PERFORMANCE REPORT

QUARTER 4 2019/20

(1ST JANUARY 2020 – 31ST MARCH 2020)

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2. PERFORMANCE SUMMARY

COMMENTARY

Performance within Health and Social Care Moray as demonstrated by the agreed indicators up to the end of quarter 4 of the financial year 2019/20 is generally positive. There are number of indicators (5) that currently have no data available either due to the COVID-19 pandemic interrupting operations and data collection or redirection of resources resulting in analysis and collation of data being delayed.

As the report is intended to address only the performance up to the end of March, much of the impact of the COVID-19 pandemic is not addressed directly here but will be in future reports as further information is validated and published. Many indicators do have uncharacteristic figures in March due to preparations being made and the onset of the pandemic and where possible this has been referenced.

DELAYED DISCHARGE - RED

Up until the end of March the numbers of delayed discharges at census date had been increasing and had hit a high of **43** in February 2020 against a target of **25** and only reduced to **35** in March due to the initial measures put in place to prepare for the COVID-19 pandemic. There is a similar pattern in bed days occupied by delayed discharges which ended at **1,208** against the **781** target.

Further to the onset of the COVID-19 pandemic there has been a national focus on Delayed Discharges in an effort to free up capacity in hospitals. This has resulted in a dramatic reduction in both measures and further information on actions undertaken and results achieved were outlined in Section 5 of the Performance Update Report and Proposed Future Reporting Arrangements presented to the board on 28 May 2020.

EMERGENCY ADMISSIONS - GREEN

Moray continues to perform well in the three measures relating to Emergency Admissions. The Emergency Admission rate per 1,000 population for over 65s is above target of 182, and is marginally lower than quarter 3 (184) at 183.

ACCIDENT AND EMERGENCY - GREEN

The A&E Attendance rate per 1000 population reduced significantly in the final quarter of 2019/20. The monthly data suggests that while the March data was impacted by the COVID-19 pandemic reaching the lowest number of attendances since February 2018 there was a reduction from December through January and into February.

HOSPITAL READMISSIONS - GREEN

While the two indicators in this measure are both below target for this quarter the general trend for both 7 and 28 day readmissions has been increasing steadily over the past 18 months. This increase can be attributed entirely due to an increase in the percentage being readmitted within 7 days of discharge and the percentage being readmitted from 8 to 28 days of discharge is in fact decreasing.

While COVID-19 will impact these figures an investigation and further analysis of the figures behind this measure is now underway and will be expanded upon in the quarter 1 2020/21 Performance Report.

UNMET NEED – NO DATA

The indicators relating to this barometer are in development and will be in place for the quarter 1 2020/21 report.

OUTSTANDING ASSESSMENTS – NO DATA

The indicators relating to this barometer are in development and will be in place for the quarter 1 2020/21 report.

MENTAL HEALTH - RED

For the last two quarters only **20%** of patients commenced Psychological Therapy Treatment within 18 weeks of referral. As reported previously there have been significant capacity issues in adult mental health but after a two year vacancy a new psychologist is now in post and this should begin to address and improve waiting times to be back in line with target.

At the outset of Covid-19 all psychological therapies staff across Grampian were redeployed to support the Psychological Resilience Hub while still delivering critical functions within their own areas.

The majority of Moray staff have now been released from this function and are working on triaging their waiting lists in line with Scottish Government guidance. We would anticipate an improvement in these figures in the coming months as we consider a new way of working within the service.

STAFF MANAGEMENT – NO UPDATE

Due to the increased workload within HR departments in responding to the COVID-19 pandemic, data regarding this measure has not been made available at the time of writing this report.

INDICATOR SUMMARY

Moray currently has 14 local indicators. Of these 5 are Green, 1 is Amber and 3 are Red. The remaining 5 indicators currently have no data due to being new and under development or due to no resource available within the relevant service to collate and provide the data. Those that are under development will be updated and presented in the quarter 1 2020/21 Performance Report.

Figure 2 – Performance Summary

Code	Barometer (Indicators)	Strategic Theme	Q1 19-20	Q2 19-20	Q3 19-20	Q4 19-20	Target	RAG
DD	**Delayed Discharge**	**Red - Worsening Trend**						
DD-01	Number of delayed discharges (including code 9, Census snapshot, at end of quarter)	2: HOME FIRST	27	28	33	**35**	25	R ▲
DD-02	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population	2: HOME FIRST	768	751	971	**1,208**	781	R ▲
EA	**Emergency Admissions**	**Green - Worsening Trend**						
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	2: HOME FIRST	2,117	2,097	2,112	**2,173**	2242	G ▲
EA-02	Emergency Admissions rate per 1000 population for over 65s	2: HOME FIRST	177	179	184	**183**	182	A ▼
EA-03	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	2: HOME FIRST	123	123	126	**125**	127	G ▼
AE	**Accident and Emergency**	**Green - Improving Trend**						
AE-01	A&E Attendance rate per day per 1000 population (All Ages)	1: BUILDING RESILIENCE	64.1	66.3	69.1	**60.7**	62	G ▼
HR	**Hospital Re-Admissions**	**Green - Improving Trend**						
HR-01	% of Emergency Readmissions to hospital within 28 days - Moray Patients	1: BUILDING RESILIENCE	7.41%	8.27%	9.82%	**6.16%**	7.5%	G ▼
HR-02	% of Emergency Readmissions to hospital for within 7 days Moray Patients	1: BUILDING RESILIENCE	4.28%	4.53%	5.77%	**3.45%**	3.5%	G ▼
UN	**Unmet Need**	**N/A**						
UN-01	Number of Long Term Home Care hours unmet at weekly Snapshot	3: PARTNERS IN CARE	N/A	N/A	N/A	**N/A**	Data only for first year	N/A
UN-02	Number of People requiring Long Term homecare hours unmet at weekly Snapshot	3: PARTNERS IN CARE	N/A	N/A	N/A	**N/A**	Data only for first year	N/A
OA	**Outstanding Assessments**	**N/A**						
OA-01	Number of Reviews Outstanding at monthly snapshot	3: PARTNERS IN CARE	N/A	N/A	N/A	**N/A**	Data only for first year	N/A
MH	**Mental Health**	**Red - Stable Trend**						
MH-01	Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral	1: BUILDING RESILIENCE	73%	78%	20%	**20%**	90%	R -
SM	**Staff Management**	**N/A**						
SM-01	NHS Sickness Absence (% of Hours Lost)	1: BUILDING RESILIENCE	3.9%	3.8%	4.7%	**N/A**	4%	N/A
SM-02	Council Sickness Absence (% of Calendar Days Lost)	1: BUILDING RESILIENCE	7.7%	8.8%	8.0%	**N/A**	4%	N/A

3. DELAYED DISCHARGE

Trend Analysis

The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to 43 people at the February 2020 census. This is comprised of 43 delays in total, 7 of which are for Code 9 reasons (Adults with incapacity) and 36 for Health and Social Care reasons.

Post quarter 4 update: As at the end of May 2020 operational data has the number of Delayed Discharges at 14. Data in relation to Delayed Discharges is being reported to senior management on a daily basis.

Operational Actions and Maintenance

Prior to COVID-19 HSCM were already committed to reducing the time patients spent delayed in hospital who did not need to be in hospital whilst also increasing the accessibility of systems delivering safe, legal and person-centred discharge.

Following a whole system workshop held in July 2019 it was agreed a wider system approach was required. A prioritised action plan was taken forward from the outcomes of this session with actions including:

- Social Workers prioritising the assessment of those in hospital and extra resource directed to the Hospital Discharge Team. The Team Manager is also carrying out assessments.
- Care homes have been engaged in providing interim care. The Commissioning Team were in talks with providers as they were able to refuse to take on new residents even when they might have space.
- An alternative to keeping guardianships in hospital is to have an NHS contract with care homes. The commissioning process was being applied to investigate and source this extra resource.
- Extra focus was being put on ensuring that minor adaptations are carried out for those in hospital.

Narrative for the indicators below does not include data beyond the end of March 2020 as verified and published data for this will be presented in the Quarter 1 2020/21 Performance Report which covers the period of April to June 2020.

Action Timescales

At the onset of the COVID-19 pandemic in Scotland there was a clear instruction from Scottish Government to reduce Delayed Discharges to free up capacity in hospitals. This superseded all previous planning and accelerated a number of initiatives.

Actions undertaken and the results of which are outlined in Section 5 of the Performance Update Report and Proposed Future Reporting Arrangements presented to this board on 28 May 2020. The last week of March falls into this period and the reduction in both measures is evidenced in the data.

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%)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	Q4 (Jan-Mar 20)	RAG Status
25	32	27	28	33	35	R▲

Figure 1

Delayed Discharge Census by Delay Reason

Moray

Ages 18+
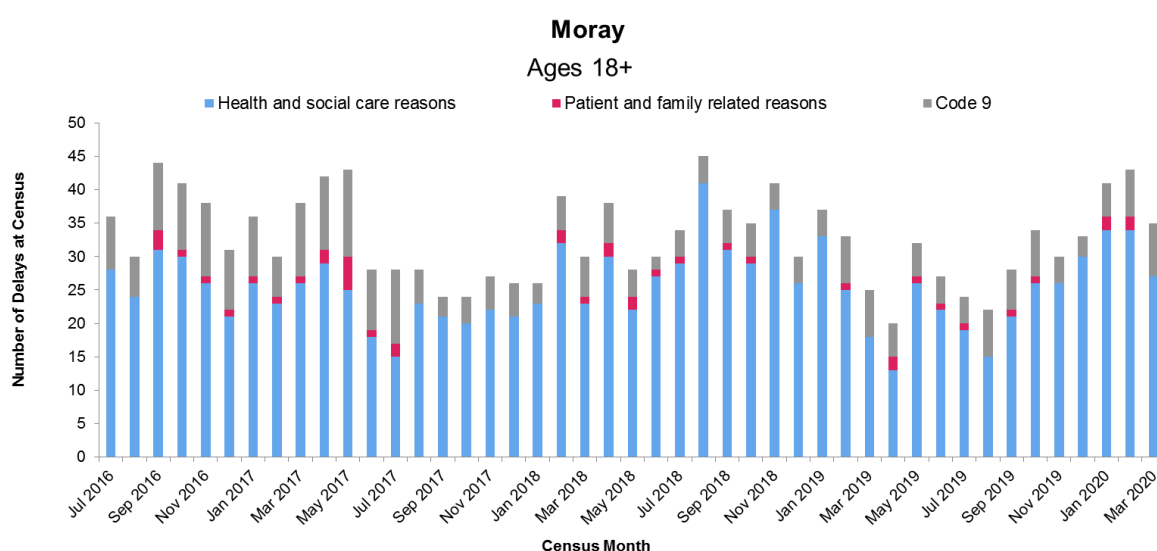
Indicator Trend

The number of people Delayed at Census Date has varied over the last 3 years between 25 and 40, with some peaks of 45. More recently a low of 20 was achieved in April 2019 but this appears to have been a one-time occurrence and there has been a steady but significant increasing trend with February 2020 having 43 people delayed at census date. This is the third highest figure recorded in the three years since the change in data definition.

The March 2020 figure is reduced, at least in part, due to onset of accelerated actions in preparation for the expected COVID-19 crisis in the last week of that month.

Scotland Trend	Quarter 4 data in Scotland has a similar peak in Jan and Feb 2020.
Peer Group	Performance varies across the peer group with some peaks in Jan and Feb 2020 but the general trend is not as pronounced in those cases and is often decreasing.
Data Frequency	Monthly
Last Reported	March 2020 (Quarter 4 2019/20)
Next Update Due	June 2020 for April 2020 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%)	**Q4 (Jan-Mar 19)**	**Q1 (Apr-Jun 19)**	**Q2 (Jul-Sep 19)**	**Q3 (Oct-Dec 19)**	**Q4 (Jan-Mar 20)**	**RAG Status**
781	**673**	**768**	**751**	**971**	**1,208**	**R ▲**

Figure 2

Bed Days Occupied by Delayed Discharges
July 2016 - May 2020
Moray
Ages: 18+
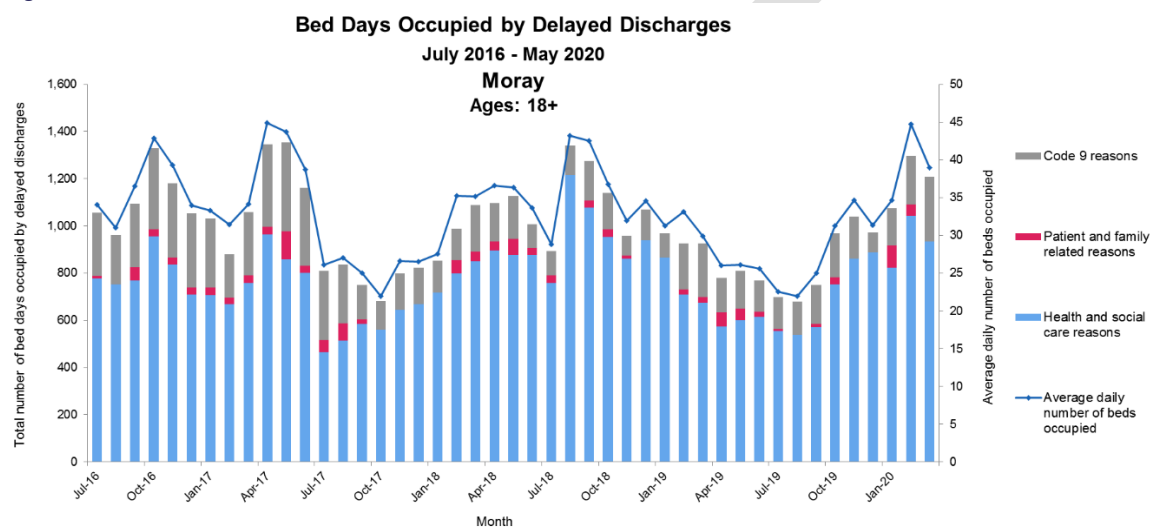
Indicator Trend

This indicator has been steadily increasing since August 2019 and was at its highest level since August 2018 in February 2020. As with DD-01 there was a decrease in March 2020 which reflected the measures being put in place in response to Covid-19.

Scotland Trend	Scotland has not varied significantly in this indicator since July 2019 and while there was a small bump in bed days in Jan/Feb 2020 it was not as dramatic as that seen in Moray.
Family Group	Performance varies across the peer group but the general trends are not as pronounced in those cases and is often decreasing.
Data Frequency	Monthly
Last Reported	March 2020 (Quarter 4 2019/20)
Next Update Due	June 2020 for April 2020 data
Source	Public Health Scotland

4. EMERGENCY ADMISSIONS

Trend Analysis
The three indicators that fall under this barometer all show generally positive quarterly figures. The emergency admissions rate for those over 65 and the rate of emergency occupied bed days have both had slight increases they do compare favourably to the 2018/19 rates. The increasing admissions rate combined with an even smaller increasing number of people being admitted would suggest that those who are admitted have been admitted more times than previously. This is mirrored in the Emergency Re-Admissions Barometer indicators. The number of emergency bed days has not, however, increased. During the COVID-19 pandemic there will be an expected decrease in the attendances.

| Operational Actions and Maintenance |
|---|
| No actions have been outlined to specifically improve this measure. |

Action Timescales
No timelines have been set to address this measure.

EA-01: RATE OF EMERGENCY OCCUPIED BED DAYS FOR OVER 65S PER 1000 POPULATION

Purpose	UC-E1, E2 and E3 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%)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	Q4 (Jan-Mar 20)	RAG Status
2,242	**2,149**	**2,117**	**2,097**	**2,112**	**2,173**	**G▲**

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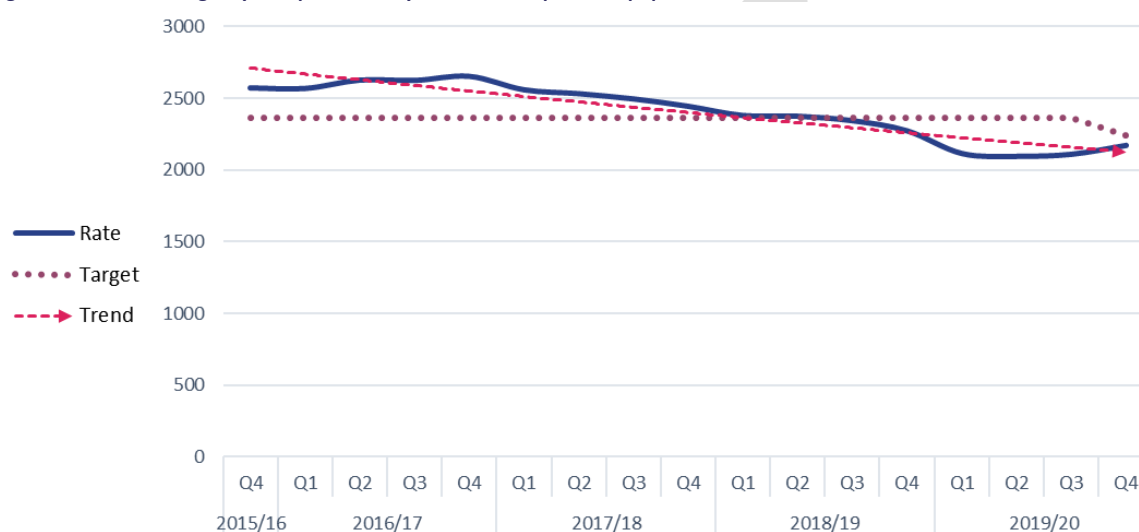
Indicator Trend

There has been a decreasing trend in this indicator over the past 4 years and despite small increases in the last two quarters the quarter 4 2020 figure is still below any quarter prior to 2019/20 and is still below the target of 2,242.

Scotland Trend	Not Available
Peer Group	Not Available
Data Frequency	Quarterly
Last Reported	Quarter 4 2019/20
Next Update Due	June 2020 for quarter 1 2020/21 data
Source	Health Intelligence

EA-02: EMERGENCY ADMISSIONS RATE PER 1000 POPULATION FOR OVER 65S

Purpose	UC-E1, E2 and E3 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%)	**Q4 (Jan-Mar 19)**	**Q1 (Apr-Jun 19)**	**Q2 (Jul-Sep 19)**	**Q3 (Oct-Dec 19)**	**Q4 (Jan-Mar 20)**	**RAG Status**
182	**182**	**177**	**179**	**184**	**183**	**A▼**

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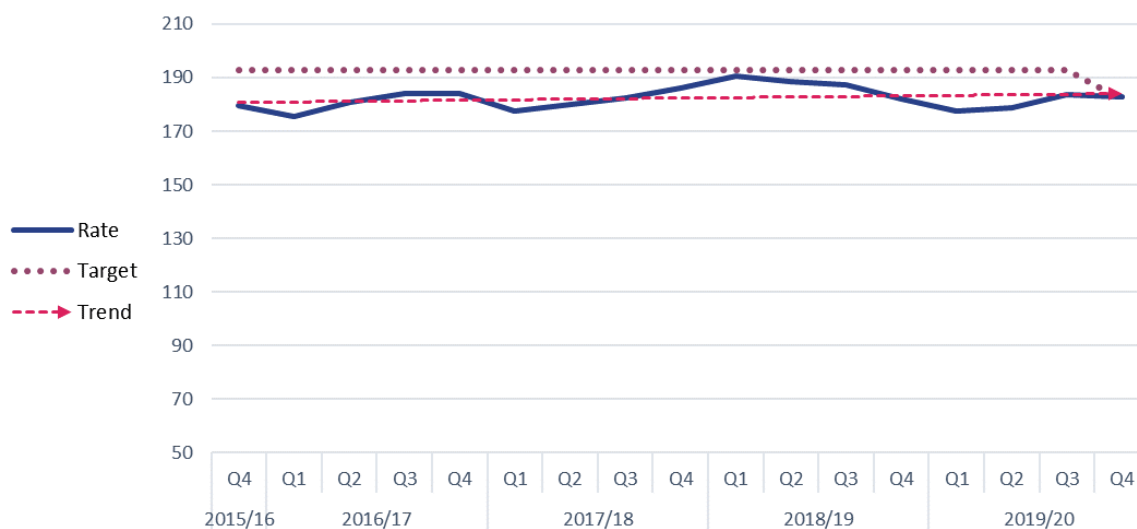
Indicator Trend

This indicator has had a generally increasing trend and despite a small decrease this quarter is now tracking above the new target of 182.

Scotland Trend	Not Available
Peer Group	Not Available
Data Frequency	Quarterly
Last Reported	Quarter 4 2019/20
Next Update Due	June 2020 for quarter 1 2020/21 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	UC-E1, E2 and E3 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%)	**Q4 (Jan-Mar 19)**	**Q1 (Apr-Jun 19)**	**Q2 (Jul-Sep 19)**	**Q3 (Oct-Dec 19)**	**Q4 (Jan-Mar 20)**	**RAG Status**
127	**127**	**123**	**123**	**126**	**125**	**G▼**

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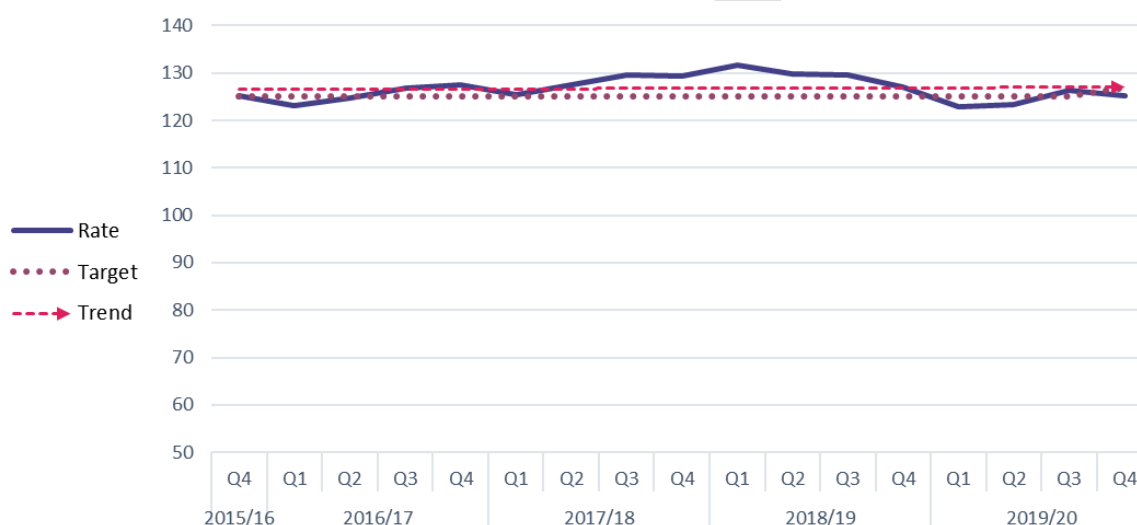
Indicator Trend	

There has not been any significant movement in this measure in the last year and while the recent trend might show an increase the rate is still lower than all reported quarters prior to 2019/20.

Scotland Trend	Not Available
Peer Group	Not Available
Data Frequency	Quarterly
Last Reported	Quarter 4 2019/20
Next Update Due	June 2020 for quarter 1 2020/21 data
Source	Health Intelligence

5. ACCIDENT AND EMERGENCY

| Trend Analysis |
| --- |
| There has been a very definite increasing trend in the rate of those attending the ED and this peaked in December 2019. It is likely this figure would not have decreased as significantly as it did in quarter 4 but it is likely the COVID-19 pandemic had some impact on this.

Up until now the steady increase in attendances across Scotland has been attributed to an ageing population. Moray has a larger 65+ population than the Scottish average and this will impact local figures. |
| **Operational Actions and Maintenance** |
| The MIJB Transformational Plan 2019-29 has Unscheduled Care as a key aim, stretch goal and actions underway include shifting unnecessary unplanned hospital activity to preventative, 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 have been identified. |

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	1: BUILDING RESILIENCE	Linked Indicator(s)	HR-01, HR-02

National Health & Wellbeing Outcomes		1, 2, 3, 5	

Target (+10%)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	Q4 (Jan-Mar 20)	RAG Status
62	59.4	64.1	66.3	69.1	60.7	G▼

Figure 6 - A&E Attendance rates per 1000 population (All Ages)
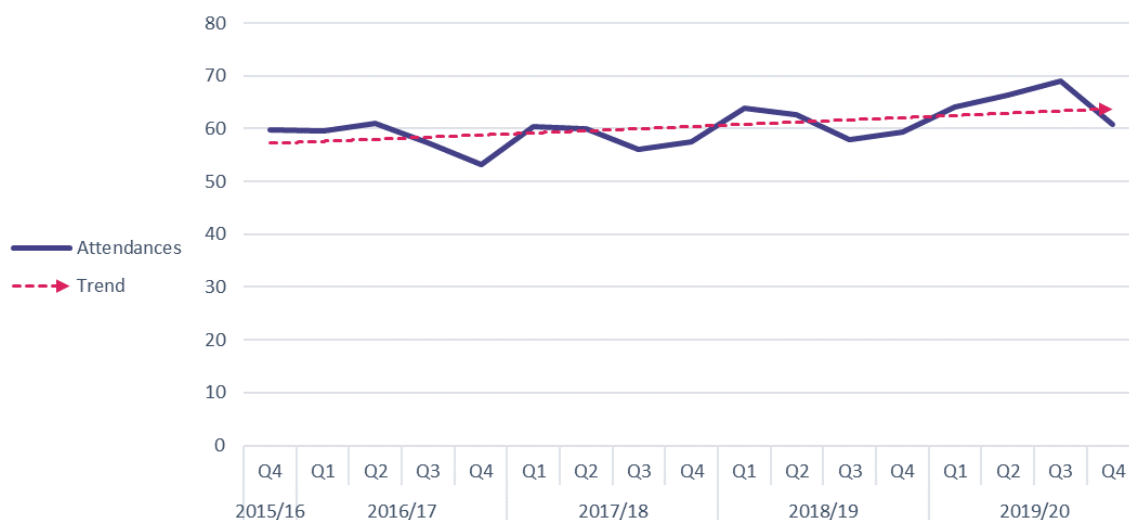
Indicator Trend

This indicator has been increasing at a steady rate for the past 4 years with predictable seasonal variance up until a significant increase in Q3 2019/20 when a decrease was expected.

| Scotland Trend	Nationally, Scotland has had a steadily increasing number of attendances to A&E over the past 4 years with the same seasonal variances as Moray.
Peer Group	Unknown
Data Frequency	Monthly
Last Reported	March 2020 (Quarter 4 2019/20)
Next Update Due	June 2020 for April 2020 data
Source	Public Health Scotland

6. HOSPITAL READMISSIONS

Trend Analysis

The number of readmissions to hospital has increased from 2018/19 to 2019/20. The percentage of discharges that were readmitted within 28 days increased 0.59% to 8.01% in 2019/20. The percentage of those who were discharged and readmitted within 7 days increased at a greater rate of 0.66% to 4.31%.

When mapped against each other it is clear that the increase in readmissions is entirely due to those being readmitted within 7 days, whilst a reduction can be seen in those being readmitted between 8 and 28 days.

Figure 7 - Hospital Readmissions within 28 days
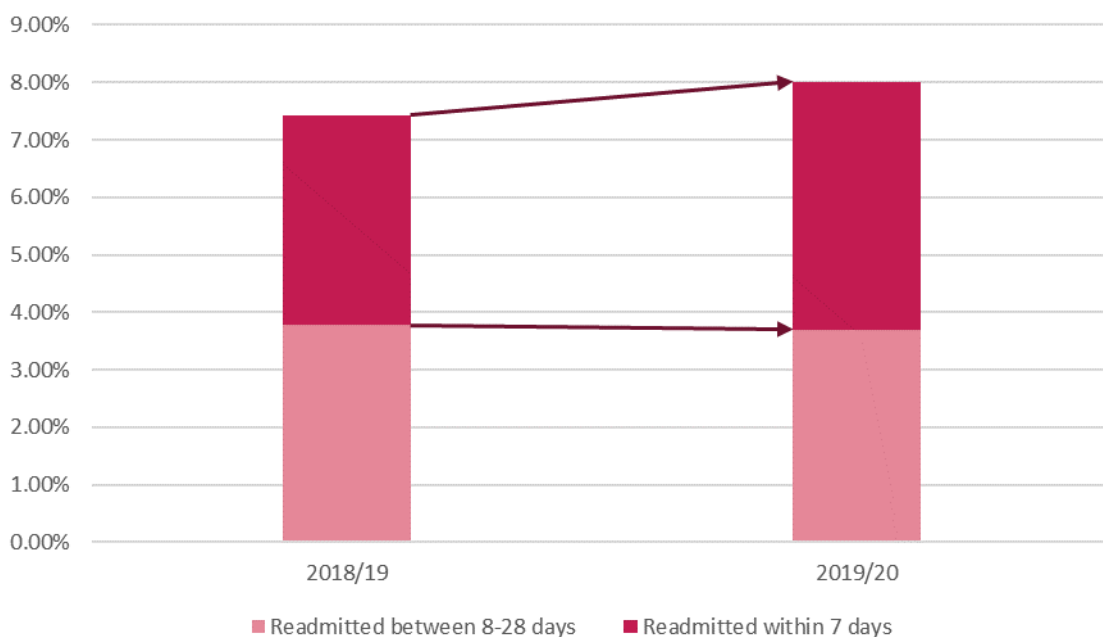
Operational Actions and Maintenance

Reducing re-admissions requires a cross system approach and is addressed in the Unscheduled Care stretch goal in the MIJB Transformational Plan 2019-29. Key actions that will impact this measure include positive team co-ordination to ensure appropriate care and available housing and adaptations are in place on initial discharge.

Action Timescales

An update will be made in the quarter 1 2020/21 Performance Report.

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

Purpose	Readmissions 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-02, AE-01	
National Health & Wellbeing Outcome			1, 2, 3, 5			
Target	**Q4 (Jan-Mar 19)**	**Q1 (Apr-Jun 19)**	**Q2 (Jul-Sep 19)**	**Q3 (Oct-Dec 19)**	**Q4 (Jan-Mar 20)**	**RAG Status**
For Info	**8.18%**	**7.91%**	**7.60%**	**9.06%**	**7.44%**	**N/A**

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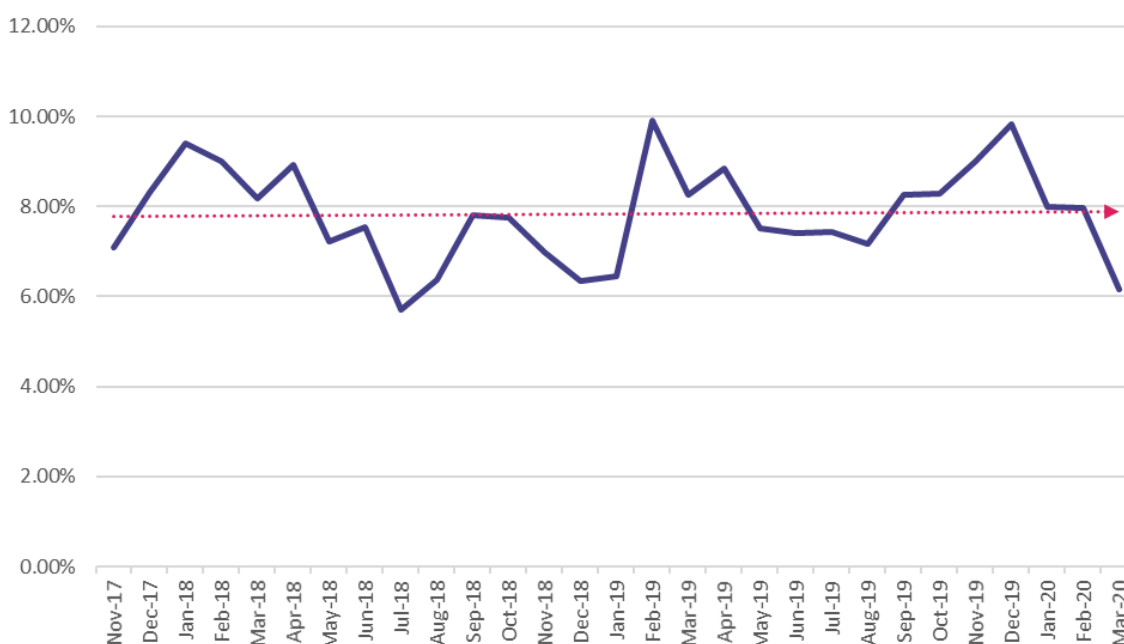
Indicator Trend	

This measure has varied significantly over the past two years and aside from the dip in the March figures and what appears to be a seasonal variance there is an increasing trend in the percentage of those discharged who are then readmitted within 28 days. The increase from 2018/19 to 2019/20 is 7.43% to 8.01%. This translates to an extra 118 people being readmitted to hospital after being discharged in year.

Scotland Trend	Unknown
Peer Group	Unknown
Data Frequency	Monthly
Period Last Reported	March 2020 (Quarter 4 2019/20)
Next Update Due	June 2020 for April 2020 data
Source	Health Intelligence

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

Purpose	Readmissions 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	**Q4 (Jan-Mar 19)**	**Q1 (Apr-Jun 19)**	**Q2 (Jul-Sep 19)**	**Q3 (Oct-Dec 19)**	**Q4 (Jan-Mar 20)**	**RAG Status**
For Info	**4.26%**	**4.39%**	**3.72%**	**5.04%**	**4.06%**	**N/A**

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

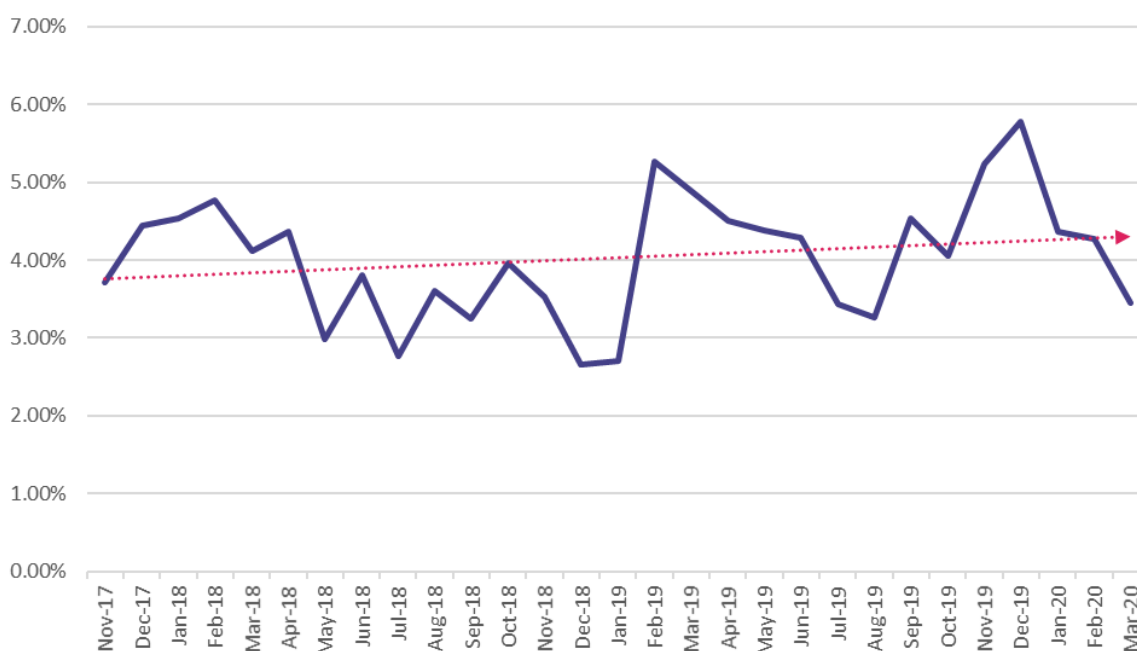| Indicator Trend	

As with the 28 day measure this indicator has varied significantly over the past two years and aside from the dip in the march figures and what appears to be seasonal variance there is an increasing trend in the percentage of those discharged who are then readmitted within 28 days. The increase from 2018/19 to 2019/20 is 3.65% to 4.31%. This translates to an extra 113 people being readmitted to hospital after being discharged in year.

This means that of the 118 extra discharges being readmitted within 28 days, only 5 of them were readmitted outside of 7 days (8 to 28 days).

Scotland Trend	Unknown
Peer Group	Unknown
Data Frequency	Monthly
Last Reported	March 2020 (Quarter 4 2019/20)
Next Update Due	June 2020 for April 2020 data
Source	Health Intelligence

7. UNMET NEED

Trend Analysis
Data not available for reporting
Operational Actions and Maintenance
The data for this measure is currently being recorded and a system is being put in place to validate and ensure regular reporting.
Action Timescales
It is expected the data will be in a state to report on in time for the quarter 1 2020/21 report.

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	1: BUILDING RESILIENCE	**Linked Indicator(s)**	UN-02			
National Health & Wellbeing Outcome		1, 2, 3, 5				

Target	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	Q4 (Jan-Mar 20)	RAG Status
For Info	ND	ND	ND	ND	ND	**N/A**

Indicator Trend	
No Data	
Scotland Trend	Unavailable
Peer Group	Unavailable
Data Frequency	Monthly
Last Reported	N/A
Next Update Due	June 2020
Source	TBC

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	1: BUILDING RESILIENCE		Linked Indicator(s)	UN-01	

National Health & Wellbeing Outcome		1, 2, 3, 5			

Target	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	Q4 (Jan-Mar 20)	RAG Status
For Info	ND	ND	ND	ND	ND	N/A

Indicator Trend	
No Data	
Scotland Trend	Unavailable
Peer Group	Unavailable
Data Frequency	Monthly
Last Reported	N/A
Next Update Due	June 2020
Source	TBC

8. OUTSTANDING ASSESSMENTS

Trend Analysis
Data not available for reporting
Operational Actions and Maintenance
The data for this measure is currently being recorded and a system is being put in place to validate and ensure regular reporting.
Action Timescales
It is expected the data will be in a state to report on in time for the quarter 1 2020/21 report.

OA-01: NUMBER OF OUTSTANDING ASSESSMENTS (COMMUNITY CARE REVIEWS, SUPPORT PLANS…)

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 primary and acute services.					
Strategic Priority	3: PARTNERS IN CARE		**Linked Indicator(s)**			
National Health & Wellbeing Outcome			1, 2, 3, 5			
Target	**Q4 (Jan-Mar 19)**	**Q1 (Apr-Jun 19)**	**Q2 (Jul-Sep 19)**	**Q3 (Oct-Dec 19)**	**Q4 (Jan-Mar 20)**	**RAG Status**
For Info	ND	ND	ND	ND	ND	**N/A**

Indicator Trend	
No Data	
Scotland Trend	Not Available
Peer Group	Not Available
Data Frequency	Monthly
Last Reported	N/A
Next Update Due	June 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 an all-time low of only 20%. |
| **Operational Actions and Maintenance** |
| As reported previously there have been significant capacity issues in adult mental health but after a two year vacancy a new psychologist is now in post and this should begin to address and improve waiting times to be back in line with target.

At the outset of Covid-19 all psychological therapies staff across Grampian were redeployed to support the Psychological Resilience Hub, alongside delivering critical functions within their own areas.

The majority of Moray staff have now been released from this function and are working on triaging their waiting lists in line with Scottish Government guidance. |
| **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	1: BUILDING RESILIENCE		Linked Indicator(s)			
National Health & Wellbeing Outcome			1, 2, 3, 5			
Target (-5%)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	Q4 (Jan-Mar 20)	RAG Status
For Info	78%	73%	78%	20%	20%	R -

Figure 10 - Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral (adults only)
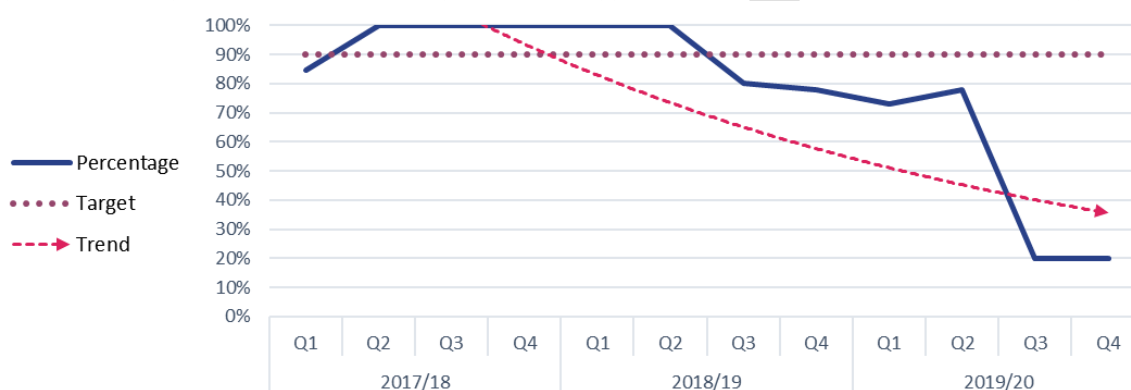
Indicator Trend	
This indicator has seen a dramatic decrease in the past two quarters after hovering 20% below target for a year.	
Scotland Trend	Unavailable
Peer Group	Unavailable
Data Frequency	Quarterly
Last Reported	Quarter 4 2019/20
Next Update Due	June 2020 for quarter 1 2020/21 data
Source	Health 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. NHSG had hit target two quarters in a row the most recent data has the absence rate at 4.7% against a target of 4.0% |
| **Operational Actions and Maintenance** |
| Currently there are no actions underway to address this. |
| **Action Timescales** |
| It is expected that an update for both indicators will be available for the quarter 1 2020/21 Performance Report. |

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%)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	Q4 (Jan-Mar 20)	RAG Status
4%	**3.8%**	**3.9%**	**3.8%**	**4.7%**	No Data	**No Data**

Figure 11 - NHS Sickness Absence % of Hours Lost
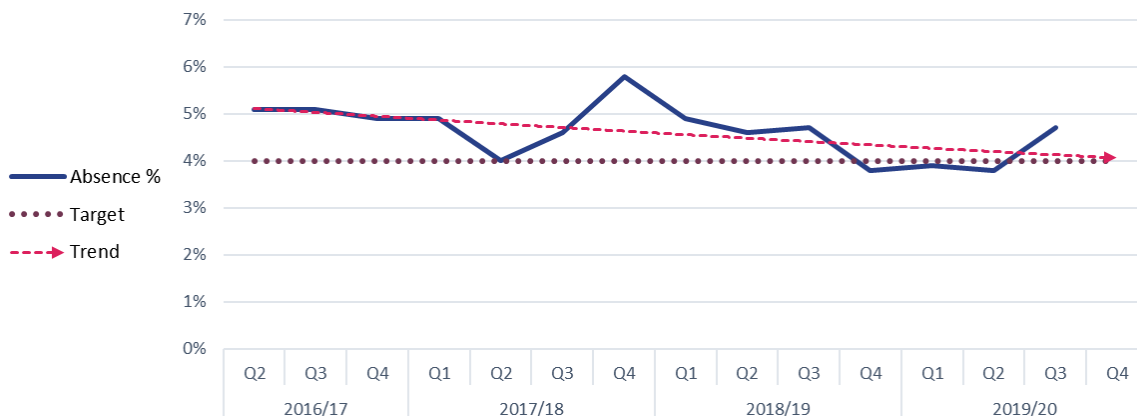
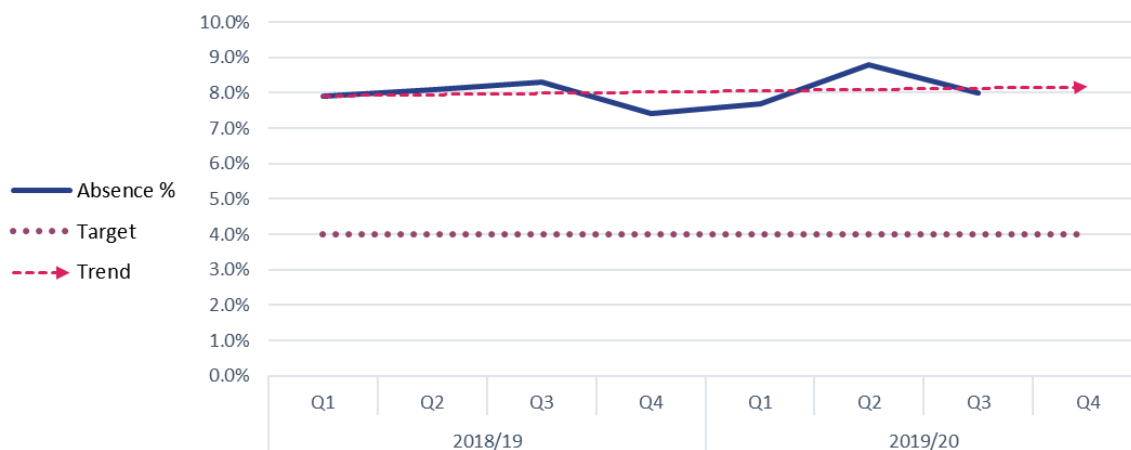| Indicator Trend |
|---|
| Despite an increase in quarter 3 there is still a decreasing trend in this indicator. |

Scotland Trend	Unknown
Peer Group	Unknown
Data Frequency	Quarterly
Last Reported	Quarter 3 2019/20
Next Update Due	August 2020 for quarter 4 and quarter 1 2020/21 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	**Q4 (Jan-Mar 19)**	**Q1 (Apr-Jun 19)**	**Q2 (Jul-Sep 19)**	**Q3 (Oct-Dec 19)**	**Q4 (Jan-Mar 20)**	**RAG Status**
For Info	**7.4%**	**7.7%**	**8.8%**	**8.0%**	**No Data**	**No Data**

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

Indicator Trend

This indicator remains well above target and even though there was a decrease in quarter 3 the trend is still an increasing one.

Scotland Trend	Unknown
Peer Group	Unknown
Data Frequency	Quarterly
Period Last Reported	Quarter 3 2019/20
Next Update Due	August 2020 for quarter 4 2019/20 and quarter 1 2020/21 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

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 WELL-BEING.

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.