Moray Integration Joint Board

Thursday, 28 May 2020

Remote Locations via Video Conference

NOTICE IS HEREBY GIVEN that a Meeting of the **Moray Integration Joint Board** is to be held at **Remote Locations via Video Conference**, on **Thursday, 28 May 2020** at **09:30** to consider the business noted below.

AGENDA

MORAY INTEGRATION JOINT BOARD

MEMBERSHIP

Mr Jonathan Passmore (Chair)	Non-Executive Board Member, NHS Grampian
Councillor Shona Morrison (Vice-Chair)	Moray Council
Councillor Theresa Coull	Moray Council
Councillor Tim Eagle	Moray Council
Mr Sandy Riddell	Non-Executive Board Member, NHS Grampian
Mr Dennis Robertson	Non-Executive Board Member, NHS Grampian

NON-VOTING MEMBERS

Ms Tracey Abdy	Chief Financial Officer, Moray Integration Joint Board
Mr Ivan Augustus	Carer Representative
Ms Elidh Brown	tsiMORAY
Dr June Brown	Lead Nurse, Moray Integration Joint Board
Mr Sean Coady	Head of Service and IJB Hosted Services
Ms Karen Donaldson	UNISON, Moray Council
Mr Simon Boker-Ingram	Chief Officer, Moray Integration Joint Board
Mr Steven Lindsay	NHS Grampian Staff Partnership Representative
Mr Christopher Littlejohn	Deputy Director of Public Health
Ms Jane Mackie	Chief Social Work Officer, Moray Council
Dr Malcolm Metcalfe	Deputy Medical Director, NHS Grampian
Dr Graham Taylor	Registered Medical Practitioner, Primary Medical Services, Moray Integration Joint Board
Mrs Val Thatcher	Public Partnership Forum Representative
Dr Lewis Walker	Registered Medical Practitioner, Primary Medical Services, Moray Integration Joint Board

Clerk Name:
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MINUTE OF MEETING OF THE INTEGRATION JOINT BOARD

Thursday, 26 March 2020

Room 4 Dunbarney House, Dr Gray's Hospital, Elgin (and by video conference)

PRESENT

Ms Tracey Abdy, Mrs Pam Dudek and Mr Jonathan Passmore

BY VIDEO/AUDIO CONFERENCE

Ms Elidh Brown, Councillor Frank Brown (for Councillor Tim Eagle), Councillor Theresa Coull, Mr Steven Lindsay, Mrs Jane Mackie, Dr Malcolm Metcalfe, Councillor Shona Morrison, Mr Sandy Riddell, Mr Dennis Robertson, Dr Graham Taylor and Dr Lewis Walker

APOLOGIES

Mr Ivan Augustus, Mr Sean Coady, Councillor Tim Eagle, Councillor Louise Laing and Mrs Val Thatcher

IN ATTENDANCE

Also in attendance at the above meeting was Ms Kay Dunn, Lead Planning Manager (Grampian Mental Health and Learning Disability Review); Fiona McPherson, Public Involvement Officer; Heidi Tweedie, Moray Wellbeing Hub; and Mrs Isla Whyte, Interim Support Manager, as clerk to the Board.

1. Chair of Meeting

The meeting was chaired by Mr Passmore.

2. Welcome and Apologies

The Chair welcomed everyone to the meeting and apologies were noted.

3. Declaration of Member's Interests

Mr Riddell declared an interest in items 9 and 10 as Chair of the Mental Health Welfare Commission.

There were no other declarations of Members' Interest in respect of any item on the agenda.

4. Minute of Board Meeting dated 30 January 2020

The Minute of the meeting dated 30 January 2020 was submitted for approval.

The Board agreed to approve the minute as submitted.

5. Action Log of Board Meeting dated 30 January 2020

The Action Log of the meeting dated 30 January 2020 was discussed and updated accordingly at the meeting.

At this juncture, Mr Robertson requested the Chair takes Item 12 next to ensure it is discussed in case IT connections fail. Recognising the importance of the paper it was agreed to take the item first.

6. Minute of Audit, Performance and Risk Committee Meeting dated 19 September 2019

The minute of the Audit, Performance and Risk Committee dated 19 September was submitted and noted.

7. Minute of Clinical and Care Governance Committee Meeting dated 28 November 2019

The minute of the Clinical and Care Governance Committee dated 28 November was submitted for noting by the Board

Mr Riddell stated that following the governance workshop last year things are progressing well and moving in right direction pan Grampian.

8. Chief Officer's Report

A report by the Chief Officer (CO) provided the Board with an update on Overnight Responder Service – Night Owl and COVID-19.

In relation to the Overnight Responder Service update Mr Passmore stated this pilot needs to be considered as part of a wider review of Learning Disability (LD) work to ensure context is clear. A full report will come back to the MIJB in due course. The CO confirmed that use of this technology remains on an individual risk assessed basis and in collaboration with the individual and family as appropriate.

The CO advised the Health and Social Care Moray (HSCM) Response Group meets daily and staff are working at pace to operationalise and bring to fruition plans discussed over the last two weeks. As MIJB hosts GMED and Primary Care, the CO was tasked with delivery of a pan Grampian plan with 5 working days to get established and in place. This plan comprises of a managed pathway from NHS24 through to ventilation and onto recovery with a Hub in Aberdeen and Elgin. Virtual arrangements are in place using NHS Near Me with a clinical workforce working remotely – patients will be seen face to face, if needed, by appointment. The CO confirmed there are strong governance arrangements in place and decision making criteria – with medical and ANP leadership. The CO commended the work of primary

and secondary care colleagues across the system in the development of this pathway; it was a huge undertaking.

GMED will move out of ARI and Dr Gray's Hospital to allow for more space in the hospitals. HSCM / Dr Gray's Hospital are planning for potential 30% staff absence. Non urgent work has ceased with staff redeployed where required – broadly urgent non COVID-19, urgent COVID-19 and palliation.

Angie Wood, CO Aberdeenshire, is taking forward work on a palliation cell. Ms Wood will work with x3 Health and Social Care Partnerships to start to provide direction on approach, following national guidance. Mrs Mackie is working with teams around social work and social care to establish robust mechanisms there to support home care and external providers.

Mr Robertson extended his gratitude and thanks to primary and secondary care staff and to Mrs Dudek. The Chair and Vice-Chair echoed this sentiment. Councillor Morrison asked if HSCM staff are managing to adhere to social distancing. The CO advised there is more space now in buildings which allows staff to work further apart, meetings are being done virtually and MC/NHS IT are expediting process to allow people to contribute from home. Technology is the biggest inhibitor to remote working / virtual meetings.

Mr Passmore noted the potential impacts on self-isolation for the public in terms of domestic violence, child protection issues, mental health etc and sought assurance that planning arrangements around that are being put in place. The CO advised Ms Joyce Johnston and Mrs Mackie, with others, are leading on that. The establishment of a Humanitarian Assistance Centre (HAC) goes live today. Mrs Tracey Gervaise is taking the lead locally for care for people. The Local Resilience Partnership (LRP) is the owner of this system with lots of partner contributions i.e. MOD, Police Scotland. Mrs Abdy added work streams are being set up to support vulnerable families. All this work is being done to support the public and shield health and care system. Ms Lynne Taylor, Head of Psychology, is pulling together a paper which will cover these strands. It was noted there is a huge third sector and community effort ongoing. Ms Brown stated it is amazing to see people rising to the challenge and volunteering to help and she welcomes the connections people are making.

Mr Robertson requested to understand the processes that might be put in place to support staff once the pandemic is over. Mr Passmore advised he has spoken with Chief Executive of NHSG and directed them towards 'military decompression system' which they are looking at now.

The Chair concluded stating there is opportunity here to identify system improvements through this unprecedented time.

9. Grampian Wide Strategic Framework for Mental Health and Learning Disability Services 2020 – 2025

A report by the CO seeks approval from the Moray Integration Joint Board (MIJB) of the Grampian-wide Strategic Framework for Mental Health and Learning Disability (MHLD) 2020-2025.

Mrs Dunn presented the framework, detailing the consultation process. A detailed delivery plan will come to Boards in the future. In April 2020, the Transformation Board (Grampian MHLD) will establish the associated work streams so that further engagement with staff, partners and people with lived experience can take place as progress with service redesign and transformation takes place. A number of deliverables are being progressed at pace due to urgency.

The Chair made reference to the third recommendation in the report which instructs the Aberdeen City Chief Officer to report back on the Performance Framework and Programme Transformation Plan to MIJB on 26 June to provide assurance of detailed plans for service redesign, timelines and measures to monitor progress and sustainability. The Chair suggested adding a fourth recommendation stating these timelines are accepted as variable due to current COVID-19 pandemic.

Mr Riddell asked that the framework includes references to reviews/ recommendations completed more recently than 2017 ie the independent review of LD and Autism in the Mental Health Act. Mrs Dunn confirmed prior to the launch she will ensure reference is made to more recent work. The CO supports what has been said with regards to keeping up with reviews and it is something that needs to be prioritised across Grampian.

Mr Robertson asked Mrs Dunn to be mindful of making these documents easy to ready with less jargon. Mrs Dunn responded to advise this was discussed and there are easy read documents that are ready to go and will be available online once framework agreed.

Thereafter the Board agreed to:

I. Approve the Grampian-wide Strategic Framework for Mental Health and Learning Disability (MHLD) 2020-2025 in APPENDIX A;
II. Note Aberdeen City Health and Social Care Partnership (AC-HSCP), Aberdeenshire HSCP (A-HSCP) and Health and Social Care Moray (HSCM) plan to refresh their respective Mental Health and Learning Disability Strategy/(ies) for community based services in 2022; and
III. Instruct the Aberdeen City Chief Officer to report back on the Performance Framework and Programme Transformation Plan to Aberdeen City IJB on the 25th June 2020, Aberdeenshire IJB on 24th of June and Moray IJB on 26th of June to provide assurance of detailed plans for service redesign, timelines and measures to monitor progress and sustainability.
IV. Note the above timelines are variable due to COVID-19 pandemic and the MIJB will receive this update at some point in the future.

10. Revised Scheme of Integration to Host Grampian Wide Mental Health and Learning Disability (MHLD) Services

A report by the CO informs the Board of the transfer of operational and budget responsibility for Grampian-wide MHLD to the Chief Officer of Aberdeen City Health and Social Care Partnership (HSCP).

Ms Dunn confirmed the main change will be at strategic level. Professional reporting arrangements will continue. The Medical Director and Executive Nurse Director in NHSG continue to remain responsible for the assurance of clinical and care

governance across delegated and hosted MHLD Services on behalf of the 3 Integration Authorities and NHSG.

Financial budget will transfer to the host lead. NHSG has agreed to underwrite any financial loss on inpatient and specialist MHLD Services for up to two financial years from 1 April 2020.

The Chair stated the financial risk in the short term is low. Mrs Dudek stated, for clarity, Ward 4 Dr Gray's Hospital and Muirton Ward, Buckie remain in Moray's management arrangements. Mr Riddell gave his support for what has been proposed.

The Board agreed to:

I. Note that NHS Grampian (NHSG) will be delegating operational responsibility and the associated budget for Grampian-wide inpatient and specialist Mental Health and Learning Disability Services to the Chief Officer of the Aberdeen City Health and Social Care Partnership (HSCP) which will be set out in Annex 1, Part 2 B of their Integration Scheme;
II. Consider and agree to the proposal that Aberdeen City Integrated Joint Board (IJB) hosts Grampian-wide inpatient and specialist Mental Health and Learning Disability (MHLD) Services on behalf of Aberdeenshire IJB and Moray IJB;
III. Note that NHSG will continue to fund any deficit arising from the inpatient and specialist Mental Health and Learning Disability Services delegated under this arrangement; and
IV. Note the proposals to amend the Integration Scheme for Aberdeen City and that it will be revised and submitted to Aberdeen City Council and NHSG to seek approval.

Mrs Dunn left at this juncture.

11. Revenue Budget 2020-21

A report by the Chief Financial Officer (CFO) seeks agreement on the MIJB revenue budget for 2020/21.

Additional funding received is £1.8m from NHS Grampian and Moray Council (which is an uplift of 3% from each). The Moray Council did not exercise flexibility to restrict this uplift.

The estimated gap is £2m adding together underlying underspend, inflation and growth pressures. Mrs Abdy advised there is a recovery and transformation plan in place to address this gap. It was acknowledged some of this activity will now be delayed, however it doesn't leave the table and will still be closely monitored.

The Chair commended Mrs Abdy and her team in reaching a balanced budget.

Mr Robertson also extended his thanks to Mrs Abdy and seeks to ensure she has appropriate support required. Mrs Abdy responded that from the outset it was clear this may be subject to audit and enquiry at some point. There is a clear audit trail and everything is being recorded.

The Board agreed to:

I. Note the funding allocations proposed by NHS Grampian and Moray Council, detailed at 4.2;
II. Note the underlying overspend forecast for the 2019/20 financial year in 4.2.2 and the financial risks detailed in 4.9;
III. Formally approve the Revenue Budget for 2020/21 as detailed at APPENDIX 1 following consideration of the risks highlighted in 4.9; and
IV. Approve Directions for issue as set out at Appendices 2 and 3 respectively to NHS Grampian and Moray Council.

12. Delegated Authority for Chief Officer

A report by the CO seeks delegated authority from MIJB for the CO, for the duration of the COVID-19 pandemic, to take decisions that would normally require Board approval.

The Chair advised this report has been triggered following pan Scotland discussions.

It was noted that the majority of urgent decision making is operational, supported by management. The CO is still accountable to Moray Council and NHS Grampian Chief Executives. There is a mechanism in place to record spend attributed to COVID-19.

It was recognised governance around this situation is very important. The Chair advised, in the unlikely event of an urgent MIJB decision being required the following sequence should take place:

1. CO discuses with Chair and Vice-Chair of MIJB, if they are not available within timescales then;
2. CO discusses with Chairs of Audit, Performance and Risk Committee and Clinical and Care Governance Committee. If they are not available within timescale then;
3. CO discusses with remaining x2 voting members, if that is also not possible;
4. Go to dispute resolution mechanism where the CO meets with MC and NHSG Chief Executives (detailed in Integration Scheme).
5. If none of the above identified people are available the CO has the delegated authority from MIJB to take a decision which is justifiable.

Mr Robertson understands in the main decisions will be operational. However, to give the CO absolute assurance that any decision that needs to be taken, and in the event the CO is unable to contact the above listed people, the CO does have the power to make a decision and report as soon as possible thereafter to the MIJB. Mr Riddell requested to know as soon as possible, as Chair of CCG, if there was a decision made.

The Board agreed with the sequence of events detailed above for the CO to seek scrutiny on decisions but if that is not possible the CO will act in good faith in absence of a system in place to make justifiable decisions. The Board notes the risk but it is a risk the Board are comfortable with. Decisions made in these circumstances will be logged and reported back to the next MIJB meeting.

The Chair asked the Board to discuss assurance reporting and work of the two Committees. There is a need to agree frequency and process. The CO advised reports would be by exception, particularly about Clinical and Care Governance

aspects. The discussions would take place via teleconference with key people to ensure continued rigour around governance.

Mr Robertson concurred stating this line of assurance should be in place to support the CO. Mr Robertson asked the CO to consider keeping the MIJB informed of situation on a weekly basis or as appropriate.

Mr Taylor seeks assurance that the whole governance structure will be supported with process in place to escalate risks quickly. The confirmed structures in place will continue to be supported, the Clinical Risk Management group will continue and Mrs Mackie, as CSWO, will have oversight of Practice Governance in social work.

The CO will produce a weekly communications piece which will pull critical parts of business from NHS and LA. The Chair advised he will meet with the CO on a weekly basis and a comms to MIJB will be done following those meetings if necessary.

As per email from the Chair it has already been agreed to suspend workshops for next four months. MIJB meetings will continue to meet remotely understanding limitations with this.

After further discussion the Board agreed to:

I. Grant delegated authority for the foreseeable future to the Chief Officer or Interim Chief Officer, to take decisions in respect of matters that would normally require Board approval, if the Board is unable to meet;
II. The sequence of events detailed above for the CO to seek scrutiny on decisions, but if that is not possible the CO will act in good faith, in absence of a system in place, to make justifiable decisions.
III. Note the risk with decisions made in these circumstances.
IV. Review the delegation of authority to the Chief Officer or Interim Chief Officer in 3 months.
V. Instruct the CO to discuss with the x2 Committee Chairs to agree a timetable of meetings.
VI. Receive weekly communications from CO / Chair MIJB.
VII. Suspend MIJB Workshops for next four months.
VIII. Continue MIJB meetings via teleconference for now.

13. Items for the Attention of the Public

It was agreed there would be no specific communication following this meeting.

14. AOCB

The Chair gave the opportunity for members to raise AOCB. It was noted this was Mrs Dudek's last meeting prior to going on a 12 month secondment to NHS Highland. The Board look forward to welcoming her back at the end of her secondment.

MEETING OF MORAY INTEGRATION JOINT BOARD

THURSDAY 26 MARCH 2020

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
1.	Action Log Dated 28 November 2019	Item 1 – Chief Officer's Report; report in relation to the self-assessment of the position in relation to Drug Related Deaths has been delayed until March. Item 1 – Improvement Action Plan; still requires work with Partners before being presented. Item 2 – Quarter 3 (January – March 2019) Performance Report; Review of local indicators is ongoing and will be reported to the Audit, Perfomance and Risk Committee in March. Item 8 – Proposed Delegation of Services; shadow term to be introduced prior to completion of delegation in 2020/ 2021.	tba June 2020 March 2020 May 2020	Simon Bokor-Ingram Simon Bokor-Ingram Tracey Abdy Simon Bokor-Ingram
2.	Chief Officer's Report	Arrange Elected Member briefing in respect of the Integration Scheme Review. Report on the developments surrounding the retender of Care at Home. Report on the progress of the development of Localities	March 2020 Sept 2020 Sept 2020	Pam Dudek Simon Bokor-Ingram Jane Mackie/ Sean Coady

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
3.	Reserves Policy – Review	Further review to be undertaken no later than March 2022	March 2022	Tracey Abdy
4.	Confidential Item – Forres Locality Pathfinder Project – Progress Report	Further report required.	May 2020	Iain Macdonald
5.	Revenue Budget 2020-21	Issue Directions to MC and NHSG	March 2020	Tracey Abdy

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

SUBJECT: **CHIEF OFFICER REPORT**

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

1.1. To inform the Board of the Interim Chief Officer activities that support the delivery against the IJB's strategic priorities articulated in the Strategic Plan, and the delivery against the nine Health and Wellbeing outcomes.

2. RECOMMENDATION

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

i) consider and note the update on Covid-19 as set out in sections 3.1 and 3.2 of the report; and

ii) agree the Strategic Leadership arrangements at Dr Gray's Hospital as set out in section 3.3 of the report.

3. KEY MATTERS RELEVANT TO RECOMMENDATION

3.1 Covid-19

3.1.1 The command and control structure is now well embedded, with the Health and Social Care Moray (HSCM) Control Centre at Bronze level, supported by the Silver and Gold from NHS Grampian and Moray Council. The mobilisation plan is being enacted, delivering key services and additional activity, and has built capacity to cope with increased demand. Delayed discharges, where numbers will fluctuate, are in single figures most days, and the reconfiguration of how community support and discharge planning now work together as a team has been solidified.

3.1.2 Further national redesign for the distribution of PPE (Personal Protective Equipment) has taken place, and our local PPE Hub arrangements have responded to that, and are working tirelessly to ensure that staff across in-house services and external providers have the right equipment. The Third

Sector and Unpaid Carers are also included in the Hub arrangements, and the links have been strengthened to ensure that HSCM are able to respond to all requests.

3.1.3 There is rightly much focus nationally on the care home sector, and locally HSCM are working within the framework for putting in additional support to our care homes, both from local clinicians and also Grampian Public Health. The work to date has involved the Care Inspectorate and clinicians in Public Health, to identify early on where support is needed, and to provide interventional action to minimise risk to care home residents.

3.1.4 The provision of social care support continues to meet need at critical level, and the process of assessment and reassessment is overseen by our Consultant Social Work Practitioners. Any variation to a package of care will be reassessed in a maximum timescale of 12 weeks or sooner if triggered by the service user or the team. It is important that HSCM maintain an ability to meet all critical needs whilst having the capacity to continue with hospital admission avoidance and early hospital discharge, to protect the acute hospital bed capacity.

3.1.5 Primary Care are vital in providing out of hospital care, and supporting the wider system across community health and social care. The decrease in acute hospital presentations has the potential to create a national “health debt”, storing up unmet demand and negative impacts for the future. This will need further analysis over time, but is not evident at this point locally.

3.1.6 There is an opportunity to create a “green” (Covid-19 free) site for restarting elective surgery at Dr Gray’s Hospital. The Executive Nurse Director NHS Grampian and the Interim Chief Officer are working up a plan to achieve this, which may involve how we use our community hospitals. This will also protect the patients who access Dr Gray’s Hospital for renal dialysis by making the hospital a “green” site.

3.2 Recovery and Renewal

3.2.1 As we progress through this critical phase of the Covid-19 pandemic, it is essential that whilst the priority remains to deliver services safely and effectively in what is clearly a constantly changing landscape, it is recognised that there is need to consider the recovery phase and what is widely being termed as ‘the new normal’.

3.2.2 NHS Grampian have established a Recovery Cell, setting out some initial principles for consideration. Within this cell it is recognised that Recovery is wide ranging, and spans through internal NHS Grampian functions, through Health and Social Care Partnerships and the wider community, involving all partners. This strategic response has set out its aims and objectives as follows:

- Objective 1 – Supporting Staff
- Objective 2 – Defining the new normal
- Objective 3 – Understanding health debt
- Objective 4 – Implementing the new normal and repaying the health debt

3.2.3 Task and finish groups have been established to progress this work and representation from HSCM has been agreed. In addition to supporting the NHS Grampian recovery cell, it is important for HSCM to consider recovery within its own setting. This will be led by the Senior Management Team with a focus on capturing the learning being experienced from within the service.

3.2.4 The Senior Management Team are in the process of gathering initial data which will better equip HSCM to understand the effectiveness of the crisis response measures and enable collective sense and decision-making. Dr Lewis Walker had previously engaged with Professor Dave Snowden (Founder and Chief Scientific Officer of Cognitive Edge) around his work on the Cynefin model and SenseMaker software. This was an exercise that was actively being progressed in Grampian but recently, due to the Covid-19 response, this input has been re-purposed with a view to supporting current objectives. An identified key area is leadership and learning into recovery, and HSCM will engage in this process.

3.3 Strategic Leadership of Dr Gray's Hospital

3.3.1 The MIJB have considered reports in the past on the involvement of the Chief Officer in the operation of Dr Gray's Hospital. The level of input required on a day to day basis is considerable, and the Interim Chief Officer has considered how best to balance the priorities across the whole Health and Social Care Partnership (HSCP) portfolio.

3.3.2 The continuation of oversight from the MIJB is crucial, ensuring that the opportunities Dr Gray's Hospital presents are aligned to the MIJB strategic plan, and that the HSCP continues to support patient pathways which maximise use of care in the community and in peoples own homes.

3.3.3 In discussion with the NHS Grampian Chief Executive, it has been agreed that the Executive Nurse Director NHS Grampian will take on the executive lead role for Dr Gray's Hospital, and both the Executive Nurse Director and Interim Chief Officer will co-chair the Dr Gray's Transformation Board, which will drive the strategic direction for Dr Gray's Hospital.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. Scotland continues to be in a pandemic response phase. There are a number of additional pieces of work that have arisen during this time, and staff have responded to the challenge. The Recovery and Renewal phase is work that will happen in parallel to the response, and is important as that will create the conditions conducive to operating in a "new normal", where the response to the pandemic will be over a long timeframe.

4.2. Dr Gray's Hospital is a key asset in the heart of Moray, and the MIJB, through the Interim Chief Officer, must continue to have strategic oversight to ensure that pathways of care make best use of what the site has to offer.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan 2019 – 2029, ' Moray Partners in Care'

Working with partners to support people so they can cope with, and where possible, overcome the health and wellbeing challenges they may face.

Ensuring that the right care is provided at the right place at the right time when people are in need. Ensuring that HSCM systems are as simple and efficient as possible.

(b) Policy and Legal

The Interim Chief Officer continues to operate within the appropriate level of delegated authority, ensuring that the MIJB is sighted on key issues at the earliest opportunity, and continues to influence and agree the strategic direction.

(c) Financial implications

There are no financial implications arising directly from this report. The Mobilisation Plan was approved, and the Chief Financial Officer reports on a weekly basis any variation to the plan to ensure that the Scottish Government are sighted on additional costs arising from Covid-19.

(d) Risk Implications and Mitigation

The report captures a number of key areas critical to the delivery of services during Covid-19, along with the actions being taken to mitigate risk.

The strategic risk around Dr Gray's Hospital will be mitigated by the work the Interim Chief Officer will take forward in partnership. The risk of the oversight work of Dr Gray's Hospital consuming a disproportionate amount of capacity for the HSCP has been mitigated with the arrangements being put in place.

(e) Staffing Implications

There are no issues arising directly from this report. Staff are the greatest asset, and HSCM must continue to engage with all sectors to ensure full involvement, which will create the best solutions to the challenges faced.

(f) Property

There are no issues arising directly from this report.

(g) Equalities/Socio Economic Impact

Any proposed permanent change to service delivery will need to be impact assessed to ensure that there are no disadvantages to any section of the community.

HSCM will continue to work closely with all partners to ensure contribution to the health and well-being of the community and support the recovery phase of the Covid-19 pandemic.

(h) Consultations

Consultations have taken place with the Chief Financial Officer, Jane Mackie, Head of Service and Sean Coady, Head of Service, who are in agreement with the report where it relates to their area of responsibility.

6. CONCLUSION

6.1. The MIJB are asked to acknowledge the significant efforts of staff, across in-house providers, externally commissioned services and the Third Sector; who are supporting the response to the Covid-19 pandemic.

Author of Report: Simon Bokor-Ingram, Interim Chief Officer
Background Papers: with author

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

SUBJECT: **MEMBERSHIP OF MORAY INTEGRATION JOINT BOARD**

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

1.1 To inform the Board of proposed changes to the membership of the Moray Integration Joint Board.

2. RECOMMENDATION

2.1 The Moray Integration Joint Board (MIJB) is asked to consider and note the changes to the membership as described in this report.

3. BACKGROUND

3.1 The Public Bodies Joint Working (Scotland) Act 2014 ("the Act") and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 ("the Order") make provisions about various matters including the membership of the MIJB. As a minimum this must comprise voting members nominated from the NHS Board and Council; co-opted non-voting members who are holders of key posts with the NHS and Council or the MIJB; and co-opted non-voting members who are representatives of groups who have an interest in the MIJB. There is flexibility to appoint additional non-voting members as the Board sees fit. The Moray Health and Social Care Integration Scheme ("Integration Scheme") outlines certain agreed provisions re membership (and includes the specific provisions taken from the Act and the Order).

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The Board is asked to note the appointment of Simon Bokor-Ingram, Interim Chief Officer, MIJB. Mr Bokor-Ingram comes on secondment from his current post as Director of Community Health and Social Care and Chief Officer of the Shetland Islands IJB and replaces Mrs Pamela Dudek, who has taken up a 12 month secondment to NHS Highland. This appointment is effective as of 20 April 2020.

4.2 The Board is asked to note Dr June Brown, Nurse Director, Health and Social Care Partnerships, is to be a Board member of each IJB in Grampian, providing consistency across the area. This appointment in Moray will replace Linda Harper, Lead Nurse, who is due to retire.

4.3 The Board is asked to note Karen Donaldson, Unison Moray Steward & Interim Branch Secretary, intends to represent UNISON at MIJB and Clinical and Care Governance Committee meetings going forward, in place of Tony Donaghey.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning "Moray Partners in Care 2019-2029"

In line with the Health and Social Care Moray Integration Scheme, prepared in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. Effective governance arrangements support the delivery of plans.

(b) Policy and Legal

Complies with the terms of the Integration Scheme.

(c) Financial implications

None arising directly from this report.

(d) Risk Implications and Mitigation

None arising directly from this report.

(e) Staffing Implications

None arising directly from this report.

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

An Equalities Impact Assessment is not required because there are no service, policy or organisational changes being proposed.

(h) Consultations

Consultation on this report has taken place with the Legal Services Manager, Moray Council and Lissa Rowan, Committee Services Officer, Moray Council who are in agreement with the report where it relates to their area of responsibility.

6. CONCLUSION

6.1 This report asks the Board to note changes to the membership of the MIJB.

Author of Report: Isla Whyte, Interim Support Manager
Background Papers: with author
Ref:

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

SUBJECT: **CLINICAL AND CARE GOVERNANCE – ASSURANCE REPORT**

BY: **CHAIR OF CLINICAL AND CARE GOVERNANCE COMMITTEE**

1. REASON FOR REPORT

1.1. This report summarises the key matters considered by the Committee under the revised governance arrangements, approved by the Chair and Chief Officer, implemented during the period of response to COVID-19.

2. RECOMMENDATION

2.1. It is recommended that the Board considers and notes the key points and assurances from the Committee outlined in section 4.

3. BACKGROUND

3.1. As a result of the response to COVID-19 the normal cycle of committee meetings was suspended in March 2020 to allow staff resources to be focussed on mobilisation of the response.

3.2. To ensure that there was appropriate oversight of key issues during this period the Chief Officer and Chair of Clinical Care and Governance Committee agreed that there would be regular, short meetings with a minimum of one committee member as quorate.

3.3. The first meeting was scheduled for 29 April but due to technical difficulties it was rescheduled and held on 6 May 2020.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. At the meeting held on 6 May 2020 the Committee received updates on the following areas:-

4.1.1 Child and Adult Protection – an update on the revised meeting arrangements locally and across Grampian for both Child Protection and Adult Protection was

provided, along with the current position of referrals, which has reduced. Domestic violence is a key focus for adult support protection at this time. Work is also ongoing in relation to the returns to Scottish Government and the associated developments of Datasheets for Child Protection figures.

4.1.2 Out of Hours Service (GMED) and Covid Assessment Hubs – an overview of the establishment of the hubs and the resources involved was provided along with an assessment of current activity. The new processes are being reviewed and challenged on an ongoing basis to ensure that they minimise face to face meetings and associated risks, but that they maintain a focus on what is right for the patient. The pathway for caring for the more "frail" patients receiving palliative care that are confirmed COVID-19 positive is an area that was being reviewed and considered by NHS Grampian Board. An update will be provided to the next meeting of Clinical and Care Governance Committee.

4.1.3 New Models of Care – as a response to COVID-19 two new teams have been established. The Enhanced Discharge Hub was established to focus on reducing delays in discharges and the Community Response Team was established to support people at home with palliative care or to provide support for them to recuperate at home.

4.1.4 Use of Spynie Care Home, Duffus Wing – to support the discharge from hospital and the anticipated surge in demand, a short term wing of 17 beds was commissioned, for a period of six months, at Spynie.

4.1.5 Care Homes – enhanced system of assurance – an update on the status of care homes was provided and it was noted that Spynie had been re-assessed by the Care Inspectorate, where they stated they were impressed by the improvements. The committee requested that assurance be provided that Care Homes are safe in light of recent news reporting on deaths in care homes elsewhere and the Health and Social Care Moray approach was outlined, including the alignment to the Grampian Public Health Red/Amber/Green (RAG) status which is then reported to Scottish Government. An update on the current position will be provided to the next committee.

4.2 The Chair was assured of the arrangements that had been established as discussed and congratulated the teams involved. The Interim Chief Officer advised that work was underway to capture the learning so that it could be mainstreamed for the changes that need to remain.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan "partners in care" 2019-2029

Governance arrangements are integral for the assurance of the delivery of safe and effective services that underpin the implementation of the strategic plan.

(b) Policy and Legal

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Health Boards and Local Authorities integrate adult health and social care services. This paper outlines the work being undertaken to ensure that the clinical and care governance framework for Health and Social Care Moray and partners, during COVID-19, provides assurance of a safe and effective system.

(c) Financial implications

There are no financial implications arising as a direct result of this report.

(d) Risk Implications and Mitigation

This report outlines the governance arrangements in place during the COVID-19 period for and the mitigation that is being undertaken to minimise risks to people.

(e) Staffing Implications

There are no staff implications arising as a direct result of this report.

(f) Property

There are no property implications.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not needed because there are no changes to policy as a result of this report.

(h) Consultations

Consultations have taken place with the Chair of Clinical and Care Governance Committee, Interim Chief Officer and Lissa Rowan, Committee Services Officer, and their comments have been incorporated in the content of this report.

6. CONCLUSION

6.1. This report provides assurance of the arrangements in place during the period of COVID-19 in relation to governance overseen by Clinical Care and Governance Committee of Moray Integration Joint Board.

Author of Report: Jeanette Netherwood, Corporate Manager
Background papers: with author
Ref:

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

SUBJECT: **FINANCE UPDATE**

BY: **CHIEF FINANCIAL OFFICER**

1. REASON FOR REPORT

1.1. To update the Moray Integration Joint Board (MIJB) on the current financial situation and the approach and response being taken.

2. RECOMMENDATION

2.1. It is recommended that the MIJB consider and note the content of this report.

3. BACKGROUND

3.1. Ordinarily, the sequence of the MIJB financial calendar would be as follows:

- March - Quarter 3 Revenue Budget Monitoring reported. This would inform the Board of the position, three quarters of the way through the financial year and provide an updated forecast of the likely position as at the year-end;

- June - the financial out-turn (quarter 4) for the year would be presented to the Board providing a summary account of the financial position and more specific details in relation to services;

- June – Unaudited Annual Accounts. In-line with the Local Accounts (Scotland) Regulations 1985 (as amended) ('the Regulations'), places a statutory obligation on the MIJB to submit draft Annual Accounts for the year ended 31 March to its external auditors by 30 June each year. Prior to submission to the external auditors, the draft accounts are presented to the MIJB

- August – Quarter 1 Revenue Budget Monitoring reported for the new financial year;

- September – Audited Accounts presented to the Board for formal sign off prior to publication by the statutory deadline on 30 September.

- Quarterly Revenue Budget Monitoring continues to be reported at timely intervals throughout the year;

- March – the Revenue Budget is presented to the MIJB for approval by 31 March each year;

- Ad-hoc financial updates are presented to the MIJB, according to the judgement of the Chief Financial Officer (CFO) on events the Board should be sighted on or at the request of the MIJB in relation to specific requests.

3.2. Due to the current Coronavirus pandemic, all services are experiencing and responding to unique and unparalleled situations, the impact of which is reverberating through the economy and local financial systems and procedures are reacting and adapting to dynamic, variable and uncertain situations. In this respect, it is felt both necessary and appropriate to provide Members with an updated position on its finances and proposed way forward.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

Financial Position 2019/20

4.1 Due to the timing of the Coronavirus outbreak, the MIJB meeting that occurred 26 March 2020, considered only critical business. As a consequence the Revenue Budget Monitoring report for quarter 3 of the financial year that had been prepared was not considered. In summary, the report presented a position as at the end of December 2019 of a forecast overspend to the end of the financial year of £3.357 million on core services and an overspend of £1.698 million after consideration of strategic funds. As a comparator, Members may recall that the initial financial forecast for the full year was presented to a meeting of this Board on 28 November 2019, where the provisional forecast was noted as £1.580 million following consideration of all available funds. In summary, the quarter 3 position had remained consistent.

4.2 The timing of the pandemic outbreak has been critical from a financial perspective, given the close proximity to the financial year-end, however, understandably in a health and social care setting, finance was not considered a critical function and as a consequence accounting staff support has been significantly reduced. More recently the situation has improved and best endeavours are being made to ensure accounting deadlines can be met.

4.3 At the time of writing, there is early indication that the final financial outturn position for the 2019/20 year is consistent with previous forecasts.

4.4 The MIJB CFO has engaged in numerous conversations nationally, with Scottish Government, Audit Scotland and CFO colleagues and locally with the MIJB's appointed auditors, Audit Scotland around the production of annual accounts. An Integration Authority (IA) is subject to the accounting regulations of a Section 106 body and in Scotland (at the time of writing), whilst there is

discussion around delaying the publication of annual accounts, there has been no formal decision made. In recognition of this, the MIJB CFO is progressing the process on the basis of the original timetable and reporting deadlines, accepting the operational difficulties aligned with this.

Covid-19 Mobilisation Plan and Financial Planning

4.5 On 3 April 2020, the MIJB Chief Officer submitted to Scottish Government the initial Mobilisation Plan for Moray. The context was such that, whilst pertinent to Moray, it was an integral element of a whole-system mobilisation plan for Grampian given the implementation in partnership between NHS Grampian, the three Grampian IA's and the multi-agency Local Resilience Partnership. The mobilisation plan set out the context at the time of submission around delayed discharges, staff absence levels, care home bed capacity and high level modelling around community and primary care modelling. The plan included financial estimates.

4.6 IA's are required to submit weekly financial returns via health boards to Scottish Government. The format and requested content has been amended regularly under direction of HM Treasury with the objective of developing consistency and the ability to extract a desired level of detail. The intention is that as the months' progress, planned expenditure is replaced by actual costs. Emphasis has been placed on ensuring social care costs are captured by IA's and submitted through health board reporting to avoid any potential double counting. Following submission by all IA's, conversations are now taking place with the Scottish Government Director of Delivery, Health and Social Care Integration and IA CFO's around the financial detail. The Moray IJB CFO is working with the NHS Grampian Deputy Director of Finance and Grampian CFO's to ensure a consistent approach and timely submission of information.

Local Response and Future Planning

4.7 At the initial stage of the outbreak, a process was efficiently developed to ensure any costs being incurred that could be directly attributed to Covid-19 were recorded by services and submitted to finance staff on a weekly basis. Staff were asked to consider the information being recorded in respect of future inquiry and a level of detail was requested in order to capture appropriateness of spend. This is being collated and monitored monthly. In relation to the 2019/20 financial year, reported incurred Covid-19 spend was minimum but has again been reported via NHS Grampian to ensure cost recovery is made. This process will continue to facilitate the requests from Government as they amend their requests for estimates to actual incurred costs.

4.8 The 2020/21 Revenue Budget paper was approved on 26 March 2020. In order to present a balanced budget position, the recovery and transformation plan identified savings of £1.944 million. As part of the financial submissions to Scottish Government, indications have been made as to the likely underachievement of savings plans. The HSCM Senior Management Team, under the direction of the Interim Chief Officer have agreed to continuously consider savings throughout 2020/21, the aim of which being to address any slippage on the approved recovery and transformation plan i.e. any percentage slippage on the original plan will be addressed through revision and identification of alternatives. A risk based proactive approach is being

implemented to ensure a flexible response can be made as the situation being experienced through the pandemic evolves. It is considered by using this approach alongside the planned recovery and renewal response will allow us to be able to realise both the positive learning being captured and new, potentially more efficient ways of working that have been developed and implemented.

4.9 Undeniably, the current situation has created a very uncertain financial future in an environment already considerably challenged. However, already being experienced are some extremely positive advances in how services are being delivered. There is both a need and an appetite to capture the learning and new practices that are emerging with the potential to be more efficient whilst enhancing experiences of the people of Moray requiring access to services.

4.10 Given the fast paced and constantly emerging situation being responded to at present, it is intended that the MIJB will be kept informed through briefings where it is considered appropriate and through interactive input where an appropriate mechanism can be supported during these times.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2019 – 2029 'Moray Partners in Care'

It is imperative as transition is made through this current pandemic period, the aims and objectives agreed by this Board through the approval of its Strategic Plan are considered at every opportunity to ensure consistency.

(b) Policy and Legal

In accordance with the Public Bodies (Joint Working) (Scotland) Act 2014, MIJB is subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973 and is classified as a local government body for accounts purposes by the Office for National Statistics.

(c) Financial implications

Contained within the body of this report.

(d) Risk Implications and Mitigation

The current pandemic is creating unprecedented risk from a financial perspective. The processes being established and proposals in relation to a way forward are developing and adapting to the emerging situation. It is important to ensure that officers are informed and engaged at the appropriate times following an integrated and connected approach and that MIJB members are kept informed of developments and responses being made.

(e) Staffing Implications

None arising directly from this report.

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

None arising directly from this report as there has been no change to policy

(h) Consultations

Consultation on this report has taken place with the Interim Chief Officer, who is in agreement with the report.

6. CONCLUSION

6.1. In recognition of the effects the Coronavirus outbreak is placing on the MIJB financial systems, processes and budgets, an update is being provided for consideration.

Author of Report: Tracey Abdy, Chief Financial Officer MIJB
Background Papers: with author
Ref:

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.

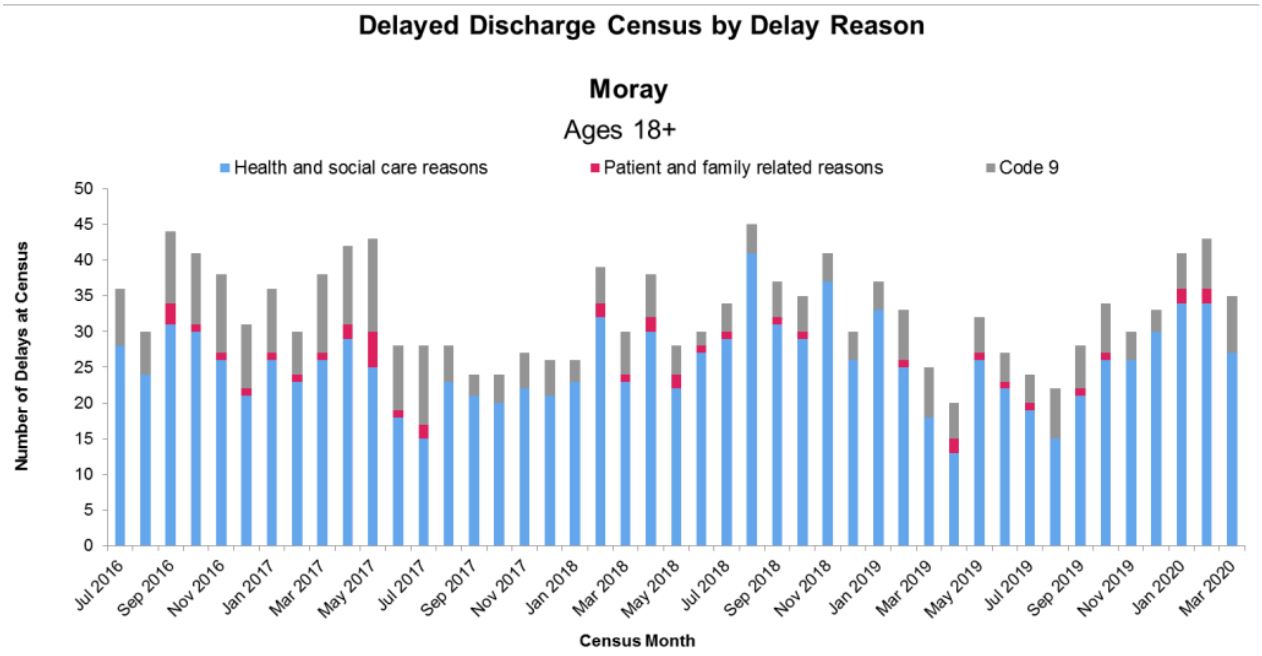
- Care homes have been engaged in providing interim care. The Commissioning Team were in talks with providers as they were able to refuse to take on new residents even when they might have space.

- 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;

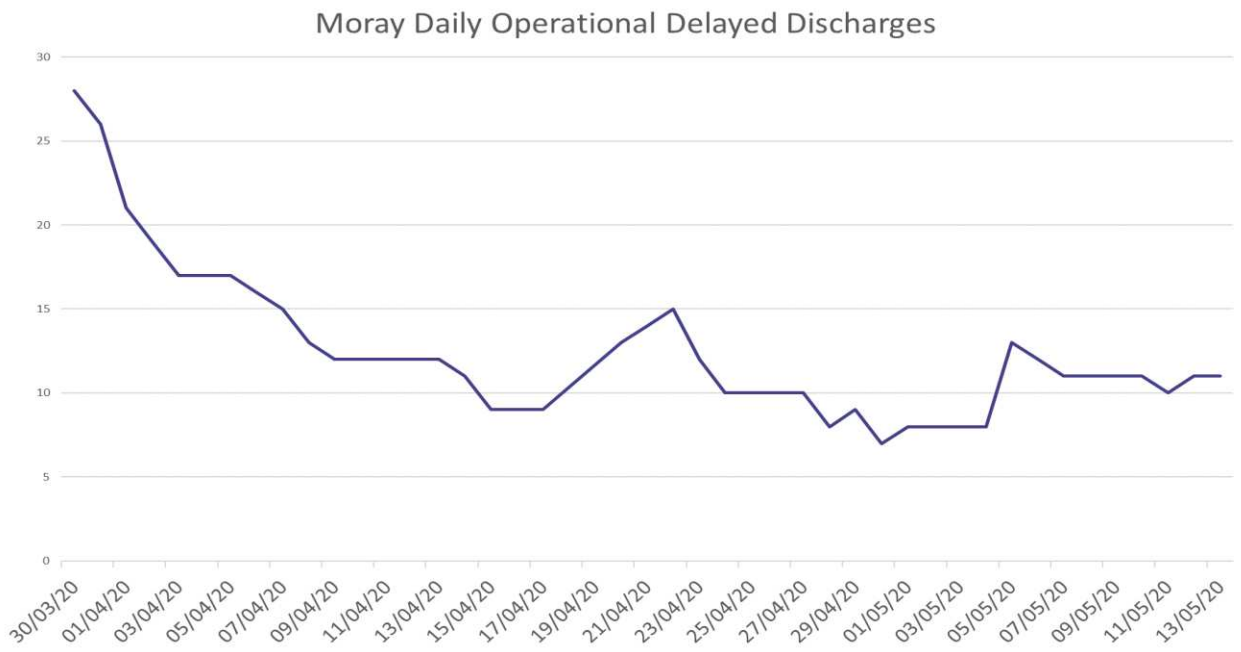
5.4.4 This enabled the centralising of all discharge activity, vacancy monitoring (in Care Homes), Care at Home capacity and Resource Allocation decision-making. This allowed for Resource Allocation to occur daily as opposed to weekly as it was up to March;

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.

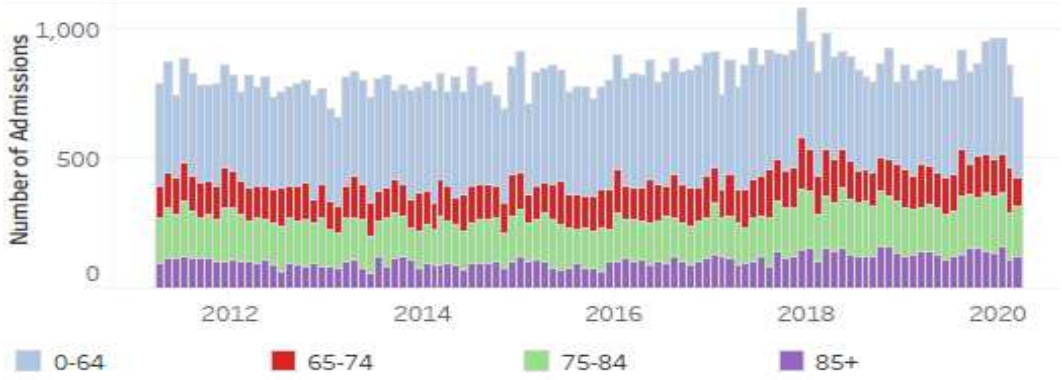
6.3. Internal Services in particular show a large amount of available capacity which was due to the change in criteria and preparation for crisis management around COVID-19. Re-ablement packages were suspended as a result of the EDH to allow for hospital discharges and to cover staff as a projection 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.

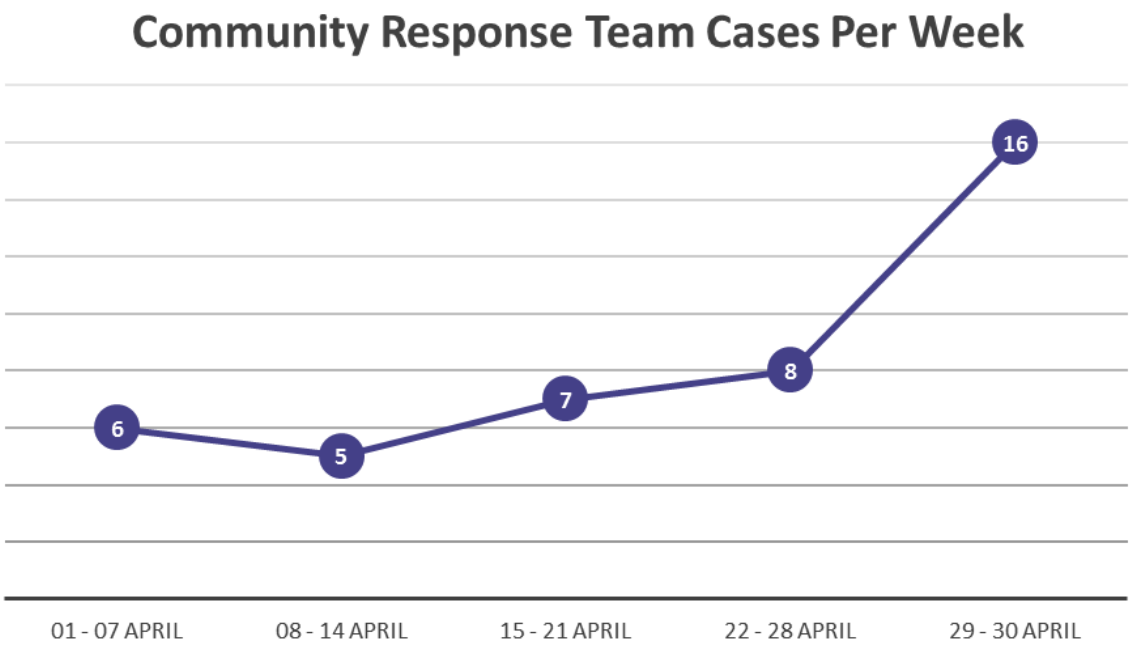
7.2. The functions of the team are one or more of:

- 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
Ref:

REPORT TO: **MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 26 MARCH 2020**

SUBJECT: **QUARTER 3 (OCTOBER – DECEMBER 2019) PERFORMANCE REPORT**

BY: **CHIEF FINANCIAL OFFICER**

1. REASON FOR REPORT

1.1 To update the Audit, Performance and Risk Committee on the performance of the Moray Integration Joint Board (MIJB) as at Quarter 3 (October – December 2019/20).

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 3 (October – December 2019) as presented in the Moray Local Indicators at APPENDIX 2;

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 contained within Section 5;

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 and on the programme of work as set out in its Strategic Plan.

3.2 **APPENDIX 2** identifies local indicators for the MIJB and the functions delegated by NHS Grampian and Moray Council, to allow wider scrutiny by this Committee.

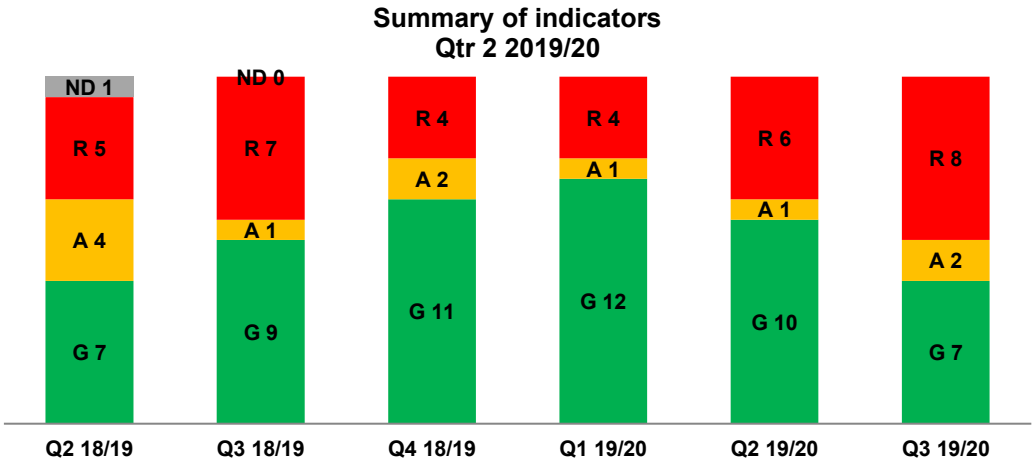
4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 Local Indicators are assessed on their performance via a common performance monitoring Red, Amber, Green (RAG) traffic light rating system.

RAG scoring based on the following criteria (Where there is no target, previous quarter is used):	
GREEN	If Moray is performing better than target.
AMBER	If Moray is performing worse than target but within 5% tolerance.
RED	If Moray is performing worse than target by more than 5%.
▲ – ▼	Indicating the direction of the current trend.

4.2 The performance indicators for quarter 3 is attached in **APPENDIX 2.** Moray has 17 local indicators. Seven of the indicators are green, 2 are amber and 8 indicators are showing as red.

Figure 1



The table below (Figure 2) gives a summary of the historical movement of the RAG status by indicator since quarter 1 2018/19.

Figure 2 – RAG History

HSCM Indicator RAG over time

ID.	Indicator Description	EPD*	Q1 (Apr-Jun 18)	Q2 (Jul-Sep 18)	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sept 19)	Q3 (Oct-Dec 19)
L07	Rate of emergency occupied bed days for over 65s per 1000 population	▼	A▼	A▼	G▼	G▼	G▼	G▼	G▲
L08	Emergency Admissions rate per 1000 population for over 65s	▼	G▼	G▲	G▼	G▼	G▼	G▲	G▲
L09	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	▼	A▼	R▲	A -	A▼	G▼	G -	A▲
L10	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population	▼	R▲	R▲	G▼	G▼	G▼	G▼	R▲
L11	Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter)	▼	R▲	G -	G▼	G▼	G▼	G▼	R▲
L12	A&E Attendance rates per 1000 population (All Ages)	▼	G▼	R▲	G▼	A▲	R▲	A▲	R▲
L13	A&E Percentage of people seen within 4 hours, within community hospitals	▲	G -	G -	G -	G -	G -	G -	G -
L14	Percentage of new dementia diagnoses who receive 1 year post-diagnostic support	▲	ND	ND	ND	G - (2014/15)	G▼ (2015/16)	R▼ (2016/17)	G▲ (2017/18)
L15	Smoking cessation in 40% most deprived communities after 12 weeks	▲	R▼	G▲	R▼	G▲	G▲	R▼	R▼
L16	Percentage of clients receiving alcohol treatment within 3 weeks of referral	▲	G▲	G▼	G -	G -	G -	G -	G▼
L17	Percentage of clients receiving drug treatment within 3 weeks of referral	▲	G -	G▲	G -	G -	G -	G -	G -
L18	Number of Alcohol Brief Interventions being delivered	▲	R▼	R	R▼	R▼	R▲	R▲	R▼
L19A	Number of complaints received and % responded to within 20 working days - NHS	▲	G▲	R▼	R▼	G▲	R▼	R▲	R▲
L19B	Number of complaints received and % responded to within 20 working days - Council	▲	ND	G -	G -	G -	G -	R▼	G▲
L20	NHS Sickness Absence % of Hours Lost	▼	R▼	R▼	R▲	G▼	G▲	G▼	A▲
L21	Council Sickness Absence (% of Calendar Days Lost)	▼	ND	ND	R▲	R▼	A▲	R▲	R▼
L41	Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral	▲	G▲	G▼	R▼	R▼	R▼	R▲	R▼

* Expected Positive Direction

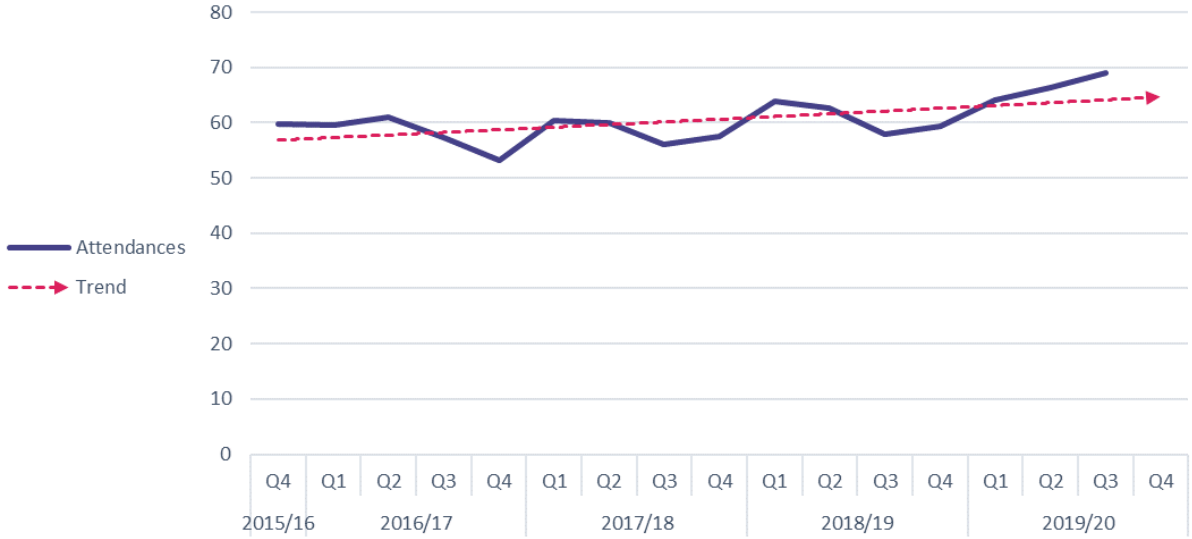
4.3 **Section 5** provides exception reporting and supplementary information which explains the background to current performance and management action being undertaken to address the underlying issues.

5. PERFORMANCE ANALYSIS

5.1 **L10 - Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population AND L11 - Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter)** L10 and L11 have both increased this quarter (Further analysis and actions are addressed in a separate Delayed Discharges report being presented at this meeting).

5.2 **L12 - A&E Attendance rates per 1000 population (All Ages)** – An expected seasonal reduction in this measure did not occur and the rate of A&E attendances are at their highest since 2015/16 and on an increasing trend.

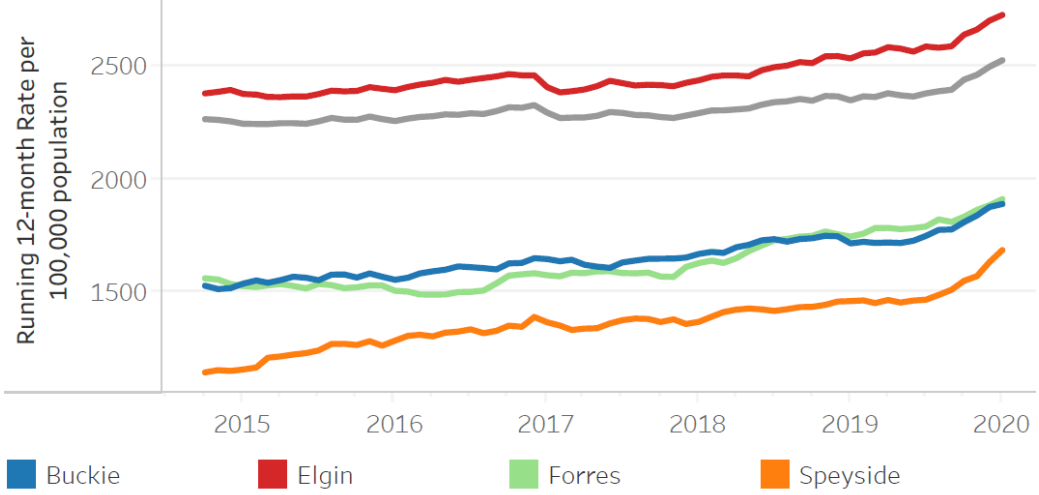
Figure 3 - A&E Attendance rates per 1000 population (All Ages)



As reported last quarter a small percentage of attendances were recorded inappropriately and were redirected. There is still a need to support people's awareness of the help that can be provided by other professions such as pharmacies, opticians, dentists etc. This is subject to ongoing promotion by NHS Grampian through their "know who to turn to" communications. These inappropriate attendances make up one fifth of the total.

Monthly data over the past 5 years shows that since 2018 there has been a steady increase in the numbers attending the Emergency Department (ED) at Dr Gray's Hospital. This has been the case across all localities and the recent increase has been driven mainly by patients from Elgin and Speyside.

Figure 4 - ED Running 12 Month Rate per 100,000 Population

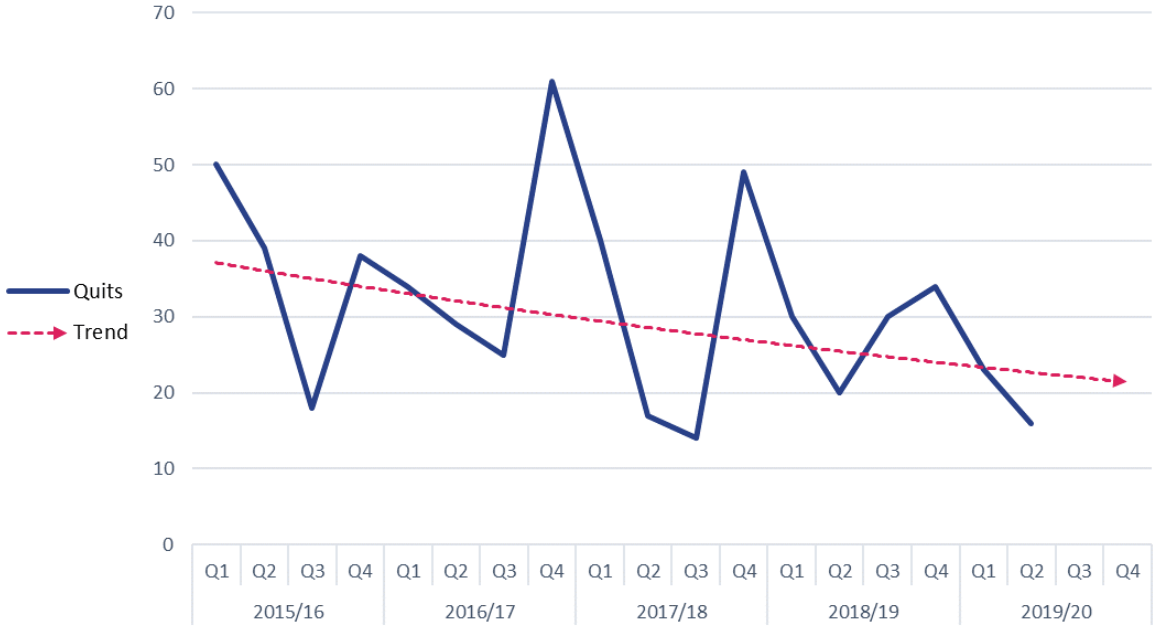


The increase in the 12 month rate per 100,000 population across Moray was 131 and Elgin and Speyside had increases in their rates of 157 and 174 respectively. This is a 12% increase in the rate per 100,000 of people from Speyside attending the ED in 2019 compared to 2018.

While this issue has been highlighted in previous reports this recent increase warrants further investigation with a recommendation of a report to come back to this committee at a later date highlighting detailed analysis and actions recommended or undertaken to address this.

5.3 **L15 - Smoking cessation in 40% most deprived after 12 weeks** – The decline in the number of quits is the same across Grampian and for the whole of Scotland and there has been a steady decline since 2012.

Figure 5 - Smoking cessation in 40% most deprived communities after 12 weeks



The pool of smokers within the 40% most deprived communities is reducing and as a result there are fewer people to come to services. Of those that are left, significant numbers are turning to e-cigarettes/vaping devices to help them quit and are not accessing services they traditionally might have.

To increase reach and provide a holistic, person centred approach the following measures have been implemented:

- The healthpoint and Smoking Advice Service have merged, increasing the reach of smoking advisors in Moray; delivering the service within Dr Gray's Hospital, GP Practices (outreach services), through campaigns/events within the community and working alongside the range of support services available which include pharmacies.

- Due to staff vacancy no dedicated advisor has been available to priority groups (Pre –Assessment, Mental Health and Maternity Services) within DGH (although this has been addressed in the interim by existing healthpoint staff) – an advisor has now been recruited.

- Wider Partnership collaborations aim to further embed and sustain the Making every Opportunity Count (MeOC) approach within Health and Social Care and partner organisations. MeOC is a 3-tiered approach and provides practitioners with a range of flexible tools including a DIY MOT self-check, which provides a framework for practitioners to support clients to identify any health and wellbeing concerns they may have. Once identified practitioners can signpost clients to the most appropriate supporting service which includes smoking cessation. MeOc is being imbedded within Acute/Primary Care; the Community; the Third Sector and Local Authority.

There has been an increase in the number of Pharmacy clients on the national smoking cessation database appearing in the 4 week follow up column. To support community pharmacies a range of smoking cessation work has been undertaken by the Pharmacy and Medicines Directorate across Grampian; Moray input includes:

- Recruitment of public health practitioner (tobacco and pharmacy) until March 2020 to support smoking training and development within community pharmacies
- Stop Smoking Training has been delivered to 20 staff in Moray, across 5 pharmacies, training sessions are ongoing – there are 26 Pharmacies in Moray
- Mail Drop of resources sent out to all pharmacies in Grampian - December 2019
- Workshop/Training event scheduled on Tuesday 3rd march in the evening for pharmacy staff. The workshop will cover three areas; Overview of service, PCR System and Behavioural support
- Community Pharmacy's encouraged to sign up to ASH Charter.

5.4 **L18 - Number of Alcohol Brief Interventions being delivered** – In quarter 3 there were 113 recorded ABIs in Moray which is below the target of 259.

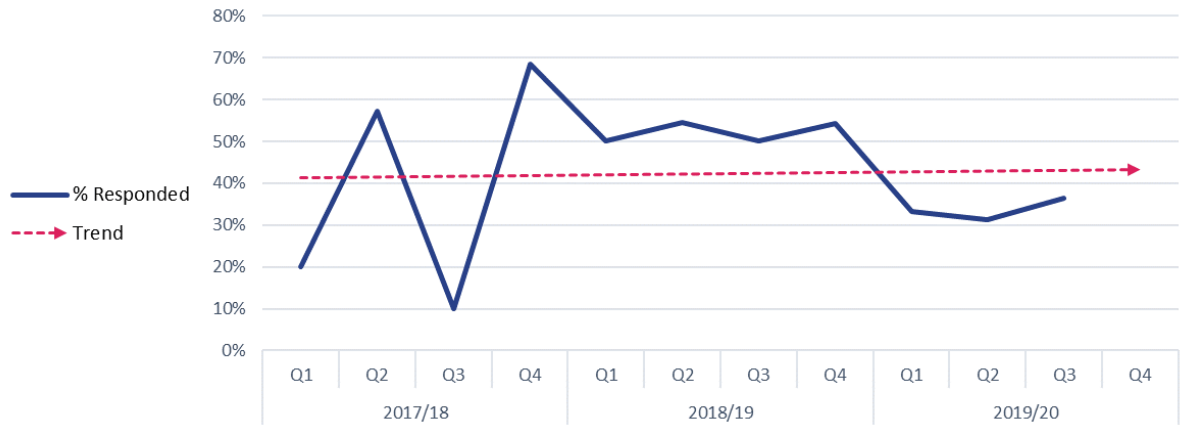
The local health improvement team are now leading on an action plan. The team have substantially increased the number of staff available to do training.

There are 4 Area Public Health Co-ordinators (APHCs) trained in the delivery of ABIs who are now within the 4 localities in Moray and continue to offer bespoke sessions to GP practice staff (including refreshers). Training is also promoted within the community to partner organisations.

5.5 **L19A Number of complaints received and % responded to within 20 working days - NHS** –During the last quarter, a total of **11** complaints were recorded within Datix.

Specific narrative around the low percentage in this measure is not yet avaialbe due to data protection; however complexity of complaints is quoted as the reason for the length of time taken for the majority of cases. Where appropriate complainants had been notified of the extended time required for the investigation.

Figure 6 - Number of complaints received and % responded to within 20 working days - NHS



5.6 **L20 – NHS Sickness Absence (% of hours lost) AND L21 - Council Sickness Absence (% of Calendar Days Lost)** – Both sickness absence rates were above target in quarter 3. Actions underway to address these are presented in a separate report to this committee.

5.7 **L41 – Percentage of patients commencing Psychological Thereapy Treatment within 18 weeks of referral** – As reported previously there have been significant capacity issues in adult mental health but after a two year vacancy a new psychologist is now in post and this should begin to address and improve waiting times to be back in line with target over the coming months.

6. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

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

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

Consultation on this report has taken place with the following staff who are in agreement with the content in relation to their area of responsibility:-

- Chief Officer, MIJB
- Chief Financial Officer, MIJB
- Committee Services, Moray Council
- Service Managers, Health and Social Care Moray
- Corporate Manager, MIJB

7. CONCLUSION

7.1 **This report requests the Audit, Performance and Risk Committee comment on performance of local indicators and actions summarised in Section 5.**

Author of Report: Bruce Woodward, Senior Performance Officer
Background Papers: Available on request
Ref:

Moray Health and Social Care Partnership: Performance at a Glance Quarter 3 (Oct to Dec 2019) APPENDIX 2

Local Indicators

RAG scoring based on the following criteria (Where there is no target, previous quarter is used)	
G	If Moray is performing better than target
A	If Moray is performing worse than target but within 5% tolerance
R	If Moray is performing worse than target by more than 5%
▲ – ▼	Indicating direction of current trend

ID.	Indicator Description	Source	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	Target	RAG Status
L07	Rate of emergency occupied bed days for over 65s per 1000 population	NHS	2344	2274	2117	2097	**2112**	2360	G▲
L08	Emergency Admissions rate per 1000 population for over 65s	NHS - PMS	187	182	177	179	**184**	193	G▲
L09	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	NHS - PMS	130	127	123	123	**126**	125	A▲
L10	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population	NHS	41	37	31	26	**39**	-	R▲
L11	Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter)	NHS	35	32	26	25	**32**	25*	R▲
L12	A&E Attendance rates per 1000 population (All Ages)	NHS	58.0	59.4	63.5	64.9	**69.1**	-	R▲
L13	A&E Percentage of people seen within 4 hours, within community hospitals	NHS	100.0% (564)	100% (563)	100% (647)	100% (673)	**100% (537)**	98%	G -
L14	Percentage of new dementia diagnoses who receive 1 year post-diagnostic support	ISD	Reported Annually	94.9% (2014/15)	90.7% (2015/16)	66.7% (2016/17)	**96.5% (2017/18)**	70%	G▲
L15	Smoking cessation in 40% most deprived communities after 12 weeks	NHS	30	35	25	16	Q2 is most recent, this indicator is always a quarter behind	-	R▼
L16	Percentage of clients receiving alcohol treatment within 3 weeks of referral	NHS	100.0%	100.0%	100.0%	100.0%	**97.6%**	90%	G▼
L17	Percentage of clients receiving drug treatment within 3 weeks of referral	NHS	100%	100.0%	100.0%	100.0%	**100.0%**	90%	G -
L18	Number of Alcohol Brief Interventions being delivered (includes ABIs in priority and wider settings where data can be aligned to HSCP)	NHS	166	125	147	171	**113**	259	R▼
L19A	Number of complaints received and % responded to within 20 working days - NHS	NHS	50.0% (18)	54.2% (24)	33% (12)	31%(16)	**36% (11)**	-	R▲
L19B	Number of complaints received and % responded to within 20 working days - Council	SW	100% (6)	100% (3)	100% (5)	75%(8)	**100% (3)**	-	G▲
L20	NHS Sickness Absence % of Hours Lost	NHS	4.7%	3.8%	3.9%	3.8%	**4.7%**	4.0%	A▲
L21	Council Sickness Absence (% of Calendar Days Lost)*	SW	8.3%	7.4%	7.7%	8.8%	**8.0%**	4.0%	R▼
L41	Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral	NHS	80.0%	78.0%	73.0%	78.0%	**20.0%**	90%	R▼

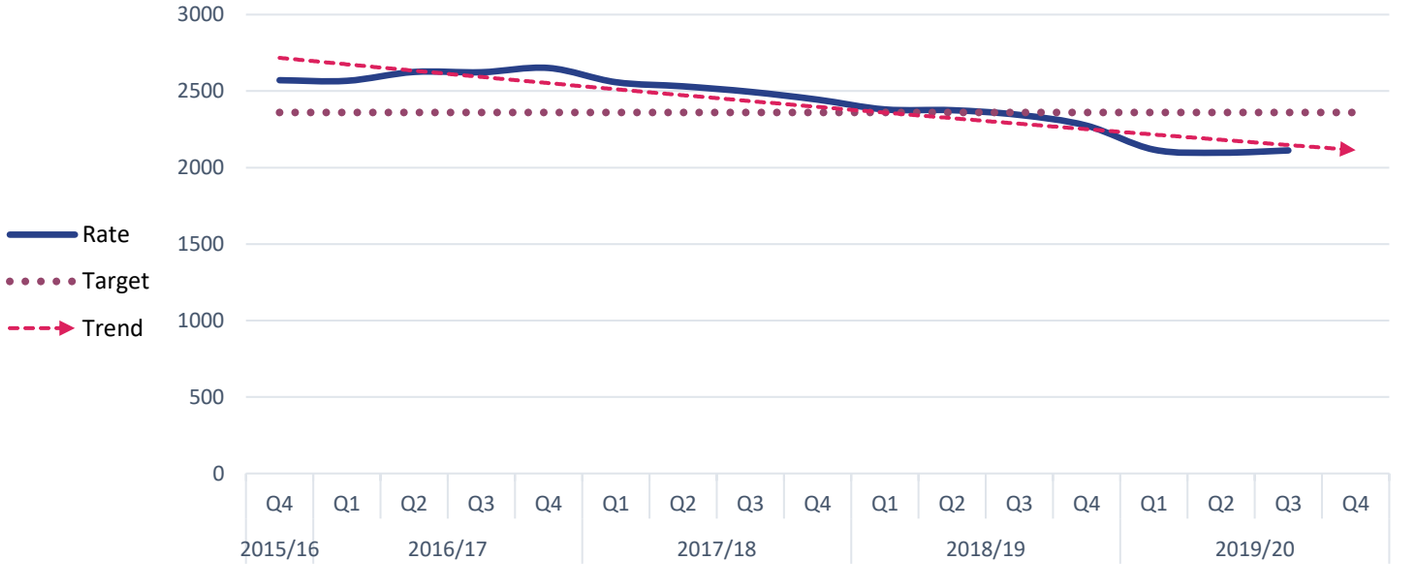
*** Target Amended to align with overall Moray Council and NHS Targets.**

HSCM Indicator RAG over time									
ID.	Indicator Description	EPD*	Q1 (Apr-Jun 18)	Q2 (Jul-Sep 18)	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sept 19)	Q3 (Oct-Dec 19)
L07	Rate of emergency occupied bed days for over 65s per 1000 population	▼	A▼	A▼	G▼	G▼	G▼	G▼	G▲
L08	Emergency Admissions rate per 1000 population for over 65s	▼	G▼	G▲	G▼	G▼	G▼	G▲	G▲
L09	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	▼	A▼	R▲	A -	A▼	G▼	G -	A▲
L10	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population	▼	R▲	R▲	G▼	G▼	G▼	G▼	R▲
L11	Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter)	▼	R▲	G -	G▼	G▼	G▼	G▼	R▲
L12	A&E Attendance rates per 1000 population (All Ages)	▼	G▼	R▲	G▼	A▲	R▲	A▲	R▲
L13	A&E Percentage of people seen within 4 hours, within community hospitals	▲	G -	G -	G -	G -	G -	G -	G -
L14	Percentage of new dementia diagnoses who receive 1 year post-diagnostic support	▲	ND	ND	ND	G - (2014/15)	G▼ (2015/16)	R▼ (2016/17)	G▲ (2017/18)
L15	Smoking cessation in 40% most deprived communities after 12 weeks	▲	R▼	G▲	R▼	G▲	G▲	R▼	R▼
L16	Percentage of clients receiving alcohol treatment within 3 weeks of referral	▲	G▲	G▼	G -	G -	G -	G -	G▼
L17	Percentage of clients receiving drug treatment within 3 weeks of referral	▲	G -	G▲	G -	G -	G -	G -	G -
L18	Number of Alcohol Brief Interventions being delivered	▲	R▼	R	R▼	R▼	R▲	R▲	R▼
L19A	Number of complaints received and % responded to within 20 working days - NHS	▲	G▲	R▼	R▼	G▲	R▼	R▲	R▲
L19B	Number of complaints received and % responded to within 20 working days - Council	▲	ND	G -	G -	G -	G -	R▼	G▲
L20	NHS Sickness Absence % of Hours Lost	▼	R▼	R▼	R▲	G▼	G▲	G▼	A▲
L21	Council Sickness Absence (% of Calendar Days Lost)	▼	ND	ND	R▲	R▼	A▲	R▲	R▼
L41	Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral	▲	G▲	G▼	R▼	R▼	R▼	R▲	R▼

* Expected Positive Direction

L07 **Rate of emergency occupied bed days for over 65s per 1000 population**

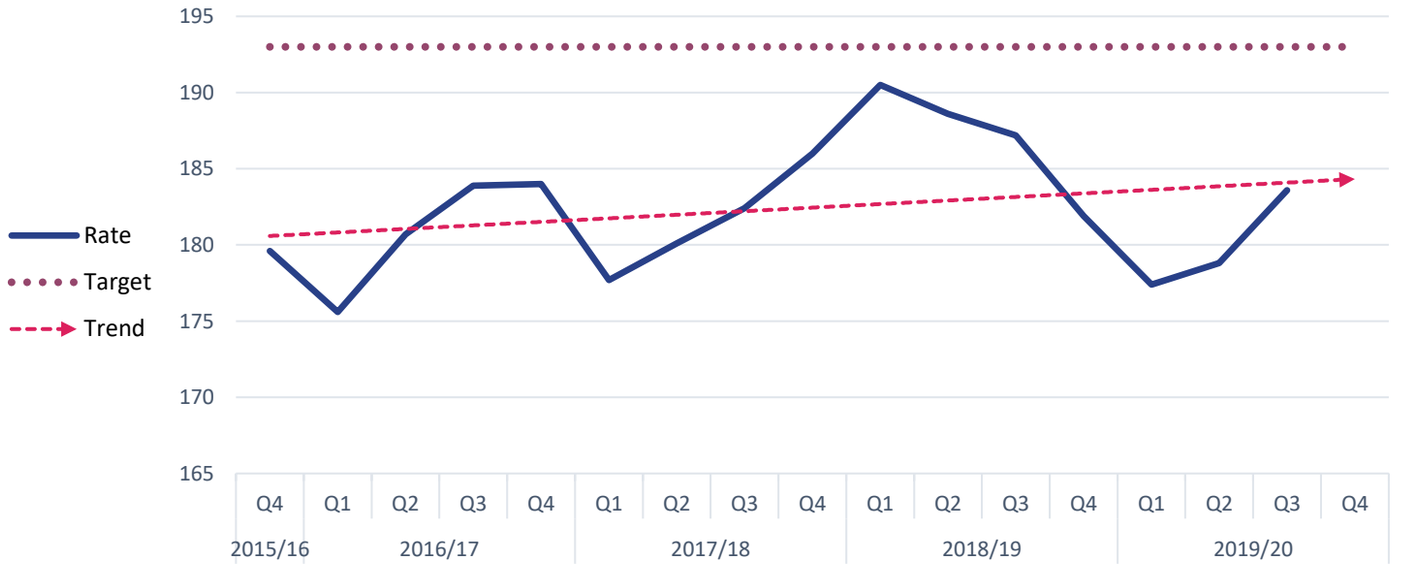
Financial Year		Rate	Target
2015/16	Q4	2571	2360
2016/17	Q1	2567	2360
	Q2	2625	2360
	Q3	2623	2360
	Q4	2651	2360
2017/18	Q1	2558	2360
	Q2	2531	2360
	Q3	2495	2360
	Q4	2444	2360
2018/19	Q1	2380	2360
	Q2	2375	2360
	Q3	2344	2360
	Q4	2274	2360
2019/20	Q1	2117	2360
	Q2	2097	2360
	Q3	2112	2360
	Q4		2360



There has been a steady reduction in this measure over the past 2 years and this looks to continue to be below target for the forseeable future.

L08 **Emergency Admissions rate per 1000 population for over 65s**

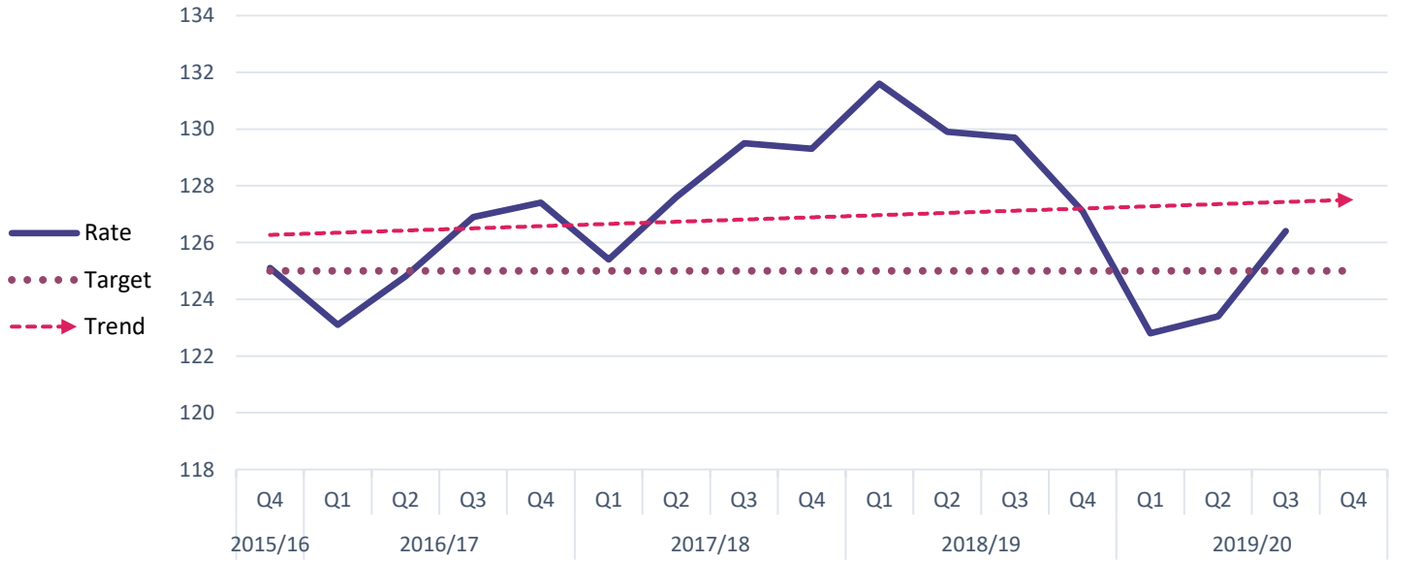
Financial Year		Rate	Target
2015/16	Q4	179.6	193
2016/17	Q1	175.6	193
	Q2	180.7	193
	Q3	183.9	193
	Q4	184.0	193
2017/18	Q1	177.7	193
	Q2	180.1	193
	Q3	182.4	193
	Q4	186.0	193
2018/19	Q1	190.5	193
	Q2	188.6	193
	Q3	187.2	193
	Q4	181.9	193
2019/20	Q1	177.4	193
	Q2	178.8	193
	Q3	183.6	193
	Q4		193



There is an increasing trend in this measure but there was a dip in Q1 2019/20 and while the Q2 and Q3 performance has increased it is still below target and following seasonal trends.

L09 **Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population**

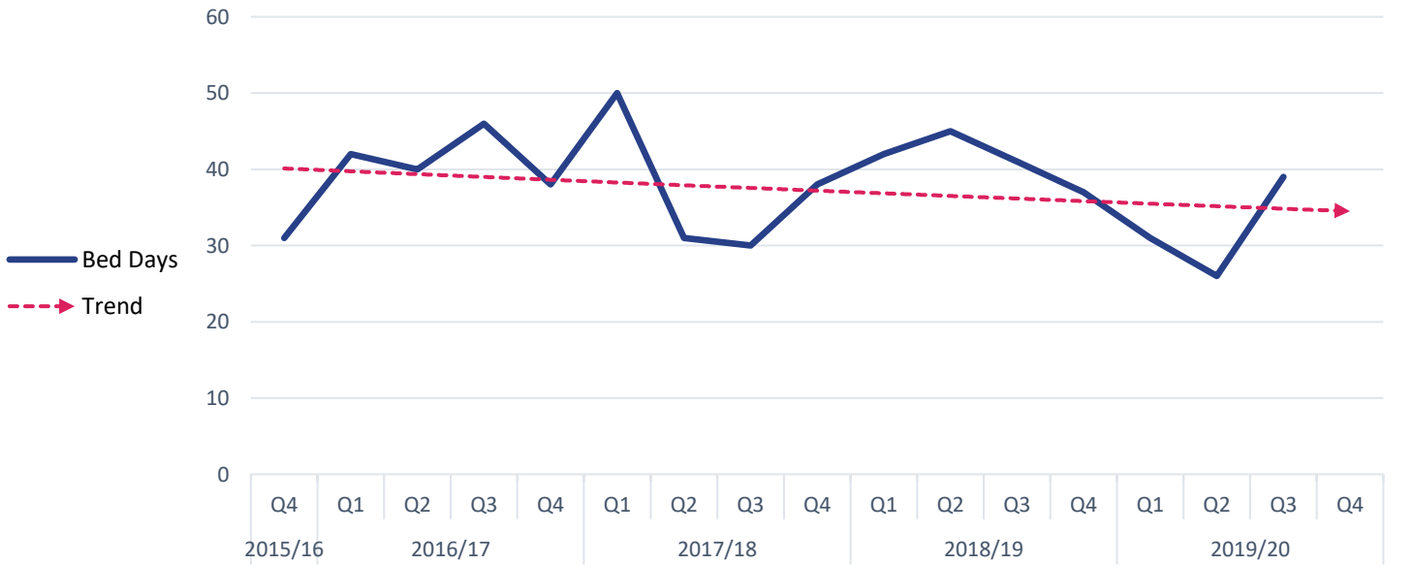
Financial Year		Rate	Target
2015/16	Q4	125.1	125
2016/17	Q1	123.1	125
	Q2	124.8	125
	Q3	126.9	125
	Q4	127.4	125
2017/18	Q1	125.4	125
	Q2	127.6	125
	Q3	129.5	125
	Q4	129.3	125
2018/19	Q1	131.6	125
	Q2	129.9	125
	Q3	129.7	125
	Q4	127.1	125
2019/20	Q1	122.8	125
	Q2	123.4	125
	Q3	126.4	125
	Q4		125



While Q1 was the lowest rate per 1,000 in over 3 years there has been and there has been an increase over the last 2 quarters to just over the target of 125 for the first time this year.

L10 **Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population**

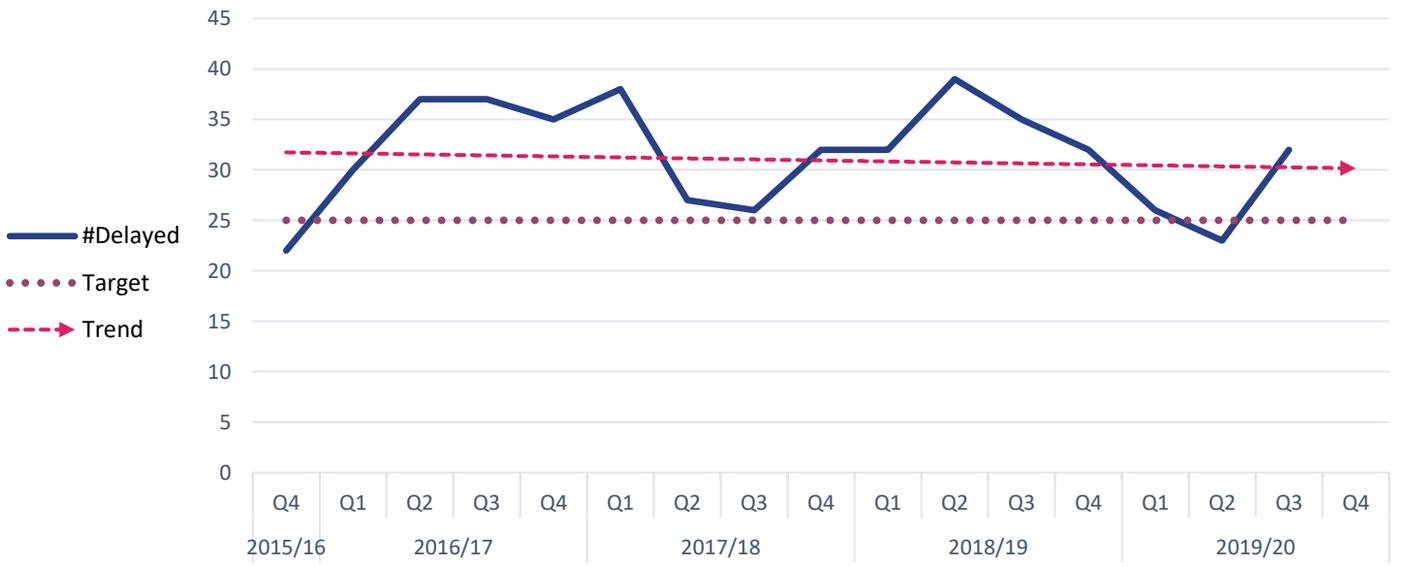
Financial Year		Rate	Target
2015/16	Q4	31	
2016/17	Q1	42	
	Q2	40	
	Q3	46	
	Q4	38	
2017/18	Q1	50	
	Q2	31	
	Q3	30	
	Q4	38	
2018/19	Q1	42	
	Q2	45	
	Q3	41	
	Q4	37	
2019/20	Q1	31	
	Q2	26	
	Q3	39	
	Q4		



The steady improvement in this measure has halted and Q3 the rate of bed days occupied has increased to 39 which is the highest since the same quarter 2018/19. However the trend is still a downward one.

L11 Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter)

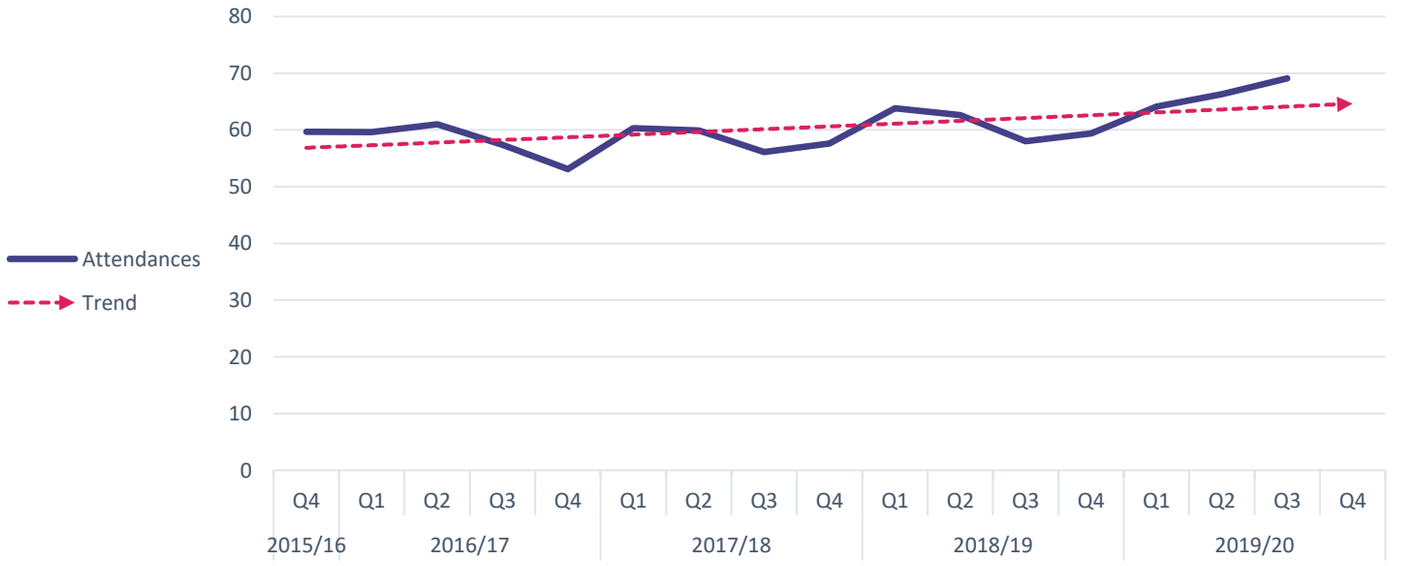
Financial Year		#Delayed	Target
2015/16	Q4	22	25
2016/17	Q1	30	25
	Q2	37	25
	Q3	37	25
	Q4	35	25
2017/18	Q1	38	25
	Q2	27	25
	Q3	26	25
	Q4	32	25
2018/19	Q1	32	25
	Q2	39	25
	Q3	35	25
	Q4	32	25
2019/20	Q1	26	25
	Q2	23	25
	Q3	32	25
	Q4		25



This measure has varied historically; the December 2019 census has 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons

L12 **A&E Attendance rates per 1000 population (All Ages)**

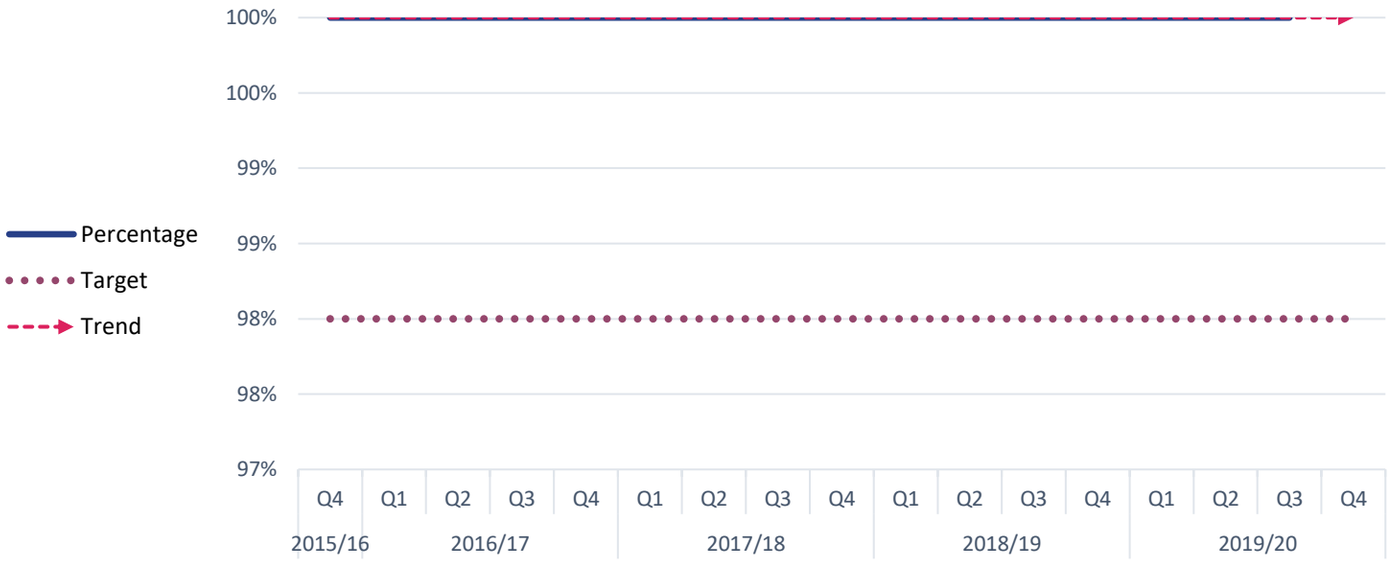
Financial Year		Rate	Target
2015/16	Q4	59.7	
2016/17	Q1	59.6	
	Q2	61.0	
	Q3	57.4	
	Q4	53.1	
2017/18	Q1	60.3	
	Q2	59.9	
	Q3	56.1	
	Q4	57.6	
2018/19	Q1	63.8	
	Q2	62.6	
	Q3	58.0	
	Q4	59.4	
2019/20	Q1	64.1	
	Q2	66.3	
	Q3	69.1	
	Q4		



The increasing trend in this measure continues with the Q3 rate being the highest in the past 4 years.

L13 **A&E Percentage of people seen within 4 hours, within community hospitals**

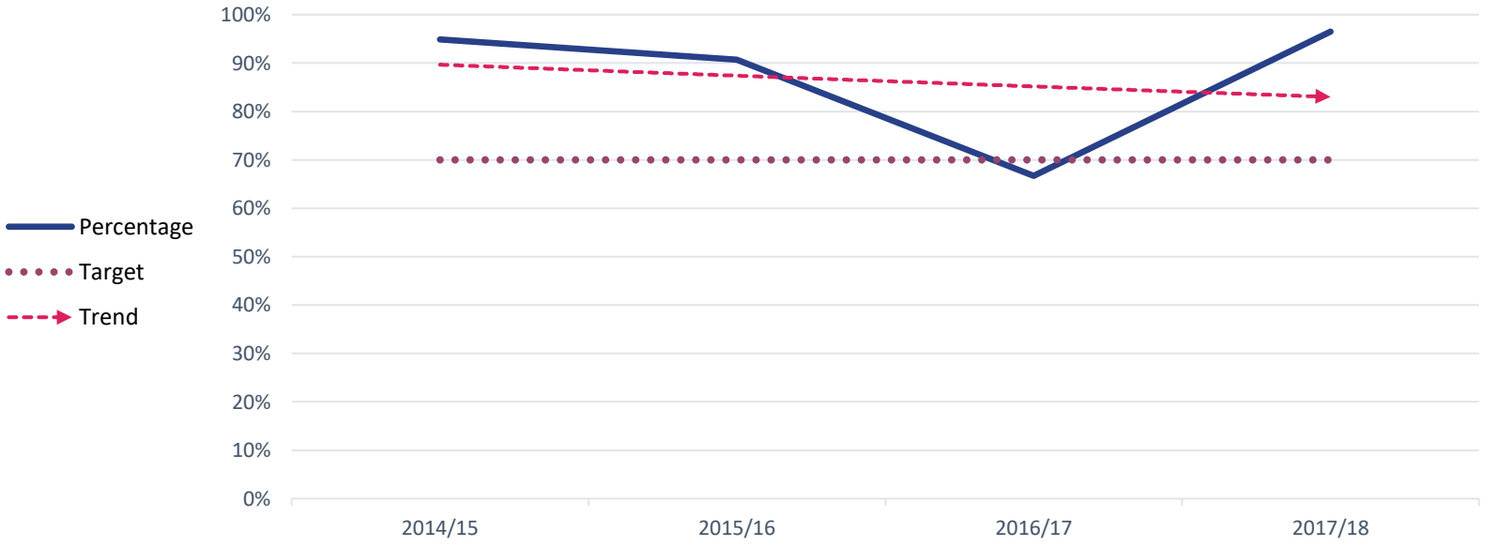
Financial Year		Percentage	Target
2015/16	Q4	100.0%	98%
2016/17	Q1	100.0%	98%
	Q2	100.0%	98%
	Q3	100.0%	98%
	Q4	100.0%	98%
2017/18	Q1	100.0%	98%
	Q2	100.0%	98%
	Q3	100.0%	98%
	Q4	100.0%	98%
2018/19	Q1	100.0%	98%
	Q2	100.0%	98%
	Q3	100.0%	98%
	Q4	100.0%	98%
2019/20	Q1	100.0%	98%
	Q2	100.0%	98%
	Q3	100.0%	98%
	Q4		98%



This measure is consistently 100%

L14 **Percentage of new dementia diagnoses who receive 1 year post-diagnostic support**

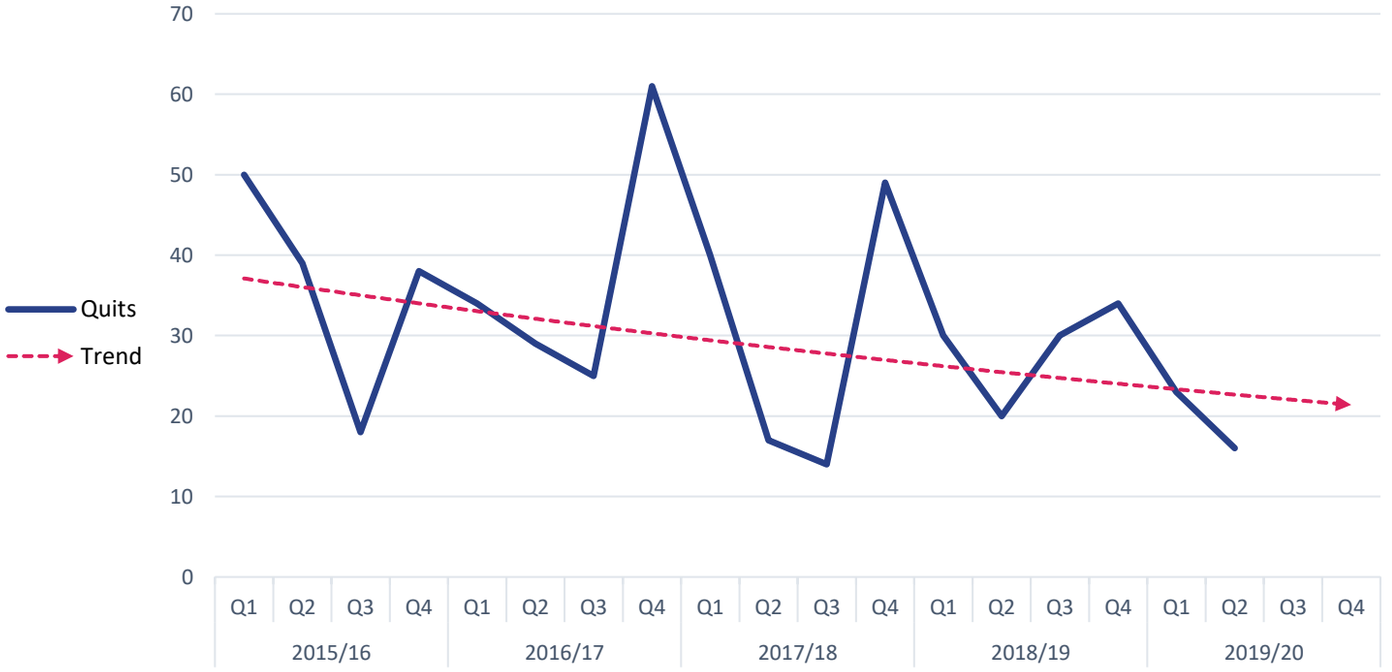
Financial Year	Percentage	Target
2014/15	94.9%	70%
2015/16	90.7%	70%
2016/17	66.7%	70%
2017/18	96.5%	70%



This measure is a yearly one and while there was a significant dip in performance in 2016/17 the latest figure is now well above target again.

L15 **Smoking cessation in 40% most deprived communities after 12 weeks**

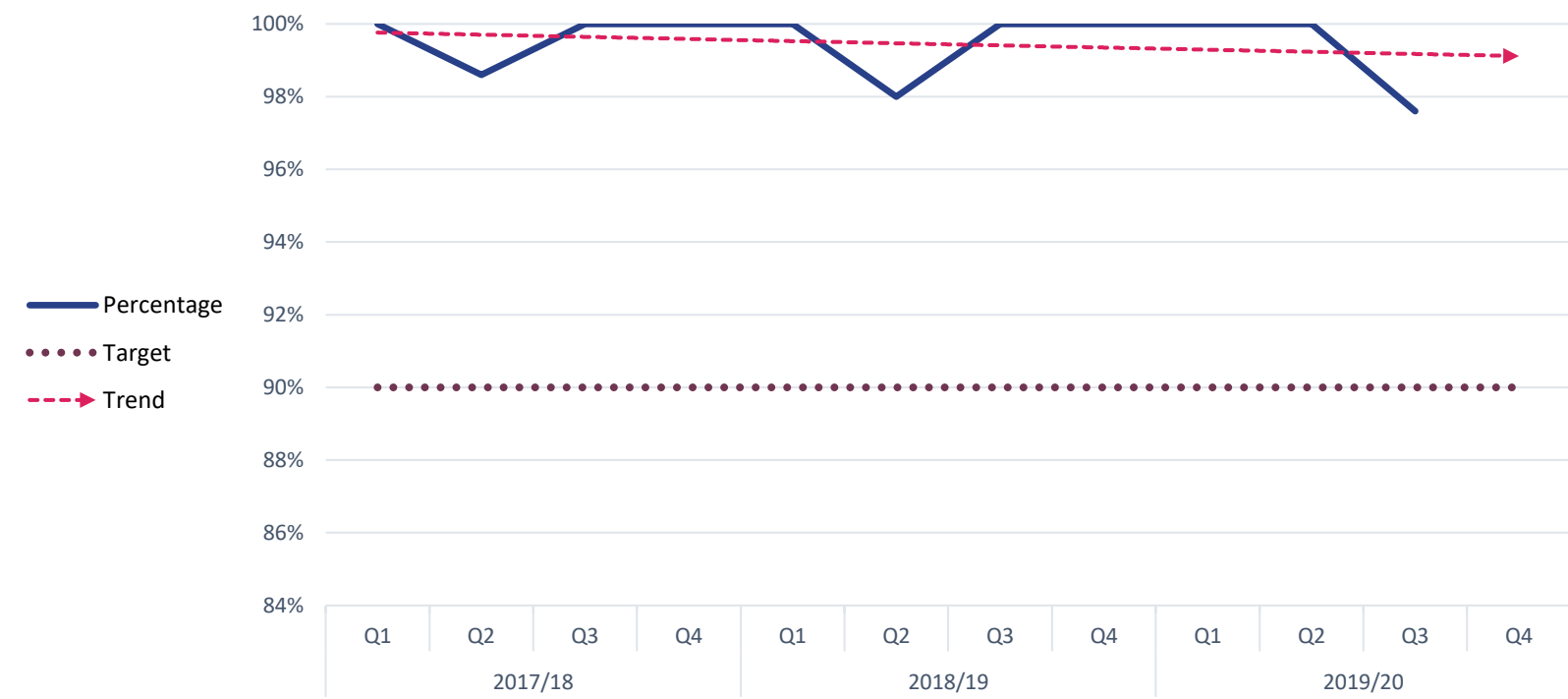
Financial Year		Quits	Target
2015/16	Q1	50	
	Q2	39	
	Q3	18	
	Q4	38	
2016/17	Q1	34	
	Q2	29	
	Q3	25	
	Q4	61	
2017/18	Q1	40	
	Q2	17	
	Q3	14	
	Q4	49	
2018/19	Q1	30	
	Q2	20	
	Q3	30	
	Q4	34	
2019/20	Q1	23	
	Q2	16	
	Q3		
	Q4		



The long term trend is a decreasing one. Q2 2019 was lower than all but one (Q4 2017) previous quarters.

L16 **Percentage of clients receiving alcohol treatment within 3 weeks of referral**

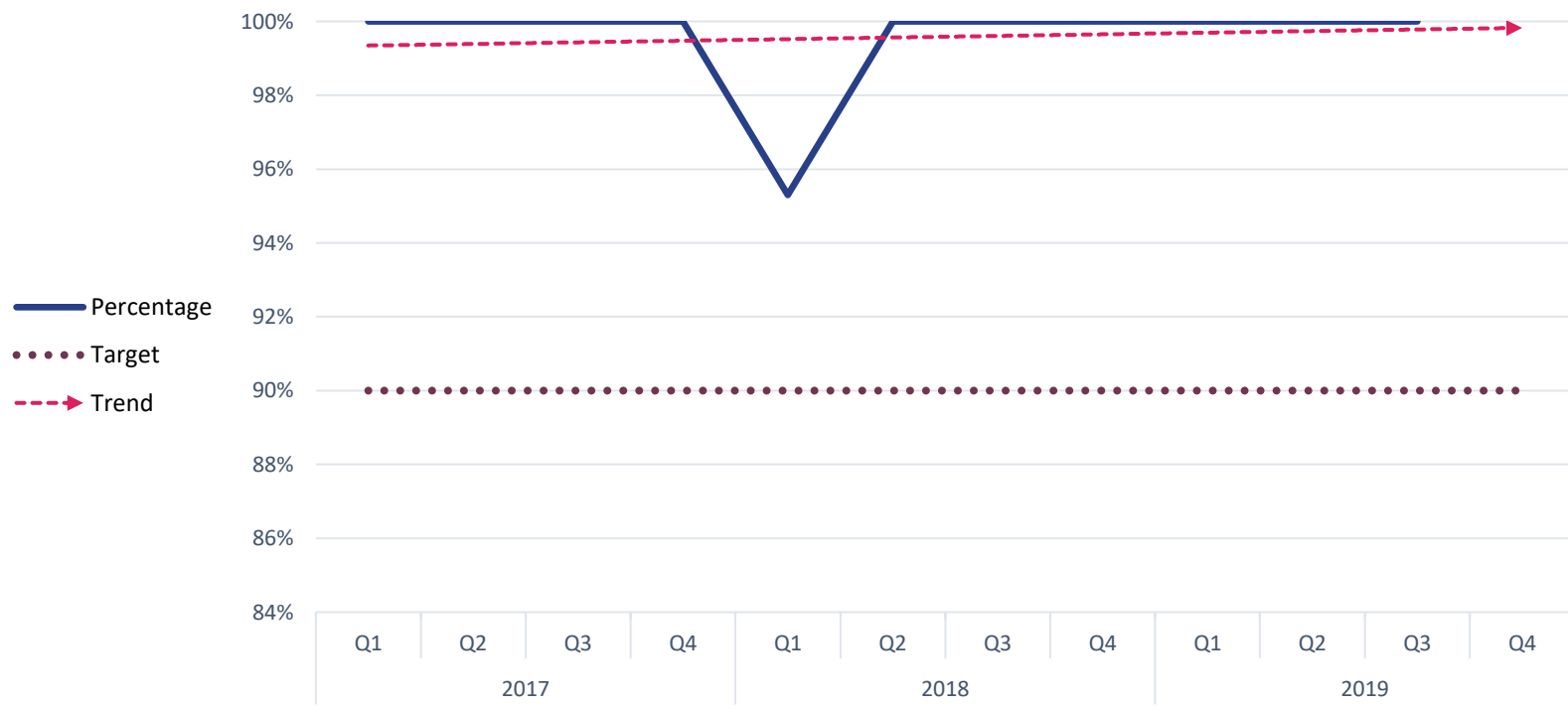
Financial Year		Percentage	Target
2015/16	Q1		
	Q2		
	Q3		
	Q4		
2016/17	Q1		
	Q2		
	Q3		
	Q4		
2017/18	Q1	100.0%	90%
	Q2	98.6%	90%
	Q3	100.0%	90%
	Q4	100.0%	90%
2018/19	Q1	100.0%	90%
	Q2	98.0%	90%
	Q3	100.0%	90%
	Q4	100.0%	90%
2019/20	Q1	100.0%	90%
	Q2	100.0%	90%
	Q3	97.6%	90%
	Q4		90%



The latest Quarter reported is still well above the target of 90%.

L17 **Percentage of clients receiving drug treatment within 3 weeks of referral**

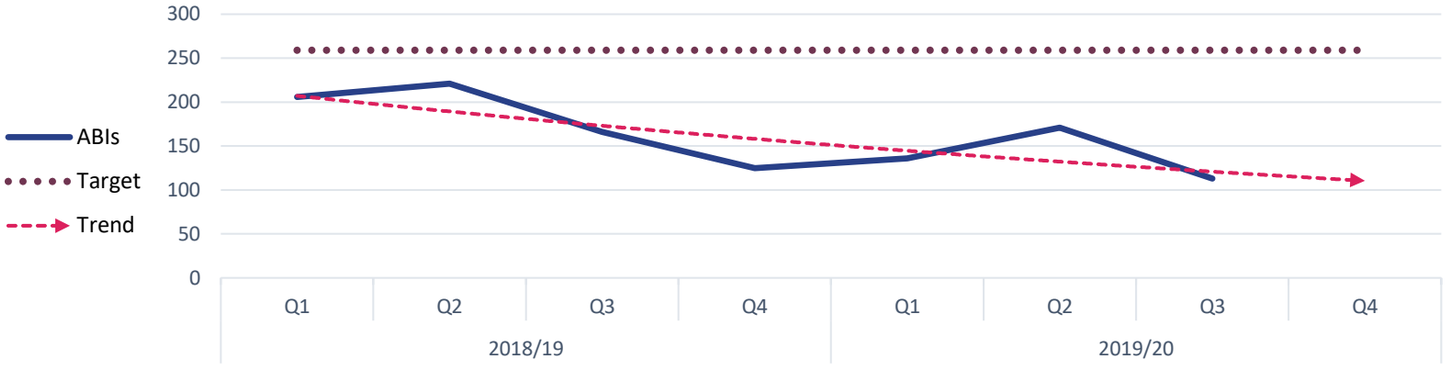
Calendar Year		Percentage	Target
2015	Q1		
	Q2		
	Q3		
	Q4		
2016	Q1		
	Q2		
	Q3		
	Q4		
2017	Q1	100.0%	90%
	Q2	100.0%	90%
	Q3	100.0%	90%
	Q4	100.0%	90%
2018	Q1	95.3%	90%
	Q2	100.0%	90%
	Q3	100.0%	90%
	Q4	100.0%	90%
2019	Q1	100.0%	90%
	Q2	100.0%	90%
	Q3	100.0%	90%
	Q4		90%



This measure is consistently 100% and has only dipped once in the last 3 years. In that dip is was 95.3% which was still above the target of 90%.

L18 Number of Alcohol Brief Interventions being delivered (includes ABIs in priority and wider settings where data can be aligned to HSCP)

Financial Year		▲ ABIs	Target
2017/18*	Q1	66	
	Q2	59	
	Q3	106	
	Q4	142	
2018/19	Q1	206	259
	Q2	221	259
	Q3	166	259
	Q4	125	259
2019/20	Q1	136	259
	Q2	171	259
	Q3	113	259
	Q4		259

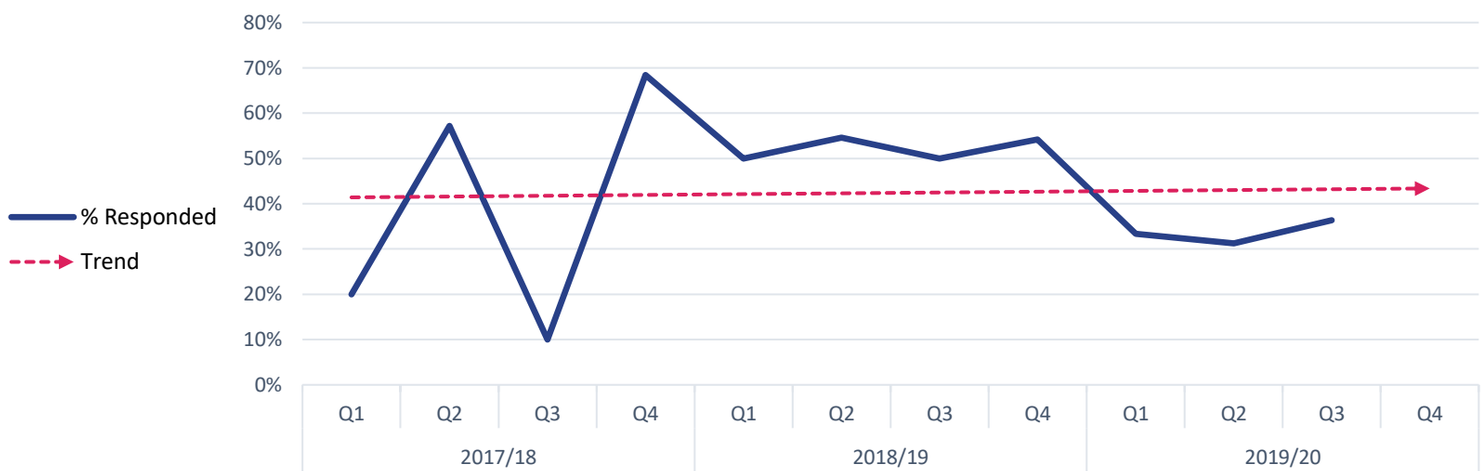


Despite the long term trend showing a reduction in the number of ABIs being delivered in Moray Q1 and Q2 are the first two quarters to have a Q on Q increase. See 5.3 for further analysis and commentary.

* Prior to 2018/19 only ABIs done in GP practices were recorded at partnership level, therefore previous years are not comparable

L19a **Number of complaints received and % responded to within 20 working days - NHS**

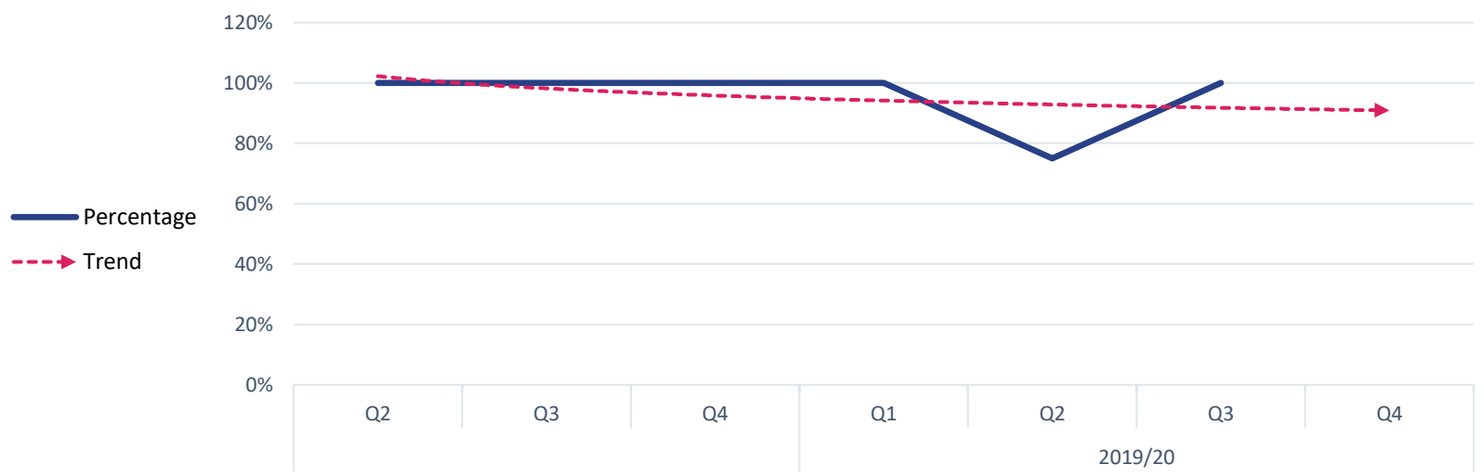
Financial Year		Total number	Done in 20 days	% Responded
2017/18	Q1	10	2	20.0%
	Q2	14	8	57.1%
	Q3	10	1	10.0%
	Q4	19	13	68.4%
2018/19	Q1	8	4	50.0%
	Q2	11	6	54.5%
	Q3	18	9	50.0%
	Q4	24	13	54.2%
2019/20	Q1	12	4	33.3%
	Q2	16	5	31.3%
	Q3	11	4	36.4%
	Q4			



Despite an increasing trend there was a significant drop in performance in this measure in Q1 and this continues in Q2. See 5.4 for further analysis and commentary.

L19b **Number of complaints received and % responded to within 20 working days - Council**

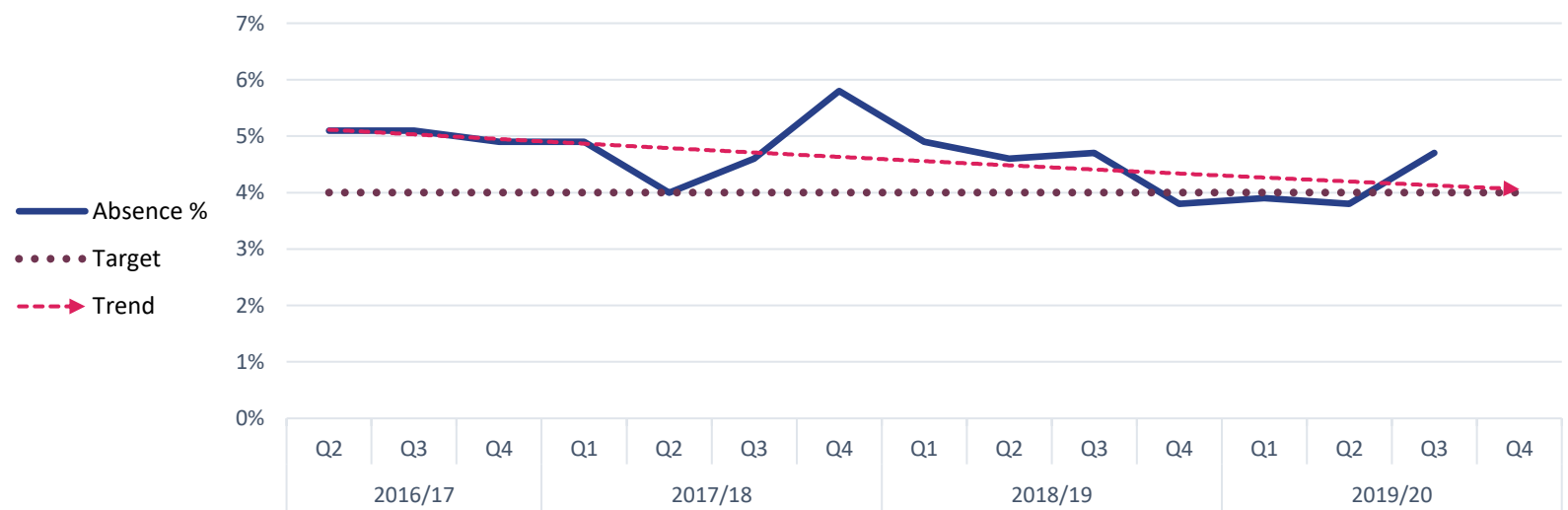
Financial Year		Total number	Done in 20 days	% Responded
2017/18				
2018/19				
	Q2	6	6	100.0%
	Q3	6	6	100.0%
	Q4	3	3	100.0%
2019/20	Q1	5	5	100.0%
	Q2	8	6	75.0%
	Q3	3	3	100.0%
	Q4			



After a drop in performance in Q2, in Q3 100% (3 out of 3) complaints were responded to within 20 working days.

L20 **NHS Sickness Absence % of Hours Lost**

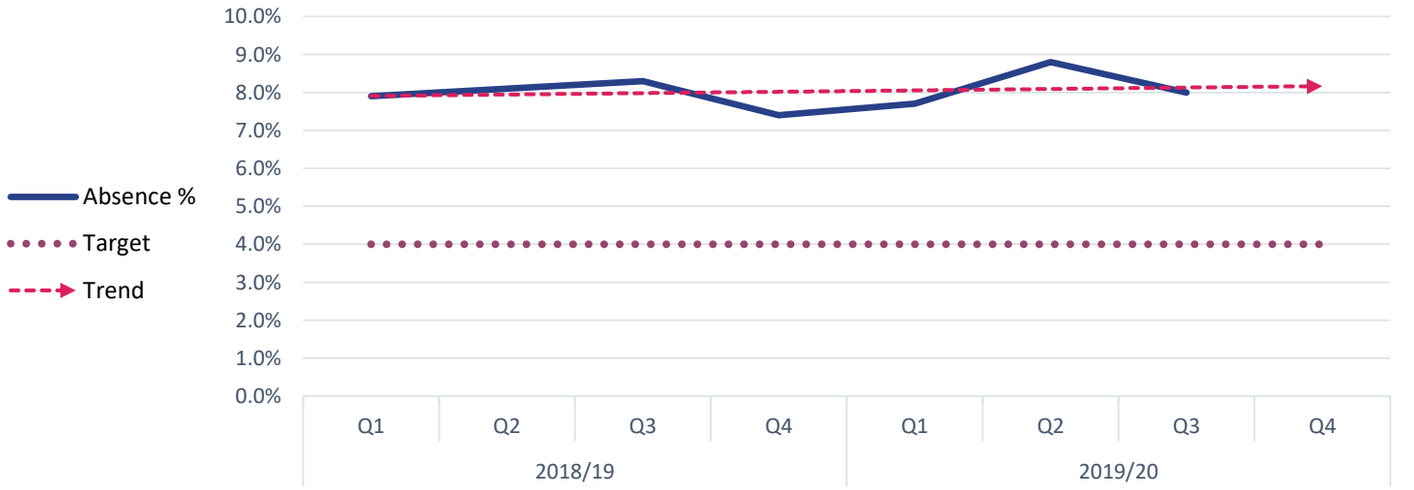
Financial Year		Absence %	Target
2016/17	Q2	5.1%	4%
	Q3	5.1%	4%
	Q4	4.9%	4%
2017/18	Q1	4.9%	4%
	Q2	4.0%	4%
	Q3	4.6%	4%
	Q4	5.8%	4%
2018/19	Q1	4.9%	4%
	Q2	4.6%	4%
	Q3	4.7%	4%
	Q4	3.8%	4%
2019/20	Q1	3.9%	4%
	Q2	3.8%	4%
	Q3	4.7%	4%
	Q4		4%



NHS Sickness absence has been improving steadily over the last 3 years but having hit target three quarters in a row it increased to 4.7%. There has been an increase in Q3 in the past 2 years so this may in part be seasonal variation.

L21 **Council Sickness Absence (% of Calendar Days Lost)**

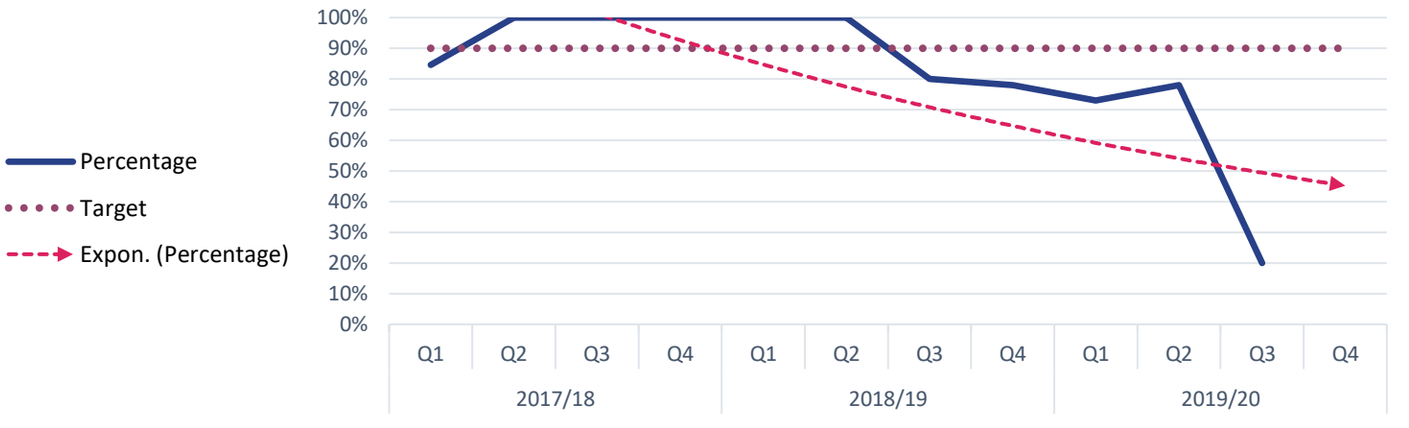
Financial Year		Absence %	Target
2018/19	Q1	7.9%	4.0%
	Q2	8.1%	4.0%
	Q3	8.3%	4.0%
	Q4	7.4%	4.0%
2019/20	Q1	7.7%	4.0%
	Q2	8.8%	4.0%
	Q3	8.0%	4.0%
	Q4		4.0%



This measure is consistently very high.

L41 **Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral (adults only)**

Financial Year		Percentage	Target
2017/18	Q1	84.6%	90%
	Q2	100.0%	90%
	Q3	100.0%	90%
	Q4	100.0%	90%
2018/19	Q1	100.0%	90%
	Q2	100.0%	90%
	Q3	80.0%	90%
	Q4	78.0%	90%
2019/20	Q1	73.0%	90%
	Q2	78.0%	90%
	Q3	20.0%	90%
	Q4		90%



Despite an improvement in this measure performance remains below target.

APPENDIX 3 - Proposed 2020/21 Indicators

ID.	Indicator Description	Source	Keep/Amend/Remove/New	Reason for Removal or Amendment	Indicator Purpose	2020/21 ID	Barometer	2020/21 Indicator	Proposed Target	Amber Variance	Target Calculation
L07	Rate of emergency occupied bed days for over 65s per 1000 population	NHS	Keep		UC-E1, E2 and E3 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.	EA-01	Emergency Admissions	Rate of emergency occupied bed days for over 65s per 1000 population	2,242	5% Above	Average over the last 7 quarters
L08	Emergency Admissions rate per 1000 population for over 65s	NHS - PMS	Keep		UC-E1, E2 and E3 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.	EA-02	Emergency Admissions	Emergency Admissions rate per 1000 population for over 65s	182	5% Below	Average over the last 7 quarters
L09	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	NHS - PMS	Keep		UC-E1, E2 and E3 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.	EA-03	Emergency Admissions	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	127	5% Above	Average over the last 7 quarters
New	Re-admissions within 28 days	NHS	New		Readmissions are often undesirable for patients, and they can be a burden for resource-stretched NHS hospitals. Importantly, readmissions 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.	HR-01	Hospital Readmissions	Readmission to hospital within 28 days (per 1,000 population)	74	5% Above	Average over the last 7 quarters
New	Re-admissions within 7days	NHS	New		Readmissions are often undesirable for patients, and they can be a burden for resource-stretched NHS hospitals. Importantly, readmissions 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.	HR-02	Hospital Readmissions	Readmission to hospital within 7 days (per 1,000 population)	TBC	5% Above	Average over the last 7 quarters

L10	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population	NHS	Amend	This will now be reported to show monthly trends and will show the actual numbers of bed days lost per month as opposed to a rate. The Target for Moray will be calculated against the Scottish Average.	No-one wants to remain in hospital any longer than they need to. A long delay can often lead to the patient falling ill again, or losing vital life skills, independence or mobility.	DD-02	Delayed Discharge	Number of 18+ Bed Days Occupied by Delayed Discharges per month	781	DD Report	Scottish Average
L11	Number of delayed discharges (including code 9, Census snapshot, monthly average for quarter)	NHS	Amend	This will now be reported to show monthly trends and will show the actual numbers of bed days lost per month as opposed to a rate. The Target for Moray will be calculated against the Scottish Average.	No-one wants to remain in hospital any longer than they need to. A long delay can often lead to the patient falling ill again, or losing vital life skills, independence or mobility.	DD-01	Delayed Discharge	Number of delayed discharges (including code 9, Census snapshot))	25	DD Report	Scottish Average
L12	A&E Attendance rates per 1000 population (All Ages)	NHS	Keep		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 A&E departments and target their responses.	AE-01	Accident and Emergency	A&E Attendance rate per day per 1000 population (All Ages)	62	10% above	Average over the last 7 quarters
L20	NHS Sickness Absence % of Hours Lost	NHS	Keep		Attendance at work of all employees is essential in the interests of the effective and efficient operation of services.	SM-01	Staff Management	NHS Sickness Absence % of Hours Lost	4%	4.50%	NHS National Target
L21	Council Sickness Absence (% of Calendar Days Lost)	SW	Keep		Attendance at work of all employees is essential in the interests of the effective and efficient operation of services.	SM-02	Staff Management	Council Sickness Absence (% of Calendar Days Lost)	4%	4.50%	TMC Target

L41	Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral	NHS	Keep		Timely access to healthcare is a key measure of quality and that applies equally in respect of access to mental health services.	MH-01	Mental Health	Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral	90%	80%	LDP Target
NEW	Number of Long Term Home Care hours unmet at weekly Snapshot	SW	New		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.	UN-01	Unmet Need	Number of Long Term Home Care hours unmet at weekly Snapshot	Data only for first year		
NEW	Number of People with Long Term Care hours unmet at weekly Snapshot	SW	New		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.	UN-02	Unmet Need	Number of People with Long Term Care hours unmet at weekly Snapshot	Data only for first year		
New	Outstanding Assessments	NHS/SW	New		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 services.	OA-01	Outstanding Assessments	Number of outstanding Assessments (Community Care Reviews, Support Plans…)	Data only for first year		
L13	A&E Percentage of people seen within 4 hours, within community hospitals	NHS	Remove	This indicator will be moved and monitored by Senior Management. Performance has not been less than 100% since the IJB was formed.	-	-	-	-	-	-	-

L14	Percentage of new dementia diagnoses who receive 1 year post-diagnostic support	ISD	Remove	This is reported annually and has a lag of over 1 year. It will now be reported annually to management.	-	-	-	-	-	-	-
L15	Smoking cessation in 40% most deprived communities after 12 weeks (number of individuals)	NHS	Remove	The raw numbers in this measure are relatively low and action taken often has a long lead time to improvement. It is more meaningful to report on this measure annually.	-	-	-	-	-	-	-
L16	Percentage of clients receiving alcohol treatment within 3 weeks of referral	SDMD	Remove	This measure is already reported to and scrutinised under the Moray Alcohol and Drug Partnership.	-	-	-	-	-	-	-
L17	Percentage of clients receiving drug treatment within 3 weeks of referral	SDMD	Remove	This measure is already reported to and scrutinised under the Moray Alcohol and Drug Partnership.	-	-	-	-	-	-	-
L18	Number of Alcohol Brief Interventions being delivered (includes ABIs in priority and wider settings where data can be aligned to HSCP)	NHS	Remove	This measure is already reported to and scrutinised under the Moray Alcohol and Drug Partnership.	-	-	-	-	-	-	-

L19A	Number of complaints received and % responded to within 20 working days - NHS	NHS	Remove	This indicator will be replaced by a new suite of Complaints indicators to be defined	-	-	-	-	-	-	-
L19B	Number of complaints received and % responded to within 20 working days - Council	SW	Remove	This indicator will be replaced by a new suite of Complaints indicators to be defined	-	-	-	-	-	-	-

PERFORMANCE REPORT

QUARTER 3 2019/20

(1ST OCTOBER 2019 - 31ST DECEMBER 2019)

1. TABLE OF CONTENTS

2. PERFORMANCE SUMMARY

COMMENTARY

Seven of the indicators are green, 2 are amber and 8 indicators are showing as red. (Data for the summaries below are from the old layout and are here for illustrative purposes only. This will be updated to include the new Indicators and to be more readable)

DELAYED DISCHARGE - RED

The number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population and the Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter) have both increased this quarter (Further analysis and actions are addressed in a separate Delayed Discharges report being presented at this meeting).

EMERGENCY ADMISSIONS - GREEN

Dummy text dummy text.

Dummy text dummy text.

ACCIDENT AND EMERGENCY - RED

A&E Attendance rates per 1000 population (All Ages) – An expected seasonal reduction in this measure did not occur and the rate of A&E attendances are at their highest since 2015/16 and on an increasing trend.

As reported last quarter a small percentage of attendances were recorded as inappropriate and were redirected. There is still an encouraging downward trend in the number of attendances whose conditions are not true accidents or emergencies, but they still make up one fifth of all attendances and the need to educate people of the help that can be provided by other professions such as pharmacies, opticians, dentists etc is subject to ongoing promotion by NHS Grampian through their "know who to turn to" communications.

HOSPITAL READMISSIONS - AMBER

Dummy text dummy text.

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UNMET NEED - GREEN

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dummy text dummy text dummy text dummy text dummy text dummy text dummy text Dummy text dummy text

OUTSTANDING ASSESSMENTS - GREEN

Number of complaints received and % responded to within 20 working days - NHS –During the last quarter, a total of 11 complaints were recorded within Datix.

MENTAL HEALTH - RED

Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral – The adult mental health psychology team have now recruited to a 1.0 whole time equivalent clinical psychologist and are in the process of confirming a start date. Given the length of time this vacancy has been carried, there are a significant number of people waiting to be seen, which has been identified as a risk for the service. Long term sickness has had an impact on primary care psychology service. There is uncertainty around government funding for the service which is due to end March 2020. At present, there is no indication that any additional funding will be made available beyond that so a decision was made to close the waiting.

Referrals into secondary care are being reviewed and active management of waiting lists is taking place. The primary care service has closed their waiting lists meantime until the position on funding is clarified. The withdrawal of admin support to the psychological primary care team has resulted in inaccurate data reporting as clinical staff are having to prioritise seeing patients over data entry. Psychotherapy has continued to adhere to the 18 week target for seeing patients.

STAFF MANAGEMENT - RED

NHS Sickness Absence (% of hours lost) AND L21 - Council Sickness Absence (% of Calendar Days Lost) – Both sickness absence rates were above target in quarter 3. Actions underway to address these are presented in a separate report to this committee.

INDICATOR SUMMARY

Moray currently has 17 local indicators of which 15 are reported quarterly up to the last period, one that is reported one quarter behind and another that is reported yearly. Of these 17,

Figure 2-a

ID.	Indicator Description	Source	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	Target	RAG Status
L07	Rate of emergency occupied bed days for over 65s per 1000 population	NHS	2344	2274	2117	2097	**2112**	2360	G▲
L08	Emergency Admissions rate per 1000 population for over 65s	NHS - PMS	187	182	177	179	**184**	193	G▲
L09	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	NHS - PMS	130	127	123	123	**126**	125	A▲
L10	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population	NHS	41	37	31	26	**39**	-	R▲
L11	Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter)	NHS	35	32	26	25	**32**	25*	R▲
L12	A&E Attendance rates per 1000 population (All Ages)	NHS	58.0	59.4	63.5	64.9	**69.1**	-	R▲
L13	A&E Percentage of people seen within 4 hours, within community hospitals	NHS	100.0% (564)	100% (563)	100% (647)	100% (673)	**100% (537)**	98%	G -
L14	Percentage of new dementia diagnoses who receive 1 year post-diagnostic support	ISD	Reported Annually	94.9% (2014/15)	90.7% (2015/16)	66.7% (2016/17)	**96.5% (2017/18)**	70%	G▲
L15	Smoking cessation in 40% most deprived communities after 12 weeks	NHS	30	35	25	16	Q2 is most recent, this indicator is always a quarter behind	-	R▼
L16	Percentage of clients receiving alcohol treatment within 3 weeks of referral	NHS	100.0%	100.0%	100.0%	100.0%	**97.6%**	90%	G▼
L17	Percentage of clients receiving drug treatment within 3 weeks of referral	NHS	100%	100.0%	100.0%	100.0%	**100.0%**	90%	G -
L18	Number of Alcohol Brief Interventions being delivered (includes ABIs in priority and wider settings where data can be aligned to HSCP)	NHS	166	125	147	171	**113**	259	R▼
L19A	Number of complaints received and % responded to within 20 working days - NHS	NHS	50.0% (18)	54.2% (24)	33% (12)	31%(16)	**36% (11)**	-	R▲
L19B	Number of complaints received and % responded to within 20 working days - Council	SW	100% (6)	100% (3)	100% (5)	75%(8)	**100% (3)**	-	G▲
L20	NHS Sickness Absence % of Hours Lost	NHS	4.7%	3.8%	3.9%	3.8%	**4.7%**	4.0%	A▲
L21	Council Sickness Absence (% of Calendar Days Lost)*	SW	8.3%	7.4%	7.7%	8.8%	**8.0%**	4.0%	R▼
L41	Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral	NHS	80.0%	78.0%	73.0%	78.0%	**20.0%**	90%	R▼

*** Target Amended to align with overall Moray Council and NHS Targets.**

INDICATOR TRENDS

The performance indicator overall trend is detailed below. Moray has 17 local indicators of which in quarter 3 there were only 7 marked as green, 2 were amber and 8 red. This is the highest number of red indicators reported since the current local indicators were implemented.

Figure 2-b

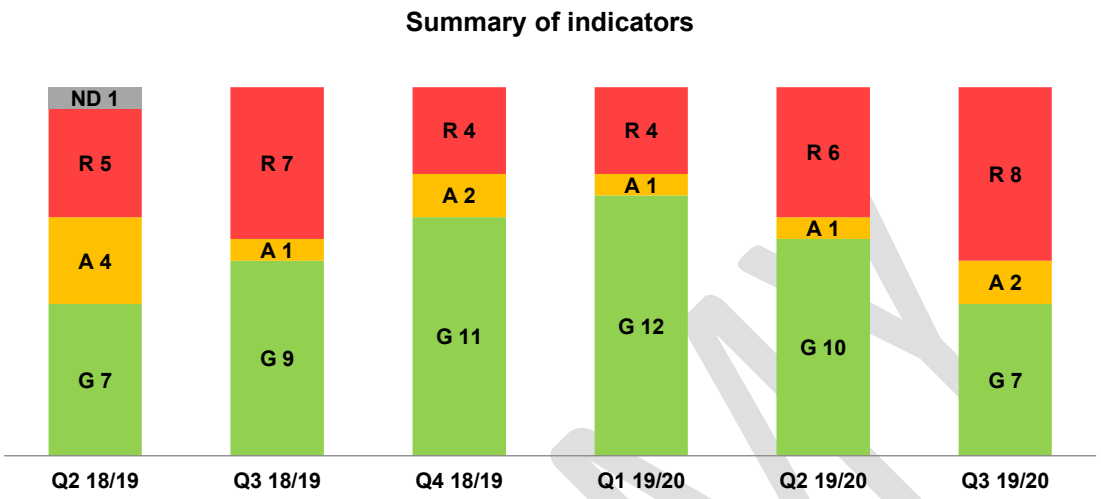


Figure 2-c

HSCM Indicator RAG over time

ID.	Indicator Description	EPD*	Q1 (Apr-Jun 18)	Q2 (Jul-Sep 18)	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sept 19)	Q3 (Oct-Dec 19)
L07	Rate of emergency occupied bed days for over 65s per 1000 population	▼	A▼	A▼	G▼	G▼	G▼	G▼	G▲
L08	Emergency Admissions rate per 1000 population for over 65s	▼	G▼	G▲	G▼	G▼	G▼	G▲	G▲
L09	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	▼	A▼	R▲	A -	A▼	G▼	G -	A▲
L10	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population	▼	R▲	R▲	G▼	G▼	G▼	G▼	R▲
L11	Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter)	▼	R▲	G -	G▼	G▼	G▼	G▼	R▲
L12	A&E Attendance rates per 1000 population (All Ages)	▼	G▼	R▲	G▼	A▲	R▲	A▲	R▲
L13	A&E Percentage of people seen within 4 hours, within community hospitals	▲	G -	G -	G -	G -	G -	G -	G -
L14	Percentage of new dementia diagnoses who receive 1 year post-diagnostic support	▲	ND	ND	ND	G - (2014/15)	G▼ (2015/16)	R▼ (2016/17)	G▲ (2017/18)
L15	Smoking cessation in 40% most deprived communities after 12 weeks	▲	R▼	G▲	R▼	G▲	G▲	R▼	R▼
L16	Percentage of clients receiving alcohol treatment within 3 weeks of referral	▲	G▲	G▼	G -	G -	G -	G -	G▼
L17	Percentage of clients receiving drug treatment within 3 weeks of referral	▲	G -	G▲	G -	G -	G -	G -	G -
L18	Number of Alcohol Brief Interventions being delivered	▲	R▼	R	R▼	R▼	R▲	R▲	R▼
L19A	Number of complaints received and % responded to within 20 working days - NHS	▲	G▲	R▼	R▼	G▲	R▼	R▲	R▲
L19B	Number of complaints received and % responded to within 20 working days - Council	▲	ND	G -	G -	G -	G -	R▼	G▲
L20	NHS Sickness Absence % of Hours Lost	▼	R▼	R▼	R▲	G▼	G▲	G▼	A▲
L21	Council Sickness Absence (% of Calendar Days Lost)	▼	ND	ND	R▲	R▼	A▲	R▲	R▼
L41	Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral	▲	G▲	G▼	R▼	R▼	R▼	R▲	R▼

* Expected Positive Direction

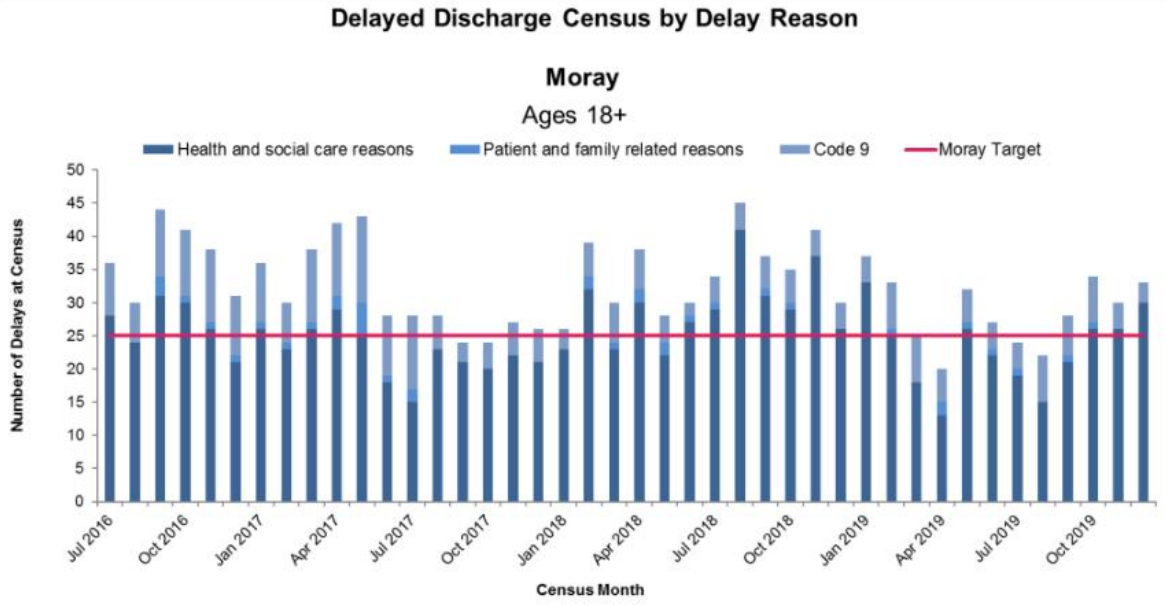
3. DELAYED DISCHARGE

Trend Analysis
The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.
Operational Actions and Maintenance
HSCM are looking to take forward improvement initiatives and have looked at other boards who have been working with Healthcare Improvement Scotland. Leadership and culture also clearly can enable progress to focus on reducing the overall time people spend in hospital. Following an operational performance meeting in April 2019 it was agreed a whole system approach is required to take these improvements further within the local Moray Alliance process. It is understood that several improvement initiatives are required and there is not one single improvement area. Through discussions at Performance Management Group, a facilitated process mapping session was undertaken by a small group of practitioners from across the partnership (See Appendix 1 for the latest process map). They agreed that there should be further detailed work underpinned by a strong, collaborative, open and enabling leadership within a whole system approach and identified key improvement areas for further development as being : • Continued focus on recruiting home care staff • Early referral, home first and adults with capacity • Focused work on first 36 hours of admission • Discharge to assessment process • Intermediate care • Hospital from home This formed the basis of a whole system workshop held on 23 July 2019 that had representatives from all services involved to identify the issues and potential solutions for Moray. A prioritised action plan will be collated from the outcomes of this session and actions will be undertaken by Moray Alliance.
Action Timescales
An update on the actions is to be presented to the APR at the March 2020 meeting.

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.		
Type of Indicator	Quantitative	**Linked Indicator(s)**	DD-02
Linked National Health & Wellbeing Outcome	2, 3, 5, 7		
Strategic Priority	**2: HOME FIRST** - Being supported at home or in a homely setting as far as possible		

HSCM Lead (s)	Sean Coady					
Target	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	RAG Status
25	35	32	26	25	32	R▲

Figure 4



Indicator Trend
The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.

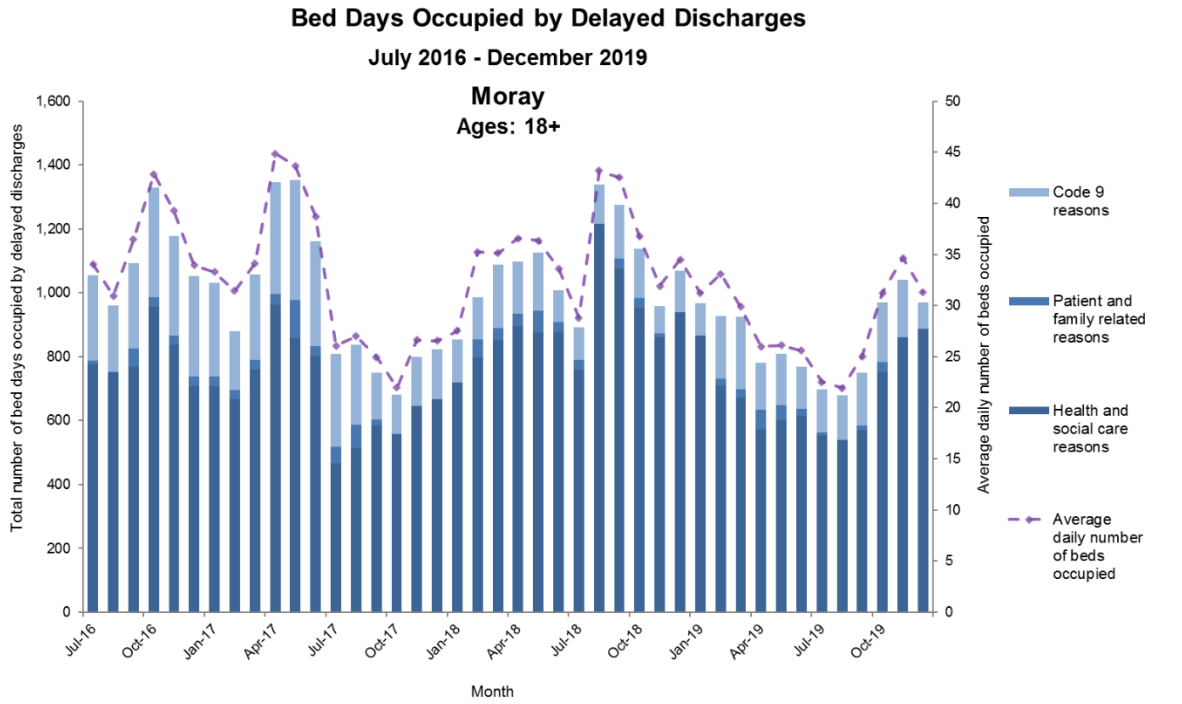
Scotland Trend	Moray is performing worse than the Scottish Average of 25
Peer Group	Moray is performing worse than most of its peer group
Data Frequency	Monthly
Period Last Reported	December 2019 (Quarter 3 2019/20)
Next Update Due	March 2019 for Jan 2019 data
Source	Health Intelligence

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.		
Type of Indicator	Quantitative	**Linked Indicator(s)**	DD-01
Linked National Health & Wellbeing Outcome	2, 3, 5, 7		
Strategic Priority	**2: HOME FIRST** - Being supported at home or in a homely setting as far as possible		

HSCM Lead (s)	Sean Coady

Target	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	RAG Status
732	938	673	768	751	971	R▲

Figure 5



Indicator Trend

The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.

Scotland Trend	Moray is performing worse than the Scottish Average of 25
Peer Group	Moray is performing worse than most of its peer group
Data Frequency	Monthly
Period Last Reported	December 2019 (Quarter 3 2019/20)
Next Update Due	March 2019 for Jan 2019 data
Source	Health Intelligence

4. EMERGENCY ADMISSIONS

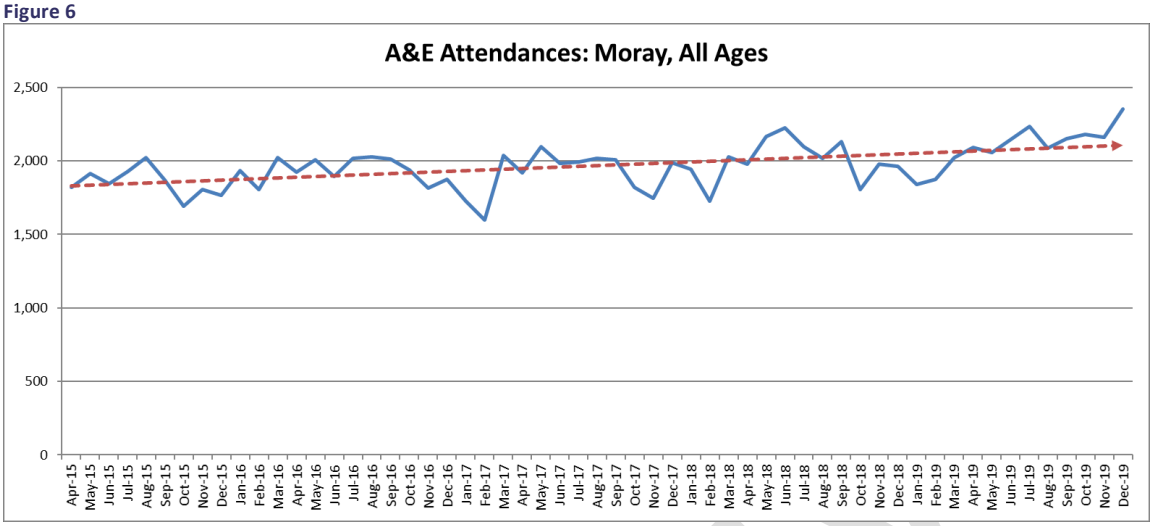
Trend Analysis
As reported last quarter a small percentage of attendances were recorded as inappropriate and were redirected. There is still an encouraging downward trend in the number of attendances whose conditions are not true accidents or emergencies, but they still make up one fifth of all attendances and the need to educate people of the help that can be provided by other professions such as pharmacies, opticians, dentists etc is subject to ongoing promotion by NHS Grampian through their "know who to turn to" communications. Monthly data over the past 5 years shows that since 2018 there has been a steady increase in the numbers attending the Emenrgency Department (ED) at Dr Gray's. This has been the case across all localities and the recent increase has been driven mainly by patients from Elgin and Speyside.
Operational Actions and Maintenance
The increase in 12 month rate per 100,000 population across Moray was 131 and Elgin and Speyside had increases in their rates of 157 and 174 respectively. This is a 12% increase in the rate per 100,000 of people from Speyside attending the ED in 2019 compared to 2018. While this issue has been highlighted in previous reports this recent increase warrants further investigation.
Action Timescales
An update on the actions is to be presented to the APR at the March 2020 meeting.

EA-01: RATE OF EMERGENCY OCCUPIED BED DAYS FOR OVER 65S PER 1000 POPULATION

Purpose	UC-E1, E2 and E3 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.		
Type of Indicator	Quantitative	**Linked Indicator(s)**	EA-02, EA-03
Linked National Health & Wellbeing Outcome	1, 2, 3, 5		
Strategic Priority	**1: BUILDING RESILIENCE -** Taking greater responsibility for our health and wellbeing		
HSCM Lead (s)	Sean Coady ***Cross System***		

Target	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	RAG Status
For Info	2,085	2,149	2,182	2,161	2,354	**Increasing**

Figure 6



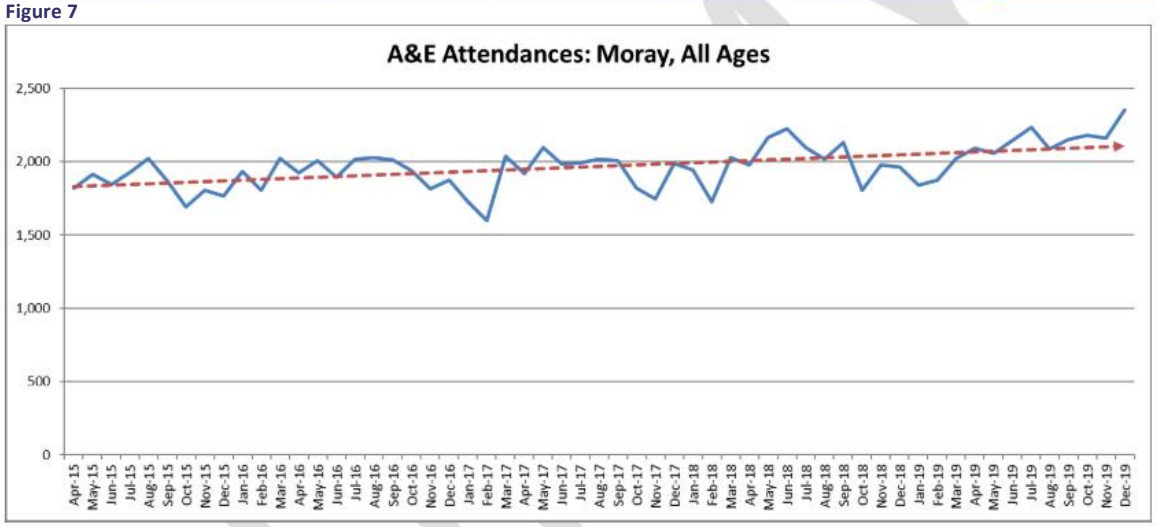
Indicator Trend	
The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.	
Scotland Trend	Moray is performing worse than the Scottish Average of 25
Peer Group	Moray is performing worse than most of its peer group
Data Frequency	Monthly
Period Last Reported	December 2019 (Quarter 3 2019/20)
Next Update Due	March 2019 for Jan 2019 data
Source	Health Intelligence

EA-02: EMERGENCY ADMISSIONS RATE PER 1000 POPULATION FOR OVER 65S

Purpose	UC-E1, E2 and E3 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.		
Type of Indicator	Quantitative	**Linked Indicator(s)**	EA-01, EA-03
Linked National Health & Wellbeing Outcome	1, 2, 3, 5		
Strategic Priority	**1: BUILDING RESILIENCE -** Taking greater responsibility for our health and wellbeing		
HSCM Lead (s)	Sean Coady ***Cross System***		

Target	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	RAG Status
For Info	2,085	2,149	2,182	2,161	2,354	**Increasing**

Figure 7



Indicator Trend

The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.

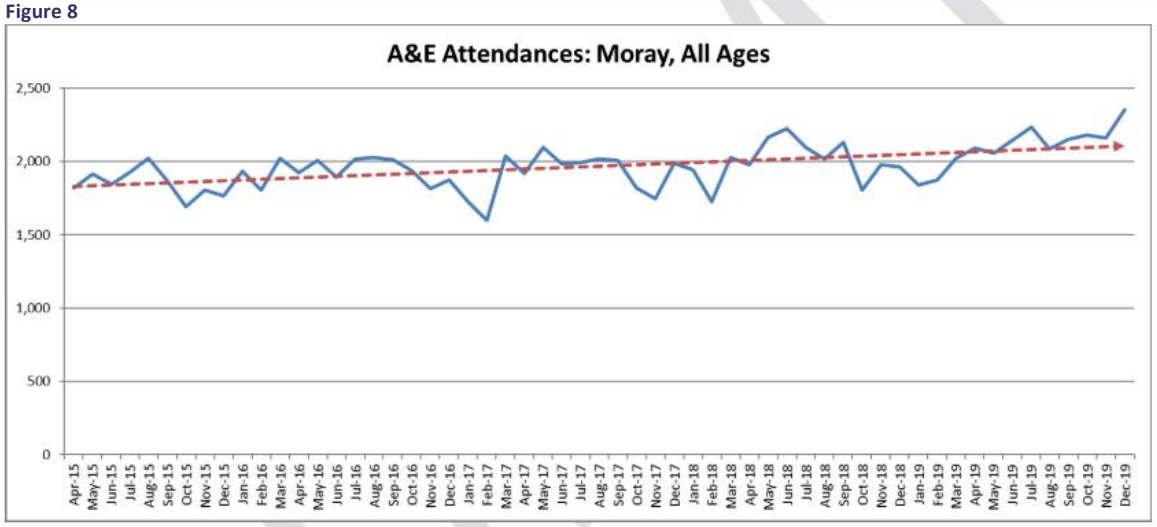
Scotland Trend	Moray is performing worse than the Scottish Average of 25
Peer Group	Moray is performing worse than most of its peer group
Data Frequency	Monthly
Period Last Reported	December 2019 (Quarter 3 2019/20)
Next Update Due	March 2019 for Jan 2019 data
Source	Health Intelligence

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

Purpose	UC-E1, E2 and E3 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.		
Type of Indicator	Quantitative	**Linked Indicator(s)**	EA-01, EA-02
Linked National Health & Wellbeing Outcome	1, 2, 3, 5		
Strategic Priority	**1: BUILDING RESILIENCE -** Taking greater responsibility for our health and wellbeing		
HSCM Lead (s)	Sean Coady ***Cross System***		

Target	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	RAG Status
For Info	2,085	2,149	2,182	2,161	2,354	**Increasing**

Figure 8



Indicator Trend

The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.

Scotland Trend	Moray is performing worse than the Scottish Average of 25
Peer Group	Moray is performing worse than most of its peer group
Data Frequency	Monthly
Period Last Reported	December 2019 (Quarter 3 2019/20)
Next Update Due	March 2019 for Jan 2019 data
Source	Health Intelligence

5. ACCIDENT AND EMERGENCY

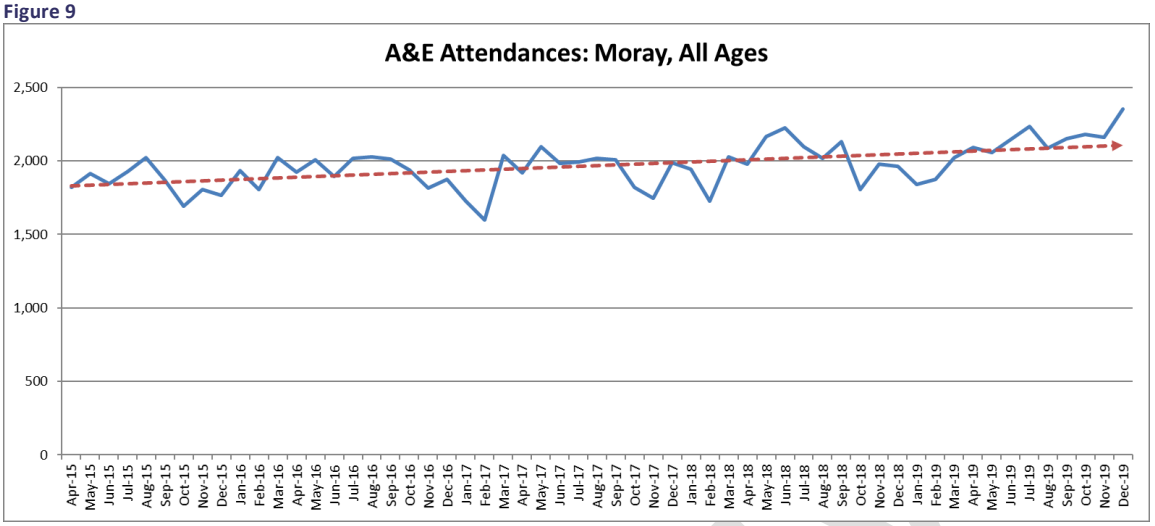
Trend Analysis
The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.
Operational Actions and Maintenance
Through discussions at Performance Management Group, a facilitated process mapping session was undertaken by a small group of practitioners from across the partnership (See Appendix 1 for the latest process map). They agreed that there should be further detailed work underpinned by a strong, collaborative, open and enabling leadership within a whole system approach and identified key improvement areas for further development as being : • Continued focus on recruiting home care staff • Early referral, home first and adults with capacity • Focused work on first 36 hours of admission • Discharge to assessment process • Intermediate care • Hospital from home This formed the basis of a whole system workshop held on 23 July 2019 that had representatives from all services involved to identify the issues and potential solutions for Moray. A prioritised action plan will be collated from the outcomes of this session and actions will be undertaken by Moray Alliance.
Action Timescales
An update on the actions is to be presented to the APR at the March 2020 meeting.

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 A&E departments and target their responses.		
Type of Indicator	Quantitative	**Linked Indicator(s)**	
Linked National Health & Wellbeing Outcome	1, 2, 3, 5		
Strategic Priority	**1: BUILDING RESILIENCE -** Taking greater responsibility for our health and wellbeing		
HSCM Lead (s)	Sean Coady ***Cross System***		

Target	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	RAG Status
For Info	2,085	2,149	2,182	2,161	2,354	**Increasing**

Figure 9



Indicator Trend	
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Next Update Due	March 2019 for Jan 2019 data
Source	Health Intelligence

6. HOSPITAL READMISSIONS

Trend Analysis
Dummy trend analysis text Dummy trend analysis text Dummy trend analysis text. Dummy trend analysis text Dummy trend analysis text Dummy trend analysis text Dummy trend analysis text Dummy trend analysis text. Dummy trend analysis text Dummy trend analysis text Dummy trend analysis text.
Operational Actions and Maintenance
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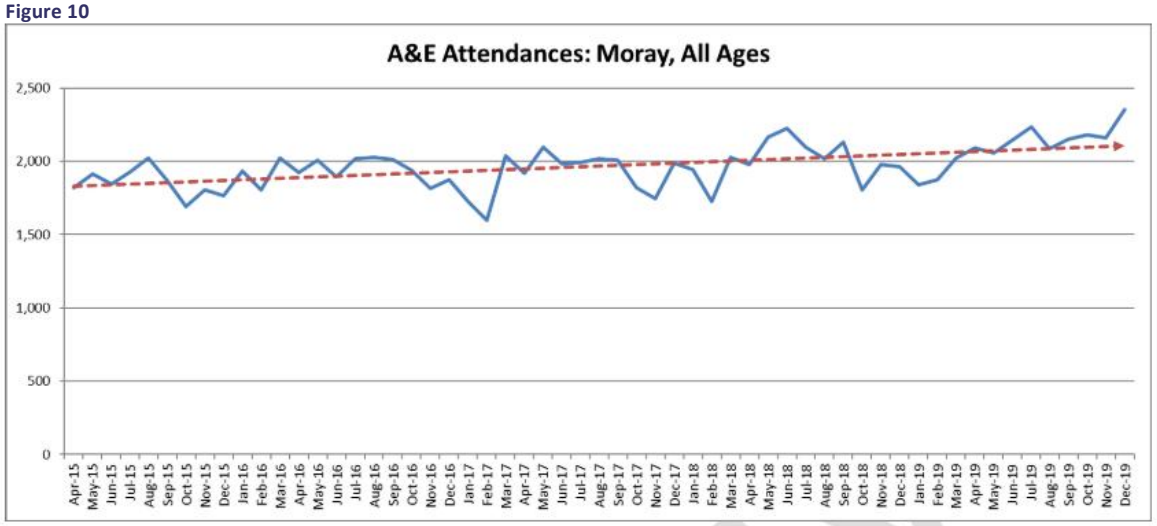
Action Timescales
Dummy action timescales text very soon Dummy action timescales text very soon. Dummy action timescales text very soon. Dummy action timescales text very soon Dummy action timescales text very soon.

HR-01: READMISSION TO HOSPITAL WITHIN 28 DAYS (PER 1,000 POPULATION)

Purpose	Readmissions are often undesirable for patients, and they can be a burden for resource-stretched NHS hospitals. Importantly, readmissions 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.		
Type of Indicator	Quantitative	**Linked Indicator(s)**	HR-02
Linked National Health & Wellbeing Outcome	1, 2, 3, 5		
Strategic Priority	**1: BUILDING RESILIENCE -** Taking greater responsibility for our health and wellbeing		
HSCM Lead (s)	Sean Coady ***Cross System***		

Target	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	RAG Status
For Info	2,085	2,149	2,182	2,161	2,354	**Increasing**

Figure 10



Indicator Trend	
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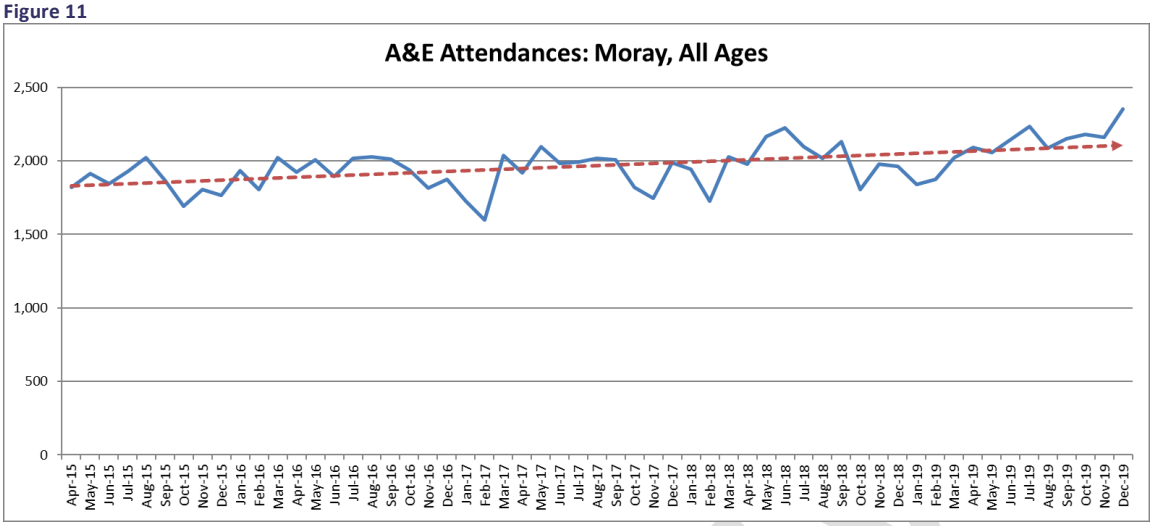
Peer Group	Moray is performing worse than most of its peer group
Data Frequency	Monthly
Period Last Reported	December 2019 (Quarter 3 2019/20)
Next Update Due	March 2019 for Jan 2019 data
Source	Health Intelligence

HR-02: READMISSION TO HOSPITAL WITHIN 7 DAYS (PER 1,000 POPULATION)			
Purpose	Readmissions are often undesirable for patients, and they can be a burden for resource-stretched NHS hospitals. Importantly, readmissions 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.		
Type of Indicator	Quantitative	**Linked Indicator(s)**	HR-01
Linked National Health & Wellbeing Outcome	1, 2, 3, 5		
Strategic Priority	**1: BUILDING RESILIENCE -** Taking greater responsibility for our health and wellbeing		
HSCM Lead (s)	Sean Coady ***Cross System***		

Target	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	RAG Status
For Info	2,085	2,149	2,182	2,161	2,354	**Increasing**

Figure 11



Indicator Trend	
The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.	
Scotland Trend	Moray is performing worse than the Scottish Average of 25
Peer Group	Moray is performing worse than most of its peer group
Data Frequency	Monthly
Period Last Reported	December 2019 (Quarter 3 2019/20)
Next Update Due	March 2019 for Jan 2019 data
Source	Health Intelligence

7. UNMET NEED

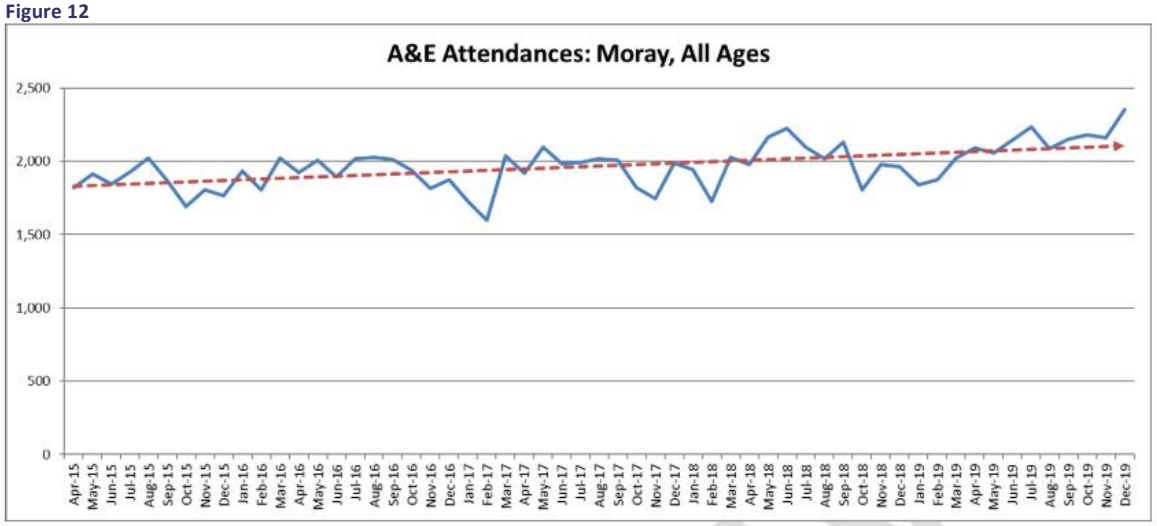
Trend Analysis
The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.
Operational Actions and Maintenance
HSCM are looking to take forward improvement initiatives and have looked at other boards who have been working with Healthcare Improvement Scotland. Leadership and culture also clearly can enable progress to focus on reducing the overall time people spend in hospital. Following an operational performance meeting in April 2019 it was agreed a whole system approach is required to take these improvements further within the local Moray Alliance process. It is understood that several improvement initiatives are required and there is not one single improvement area.
Action Timescales
An update on the actions is to be presented to the APR at the March 2020 meeting.

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.		
Type of Indicator	Quantitative	**Linked Indicator(s)**	UN-02
Linked National Health & Wellbeing Outcome	1, 2, 3, 5		
Strategic Priority	**1: BUILDING RESILIENCE -** Taking greater responsibility for our health and wellbeing		
HSCM Lead (s)	Sean Coady ***Cross System***		

Target	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	RAG Status
For Info	2,085	2,149	2,182	2,161	2,354	**Increasing**

Figure 12



Indicator Trend	
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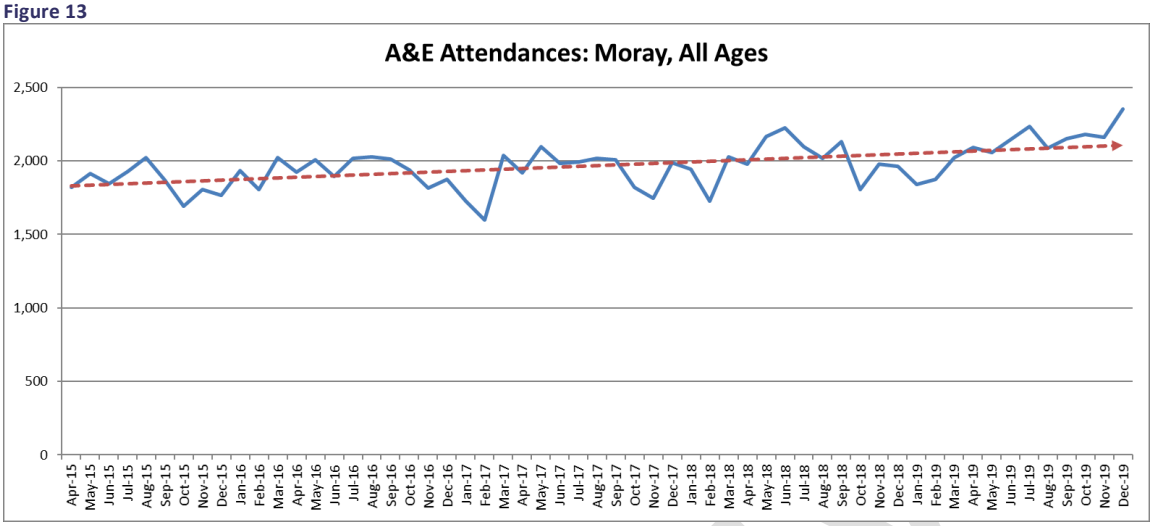
Peer Group	Moray is performing worse than most of its peer group
Data Frequency	Monthly
Period Last Reported	December 2019 (Quarter 3 2019/20)
Next Update Due	March 2019 for Jan 2019 data
Source	Health Intelligence

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.		
Type of Indicator	Quantitative	**Linked Indicator(s)**	UN-01
Linked National Health & Wellbeing Outcome	1, 2, 3, 5		
Strategic Priority	**1: BUILDING RESILIENCE -** Taking greater responsibility for our health and wellbeing		
HSCM Lead (s)	Sean Coady ***Cross System***		

Target	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	RAG Status
For Info	2,085	2,149	2,182	2,161	2,354	**Increasing**

Figure 13



Indicator Trend	
The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.	
Scotland Trend	Moray is performing worse than the Scottish Average of 25
Peer Group	Moray is performing worse than most of its peer group
Data Frequency	Monthly
Period Last Reported	December 2019 (Quarter 3 2019/20)
Next Update Due	March 2019 for Jan 2019 data
Source	Health Intelligence

8. OUTSTANDING ASSESSMENTS

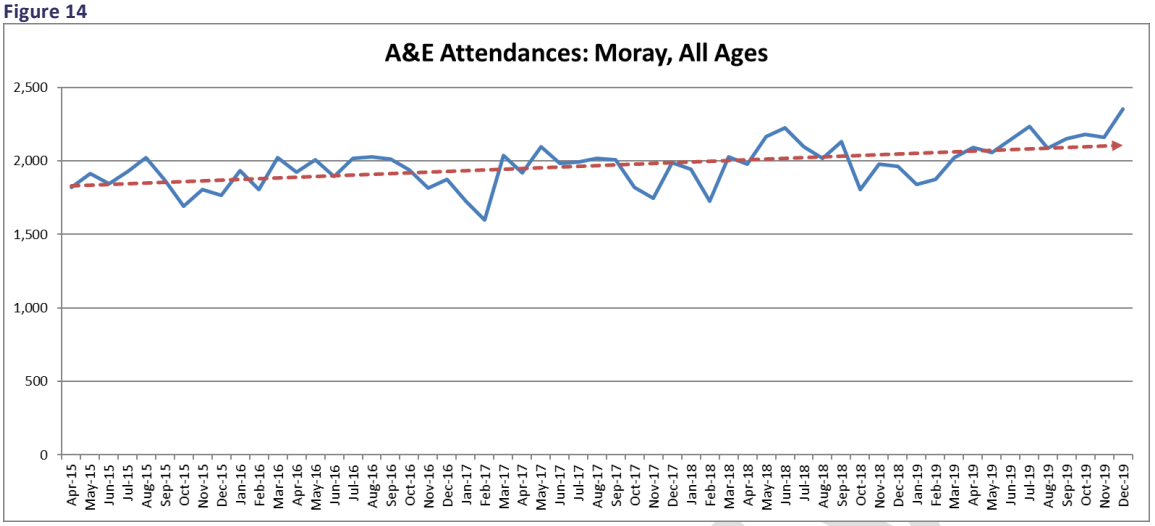
Trend Analysis
The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.
Operational Actions and Maintenance
HSCM are looking to take forward improvement initiatives and have looked at other boards who have been working with Healthcare Improvement Scotland. Leadership and culture also clearly can enable progress to focus on reducing the overall time people spend in hospital. Following an operational performance meeting in April 2019 it was agreed a whole system approach is required to take these improvements further within the local Moray Alliance process. It is understood that several improvement initiatives are required and there is not one single improvement area.
Action Timescales
An update on the actions is to be presented to the APR at the March 2020 meeting.

OA-01: NUMBER OF OUTSTANDING ASSESSMENTS (COMMUNITY CARE REVIEWS, SUPPORT PLANS…)

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 primary and acute services.		
Type of Indicator	Quantitative	**Linked Indicator(s)**	
Linked National Health & Wellbeing Outcome	1, 2, 3, 5		
Strategic Priority	**3: PARTNERS IN CARE -** Making choices and taking control over decisions affecting our care and support		
HSCM Lead (s)	Sean Coady ***Cross System***		

Target	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	RAG Status
For Info	2,085	2,149	2,182	2,161	2,354	**Increasing**

Figure 14



Indicator Trend	
The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.	
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Peer Group	Moray is performing worse than most of its peer group
Data Frequency	Monthly
Period Last Reported	December 2019 (Quarter 3 2019/20)
Next Update Due	March 2019 for Jan 2019 data
Source	Health Intelligence

9. MENTAL HEALTH

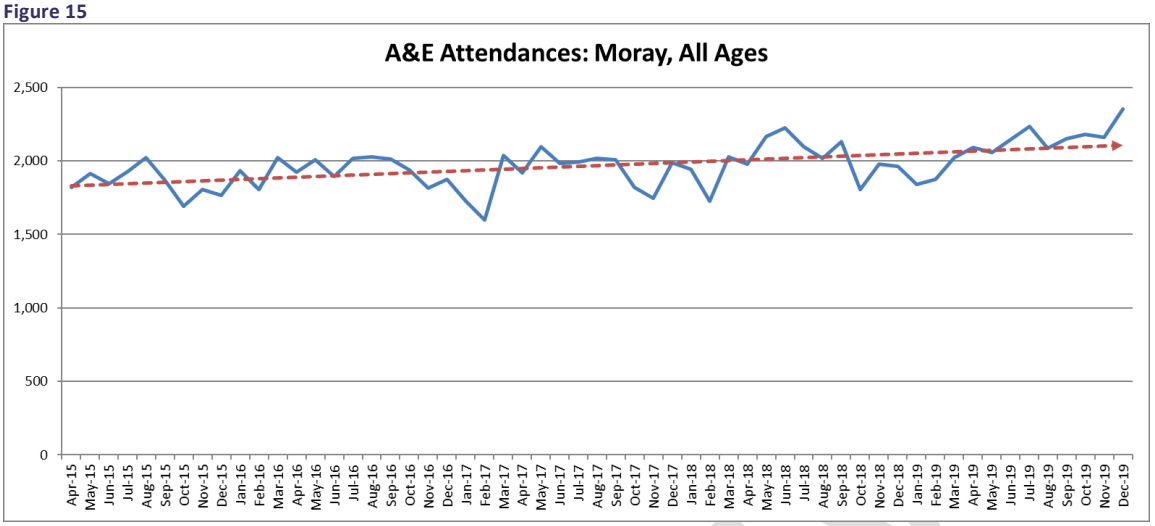
Trend Analysis
The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.
Operational Actions and Maintenance
HSCM are looking to take forward improvement initiatives and have looked at other boards who have been working with Healthcare Improvement Scotland. Leadership and culture also clearly can enable progress to focus on reducing the overall time people spend in hospital. Following an operational performance meeting in April 2019 it was agreed a whole system approach is required to take these improvements further within the local Moray Alliance process. It is understood that several improvement initiatives are required and there is not one single improvement area.
Action Timescales
An update on the actions is to be presented to the APR at the March 2020 meeting.

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.		
Type of Indicator	Quantitative	**Linked Indicator(s)**	
Linked National Health & Wellbeing Outcome	1, 2, 3, 5		
Strategic Priority	**1: BUILDING RESILIENCE -** Taking greater responsibility for our health and wellbeing		
HSCM Lead (s)	Sean Coady ***Cross System***		

Target	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	RAG Status
For Info	2,085	2,149	2,182	2,161	2,354	**Increasing**

Figure 15



Indicator Trend	
The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.	
Scotland Trend	Moray is performing worse than the Scottish Average of 25
Peer Group	Moray is performing worse than most of its peer group
Data Frequency	Monthly
Period Last Reported	December 2019 (Quarter 3 2019/20)
Next Update Due	March 2019 for Jan 2019 data
Source	Health Intelligence

10. STAFF MANAGEMENT

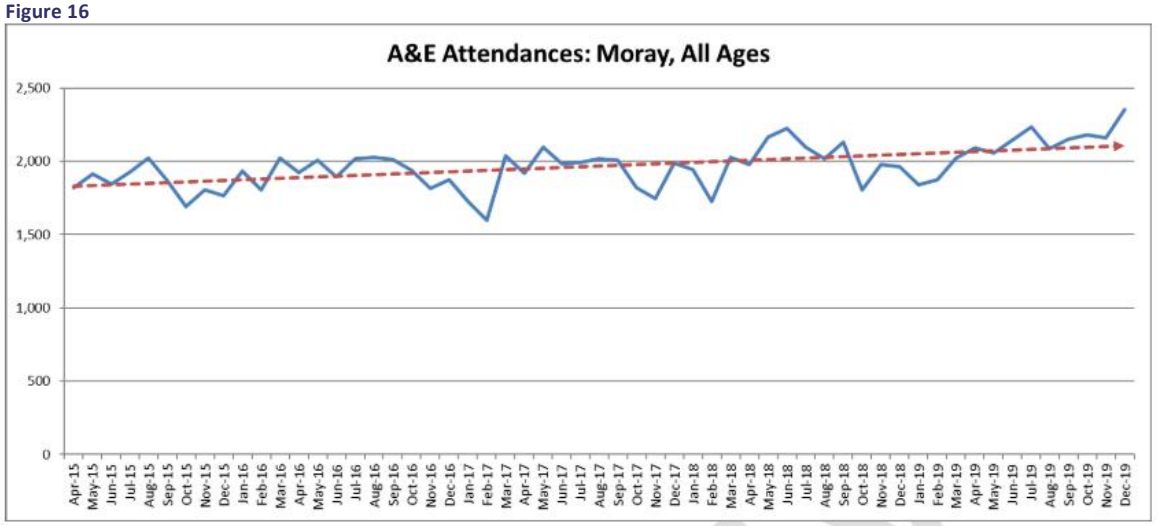
Trend Analysis
The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.
Operational Actions and Maintenance
HSCM are looking to take forward improvement initiatives and have looked at other boards who have been working with Healthcare Improvement Scotland. Leadership and culture also clearly can enable progress to focus on reducing the overall time people spend in hospital. Following an operational performance meeting in April 2019 it was agreed a whole system approach is required to take these improvements further within the local Moray Alliance process. It is understood that several improvement initiatives are required and there is not one single improvement area.
Action Timescales
An update on the actions is to be presented to the APR at the March 2020 meeting.

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.		
Type of Indicator	Quantitative	**Linked Indicator(s)**	SM-02
Linked National Health & Wellbeing Outcome	8		
Strategic Priority	**1: BUILDING RESILIENCE -** Taking greater responsibility for our health and wellbeing		
HSCM Lead (s)	Sean Coady ***Cross System***		

Target	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	RAG Status
For Info	2,085	2,149	2,182	2,161	2,354	**Increasing**

Figure 16

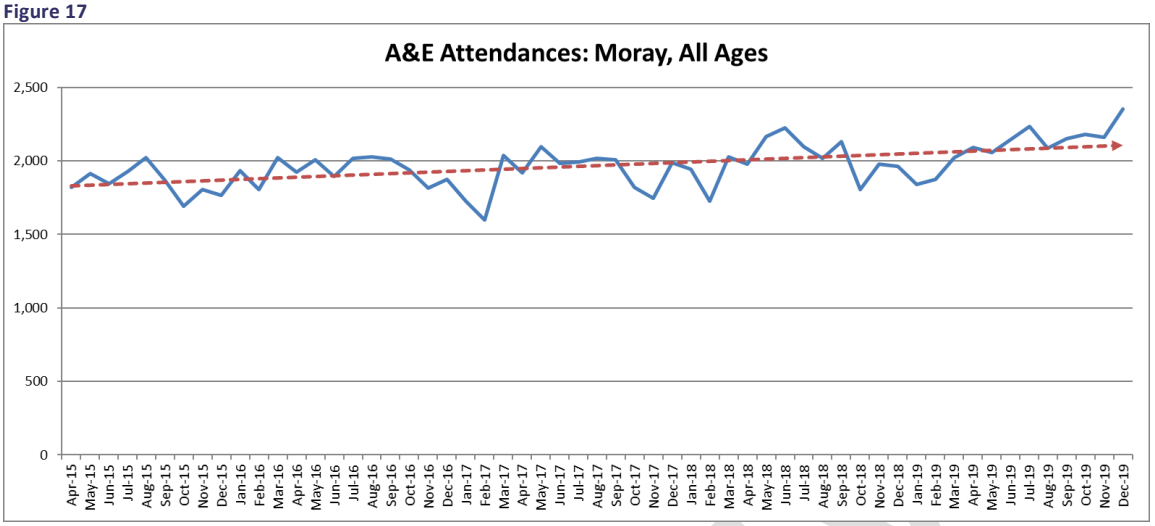


Indicator Trend	
The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.	
Scotland Trend	Moray is performing worse than the Scottish Average of 25
Peer Group	Moray is performing worse than most of its peer group
Data Frequency	Monthly
Period Last Reported	December 2019 (Quarter 3 2019/20)
Next Update Due	March 2019 for Jan 2019 data
Source	Health Intelligence

SM-02: COUNCIL SICKNESS ABSENCE (% OF CALENDAR DAYS LOST)			
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 A&E departments and target their responses.		
Type of Indicator	Quantitative	**Linked Indicator(s)**	SM-01
Linked National Health & Wellbeing Outcome	1, 2, 3, 5		
Strategic Priority	**1: BUILDING RESILIENCE -** Taking greater responsibility for our health and wellbeing		
HSCM Lead (s)	Sean Coady ***Cross System***		

Target	Q3 (Oct-Dec 18)	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	RAG Status
For Info	2,085	2,149	2,182	2,161	2,354	**Increasing**

Figure 17



Indicator Trend	
The number of people Delayed at Census Date was at an all-time low in April 2019 with only 20 recorded but since then the numbers in this measure have varied with an increasing trend to a figure of 33 people at the December 2019 census. This is comprised of 33 delays in total, 3 of which are for Code 9 reasons (Adults with incapacity) and 30 for Health and Social Care reasons.	
Scotland Trend	Moray is performing worse than the Scottish Average of 25
Peer Group	Moray is performing worse than most of its peer group
Data Frequency	Monthly
Period Last Reported	December 2019 (Quarter 3 2019/20)
Next Update Due	March 2019 for Jan 2019 data
Source	Health Intelligence

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

Insert excerpt from the final Strategy

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 WELL-BEING.

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.

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

SUBJECT: **FORRES LOCALITY PATHFINDER PROJECT - INTERIM PROGRESS REPORT**

BY: **IAIN MACDONALD, LOCALITY MANAGER**

1. REASON FOR REPORT

1.1. To inform the Moray Integration Joint Board (MIJB) on the progression of the redesign of Health and Social Care services in the Forres Locality.

2. RECOMMENDATION

2.1. It is recommended that the MIJB:

i) note progress on the journey of transforming Health & Social Care services in the Forres Locality based on the information provided within this report; and

ii) agree that capacity should support the Forres Locality Manager's request to initiate a service review of the Varis Augmented Care Unit (ACU), Forres Neighbourhood Care Team (FNCT) and the Forres Community Nursing Team.

3. BACKGROUND

3.1. The MIJB was provided with a report on 30 January 2020, to note progress on the journey of transforming Health and Social Care services in the Forres Locality (paragraph 15 of the minute refers).

3.2. The purpose of the Forres Locality Pathfinder Project is to reshape services within the Forres locality to best meet the health and social care needs of the population. More recently, further scrutiny has been applied to determine whether the current model meets the needs of the identified population and whether it is having the necessary impact on the sustainability of future services, required to deliver high quality, person centred, effective care, and demonstrating best value.

3.3. The developing COVID 19 situation and subsequent restrictions put in place has prevented the completion of a thorough review of the Varis Augmented Care Unit (ACU) and Forres Neighbourhood Care Team (FNCT). However

opportunities have arisen for developing closer working relationships between the ACU, FNCT, Community Care Team and the Practice Nursing Teams which has offered new potential for post COVID practice. Conversations with staff members and partner agencies have highlighted opportunities for an enhanced patient/service user experience and an improved staffing structure. Staff and partner agencies have identified a range of strengths and potential areas for improvement which would benefit from further exploration.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 Recent engagement with staff and partner agencies has led to a potential reshaping of the service in line with the MIJB Strategic Plan 2019 – 2029; in particular Theme 2: Being supported at home or in a homely setting as far as possible. Inclusive of: multi-disciplinary teams, rehabilitation; re-ablement and recovery; housing adaptations and technology and crisis support. The reshaping of services would be initiated by a service review.

4.2 It is proposed that the Locality Manager would undertake a service review supported by the Operational Lead Nurse and the Clinical Governance Coordinator. The review will outline a detailed plan for the service moving forward which is in line with the priorities within the MIJB Strategic Plan 2019-2029. Following completion of the service review there may be a requirement for Organisational Change.

4.3 The Service Review would include:

- Staff questionnaires
- Patient surveys
- A detailed onsite review of service provision/pathways
- Focus groups including staff, locality partners (GP practices, AHPs, home care social work, third sector etc.) and secondary care/acute services.
- A review of complaints and patient/service user feedback.

4.4 It is proposed the review would start in June 2020 and be completed by September 2020. At which point a full report would be provided to the Systems Leadership Group and a report will be presented to the November MIJB.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2019 – 2029"

The policy and approach set out in this report is consistent with the ambitions of the MIJB Strategic Plan in providing care at home or close to home with a particular emphasis on the needs of older people. This locality approach is also consistent with the ambition of the LOIP in Moray.

(b) Policy and Legal

This approach supports national policy and the integration principles set out in the Public Bodies (Joint Working) (Scotland) Act 2014.

(c) Financial implications

There are no budget implications at this stage in relation to this interim report. It is anticipated that a service review would bring the Forres Pathfinder Project within budget.

(d) Risk Implications and Mitigation

The project has been reviewed by Strategic Planning & Commissioning Group (SPCG) through updates on progress to date. It has been noted that any risks in obtaining performance information which may impact on the ability to report robustly must be escalated to Head of Service as noted in the risk log.

(e) Staffing Implications

There are no staffing implications at this stage in relation to this interim report. Any staffing implications resulting from a service review would be processed through the Organisational Change Policy relating to the employing organisation of affected staff.

(f) Property

The are no property implications at this stage in relation to this interim report

(g) Equalities/Socio Economic Impact

An Equalities Impact Assessment is not currently required as there are no changes to policy as a direct result of this report.

(h) Consultations

Consultation has taken place with:- Sean Coady, Head of Service, Chief Financial Officer, Corporate Manager, and Lissa Rowan, Committee Services Officer, who are in agreement with the contents of this report as regards their respective responsibilities.

6. CONCLUSION

6.1 The report refers to the work undertaken over the past 23 months in relation to the Forres Locality Pathfinder Project.

6.2 There is a real commitment and desire from practitioners across all services to improve health and social care provision for adults living within the Forres Locality. Staff members and partner agencies have

highlighted key strengths and potential improvements in relation to the current model of provision. A service review would provide the foundation for a revised model of provision.

Author of Report: Iain Macdonald, Locality Manager

Background Papers: None

Ref:

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

SUBJECT: **CHILDREN AND FAMILIES AND JUSTICE SERVICES SOCIAL WORK**

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

1.1. To inform the Board of developments in Children and Families and Justice Social Work in relation to the proposed delegation of services to the Moray Integration Joint Board.

2. RECOMMENDATION

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

i) Note the progress made in relation to the proposed delegation of children and families and justice social work to MIJB; and

ii) Note the work undertaken across the Community Planning Partnership to develop the Children's Services Plan 2020-23

3. BACKGROUND

3.1 Moray Council on 27 November 2019 (para 22 of the minute refers) and NHS Grampian on 5 December 2019 (para 11 of the minute refers) agreed to proceed to the next steps of assessing the potential of delegating the above services to the MIJB, within a 12-18 month time frame, with a shadow period being part of this assessment. The ambition is to aim for this to be complete for 1 April 2021, for the new arrangements to align with the start of the financial year. However, this may need to remain open to review, given the current public health situation and resultant change in priorities.

3.2 There has been an agreement that the current Interim Head of Children and Families and Justice Social Work will report into the Chief Officer for HSCM, as part of the "shadow arrangement" and be part of the Senior Leadership Team there. This has been in place since April 2020. Nevertheless responsibility for

these services and functions remain with the council's Chief Executive as Head of Paid Service and Moray Council until any revised Integration Scheme has received approval from the Scottish Government. The Chief Social Work Officer retains responsibility and accountability for the professional governance of social work across Moray Council

3.3 A meeting has taken place with Alison Taylor, (Deputy Director Integration of Health and Social Care) at the Scottish Government in early May to ascertain the process and time frames required to enable the Integration Scheme to be approved for 1 April 2021 if that is agreed by NHS Grampian and Moray Council. The outcomes of this meeting will now form part of the timeline so that the plan can be developed to ensure the work required can be identified, allocated and progressed.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 To progress the proposal to delegate services to MIJB, the following needs to be addressed:

4.2 The allocation of resources from the local authority to enable this work to be completed, including appropriate project management officer time, human resources, organisational development and legal and financial services resources. The council's legal team have consistenly advised that the work required to ensure due diligence will be considerable, and this may not be possible to be undertaken within current resources.

4.3 The establishment of a project board which will identify who will be involved in making decisions and agreeing changes to the current integration scheme on behalf on the NHS and Council. This will need to include how and to where any risks and issues will be escalated and dealt with and how the final scheme will be agreed prior to submission to the Scottish Government.

4.4 Establish work streams to consider the following areas: Joint Resources and Financial Planning; Governance and Accountability; and Staffing and Organisational Change.

5. DAY TO DAY SERVICE OPERATIONS

5.1 Since 23 March 2020, and in response to the COVID19 situation, the senior management team (Head of Service, Service Manager for Social Work Services; Service Manager for Justice Services; Service Manager for Commissioning and Corporate Parenting; Consultant Social Work Practitioners) meet on a daily basis. This has enabled the service to respond to the new social circumstances and to ensure social work practice is adapted to ensure legislative responsibilities and expectations are met; that the workforce is supported to work in new ways; that existing multiagency partnerships are able to work as effectively as possible; all government and governance guidance is reviewed and implemented.

5.2 There have undoubtedly been challenges from staff having to be able to work from home as far as possible and appropriate. Work continues at pace to

ensure access to resources and technology so that staff can adequately fulfil their roles and professional responsibilities. Weekly reports are provided to the Scottish Government regarding activity around supporting and protecting our most vulnerable children and families.

5.3 Monthly Social Work Practice Governance and Performance Management meetings will resume mid-May, as part of the adaption to new the circumstances.

5.4 A Children and Families Social work transformational change plan was in the process of being developed to meet the financial challenges faced by the Council. This is currently on hold due to the current COVID situation but will require to be progressed through the Council's Improvement and Modernisation Programme to deliver better outcomes for children and their families at home or as close to home as possible, through a different social work practice model and an improved commissioning model.

6. MORAY CHILDREN'S SERVICES PLAN

6.1 While overall responsibility for children's services planning clearly rests with a local authority and its relevant health board, it is expected that they will work collaboratively with other members of the Community Planning Partnership (CPP), as well as with children, young people and their families at various stages of the plan's development and review.

6.2 Children and Young People (Scotland) Act 2014 seeks to improve outcomes for all children and young people in Scotland by ensuring that local planning and delivery of services is integrated, focused on securing quality and value through preventative approaches, and dedicated to safeguarding, supporting and promoting child wellbeing. It aims to ensure that any action to meet need is taken at the earliest appropriate time and that, where appropriate, this is taken to prevent need arising.

6.3 Within the Getting it Right for Every Child (GIRFEC) approach, the Scottish Government Realigning Children's Services (RCS) programme aims to improve outcomes for children and young people by supporting participating Community Planning Partnerships (CPPs) to make better joint strategic decisions about services for children, young people and their families. It does so, in part, by improving the availability and use of robust evidence about local needs. Moray has been engaged with this programme from September 2018- March 2020.

6.4 Involvement in this programme, drawing on data from local and national health and wellbeing surveys has identified groups of children and young people in Moray who are at greater risk of experiencing poorer wellbeing, and identifies some of the key risk factors associated with such outcomes. It also examines some key health behaviours and their links to wellbeing, as well as looking at socioeconomic disadvantage and inequalities in wellbeing.

6.5 The Moray Children's Services Plan 2020-23 has this as its strategic needs assessment. This plan has been developed through extensive engagement and consultation, including with children, young people and their families in Moray, and is ready for submission to the Scottish Government.

6.6 The Children's Services Plan will drive forward four key outcomes:

1. The wellbeing of children and young people is improved
2. Children and young people are free from harm
3. The impact of poverty is mitigated
4. Improved outcomes for Looked After and Care Experienced children and young people (delivering on the outcomes of the Independent Care Review).

6.7 An IJB Development Session will be offered in June 2020 on the Children's Services Plan.

7. 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"

Moray Council Corporate Plan 2020-23 outlines its ambitions to support children and families and communities

(b) Policy and Legal

The legal resource required to undertake any due diligence for amending the Integration Scheme requires to be established. This will be assisted by a clear identification of all services that are in scope for transferring over to the MIJB

Children and Young People (Scotland) Act 2014 (Part 3) sets out a legal framework for children's services planning, including its scope and aims.

(c) Financial implications

Work is required to understand the scope of potential delegated functions and associated budgets. The detail will be presented in a future report for consideration.

(d) Risk Implications and Mitigation

The establishment of a project board to oversee and monitor the proposed delegation of services will enable a full consideration of risks and mitigations.

However, there will be a risk of delay if appropriate staffing resource cannot be allocated for the project management and legal and financial requirements.

(e) Staffing Implications

Additional staffing resources required to support the proposed delegation of services are to be quantified when further detail on the transition plan is available.

(f) Property

No property issues identified at this point.

(g) Equalities/Socio Economic Impact

Not required at this point.

(h) Consultations

Chief Social Work Officer; Chief Financial Officer MIJB, Legal Services Manager (Moray Council); Committee Services (Moray Council); Chief Financial Officer (Moray Council), Head of HR, ICT and Organisational Development (Moray Council) have been consulted.

8. CONCLUSION

8.1. To meet the proposed target of delegating additional services to MIJB, it is anticipated additional resource will be required to manage the project and to ensure necessary due diligence and financial planning has been undertaken to the satisfaction of all three bodies (NHS Grampian; Moray Council and MIJB)

8.2. The Moray Children's Services Plan 2020-23 should be welcomed as an ambitious key strategic document drawing together the voices and views of children and families and professionals in Moray to improve outcomes.

Author of Report: Joyce Johnston; Interim Head of Children and Families and Justice Social Work
Background Papers: With Author
Ref: