



REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 6 DECEMBER 2021

SUBJECT: QUARTER 2 (JULY TO SEPTEMBER 2021) PERFORMANCE REPORT

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

1.1 To update the Audit, Performance and Risk (AP&R) Committee on performance as at Quarter 2 (July to September 2021).

2. RECOMMENDATION

2.1 It is recommended that the AP&R Committee consider and note:

- i) the performance of local indicators for Quarter 2 (July to September 2021) as presented in the Performance Report at APPENDIX 1;**
- ii) the analysis of the local indicators that have been highlighted and actions being undertaken to address performance that is outside of acceptable target ranges as detailed in APPENDIX 1;**

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.

3.2 **APPENDIX 1** identifies local indicators for the MIJB and the functions delegated by NHS Grampian and Moray Council, to allow wider scrutiny by the Board.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 Local Indicators are assessed on their performance via a common performance monitoring Red, Amber, Green (RAG) traffic light rating system.

RAG scoring based on the following criteria:	
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 The detailed performance report for quarter 2 is attached in **APPENDIX 1**.

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 2021/22 is showing as variable. While 5 of the indicators are presenting as green, one is amber and 4 are now red.

4.4 Figure 1 provides a summary and the historical trend by indicator since quarter 2 of year 2020/2021. A summary of performance for each of the 6 reporting categories is provided below. Three of these areas are presenting as green, while the other 3 are red.

EMERGENCY DEPARTMENT - GREEN

There has been a slight decrease in the rate per 1,000 attending the Emergency Department in Dr Gray's Hospital 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.

DELAYED DISCHARGES – RED

The number of delays at the September snapshot was 29 (up from 19 in previous quarter), remaining well above the recently amended target of 10. The number of bed days lost due to delayed discharges was 784 (up from 592).

EMERGENCY ADMISSIONS – RED

Although there was a rise from the end of June 2021 (1,859) to September 2021 (1,934) in the rate of emergency occupied bed days, the rate remains below the target of 2,037 per 1,000 population. However, the emergency admission rate per 1000 population for over 65s increased from 185.9 to 190.4, as did the number of people over 65 admitted to hospital in an emergency (124.1 to 126.7).

HOSPITAL RE-ADMISSIONS - GREEN

Both indicators in this barometer are now green having improved from recent quarters. 28-day re-admissions are 8.4% and 7-day re-admissions are at 4.1%.

MENTAL HEALTH – GREEN

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

STAFF MANAGEMENT – RED

NHS employed staff sickness levels have risen to 6.0%, one and a half times above the target of 4%. Council employed staff sickness levels have risen to 7.8% from 6.95% last quarter, remaining above the 4% target.

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%	

AREAS NOT MEETING TARGETS

Delayed Discharge

- 4.5 The two indicators shown under the Delayed Discharge heading (DD-01 and DD-02) continue to be red and are above the new targets set at the end of quarter 3 of 2020/21. The impact of the third wave of COVID-19 that occurred in July is still being felt, and there continue to be significant impacts across Grampian. Combined with the expected pressures due to winter illnesses there is a potential that this figure will show a further increase next quarter.
- 4.6 During the period 3rd August to 14th November 2021 72 patients were referred to the Discharge 2 Assess team; two-thirds were referred from Dr Gray's Hospital, a fifth from community hospitals and the remainder from Raigmore, Aberdeen Royal Infirmary and Woodend Hospital. Results so far have been encouraging with around 90% of this group of patients reporting improvements in their abilities to perform activities of daily living, their balance and gait, and their mobility¹. Feedback from patients has been positive with praise for the staff involved and the support provided. Patients felt confident and re-assured to manage on their own and welcomed the clear communication from the team throughout the process.

¹ Measured using the Barthel Functional Index, Tinetti Gait and Balance Assessment Tool and the Elderly Mobility Scale.

- 4.7 A daily dashboard has been produced that provides service managers, locality managers and the leadership team with up-to-date information to assist them with managing the pressures on their services. The measures include information on capacity in hospitals and care homes and the impact on unmet need. The impact of the daily dashboard will be reported to the board in a future quarterly report. The aim is to link the measures in this dashboard to the escalation measures being introduced by the Grampian Health and Care System Operational Pressure Escalation System (known as G-OPES).
- 4.8 There are a number of huddles that focus on delayed discharge in different settings: community hospitals, Dr Gray's hospital, and out-of-area patients for example. The Delayed Discharge Group Moray meets monthly to progress the Delayed Discharge Overarching Action Plan. All these measures aim to reduce Delayed Discharges and improve performance. Progress on the plan will be reported at a future committee meeting.

Emergency Admissions

- 4.9 Emergency Admission rates for the over 65s (EA-02) has been rising rapidly since the end of March 2021, and although the rate of increase reduced markedly in September the rate of 190.4 per 1,000 population is the highest since January 2019. Similarly, the number of people admitted as an emergency over 65 (EA-03) has followed a similar trend. This indicator was showing a consistent downward trend until February 2021, since when the trend has reversed and increased rapidly. Note that the Emergency Occupied Bed Days for over 65s (EA-01) remains below target but has been increasing steadily since the start of 2021, reversing the previous trend that had showed a gradual decrease since January 2019.
- 4.10 Emergency admissions were uncharacteristically low during 2020 due to the impact of the COVID-19 pandemic and are now closer to the rates experienced in earlier years. Daily admissions to ED during quarter 2 were reasonably stable, fluctuating around 20 per day with a high of 27 and a low of 10. However, it appears that patients are presenting with higher acuity, either because they are more acutely unwell, or their condition has deteriorated more than previously. They require longer stays in hospital and additional interventions and diagnostics. This is placing additional pressure on the flow of patients through Dr Gray's hospital and transfer to community hospitals or care at home.

Staff Management

- 4.11 Sickness levels amongst both NHS and Council-employed staff are increasing, which may be linked, amongst other factors, to the high number of cases of COVID-19 being reported in Moray. The most recent figure sits at 512 cases (535 per 100,000 population), 36% higher than the rate nationally of 377 per 100,000 population. Note that the 7-day test positivity rate for Moray now sits at 13.1%, up from the rate of 12.7% the previous week and well above the current Scottish rate of 9.6%. Moray currently has the highest 7-day test positivity rate among all the Scottish local authority areas.
- 4.12 Vaccination is key to preventing serious illness and with such high infection levels and Moray is above the Scottish average rates for 1st and 2nd dose vaccinations at 91.5% and 83.2% respectively (compared to 90.8% and

82.4% for Scotland)². Over 30% of Scottish residents aged 12 and over have already received a 3rd dose suggesting the majority of the population will have reasonable protection over the winter period if the rate of uptake continues.

- 4.13 The average absence due to sickness for all Moray Council staff since May 2020 has been 6.3% This is similar to the Scottish average of 5.7% for the same period and above the pre-pandemic levels. However, after almost a year of relative stability the level of absence rose again during Quarter 2. The pandemic continues to have an impact on the community with both staff and service users being affected, requiring periods of self-isolation to be managed, the continuing use of PPE and placing additional stress on the staff who are available, and increased anxiety on the part of some service users. The rising levels of absence suggests the close management of staff will continue to require close attention from service managers for some time to come. There will be some additional funding coming from Scottish Government for Care@Home in the community. This will help, although the problem of recruiting and retaining staff remains challenging.
- 4.14 A summary of the local indicators is provided at **APPENDIX 1**, along with trend information for each indicator.

5. 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

² <https://coronavirus.data.gov.uk/details/vaccinations?areaType=nation&areaName=Scotland> Data to 23 November 2021.

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) Consultations

Chief Officer, Chief Financial Officer, Corporate Officer and Service Managers in relation to respective areas, HSCM and Tracey Sutherland, Committee Services Officer, Moray Council have been consulted and comments incorporated in the report.

6. CONCLUSION

6.1 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 1 and expanded on in APPENDIX 1.

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Background Papers: Available on request

Ref: