



REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 26 AUGUST 2021

SUBJECT: QUARTER 1 (APRIL TO JUNE 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 1 (April to June 2021).

2. RECOMMENDATION

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

- i) the performance of local indicators for Quarter 1 (April – June 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; and**
- iii) the published National Indicators for Moray for calendar year 2020 are included in 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.

RAG scoring based on the following criteria:

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 1 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 1 of the financial year 2021/22 is showing as variable. While four of the indicators are presenting as green, one is amber and 4 are now red.

4.4 The two indicators shown under the Delayed Discharge heading (DD-01 and DD-02) are red and are above the new targets set at the end of quarter 3 of 2020/21. There had been a decrease in both measures for the previous 3 quarters and a significant decrease in comparison to the quarter 4 figure at 2019/20. In April and May there was an increase in delays which then fell during June. There are several factors contributing to the delays, but there are considerable efforts being made with a continued focus on sustaining progress made and working to reduce these figures. Examples include proactive daily monitoring of Community Hospital waiting lists, exploration of options for patient transport for discharges and transfers, an area that is proving to be challenging, ICT solutions for prescriptions for patient discharge continues to be progressed with E-Health and process mapping work at both Grampian and Moray levels to identify improvement opportunities.

4.5 Hospital Re-admissions (HR-01 and HR-02) relate to the rates for Moray residents of % emergency readmissions to hospital in a given month, within 7 or 28 days of a previous discharge. A detailed explanation was provided to this committee on 25 March 2021 (para 6 of the minute refers). The rates continue to remain high as anticipated because elective admissions have not restarted. It is predicted an improvement will be shown once elective admissions and treatment restart, which will result in the total discharges from hospital increasing. The restarting of elective care has been delayed due to the impact of water quality issues in Ward 7 of Dr Gray's which has resulted in 23 beds being taken out of the system for a period until November 2021. This has resulted in increased demands for beds across the Moray system with community hospitals running at increased occupancy rates:-

Hospital	April	May	June
Seafield	86%	91%	99%
Stephen	100%	100%	99%
Turner	92%	85%	85%

Source: Health intelligence

During this period occupancy of care homes has also been over 90% in each month which results in fewer alternative options for care for people.

4.6 The impact of the third Wave of the Covid pandemic has been placing increasing pressure across the system. At the end of June (Qtr 1) there were

early signs of this, but during July there have been sharp increases in demand for assistance with care services from the community and in Accident and Emergency department at Dr Gray's. Elderly people that are now requesting help are found to be more frail and vulnerable and if attending hospital are requiring longer periods of time in hospital before they can be discharged. These factors are placing extreme pressures on hospital services in Moray and in the Care at Home services. In addition, staffing capacity is reduced due to annual leave, which has been prioritised as staff are feeling exhausted and experiencing the effects of the prolonged response to Covid, and increase in general sickness absence with a low number of impacts where staff are isolating or are absent with Covid. The impact of annual leave is usually covered by relief staff however this year people have not had the same availability as in previous years. Further guidance from Scottish Government is awaited on the changes to the rules on self isolation and how they will apply to health and social care staff, if staff can come back to work despite being a close contact of someone with covid, where certain conditions are met and arrangements are put in place in the workplace.

- 4.7 An expanded summary of the local indicators is contained in section 2 of **APPENDIX 1**, along with detailed information for each indicator.
- 4.8 The table below (Figure 1) gives a summary and the historical trend by indicator since quarter 1 year 2020/2021.

Figure 1 – Performance Summary

Health and Social Care Moray Performance Report									
Code	Barometer (Indicator)	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2122	New Target (from Q1 21-22)	Previous Target	RAG
		Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun			
DD	Delayed Discharges								
DD-01	Number of delayed discharges (including code 9) at census point	10	27	23	17	26*	no change	10	R*
DD-02	Number of bed days occupied by delayed discharges (including code 9) at census point	242	803	672	496	770*	no change	304	R*
EA	Emergency Admissions								
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	2037	1994	1881	1773	1773	2037	2107	G
EA-02	Emergency admission rate per 1000 population for over 65s	178.1	178.6	179.5	174.8	170	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	121.7	122.9	122.5	119.3	116.3	123.4	124.6	G
AE	Accident and Emergency								
AE-01	A&E Attendance rate per 1000 population (All Ages)	15.8	17.9	16.8	17.8	23.5	no change	21.7	R
HR	Hospital Readmissions								
HR-01	% Emergency readmissions to hospital within 7 days of discharge	4.4%	4.7%	4.3%	5.0%	4.4%	no change	4.2%	A
HR-02	% Emergency readmissions to hospital within 28 days of discharge	10.9%	9.8%	9.3%	9.8%	9.9%*	no change	8.4%	R
MH	Mental Health								
MH-01	% of patients commencing Psychological Therapy Treatment within 18 weeks of referral	24%	23%	100%	100%	100%	no change	90%	G
SM	Staff Management								
SM-01	NHS Sickness Absence (% of hours lost)	3.1%	3.6%	3.6%	3.1%	No Data	no change	4%	No Data
SM-02	Council Sickness Absence (% of calendar days lost)	6.4%	6.1%	6.1%	6.2%	No Data	no change	4%	No Data

* May data used as end of quarter data is not currently available and verified.

Note: In order to match other national and local data sources indicators are showing the last month in the reporting quarter.

- 4.9 **APPENDIX 2** shows the Moray information for the National Core Suite of Integration Indicators for 2020/21.

4.10 Indicators NI-1 to NI-9 are generated from the Health and Care experience survey 2019/20 (HACE) which is undertaken every two years. The HACE asks about people's experiences of; accessing and using their GP practice and Out of Hours services; aspects of care and support provided by local authorities and other organisations caring responsibilities and related support. In Moray there were 2,237 respondents out of a 6,438 (35% response rate).

Indicators NI-2, NI-3 and NI-4 relating to people supported at home show results above the Scottish average and we have maintain results where people agree they supported to live as independently as possible, increasing performance in relation to people agreeing they had input into how they were supported and that their support is well co-ordinated. In addition we are above the Scottish average and showing a slight increase in performance relating to people receiving a service who rate it as an excellent or good standard.

The result for NI-1, adults able to look after their health very or quite well, we have maintained performance. The remaining indicators are showing a decrease in performance which is not in line with strategic intention. Most concerning is NI-8 relating to carers who feel supported to continue their caring role. Given this survey was conducted prior to the pandemic and its impact on people in the community it is not likely that there will be an improvement in this indicator unless specific and directed action is undertaken. Under the Home First theme funding has been approved by the senior management team for Quarriers for a year, for a Wellbeing Worker who will support discharges by working with unpaid carers and those who perhaps do not currently recognised themselves as carers and provide support, advice and signposting links so that people do not feel unsupported when they, or their family member is back home.

The HSCM senior management team are aware of the challenges with communication and engagement that have been exacerbated during the Covid 19 pandemic and have commenced a review which will incorporate the Scottish Government guidance "Planning with People", to evidence, going forward, the impact of our services received by the people Moray.

4.11 Indicators NI-11, 12, 13, 14, 15, 19 and 20 show Moray is maintaining good performance against the national average during the calendar year 2020. There is a slight increase in Falls rate (NI-16) but this is an area that is closely monitored across Moray hospitals and through the processes in place and the reviews undertaken there is assurance that every effort is being made to mitigate risk for patients in this area. NI-18 relates to the percentage of adults with intensive care needs receiving care at home which has been on a downward trend and is below the Scottish average. Work has just commenced on the Hospital at Home project, following a successful bid for funding from the Scottish Government and it is anticipated that there will be an impact on this indicator once this project progresses to implementation. (Indicators 10, 21, 22 and 23 are not currently reported as either national data is not available or there is not yet a nationally agreed definition).

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) Consultations

Chief Officer, Strategic Planning and Performance Lead/DCO, Chief Financial Officer, Corporate Officer and Service Managers in relation to respective areas, HSCM and Katrina McGillvray, Senior HR advisor and Tracey Sutherland, Committee Services Officer, Moray Council have been consulted and 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.

6.2 The National Core Suite of Integration Indicators for 2021/22 have recently been published and are included.

Author of Report: Jeanette Netherwood, Corporate Manager
Background Papers: Available on request
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