REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 28 MAY 2020**

SUBJECT: **PERFORMANCE UPDATE REPORT AND PROPOSED FUTURE REPORTING ARRANGEMENTS**

BY: **CHIEF FINANCIAL OFFICER**

1. REASON FOR REPORT

1.1. To inform the Board of the performance of Health and Social Care Moray (HSCM) as at May 2020 and proposed changes to the reporting arrangements for 2020/21.

2. RECOMMENDATION

2.1. It is recommended that the Moray Integration Joint Board (MIJB):

i) consider and note the performance in regards to the COVID-19 response of HSCM;

ii) note for reference, the performance report and local indicators as at Quarter 3 (December 2019) in APPENDIX 1 and 2;

iii) consider and approve the draft proposed performance indicators for 2020/21 as presented in APPENDIX 3; and

iv) consider and approve for future reporting the draft report containing dummy data presented at APPENDIX 4 outlining the proposed format of the 2020/21 quarterly performance reports.

3. BACKGROUND

3.1. The purpose of this report is to ensure the MIJB fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services during the COVID-19 pandemic.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. The COVID-19 pandemic has resulted in a need for a change in the operational structure within HSCM, with a particular focus on ensuring the beds within hospitals are free to allow for an expected increase in hospital usage due to the Virus. The Enhanced Discharge Hub (EDH) has been set up to facilitate this.

4.2. Care services have also been put under pressure to accept clients who are due to leave hospital and as a result there is a need for increased scrutiny on the capacity of care within Moray. Data is being collected from various sources and shared as appropriate within the EDH in order to facilitate the movement of people from hospital to appropriate care.

4.3. Included for reference and context at **APPENDICES 1** and **2** are the quarter 3 report and indicators as would have been presented to the Audit, Performance and Risk Committee on 26 March 2020.

5. DELAYED DISCHARGES

5.1. Prior to COVID-19 HSCM were already committed to reducing the time patients spent delayed in hospital who do not require to be in hospital whilst also increasing the accessibility of systems delivering safe, legal and person-centred discharge. There is unnecessary risk to health and wellbeing for people delayed when medically fit for discharge and also serious questions in regards people's liberty. Reducing delays also brings benefits such as; more efficient use of hospital and community-based resources; reducing costs and increasing service capacity.

5.2. Following a whole system workshop held in July 2019 it was agreed a whole system approach is required. A prioritised action plan was taken forward from the outcomes of this session and ongoing actions included:

- Social Workers prioritising the assessment of those in hospital and extra resource directed to the Hospital Discharge Team. The Team Manager is also carrying out assessments.

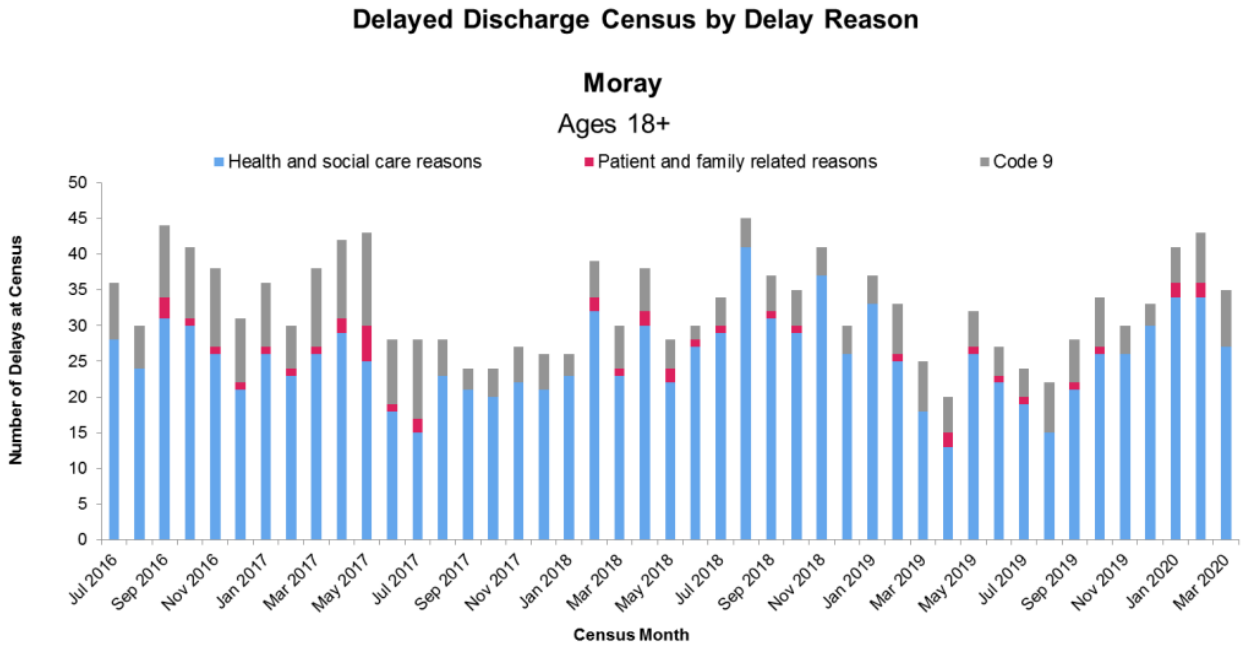
- Care homes have been engaged in providing interim care. The Commissioning Team were in talks with providers as they were able to refuse to take on new residents even when they might have space.

- An alternative to keeping guardianships in hospital is to have an NHS contract with care homes. The commissioning process was being applied to investigate and source this extra resource.

- Extra focus was being put on ensuring that minor adaptations are carried out for those in hospital.

5.3. Despite this, the numbers of delayed discharges has been increasing over the last 6 months with a reported peak of 43 being reached in February 2020. At the last available census date in March 2020 Moray had 35 delayed discharges where five of those were coded as Code-9 (Adults With Incapacity and Awaiting Specialist/Complex Care reasons).

Figure 1



5.4. At the onset of the COVID-19 pandemic in Scotland there was a clear instruction from Scottish Government to reduce Delayed Discharges to free up capacity in hospitals. The Enhanced Discharge Hub (EDH) was set up to address this and undertook the following actions:

5.4.1 It was essential to find capacity in the care at home staffing resources and this was achieved by careful review and assessment of each care package and by reducing delivery to only those deemed as critical. Support has been withdrawn where family members or volunteers are able to provide support. Those people whose care packages have been stopped are being monitored and their situation is scheduled for review after 12 weeks (commencing June 2020);

5.4.2 The EDH centralised the operational management, administrative support, data management via a virtual team model and ensured colleagues were able to communicate and make decisions as quickly as possible while maintaining professional integrity;

5.4.3 The daily monitoring of the capacity within external and internal providers was to ensure quick placement, in addition to developing closer operational interaction between Care at Home, External Providers (through the Commissioning Team), Access and the Hospital Discharge Team;

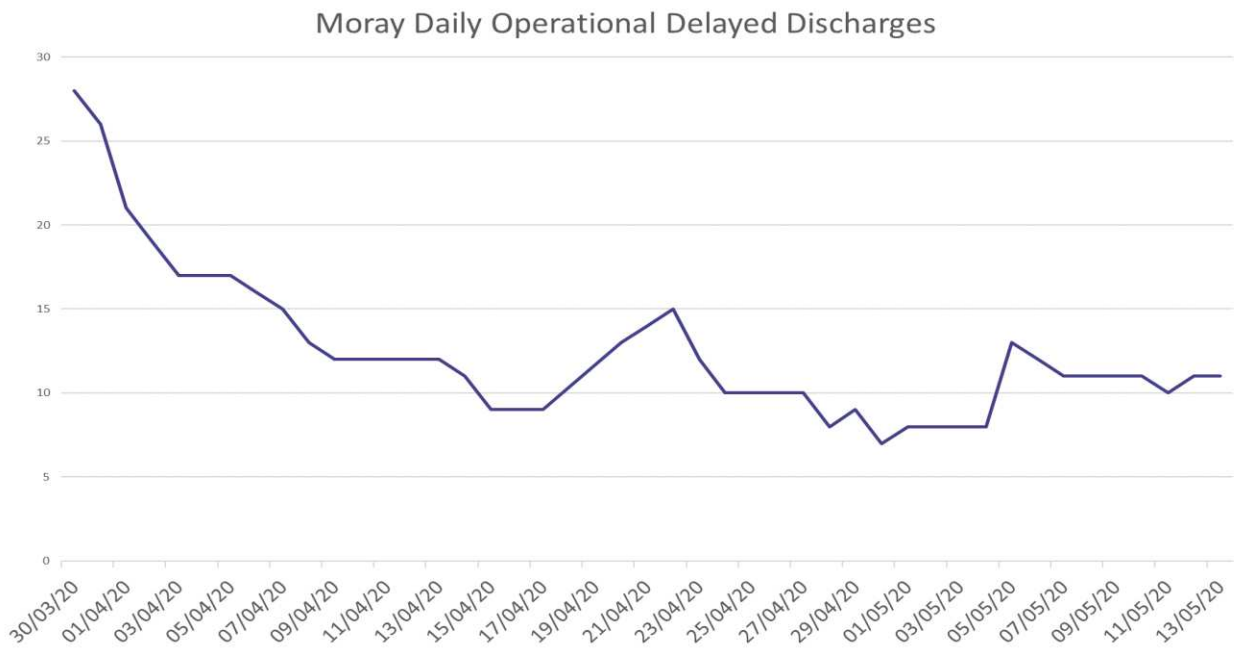
5.4.4 This enabled the centralising of all discharge activity, vacancy monitoring (in Care Homes), Care at Home capacity and Resource Allocation decision-making. This allowed for Resource Allocation to occur daily as opposed to weekly as it was up to March;

5.4.5 Staffing resources across all adult social care teams was co-opted to support the extra work required to set up and facilitate the above.

5.5. Daily monitoring and reporting on operational figures since the implementation of the above actions at the end of March has seen a dramatic decrease in the

number of delayed discharges. This has resulted in the number of delays at 11 as at 13 May 2020 (See Fig 2).

Figure 2



5.6. This work within the EDH continues and the focus on freeing up beds within Moray hospitals continues. While some of the changes made above will not be sustainable long term, some will be carried beyond the COVID-19 crisis.

6. CARE CAPACITY

6.1. Understanding the capacity within the Health and Social Care system is key to ensuring that the impact of the COVID-19 pandemic is minimised. The data presented in Fig 3 (below) is a summarised snapshot of care being delivered across the various services within Moray showing the latest available data at the time of writing the report.

Figure 3

Service	Units	Capacity	Delivered	Available	% Available	Date of Last Report
External Homecare	Hours	3502	2911	591	17%	30/04/2020
Internal Homecare	Hours	6023	4865	1158	19%	05/05/2020
Short Term Assessment and Re-ablement Team	Hours	980	332	648	66%	05/05/2020
Care Homes	Beds	582	557	25	4%	11/05/2020
Internal Overnight Care	Beds	9	7	2	22%	13/05/2020
Community Hospitals	Bed Days	66	49	17	26%	01/05/2020
Dr Gray's	Bed Days	141	62	79	56%	14/05/2020

6.2. The data shows that a significant amount of resource was freed up within critical care to allow for the anticipated influx of patients with COVID-19.

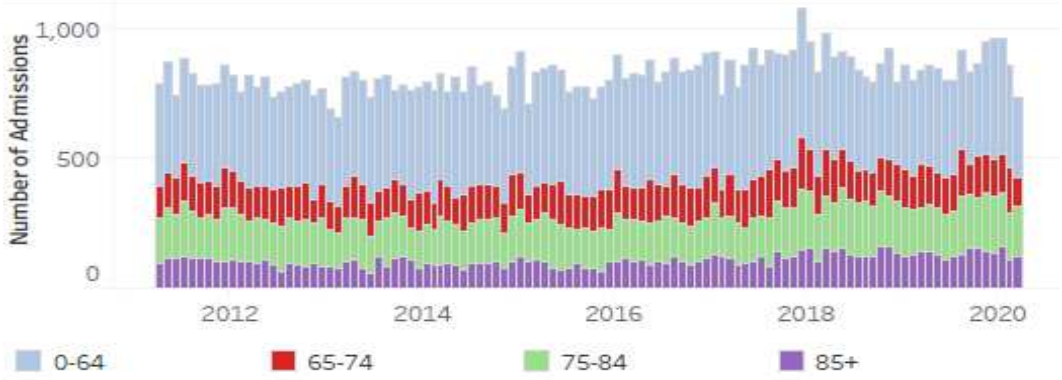
6.3. Internal Services in particular show a large amount of available capacity which was due to the change in criteria and preparation for crisis management around COVID-19. Re-ablement packages were suspended as a result of the EDH to allow for hospital discharges and to cover staff as a projection was being made of a loss of at least 20-30% of staff in this area through self-isolation.

6.4. The number of Emergency Admissions to Dr Gray's in March 2020 decreased to 541 from averaging around 700 per month over the previous 12 months. While there were reductions in all age groups the number of admissions for people aged 0-64 fell the most.

Figure 4

Number of Emergency Admissions to Dr Gray's

	Age Group				
	0-64	65-74	75-84	85+	Total
April 2019	329	102	126	96	653
May 2019	334	97	128	84	643
June 2019	316	100	113	73	602
July 2019	302	102	116	95	615
August 2019	325	126	133	75	659
September 2019	310	87	128	96	621
October 2019	317	117	125	96	655
November 2019	382	112	153	93	740
December 2019	422	92	146	93	753
January 2020	381	99	130	95	705
February 2020	339	123	122	74	658
March 2020	270	86	113	72	541



6.5. Work is underway in capturing the learning and understanding the cumulative impact of COVID-19 on HSCM which can be used to inform decision making going forward and that there will be a focus on continuing to retain the low levels of delays of discharge from hospital.

7. COMMUNITY RESPONSE

7.1. The Community Response Team (CRT) was set up to provide 24 hour palliative care and support to patients who are triaged as either being symptomatic or confirmed as COVID-19 patients across Moray. These patients would be those

palliative cases where a clinical decision has been made not to admit to hospital. Support for other End of Life non-COVID-19 patients still continues.

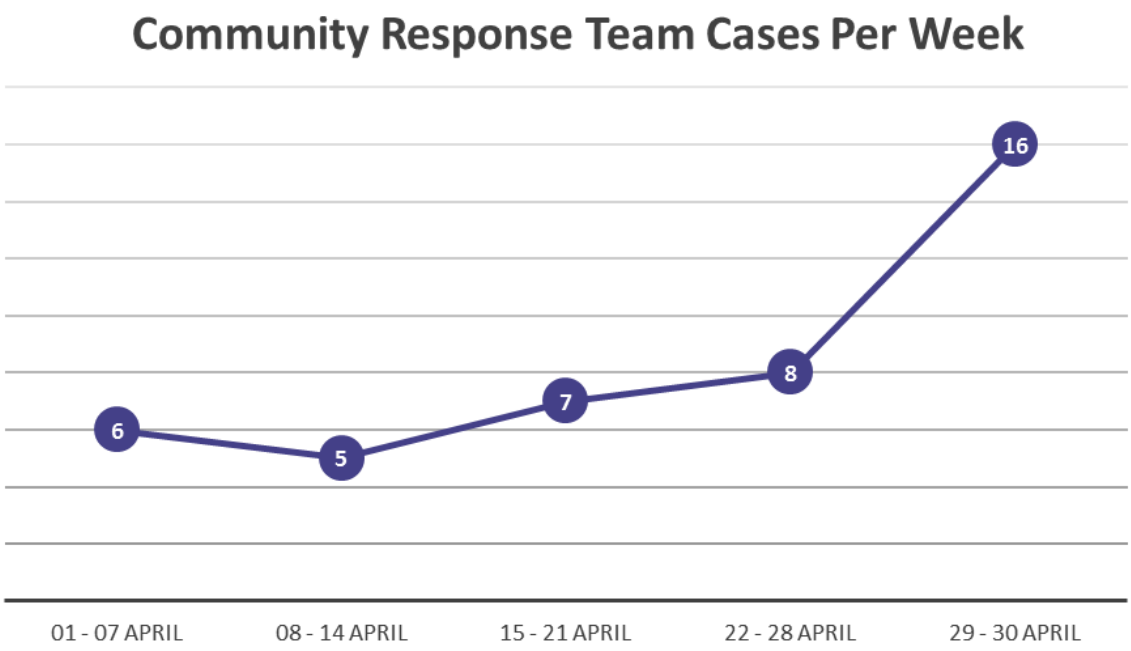
7.2. The functions of the team are one or more of:

- Ensuring patient is comfortable
- Caring for the patient in bed
- Delivering personal care in bed
- Oral hygiene
- Fluid and nutrition intake
- Continence care (pads)
- Medication management
- Minimum moving and handling
- Tissue viability – use of repose mattress where appropriate
- Rapid Response Assessments: Oxygen Sats, Temperature, Respiratory as directed by Aberdeen/Elgin Hub
- Guidance and advice for family members on symptom control and end of life care
- Guidance and advice on managing the home environment; keeping other family members safe
- Confirmation of Death (Registered Health Care Professionals)
- Surveillance Testing

7.3. The team is made up of a range of existing staff from within departments. Other non-critical staff have been redeployed from their substantive roles to increase the numbers of staff available. This includes staff from Unscheduled Care in Forres, Dental Services, Marie Curie Nurses, Oaks Palliative Care Nurses and individual staff who have offered their services to support the team. Further staffing will be added as need dictates.

7.4. During the month of April the team worked with 42 patients; 18 were suspected COVID-19 and 24 were non COVID-19. The majority of services provided were Care (18 patients) and Surveillance Testing (15 patients). The other 11 patients were for Nursing, Falls, Rapid Response Assessment and Prescribing Medication.

7.5. Prior to April the number of new referrals was averaging 7 per week but as of the end of April the team were receiving more than double that as 16 a week.



7.6. The CRT continues to work in partnership with Multi-Discipline Teams, GPs, Community Nursing, GMED and Dr Gray's Hospital.

8. Proposed Future Reporting

8.1. HSCM exists in a continually changing environment and as a result of the new Strategic Plan an exercise to refine the set of performance indicators has been undertaken. Current indicators were scrutinised, amended where necessary or removed where no longer relevant. New indicators have then been added to ensure a more complete performance picture. **APPENDIX 3** details the proposed indicators and the rationale behind inclusion, removal or addition.

8.2. Targets have been set to be meaningful and provide the partnership with a basis to assess performance accurately and objectively. Some new indicators are yet to have enough historical data or relevant comparisons to provide this meaningful target and as such will be for information until sufficient data is available.

8.3. The opportunity has also been taken to improve on the presentation of these indicators and ensure that there is more clarity around the performance of HSCM. As a result a new performance report format and design is being proposed in **APPENDIX 4** and is currently populated with dummy data for demonstration purposes. This new report will allow for highlighting of headline areas of performance while also allowing more detail where required in an accessible format.

8.4. If approved it is proposed that the new indicators and format will take effect from the first reporting period of 2020-21. It is intended that these measures be more representative of the goals set out in the strategy and for them to be reviewed annually.

9. 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.

(b) Policy and Legal

None directly associated with this report.

(c) Financial implications

None directly associated with this report.

(d) Risk Implications and Mitigation

None directly associated with this report.

(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, MIJB; Chief Financial Officer, MIJB; Mrs L Rowan, Committee Services Officer, Moray Council; Service Managers where their respective areas are relevant to this report, Health and Social Care Moray; Corporate Manager, MIJB have been consulted and their comments incorporated with in the report.

10. CONCLUSION

10.1. This report requests that the MIJB note the performance of HSCM and the actions that have been undertaken in preparation and mitigation of the COVID-19 pandemic.

Author of Report: Bruce Woodward
Background Papers: available on request
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