



PERFORMANCE REPORT

QUARTER 3 2020/21

(1 OCTOBER 2020 – 31 DECEMBER 2020)

1. TABLE OF CONTENTS

1.	Table of Contents.....	1
2.	Performance Summary	3
	Commentary	3
	Delayed Discharge – AMBER (RED TRAJECTORY)	3
	Emergency Admissions - GREEN	3
	Accident and Emergency - GREEN	3
	Hospital Re-admissions - RED	3
	Unmet Need – DATA ONLY	4
	Outstanding Assessments – DATA ONLY	4
	Mental Health - RED	4
	Staff Management – GREEN (NO UPDATE).....	4
	Indicator Summary	5
3.	Delayed Discharge	6
	DD-01: Number of delayed discharges (including code 9, Census snapshot, at end of quarter)	8
	DD-02: Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population	9
4.	Emergency Admissions	10
	EA-01: Rate of emergency occupied bed days for over 65s per 1000 population.....	11
	EA-02: Emergency Admissions rate per 1000 population for over 65s	12
	EA-03: Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	13
5.	Accident and Emergency	14
	AE-01: A&E Attendance rates per 1000 population (All Ages)	15
6.	Hospital Re-admissions.....	16
	HR-01: Percentage of Emergency Re-admissions to hospital within 28 days - Moray Patients	17
	HR-02: Percentage of Emergency Re-admissions to hospital within 7 days - Moray Patients	18
7.	Unmet Need	19
	UN-01: Number of Long-Term Home Care hours unmet at weekly Snapshot	19
	UN-02: Number of People with Long-Term Care hours unmet at weekly Snapshot	20
8.	Outstanding Assessments.....	21
	OA-01: Number of REVIEWS OUTSTANDING AT END OF QUARTER SNAPSHOT	21
9.	Mental Health.....	22
	MH-01: Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral	23
10.	Staff Management.....	24
	SM-01: NHS Sickness Absence % of Hours Lost	25
	SM-02: Council Sickness Absence (% of Calendar Days Lost)	26
	Appendix 1: Key and Data Definitions	27

RAG Scoring Criteria	27
Peer Group Definition.....	27
Appendix 2: Strategic Priorities	28
Appendix 3: National Health and Wellbeing Outcomes	30

2. PERFORMANCE SUMMARY

COMMENTARY

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 2020/21 is showing as positive once again; however, the impact of COVID-19 is evident in the indicators presented under each Barometer. The changes made to routine procedures in the services has resulted in improvements in both indicators relating to the Delayed Discharge barometer and the Mental Health indicator.

Development of the three Social Work focussed indicators are underway to understand the pressures more fully within the Social Care systems in Moray. The underpinning data, measures and operational indicators are being presented to the relevant management groups for ongoing consideration and refinement.

As the system re-aligns to a new way of working it will become more possible to draw comparisons with previous years trends. All indicators and trends are presented with the acknowledgement that it is likely that there will be long-term unseen implications from the pandemic and targets are being re-assessed and updated appropriately.

DELAYED DISCHARGE – GREEN

The increase in the number of people delayed at census snapshot continued through October 2020. This has since been followed by November and December numbers returning to below target.

While the more stable DD-02 (Bed Days Occupied by Delayed Discharges) is showing a better than pre-COVID-19 level and while there was a small increase in number of bed days lost in October there has since been a decrease in November and December 2020 is the lowest pre-COVID-19 figure since August 2015.

Consequent to the Q2 Performance Report, an immense amount of work has been undertaken across the Moray system to ensure that performance is within if not better than the mandatory target. This has engagement from all teams across the whole system and the aim is to ensure there is sustainable processes in place and appropriately resourced teams. Continuous improvement work across the system will continue to support a reduction in both delayed discharge and the risks to patients from unnecessary time spent in hospital.

EMERGENCY ADMISSIONS - GREEN

There was no significant year on year change in any of the Emergency Admission measures despite there being a continued reduction in the number of Emergency Department attendances.

ACCIDENT AND EMERGENCY - GREEN

The number of people attending the Emergency Department in Moray are below those presenting last year and this indicates a continued long-term decreasing trend.

The data provided by the Flow Navigation Hub indicate that the reduction can be attributed to those with Minor Injury and Illness attendances. Those with more acute and more direct referrals for potential Medical and Surgical Admissions remain along the same levels throughout.

HOSPITAL RE-ADMISSIONS - RED

There was a significant reduction in discharges from Dr. Gray's in 2020 than in 2019 (due to less planned work being undertaken and fewer bed numbers in the hospital with the introduction of safer workplace and distancing) however the number of readmissions reduced, but by a lesser margin than the discharges.

Refer to Appendix 2 for more detailed analysis provided by Health Intelligence.

UNMET NEED – DATA ONLY

At the end of the quarter there were **35 people** awaiting care packages which amounted to an assessed **578 hours** of unmet need. This represents a decrease in the number of people awaiting care but an increase in the number of hours being unmet from quarter 2.

OUTSTANDING ASSESSMENTS – DATA ONLY

At the end of quarter 3 the number of reviews outstanding in CareFirst increased to 1,655. Continued scrutiny of this indicator has highlighted some differences in the use of the system between the Social Work teams and work is being undertaken to introduce a more consistent approach to recording this measure.

MENTAL HEALTH - GREEN

Mental Health Services have had a sustained and substantial improvement in quarter 3.

Mental Health services are not more streamlined in triaging; opting people in; and discharging people on the waiting list. There is also now one waiting list rather than one in each locality which has allowed for more equity of access.

STAFF MANAGEMENT – RED

Over the duration of the Pandemic there has been a reduction in both NHS Sickness absence and Moray Council Sickness absence rates. The NHS rate is now below target and there has been a reduction in the Moray Council rate from 9.08% at peak to 6.2%.

This is the first time information has been provided for Moray Council staff absence and further work will be undertaken with Council Human Resources to refine the data analysis available for managers.

BAROMETER OVERVIEW

Moray currently has **14 local indicators underpinning 8 Barometers**. Of these **8 are Green** and **2 are Red** and **1 is Amber**. There are 3 indicators that are new and have targets pending.

Figure 2 – Performance Summary

Code	Barometer (Indicator)	Q3 1920	Q4 1920	Q1 2021	Q2 2021	Q3 2021	Target	Deviation
DD	Delayed Discharge							
DD-01	Number of delayed discharges (including code 9, Census snapshot, at end of quarter)	33	35	10	27	23	25	
DD-02	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) 18+ population	971	1,208	242	803	672	781	
EA	Emergency Admissions							
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	2,082	2,170	2,087	2,040	1,840	2,107	
EA-02	Emergency Admissions rate per 1000 population for over 65s	183.4	182.7	178.6	179	180	179.8	
EA-03	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	126.2	125.2	122.3	123.3	123	125	
AE	Accident and Emergency							
AE-01	A&E Attendance rate per day per 1000 population (All Ages)	24.5	17.5	15.8	17.9	16.8	22	
HR	Hospital Re-Admissions							
HR-01	% of Emergency Readmissions to hospital within 28 days - Moray Patients	9.9%	6.5%	11.0%	9.8%	9.2%	8.4%	
HR-02	% of Emergency Readmissions to hospital for within 7 days - Moray Patients	5.5%	3.1%	4.3%	4.6%	4.2%	4.2%	
UN	Unmet Need							
UN-01	Number of Long Term Home Care hours unmet at weekly Snapshot	-	-	623	523	578	Data only for first year	
UN-02	Number of People requiring Long Term homecare hours unmet at weekly Snapshot	-	-	36	44	35	Data only for first year	
OA	Outstanding Assessments							
OA-01	Number of Reviews Overdue at end of quarter snapshot	-	-	1506	1608	1655	Data only for first year	
MH	Mental Health							
MH-01	Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral	53%	25%	24%	23%	100%	90%	
SM	Staff Management							
SM-01	NHS Sickness Absence (% of Hours Lost)	5.30%	4.60%	3.10%	3.60%	3.60%	4%	
SM-02	Council Sickness Absence (% of Calendar Days Lost)	8.00%	9.08%	6.43%	6.13%	6.22	4%	

3. DELAYED DISCHARGE - GREEN

Trend Analysis

The increase in the number of people delayed at census snapshot continued through October 2020. This has since been followed by November and December numbers returning to below target.

While the more stable DD-02 (Bed Days Occupied by Delayed Discharges) is showing a better than pre-COVID-19 level and while there was a small increase in number of bed days lost in October there has since been a decrease in November and December 2020 is the lowest pre-COVID-19 figure since August 2015.

Operational Actions and Maintenance

Consequent to the Q2 Performance Report, an immense amount of work has been undertaken across the Moray system to ensure that performance is within, if not better than, the mandatory target. This has involved engagement from all teams across the whole system and the aim is to ensure there is sustainable processes in place and appropriately resourced teams. Continuous improvement work across the system will continue to support a reduction in both delayed discharge and the risks to patients from unnecessary time spent in hospital.

Areas of Improvement already identified are:

- Communications
- Pathways
- Capacity and Performance
- Dynamic Daily Discharge
- Recruitment
- Planned Discharge Dates (PDD)

The work being undertaken has had an impact on our performance since Q2. Some of those achievements to date are:

- Closer working with Operational Support at both Dr Gray's and Aberdeen Royal Infirmary.
- Twice weekly operational meetings to discuss Delayed Discharge workflow, looking at issues, solutions, and scrutiny.
- An operational Discharge Hub
- Some documentation has been streamlined to quick access to care provision.
- Appropriate representation from across the system at the Weekly Community Hospital Consolidation Meeting.
- Improved utilization of intermediate facilities i.e., Loxa Court & Jubilee Cottage, and teams i.e., CRT.
- New Care at Home provider commenced in Moray in January 2021.
- Screening tool for Social work implemented.
- Daily DD Update now includes full narrative of actions undertaken to support timely discharges.
- Joint Equipment store provision and delivery improvements.
- Traffic light system in operation within Dr Gray's and all Moray Community Hospitals to monitor PDD and flow.

A lot of work is still being progressed to continue supporting the aim of Delayed Discharges. This work comprises of:

- Community Hospital Waiting lists being monitored - issues identified are highlighted for discussion and resolution.
- Patient transport for transfer and discharge being explored.
- Prescriptions for discharge being progressed with e-Health.
- Communication across the workstream improving.
- Supporting a Business Case (Dr Gray's) to secure permanent Discharge Coordinator, which will operate 7 days /365 days of the year.
- Improving patient handovers between Dr Gray's, Aberdeen Royal Infirmary and Moray Community Hospitals
- Process mapping work at Grampian and Moray levels
- Localities performance dashboard being developed.
- Quantitative data on Community Hospitals being collated and analysed.
- Review of Marie Curie OOHs Community Nursing Service being undertaken.

The success of this work will be represented in the following:

- Reduction in the number of delayed discharges
- Improved lines of communication and processes between professionals

Next Steps

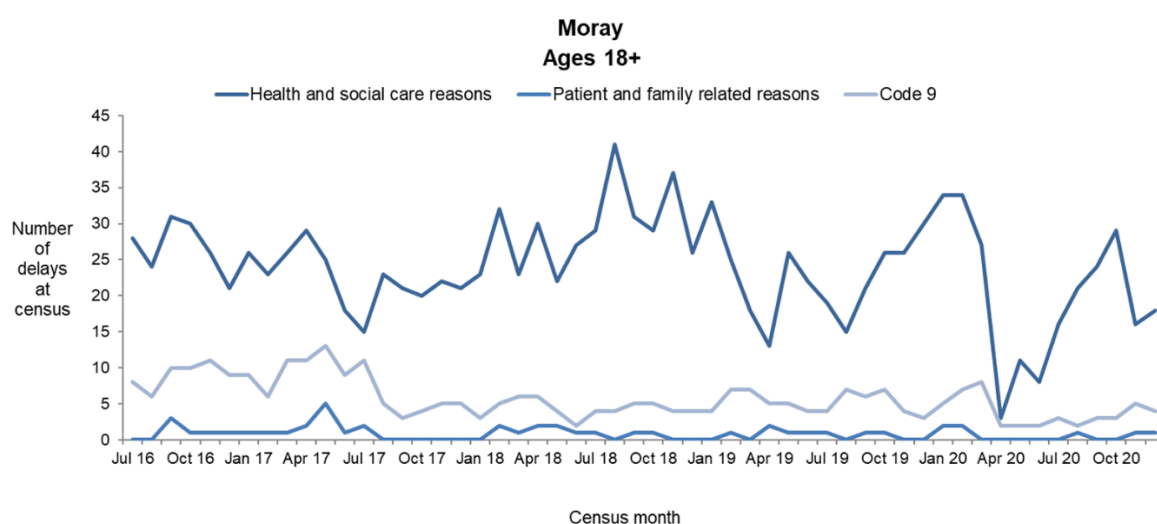
Delayed Discharges remain the subject of an outcome focused model which, in working in collaboration, should maximise capacity across Moray further addressing delayed discharges.

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%)	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
25	28	33	35	10	27	23

Figure 1

Delayed Discharge Census by Delay Reason


Indicator Trend

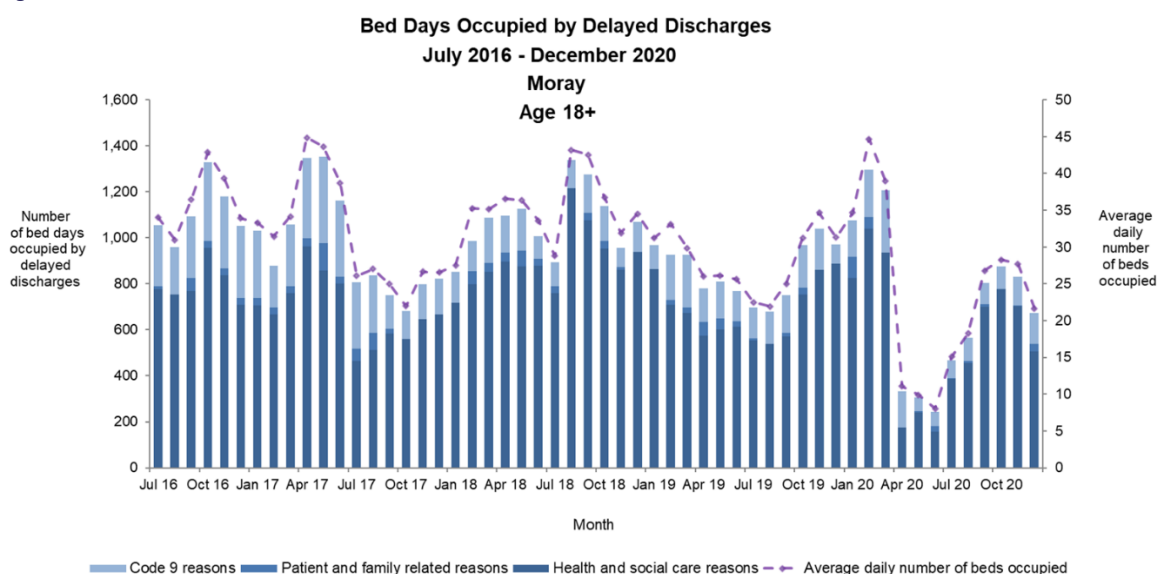
After a spike in this measure in September and October 2020 there was a sharp decline in November and December to below the current target of 25.

Scotland Trend	The Scottish trend has not been as volatile as Moray (due to the smaller numbers presenting in Moray) but Moray's performance in this measure tracked along the Scottish average when adjusted for population levels.
Peer Group	Moray is now tracking well below its family group in delayed discharges when adjusted for population levels.
Last Reported	February 2021 for Quarter 3 data
Next Update Due	May 2021 for Quarter 4 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%)	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
781	751	971	1,208	242	803	672

Figure 2



Indicator Trend

There was a rapidly increasing trend in this measure from June 2020 through to October 2020 but this was halted in November there was a drop which continued into December. The long term trend is still not certain.

Scotland Trend

Moray Bed Days Occupied by Delayed discharges did track above the Scottish average for the three months from September to November 2020 but in December dropped below the Scottish Average.

Family Group

The rest of Family Group 2 have tracked slightly above the Scottish trend in quarter 2 and quarter 3 and while Moray did track with the family average for 3 months it then dropped well below that in December 2020.

Last Reported	February 2021 for Quarter 3 data
Next Update Due	May 2021 for Quarter 4 data
Source	Public Health Scotland

4. EMERGENCY ADMISSIONS

Trend Analysis

The rate of 65+ Emergency Occupied Bed days continues to reduce over the last quarter while the emergency admission rate and number of 65+ people admitted in an emergency have not varied significantly.

The reduction in the Delayed Discharge measures ([DD-01](#) and [DD-02](#)) and increased focus on efficiency within the system can account for the number of Emergency Occupied Bed Days being reduced.

The total number of admissions and the number of people admitted remains the same. These two indicators link with [AE-01](#) and re-enforces the trend there where the variation in that measure is accounted for by Minor Injury and Illness patients who do not require admission.

Operational Actions and Maintenance

The Flow Navigation Hub has been set up in Moray from early January 2021 and will monitor and provide up to date weekly data to enable management teams to be responsive to any concerning trends.

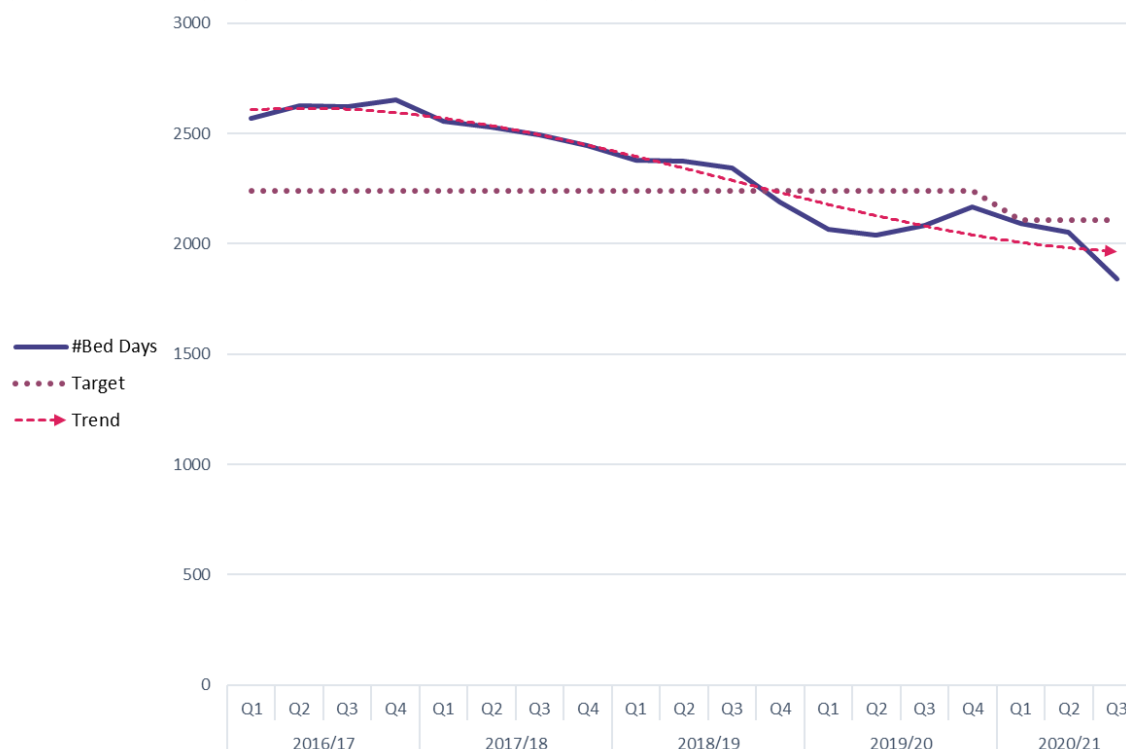
Next Steps

Continue to closely monitor.

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			
Target (+5%)	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
2,107	2,039	2,082	2,170	2,087	2,040	1,840

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



Indicator Trend

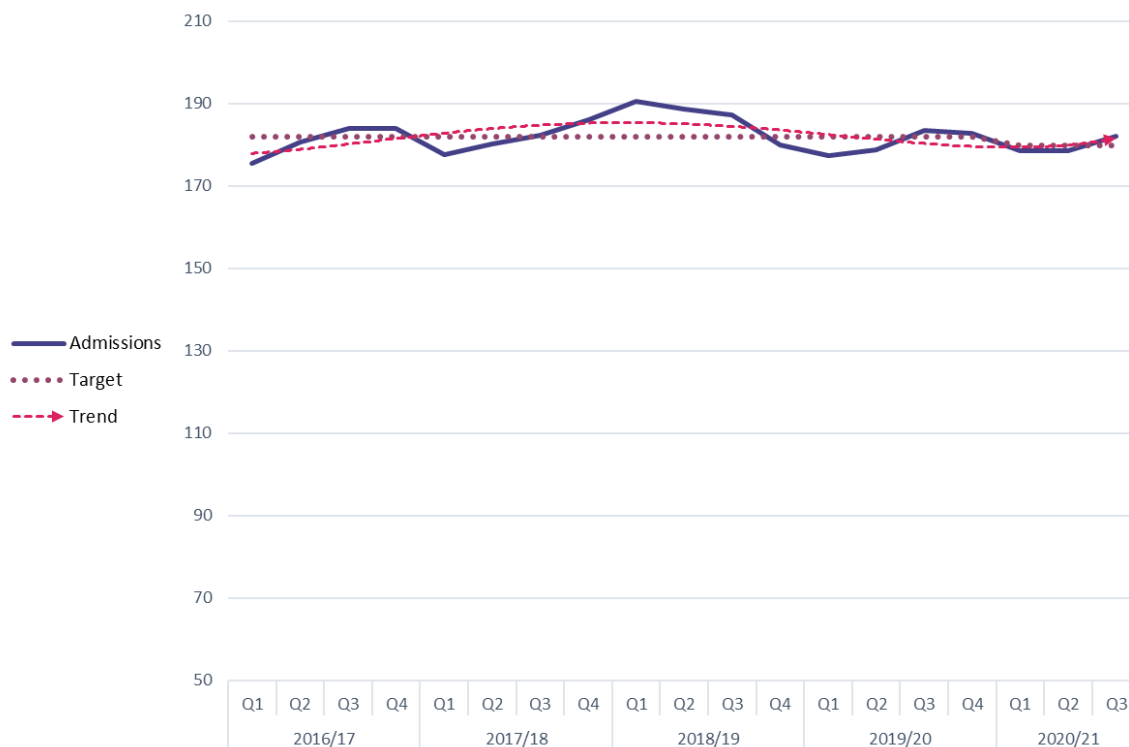
There has been a decreasing trend in this indicator over the past 4 years and despite small increases at the end of 2019/20 quarter 1 and quarter 2, 2020/21 figures are consistently reducing.

Scotland Trend	Not Available
Peer Group	Not Available
Last Reported	February 2021 for Quarter 3 data
Next Update Due	May 2021 for Quarter 4 data
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			
Target (+5%)	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
179.8	179	183	183	179	179	180

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

**Indicator Trend**

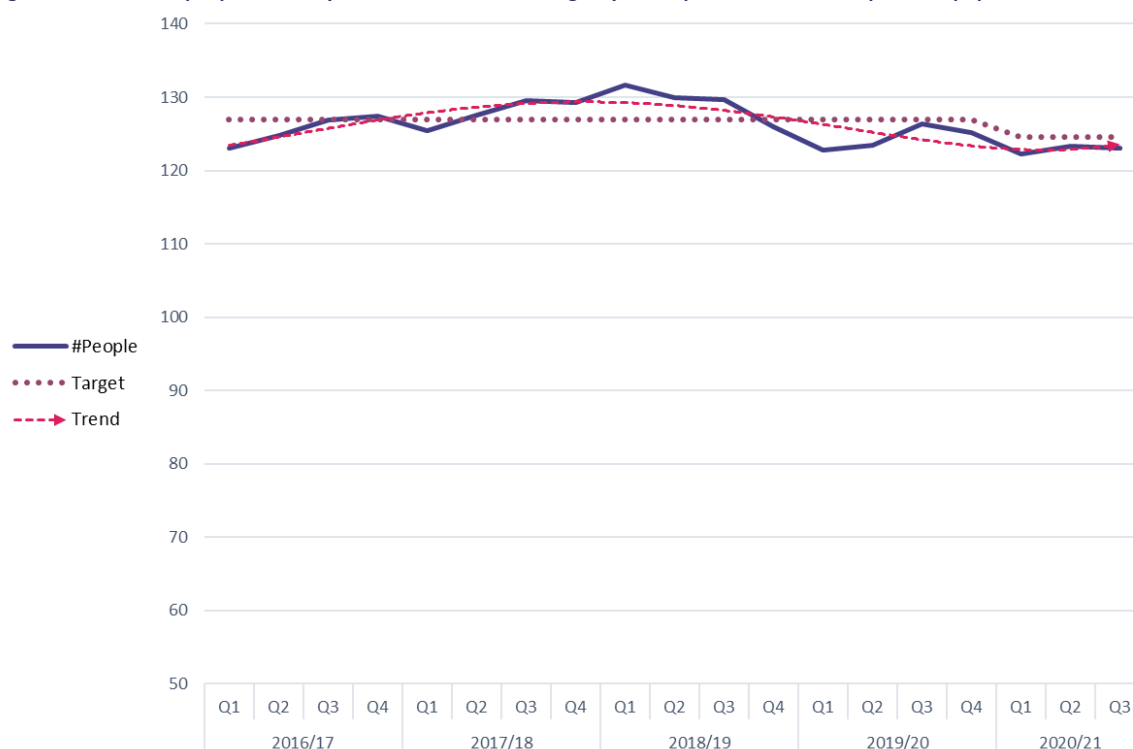
This indicator has generally hovered around target for the past few years without any significant unseasonal variation. This measure has not been impacted by the COVID-19 crisis.

Scotland Trend	Not Available
Peer Group	Not Available
Last Reported	February 2021 for Quarter 3 data
Next Update Due	May 2021 for Quarter 4 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	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			
Target (+5%)	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
124.6	123	126	125	122	123	123

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



Indicator Trend

There had been an increase in this measure through 2018, and after a reduction in 2019/20 it is expected to remain at those levels and has not been impacted by the COVID-19 crisis.

Scotland Trend	Not Available
Peer Group	Not Available
Last Reported	February 2021 for Quarter 3 data
Next Update Due	May 2021 for Quarter 4 data
Source	Health Intelligence

5. ACCIDENT AND EMERGENCY

Trend Analysis

The number of people attending the Emergency Department in Moray are below those presenting last year despite an increase after the COVID-19 dip. This indicates a continued long-term decreasing trend.

The data provided by the Flow Navigation Hub indicate that the reduction can be attributed to those with Minor Injury and Illness attendances. Those with more acute and more direct referrals for potential Medical and Surgical Admissions remain along the same levels throughout.

Operational Actions and Maintenance

The MIJB Strategic Plan 2019-29 has reduction in levels of Unscheduled Care as a key goal : shifting unplanned hospital activity to preventative interventions; ensuring appropriate, responsive service delivery as locally as possible and as specialist as necessary; and positive team co-ordination.

Due to a national redesign of urgent care, a Flow Navigation Hub was established as a Grampian wide service in January 2021, which will monitor and provide up to date weekly data to enable more responsive action from management teams to any concerning trends.

The close monitoring of data has identified opportunities for improvement and this has reduced inconsistencies in recording data thereby facilitating improved understanding of data.

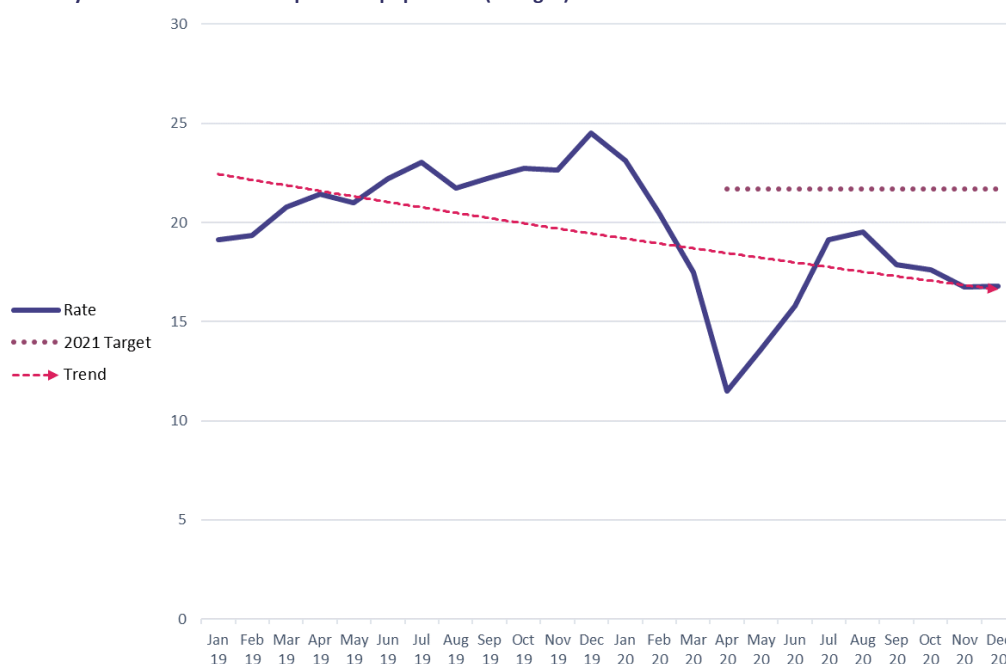
Next Steps

The Flow Navigation hub is a relatively new service and therefore there is no trend information available. Figures will be monitored on a monthly basis.

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	3: PARTNERS IN CARE		Linked Indicator(s)		HR-01 , HR-02	
National Health & Wellbeing Outcomes			1, 2, 3, 5			
Target (+10%)	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
21.5	22	25	18	16	18	16.8

Figure 6 – Monthly A&E Attendance rates per 1000 population (All Ages)



Indicator Trend

The number of people attending the Emergency Department in Moray are below those presenting last year despite an increase after the COVID-19 dip. This indicates a continued long-term decreasing trend.

Scotland Trend	Moray has mirrored the rest of Scotland trend.
Peer Group	Unknown
Last Reported	February 2021 for Quarter 3 data
Next Update Due	May 2021 for Quarter 4 data
Source	Health Intelligence

6. HOSPITAL RE-ADMISSIONS

Trend Analysis

Both measures under this barometer have decreased from the high levels during the first months of the COVID-19 pandemic.

See **Appendix 2** for more detailed analysis provided by Health Intelligence.

Operational Actions and Maintenance

This indicator covers all hospitals and all patients in Moray.

More detailed information is available for each hospital and Locality managers have identified that there are some coding issues which are being addressed.

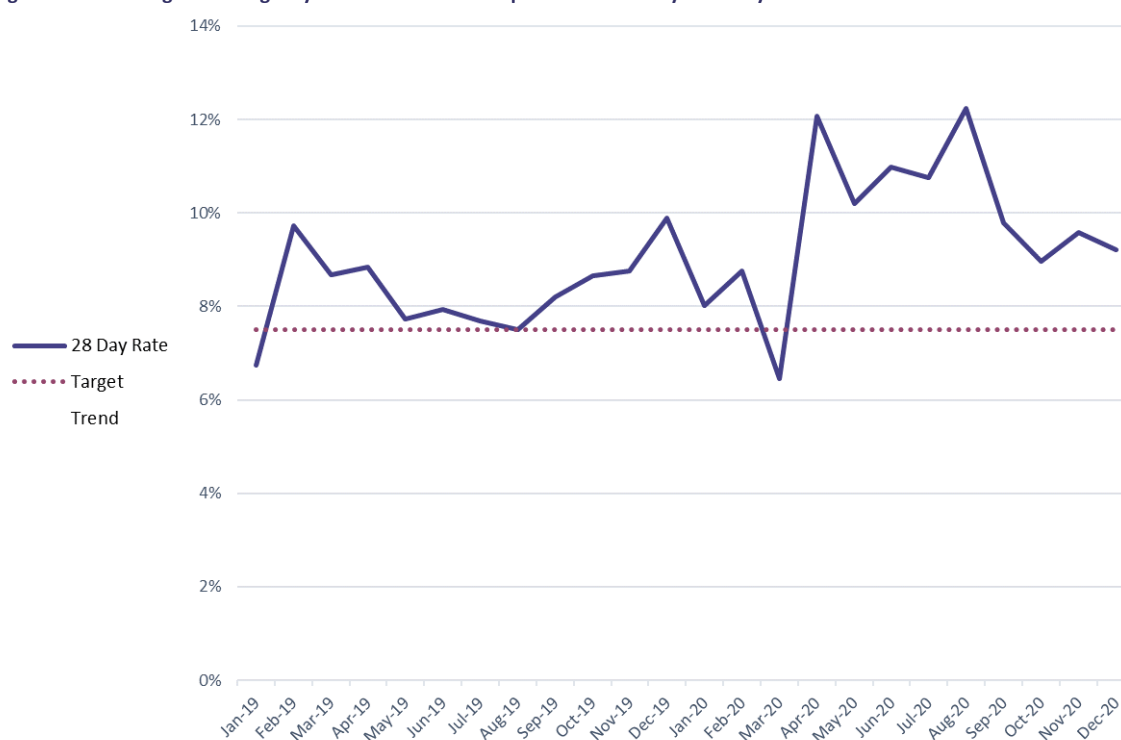
Next Steps

Continue to work with Locality managers to monitor data at a community hospital level on a regular basis, with an aim of identifying potentially avoidable readmissions and any associated improvement actions.

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			
Target	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
8.4%	7.9%	9.9%	6.5%	11.0%	9.8%	9.2%

Figure 7 - Percentage of Emergency Re-admissions to hospital within 28 days - Moray Patients



Indicator Trend

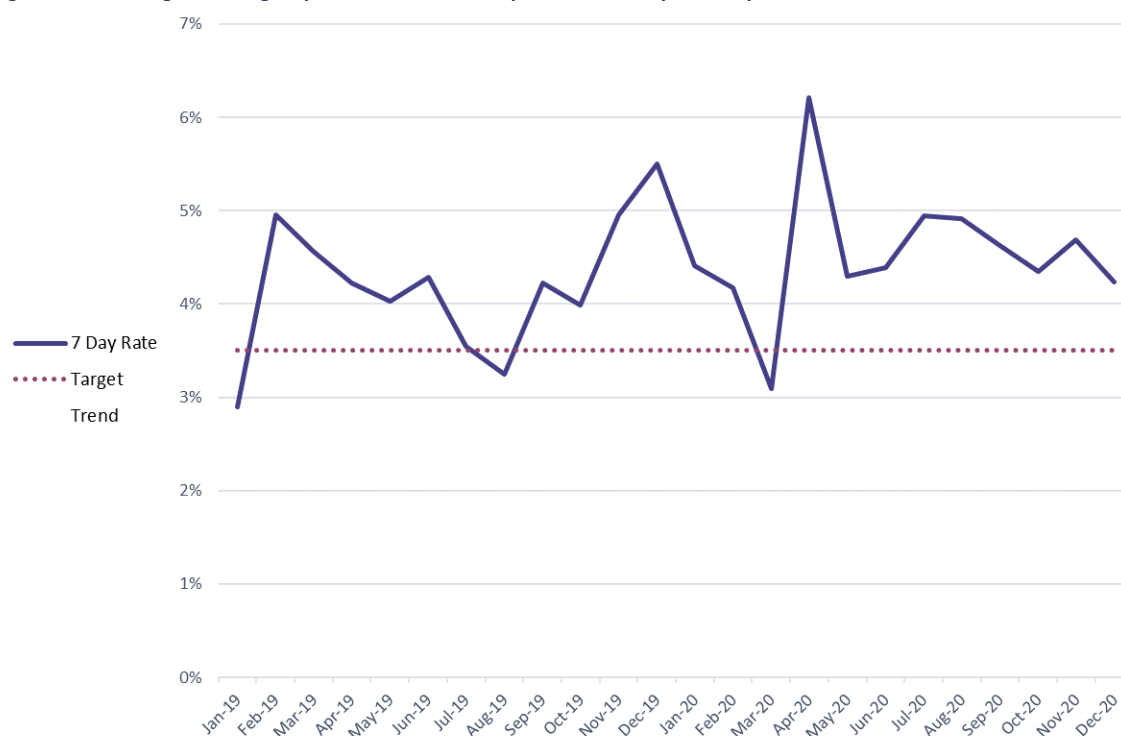
COVID-19 has shown an increase in this measure, this is accounted for in the decrease in the total number of discharges.

Scotland Trend	Unknown
Peer Group	Unknown
Period Last Reported	February 2021 for Quarter 3 data
Next Update Due	May 2021 for Quarter 4 data
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			
Target	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
4.2%	4.3%	5.5%	3.1%	4.3%	4.6%	4.2%

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



Indicator Trend

COVID-19 has shown an increase in this measure, this is accounted for in the decrease in the total number of discharges.

Scotland Trend	Unknown
Peer Group	Unknown
Last Reported	February 2021 for Quarter 3 data
Next Update Due	May 2021 for Quarter 4 data
Source	Health Intelligence

7. UNMET NEED

Trend Analysis

This is the first year it is being reported and therefore no trend is present.

Operational Actions and Maintenance

This information has been closely monitored as part of the daily performance flow throughout the response to Covid.

During quarter 3 the application of the critical and substantial eligibility criteria recommenced. Following the assessment of need an increase of service users were prioritised as either critical or substantial under the eligibility criteria. The resource available continued to meet the demand of the high risk needs, increasing the numbers of those waiting under the substantial criteria.

There also remained a continued focus on supporting those awaiting for care on discharge from hospital as a priority, which also added to the increase of need within the community, reflected in the unmet need list at point of reporting

Action was taken to focus on reduction of this by considering options for increasing the capacity of resource available within care at home. Commissioning of a further two external providers has commenced

Next Steps

Close monitoring of this indicator will continue where it is anticipated there will be a decrease in the levels of unmet need.

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	2: HOME FIRST		Linked Indicator(s)		UN-02	
National Health & Wellbeing Outcome			1, 2, 3, 5			
Target	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
For Info	ND	ND	ND	623	523	578

Indicator Trend

No Data

Scotland Trend	Unavailable
Peer Group	Unavailable
Last Reported	January 2021 for Quarter 3 data
Next Update Due	April 2021 for Quarter 4 data
Source	Brokerage

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	2: HOME FIRST		Linked Indicator(s)		UN-01	
National Health & Wellbeing Outcome			1, 2, 3, 5			
Target	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
For Info	ND	ND	ND	36	44	35

Indicator Trend

No Data

Scotland Trend	Unavailable
Peer Group	Unavailable
Last Reported	January 2021 for Quarter 3 data
Next Update Due	April 2021 for Quarter 4 data
Source	Brokerage

8. OUTSTANDING ASSESSMENTS

Trend Analysis

There was another increase in quarter 3 in this measure 1,608 to 1,655 reviews outstanding in CareFirst. While the measure is new, historical management information suggests that this is well above normal and indicates an increased pressure on Social Work.

This data is currently in its first iteration and is a metric that will have been significantly impacted by COVID-19. All care packages would be reviewed annually as a minimum requirement. The number outstanding shows the number where review data have been set on the system and not met.

Operational Actions and Maintenance

Continued scrutiny of this indicator has highlighted some differences in the use of the system between the Social Work teams and work is being undertaken to introduce a more consistent approach to recording this measure.

Next Steps

Practice Governance Group are reviewing and refining key indicators for teams. This review is anticipated to be complete by September 2021.

OA-01: NUMBER OF REVIEWS OUTSTANDING AT END OF QUARTER SNAPSHOT

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 intensive primary and acute services.					
Strategic Priority	3: PARTNERS IN CARE		Linked Indicator(s)			
National Health & Wellbeing Outcome			1, 2, 3, 5			
Target	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
For Info	ND	ND	ND	1,506	1,608	1,655

Indicator Trend

No Data

Scotland Trend Not Available

Peer Group Not Available

Last Reported February 2021 for Quarter 3 data

Next Update Due May 2021 for Quarter 4 data

Source TBC

9. MENTAL HEALTH

Trend Analysis

This measure has hit 100% (and is above the target of 90%) for the first time since quarter 2 2018/19. This is a significant and sustained improvement from September 2020.

Operational Actions and Maintenance

Work has been undertaken to assess patients for suitability for treatment through initial screening and discharging people on the waiting list who are waiting for face-to-face groups which are suspended due to COVID-19 Pandemic. It is anticipated that group therapies will resume once NHS Grampian has agreed an ICT platform upon which these can be undertaken.

There is now one waiting list rather than people waiting in locality areas for psychological therapy. This has enabled equity of access.

IT delivery of laptops and mobile phones has increased patient contact and throughput. There has been reduced Did Not Attend (DNA) and Could Not Attend (CNA) and more throughput. Additionally, there is more flexibility with online choice for patients. This is more convenient for patients who might have difficulties in travelling to the appointment.

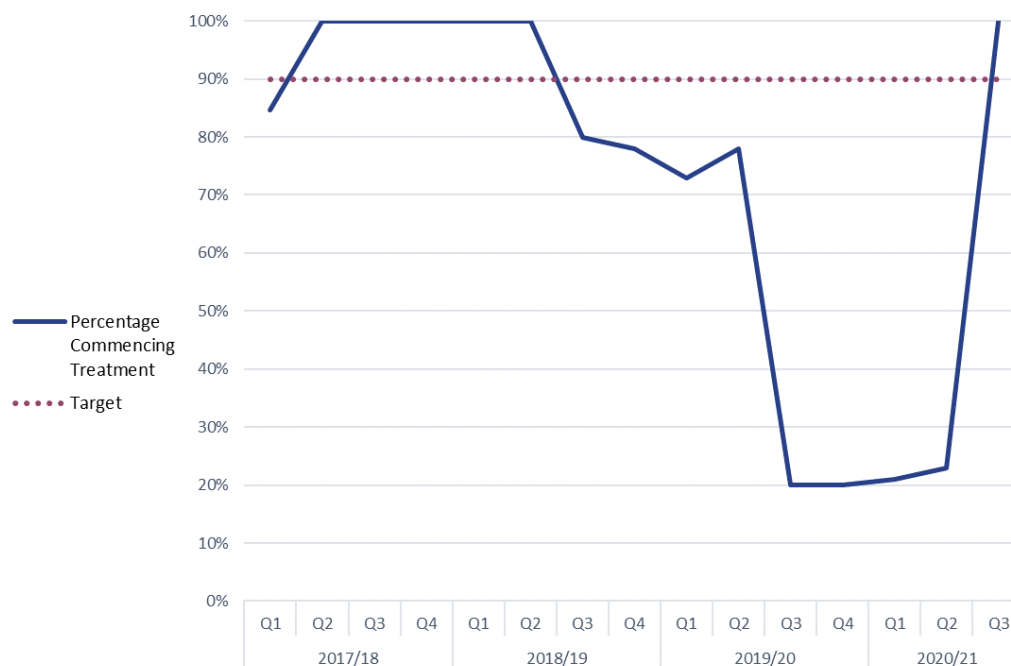
Next Steps

Maintenance of this good performance is ongoing.

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			
Target (-5%)	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
For Info	78%	20%	20%	21%	23%	100%

Figure 80 - Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral (adults only)



Indicator Trend

This measure has increased to 100% for the first time in 2 years.

Scotland Trend	Unavailable
Peer Group	Unavailable
Last Reported	February 2021 for Quarter 3 data
Next Update Due	May 2021 for Quarter 4 data
Source	Health Intelligence

10. STAFF MANAGEMENT

Trend Analysis

NHS Sickness absence remains below the target of 4% and whilst Moray Council Sickness absence remains above target, there has been a reduction this year.

Across the general population, during the lockdown period with Covid measures in place and with improved hand hygiene there has been a reduction in the levels of colds, respiratory infections and flu, which may be being reflected in the current reduction of absence rates.

As the lockdown measures relax it will be of interest to note if rates being to rise again.

Operational Actions and Maintenance

Managers are focusing on supporting staff and following good absence management practice. Staff wellbeing is a key focus given the pressures and challenges people have faced over the last 12 months.

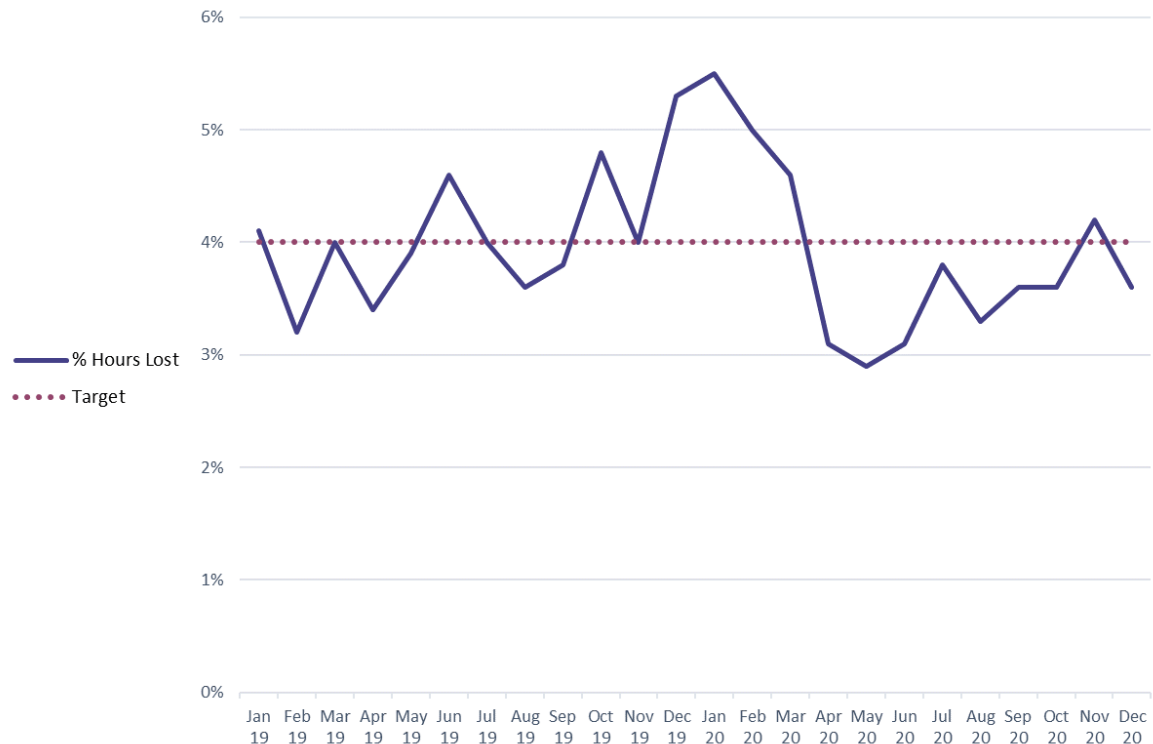
Next Steps

Moray Council Human Resources will be conducting detailed analysis of data in the next quarter to facilitate workforce planning. In addition, this exercise will provide an opportunity to review how the staff groups are recorded in the I-Trent system, with a view to improving access to necessary management information for monitoring trends.

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%)	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
4%	3.8%	5.3%	4.6%	3.1%	3.6%	3.6%

Figure 91 - NHS Sickness Absence % of Hours Lost

**Indicator Trend**

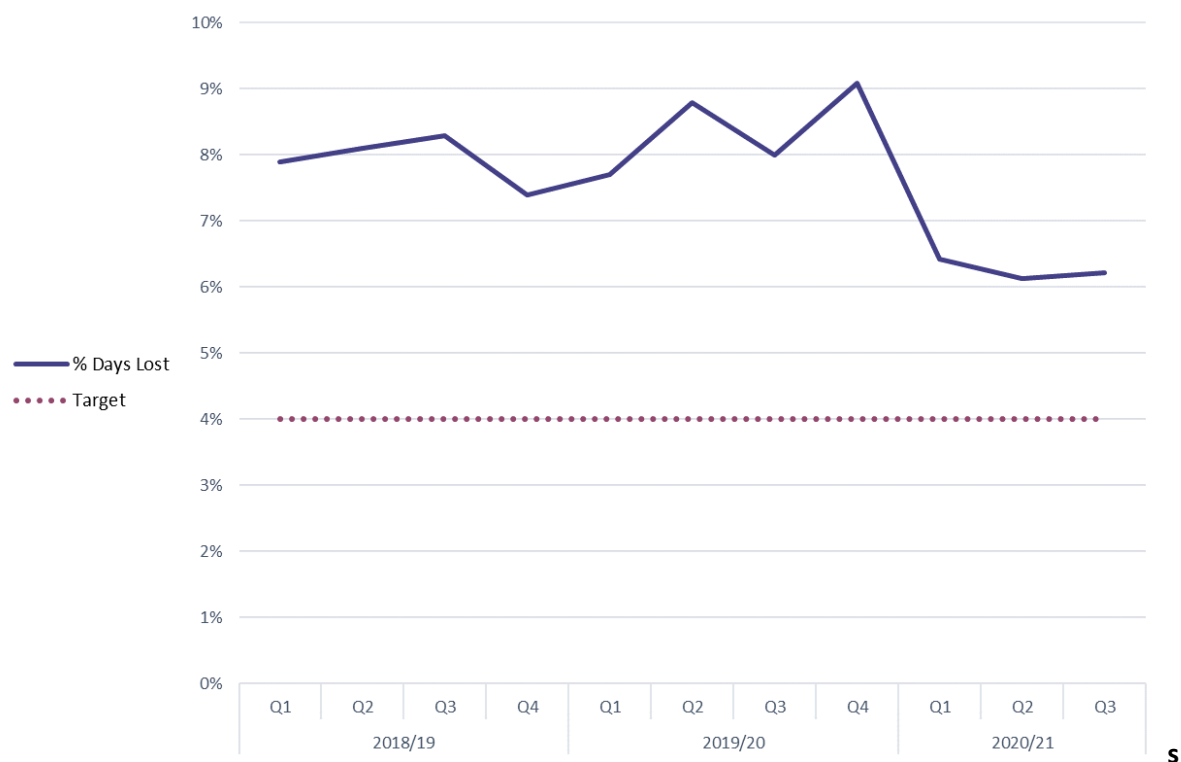
NHS sickness absence in Moray dropped significantly in quarter 1 and quarter 2 of 2020/21.

Scotland Trend	Unknown
Peer Group	Unknown
Last Reported	February 2021 for Quarter 3 data
Next Update Due	May 2021 for Quarter 4 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	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
4%	8.8%	8.0%	9.1%	6.4%	6.1%	6.2%

Figure 102 - Council Sickness Absence (% of Calendar Days Lost)

**Indicator Trend**

This indicator remains above target up to the end of quarter 3 2020/21 but it has dropped significantly from quarter 4 2019/20 where it was at a peak.

Scotland Trend	Unknown
Peer Group	Unknown
Period Last Reported	February 2021 for Quarter 3 data
Next Update Due	May 2021 for Quarter 4 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:



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