Appendix 1

HEALTH & SOCIAL CARE MORAY

PERFORMANCE REPORT - SUPPORTING CHARTS

QUARTER 1 2022/23

(1 APRIL 2022 – 30 JUNE 2022)

NHS Grampian

Moray Council

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1. PERFORMANCE SUMMARY

BAROMETER OVERVIEW

Moray currently has **11 local indicators**. Of these **3 are Green**, **2 are Amber** and **5 are Red**.

Figure 1 - Performance Summary

Health and Social Care Moray Performance Report									
Code	**Barometer (Indicator)**	**Q1 2122** Apr-Jun	**Q2 2122** Jul-Sep	**Q3 2122** Oct-Dec	**Q4 2122** Jan-Mar	**Q1 2223** Apr-Jun	**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)	23.5	21.7	20.0	20.0	24.3	**no change**	**21.7**	**R**
DD	**Delayed Discharges**								
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**
EA	**Emergency Admissions**								
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**
HR	**Hospital Readmissions**								
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**
MH	**Mental Health**								
MH-01	% of patients commencing Psychological Therapy Treatment within 18 weeks of referral	100%	100%	67%	33%	27.0%	**no change**	**90%**	**R**
SM	**Staff Management**								
SM-01	NHS Sickness Absence (% of hours lost)	4.2%	6.0%	5.5%	4.7%	4.2%	**no change**	**4%**	**A**

2. DELAYED DISCHARGE - RED

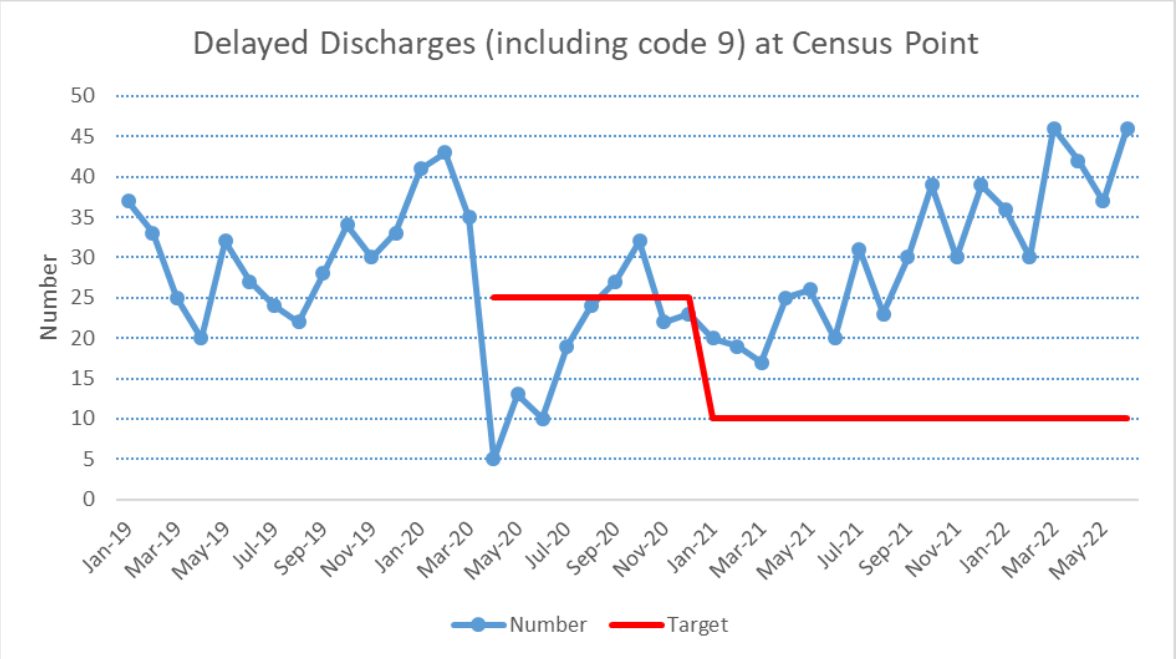
Trend Analysis

The number of delays at snapshot (46) was the same as at the end of quarter 4 2021/22. The number of bed days lost due to delayed discharges reduced from 1294 to 1207. Both indicators remain over 4 times the target.

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		

Figure 2 – Delayed Discharges



Indicator Trend – Increasing

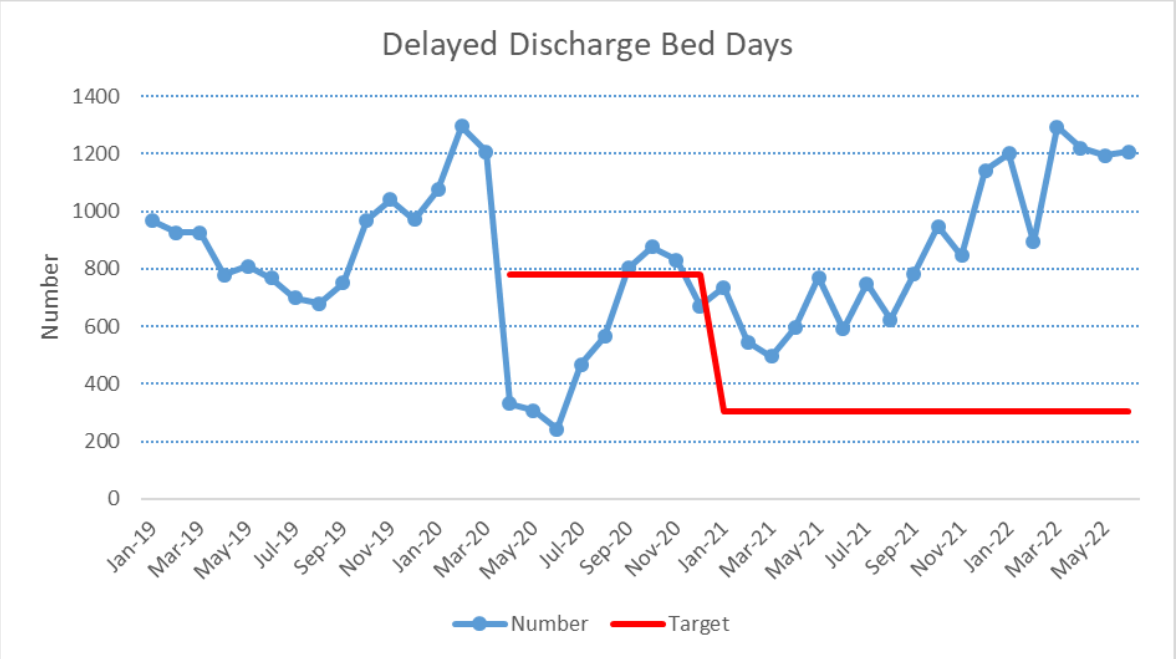
Despite some volatility in numbers from month to month the underlying trend for the number of people experiencing Delayed Discharge had been steadily increasing since the end of Quarter 4 2020/21. However, ….

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		

Figure 3 – Delayed Discharge Bed-days



Indicator Trend – Increasing

The number of bed-days are over 4 times the target number of days and have remained at around 1200 throughout Q1.

Source	Public Health Scotland

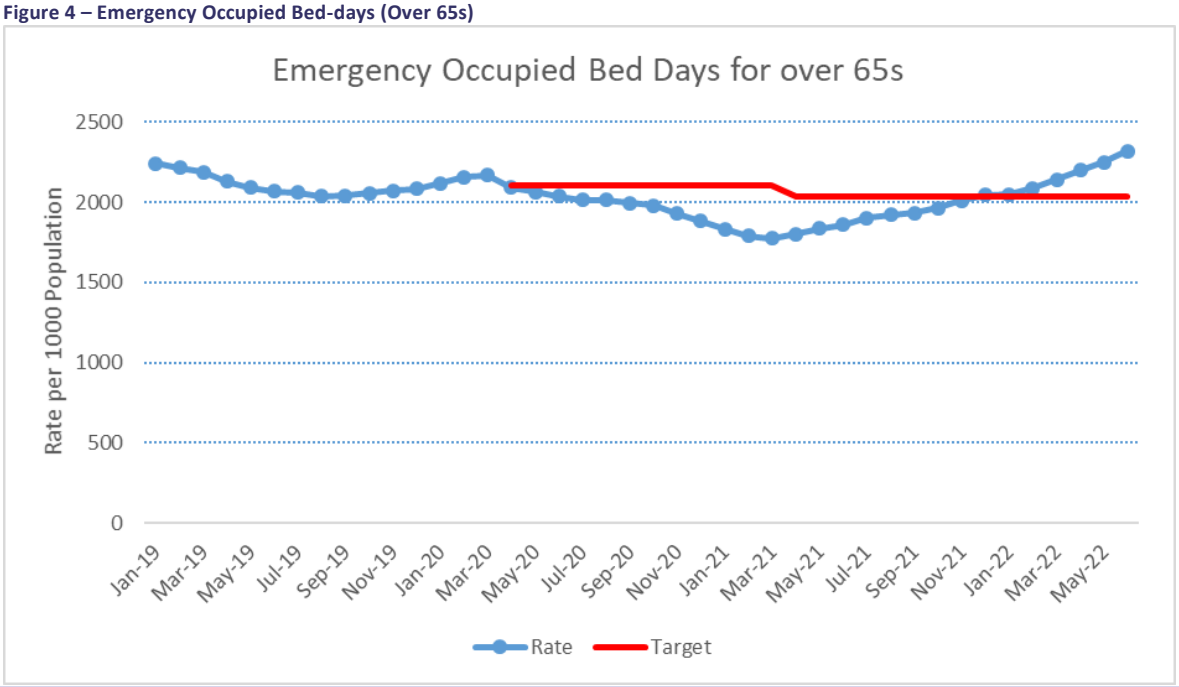
3. EMERGENCY ADMISSIONS - AMBER

Trend Analysis

Since March 2021 there has been a steady increase each month in the rate of emergency occupied bed days for over 65s and the rate increased during quarter 1 from **2,140** to **2,320** in June 2022. However, the emergency admission rate per 1000 population for over 65s has reduced from **183** to **177.5** over the same period, while the number of people over 65 admitted to hospital in an emergency also reduced from **125.2** to **122**.

EA-01: RATE OF EMERGENCY OCCUPIED BED DAYS FOR OVER 65s PER 1000 POPULATION			
Purpose	EA-01, EA-02, and EA-03 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		

Figure 4 – Emergency Occupied Bed-days (Over 65s)



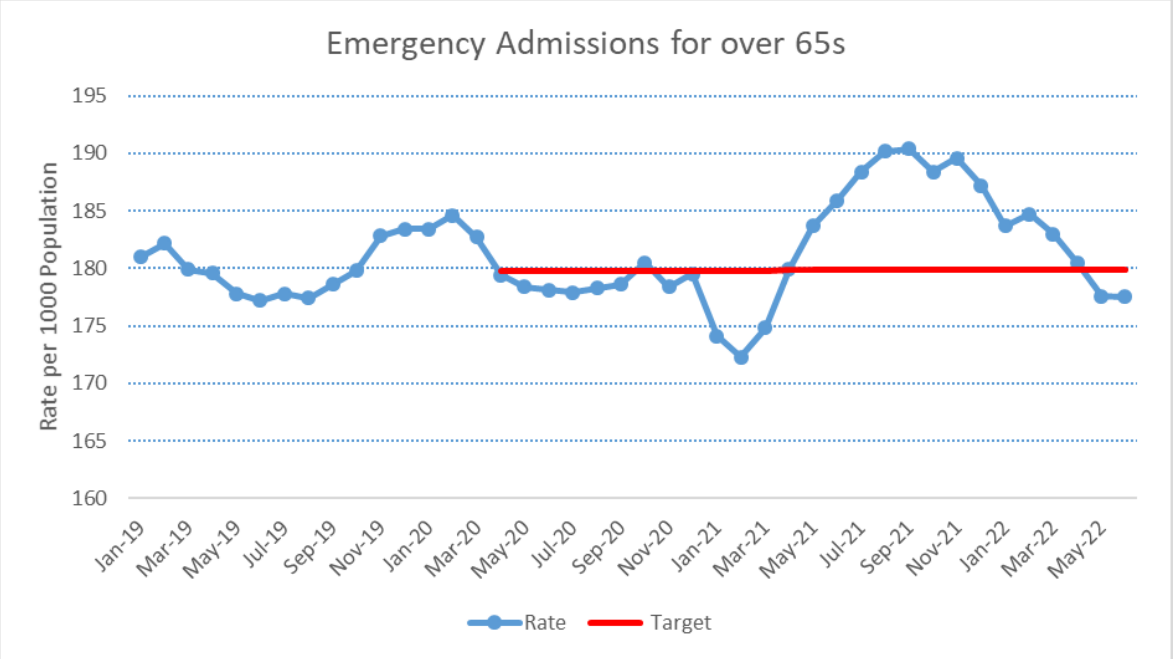
Indicator Trend – Increasing

This indicator was on a downward trend for most of 2020, but since the start of 2021 has been increasing and has exceeded the reduced target for the last 2 quarters.

Source	Health Intelligence

EA-02: EMERGENCY ADMISSIONS RATE PER 1000 POPULATION FOR OVER 65s			
Purpose	EA-01, EA-02, and EA-03 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		

Figure 5 – Emergency Admissions (Over 65s)

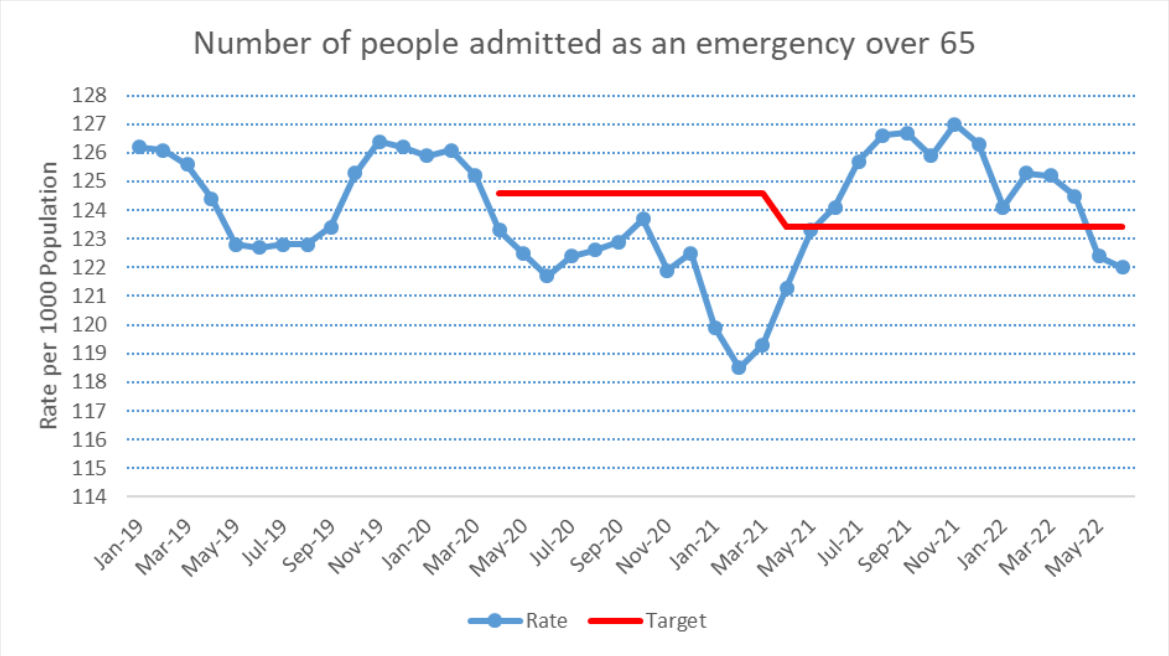


Indicator Trend – Reducing
At the start of 2021 the trend had been rapidly increasing, but since August there has been a steady and sustained reduction, which is now below the set target.

Source	Health Intelligence

EA-03: NUMBER OF PEOPLE OVER 65 YEARS ADMITTED AS AN EMERGENCY IN THE PREVIOUS 12 MONTHS PER 1000 POPULATION			
Purpose	EA-01, EA-02, and EA-03 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		

Figure 6 – Number of Over 65 People Emergency Admissions



Indicator Trend – Reducing

This indicator was showing a consistent downward trend until February 2021, since when the trend reversed and increased rapidly. As with Figure 4 the rate levelled off in August and is now below target.

Source	Health Intelligence

4. EMERGENCY DEPARTMENT – RED

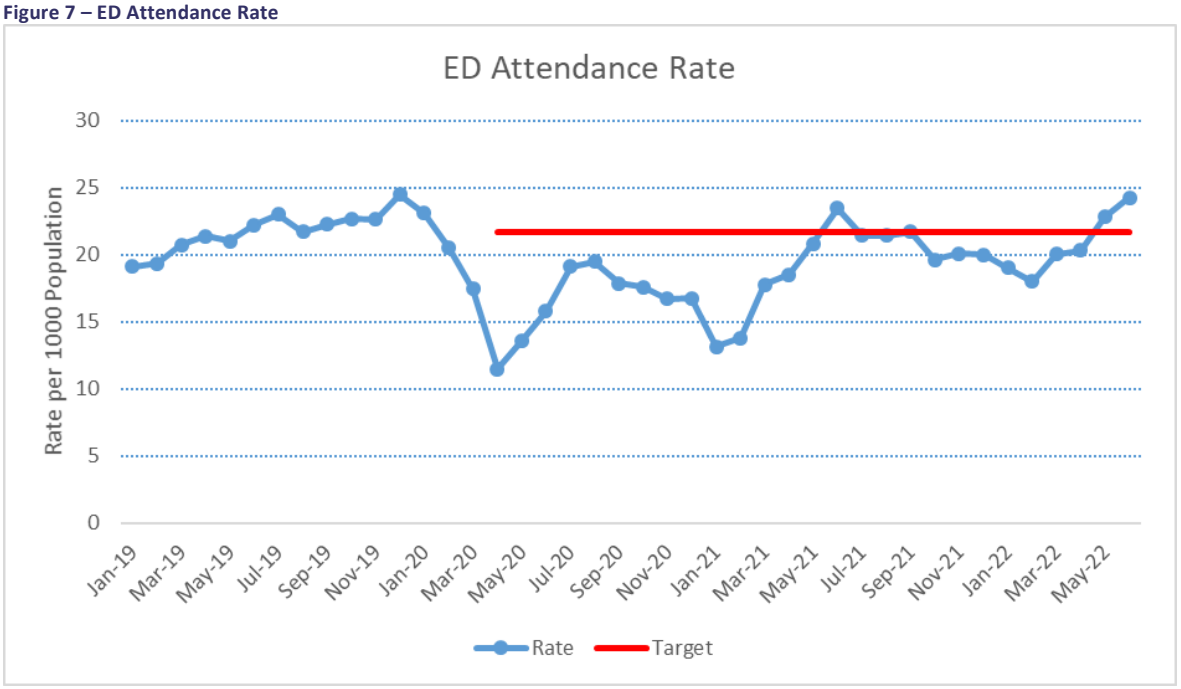
Trend Analysis

There has been an increase in the rate per 1,000 this quarter from **20.2** to **24.3**, exceeding the target and double the number presenting in April 2020.

AE-01: ED ATTENDANCE RATES PER 1,000 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	3: PARTNERS IN CARE	**Linked Indicator(s)**	HR-01, HR-02
National Health & Wellbeing Outcomes		1, 2, 3, 5	

Figure 7 – ED Attendance Rate



Indicator Trend – Stable

During quarter 3 the attendance rate per 1,000 population has remained stable, below the target level. However, the attendance rate is almost double the rate experienced at the end of April 2020.

Source	Health Intelligence

5. HOSPITAL RE-ADMISSIONS - AMBER

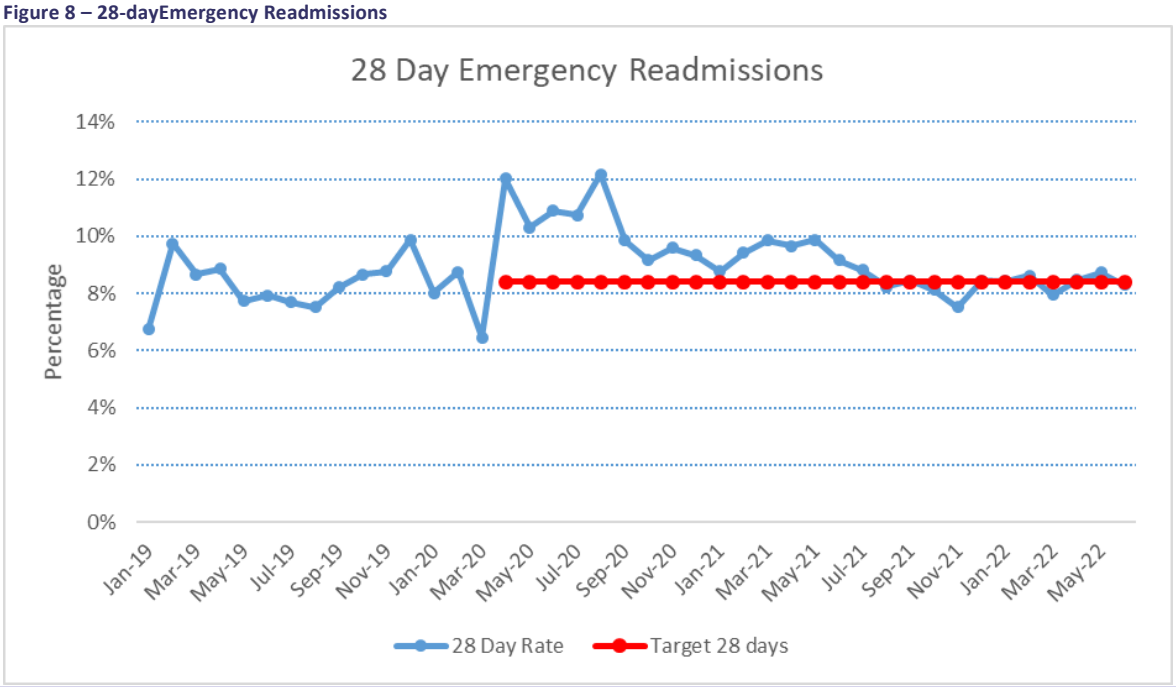
Trend Analysis

28-day re-admissions remain GREEN at **8.3%**, while 7-day Re-admissions are now AMBER at **4.3%**.

HR-01: PERCENTAGE OF EMERGENCY RE-ADMISSIONS TO HOSPITAL WITHIN 28 DAYS - MORAY PATIENTS

Purpose	Re-admissions 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. (This measure lags by a month due to the time required for a potential 28 day discharge to occur)		
Strategic Priority	1: BUILDING RESILIENCE	**Linked Indicator(s)**	HR-02, AE-01
National Health & Wellbeing Outcome	1, 2, 3, 5		

Figure 8 – 28-dayEmergency Readmissions



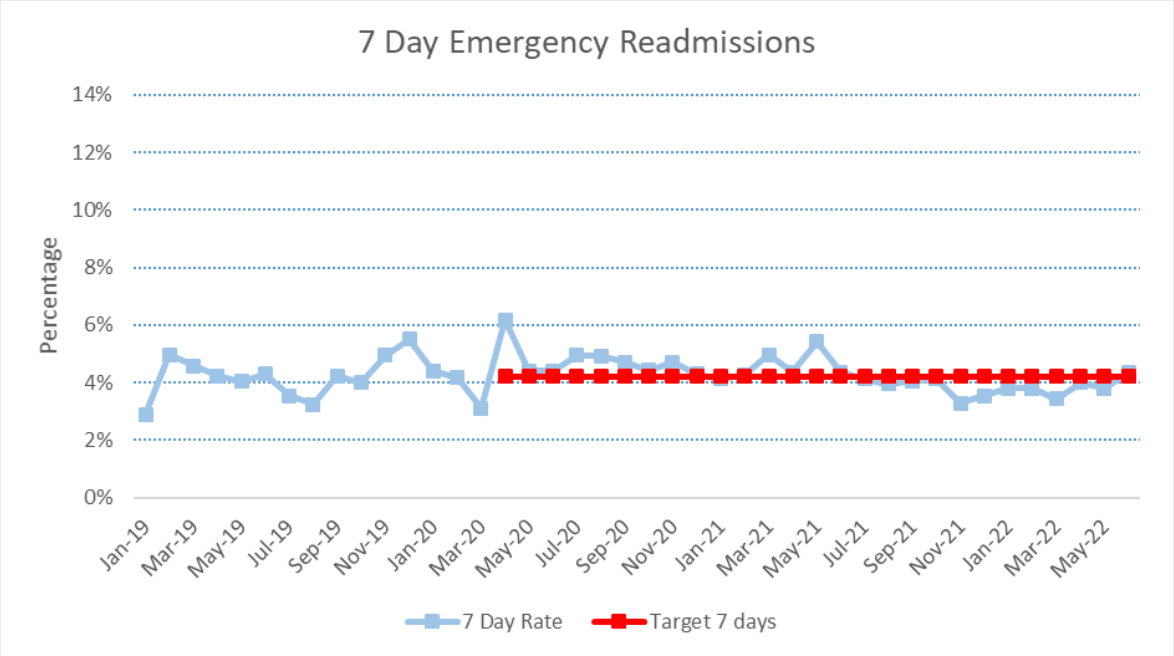
Indicator Trend – Stable

28-day Hospital Re-admissions have remained around the target of 8.4% for this quarter.

Source	Health Intelligence

HR-02: PERCENTAGE OF EMERGENCY RE-ADMISSIONS TO HOSPITAL WITHIN 7 DAYS - MORAY PATIENTS			
Purpose	Re-admissions 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	

Figure 9 – 7-day Emergency Readmissions



Indicator Trend – Increasing

7-day Hospital Re-admissions remained below the target of 4.2% for the first 2 months of this quarter, but reached 4.3% at the end of June.

Source	Health Intelligence

6. MENTAL HEALTH – RED

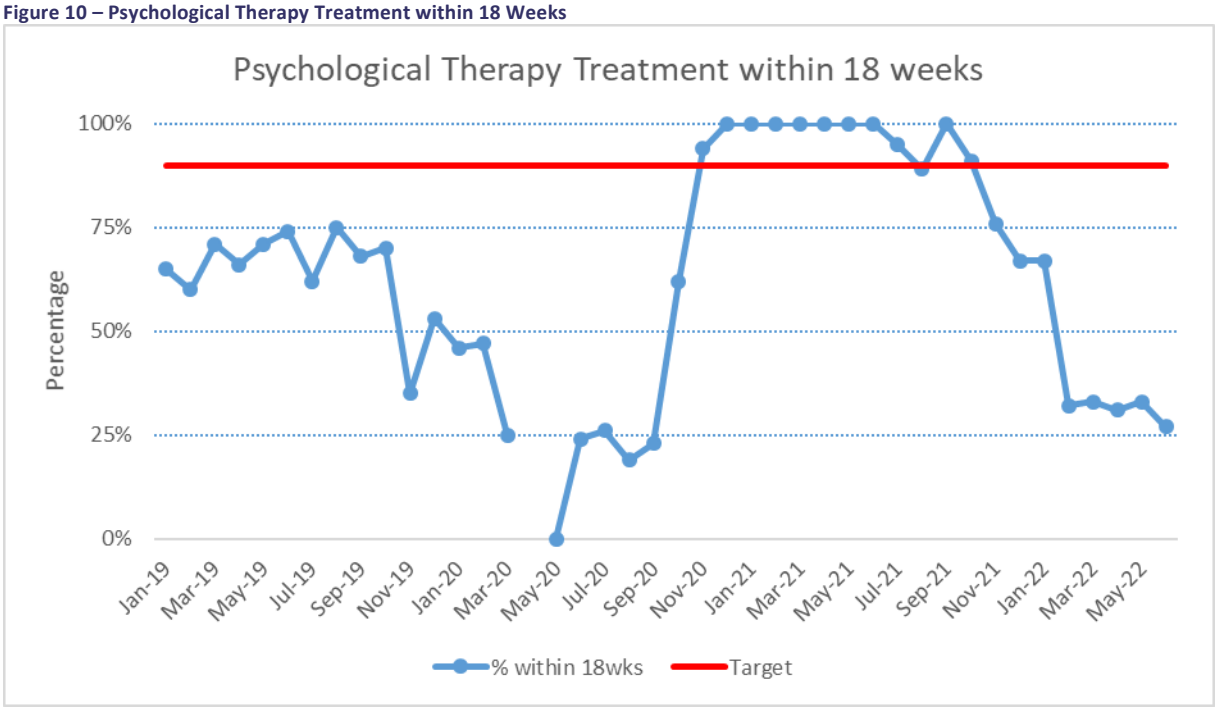
Trend Analysis

After 24 months below target and a year at around 20% this measure was at 100% for the 6 months from December 2020 through to June 2021. However, since quarter 3 there has been a rapid reduction with **27%** of patients being referred within 18 weeks during June 2022.

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	3: PARTNERS IN CARE	**Linked Indicator(s)**	
National Health & Wellbeing Outcome		1, 2, 3, 5	

Figure 10 – Psychological Therapy Treatment within 18 Weeks



Indicator Trend – Reducing

Having been at 100% for four quarters in a row this measure has remained below target for the last 3 quarters, and was well below target throughout quarter 1.

Source	Health Intelligence

7. STAFF MANAGEMENT - RED

Trend Analysis

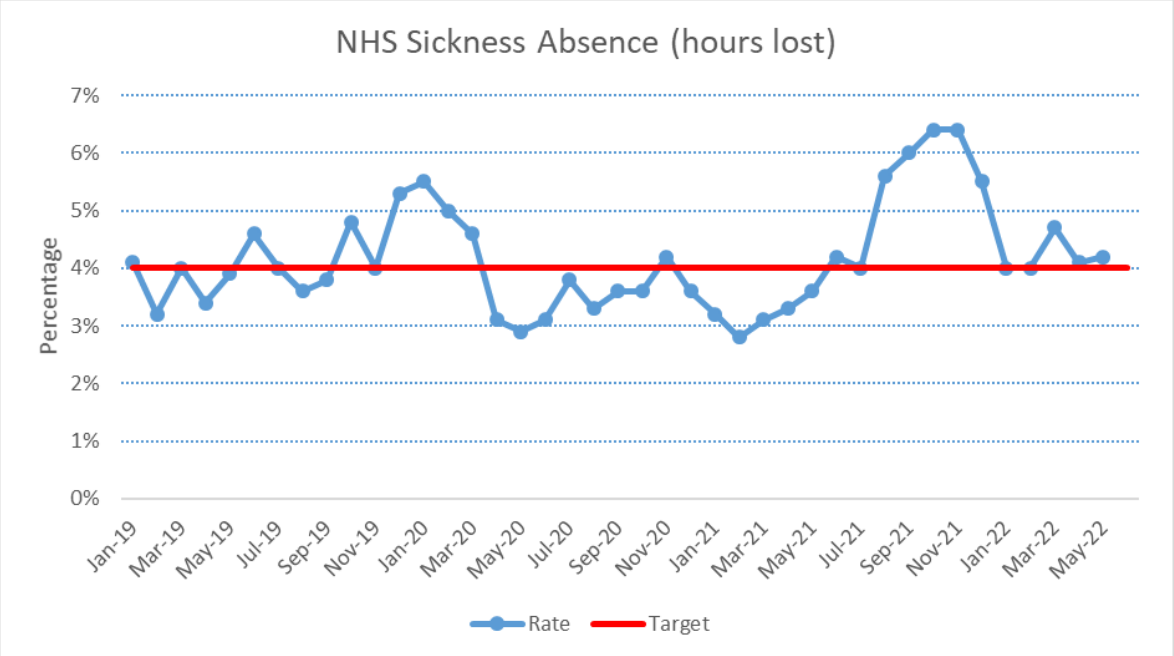
Sickness absence for NHS employed staff rose to 6.4 during quarter 3, but has since reduced and for the first 2 months of quarter 1 is at **4.2%**. This may indicate that staffing absence is back to pre-pandemic levels for NHS employed staff. However, Council employed staff sickness has remained high with a minimal reduction from **8.98%** to **8.87%**, which is above the figure for the same period in the previous 2 years.

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 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 21/22
4%	3.1%	4.2%	6.0%	5.5%	4.7%	4.2%*

Figure 11 – NHS Sickness Absence



Indicator Trend – Fluctuating

This indicator had been increasing over recent quarters but despite a blip in April is now close to the target of 4%.

*Data to May 2022

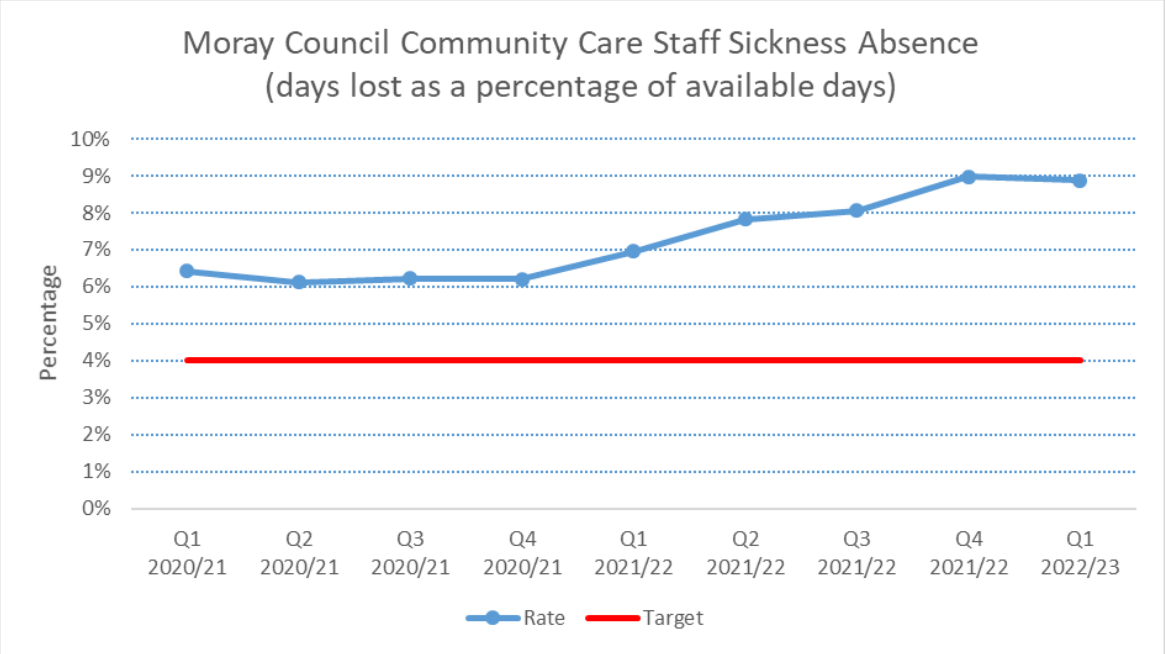
Source	Health Intelligence

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 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23
4%	6.2%	6.95%	7.8%	8.05%	8.98%	8.87%

Figure 12 – Moray Council Sickness Absence



Indicator Trend – Increasing

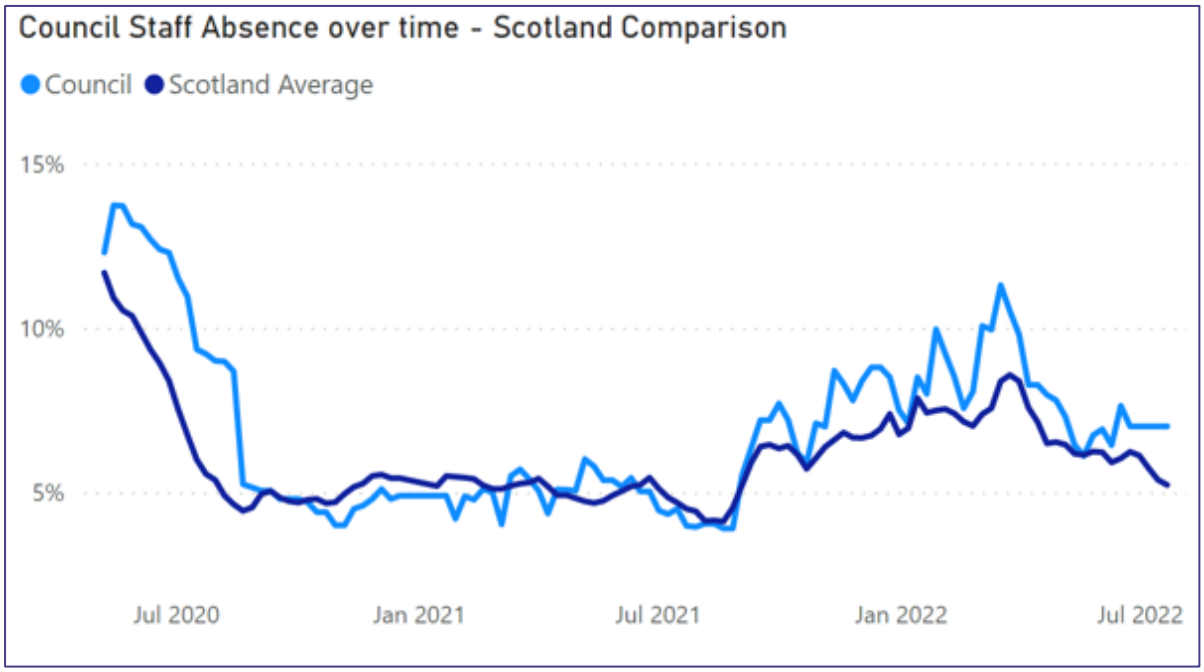
This indicator continues to rise, remaining double the target and close to the figure of 9% recorded in quarter 4 2019/20 when it reached a peak.

Source	Council HR

COUNCIL STAFF ABSENCE OVER TIME – SCOTLAND COMPARISON

Chart provided by the Improvement Service using data from the from weekly SOLACE council returns. This update captures data from the week ending 22 July 2022. Moray remains above the Scottish average.

Figure 13 – Moray Council Sickness Absence Compared to National Average



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.

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

BUILDING RESILIENCE

- **EA-01**: RATE OF EMERGENCY OCCUPIED BED DAYS FOR OVER 65S PER 1000 POPULATION
- **EA-02**: EMERGENCY ADMISSIONS RATE PER 1000 POPULATION FOR OVER 65S
- **EA-03**: NUMBER OF PEOPLE OVER 65 YEARS ADMITTED AS AN EMERGENCY IN THE PREVIOUS 12 MONTHS PER 1000 POPULATION
- **HR-01**: PERCENTAGE OF EMERGENCY RE-ADMISSIONS TO HOSPITAL WITHIN 28 DAYS - MORAY PATIENTS
- **HR-02**: PERCENTAGE OF EMERGENCY RE-ADMISSIONS TO HOSPITAL WITHIN 7 DAYS - MORAY PATIENTS
- **SM-01**: NHS SICKNESS ABSENCE % OF HOURS LOST
- **SM-02**: COUNCIL SICKNESS ABSENCE (% OF CALENDAR DAYS LOST)

HOME FIRST

- **DD-01**: NUMBER OF DELAYED DISCHARGES (INCLUDING CODE 9, CENSUS SNAPSHOT, AT END OF QUARTER)
- **DD-02**: NUMBER OF BED DAYS OCCUPIED BY DELAYED DISCHARGES PER QUARTER (INC CODE 9) PER 1000 18+ POPULATION
- **UN-01**: NUMBER OF LONG-TERM HOME CARE HOURS UNMET AT WEEKLY SNAPSHOT
- **UN-02**: NUMBER OF PEOPLE WITH LONG-TERM CARE HOURS UNMET AT WEEKLY SNAPSHOT

PARTNERS IN CARE

- **OA-01**: NUMBER OF REVIEWS OUTSTANDING AT END OF QUARTER SNAPSHOT
- **MH-01**: PERCENTAGE OF PATIENTS COMMENCING PSYCHOLOGICAL THERAPY TREATMENT WITHIN 18 WEEKS OF REFERRAL
- **AE-01**: A&E ATTENDANCE RATES PER 1000 POPULATION (ALL AGES)

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 WELLBEING.

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.