

HSCM Q3 PERFORMANCE ANALYSIS

Indicators not Achieving Target in Q3 (RED)

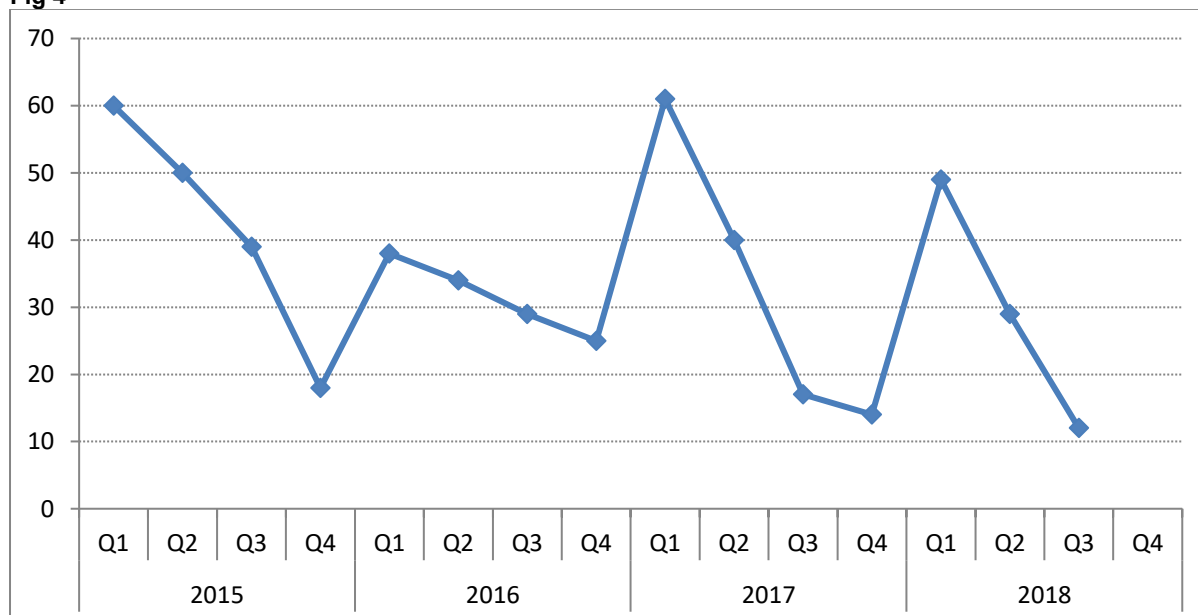
L14 Percentage of new dementia diagnoses who receive 1 year post-diagnostic support

Management figures (not yet officially published) show Moray at over 95% for this measure in 2017/18. This is a significant increase on 66.7% in 2016/17 and is higher than the Scottish Average and our neighbours in Aberdeenshire and Highland as well as other comparators (Stirling and Angus). Following publication of this data, more accurate comparison will be possible.

In 2016/17 there was a change in the management of the service from Alzheimers Scotland Post Diagnostic Support (PDS) Link Worker to the Community Mental Health Team who have two Support Workers undertaking PDS on a part time basis and Community Psychiatric Nurses provide services for those who require more complex follow up. Data regarding this service is now collected and monitored monthly. The raw numbers of those who have undergone PDS have risen from 29 in 2016 to 135 in 2018 (currently only calendar year figures are available) which show that the current system is able to provide support within the 12 months for more people.

L15 Smoking cessation in 40% most deprived after 12 weeks

Fig 4



There is a seasonal trend in this measure and whilst we expect Q3 to be lower than the previous quarters there is a general annual downturn in those accessing the Smoking Advice Service. In 2018/19 Q3 was the lowest Q3 in the past 4 years. This pattern replicates experience across Grampian and the rest of Scotland.

A reduction in the pool of smokers within Moray in the 40% most deprived communities means that there are fewer people requiring these services. Those that remain are difficult to reach in addition to more smokers turning to e-cigarettes /

vaping devices to help them quit so not accessing services in the same manner as previously.

To increase reach and provide a holistic, person centred approach, the Healthpoint and Smoking Advice Service is merging. There are an increasing number of smoking advisors in Moray working alongside the range of support services available, which include pharmacies. Advisors are available within the Community (based within GP practices, throughout Moray) and Dr Gray's Hospital, including; in the pre-assessment, Mental Health and Maternity services.

Working in partnership, the aim is to build on success to date and further embed and sustain the Making every Opportunity Count (MeOC) approach within Health and Social Care Moray and partner organisations. MeOC is a 3-tiered approach and provides practitioners with a range of flexible tools; including a DIY MOT self-check, which provides a framework for practitioners to support clients to identify any health and wellbeing concerns they may have. Once identified, practitioners can signpost clients to the most appropriate support service, one of which is smoking cessation.

L18 Number of Alcohol Brief Interventions being delivered (*includes ABIs in priority and wider settings where data can be aligned to HSCPs*)

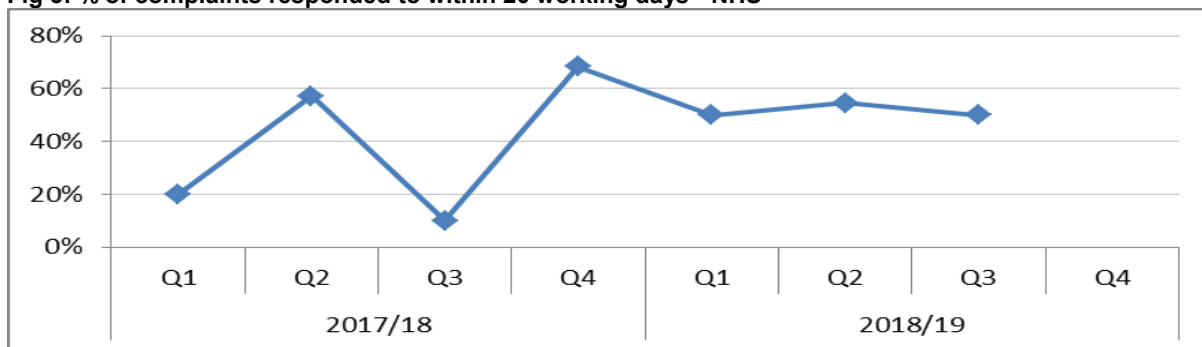
The Alcohol Screening and Brief intervention (ABI) strategy was approved by the Moray Alcohol and Drug Partnership (MADP) in January 2019, and a local group is being formed to take forward an action plan. Areas of development include:

- Increase in the number of ABI trainers available in Moray (from one individual to four by the end of 2019).
- Identification and preliminary work has been completed with key partners to support ABI delivery (criminal justice, maternity etc). A performance report is being developed to monitor the 2018-2023 strategy and direct improvement efforts.

L19A Number of complaints received and % responded to within 20 working days - NHS

For quarter 3 there were a total of 18 complaints received, 9 were responded to within 20 days, 7 of the 18 complaints were not upheld and 1 was partially upheld. Of the upheld complaints the longest wait for a response was 66 days followed by 32 days, the others were all under 30 days. After an overall average of 45% in 2017/18 this measure has been around 50% consistently every quarter this year. There is variation in month on month figures (between 8 and 18 in the past 7 quarters) but no correlation between high numbers of complaints and the response rate. The complexity of the complaints are what contribute to a late resolution.

Fig 5: % of complaints responded to within 20 working days - NHS

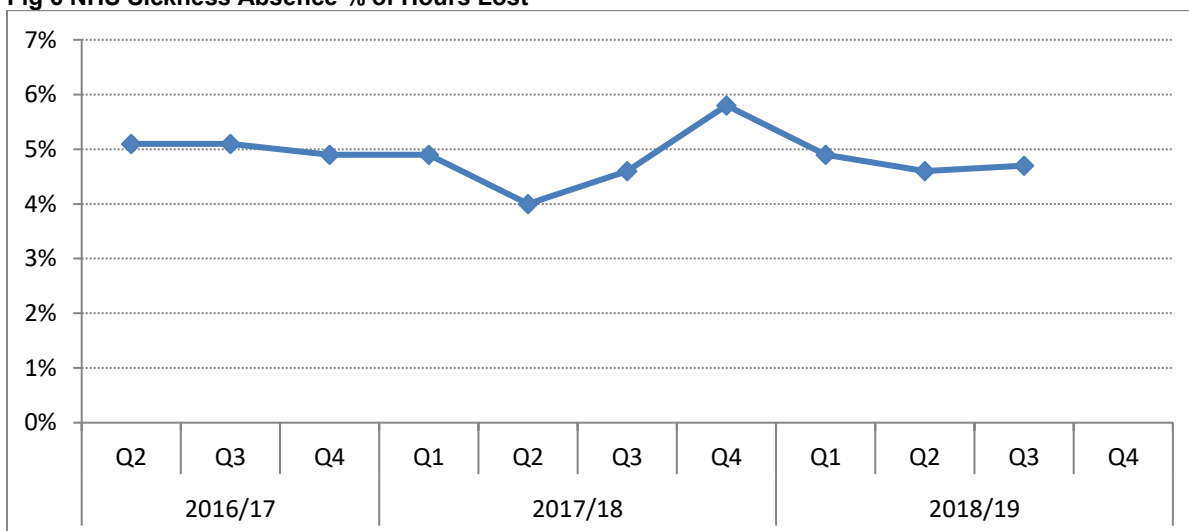


L20 NHS Sickness Absence % of Hours Lost

The percentage of hours lost has remained above the 4% target this year so far, however when looking at the monthly rate, December decreased to 4% which is positive. In comparison Grampian was above target in all three months, (4.5% in Oct, and 4.3% in Nov and Dec). The latest available Scotland figure in November 2018 was 5.1%.

There is an issue with achieving the target as HSCM figures have hovered around 5% consistently and has only been below the quarterly target once in the past two years (Q2 2017/18). Sickness absence is being monitored by appropriate staff according to NHS Grampian policies.

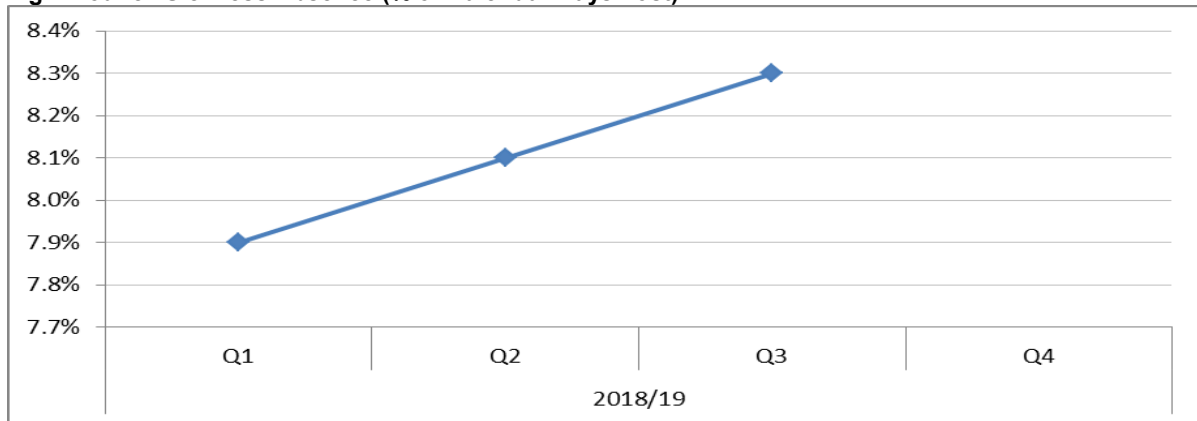
Fig 6 NHS Sickness Absence % of Hours Lost



L21 Council Sickness Absence (% of Calendar Days Lost)

The percentage of days lost in the council contracted staff is recorded as 8.3% which is much higher than the Moray Council target of 5.9% and the NHS Grampian target of 4%. The majority of these absences are recorded in the Homecare and Residential Learning Disability groups (1686 out of the 2727 total days lost). While studies into sickness absence have shown that those in the caring profession tend to have higher sickness rates than other sectors, this percentage is very high. Further investigation is being undertaken by the Provider Services Manager to identify specific issues for action, in order to reduce absences across the service and support the management teams in attaining sustainable services and reductions in team absence.

Fig 7 Council Sickness Absence (% of Calendar Days Lost)



As well as ensuring absence management is a standing item on the agenda of the monthly Provider Services management meeting, specific actions have already been undertaken by the internal homecare services management team. To address the absences, staff have met and reviewed the process around how they are conducting back to work interviews and ensuring these are both consistent across the service and compliant with current policies.

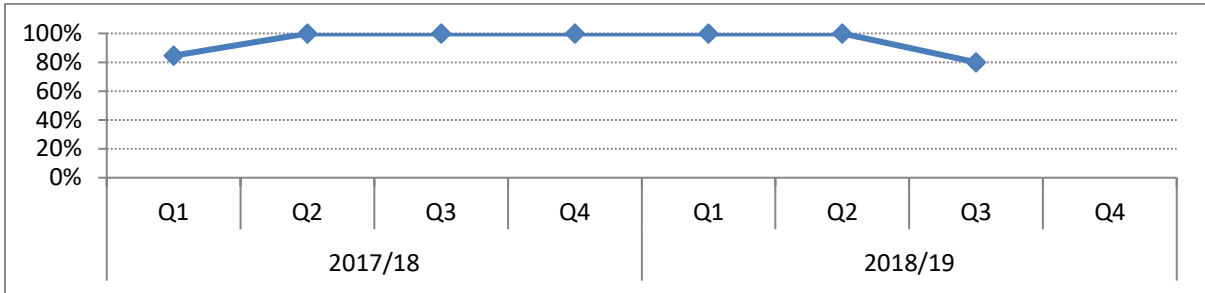
L41 Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral

The adult mental health psychology team have carried a 1.0 whole time equivalent (wte) clinical psychology vacancy since July 2018. This is being advertised for the third time, however, the delay in recruitment has resulted in an increase in the number of people waiting to be seen. This post will not be advertised in the British Psychological Society (BPS) until 18 April 2019 due to a miscommunication regarding deadlines from the advertising agency.

The resignation of the only full time member of staff within primary care had resulted in an increase in the number of people waiting to be seen with additional pressure on the remaining 1.4 wte staff resource. However, additional external funding was secured to appoint a further 0.8 wte member of staff for 11 months who commenced on 28 January 2019 which will alleviate some of the current pressure on the service. Due to time limited funding the 1.0 wte post can only be recruited to for six months and following an unsuccessful recent round of interviews this was re-advertised on 21 February 2019.

This measure has consistently hit 100% in the 5 quarters preceding this and while it is unlikely to reach 100% in Q4, the actions being taken should translate to provide reasonable assurance of a return to 100% in 2019/20.

Fig 8: Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral*



*The number of patients in this cohort is under 10 so cannot be shared publicly.