



PERFORMANCE REPORT

QUARTER 4 2020/21

(1 JANUARY 2021 – 31 MARCH 2021)

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2. PERFORMANCE SUMMARY

COMMENTARY

DELAYED DISCHARGE – RED

It was agreed at the Audit, Performance and Risk Committee meeting on 25 March 2021 that the target for the snapshot number of Delayed Discharges was to change to 10 from 25. As a result the target for number of bed days occupied has been adjusted to 304. These changes to targets are effective from this quarter onwards.

The number of delays at snapshot (**17**) and number of bed days lost due to delayed discharges (**496**) have decreased again this quarter. Whilst there was a sharp increase and resultant peak in October there has been a steady decrease in both measures and it is hoped the continued focus on refining the process will result in continued improvements.

EMERGENCY ADMISSIONS - GREEN

There was a reduction of 18% in the number of Bed Days Occupied from Mar 20 (**2,170**) to Mar 21 (**1,780**) that is not mirrored in the number of people over 65 admitted in an emergency, which only reduced by 5% (**125.2** to **119.4**)

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 is likely to have had an impact on the number of admissions.

ACCIDENT AND EMERGENCY - GREEN

There has been an increase in the rate per 1,000 this quarter from 16 to **17.8**. This is still below the target of 22. This is just below 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 Navigations Hub redirecting people) there has been an increase in this rate through February and March.

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 - RED

Both indicators in this barometer are red and are not decreasing significantly since the Q1 2020-21 spike. 28 day re-admissions are **9.8%** and 7 day Re-admissions are at **5%**. These are both above target.

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

UNMET NEED – DATA ONLY

The number of people and the number of unmet homecare hours at the weekly snapshot have both reduced over the last quarter. The number of hours outstanding is 465 spread across 31 people.

This indicator was developed to provide some information regarding areas where there is demand for services that is not currently being met. It has been identified that there are other areas where demand exceeds supply and these are being collated and reviewed at an operational level to ensure appropriate prioritisation.

OUTSTANDING ASSESSMENTS – DATA ONLY

Due to a change in the reporting method and a data cleansing exercise the data from Q1, 2 and 3 is not comparable with Q4 data (therefore no trend line is presented). It is notable that the data is still showing a high number of reviews outstanding with 1,242.

Over the last two years an average of 364 reviews have been closed every month.

MENTAL HEALTH - GREEN

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

Adult mental health are currently experiencing staffing difficulties due to long term absence and a member of staff leaving to take up a post elsewhere in Scotland. Interviews this week for replacement. However, despite this, the service continues to see patients within targets. The situation will be kept under review.

STAFF MANAGEMENT – AMBER

Council Health and Social Care Moray employees maintain a **6.2%** days lost absence rate. This represents a significant decrease on the 9.1% rate in Q4 2019-20 however it remains 2.2% above the target of 4%.

NHS Staff sickness is **3.1%** against a target of 4%.

Staffing levels are being monitored closely especially with the potential impacts on teams if individuals are required to self-isolate as a result of potential exposure to Covid-19.

BAROMETER OVERVIEW

Moray currently has **14 local indicators underpinning 8 Barometers**. Of these Barometers **3 are Green** and **2 are Red** and **1 is Amber**. There are 2 barometers that are new and have targets pending.

Figure 2 – Performance Summary

Code	Barometer (Indicator)	Q4 1920	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Target	Deviation
DD	Delayed Discharge (New Targets for Q4)							
DD-01	Number of delayed discharges (including code 9, Census snapshot, at end of quarter)	35	10	27	23	17	10	
DD-02	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) 18+ population	1,208	242	803	672	496	304	
EA	Emergency Admissions							
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	2,170	2,087	2,040	1,840	1,780	2,107	
EA-02	Emergency Admissions rate per 1000 population for over 65s	182.7	178.6	179	180	174.8	179.8	
EA-03	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	125.2	122.3	123.3	123	119.4	124.6	
AE	Accident and Emergency							
AE-01	A&E Attendance rate per day per 1000 population (All Ages)	17.5	15.8	17.9	16.8	17.8	21.7	
HR	Hospital Re-Admissions							
HR-01	% of Emergency Readmissions to hospital within 28 days - Moray Patients	6.5%	11.0%	9.8%	9.2%	9.8%	8.4%	
HR-02	% of Emergency Readmissions to hospital for within 7 days - Moray Patients	3.1%	4.3%	4.6%	4.2%	5.0%	4.2%	
UN	Unmet Need							
UN-01	Number of Long Term Home Care hours unmet at weekly Snapshot	-	623	523	578	465	Data only for first year	
UN-02	Number of People requiring Long Term homecare hours unmet at weekly Snapshot	-	36	44	35	31	Data only for first year	
OA	Outstanding Assessments							
OA-01	Number of Reviews Overdue at end of quarter snapshot	-	1506	1608	1655	1242	Data only for first year	
MH	Mental Health							
MH-01	Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral	25%	24%	23%	100%	100%	90%	
SM	Staff Management							
SM-01	NHS Sickness Absence (% of Hours Lost)	4.60%	3.10%	3.60%	3.60%	3.10%	4%	
SM-02	Council Sickness Absence (% of Calendar Days Lost)	9.08%	6.43%	6.13%	6.22%	6.21%	4%	
* Figure taken from Management Data, not yet verified								
** Figure taken from Feb 21 Data								
NYA - Not Yet Available								

3. DELAYED DISCHARGE - RED

Trend Analysis

The number of delays at snapshot (17) and number of bed days lost due to delayed discharges (496) have decreased again this quarter. While there was a sharp increase and resultant peak in October there has been a steady decrease in both measures to what would have been well below the previous target of 25, but is well above the new target of 10.

Operational Actions and Maintenance

The level of work being undertaken across the Moray system continues to strive to attain targets. All teams across the system are continuing with improvement work across the system.

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 the recognized Areas of Improvement, with particular emphasis on:

- Communications
- Pathways
- Capacity and Performance
- Planned Discharge Dates

A great deal of work has been embarked on and that work continues to be progressed to support the aims of Delayed Discharges. For example:

- Community Hospital Waiting lists continue to be monitored
- Patient transport for transfer and discharge being explored
- Prescriptions for discharge being progressed with e-Health
- A Business Case to secure permanent Discharge Coordinator(s)
- Ongoing improvement work with Dr Gray's, Aberdeen Royal Infirmary and Moray Community Hospitals
- Process mapping work at both Grampian and Moray levels

This continues to have a positive impact on our performance since Q2 and it is anticipated that this will continue to progress, despite some marginal glitches in the flow in recent weeks.

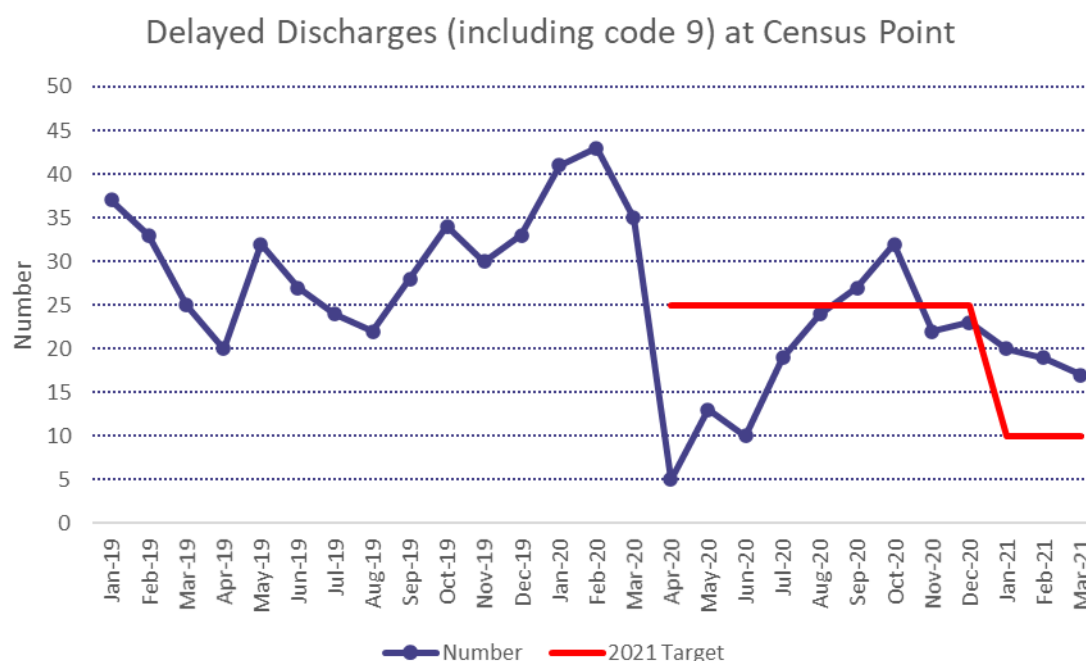
Next Steps

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

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	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
10	33	35	10	27	23	17

Figure 1

**Indicator Trend**

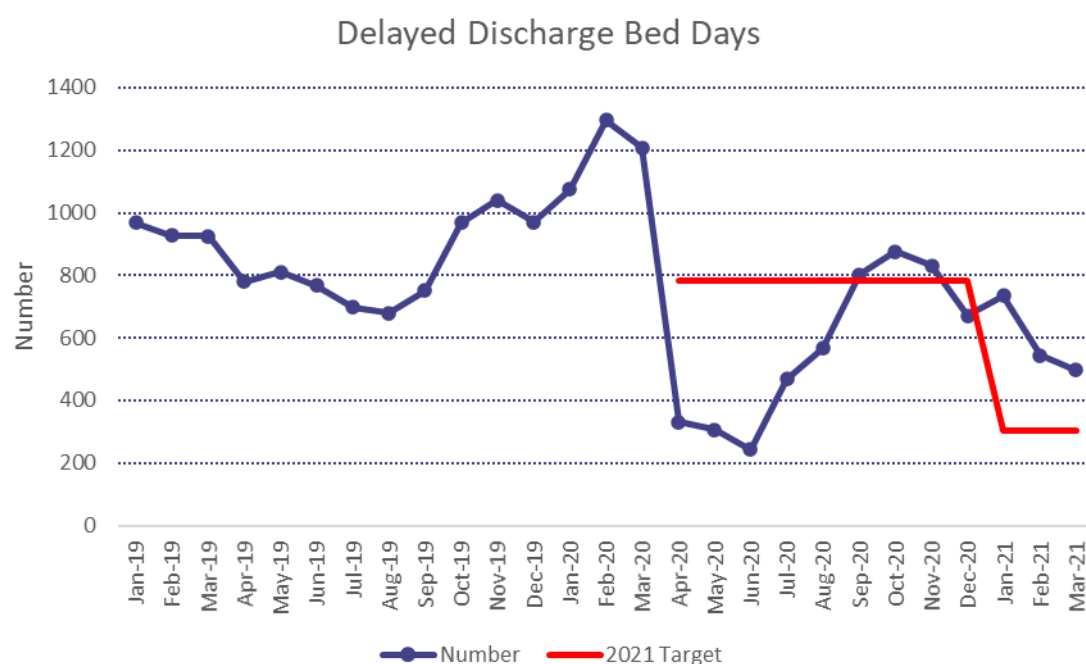
The number of delayed discharges has continued to decrease since an October peak of 32 to 17 at the end of February 2021.

Scotland Trend	TBC
Peer Group	TBC
Last Reported	April 2021 for Quarter 4 data
Next Update Due	July 2021 for Quarter 1 2021-22 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	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
304	971	1,208	242	803	672	496

Figure 2


Indicator Trend

The number of bed days occupied by a delayed discharge have continued to decrease since an October peak of 876 to 496 at the end of February 2021.

Scotland Trend	TBC
Family Group	TBC
Last Reported	April 2021 for Quarter 4 data
Next Update Due	July 2021 for Quarter 1 2021-22 data
Source	Public Health Scotland

4. EMERGENCY ADMISSIONS - GREEN

Trend Analysis

There was a reduction of 18% in the number of Bed Days Occupied from Mar 20 (2,170) to Mar 21 (1,780) that is not mirrored in the number of people over 65 admitted to in an emergency, which only reduced by 5% (125.2 to 119.4)

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 is likely to have had an impact on the number of admissions.

Operational Actions and Maintenance

The Flow Navigation Hub for Moray was established in early January 2021 and will continue to monitor and provide up to date weekly data to enable management teams to be responsive to any concerning trends.

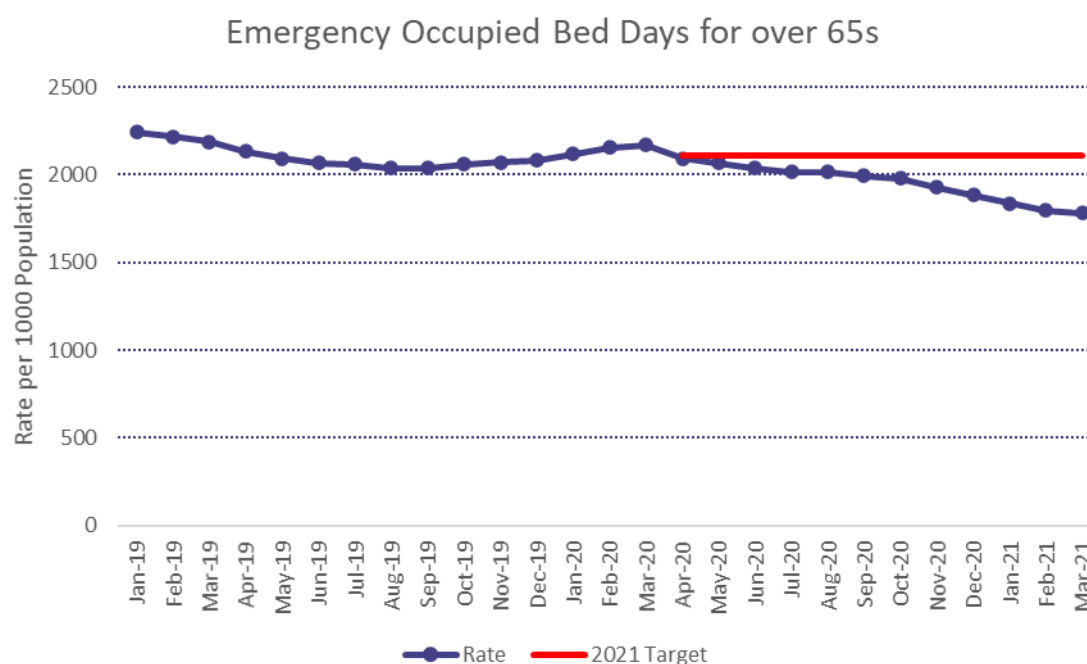
Next Steps

Work will progress on collating trend information and once sufficient data has been collected it will be analysed and reported as appropriate.

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	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
2,107	2,082	2,170	2,087	2,040	1,840	1780

Figure 3



Indicator Trend

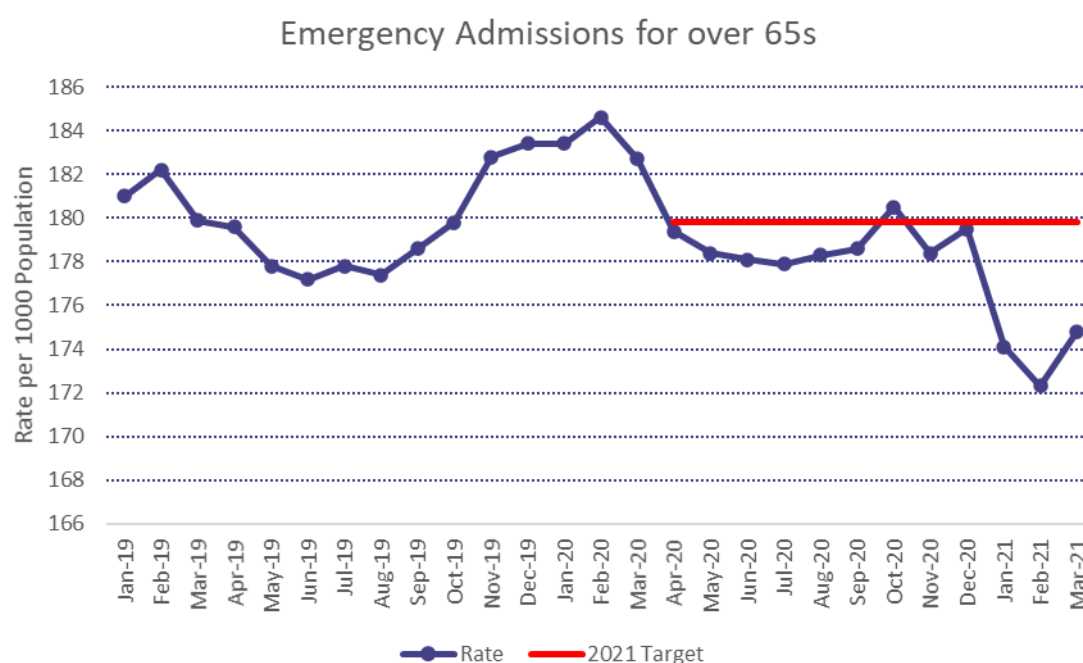
This indicator is on a very noticeable downward trend.

Scotland Trend	Not Available
Peer Group	Not Available
Last Reported	April 2021 for Quarter 4 data
Next Update Due	July 2021 for Quarter 1 2021-22 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	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
179.8	183	183	179	179	180	175

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

**Indicator Trend**

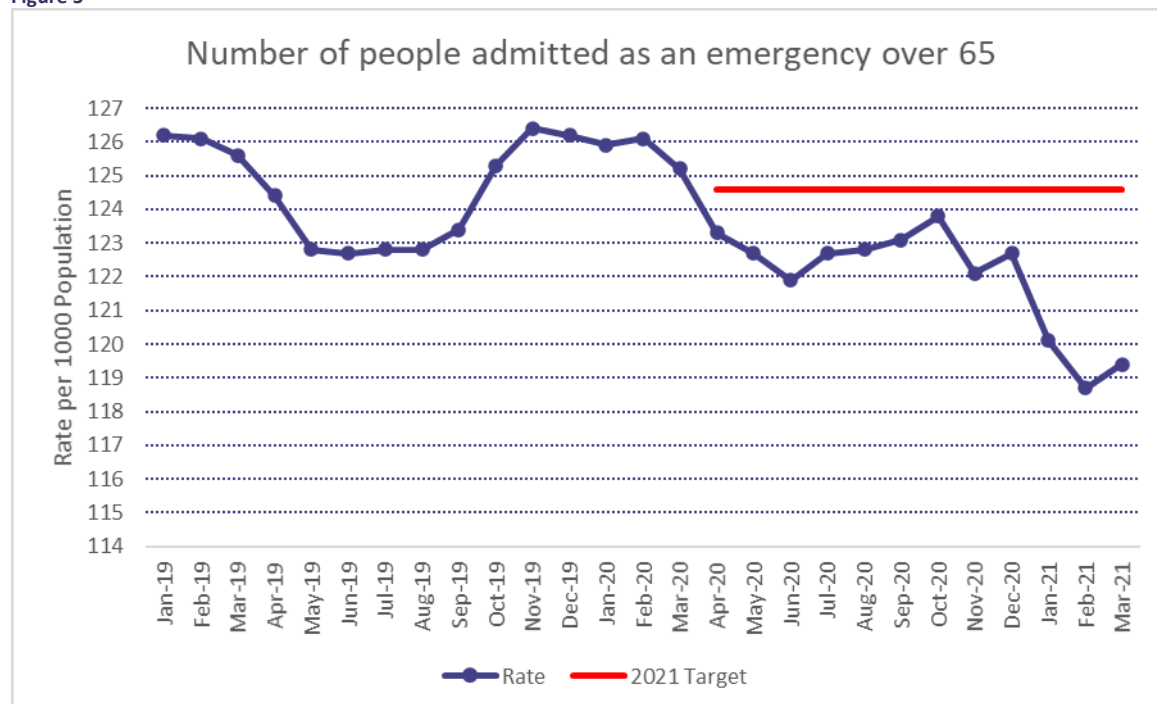
This indicator had a sharp drop in Q4. This does follow a pattern of Q3 to Q4 reductions in the last 3 years.

Scotland Trend	Not Available
Peer Group	Not Available
Last Reported	April 2021 for Quarter 4 data
Next Update Due	July 2021 for Quarter 1 2021-22 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	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
124.6	126	125	122	123	123	119

Figure 5


Indicator Trend

This indicator is now on a consistent downward trend. The Q4 number is the lowest figure since at least Q4 2015-16.

Scotland Trend	Not Available
Peer Group	Not Available
Last Reported	April 2021 for Quarter 4 data
Next Update Due	July 2021 for Quarter 1 2021-22 data
Source	Health Intelligence

5. ACCIDENT AND EMERGENCY – GREEN

Trend Analysis

There has been an increase in the rate per 1,000 this quarter from 16 to 17.8. This is still below the target of 22. This is just below 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 Navigations Hub redirecting people) there has been an increase in this rate through February and March.

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 17th Jan 2021 and data for analysis is still limited, however we will continue monitor up to date weekly data to enable more responsive action from management teams.

The close monitoring of data continues to identify opportunities for improvement i.e. walk in patients have been re-assigned to scheduled care from unscheduled via the FNH.

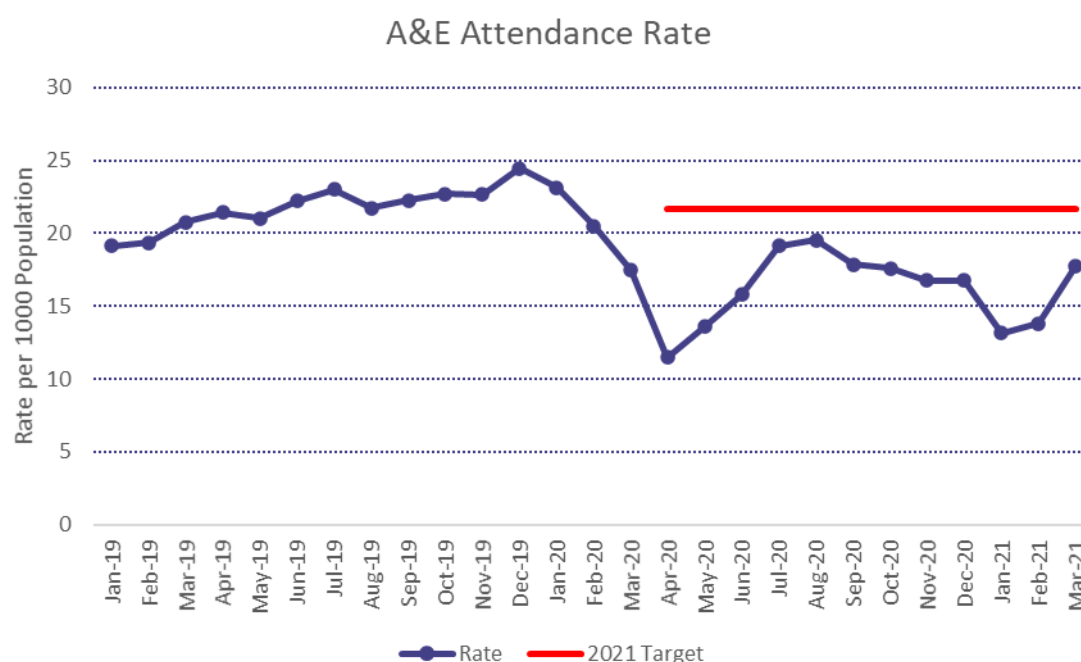
Next Steps

The Flow Navigation hub is a relatively new service and figures are being monitored closely on a weekly basis. At this point there is no meaningful trend information, however once available this will be shared.

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

Purpose	A greater system-wide understanding of how people access emergency care, and why certain choices are made, will allow local health systems to develop intelligence about avoidable attendances at emergency departments and target their responses.					
Strategic Priority	3: PARTNERS IN CARE		Linked Indicator(s)		HR-01, HR-02	
National Health & Wellbeing Outcomes			1, 2, 3, 5			
Target	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
21.5	25	18	16	18	16.8	17.8

Figure 6


Indicator Trend

There has been an increase in the rate per 1,000 this quarter.

Scotland Trend Moray has mirrored the rest of Scotland trend.

Peer Group Unknown

Last Reported April 2021 for Quarter 4 data

Next Update Due July 2021 for Quarter 1 2021-22 data

Source 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 **9.4%** (February data) and 7 day Re-admissions are at **5%**. These are both above target.

Elective treatment has yet to be resumed and this means that the total number of discharges 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.

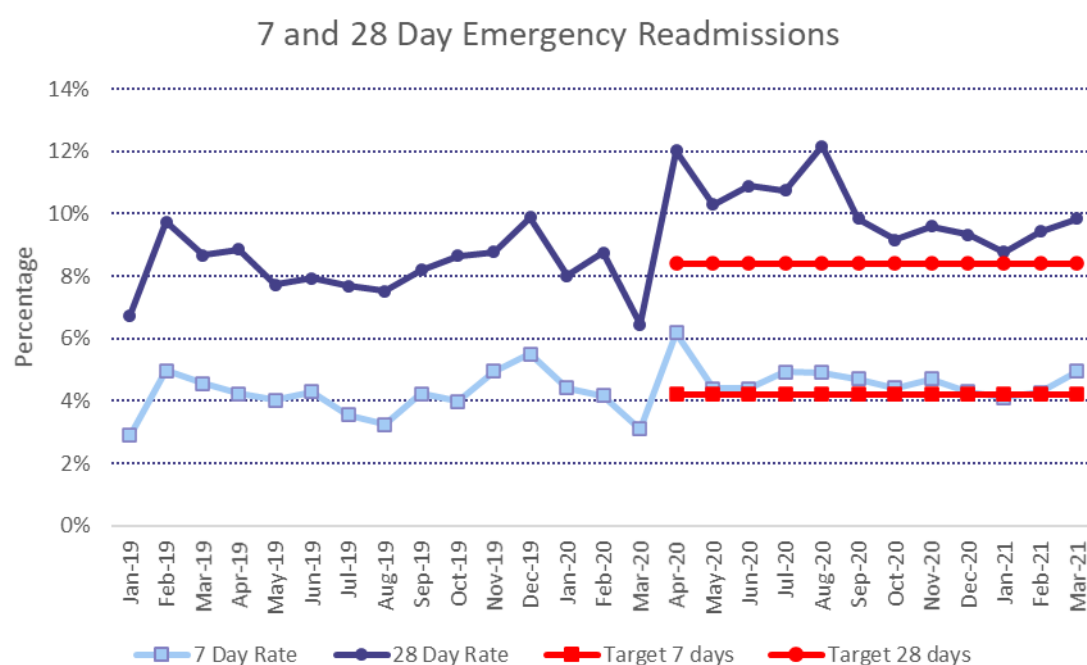
Next Steps

Continue to work with Locality managers to monitor data at a community hospital level on a regular basis, with the 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

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	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
8.4%	9.9%	6.5%	11.0%	9.8%	9.2%	9.4%*

Figure 7



Indicator Trend

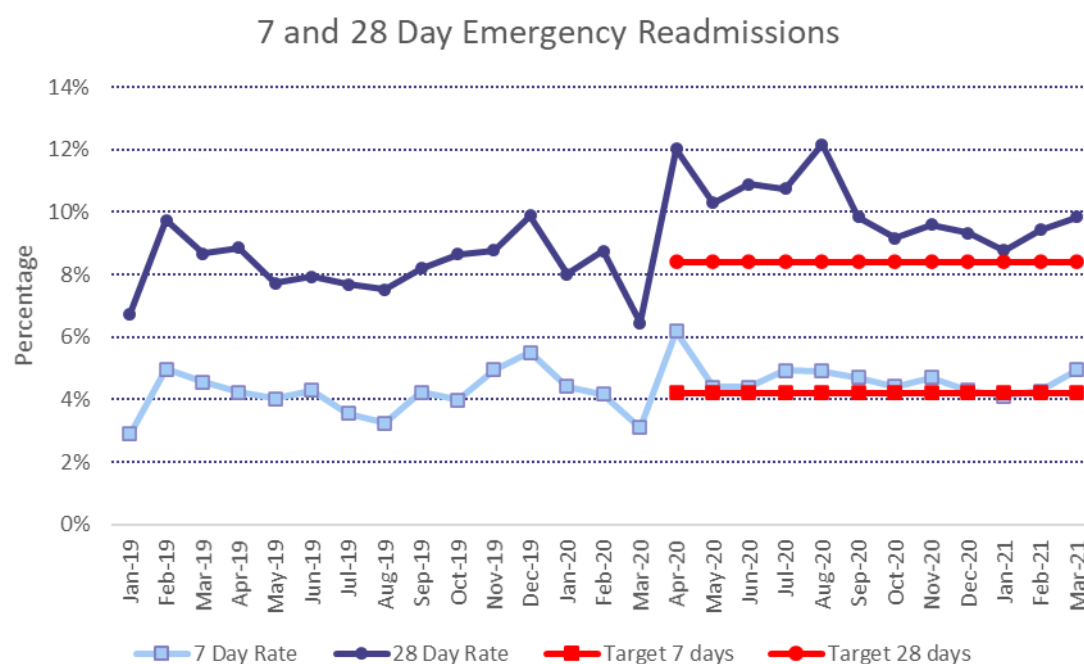
28 day Hospital Re-admissions have remained around the 9.5% rate over the last 3 quarters.

Scotland Trend	Unknown
Peer Group	Unknown
Last Reported	April 2021 for Quarter 4 data
Next Update Due	July 2021 for Quarter 1 2021-22 data
Source	Health Intelligence

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

Purpose	Re-admissions are often undesirable for patients, and have also been shown to be associated with the quality of care provided to patients at several stages along the clinical pathway, including during initial hospital stays, transitional care services and post-discharge support.					
Strategic Priority	1: BUILDING RESILIENCE			Linked Indicator(s)		HR-01 , AE-01
National Health & Wellbeing Outcome				1, 2, 3, 5		
Target	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
4.2%	5.5%	3.1%	4.3%	4.6%	4.2%	5.0%

Figure 9



Indicator Trend

The rate of 7 day re-admissions has increased to 5% in Q4.

Scotland Trend	Unknown
Peer Group	Unknown
Last Reported	April 2021 for Quarter 4 data
Next Update Due	July 2021 for Quarter 1 2021-22 data
Source	Health Intelligence

7. UNMET NEED – FOR INFO

Trend Analysis

The number of people and the number of unmet homecare hours at the weekly snapshot have both reduced over the last quarter.

Operational Actions and Maintenance

This information has been closely monitored as part of the daily performance flow throughout the response to Covid.

During quarter 3 the application of the critical and substantial eligibility criteria recommenced. Following the assessment of need an increase of service users were prioritised as either critical or substantial under the eligibility criteria. The resource available continued to meet the demand of the high risk needs, increasing the numbers of those waiting under the substantial criteria.

There also remained a continued focus on supporting those awaiting for care on discharge from hospital as a priority, which also added to the increase of need within the community, reflected in the unmet need list at point of reporting.

Action was taken to focus on reduction of this by considering options for increasing the capacity of resource available within care at home. Commissioning of a further two external providers has commenced.

Next Steps

Close monitoring of this indicator will continue where it is anticipated there will be a decrease in the levels of unmet need.

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	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
For Info	ND	ND	623	523	578	465

Quarter	# Hours	Target
Q1	623	600
Q2	523	580
Q3	578	550
Q4	465	500

Indicator Trend	
This indicator is on a downward trend.	
Scotland Trend	Unavailable
Peer Group	Unavailable
Last Reported	April 2021 for Quarter 4 data
Next Update Due	July 2021 for Quarter 1 2021-22 data
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	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
For Info	ND	ND	36	44	35	31

Legend:

- #People
- Target
- - - - -> Trend

Quarter	#People	Target
Q1	36	40
Q2	44	40
Q3	35	40
Q4	31	40

Indicator Trend	
After a peak in Q2 this indicator is now on a decreasing trend.	
Scotland Trend	Unavailable
Peer Group	Unavailable
Last Reported	April 2021 for Quarter 4 data
Next Update Due	July 2021 for Quarter 1 2021-22 data
Source	Brokerage

8. OUTSTANDING ASSESSMENTS – FOR INFO

Trend Analysis

Due to a change in the reporting method and a data cleansing exercise the data from Q1,2 and 3 is not comparable with Q4 data (therefore no trend line is presented). It is notable that the data is still showing a high number of reviews outstanding.

Over the last two years an average of 364 reviews have been closed every month.

Operational Actions and Maintenance

Continued scrutiny of this indicator has highlighted some differences in the use of the system between the Social Work teams and work is being undertaken to introduce a more consistent approach to recording this measure.

Next Steps

Practice Governance Group are reviewing and refining key indicators for teams. This review is anticipated to be complete by September 2021.

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	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
For Info	ND	ND	1,506	1,608	1,655	1242

Overdue Reviews

Quarter	Number of Overdue Reviews
Q1	1,506
Q2	1,608
Q3	1,655
Q4	1,242

Indicator Trend	
No trend is discernible due to a change in data recording in Q1,2 and 3 to Q4.	
Scotland Trend	Not Available
Peer Group	Not Available
Last Reported	April 2021 for Quarter 4 data
Next Update Due	July 2021 for Quarter 1 2021-22 data
Source	TBC

9. MENTAL HEALTH - GREEN

Trend Analysis

After 24 months below target and a year at around 20% this measure is at 100% for the second quarter in a row.

Operational Actions and Maintenance

Adult mental health are currently experiencing staffing difficulties due to long term absence and a member of staff leaving to take up a post elsewhere in Scotland. Interviews this week for replacement. However, despite this, the service continues to see patients within targets. The situation will be kept under review.

Primary care staff continue to be redeployed to the Psychological Resilience Hub. Recruitment to all primary care posts has now concluded and staff will continue to support the Psychological Resilience Hub until the end of July. Primary care have now remobilised with the PRH being the single point of referral, cases are then allocated accordingly.

Nursing staff trained in MBT have dedicated time to support the psychotherapy service however there remains a gap in service provision following the retiral of the consultant psychotherapist in October 2020 and the inability to recruit to a MBT practitioner post. Service discussions are ongoing about how the patients requiring this service can be best supported.

Next Steps

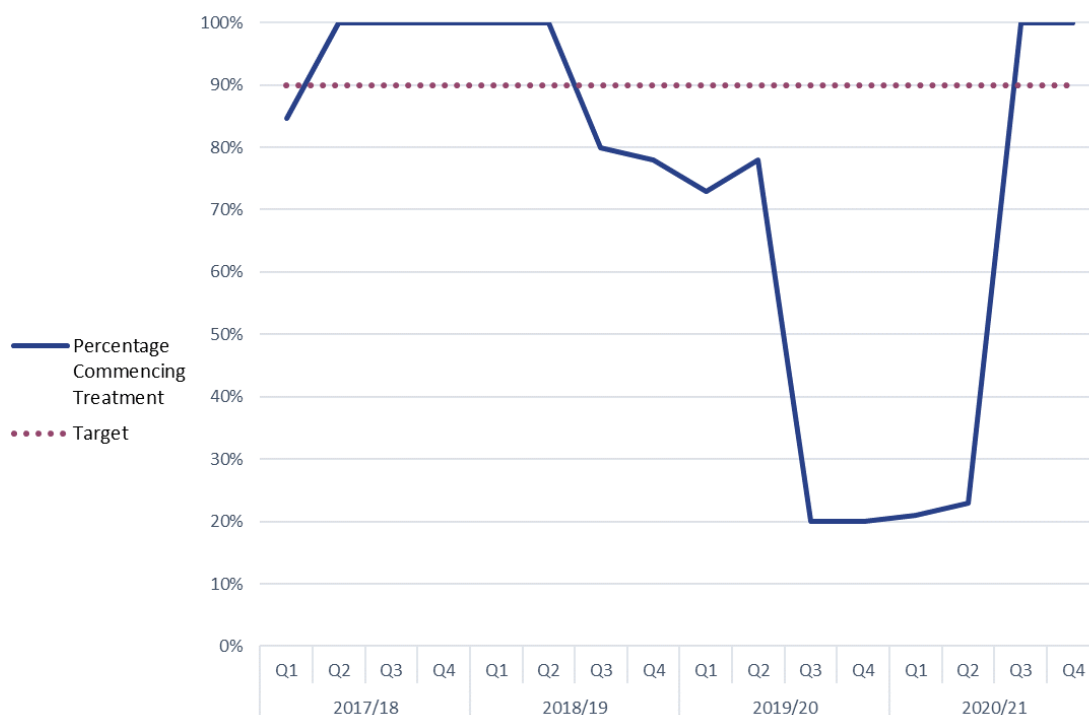
Staff from the older adult team continue to be redeployed on a part time basis to the Psychological Resilience Hub but this is not currently affecting the ability to see secondary care patients in the service. This will be reviewed before the end of July 2021.

Referrals into the adult mental health secondary care service are currently stable and manageable following an increase in January 2021.

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%)	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
For Info	20%	20%	21%	23%	100%	100%

Figure 80 - Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral (adults only)



Indicator Trend

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

Scotland Trend	Unavailable
Peer Group	Unavailable
Last Reported	April 2021 for Quarter 4 data
Next Update Due	July 2021 for Quarter 1 2021-22 data
Source	Health Intelligence

10. STAFF MANAGEMENT - RED

Trend Analysis

Council Health and Social Care Moray employees maintain a 6.2% days lost absence rate. While this is stable and below 9.1% rate in Q4 2019-20 it is 2.2% above the target of 4%.

Across the general population, during the lockdown period with Covid measures in place and with improved hand hygiene there has been a reduction in the levels of colds, respiratory infections and flu, which may be being reflected in the current reduction of absence rates.

As the lockdown measures relax it will be of interest to note if rates being to rise again.

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 will be undertaking a survey of staff in relation to their wellbeing and the outputs will inform actions that will be undertaken to maintain and improve support to staff.

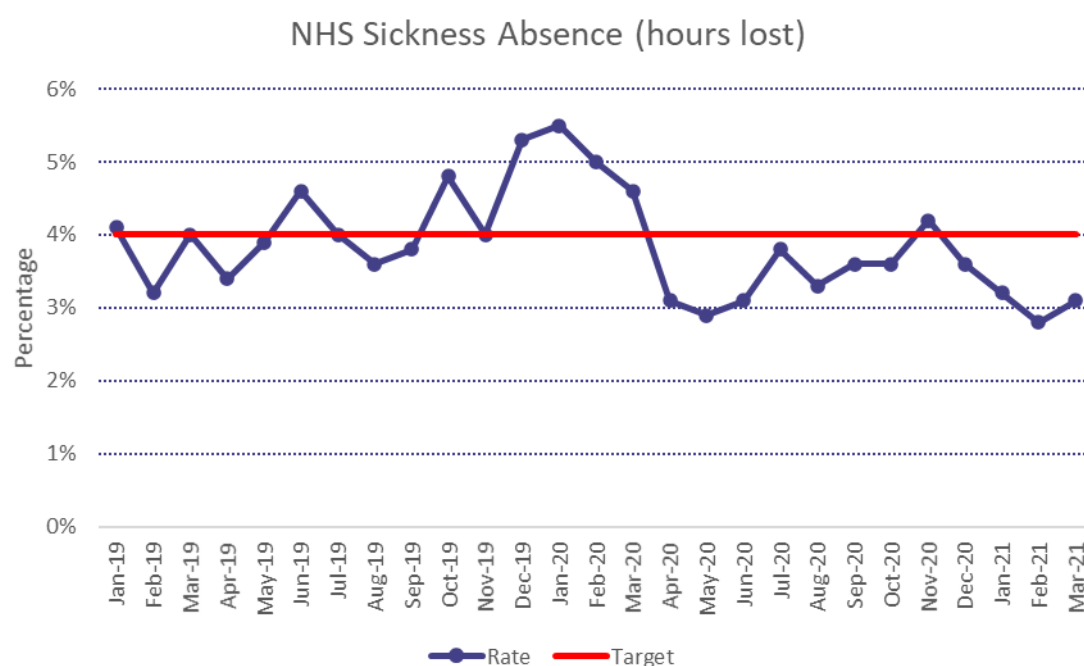
Next Steps

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

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%)	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
4%	5.3%	4.6%	3.1%	3.6%	3.6%	3.1%

Figure 91

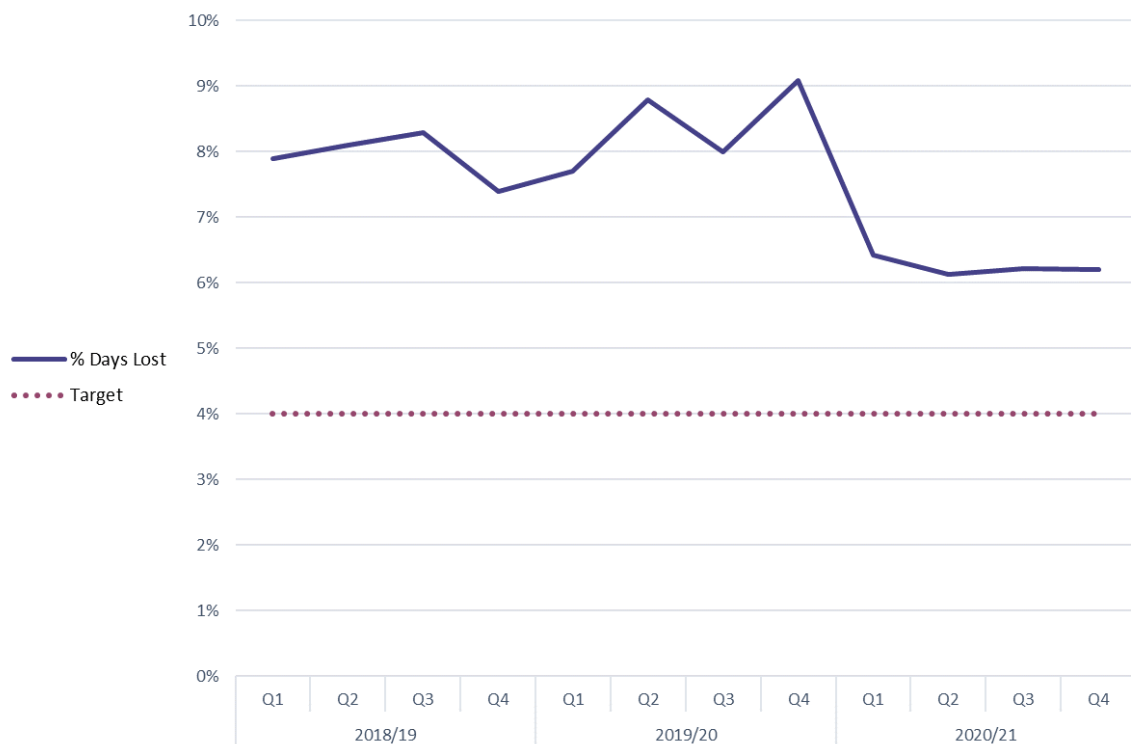

Indicator Trend

This indicator remains low as it has been since March 2020.

Scotland Trend	Unknown
Peer Group	Unknown
Last Reported	April 2021 for Quarter 4 data
Next Update Due	July 2021 for Quarter 1 2021-22 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	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
4%	8.0%	9.1%	6.4%	6.1%	6.2%	6.2%

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.

Scotland Trend	Unknown
Peer Group	Unknown
Period Last Reported	April 2021 for Quarter 4 data
Next Update Due	July 2021 for Quarter 1 2021-22 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 East Dunbartonshire Aberdeenshire Edinburgh, City of Perth & Kinross Aberdeen City Shetland Islands Orkney Islands	Moray Stirling East Lothian Angus Scottish Borders Highland Argyll & Bute Midlothian	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.