3 data
Source	Public Health Scotland

4. EMERGENCY ADMISSIONS

| **Trend Analysis** |
| --- |
| The three indicators that fall under this measure all show generally positive quarterly figures and they are still comparable to the numbers recorded in the same period in 2019/20.

There has been no impact on these figures by the COVID-19 crisis. |
| **Operational Actions and Maintenance** |
| An action within the Delayed Discharge working group is to reduce admission to hospital. Some areas under review are around the potential for early access to information or advice from other teams such as Mental Health (Older People) or Social Worker although there is a challenge out of hours. |
| **Action Timescales** |
| No timescales for improvement are currently set. |

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			
Target (+5%)	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
2,051	**2,067**	**2,039**	**2,082**	**2,169**	**2,091**	**2,051**

Figure 3 - Rate of emergency occupied bed days for over 65s per 1000 population
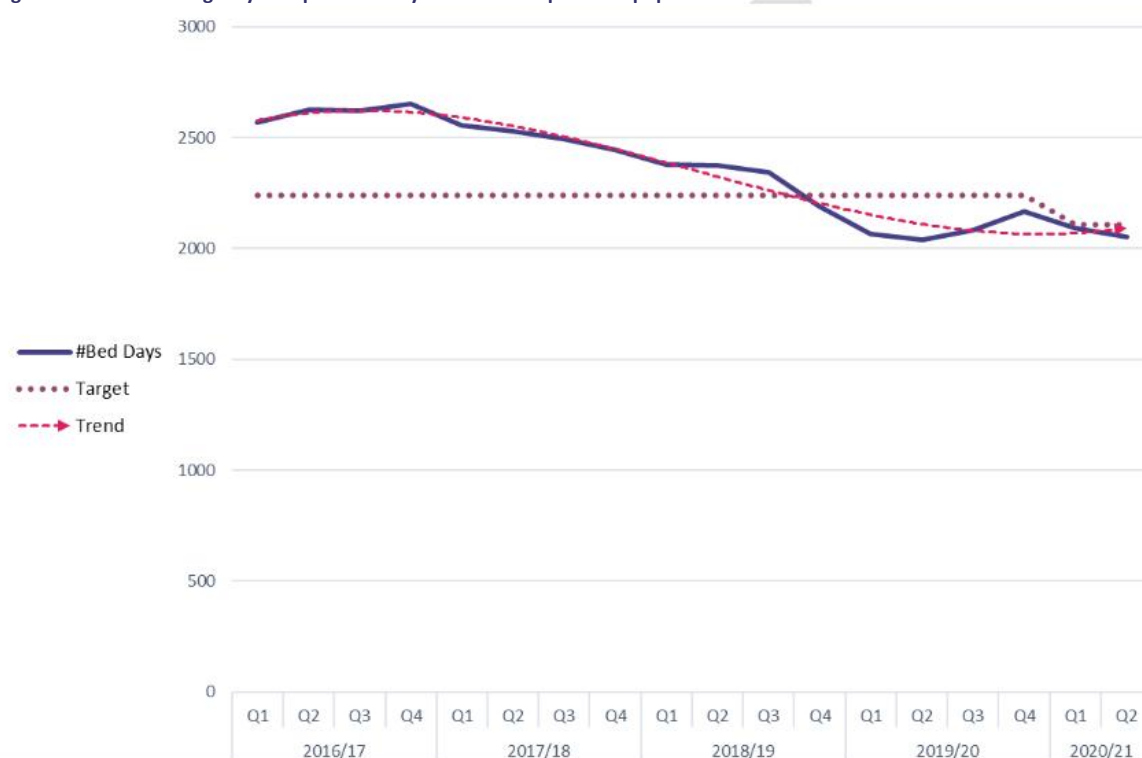
Indicator Trend

There has been a decreasing trend in this indicator over the past 4 years and despite small increases at the end of 2019/20 quarter 1 and quarter 2, 2010/21 figures are reducing again. It is expected that this measure remains stable in the next few periods and has not been impacted by the COVID-19 crisis.

Scotland Trend	Not Available
Peer Group	Not Available
Last Reported	November 2020 for Quarter 2 data
Next Update Due	February 2020 for Quarter 3 data
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			
Target (+5%)	**Q1 19/20**	**Q2 19/20**	**Q3 19/20**	**Q4 19/20**	**Q1 20/21**	**Q2 20/21**
182	**180**	**179**	**184**	**183**	**179**	**179**

Figure 4 - Emergency Admissions rate per 1000 population for over 65s

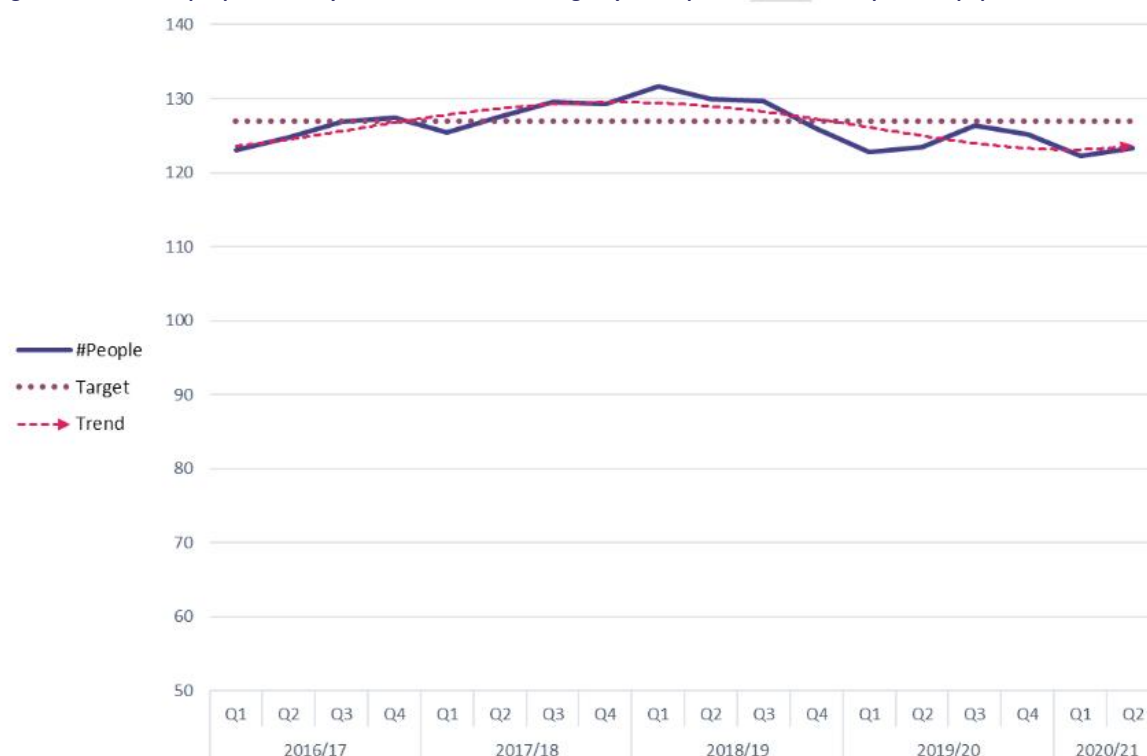| **Indicator Trend** |
|---|
| This indicator has generally hovered around target for the past few years without any significant unseasonal variation. This measure has not been impacted by the COVID-19 crisis. |

Scotland Trend	Not Available	
Peer Group	Not Available	
Last Reported		November 2020 for Quarter 2 data
Next Update Due		February 2020 for Quarter 3 data
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			
Target (+5%)	**Q1 19/20**	**Q2 19/20**	**Q3 19/20**	**Q4 19/20**	**Q1 20/21**	**Q2 20/21**
127	**123**	**123**	**126**	**125**	**122**	**123**

Figure 5 - Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population

Indicator Trend	
There had been an increase in this measure through 2018, and after a reduction in 2019/20 it is expected to remain at those levels and has not been impacted by the COVID-19 crisis.	
Scotland Trend	Not Available
Peer Group	Not Available
Last Reported	November 2020 for Quarter 2 data
Next Update Due	February 2020 for Quarter 3 data
Source	Health Intelligence

5. ACCIDENT AND EMERGENCY

Trend Analysis

Moray had a significant drop in the number of attendances to the Emergency Department in quarter 1 and this was mirrored across Scotland during the first months of the COVID-19 pandemic. The number of attendances have since increased and will most likely increase over the winter period.

Operational Actions and Maintenance

The MIJB Transformational Plan 2019-24 has Unscheduled Care as a key goal and actions underway include: 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.

Action Timescales

No timescales for improvement are currently set.

AE-01: A&E ATTENDANCE RATES PER 1000 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			

Target (+10%)	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
21.5	**22**	**22**	**24**	**17**	**16**	**18**

Figure 6 – Monthly A&E Attendance rates per 1000 population (All Ages)
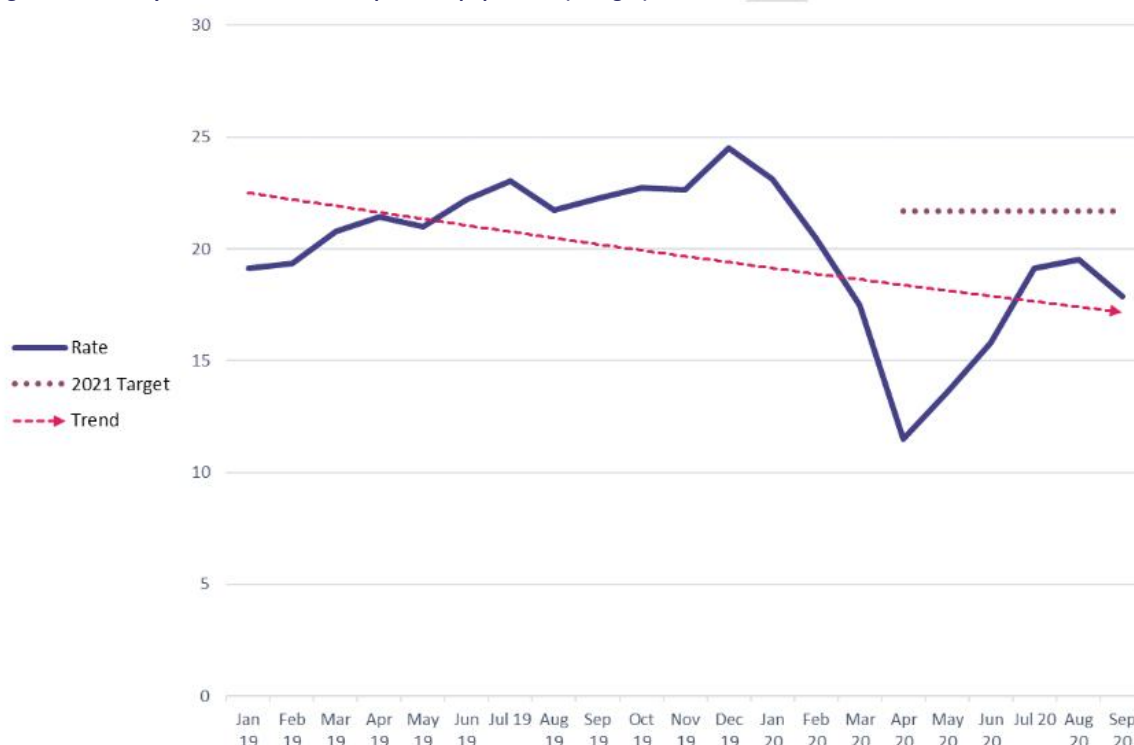
| Indicator Trend	
Prior to the pandemic there had been an increasing trend in this measure, but the pandemic resulted in the numbers attending the Emergency Department reducing significantly.	
Scotland Trend	Moray has mirrored the rest of Scotland trend.
Peer Group	Unknown
Last Reported	November 2020 for Quarter 2 data
Next Update Due	February 2020 for Quarter 3 data
Source	Public Health Scotland

6. HOSPITAL RE-ADMISSIONS

Trend Analysis

The percentage of emergency re-admissions within 28 days and within 7 days to hospital increased significantly in quarter 1 and these high levels continued into quarter 2. The primary driver for this is that the total number of people being admitted to and discharged from hospital has increased slowly since April 2020, while re-admissions have increased significantly and are exceeding pre-COVID-19 levels.

As demonstrated in Fig 7 the number of 28 day re-admissions is reverting to the pre-COVID-19 average where the number of discharges is at 70% of pre-COVID-19 levels.

Figure 7 - Variance in Discharges and 28 day re-admission rates vs Pre-COVID-19 Average
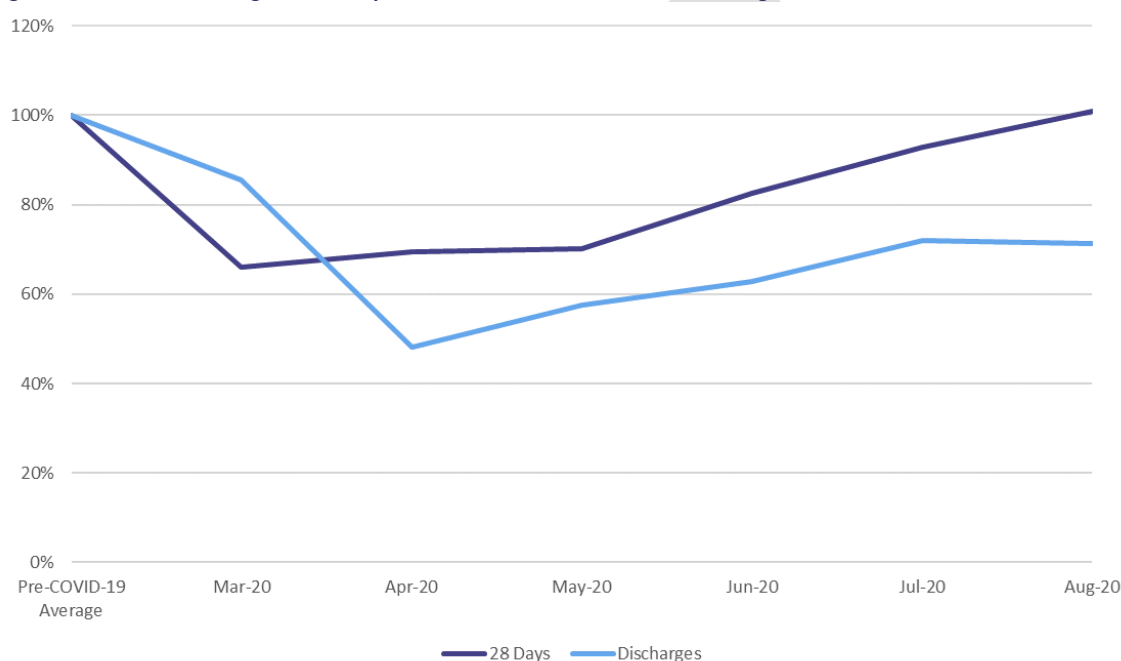
Operational Actions and Maintenance

Hospital re-admissions are being addressed in Operation Home First and more specifically in the Discharge to Assess stream where the intention is to analyse data on those entering hospital to better understand their journeys.

Action Timescales

It is expected there will be an update on this by the end of the year.

HR-01: PERCENTAGE OF EMERGENCY RE-ADMISSIONS TO HOSPITAL WITHIN 28 DAYS - MORAY PATIENTS (DR GRAY'S)

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	

Target	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
7.5%	7.9%	8.1%	9.9%	6.4%	10.4%	11.8%

Figure 8 - Percentage of Emergency Re-admissions to hospital within 28 days - Moray Patients
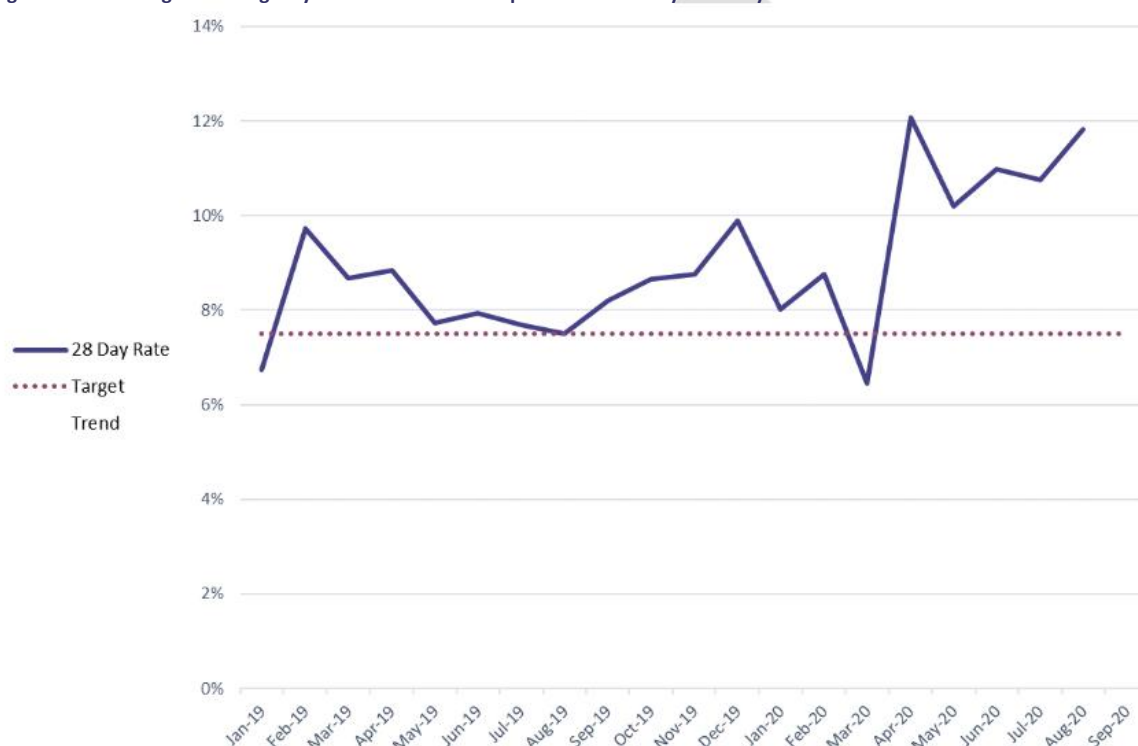
Indicator Trend	

COVID-19 has shown an increase in this measure, this is accounted for in the decrease in the total number of admissions. Long-term trend analysis will only be possible once more post-COVID-19 crisis data is collected.

Scotland Trend	Unknown
Peer Group	Unknown

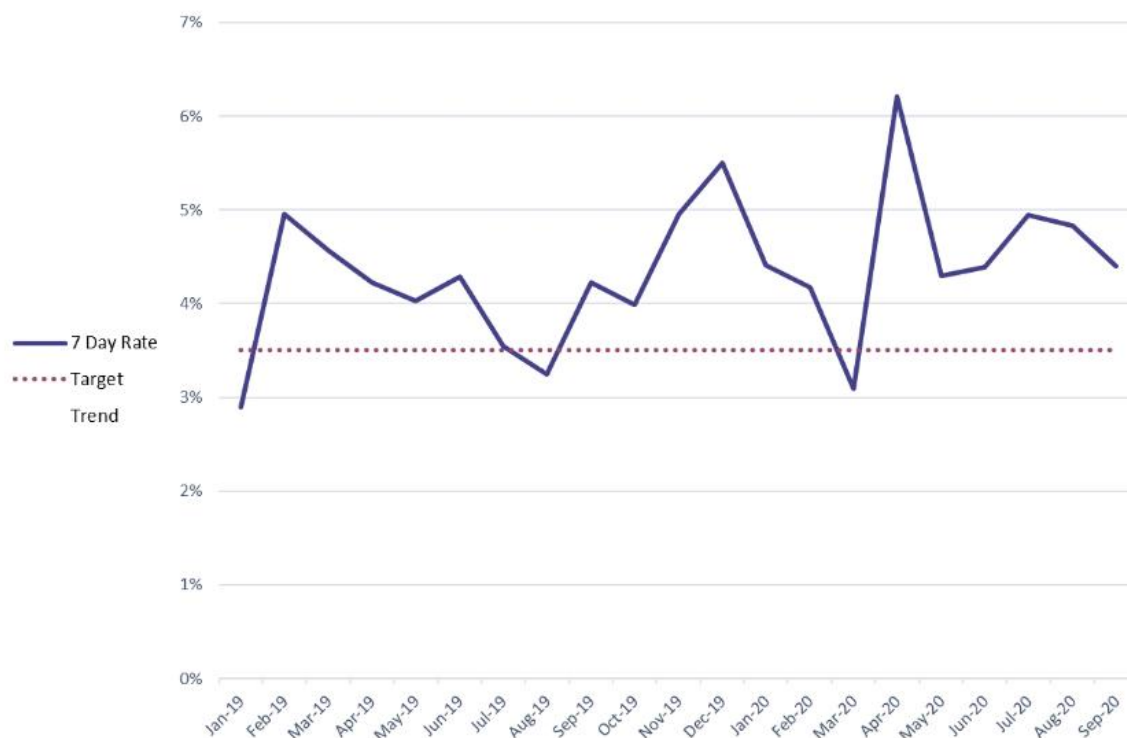| Period Last Reported	November 2020 for Quarter 2 data
Next Update Due	February 2020 for Quarter 3 data
Source	Health Intelligence

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

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			
Target	**Q1 19/20**	**Q2 19/20**	**Q3 19/20**	**Q4 19/20**	**Q1 20/21**	**Q2 20/21**
3.5%	**4.3%**	**4.2%**	**5.5%**	**3.1%**	**4.5%**	**4.4%**

Figure 9 - Percentage of Emergency Re-admissions to hospital within 7 days - Moray Patients

Indicator Trend

COVID-19 has shown an increase in this measure, this is accounted for in the decrease in the total number of admissions. Long-term trend analysis will only be possible once more post-COVID-19 crisis data is collected.

Scotland Trend	Unknown
Peer Group	Unknown
Last Reported	November 2020 for Quarter 2 data
Next Update Due	February 2020 for Quarter 3 data
Source	Health Intelligence

7. UNMET NEED

Trend Analysis
This is the first year it is being reported and therefore no trend is present.

Operational Actions and Maintenance
As this data is currently in its first iteration and is a metric that will have been significantly impacted by COVID-19, actions for improvement are yet to be outlined (if they are required).

Action Timescales
No timescales set currently.

UN-01: NUMBER OF LONG-TERM HOME CARE HOURS UNMET AT WEEKLY SNAPSHOT

Purpose	It is important to monitor the number of people who require long-term care who are awaiting that care. The numbers of those with an unmet need is an important indicator of the health of the Health and Social Care system.

Strategic Priority	2: HOME FIRST		Linked Indicator(s)		UN-02	
National Health & Wellbeing Outcome			1, 2, 3, 5			

Target	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
For Info	ND	ND	ND	ND	623	523

Indicator Trend
No Data

Scotland Trend	Unavailable
Peer Group	Unavailable
Last Reported	October 2020
Next Update Due	January 2020
Source	Brokerage

UN-02: NUMBER OF PEOPLE WITH LONG-TERM CARE HOURS UNMET AT WEEKLY SNAPSHOT

Purpose	It is important to monitor the number of people who require long-term care who are awaiting that care. The numbers of those with an unmet need is an important indicator of the health of the Health and Social Care system.

Strategic Priority	2: HOME FIRST			Linked Indicator(s)	UN-01	
National Health & Wellbeing Outcome				1, 2, 3, 5		
Target	**Q1 19/20**	**Q2 19/20**	**Q3 19/20**	**Q4 19/20**	**Q1 20/21**	**Q2 20/21**
For Info	ND	ND	ND	ND	36	44

Indicator Trend	
No Data	
Scotland Trend	Unavailable
Peer Group	Unavailable
Last Reported	July 2020
Next Update Due	October 2020
Source	Brokerage

8. OUTSTANDING ASSESSMENTS

Trend Analysis
There was an increase in quarter 2 in this measure from 1,506 to 1,608 reviews outstanding in CareFirst. While the measure is new, historical management information suggests that this is well above normal and indicates an increased pressure on Social Work. The data from which this measure is derived is now undergoing data cleansing and it is hoped that this will help give a clearer picture in future quarters.

Operational Actions and Maintenance
This data is currently in its first iteration and is a metric that will have been significantly impacted by COVID-19, and suspension of care packages actions for improvement are yet to be outlined.

Action Timescales
No timescales set currently.

OA-01: NUMBER OF REVIEWS OUTSTANDING AT END OF QUARTER SNAPSHOT						
Purpose	Those awaiting assessments are at risk of not receiving the service they require in good time, and can then put pressure on other, more resource intensive primary and acute services.					
Strategic Priority	3: PARTNERS IN CARE		**Linked Indicator(s)**			
National Health & Wellbeing Outcome			1, 2, 3, 5			
Target	**Q1 19/20**	**Q2 19/20**	**Q3 19/20**	**Q4 19/20**	**Q1 20/21**	**Q2 20/21**
For Info	**ND**	**ND**	**ND**	**ND**	**1506**	**1608**

Indicator Trend	
No Data	
Scotland Trend	Not Available
Peer Group	Not Available
Last Reported	July 2020
Next Update Due	October 2020
Source	TBC

9. MENTAL HEALTH

Trend Analysis

The indicator under this measure has been decreasing rapidly over the last year and is currently at 23%.

Operational Actions and Maintenance

There are currently no vacancies within adult mental health. One member of staff has been seconded one day per week to support the Grampian Psychological Resilience Hub until 31 March 2020. The older adult team are fully staffed and the two staff members working within that team have also been seconded to the Psychological Resilience Hub until 31 March 2020; one member of staff one day per week, the other two days per week. The consultant adult psychotherapist retired in October 2020. Plans are in place to cover this vacancy until a review of psychological therapies can be carried out across all services in Moray. Funding has been confirmed for primary care psychological therapies and recruitment for three additional full-time staff is underway.

Since August 2020, primary care staff have been supporting the Psychological Resilience Hub and referrals continue to be received via that route. At present, due to staffing shortages, they are not accepting direct GP referrals. Once new posts have been recruited, the team will be able to re-commence accepting referrals from GP practices whilst continuing to support the Psychological Resilience Hub. This month there have been no referrals for older adult or psychotherapy services, but adult mental health continues to receive a large number of referrals. Changes made to waiting list management in adult mental health have allowed people to be assessed sooner and signposted to alternative services if not deemed suitable for secondary care psychology input.

Action Timescales

We would anticipate an improvement in these figures in the quarter 3 2020/21 figures as we consider a new way of working within the service.

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				
Target (-5%)	**Q1 19/20**	**Q2 19/20**	**Q3 19/20**	**Q4 19/20**	**Q1 20/21**	**Q2 20/21**
For Info	**73%**	**78%**	**20%**	**20%**	**21%**	**23%**

Figure 10 - Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral (adults only)
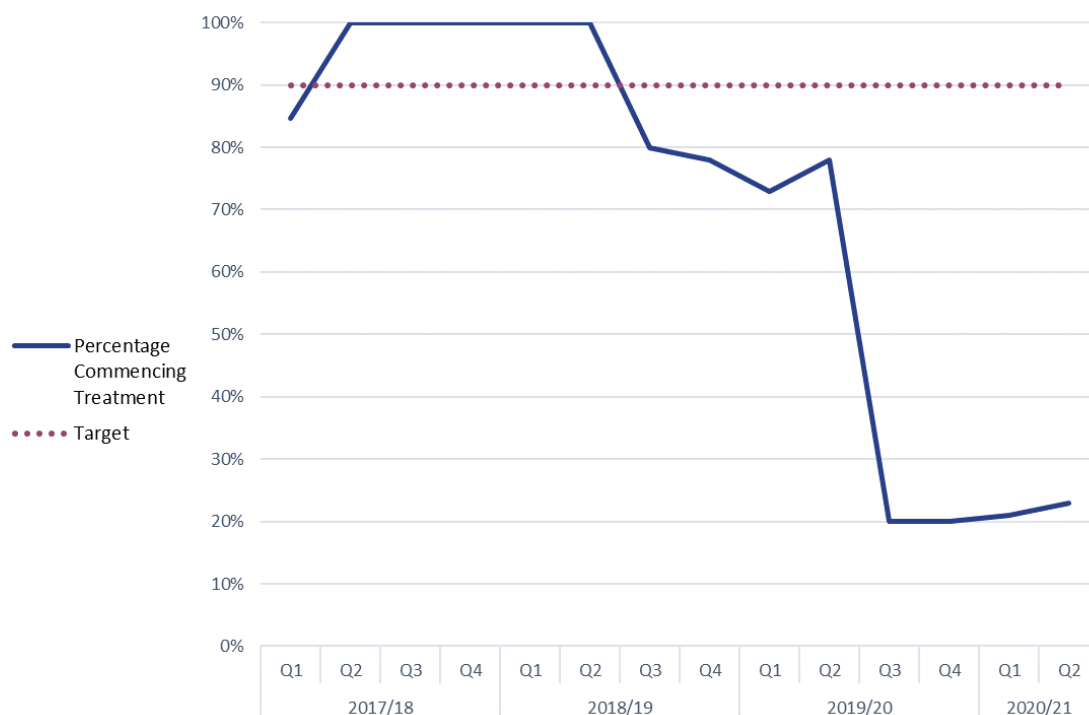
Indicator Trend		
This indicator has seen a dramatic decrease in the past three quarters after hovering at 20%, well below target.		
Scotland Trend	Unavailable	
Peer Group	Unavailable	
Last Reported		November 2020 for Quarter 2 data
Next Update Due		February 2020 for Quarter 3 data
Source		Health Intelligence

10. STAFF MANAGEMENT

Trend Analysis

Prior to the COVID-19 pandemic, absence figures within HSCM have been outside of target, particularly within the council. Moray NHSG employee sickness reduced in the first two quarters of 2020/21 during the COVID-19 crisis and initial aftermath.

There has been a delay in sourcing council sickness absence figures for quarter 1 and quarter 2 figures but these will be updated in quarter 3. Background data cleansing has been undertaken to improve the breakdown of this data, and as a result data from quarter 1 2020/21 onwards will allow for more detailed analysis and targeted action.

Operational Actions and Maintenance

An in-depth report on Absence Management is being prepared for presentation.

Action Timescales

No timescales set currently.

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 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
4%	3.9%	3.8%	4.7%	4.6%	3.1%	3.3%

Figure 11 - NHS Sickness Absence % of Hours Lost
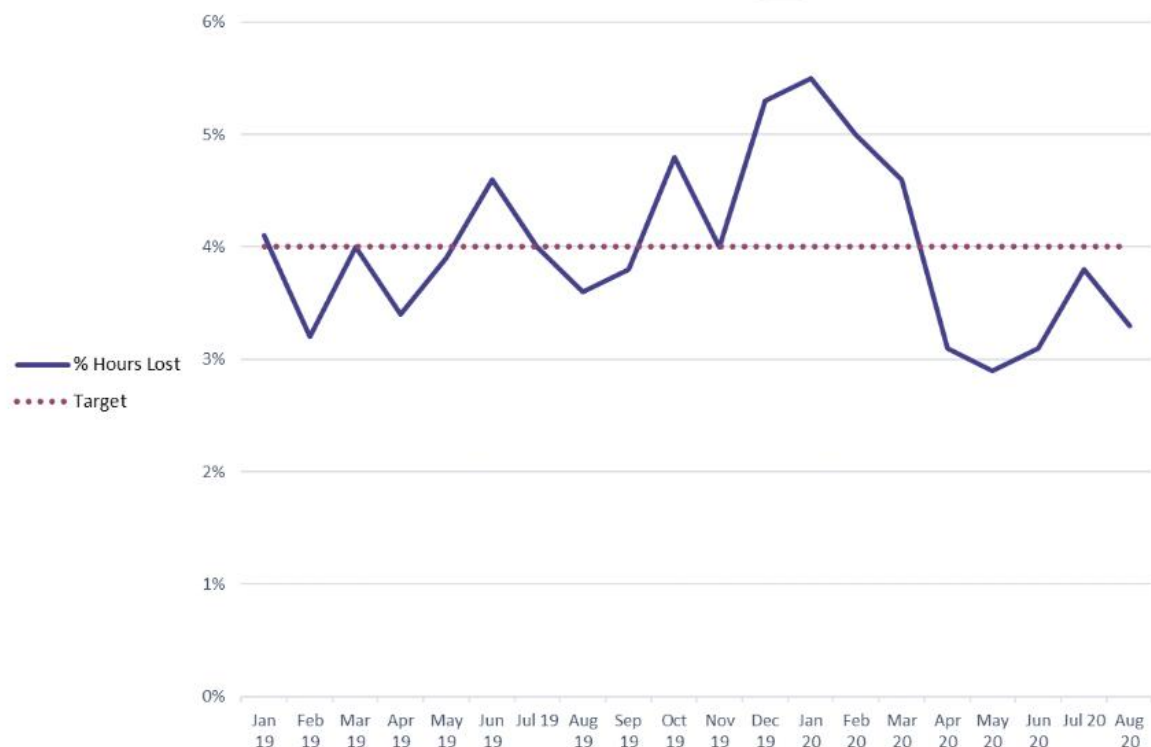
Indicator Trend	
NHS sickness absence in Moray dropped significantly in quarter 1 and quarter 2 of 2020/21.	
Scotland Trend	Unknown
Peer Group	Unknown
Last Reported	November 2020 for Quarter 2 data
Next Update Due	February 2020 for Quarter 3 data
Source	Health Intelligence

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.					
Strategic Priority	1: BUILDING RESILIENCE		**Linked Indicator(s)**		SM-01	
National Health & Wellbeing Outcome			1, 2, 3, 5			

Target	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21
For Info	7.7%	8.8%	8.0%	9.1%	No Data	No Data

Figure 12 - Council Sickness Absence (% of Calendar Days Lost)

Indicator Trend

This indicator remains well above target up to the end of quarter 4 2019/20. From quarter 1 2018/19 there appears to be an increasing trend in sickness absence in this cohort.

Scotland Trend	Unknown
Peer Group	Unknown

Period Last Reported	July 2020 (Quarter 4 2020/21)
Next Update Due	December 2020 for Quarter 1 and 2 data
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.
▲ – ▼	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:

- 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.