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**REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 25 AUGUST 2022**

**SUBJECT: QUARTER 1 (APRIL TO JUNE 2022) PERFORMANCE REPORT**

**BY: CORPORATE MANAGER**

**1. REASON FOR REPORT**

1.1 To update the Audit, Performance and Risk Committee on performance as at Quarter 1 (April to June 2022).

**2. RECOMMENDATION**

2.1 **It is recommended that the Audit, Performance and Risk Committee consider and note:**

- i) **the performance of local indicators for Quarter 1 (April to June 2022) as presented in the Performance Report at APPENDIX 1; and**
- 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;**

**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, and Green (RAG) traffic light rating system.

<i>RAG scoring based on the following criteria:</i>	
<b>GREEN</b>	If Moray is performing better than target.
<b>AMBER</b>	If Moray is performing worse than target but within agreed tolerance.
<b>RED</b>	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 2022/23 is showing as variable. Three of the indicators are presenting as green, two are amber and five are red. This represents a reduced performance compared to quarters 2 and 3 in 2021/22 and similar to quarter 4. This is a reflection of the pressure being placed on the service that has continued during quarter 1.
- 4.4 Figure 1 provides a summary and the historical trend by indicator since quarter 1 of year 2021/2022. A summary of performance for each of the 6 reporting categories is provided below. None of these areas are presenting as green, while two are amber and the other four are red.

#### **EMERGENCY DEPARTMENT - RED**

- 4.5 There was an increase in the attendance rate per 1,000 this quarter from 20 to 24.3, exceeding the target and above the number presenting at the same period last year. The trend over the past 5 months has been a steady and consistent increase each month, in contrast to the gradual decrease each month in the previous 8 months. This increase in demand will not only put pressure on ED but will undoubtedly have an impact on other services.

#### **DELAYED DISCHARGES – RED**

- 4.6 The number of delays at the June snapshot was 46, unchanged from the previous quarter, remaining well above the revised target of 10. Although the number of bed days lost due to delayed discharges reduced from 1294 last quarter to 1207 this is still 4 times the target. Both indicators are back to the levels last seen in the winter of 2019/20, just before the COVID-19 pandemic regulations were introduced.

#### **EMERGENCY ADMISSIONS – AMBER**

- 4.7 The steady monthly increase in the rate of emergency occupied bed days for over 65s, noted in previous reports, continued this quarter. Since the end of quarter 4 last year the rate has increased from 1,773 to 2,320, exceeding the target of 2,037 per 1,000 population. The emergency admission rate per 1000 population for over 65s has reduced further this quarter from 183 to 177.5. Similarly, the long-term trend for the number of people over 65 admitted to hospital in an emergency in the previous 12 months also reduced from 125.2 to 122 over the same period. Both indicators are now GREEN but given the

continuing increase in the emergency occupied bed-days for over 65s the overall status for the three indicators combined is AMBER.

### HOSPITAL RE-ADMISSIONS - AMBER

- 4.8 The 28-day re-admissions remain on target at 8.3%, while the 7-day re-admissions have just gone over target at 4.3%.

### MENTAL HEALTH – RED

- 4.9 The service has been unable to meet the 18 week LDP<sup>1</sup> target since September 2021. This has declined steadily and in the first quarter of 2022 the % of people who were referred into the service and treated within 18 weeks had fallen to 27%.

### STAFF MANAGEMENT – RED

- 4.10 NHS employed staff sickness levels (to the end of May 2022) have improved from 4.7% to 4.2%, closer to the target of 4%. Council employed staff sickness was 8.9% last quarter, more than double the 4% target

Figure 1 - Performance Summary

Health and Social Care Moray Performance Report									
Code	Barometer (Indicator)	Q1 2122	Q2 2122	Q3 2122	Q4 2122	Q1 2223	New Target	Previous Target	RAG
		Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	(from Q1 2122)	from Q1 2021 or earlier	
<b>AE</b>	<b>Accident and Emergency</b>								
AE-01	A&E Attendance rate per 1000 population (All Ages)	23.5	21.7	20.0	20.0	24.3	no change	21.7	R
<b>DD</b>	<b>Delayed Discharges</b>								
DD-01*	Number of delayed discharges (including code 9) at census point	20	30	39	46	46	no change	10	R
DD-02	Number of bed days occupied by delayed discharges (including code 9) at census point	592	784	1142	1294	1207	no change	304	R
<b>EA</b>	<b>Emergency Admissions</b>								
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	1859	1934	2045	2140	2320	2037	2107	R
EA-02	Emergency admission rate per 1000 population for over 65s	185.9	190.4	187.2	183	177.5	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	124.1	126.7	126.3	125.2	122	123.4	124.6	G
<b>HR</b>	<b>Hospital Readmissions</b>								
HR-01	% Emergency readmissions to hospital within 7 days of discharge	4.4%	4.1%	3.5%	3.4%	4.3%	no change	4.2%	A
HR-02	% Emergency readmissions to hospital within 28 days of discharge	9.2%	8.4%	8.4%	8.0%	8.3%	no change	8.4%	G
<b>MH</b>	<b>Mental Health</b>								
MH-01	% of patients commencing Psychological Therapy Treatment within 18 weeks of referral	100%	100%	67%	33%	27.0%	no change	90%	R
<b>SM</b>	<b>Staff Management</b>								
SM-01	NHS Sickness Absence (% of hours lost)	4.2%	6.0%	5.5%	4.7%	4.2%	no change	4%	A

\*SMO1 data to May 2022

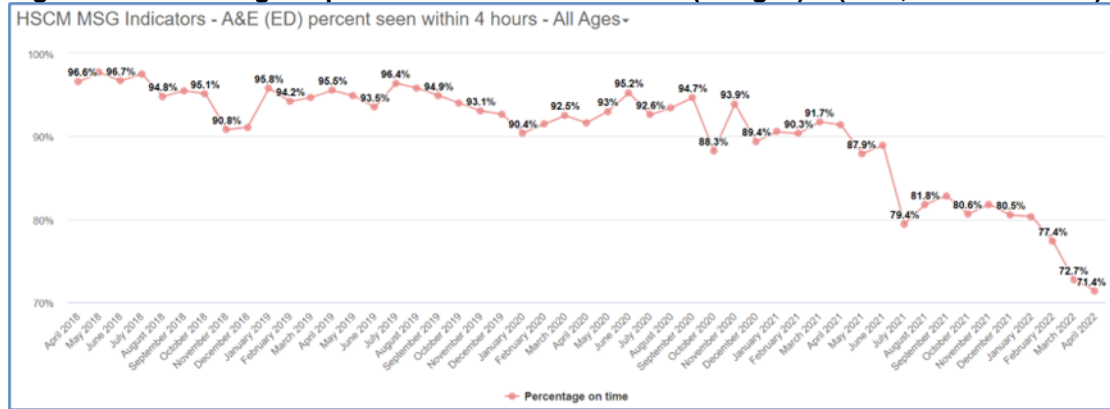
## 5. AREAS NOT MEETING TARGETS

### Emergency Department

- 5.1 The rate per 1,000 population presenting at ED is 24.3, above the required performance level of 21.7 and displaying an increasing trend. In addition, the proportion of patients seen within the 4-hour target time continues to reduce (Figure 2). Prior to March 2020 over 95% of attendees at ED were seen within 4 hours, generally reducing to 90% in the winter months. Since May 2021 this rate has dropped and at the end of quarter 1 was 71.4%. Performance is below target and continues to deteriorate.

<sup>1</sup> Local Delivery Plan Standards; priorities set and agreed between the Scottish Government and NHS Boards. Previously known as HEAT Targets and Standards.

**Figure 2 – Percentage of patients seen within 4 hours (all ages) – (PHS, A&E Datamart)**



- 5.2 The Medicine and Unscheduled service are working closely with the hospital team and wider partnership to improve flow across the hospital. The hospital continues to experience a significant number of breaches within the ED, many attributed to long bed waits, secondary to delayed discharges and an extensive community hospital waiting list. This regularly equates to 30 percent of the bed base at Dr Gray’s Hospital (DGH). The team has re-established daily breach meetings to establish causes and help mitigate recurring trends. They are also working with the discharge coordinator/social work team and wider Moray partnership to review and manage this on a daily basis.
- 5.3 Regular, daily, safety briefs are being held to help address any urgent issues with crowding, Scottish Ambulance Service waits and reduced performance, working across the NHSG systems to establish solutions. Minor patients have been re-directed regularly over the last two months and a review of minor injury patients in Moray/DGH has been commenced under the leadership of the Head of Service HSCM and his team. This is ongoing.
- 5.4 The Medicine and Unscheduled service are also engaging with colleagues across NHSG as part of the redesign of unscheduled care, whilst working to complete the ED service plan which includes plans to reduce the numbers of attendances at ED and improve the performance figures. This includes the design of the rapid assessment and discharge unit based in DGH. This unit will help reduce the pressures faced by ED and improve the flow and performance within the department.
- 5.5 The ED also faced significant recruitment issues which have impacted on the service, requiring locum doctors and agency nurses to be engaged. Staffing is set to improve with some success in recruitment and rota gaps minimised. Regular staffing assurance meetings take place with the hospital manager and the team are active in rota management. Finally, a Business Impact Assessment has been completed to help mitigate the impact of gaps in the rota and to ensure the safety of the department, and the well-being of its staff.

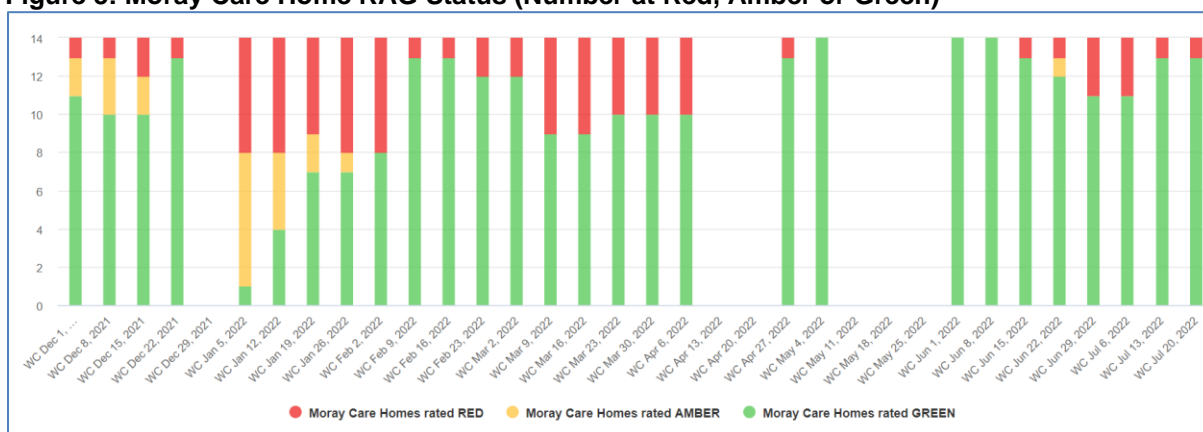
**Delayed Discharge**

- 5.6 The number of people waiting to be discharged from hospital remains high, and there are no indications that the target of 10 people is going to be met soon. The Delayed Discharge indicators (DD-01 and DD-02) continue to be red and remain well above the new targets set at the end of quarter 3 of 2020/21.

5.7 The reasons for the above target levels remain the same; there is an additional demand from the increase in patients presenting with COVID-19 cases linked to the latest variant during the start and end of the quarter (Figure 6 below shows the admissions for Scotland). Previous reports have noted the increased frailty and more complex needs of patients. Staff absences due to sickness (COVID-19, self-isolation and non-COVID-19 related illnesses) remained high for Council staff during quarter 1, although NHS staff absences were close to the target of 4%.

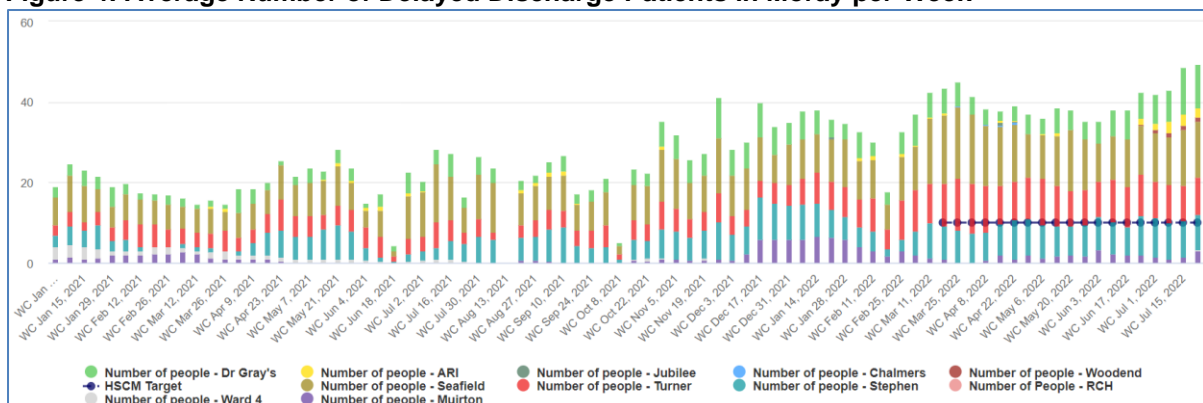
5.8 External providers of care within Moray were also experiencing similar high levels of staff absence as were care homes. This significantly limited the ability to meet the demand for care at home. At the end of quarter 1 three of the 14 care homes were at 'Red' status for COVID-19 and unable to receive residents, and the remaining 11 were 'Green' (Figure 3). Although not ideal, the situation is a significant improvement compared to the end of December 2021 and January 2022.

**Figure 3: Moray Care Home RAG Status (Number at Red, Amber or Green)**



5.9 The measures outlined in previous reports did appear to be reducing the number of delayed discharges. However, by the end of quarter 1 the situation had reversed, and more people were facing delays when ready to be discharged from hospital. The highest number of Moray residents facing delays in being discharged from hospital in quarter 1 was 43 (note that in quarter 2 this figure reached 51 briefly). The magnitude of the problem facing Moray is illustrated at Figure 4, which shows the weekly average number of people experiencing delayed discharge, by hospital.

**Figure 4: Average Number of Delayed Discharge Patients in Moray per Week**

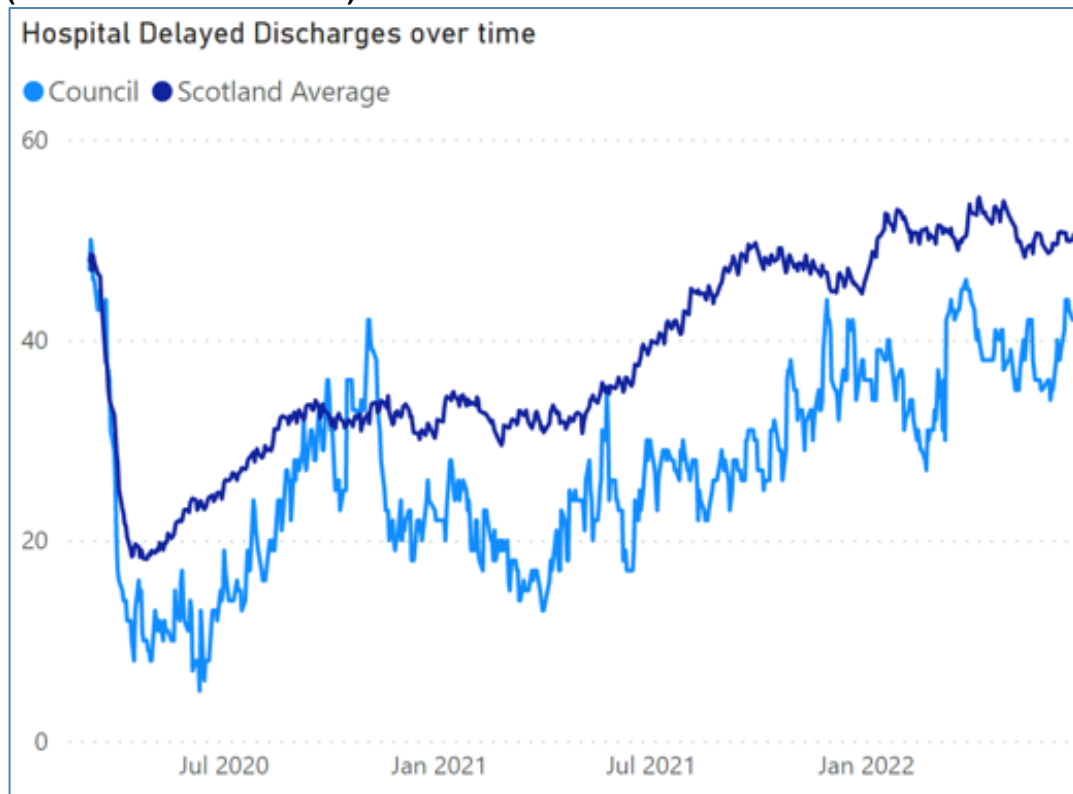


5.10 Figure 4 indicates how many more patients each day are unable to leave hospital when medically fit than in the previous 2 years. This represents a

significant loss of bed–capacity for other medical procedures, for example, and an additional unplanned burden on hospital and social care staff. There are considerable efforts being made across the system to move people to the most appropriate place to meet their needs as quickly as possible, but during quarter 1 staff and managers were still having to make extraordinary arrangements for some people.

- 5.11 To put this in context, at the end of quarter 1 the average across Scotland had risen from 40 in July 2021 to 51, consistently higher than Moray but showing a similar trend (Figure 5).

**Figure 5: Hospital Delayed Discharges over time - Comparison of Scotland and Moray (Scottish Government data)**



### Emergency Admissions

- 5.12 Emergency Admission rates for the over 65s (EA-02) have reduced further during quarter 1, continuing the trend observed in previous quarters. Note that the rate of 177.5 per 1,000 population is now back below the target based on the 2019 average of 179.9 per 1,000 population. Similarly, the number of people in this category admitted during the past 12 months (EA-03) has followed a similar trend. At the end of quarter 1 the rate had reduced to 122 per 1,000 population, below the target of 123.4 per 1,000 population (also based on the 2019 average).
- 5.13 However, the reduction in admissions may be due to the lack of available beds, in part caused by delays in discharging people and also generally high demand. Furthermore, the over 65s admitted for an emergency are staying in hospital longer as evidenced by the Emergency Occupied Bed Days for over 65s (EA-01) indicator. This has been increasing steadily since the start of 2021 and continued to increase each month during quarter 1 reaching a rate of 2,320 bed-days per 1,000 population, exceeding the target of 2,037 per 1,000 population.

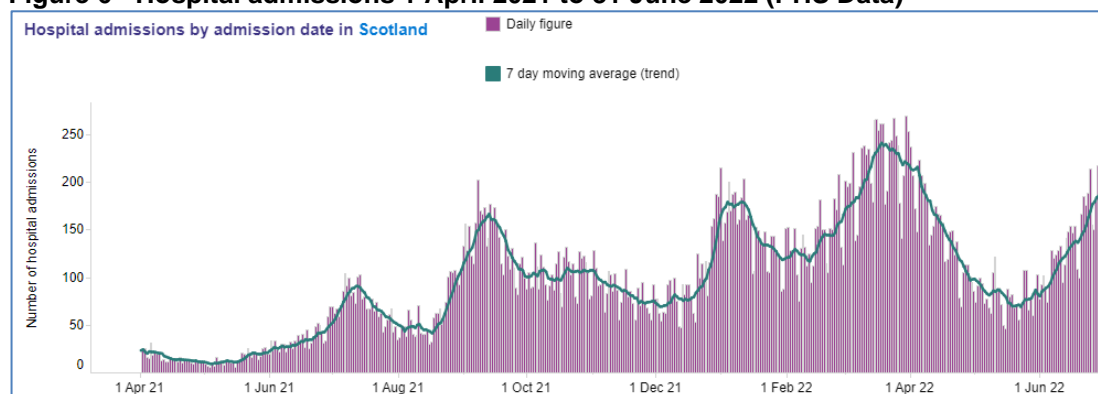
## Mental Health

- 5.14 Referrals continue to be received by the team and they are working hard to reduce waiting times, offering short notice appointments when it is practical to do so.
- 5.15 A workshop was held on 29 June 2022 for all staff delivering psychological therapies in Moray to look at how the position can be improved. Two areas for action were identified, which those present felt would improve access to services and groups were set up to take these work-streams forward. The Moray psychological therapies steering group will reconvene once the work-streams are concluded and plan the next steps.

## Staff Management

- 5.16 With the easing of COVID-19 guidelines and the reduced requirement for LFD<sup>2</sup> and PCR<sup>3</sup> tests it is not possible to compare the data for positive cases with earlier data. However, there was a rise in cases during June that seem to have peaked at the end of quarter 1 suggesting there may be fewer cases, and hence fewer absences due to COVID-19 related causes in quarter 2.
- 5.17 At the end of quarter 1 Moray vaccination rates for all residents aged 12 years old and over were less than the Scottish average rates for 1<sup>st</sup> and 2<sup>nd</sup> dose vaccinations at 89.3% and 85.4% respectively (compared to 95% and 89.1% for Scotland)<sup>4</sup>. In Moray 73.6% of the population have had a third vaccination, close to the national rate of 74.9%.
- 5.18 There was a significant rise in COVID-19 related hospital admissions across Scotland during quarter 4, 2021/22. While numbers started to reduce during April and May there was an upsurge during June 2022 reaching a figure of 197 admissions per day by the end of the quarter. Although lower than the daily admission rate recorded in the previous quarter, this figure is high when compared with other peaks recorded during 2021 (Figure 6). The 7-day average rate of admissions to ICU at the end of the quarter was 5.71 per day, lower than the end of quarter 4 figure of 6.43. However, the number of people being admitted to ICU across Scotland started to rise again during the final week of quarter 1, peaking at 12 per day (still a low figure compared to earlier in the pandemic).<sup>5</sup>

**Figure 6 - Hospital admissions 1 April 2021 to 31 June 2022 (PHS Data)**



<sup>2</sup> Lateral Flow Device

<sup>3</sup> Polymerase Chain Reaction

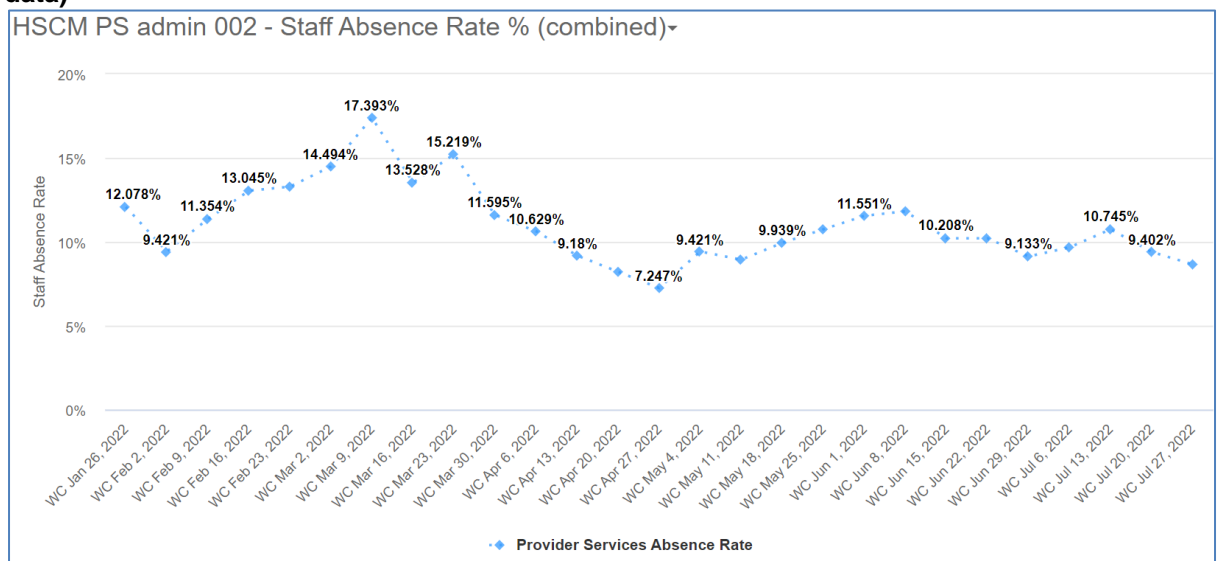
<sup>4</sup> <https://coronavirus.data.gov.uk/details/vaccinations?areaType=nation&areaName=Scotland> Data to 30 June 2022.

<sup>5</sup> Data for this measure is not available for individual local authorities.

5.19 The average absence due to sickness for all Moray Council staff since May 2020 was 6.9% at the end of quarter 1. This is just above the Scottish average of 6.1% for the same period and above the pre-pandemic levels. Sickness absence for Moray Council employed HSCM staff remains high at just below 9%, but NHS staff absences due to sickness are continuing to reduce from 5.5% in quarter 3 down to 4.2% (up to the end of May).

5.20 The locally collected data for Provider Services provides an illustration of the magnitude of the difficulties facing managers in this front-line delivery service (Figure 7). Since the second week in March 2022 there was a steady reduction in absences from over 17% to 7.25% at the end of April. Since then, the percentage rose steadily each week to a peak of 11.6%, but by the end of quarter 1 it was close to the overall Council average at 9.1%. This fluctuating and high level of absence requires close management, with supervisors and managers often having to deliver care.

**Figure 7: Provider Services staff absence rate since 26 January 2022 (service collated data)**



5.21 Managers are still being 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. For example, the Community Nursing Team continues to feel the impact of the national shortage of trained District Nurses. Despite the team offering 3 trainee opportunities this year there were only 2 successful candidates, and they will commence their training in September.

5.22 The secondments for the 2 District Nurse Team leaders currently in post have been extended until end of March. There is a vacancy for one District Nurse Team Leader, and the service has 2 District Nurse posts to recruit to. In addition, four New Graduate nurses are due to start work in the Community hospitals from September (depending on when registration is processed by NMC).

5.23 Recent quarterly reports have highlighted the issues of staff burn-out and the staffing situation facing the HSCM services. There is not much more to add this quarter other than to say that managers and the HR team continue to



spend much of their time on addressing the shortfall in staff and meeting the demand for care. Recruitment is improving and appears to be keeping up with the outflow of people from the service, albeit many remaining within the care sector, and there are indications that social care assistants are starting to request more hours. Analysis is currently being undertaken and a fuller report will be provided next quarter.

## **6. 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) Directions**

There are no directions arising from this report.

**(j) Consultations**

For Health and Social Care Moray the Chief Officer, Corporate Officer and Service Managers in relation to respective areas have been consulted as has Tracey Sutherland, Committee Services Officer, Moray Council and their comments are incorporated in the report.

**7. CONCLUSION**

**7.1 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 4 and expanded on in APPENDIX 1.**

Authors of Report: Sonya Duncan, Corporate Manager  
Carl Bennett, Senior Performance Officer

Background Papers: Available on request

Ref: