



REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 31 MARCH 2022

SUBJECT: QUARTER 3 (OCTOBER TO DECEMBER 2021) PERFORMANCE REPORT

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

- 1.1 To update the Audit, Performance and Risk (AP&R) Committee on performance as at Quarter 3 (October to December 2021).

2. RECOMMENDATION

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

- i) the performance of local indicators for Quarter 3 (October to December 2021) as presented in the Performance Report at APPENDIX 1;**
- ii) the analysis of the local indicators that have been highlighted and actions being undertaken to address performance that is outside of acceptable target ranges as detailed in APPENDIX 1;**
- iii) the introduction of management dashboards using the Pentana Risk software to enable managers to monitor performance (an example is at APPENDIX 2);**

3. BACKGROUND

- 3.1 The purpose of this report is to ensure the Moray Integration Joint Board (MIJB) fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and on the programme of work as set out in its Strategic Plan.
- 3.2 **APPENDIX 1** identifies local indicators for the MIJB and the functions delegated by NHS Grampian and Moray Council, to allow wider scrutiny by the Board.

4. **KEY MATTERS RELEVANT TO RECOMMENDATION**

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

<i>RAG scoring based on the following criteria:</i>	
GREEN	If Moray is performing better than target.
AMBER	If Moray is performing worse than target but within agreed tolerance.
RED	If Moray is performing worse than target by more than agreed tolerance.

- 4.2 The detailed performance report for quarter 3 is attached in **APPENDIX 1**.

Summary

- 4.3 Performance within Health and Social Care Moray (HSCM) as demonstrated by the agreed indicators up to the end of quarter 3 of the financial year 2021/22 is showing as variable. Three of the indicators are presenting as green, 3 are amber and 4 are red. This represents a reduced performance compared to Quarter 2 and is a reflection of the significant additional pressure placed on the service during quarter 3.
- 4.4 Figure 1 provides a summary and the historical trend by indicator since quarter 3 of year 2020/2021. A summary of performance for each of the 6 reporting categories is provided below. Two of these areas are presenting as green, while one is Amber and the other 3 are red.

EMERGENCY DEPARTMENT - GREEN

There has been a slight decrease in the rate per 1,000 this quarter from 21.7 to 20.0, meeting the target but still well above the number presenting at the same period last year. Since June last year the trend has been reducing in gradual steps.

DELAYED DISCHARGES – RED

The number of delays at the December snapshot was 35 (up from 29 at the end of the previous quarter), remaining well above the recently amended target of 10. The number of bed days lost due to delayed discharges was 1142 (up from 784). However, during quarter 4 the number of people experiencing delayed discharge is starting to reduce and will be reported in more detail in next quarter's report.

EMERGENCY ADMISSIONS – AMBER

Since March 2021 there has been a steady increase each month in the rate of emergency occupied bed days for over 65s from 1,773 to 2,045 in December 2021 (just exceeding the target of 2,037 per 1,000 population). However, the emergency admission rate per 1000 population for over 65s has reduced from 190.4 to 187.2 during quarter 3, while the number of people over 65 admitted to hospital in an emergency also reduced from 126.7 to 126.3 over the same period.

HOSPITAL RE-ADMISSIONS - GREEN

Both indicators in this barometer are now green having maintained the improvements noted last quarter. 28-day re-admissions are 8.4% and 7-day re-admissions are at 3.5%.

MENTAL HEALTH – RED

After achieving 100% for the 6 months from December 2020 through to June 2021 there has been a reduction during quarter 3 with 67% of patients being referred within 18 weeks during December 2021.

STAFF MANAGEMENT – RED

NHS employed staff sickness levels have reduced to 5.5%, still above the target of 4%. Council employed staff sickness levels have risen slightly to 8.05% from 7.8% last quarter, remaining above the 4% target.

Figure 1 – Performance Summary

Health and Social Care Moray Performance Report									
Code	Barometer (Indicator)	Q3 2021 Oct-Dec	Q4 2021 Jan-Mar	Q1 2122 Apr-Jun	Q2 2122 Jul-Sep	Q3 2122 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)	16.8	17.8	23.5	21.7	20.0	no change	21.7	G
DD	Delayed Discharges								
DD-01	Number of delayed discharges (including code 9) at census point	23	17	19	29	35	no change	10	R
DD-02	Number of bed days occupied by delayed discharges (including code 9) at census point	672	496	592	784	1142	no change	304	R
EA	Emergency Admissions								
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	1881	1773	1859	1934	2045	2037	2107	A
EA-02	Emergency admission rate per 1000 population for over 65s	179.5	174.8	185.9	190.4	187.2	179.9	179.8	A
EA-03	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	122.5	119.3	124.1	126.7	126.3	123.4	124.6	A
HR	Hospital Readmissions								
HR-01	% Emergency readmissions to hospital within 7 days of discharge	4.3%	5.0%	4.4%	4.1%	3.5%	no change	4.2%	G
HR-02	% Emergency readmissions to hospital within 28 days of discharge	9.3%	9.8%	9.2%	8.4%	8.4%	no change	8.4%	G
MH	Mental Health								
MH-01	% of patients commencing Psychological Therapy Treatment within 18 weeks of referral	100%	100%	100%	100%	67%	no change	90%	R
SM	Staff Management								
SM-01	NHS Sickness Absence (% of hours lost)	3.6%	3.1%	4.2%	6.0%	5.5%	no change	4%	R

AREAS NOT MEETING TARGETS

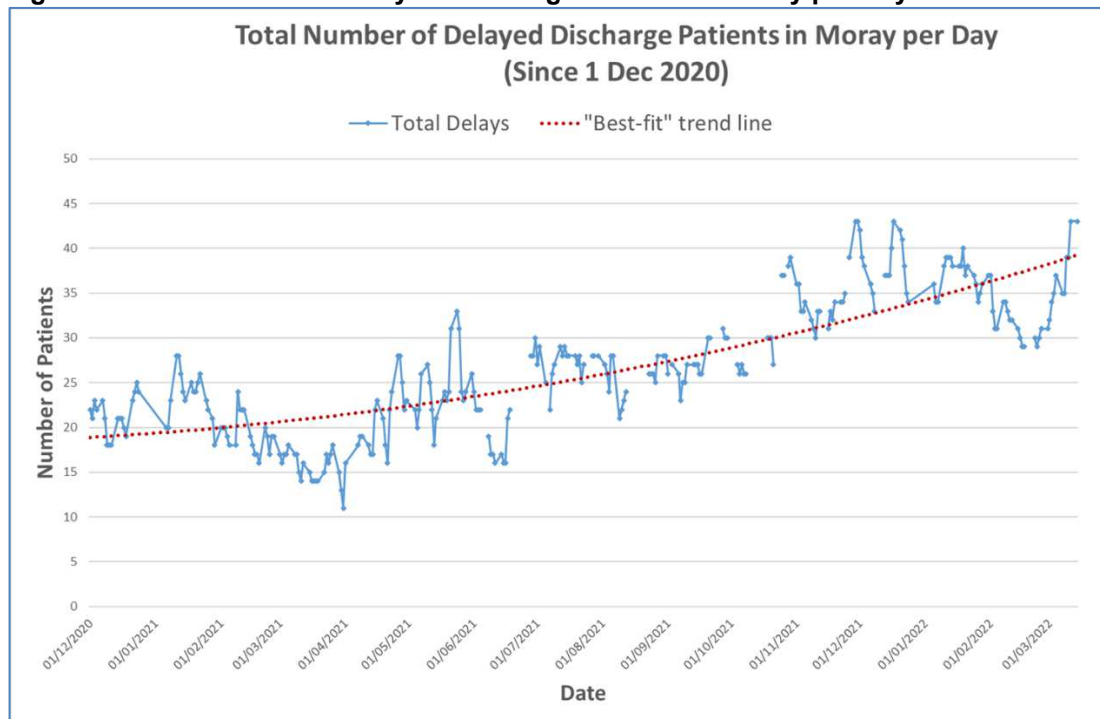
Delayed Discharge

- 4.5 As predicted in the previous report the two indicators shown under the Delayed Discharge heading (DD-01 and DD-02) continue to be red and remain above the new targets set at the end of quarter 3 of 2020/21. The reasons for the above target levels remain the same; there has been an additional demand from the increase in COVID-19 cases linked to the Omicron variant, together with the reported increase in frailty and more complex needs of patients. Both factors have placed additional pressure on the service. Staff absences due to sickness (COVID-19, self-isolation and non-COVID-19 related illnesses) remained high during quarter 3, while COVID-19 guidelines and staff absences at care homes continued to limit the number of beds available for people to be discharged to, or for care at home packages to be put in place.

- 4.6 At the end of quarter 3 seven of the 14 care homes were at 'Red' status for COVID-19 and unable to receive residents, and the remaining 7 were Amber.

- 4.7 In the previous report the measures to manage the rising numbers were discussed, and the signs so far in quarter 4 were that the worst may be over with numbers starting to reduce during January and February. However, the recent spike in COVID-19 numbers allied to increasing staff absences has prevented some care homes from being able to take in residents and the delivery of care services has been disrupted. The latest data show the trend is rising once again (Figure 1).

Figure 1: Total Number of Delayed Discharge Patients in Moray per Day



- 4.8 Figure 1 indicates how much higher the numbers of patients each day who face a delayed discharge from hospital than they were last winter, indicating the scale of the task faced by health and social care teams.

Emergency Admissions

- 4.9 Emergency Admission rates for the over 65s (EA-02) have reduced during quarter 3, finally halting the rapid rise in numbers that occurred between March and August 2021. Note that the rate of 187.2 per 1,000 population remains above the target based on the 2019 average of 179.9 per 1,000 population. Similarly, the number of people admitted as an emergency over 65 years old (EA-03) has followed a similar trend. This indicator was showing a consistent downward trend but between February and July 2021, the trend reversed and increased rapidly. During quarter 3 the rate has stabilised between 126 and 127 per 1,000 population, just above the target of 123.4 per 1,000 population (also based on the 2019 average). Note that the Emergency Occupied Bed Days for over 65s (EA-01) has been increasing steadily since the start of 2021 and at the end of quarter 3 had just exceeded the target of 2,037 per 1,000 population. This is a reversal of the previous trend that had showed a gradual decrease since January 2019.
- 4.10 Emergency admissions were uncharacteristically low during 2020 due to the impact of the COVID-19 pandemic and are now closer to the rates experienced in earlier years. Daily admissions to the Emergency Department (ED) during quarter 3 were reasonably stable, fluctuating around 20 per day

with a high of 27 and a low of 9. However, it appears that patients are presenting with higher acuity, either because they are more acutely unwell, or their condition has deteriorated more than previously. They require longer stays in hospital and additional interventions and diagnostics. The lack of available care in community settings is resulting in extended length of stay in Dr Gray's Hospital (DGH) for patients that have been assessed by the multi-disciplinary team as ready to leave an acute setting. This in turn reduces our capacity for new patients requiring admission from ED and is creating crowding in the department, extensive breaches of the 4-hour ED standard and delays to the Scottish Ambulance Service (SAS) handover with ambulances unable to offload patients into ED as soon as they arrive at DGH. This in turn compromises SAS ability to respond to emergency calls and clinical transfer demands across the region. The Royal College of Emergency Medicine published a report in November 2021 highlighting the safety implications of ED crowding¹. Their concerns are encapsulated by the following comments in the introduction to the report:

'...crowding is dangerous. It is undignified and inhumane for patients who are left waiting for treatment in precarious circumstances. Crowding is associated with increased mortality and increased hospital length of stay. As well as impairing the efficiency of hospitals, it contributes to staff burnout, moral injury, and to the loss of highly skilled emergency care professionals.'

Mental Health

- 4.11 There was a reduction in the percentage of patients receiving psychological therapy treatment within 18 weeks (MH-01) during quarter 3 from 100% at the end of the previous quarter to 67% at the end of December 2021. This reduction is in contrast to the first 6 months of 2021 when the percentage meeting the 18-week timescale was consistently 100%.
- 4.12 Referrals into adult mental health continue whilst operating on reduced capacity due to vacancies and ongoing clinical care of open patients. Analysis of demand is being undertaken to determine gaps in service delivery. One member of secondary care staff continues to be deployed one day per week to the Psychological Resilience Hub. This will be reviewed if there is an impact on secondary care delivery. Primary care staff continue to be redeployed to the Psychological Resilience Hub but a plan to withdraw from this is in progress and they will no longer offer support from 1 April 2022.
- 4.13 There are ongoing difficulties with recruitment to psychological therapies posts in primary and secondary care services alongside increased demand. Online groups are running within the service to support waiting list management when clinically appropriate

Staff Management

- 4.14 Sickness levels amongst both NHS and Council-employed staff increased during quarter 3, which may be linked, amongst other factors, to the continuing high number of cases of COVID-19 being reported in Moray each

¹RCEM Acute Insight Series: Crowding and its Consequences, November 2021 https://rcem.ac.uk/wp-content/uploads/2021/11/RCEM_Why_Emergency_Department_Crowding_Matters.pdf

day. At the end of quarter 3 the figure was 2,082 cases (equivalent to 2,175 per 100,000 population), 4% above the national rate of 2,093 per 100,000 population.

- 4.15 At the end of quarter 3 Moray vaccination rates for all residents aged 12 years old and over remained just above the Scottish average rates for 1st and 2nd dose vaccinations at 92.2% and 84.7% respectively (compared to 91.6% and 84% for Scotland)². In Moray 65.7% of the population have had a third vaccination, compared to 62.6% nationally. There was a marked rise in hospital admissions in Scotland during December 2021, similar to the same period in 2020. However, the peak this winter was lower than the peak last year and there were half the numbers being admitted to ICU this winter, perhaps suggesting the vaccination programme has been effective in reducing the severity of symptoms.
- 4.16 The average absence due to sickness for all Moray Council staff since May 2020 was 6.6% at the end of quarter 3. This is just above the Scottish average of 5.9% for the same period and above the pre-pandemic levels. The rising level of absence reported in quarter 2 continued into quarter 3 reaching 8.0%. Over the same period NHS staff absences due to sickness reduced from 6.0% in quarter 2 to 5.5%. As reported previously, the pandemic continues to affect the delivery of health and social care in Moray with both staff and service users being affected, requiring periods of self-isolation to be managed, the continuing use of PPE, additional work pressure on the staff who are available and increased anxiety on the part of some service users.
- 4.17 Managers have been faced with daily challenges to find staff to allocate to rosters and to maintain the delivery of their services, and to prioritise the services being provided. The data currently being collected during quarter 4 suggest that the worst may be over, but managers will face the challenge of close management of their staff to meet demand for some time to come.
- 4.18 An appeal for volunteers to support the Health and Social Care Team was being prepared in quarter 3 ready for release to Moray Council staff early in the New Year. There would be opportunities for staff to redeploy to assist Social Care teams, but due to the critical situation with the provision of care volunteers would be sought on a temporary basis to undertake Social Care Assistant posts. The outcome of this appeal and the support that was provided will be included in the quarter 4 report to this committee.
- 4.19 To illustrate the issues being faced one of the HSCM services has provided a comparison of days lost from October to December 2021 with the same period in 2020 and 2019 (Table 1). The absences during quarter 3 this year are an order of magnitude higher than previously encountered and have taken exceptional measures to provide the required cover. These measures have included using relief staff to cover core hours and recruiting additional relief staff to cover holiday and sickness absences. Some of the relief staff have been given temporary contracts to provide an acceptable level of continuity. It should be noted that the absences include 7 core staff members who have been signed off from work for long-term conditions, including stress, which is

² <https://coronavirus.data.gov.uk/details/vaccinations?areaType=nation&areaName=Scotland> Data to 31 December 2021.

the first time the service has encountered staff being signed off for such reasons.

Table 1: Example of absence due to sickness in one service during a 3-month snapshot (2019-21) (days absent)

YEAR	October	November	December
2021	140 days	140 days	160 days
2020	3 days	5 days	21 days
2019	13 days	0 days	20 days

- 4.20 In the previous report to the committee, it was noted that some additional funding was due from the Scottish Government for Care@Home in the community. Recruitment has been underway in recent weeks and is expected to start making a difference later in quarter 4 once staff are taken on, having been trained and ready to be rostered on shifts. Recent analysis of staff retention shows that rates in Moray are high with 85.6% of staff employed in April 2020 still working within the team. This compares favourably to the 2020 Scottish Social Service Sector index for the Care at Home sector that indicated 82.2% of employees remained in the same post they held in 2019. However, although retention of staff is not a major issue for Moray there has been a reduction of 400 contracted hours since April 2020. Staff have cited a number of reasons including wanting a better work-life balance, fatigue and being burnt-out.
- 4.21 Additional resourcing is being put in place in Dr Gray's Hospital to undertake social care assessments before discharge of patients. The addition of an agency social worker and an additional day each week for an existing member of staff is expected to deal with those who are waiting for an assessment and meet the continuing demand.
- 4.22 Due to the continued and increasing pressures on staffing across HSCM focussed effort is being put into collation and identification of potential staffing pressures across HSCM services, especially when there are high levels of community transmission of Covid. The key staffing information regarding annual leave, sickness absences, covid related absences and vacancies in order to obtain the necessary management information to inform decisions regarding the allocation of staff resources. This was instigated in January 2022 and is being overseen by SMT.

PERFORMANCE MANAGEMENT DASHBOARDS

- 4.23 Moray Council uses Pentana Risk software to track and record performance indicators and progress on implementing service plan actions. The software enables information to be collated and presented to enable managers for teams and services to monitor performance for their area of responsibility and take action accordingly. The data are presented in graphical and tabular form on "portals" that provide managers with bespoke performance management dashboards. The framework for the dashboards is being developed, and a proof-of-concept dashboard has been developed for Adult Support and Protection (**APPENDIX 2**). The intention is to develop similar dashboards in conjunction with managers for the remaining services and to provide

overarching dashboards that will be reported to senior managers and committees.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Moray Partners in Care 2019 – 2029”

Performance management reporting is a legislative requirement under section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014.

In addition to publishing an Annual Performance Report, the Moray Integration Scheme requires that the MIJB will “monitor the performance of the delivery of integrated services using the Strategic Plan on an ongoing basis” (para 5.2.2 of the Moray Integration Scheme refers).

(b) Policy and Legal

None directly associated with this report.

(c) Financial implications

None directly associated with this report.

(d) Risk Implications and Mitigation

There are no risk issues arising directly from this report. The long-term impact of the COVID-19 on the Health and Social Care system are still unknown and performance measurement will remain flexible to enable the service to be prepared and react to any future developments.

(e) Staffing Implications

None directly associated with this report.

(f) Property

None directly associated with this report.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not required for the Performance Framework because there will be no impact, as a result of the report, on people with protected characteristics.

(h) Climate Change and Biodiversity Impacts

No climate change or biodiversity implications have been determined for this policy/activity. It should be noted that extreme weather events, such as the recent storms, are expected to occur more frequently and with greater ferocity in future years. In the longer-term there are likely to be issues with the reduction in availability and increases in costs of fossil fuels that will pose challenges for the delivery of care services to people living in rural areas.

(i) Consultations

For Health and Social Care Moray the Chief Officer, Chief Financial Officer, Corporate Officer and Service Managers in relation to respective areas have been consulted as has Tracey Sutherland, Committee

Services Officer, Moray Council. Their comments incorporated in the report.

6. CONCLUSION

- 6.1 This report provides the MIJB with an overview of the performance of specified Local and National indicators and outlines actions to be undertaken to improve performance in Section 1 and expanded on in APPENDIX 1. The report also introduces the MIJB to the management dashboards that are being developed, and which will be developed further in the coming months.**

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Background Papers: Available on request

Ref: