



**PERFORMANCE REPORT
- SUPPORTING CHARTS**

**QUARTER 3
2022/23**

(1 OCTOBER 2022 – 31 DECEMBER 2022)

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1. PERFORMANCE SUMMARY

BAROMETER OVERVIEW

Moray currently has **11 local indicators**. Of these **4 are Green**, **1 is Amber** and **6 are Red**.

Figure 1 - Performance Summary

Health and Social Care Moray Performance Report									
Code	Barometer (Indicator)	Q3 2122 Oct-Dec	Q4 2122 Jan-Mar	Q1 2223 Apr-Jun	Q2 2223 Jul-Sep	Q3 2223 Oct-Dec	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)	20.0	20.0	24.3	24.0	22.6	no change	21.7	A
DD	Delayed Discharges								
DD-01*	Number of delayed discharges (including code 9) at census point	39	46	46	47	29	no change	10	R
DD-02	Number of bed days occupied by delayed discharges (including code 9) at census point	1142	1294	1207	1197	1063	no change	304	R
EA	Emergency Admissions								
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	2045	2140	2320	2469	2547	2037	2107	R
EA-02	Emergency admission rate per 1000 population for over 65s	187.2	183	177.5	172.4	173.3	179.9	179.8	G
EA-03	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	126.3	125.2	122	118.6	117.4	123.4	124.6	G
HR	Hospital Readmissions								
HR-01	% Emergency readmissions to hospital within 7 days of discharge	3.5%	3.4%	4.3%	3.0%	3.8%	no change	4.2%	G
HR-02	% Emergency readmissions to hospital within 28 days of discharge	8.4%	8.0%	8.3%	6.7%	8.0%	no change	8.4%	G
MH	Mental Health								
MH-01	% of patients commencing Psychological Therapy Treatment within 18 weeks of referral	67%	33%	27%	33%	79.0%	no change	90%	R
SM	Staff Management								
SM-01	NHS Sickness Absence (% of hours lost)	5.5%	4.7%	4.2%	5.0%	5.5%	no change	4%	R
SM-02	Moray Council Sickness Absence (% of days lost)	8.1%	8.9%	8.8%	5.2%	8.3%	no change	4%	R

Data to Nov 22

2. DELAYED DISCHARGE - RED

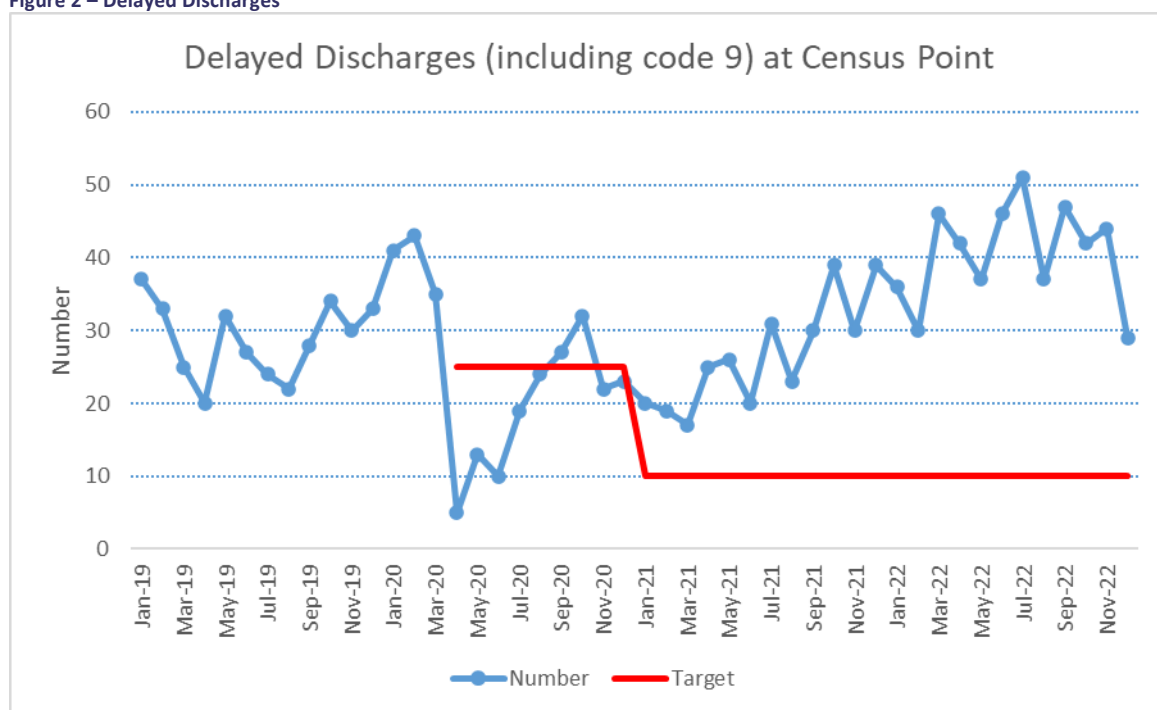
Trend Analysis

The number of delays at snapshot (29) was just one lower than at the end of quarter 3 2021/22. The number of bed days lost due to delayed discharges reduced from 1,197 to 1,063. Both indicators remain around 3 times above target.

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		

Figure 2 – Delayed Discharges



Indicator Trend – Reducing

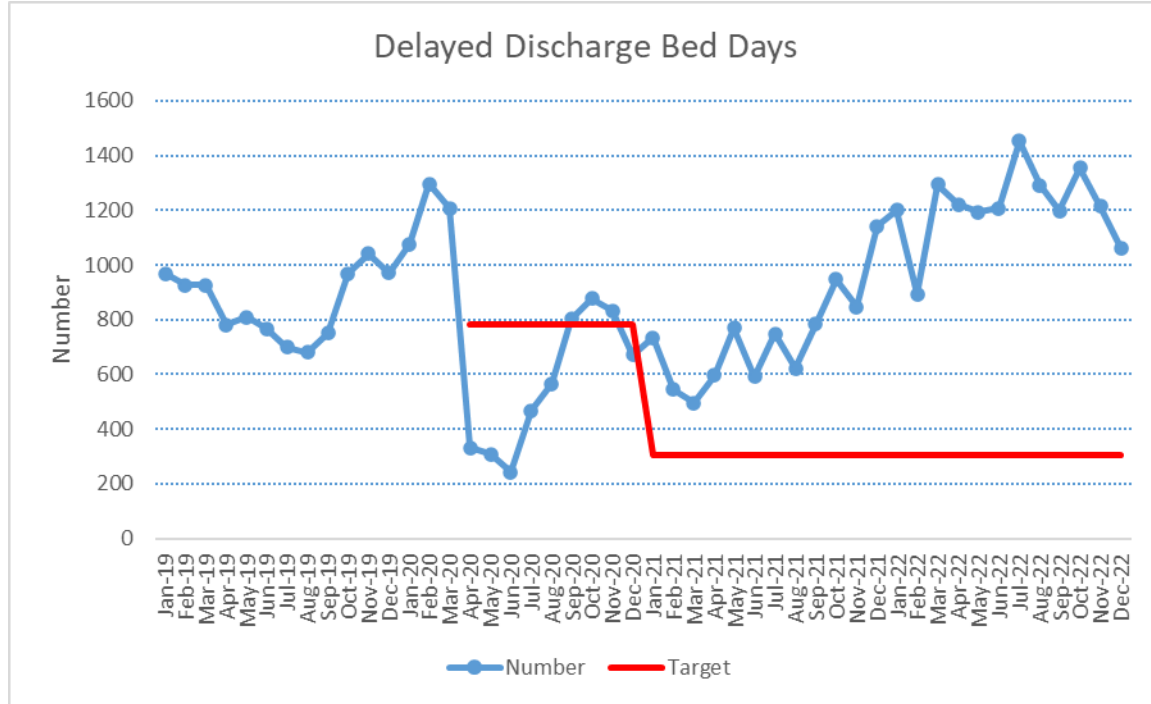
Despite some volatility in numbers from month to month the underlying trend for the number of people experiencing Delayed Discharge had been steadily increasing since the end of Quarter 4 2020/21 until May 2022. Since the trend has shown a gradual reduction, but still 3 times the target level.

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		

Figure 3 – Delayed Discharge Bed-days



Indicator Trend – Reducing

The number of bed-days are over 3 times the target number of days and after averaging around 1200 for the past three quarters has now reduced to closer to 1,000.

Source [Public Health Scotland](#)

3. EMERGENCY ADMISSIONS - AMBER

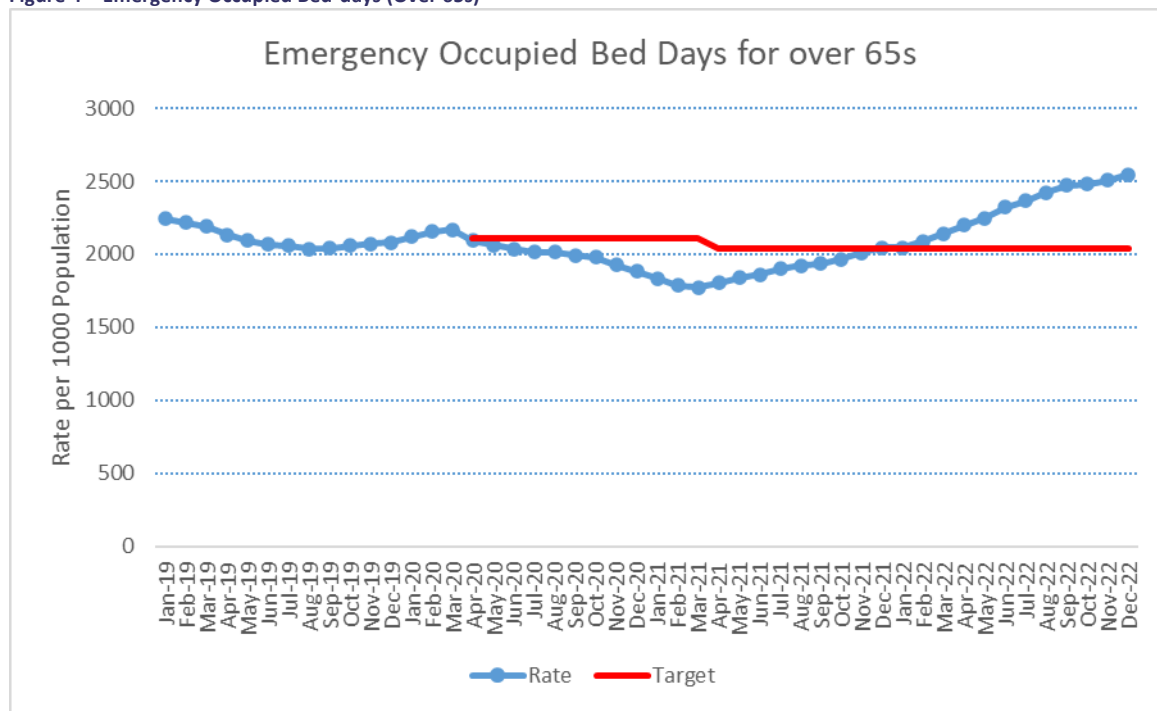
Trend Analysis

Since March 2021 there has been a steady increase each month in the rate of emergency occupied bed days for over 65s and the rate increased during quarter 3 from **2,469** to **2,547** in December 2022. However, the emergency admission rate per 1000 population for over 65s has increased from **173.3** to **172.4** over the same period, while the number of people over 65 admitted to hospital in an emergency reduced from **118.6** to **117.4**.

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		

Figure 4 – Emergency Occupied Bed-days (Over 65s)



Indicator Trend – Increasing

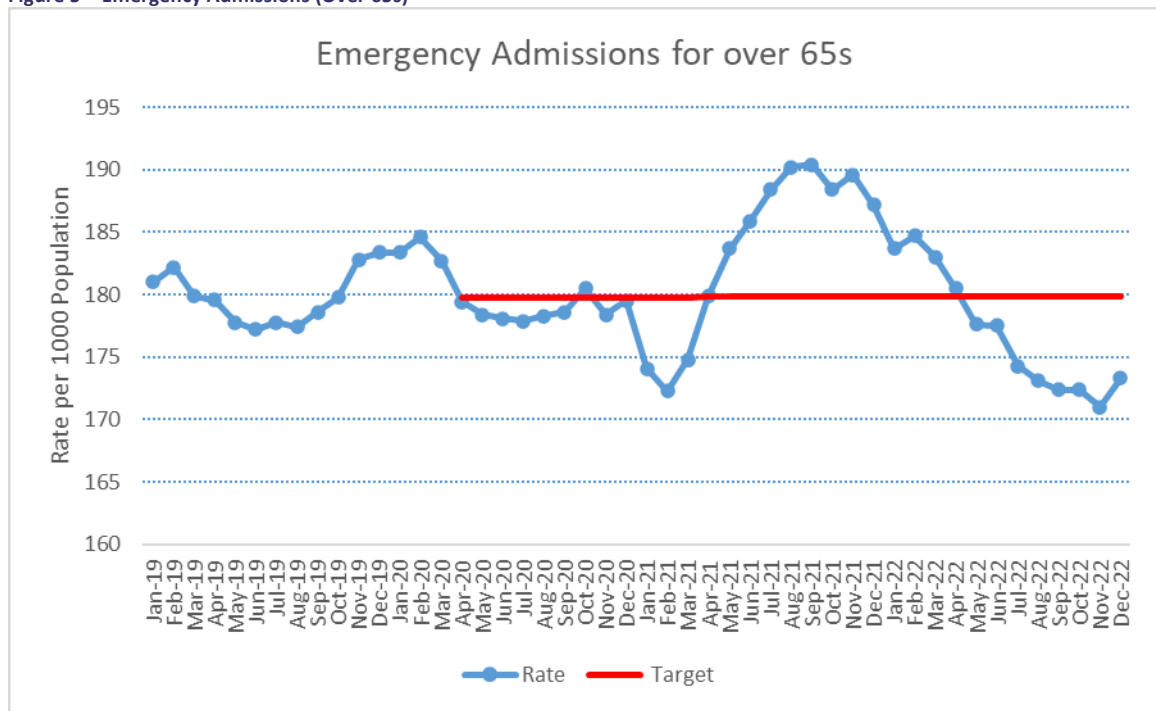
This indicator was on a downward trend for most of 2020, but since the start of 2021 has been increasing and exceeded the reduced target throughout 2022.

Source	Health Intelligence
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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		

Figure 5 – Emergency Admissions (Over 65s)



Indicator Trend – Increasing

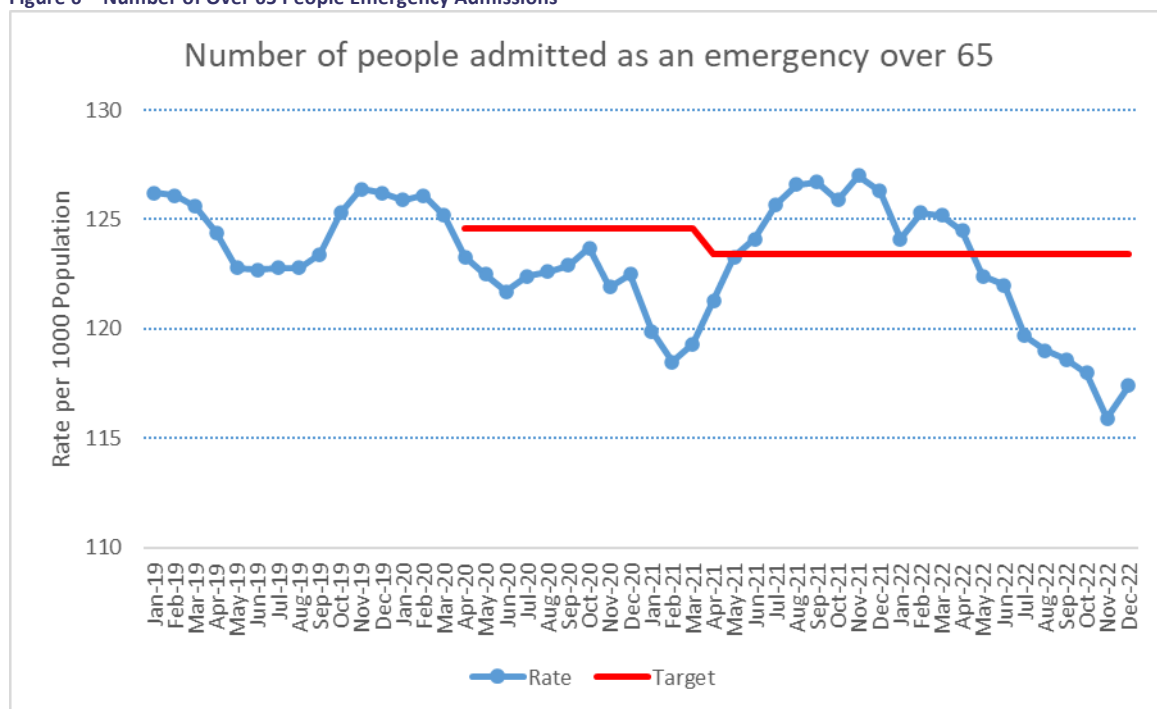
At the start of 2021 the trend had been rapidly increasing, but since August 2021 there has been a steady and sustained reduction. However, there was a small increase in December 2022, but the rate remains below the target.

Source	Health Intelligence
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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		

Figure 6 – Number of Over 65 People Emergency Admissions



Indicator Trend – Increasing

This indicator was showing a consistent downward trend until February 2021, since when the trend reversed and increased rapidly. As with Figure 4 the rate levelled off in August 21 and then reduced to be below the target, although there was a slight increase in December 2022.

Source	Health Intelligence
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4. EMERGENCY DEPARTMENT – AMBER

Trend Analysis

There has been an reduction in the rate per 1,000 this quarter from **24** to **22.6**, remaining above target and double the number presenting in April 2020.

AE-01: ED 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																																																																													
<p>Figure 7 – ED Attendance Rate</p> <table border="1"> <caption>Estimated Data for Figure 7: ED Attendance Rate</caption> <thead> <tr> <th>Month</th> <th>Rate (per 1,000 Population)</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Jan-19</td><td>19.0</td><td>21.5</td></tr> <tr><td>Mar-19</td><td>20.5</td><td>21.5</td></tr> <tr><td>May-19</td><td>21.5</td><td>21.5</td></tr> <tr><td>Jul-19</td><td>22.5</td><td>21.5</td></tr> <tr><td>Sep-19</td><td>22.0</td><td>21.5</td></tr> <tr><td>Nov-19</td><td>24.0</td><td>21.5</td></tr> <tr><td>Jan-20</td><td>22.5</td><td>21.5</td></tr> <tr><td>Mar-20</td><td>11.0</td><td>21.5</td></tr> <tr><td>May-20</td><td>13.5</td><td>21.5</td></tr> <tr><td>Jul-20</td><td>19.0</td><td>21.5</td></tr> <tr><td>Sep-20</td><td>17.5</td><td>21.5</td></tr> <tr><td>Nov-20</td><td>16.5</td><td>21.5</td></tr> <tr><td>Jan-21</td><td>13.0</td><td>21.5</td></tr> <tr><td>Mar-21</td><td>18.0</td><td>21.5</td></tr> <tr><td>May-21</td><td>23.5</td><td>21.5</td></tr> <tr><td>Jul-21</td><td>21.5</td><td>21.5</td></tr> <tr><td>Sep-21</td><td>21.5</td><td>21.5</td></tr> <tr><td>Nov-21</td><td>19.5</td><td>21.5</td></tr> <tr><td>Jan-22</td><td>18.5</td><td>21.5</td></tr> <tr><td>Mar-22</td><td>20.0</td><td>21.5</td></tr> <tr><td>May-22</td><td>23.0</td><td>21.5</td></tr> <tr><td>Jul-22</td><td>24.5</td><td>21.5</td></tr> <tr><td>Sep-22</td><td>23.0</td><td>21.5</td></tr> <tr><td>Nov-22</td><td>22.6</td><td>21.5</td></tr> </tbody> </table>				Month	Rate (per 1,000 Population)	Target	Jan-19	19.0	21.5	Mar-19	20.5	21.5	May-19	21.5	21.5	Jul-19	22.5	21.5	Sep-19	22.0	21.5	Nov-19	24.0	21.5	Jan-20	22.5	21.5	Mar-20	11.0	21.5	May-20	13.5	21.5	Jul-20	19.0	21.5	Sep-20	17.5	21.5	Nov-20	16.5	21.5	Jan-21	13.0	21.5	Mar-21	18.0	21.5	May-21	23.5	21.5	Jul-21	21.5	21.5	Sep-21	21.5	21.5	Nov-21	19.5	21.5	Jan-22	18.5	21.5	Mar-22	20.0	21.5	May-22	23.0	21.5	Jul-22	24.5	21.5	Sep-22	23.0	21.5	Nov-22	22.6	21.5
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<p>Indicator Trend – Stable</p> <p>During quarter 3 the attendance rate per 1,000 population has remained reasonably stable, just above the target level. However, the attendance rate is almost double the rate experienced at the end of April 2020.</p>																																																																														
Source	Health Intelligence																																																																													

5. HOSPITAL RE-ADMISSIONS - GREEN

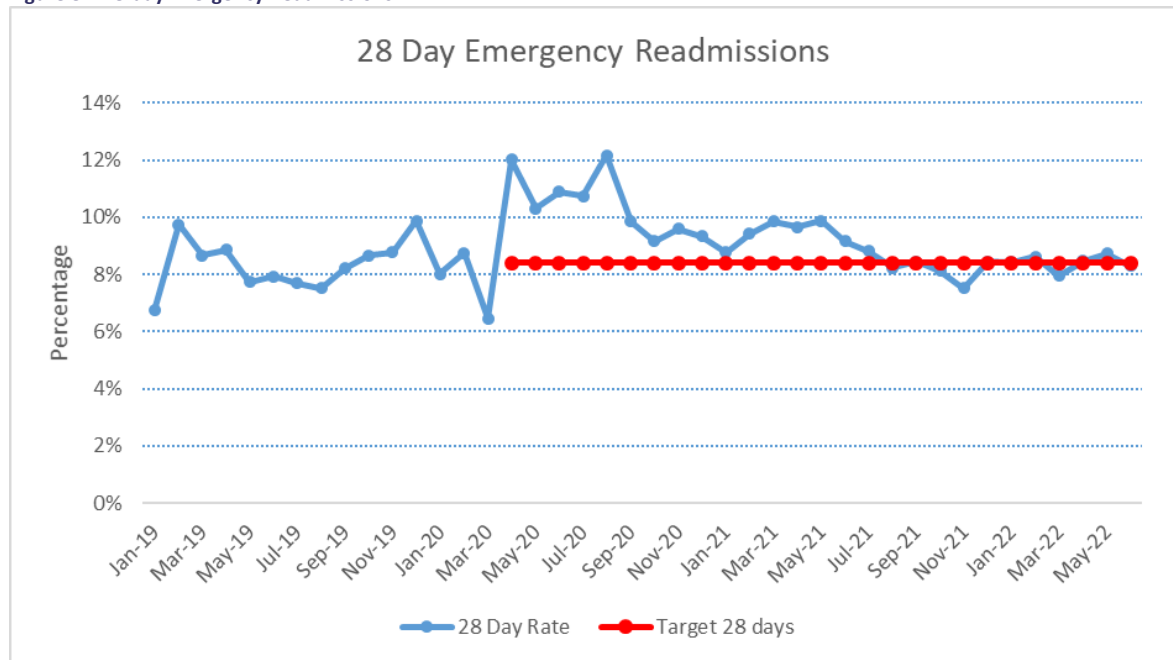
Trend Analysis

28-day re-admissions remain GREEN at **8.0%**, and 7-day Re-admissions remain GREEN at **3.8%**.

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		

Figure 8 – 28-day Emergency Readmissions



Indicator Trend – Stable

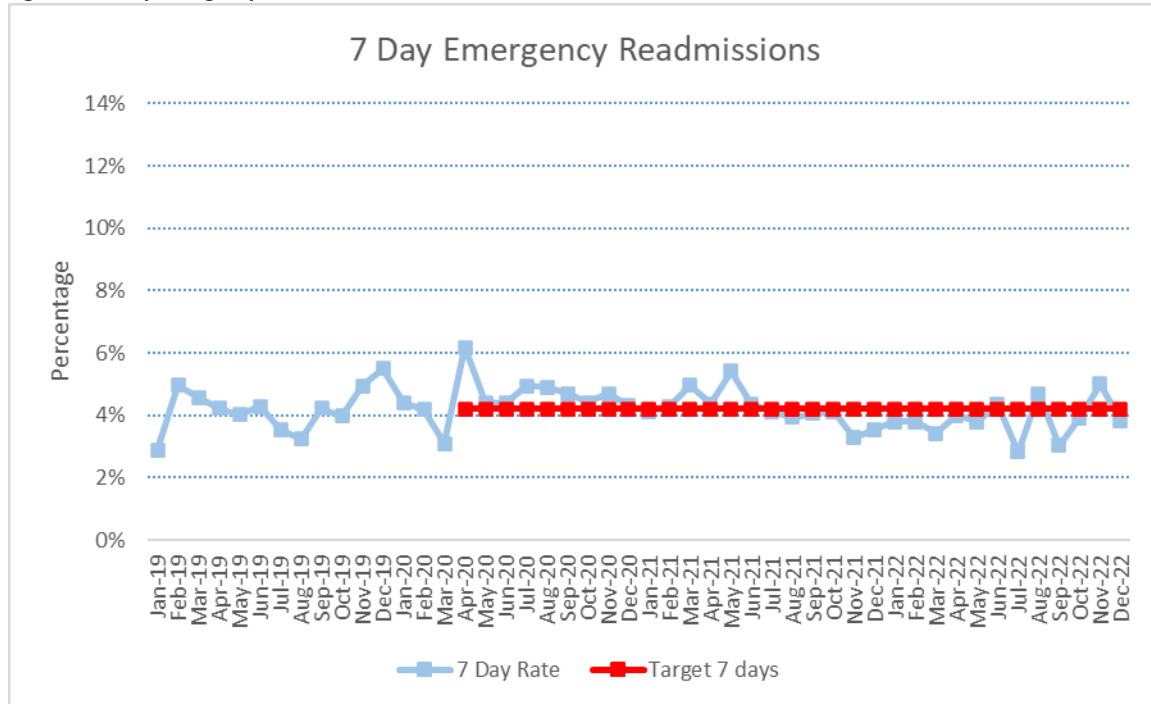
28-day Hospital Re-admissions have remained around the target of 8% for this quarter.

Source	Health Intelligence
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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		

Figure 9 – 7-day Emergency Readmissions



Indicator Trend – Stable

7-day Hospital Re-admissions have generally remained below the target of 4.2% since July 2021, apart from 2 occasions.

Source	Health Intelligence
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6. MENTAL HEALTH – RED

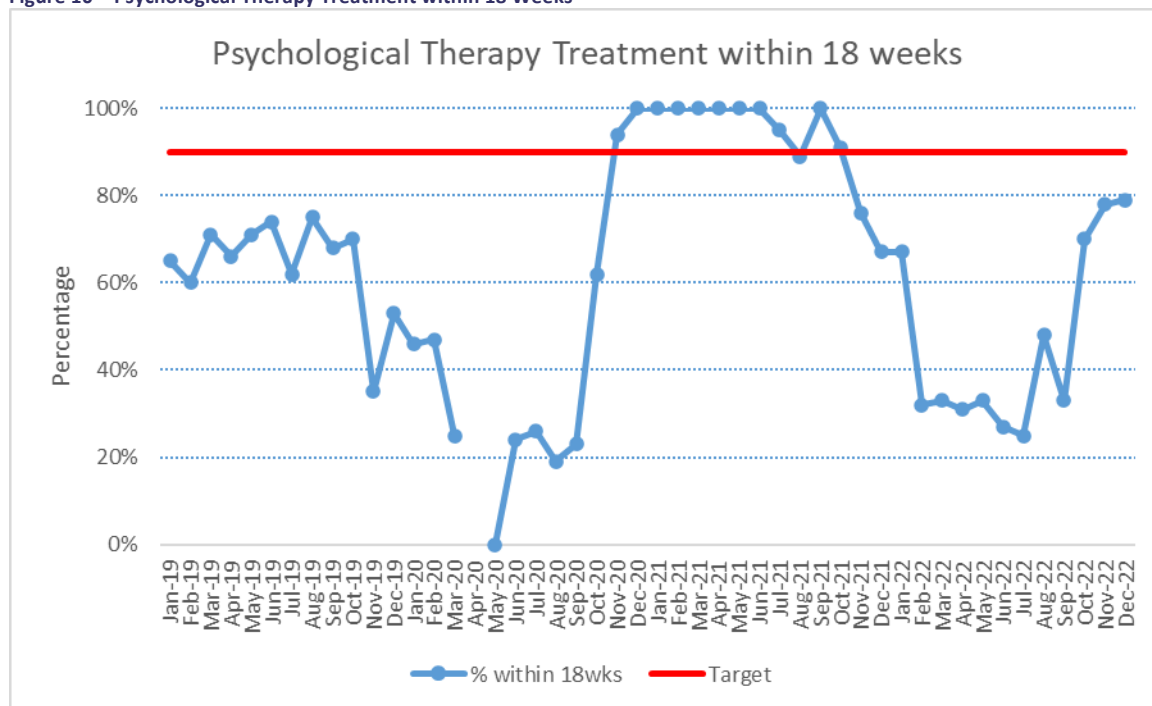
Trend Analysis

After 24 months below target and a year at around 20% this measure was at 100% for the 6 months from December 2020 through to June 2021. However, since quarter 3 there has been a rapid reduction with **27%** of patients being referred within 18 weeks during June 2022.

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		

Figure 10 – Psychological Therapy Treatment within 18 Weeks



Indicator Trend – Improving

After being around 30% for most of 2022 there has been a marked improvement in performance, which had achieved 79% by the end of quarter 3 2022/23, albeit still below the target of 90%.

Source	Health Intelligence
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7. STAFF MANAGEMENT - RED

Trend Analysis

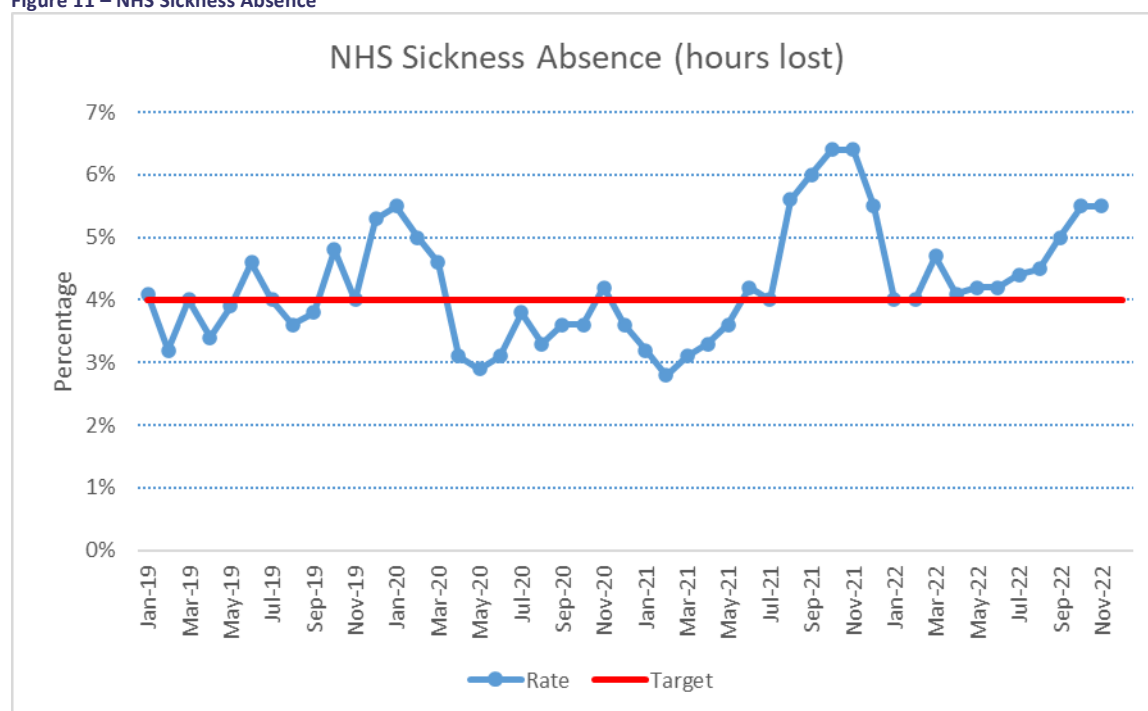
Sickness absence for NHS employed staff remains above target reaching **5.5%** at the end of quarter 3. Council employed staff sickness has remained high with a minimal reduction from **8.98%** to **8.87%**, which is above the figure for the same period in the previous 2 years.

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%)	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23
4%	6.0%	5.5%	4.7%	4.2%	5.0%	5.5%*

Figure 11 – NHS Sickness Absence



Indicator Trend – Increasing

This indicator has increased steadily throughout 2022/23 although it remained unchanged in November and December 2022 at 5.5%.

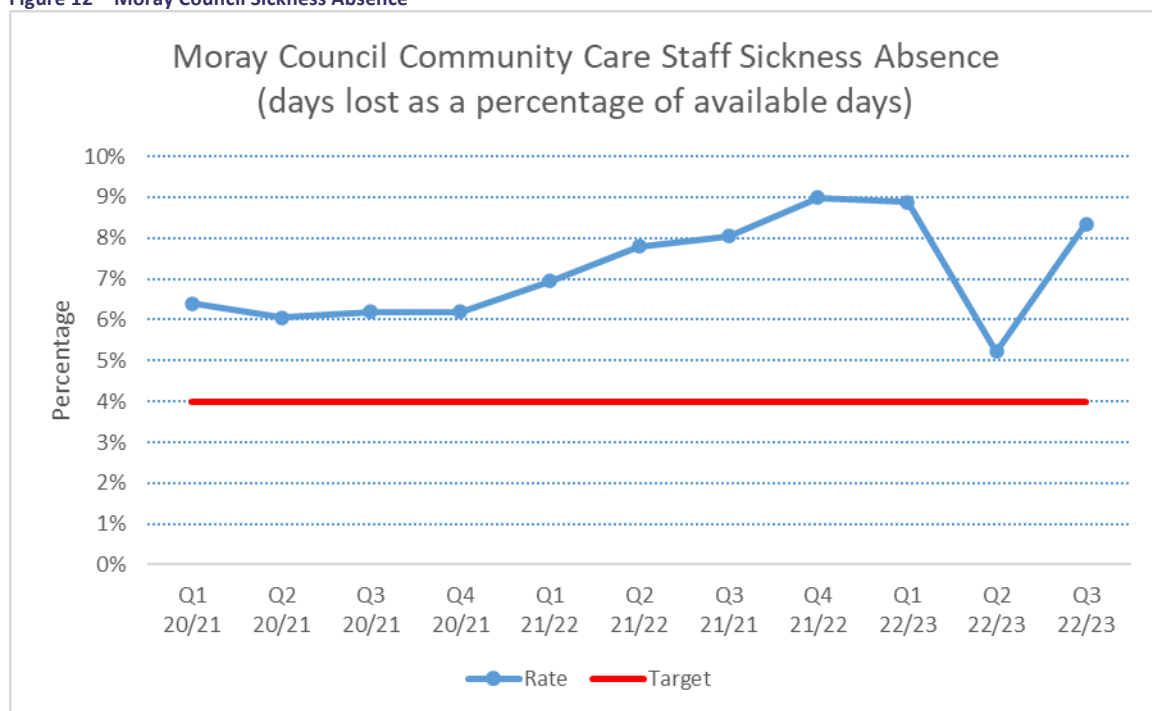
*Data to November 2022

Source	Health Intelligence
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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	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23
4%	7.8%	8.05%	8.98%	8.87%	5.22%	8.34%

Figure 12 – Moray Council Sickness Absence



Indicator Trend – Increasing

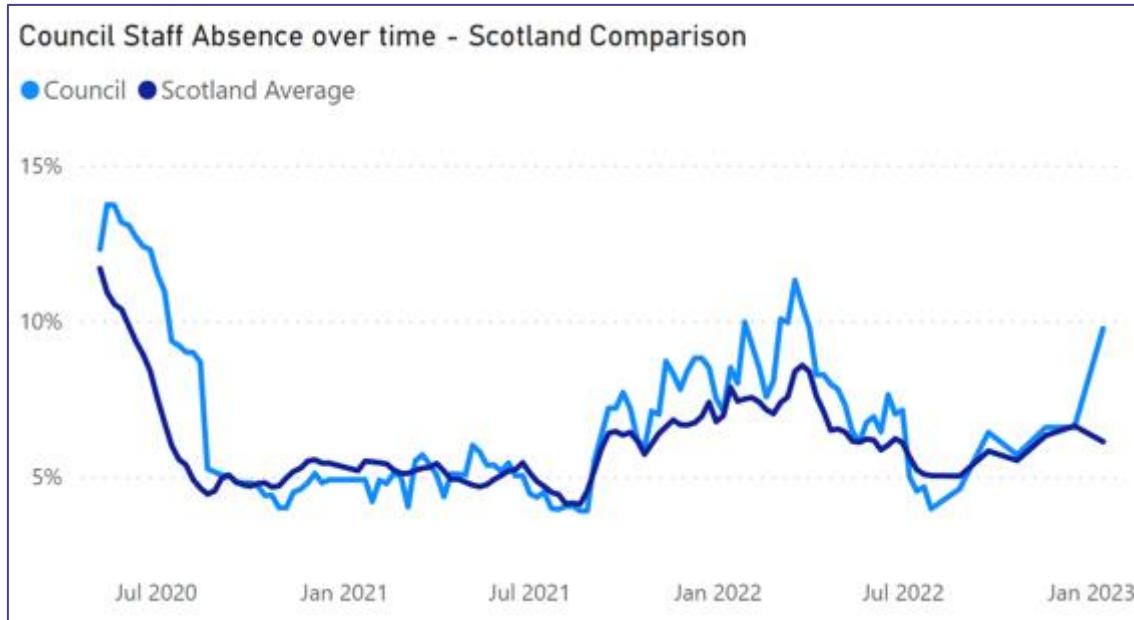
After a 3% reduction during quarter 2 this indicator rose during quarter 3 to double the target and close to the peak of 9% recorded in quarter 4 2019/20.

Source Council HR

COUNCIL STAFF ABSENCE OVER TIME – SCOTLAND COMPARISON

Chart provided by the Improvement Service using data from the from weekly SOLACE council returns. This update captures data from the week ending 13 January 2023. Moray remains above the Scottish average and there was a marked increase in absence towards the end of quarter 3.

Figure 13 – Moray Council Sickness Absence Compared to National Average



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.

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:



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