



Clinical and Care Governance Committee

Thursday, 30 May 2024

Council Chambers

NOTICE IS HEREBY GIVEN that a Meeting of the **Clinical and Care Governance Committee, Council Chambers, Council Office, High Street, Elgin, IV30 1BX** on **Thursday, 30 May 2024 at 14:00** to consider the business noted below.

AGENDA

1. **Welcome and Apologies**
2. **Declaration of Member's Interests**
3. **Minute of meeting of 28 March 2024** 5 - 10
4. **Action Log - 28 March 2024** 11 - 12
Effective Communication and Information
5. **Quarter 4 Complaints Report** 13 - 28
6. **Moray Portfolio Assurance Report to NHS Grampian** 29 - 40
Clinical Governance Committee
Safe and Effective Practice
7. **Clinical and Care Governance Group Escalation** 41 - 52
Report
8. **Vaccination Uptake Amongst Health and Social Care** 53 - 56
Moray Staff Report
9. **Moray Physiotherapy Musculoskeletal Service Report** 57 - 64

Accessible, Flexible and Responsive Services

- 10. Update on Recommended Allowances for Kinship and Foster Carers Report 65 - 70**
- 11. Items for Escalation to MIJB**

MORAY INTEGRATION JOINT BOARD

SEDERUNT

Mr Derick Murray (Chair)

Councillor Peter Bloomfield (Voting Member)

Councillor Scott Lawrence (Voting Member)

Mr Ivan Augustus (Non-Voting Member)

Mrs Sheila Brumby (Non-Voting Member)

Ms Janette Topp (Non-Voting Member)

Professor Duff Bruce (Non-Voting Member)

Dr Robert Lockhart (Non-Voting Member)

Ms Elizabeth Robinson (Non-Voting
Member)

Dr Malcolm Simmons (Non-Voting Member)

Ms Tracy Stephen (Non-Voting Member)

Mr Kevin Todd (Non-Voting Member)

Clerk Name:	Caroline O'Connor
Clerk Telephone:	07779 999296
Clerk Email:	committee.services@moray.gov.uk



MINUTE OF MEETING OF THE CLINICAL AND CARE GOVERNANCE COMMITTEE

Thursday, 28 March 2024

Council Chambers, Council Office, High Street, Elgin, IV30 1BX

PRESENT

Mr Ivan Augustus, Councillor Peter Bloomfield, Mr Simon Bokor-Ingram, Mr Sean Coady, Dr Robert Lockhart, Mr Derick Murray, Ms Deborah O'Shea, Ms Fiona Robertson, Ms Tracy Stephen, Mr Kevin Todd
Councillor Shona Morrison (for Councillor Scott Lawrence)

APOLOGIES

Professor Duff Bruce, Councillor Scott Lawrence, Ms Elizabeth Robinson, Dr Malcolm Simmons

IN ATTENDANCE

Lead Pharmacist, Health and Social Care Moray; Service Manager, Provider Services; Acting Consultant Practitioner/Adult Support and Protection Lead, Social Work; Integrated Service Manager (Interim), Community Learning Disability Service and Caroline O'Connor, Committee Services Officer.

1. Chair

The meeting was chaired by Mr Derick Murray.

2. Declaration of Member's Interests

There were no declarations of Member's interests in respect of any item on the agenda.

3. Minute of meeting of 30 November 2023

The minute of the meeting of 30 November 2023 was submitted and approved.

4. Action Log - 30 November 2023

The Action Log of the meeting of 30 November 2023 was discussed and updated accordingly. Item 3.

5. Financial Strategic Risk Register - March 2024

The meeting had before it a report by the Chief Officer providing an overview of the increase to the strategic financial risks, along with a summary of actions which are in place to mitigate those risks, updated March 2024.

The Chair moved to add the word "financial" to recommendation (ii).

Following consideration and there being no one otherwise minded, the Committee unanimously agreed to:-

- i) note the updated Financial Strategic Risk Register included in Appendix 1; and
- ii) endorse the draft format of the new Financial Strategic Risk Register.

6. Primary Care Prescribing Budget for 2024-25

The meeting had before it a report by the Lead Pharmacist, Health and Social Care Moray informing the Committee of the predicted prescribing budget resource requirements for 2024-25, alongside key drivers of growth and mitigations regarding costs.

In response to a query from Mr Riddell regarding whether the recommendation was for this Committee to accept a budget bid in terms of what the budget resource should be, the Chief Officer confirmed it should be for this Committee to make recommendations to the Moray Integration Joint Board and suggested the wording of recommendation (i) be amended to include "and work ongoing around quality, safety and efficiency". This was moved by the Chair.

Following consideration and there being no one otherwise minded, the Committee unanimously agreed to note:-

- i) the recommendations made in the paper regarding volume, costs, risks and the net predicted need for a budget source of £23,799m, as part of the overall Health and Social Care Partnership budget setting process for 2024-25 and work ongoing around quality, safety and efficiency;
- ii) the estimated budget requirements; and
- iii) mitigations regarding cost efficiencies.

7. Complaints Report for Quarter 3 2023-24

The meeting had before it a report by the Clinical and Care Governance Group Co-Chairs informing the Committee of complaints reported and closed during Quarter 3 (1 October 2023 - 31 December 2023).

Following consideration the Committee unanimously agreed to note the totals, lessons learned, response times and action taken for complaints completed within the last quarter.

8. Joint Inspection of Services for Children and Young People at Risk of Item 3. Harm in Moray

The meeting had before it a report by the Chief Social Work Officer / Head of Service providing the Committee with an overview of the findings from the joint inspection of Children's Services by the Care Inspectorate report that was published on 23 January 2024, as at Appendix 1.

In presenting the report the Chief Social Work Officer / Head of Service advised progress on the improvement plan would be reported to Committee.

Following consideration the Committee unanimously agreed to note:-

- i) the overview of the findings from the joint inspection of Children's Services by the Care Inspectorate; and
- ii) the Children's Services partnership have developed an improvement plan in respect of the findings.

9. Healthcare Improvement Scotland (HIS) Unannounced Safe Delivery of Care Inspection of Dr Grays Hospital NHS Grampian October 2023

The meeting had before it a report by the Chief Nurse, Moray informing the Committee of the Unannounced Safe Delivery of Care Inspection by Healthcare Improvement Scotland (HIS) on 9-11 October 2023.

Following consideration the Committee unanimously agreed to note the outcome of the inspection of Dr Gray's Hospital and NHS Grampian by Healthcare Improvement Scotland (HIS) and learning from this inspection has been shared and implemented across Health and Social Care Moray.

10. Residential Child Care Service (CALA) Inspection Report

The meeting had before it a report by the Service Manager, Provider Services updating the Committee on the outcome of the recent inspection of the Care Home Service by the Care Inspectorate.

The Committee joined the Chair in thanking all staff involved for their hard work which had resulted in such a positive inspection report.

Following consideration the Committee unanimously agreed to note the outcome of the inspection of the Care Home (Children and Young People) Service by the Care Inspectorate.

11. Care at Home Inspection Report

The meeting had before it a report by the Service Manager, Provider Services updating the Committee on the outcome of the recent inspection of the Care at Home Services by the Care Inspectorate.

The Committee joined the Chair in thanking all staff involved for their hard work which had resulted in such a positive inspection report.

Following consideration the Committee unanimously agreed to note the outcome of the inspection of the Care at Home Services by the Care Inspectorate.

12. Health and Social Care Moray (HSCM) Clinical and Care Governance Item 3. Group Escalation Report

The meeting had before it a report by the Chief Nurse, Moray informing the Committee of progress and exceptions report to the Clinical and Care Governance Group since the last report to Committee in November 2023.

Following consideration the Committee unanimously agreed to note the contents of the report.

13. Adult Support and Protection Multi Agency Improvement Plan

The meeting had before it a report by the Consultant Practitioner, Adult Support and Protection Lead Officer updating Committee on progress against the Adult Support and Protection Multi-Agency Improvement Plan, since the last update provided in July 2023.

Following consideration the Committee unanimously agreed to note:-

- i) the Multi-Agency Improvement Plan and progress to date;
- ii) the systems in place to monitor and progress actions within the plan;
- iii) Phase 2 of Adult Support and Protection Activity; and
- iv) that further updates will be provided to the next Committee meeting.

14. Learning Disability Service Dynamic Support Register

The meeting had before it a report by the Integrated Service Manager (Interim), Community Learning Disability Service informing Committee of the requirements of the Scottish Government directive relating to the Coming Home Report, and of the actions and progress made by the Learning Disability Service in response to the directive. Assurance is also given that planning and development continues which will address future anticipated needs associated to the directive.

Following consideration the Committee unanimously agreed to:-

- i) note the requirements of the Scottish Government in relation to the Coming Home Report and Dynamic Support Register and the actions taken by the Learning Disability Service to respond to the Scottish Government Directive as set out in paragraphs 4.1-4.6; and
- ii) continue to support the housing projects that are to be utilised by adults with a Learning Disability which is integral to meeting the requirements of the register and which was previously agreed at the Moray Integration Joint Board (MIJB) on 30 March 2023 (para 12 of the minute refers).

15. Pressures on General Practice

The meeting had before it a report by the Clinical Lead for Primary Care in Moray informing the Committee of the ongoing pressures affecting General Practices in Moray and posing a threat to their sustainability.

Following consideration the Committee unanimously agreed to:-

- i) note the pressures affecting Moray Practices; and
- ii) support the operational delivery of the NHS Grampian General Practice Vision project.

16. Items for Escalation to MIJB

Mr Murray suggested adding reference to the four inspection reports which had been generally very well received. In response the Chief Officer agreed to reference these in his next report to the MIJB.

Mr Riddell asked that the significant budget risks in terms of capacity and resource relating to the prompt action required by management to progress the savings be flagged up to the Board as decisions to delay other work/services may be required.



MEETING OF MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE

THURSDAY 28 MARCH 2024

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY	UPDATE MAY 2024
1.	Strategic Risk Register	Unpaid Carers to be woven into the risk register at a strategic level. Discussion to take place between Chief Officer and Unpaid Carer Officer on whether specific mention of Unpaid Carers Strategy should be included in controls section.	March 2024	Corporate Manager	Work commenced on refreshing the Risk Register. Agreed any emerging risks will be presented August 2024.
2.	Progress Update in Relation to Unpaid Carers Strategy 2023-27	Chief Officer, Self Directed Support Officer and Unpaid Carer Officer to discuss and agree the frequency of the progress reports to Committee.	November 2023	Chief Officer	Annual review will be presented to MIJB June 2024
3.	Recommended Allowances for Kinship and Foster Carers	To be reported to Moray Council for approval and further report to be prepared for MIJB once position is clarified.	January 2024	Chief Social Work Officer	Report on today's agenda
4.	Financial Strategic Risk Register	Additional points to be added including capacity to deliver, ensure the colour coded timescales at the end of Appendix 1 are reflected throughout the Register, update the current likelihood	30 May 2024	Corporate Manager	Report presented to this morning's meeting of MIJB

		from 4 to 5 under mitigations/current controls in place; consider adding further controls required given the current overspend and reference to adverse outcomes.			
5.	Items for Escalation to MIJB	<p>Section to be added to next CO report to the Board referencing the 4 inspection reports.</p> <p>Significant budget risks in terms of capacity and resource relating to the prompt action required by management to progress the savings be flagged up to the Board as decisions to delay other work/services may be required.</p>	30 May 2024	CO	Included in CO Report to MIJB this morning



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 30 MAY 2024

SUBJECT: COMPLAINTS REPORT FOR QUARTER 4, 2023/2024

BY: ALLIED HEALTH PROFESSIONAL – SECTOR LEAD, MORAY

1. REASON FOR REPORT

1.1 To inform the Committee of complaints reported and closed during Quarter 4 (1 January 2024 – 31 March 2024).

2. RECOMMENDATION

2.1 It is recommended that the Committee considers and notes the totals, lessons learned, response times and action taken for complaints completed within the last quarter.

3. BACKGROUND

3.1 Within Health and Social Care Moray (HSCM), complaints received by NHS Grampian (NHSG) and Moray Council are recorded on 2 separate systems, in accordance with the appropriate policy and procedure of these organisations.

3.2 At the meeting on 27 February 2020 (para 7 of the minute refers), it was agreed that a combined report from NHSG and Council complaints systems be submitted to future meetings of the Committee. At the Committee meeting on 27 August 2020 (para 14 of the minute refers) it was requested that the procedures be explained to demonstrate the similarities and differences, if any.

3.3 NHS and Local Authority (LA) Complaint Handling Procedure/Policy requires all staff to deal with feedback and complaints in a person/client-centred way. The procedure has been developed working closely with the Scottish Public Services Ombudsman (SPSO). There is a standard approach to handling complaints across the NHS and Local Authority, which complies with the SPSO's guidance on a model complaints handling procedure and meets all of the requirements of the Patient Rights (Scotland) Act 2011, and accords with the Healthcare Principles introduced by the Act.

3.4 The complaints process followed by both NHSG and Moray Council have the same target response timescales. Early resolution, or front line, complaints will be responded to within 5 working days and complaints handled at the

investigation stage have a response time of 20 working days. Where it is not possible to complete the investigation within 20 working days an interim response should be provided with an indication of when the final response should be provided.

- 3.5 The decision as to whether the complaint is upheld or not will be made by the manager or Head of Service. If the person raising the complaint is not satisfied with the outcome, then they may contact the Scottish Public Services Ombudsman (SPSO) for an independent review and assessment, however prior to this, every effort is made to engage with the complainant to resolve the matter to their satisfaction.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 The CCG Committee is presented with quarterly complaints performance information using the mandatory Key Performance Indicators (KPIs), published by SPSO in March 2022. These are:

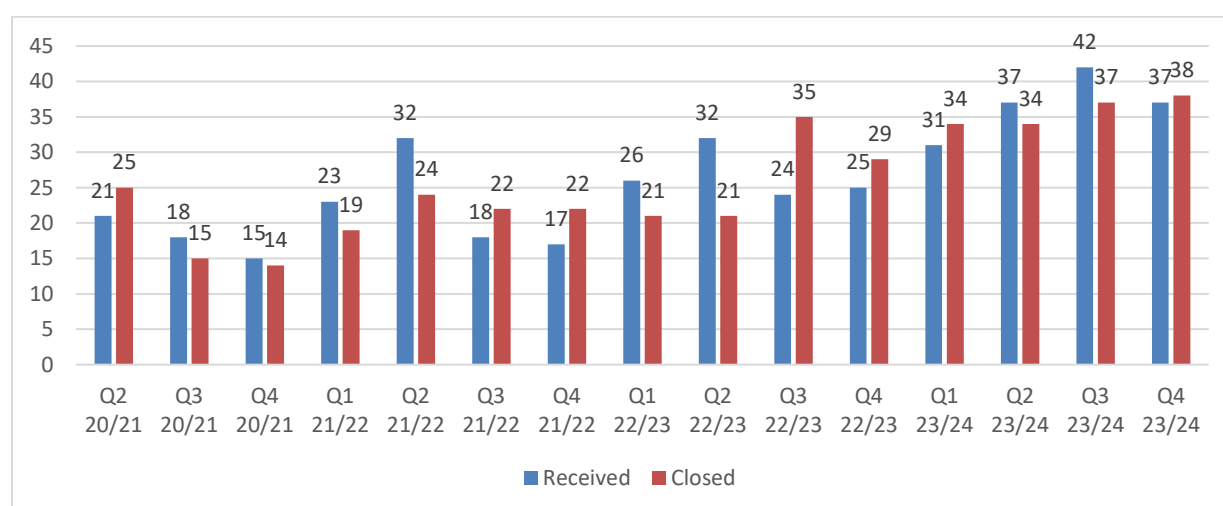
Indicator One	The total number of complaints received <i>The sum of the number of complaints received at Stage 1 (this includes escalated complaints as they were first received at Stage 1), and the number of complaints received directly at Stage 2.</i>
Indicator Two	The number and percentage of complaints at each stage which were closed in full within the set timescales of five and 20 working days <i>The number of complaints closed in full at stage 1, stage 2 and after escalation within MCHP timescales as % of all stage 1, stage 2 and escalated complaints responded to in full</i>
Indicator Three	The average time in working days for a full response to complaints at each stage <i>The average time in working days to respond at stage 1, stage 2 and after escalation</i>
Indicator Four	The outcome of complaints at each stage <i>The number of complaints upheld, partially upheld, not upheld and resolved at stage 1, stage 2 and after escalation as % of all complaints closed at stage 1, stage 2 and after escalation</i>

- 4.2 The qualitative indicator on learning from complaints has been removed. However, Part 4 of the SPSO Model Complaints Handling Procedure on Governance stresses the importance of learning from complaints, and the requirements to record and publicise learning. Therefore learning from complaints will continue to be included in quarterly complaints performance reports and annual complaints reports.
- 4.3 HSCM Complaints performance data for Quarter 4 is attached at **Appendix 1**.

- 4.4 Information about complaints referred to the Ombudsman are also included along with any complaints relating to the actions and processes of Moray Integration Joint Board.
- 4.5 Figures reported do not include complaints raised regarding the vaccination appointments or processes as these are being dealt with through a dedicated team covering the Grampian area. Any complaints or comments regarding the Fiona Elcock Vaccination Centre in Elgin are included in reported figures.
- 4.6 Following ministerial approval, Children and Families and Justice Social Work Services were formally delegated by the Local Authority to Moray Integration Joint Board on 16 March 2023. All complaints and enquiries received regarding these services and recorded on Lagan are captured in **Appendix 1** and the figures below.
- 4.7 Overall, a total of 37 complaints were received during Quarter 4.

	Total Rec'd Q4 22/23	Total Closed Q4 22/23	Total Rec'd Q1 23/24	Total Closed Q1 23/24	Total Rec'd Q2 23/24	Total Closed Q2 23/24	Total Rec'd Q3 23/24	Total Closed Q3 23/24	Total Rec'd Q4 23/24	Total Closed Q4 23/24
LA	9	8	17	21	16	9	26	20	22	16
NHS	16	21	14	13	21	25	16	17	15	22
	25	29	31	34	37	34	42	37	37	38

- 4.8 The table below sets out HSCM complaints received and closed by Quarter. Children and Families and Justice Social Work services figures are included from Q1 2023/24 onwards:



- 4.9 There were 4 MP/MSP enquiries received regarding council services, under HSCM (including Children and Families and Justice), and recorded on the Council system, Lagan. These were allocated as follows:

Service	Number of Enquiries
Hospital Discharge Team	1

Moray East	1
Care at Home	1
Children and Families Area Teams	1

- 4.10 One of these enquiries was closed as it was out of jurisdiction. The remaining 3 cases were resolved.
- 4.11 As of 1 April 2024, all general MP/MSP enquiries received by NHS Grampian Chief Executive Office, regarding health services, and specific to Moray, will be forwarded direct to Moray colleagues to handle, in their entirety. This new process aims to improve response times, reduce duplication and provide greater oversight to local management of the concerns and interests of constituents. Local processes for recording and responding to MP/MSP enquiries are now in the final stages and data will be included in the next report to Committee.
- 4.12 Any patient specific MP/MSP enquiries continue to be logged on Datix and captured in figures presented today.
- 4.13 Any complaints or concerns received from MPs/MSPs on behalf of constituents regarding health service provision, under HSCM, are recorded on Datix and captured in the data provided.
- 4.14 Five concerns were received during Quarter 4 and recorded on Datix.

4. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Partners in Care 2022 – 2032”

As set out within Annex C of the Health and Social Care Integration Public Bodies (Joint Working) (Scotland) Act 2014 Clinical and Care Governance Framework.

Effective handling of complaints is used to ensure the efficient and sustainable delivery of services to meet priorities.

(b) Policy and Legal

Clinical and Care Governance requirements are set out within the Moray Health and Social Care Integration Scheme. Appropriate arrangements must be in place to ensure and evidence good governance in meeting duties under the Public Bodies (Joint Working) (Scotland) Act 2014.

(c) Financial implications

None directly associated with this report.

(d) Risk Implications and Mitigation

There are systems and processes in place across service areas to support clinical governance, providing assurance to the HSCM Senior Leadership Team and to the Clinical and Care Governance Committee. There are platforms within Health and Social Care to discuss and share good practice, learning and challenges.

Moray Integration Joint Board (MIJB), Moray Council and NHS Grampian could find themselves exposed to significant risks if good governance is not in place. The purpose of this report is to oversee the processes to ensure that appropriate action is taken in response to adverse events, scrutiny reports/action plans, safety action notices, feedback, complaints and litigation, and those examples of good practice and lessons learned are disseminated widely.

(e) Staffing Implications

This activity is core to all practitioners in the front line both in terms of their professional competence and assurances in care delivery.

(f) Property

None directly arising from this report.

(g) Equalities/Socio Economic Impact

Not required as there are no changes to policy.

(h) Climate Change and Biodiversity Impacts

None directly arising from this report.

(i) Directions

None directly arising from this report.

(j) Consultations

Consultations have been undertaken with the following staff who are in agreement with the content of this report where it relates to their area of responsibility:

- Corporate Manager
- Caroline O'Connor, Committee Services Officer, Moray Council
- Clinical and Care Governance Group

5. CONCLUSION

5.1 This report provides a summary of HSCM complaints received and closed during Quarter 4 (1 January – 31 March 2024). The governance and monitoring of complaints forms part of core business for teams and services and the provision of a good quality, effective and safe service is a key priority for all.

Author of Report: Isla Whyte, Interim Support Manager

Background Papers: with author

Ref:

Complaints Data (by closed complaints)Quarter 4 (01/01/24 – 31/03/2024)**Learning from complaints**

Teams and services actively review all forms of feedback to see where improvements can be made and share any learning.

The tables 1, 2, 3, 4, 5, 6 and graph 1 below set out the outcomes of closed complaints, what service received the complaint and any actions taken /learning.

Table 1

Complaints Information Extracted from Datix – **22** complaints were **closed** during Quarter 4, 2023/24.

Actions Taken/Outcome of complaints **closed** during Quarter 4, 2023/24:

	Fully upheld: Complaint is accepted	Partially upheld: Complaint is partly accepted	Not upheld: Complaint is not accepted	Consent not received: Consent form not received from patient	Closed as duplicate	Total
Action plan(s) created and instigated	0	1	0	0	0	1
Communication - Improvements in communication staff-staff or staff-patient	4	8	0	0	0	12
Education/training of staff	2	1	0	0	0	3
No action required	1	2	4	0	0	7
Risk issues identified and passed on	0	0	1	0	0	1
System - Changes to systems	0	1	0	0	0	1
Share lessons with staff/patient/public	1	2	0	0	0	3
Waiting - Review of waiting times	1	0	0	0	0	1
Consent not received / closed as duplicate	0	0	0	1	1	2
Total	9	15	5	1	1	*31

**this figure does not represent number of complaints closed as complaints may have more than one action*

Table 2Complaints Information Extracted from Lagan: **16** complaints were **closed** during Quarter 4, 2023/24

Directorate	Department	Service	Upheld	Partially Upheld	Not Upheld	Resolution	Grand Total
Health and Social Care Moray	Children and Families and Criminal Justice	Access Team	1	0	1	0	2
		Children and Families Area Teams	1	2	2	0	5
		Fostering and Adoption and Supported Lodgings	0	2	0	0	2
	Health and Social Care Moray	Access Team	0	2	0	0	2
		Care at Home	0	3	2	0	5

Table 3Complaints Information Extracted from Datix: **22** complaints were **closed** during Quarter 4, 2023/24

	Fully upheld: Complaint is accepted	Partially upheld: Complaint is partly accepted	Not upheld: Complaint is not accepted	Consent not received: Consent form not received from patient	Closed as duplicate	Total
Allied Health Professionals	2	0	0	0	0	2
Continence Service	0	1	0	0	0	1
General Practice	0	0	1	0	1	2
GMED	1	7	1	0	0	9
Mental Health - Adult Mental Health	1	2	2	1	0	6
Primary Care	1	0	1	0	0	2
No value	0	0	0	0	0	0
Total	5	10	5	1	1	22

Graph 1

Complaints and Feedback by Service

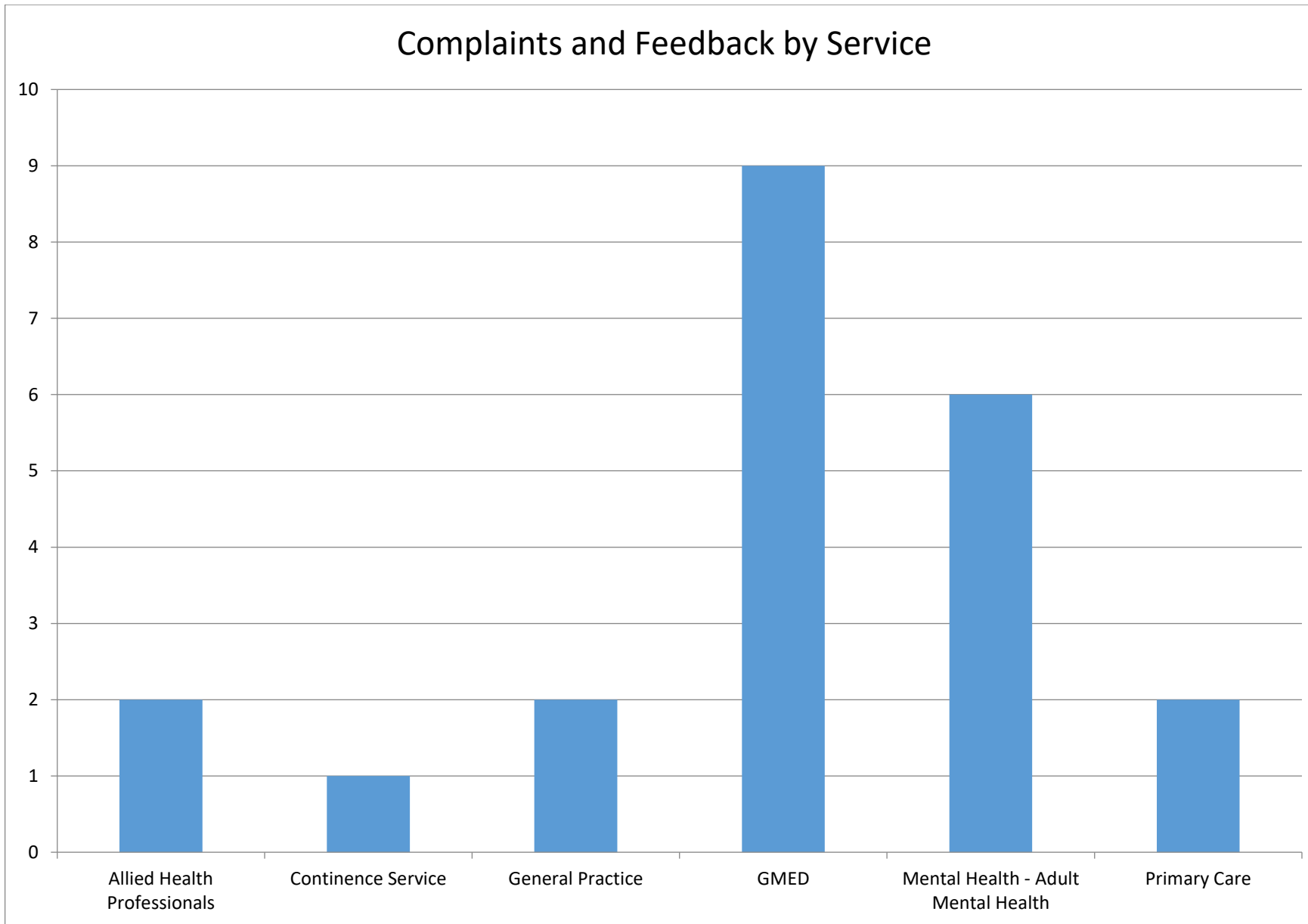


Table 4Complaints Information Extracted from Datix – Action Taken by Service (complaints **closed** during Quarter 4, 2023/24)

	Allied Health Professionals	Continence Service	General Practice	GMED	Mental Health - Adult Mental Health	Primary Care	Total
Action plan(s) created and instigated	0	1	0	0	0	0	1
Communication - Improvements in communication staff-staff or staff-patient	2	1	0	6	2	1	12
Education/training of staff	0	0	0	1	1	1	3
No action required	0	0	1	3	3	0	7
Risk issues identified and passed on	0	0	0	0	0	1	1
System - Changes to systems	0	0	0	1	0	0	1
Share lessons with staff/patient/public	0	0	0	2	1	0	3
Waiting - Review of waiting times	0	0	0	0	1	0	1
Total	2	2	1	13	8	3	29*

**this figure does not represent number of complaints closed as complaints may have more than one action. The figure does not include the complaint that was closed as it was a duplicate or the complaint closed due to no consent received.*

Active review of complaints through reporting and investigation is a useful tool to identify learning and improve services.

Below are some of the actions and learning from recent complaints.

Table 5

Actions and Lessons Learned (Datix)

Education/ training	Reflective practice / supervised practice.
	Reminder to clinicians regarding clear communication with patients around dosage of medication.
	Reminder of policies and procedures.
Communication	Teams to continue to attempt follow up despite communication difficulties.
	Liaise with SAS to improve communication regarding delays.

Communication is a common theme arising from complaints and plays a pivotal role in patient experience: ensuring clear and empathetic communication practices with patients is at the forefront of improvements as is refining internal communication between care partners and departments to ensure seamless coordinator of care and continuity for patients.

Table 6

Learning Outcomes (Lagan)

Redress	Service working with team to develop an improvement action around better communication.
Revision	Complaint handling training for staff.
	Area Managers to remind staff about importance of supplying correct information.
	Communication lessons to be learned.
Reinforcement	Communication strategy required between team / family.

Information provided is kept brief to ensure no patient identifiable information is shared.

Indicator 1 – The total number of complaints received

The sum of the number of complaints received at Stage 1 (this includes escalated complaints as they were first received at Stage 1), and the number of complaints received directly at Stage 2.

Table 7 – Total number of complaints **received** in Quarter 4, 2023/24

System recorded	Early Resolution / Frontline	Investigation	Not Marked	Total
NHS – Datix	6 marked early resolution	9 marked investigation	0	15
Moray Council - Lagan	6 marked frontline	4 marked investigative	12 not yet marked	22
Total	12	13	12	37

Table 8 – Allocation of complaints **received** in Quarter 4, 2023/24

NHS Service - Datix	
GMED	4
Community Nursing	2
Adult Mental Health	5
AHP	2
Primary Care	2
Total	15

Table 9 – Allocation of complaints **received** in Quarter 4, 2023/24

MC Service - Lagan		
Children and Families and Criminal Justice	Fostering and Adoption and Supported Lodgings	2
	Children and Families Area Teams	8
	Access Team	4
Health and Social Care Moray	Care at Home	5
	Access Team	3
Total		22

Indicator 2 - The number and percentage of complaints at each stage which were closed in full within the set timescales of five and 20 working days

The number of complaints closed in full at stage 1, stage 2 and after escalation within MCHP timescales as % of all stage 1, stage 2 and escalated complaints responded to in full.

There were **22 Complaints closed** on the NHS system Datix during Quarter 4, 2023/24 – breakdown as follows:

Early Resolution/Stage 1 – 3

Investigation/Stage 2 – 19 (3 escalated)

SPSO – 0

There were **16 Complaints closed** on the MC system Lagan during Quarter 4, 2023/24 – breakdown as follows:

Frontline – 8

Investigation – 5

Escalated Investigative – 3

Table 10 – number and percentage of complaints at each stage closed within timescales **(based on complaints closed during Quarter 4, 2023/24)**

	Frontline/Early Resolution within timescale	Investigation within timescale
NHS - Datix	2 out of 3 (66%)	4 out of 19 (21%)
Moray Council - Lagan	1 out of 8 (14%)	1 out of 5 (20%)

Whilst HSCM aim to respond to complaints within timescales this is not always achievable.

Complaints received into Datix are often multi-faceted and include more than one service across NHS Grampian and other sectors, which can impact on response times due to the level of investigation and coordination required.

Indicator 3 - The average time in working days for a full response to complaints at each stage

Table 11 – average time in working days to respond at stage 1, stage 2 and after escalation (based on complaints closed during Quarter 4, 2023/24)

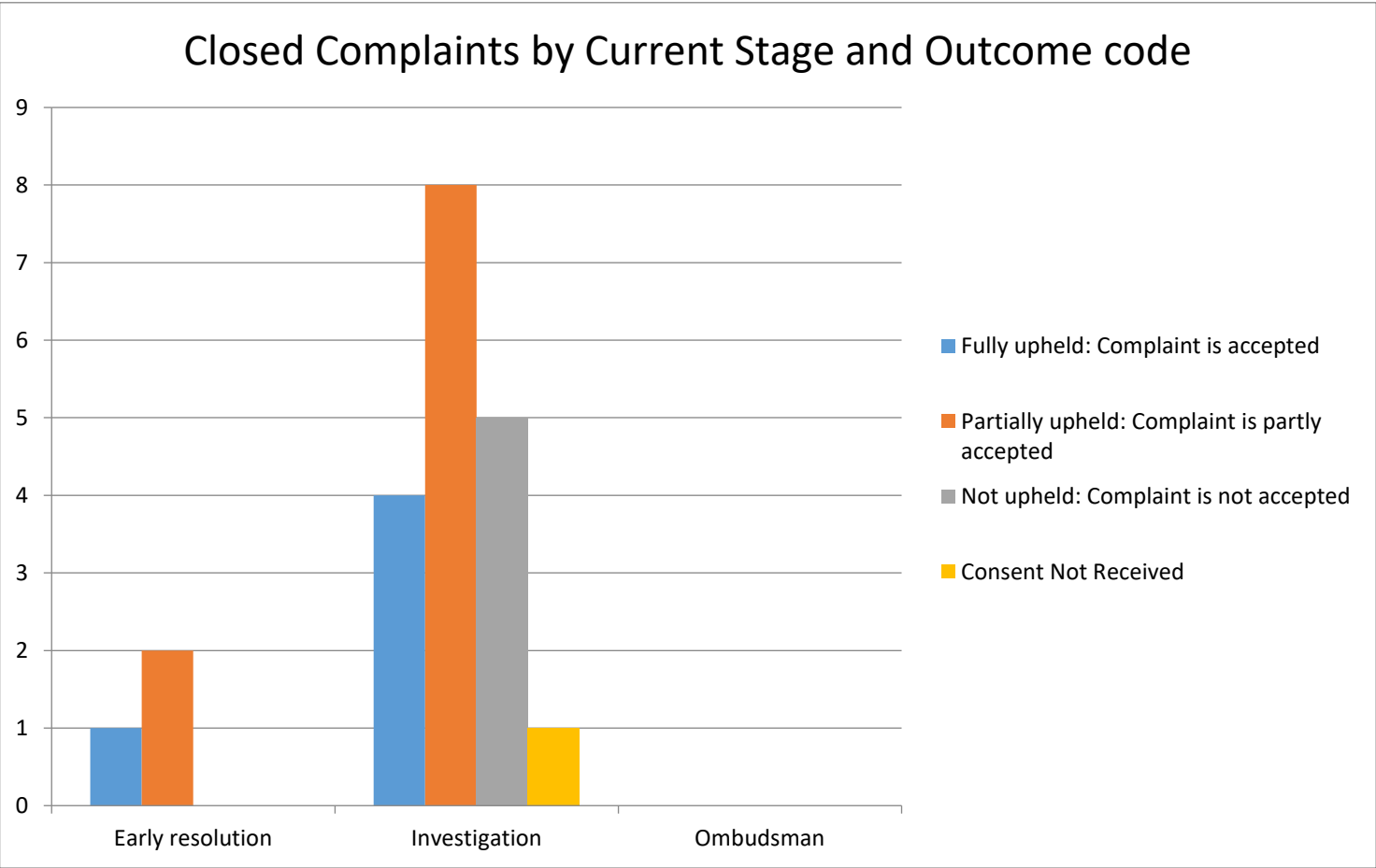
	Frontline	Investigative (including escalated investigation)
NHS - Datix	4 days	47 days
Moray Council - Lagan	18 days	36 days

Indicator 4 - The outcome of complaints at each stage

The number of complaints upheld, partially upheld, not upheld and resolved at stage 1, stage 2 and after escalation as % of all complaints closed at stage 1, stage 2 and after escalation.

Graph 2 below shows the number of complaints fully upheld, partially upheld and not upheld as recorded in Datix during Quarter 4, 2023/24.

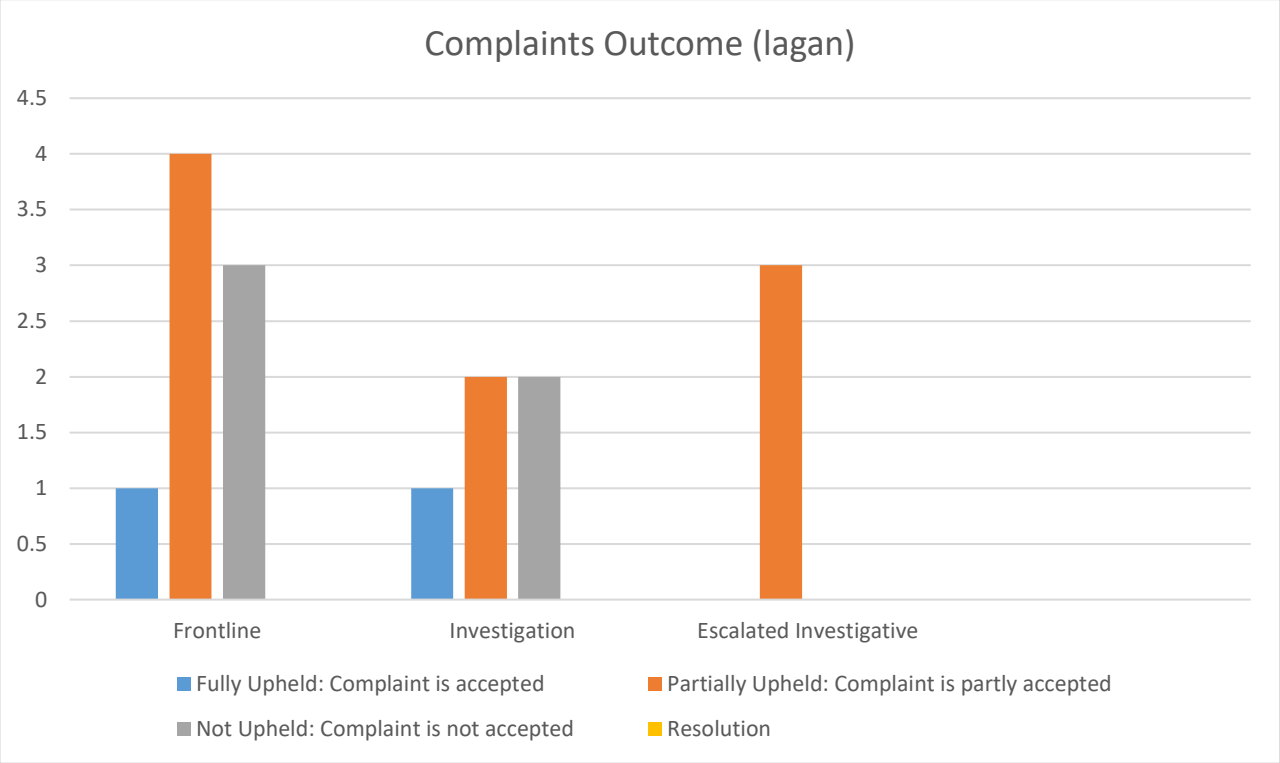
22 complaints were closed during Quarter 4: 1 was closed due to no consent and 1 closed as it was a duplicate – from the remaining 20 closed complaints 25% were upheld, 50% were partially upheld and 25% were not upheld.



Complaints Information Extracted from Lagan:

16 complaints were **closed** during Quarter 4, 2023/24: **13% were fully upheld, 56% partially upheld, 31% were not upheld and 0% were resolved.**

Graph 3 below shows the number of complaints upheld, partially upheld and not upheld as recorded in Lagan from the **16 closed** complaints during Quarter 4, 2023/24.





REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 30 MAY 2024

SUBJECT: MORAY PORTFOLIO ASSURANCE REPORT TO NHS GRAMPIAN CLINICAL GOVERNANCE COMMITTEE

BY: CHIEF OFFICER, HEALTH AND SOCIAL CARE MORAY

1. REASON FOR REPORT

1.1 To inform the Committee of an assurance report presented to NHS Grampian Clinical Governance Committee on 14 May 2024.

2. RECOMMENDATION

2.1 **It is recommended that the Committee note the contents of the report.**

3. BACKGROUND

3.1 In April 2024 NHS Grampian Clinical Governance Committee requested a report from the Moray Portfolio for their May meeting, noting a Portfolio reporting template was not yet available.

3.2 A paper was drafted and approved by members of the Senior Management Team ahead of submission at the end of April. The report can be found at **Appendix 1**.

3.3 Information detailed in the report is regarding items that have already been presented to MIJB Clinical and Care Governance Committee.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The NHS Grampian Clinical Governance Committee welcomed the assurance report, at their meeting on 14 May 2024, from the Moray Portfolio and no further requests were made by the Committee.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Partners in Care 2022 – 2032”

As set out within Annex C of the Health and Social Care Integration Public Bodies (Joint Working) (Scotland) Act 2014 Clinical and Care Governance Framework.



(b) Policy and Legal

Clinical and Care Governance requirements are set out within the Moray Health and Social Care Integration Scheme. Appropriate arrangements must be in place to ensure and evidence good governance in meeting duties under the Public Bodies (Joint Working) (Scotland) Act 2014.

(c) Financial implications

None directly associated with this report.

(d) Risk Implications and Mitigation

There are systems and processes in place across service areas to support clinical governance, providing assurance to the HSCM Senior Leadership Team and to the CCG Committee. There are platforms within Health and Social Care to discuss and share good practice, learning and challenges.

Moray Integration Joint Board (MIJB), Moray Council and NHS Grampian could find themselves exposed to significant risks if good governance is not in place. The purpose of this report is to oversee the processes to ensure that appropriate action is taken in response to adverse events, scrutiny reports/action plans, safety action notices, feedback, complaints and litigation, and those examples of good practice and lessons learned are disseminated widely.

Adverse events and complaints provide significant information on trends relating to risk and an encouraging opportunity for learning across the system. Regular monitoring of this is critical to ensure continuous improvement and the ambition of achieving excellence in our delivery of high quality care and treatment.

The local CRM group reviews all events logged on Datix, ensuring risk is identified and managed.

(e) Staffing Implications

This activity is core to all practitioners in the front line both in terms of their professional competence and assurances in care delivery.

(f) Property

None directly arising from this report.

(g) Equalities/Socio Economic Impact

There is no requirement for an equality impact assessment because there is no change to policy as a result of this report.

(h) Climate Change and Biodiversity Impacts

None directly arising from this report.



(i) Directions

None directly arising from this report.

(j) Consultations

Consultations have been undertaken with the following staff, who are in agreement with the content of this report where it relates to their area of responsibility:

- HSCM Clinical and Care Governance Group members
- Sonya Duncan, Corporate Manager
- Caroline O'Connor, Committee Services Officer, Moray Council

6. CONCLUSION

6.1 The Committee are asked to note the Moray Portfolio Assurance Report to NHS Grampian Clinical Governance Committee.

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

Ref:

NHS Grampian

Meeting:	NHS Grampian Clinical Governance Committee
Meeting date:	
Item Number:	
Title:	Moray Portfolio
Responsible Executive:	Simon Bokor-Ingram
Report Author:	Fiona Robertson, Alasdair Pattinson, Deb O'Shea, Sonya Duncan

1. Purpose and recommendations

This is presented to the Board [or Committee] for:

- Assurance

This report relates to:

This report has been prepared to provide an overview from the Moray Portfolio and serves to provide assurance to the NHS Grampian (NHSG) Clinical Governance Committee (CGC).

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report Summary

Situation

This report is being presented to NHS Grampian Clinical Governance Committee to update on items that have already been presented to Moray Integration Joint Board (MIJB) Clinical and Care Governance Committee (CCGC) for Health and Social Care Moray. Reporting for Dr Gray's Hospital as part of the Moray Portfolio is via the Dr Gray's Clinical Governance Group and to the Acute Sector Clinical Governance Group

Due to the different reporting structures within the Moray Portfolio, Health and Social Care Moray and Dr Gray's Hospital are presented individually in some sections.

Previous presentations to NHS G Clinical Governance Committee:

- Moray Maternity Services reported in 2022
- Moray Portfolio presented a paper on Risk Register Management in August 2023
- Verbal update given at NHS Grampian Clinical Governance Committee in November 2023 on progress against agreed actions from the August meeting.

Quality/ Patient Care

Quality and assurance of care is reported through Clinical Governance Structures including Clinical Risk Management meetings across the Moray Portfolio. For Dr Gray's Hospital this assurance also includes Assurance and Accountability (A&A) reports and regular Unit level A&A meetings with identification and understanding of related risks, performance and compliance in relation to standards and policies, action planning for mitigation and monitoring improvements .

Quality Groups

Moray Falls Steering Group

Moray HAI group

Moray Nutritional Care Group

Moray Adult Support and Protection Committee

Collaborative Care Home Group

Clinical Risk Management (CRM) Groups (separate meetings for Health and Social Care

Moray and Dr Gray's Hospital

Patient feedback

Complaints and compliments via the NHS Grampian Feedback service are reviewed as part of the Clinical Risk Management (CRM) Groups for both Health and Social Care Moray and Dr Gray's Hospital with escalation of themes and shared learning through the agreed governance structures.

Care Opinion is an active source of feedback for Dr Gray's with a recent increase in the number of positive responses within this public website relating to care and treatment across multiple services.

Areas of achievement / Good Practice

The following items were included in the Escalation [Report](#) to MIJB CCGC in November 2023:

Out of Hours Community Nursing (covering Aberdeenshire and Moray)

As a result of the notice period served by Marie Curie detailing their inability to continue to deliver the current Rapid Response Out Of Hours Community Nursing contract as of 30 September 2023, NHS Grampian took over the service over as of 1 October 2023.

The revised service has received positive feedback and is working well. The recruitment of new staff has also been positive for both Health Care Support Worker and Registered Nurse posts. This positive outcome has also improved delivery of care out of hours with an increase in workforce and shifts covered to support patients across both Moray and Aberdeenshire.

Day of Care Audit

The Day of Care Survey is a National Tool and a senior team carried the Day of Care Survey and Qualitative Interviewing in both Moray Community Hospitals and Dr Gray's Hospital over 2 days. Knowing the patient profile allows a greater understanding of issues preventing discharge and provides data to support pathway improvements. This will be repeated again in 2025.

The following items were included in the Escalation [Report](#) to MIJB CCGC in March 2024:

GMED

Advanced Nurse Practitioner Education Sessions were being opened up to all clinical staff. A test of change was conducted around re-triaging calls from NHS 24, but a decision was made not to continue with the process, however learning was applied elsewhere in the process.

Regular huddles have improved communications and relationship building within the team. A review of the Controlled Drug (CD) policy took place and learning implemented.

Moray Public Dental Service (PDS)

There remains a chronic NHS dental access problem in Moray. Urgent dental care provision in Moray remains comprehensive.

NHS dental reform introduced by the Scottish Government in an effort to support the oral health needs of every patient in Scotland, from 1 November 2023. The move will impact on the attractiveness of NHS provision for General Dental Practitioners and subsequently aims to improve NHS dental access. A new pathway is being developed to facilitate referrals of vulnerable Priority Group dental patients from GPs to Moray PDS. A media release promoting the Dental Information and Advise Line (DIAL) service, went out on social media platforms and website highlighting the service.

Community Learning Disability Team

A short life working group was commissioned by the Grampian Public Protection Committee, chaired by Kenny O'Brien, Public Protection lead for NHS Grampian. This group also includes Adult Support and Protection (ASP) leads across Moray, Aberdeenshire and City, Moray Adult with Incapacity (AWI) Consultant Practitioner: Bridget Stone, Psychology lead: Judith Wishart, Psychiatry lead: Matt Collyer and others from across Grampian representing Health and Social Work.

The group are developing a pathway for those adults deemed to be at risk, or meeting the criteria for ASP. It is anticipated that the pathway will be completed by March 2024.

There is currently no one waiting for a capacity assessment or guardianship report which is an improvement.

Clinical and Care Governance Framework in HSCM

A [report](#) was presented to MIJB CCGC on 30 November, 2023 with an updated [framework](#) which included the recently integrated Children's, Families and Justice Services to the partnership.

The following items were included in the Escalation [Report](#) to MIJB CCGC in March 2024:

Moray Integrated Drug and Alcohol Service (MIDAS)

Due to the lack of suitable clinical space in the building that the team operates from, there remains ongoing issues which impact the service's ability to meet Medically Assisted Treatment (MAT) standards 4, 6, 9 and 10. These standards relate to harm reduction and psychological and mental health care.

NHS Grampian Asset Management Team were expected to conclude a scoping exercise early 2024. It has been escalated to NHS Grampian Asset Management Team for a market search to take place, no update until that work has been completed.

Themes, trends, lessons learned and associated actions from adverse events & complaints & feedback.

Health and Social Care Moray (HSCM)

Since the November 2023 meeting of NHSG CG Committee, HSCM Clinical and Care Governance Group (CCG Group) at have met 3 times and the MIJB Clinical and Care Governance Committee have met twice.

At each meeting of the HSCM CCG Group relevant audits, guideline reviews and reports are presented and discussed. Overview of items discussed are listed below:

- CRM Minutes
- External Reports
- Service Updates
- Adverse Events and Duty of Candour
- HSCM Risk Register
- Complaints / Feedback
- Update from Practice Governance Group

The Moray CRM group meet every 2 weeks to discuss issues highlighted on the Datix dashboard. This includes Level 1 and Level 2 investigations, complaints, duty of candour and risks. An action tracker is maintained and updated to progress actions.

Key learnings from incident investigations since November 2023, have been discussed at the CRM, and escalated to the NHS Grampian Cross System and Quality Safety Group to ensure actions are taken forward on a Grampian wide basis. It should also be noted that any pharmacy related adverse events are discussed on a Grampian wide basis at the Pharmacy Performance and Governance Group meetings as required and key updates disseminated to all staff in both the weekly community pharmacy updates and medication safety briefs which are issued monthly.

On 1 occasion learning was escalated to the Vaccination Governance Group for Grampian wider Learning.

The Terms of Reference ([TOR](#)) for CCG Group were refreshed in 2023 and a new reporting template approved for use from early 2024. This template provides specific headings so services are clear on what information is required and it clearly identified whether it is for assurance or escalation.

Work is continuing to review all outstanding adverse events to ensure they are appropriately reviewed and progressed.

The HSCM CCG Group have noted a number of complaints recorded on Datix during [Quarter 3](#) that could have been resolved at early resolution stage but the current stage is investigation. This will be discussed further at the CRM meeting to understand why early resolution has not been possible for suitable complaints to be resolved at stage 1 and support teams with this approach.

The HSCM CCG Group are assured that issues and risks identified from complaints, clinical risk management, internal and external reporting, are identified and escalated appropriately. The group continues to develop lines of communication to support the dissemination of information for action and sharing of good practice throughout the whole system in Moray. This report aims to provide assurance to Committee that there are effective systems in place to reassure, challenge and share learning.

Dr Gray's Hospital

Since the November 2023 meeting of the NHSG CG Committee, Dr Gray's Hospital Clinical Governance Group has met 3 times.

At the Dr Gray's Clinical Governance Group meetings, each unit and service provide and update on the current position in relation to relevant audits, guideline reviews and reports. Overview of items discussed are listed below with reports and minutes shared at the Acute Sector Clinical Governance meeting.

- Complaints and compliments
- External Reports
- Service Updates
- Adverse Events and Duty of Candour
- Risk Register
- Complaints / Feedback
- Shared learning

Workforce

Recruitment and retention of workforce challenges continue across different disciplines within the Moray Portfolio with mitigation of risk supported by the use of supplementary staffing for both medical and nursing. Staffing is reviewed on a daily basis to align with service demands. There is ongoing review of the use of supplementary staffing and recent recruitment campaigns have been successful in recruitment of some substantive posts.

NHS Grampian Nurse Staffing Level Tools schedule is in place for 2024/25 across the Moray Portfolio. Within Dr Gray's Hospital nursing rostering is supported by HealthRoster and the recent implementation of SafeCare has supported work to ensure workforce meets the requirements of patient acuity and clinical activity with agreed escalations in place. There is ongoing discussions with the eRostering team regarding implementation of these resources within the 3 Community Hospital across Moray. Education regarding the Health and Care (Staffing) (Scotland) Act 2019 and our statutory requirement continues across the Moray Portfolio with implementation of the Act as of 1 April 2024

Financial

As reported to the MIJB Board on 28 March 2024, the quarter 3 position was an overspend on core services of £6.7m with a forecasted position to the year end of £3m overspend. This highlights the risk to partners, NHS Grampian and Moray Council who will have to fund this deficit. Work is on-going for the recovery plan and to achieve a balanced budget for 2024/25. There are significant savings required to be found to cover the £10.5 deficit for 2024/25.

Dr Gray's position is reported separately, Month 12 out turn for Dr Gray's was £13million overspent, also impacting on NHS Grampians final position.

Primary Care Prescribing Budget 2024-25

A [report](#) was presented to HSCM CCGC in March 2024 highlighting the challenges, risks and mitigations by the service. Work is being co-ordinated on a pan Grampian approach to meet the challenge of demand and spend, and to ensure best value and realistic medicine principles are met.

Risk Assessment/Management

Within the Moray Portfolio the Clinical Risk Management (CRM) groups take place both within the Health and Social Care Partnership and Dr Gray's Hospital, Both Clinical Risk Management (CRM) groups review clinical risks, adverse events and identify shared learning. Patient feedback is also reviewed via the CRM meetings with review of themes and again identification of learning to support improvement in patient care and experience.

Escalation of risk is via Clinical and Care Governance groups within Health and Social Care Moray and Dr Gray's Hospital. Escalation for HSCM is via Moray Integration Joint Board's Clinical and Care Governance Committee. Escalation of risk for Dr Gray's Hospital is via the CRM and Clinical Governance Group with escalation to the Acute Sector Clinical Governance Group and the Acute CRM.

The Risk Register for HSCM is discussed monthly at the Operational Meeting Team (OMT) meetings.

There is currently 1 Very High risk on the HSCM Risk Register, which is within the GMED service.

Risk ID 1718

Cause:

All clinical rotas within GMED are under ongoing pressure. Since April 2023 service has been reviewing Bank GP Pay uplift on request of Bank GPs. In October 2023, the organisation decided that local rates would not be uplifted. This may have an impact on staff decision to support the service.

Event:

Insufficient rota cover could lead to unsatisfactory patient care and adverse events.

Consequence:

Gaps in the rota.

Rota management creating high administrative overhead.

Increased caseload for other colleagues on shift.

Delay in care delivery.

Limited capacity in the admin team due to recruitment delays.

Mitigation:

Develop a salaried GP model; reduce number of bank shifts; make salaried role attractive and increase sustainability of the rota. Expected due date 1/6/24.

Strategic Risk Register

The Strategic Risk Register for HSCM is currently under review and a [draft](#) of the new format was presented to MIJB in March 2024, the remaining strategic risks are being reviewed and will be presented to MIJB in June 2024.

The Dr Gray's Hospital Risk Register is reviewed at the Clinical Risk Management Group and the Assurance and Accountability meetings

There are 5 very High Risks on the Dr Gray's Hospital Risk register:

Risk ID 3000

Inability to consistently deliver timely triage, assessment and treatment to patients presenting to the Emergency Department

Risk ID 2693

Acute and General Medicine Senior Medical Workforce gaps

Risk ID 2689

Anaesthetic Consultant Vacancies

Risk ID 3282

Dr Gray's Hospital Children's ward infrastructure does not meet recommended standards

Risk ID 2502

Chemotherapy Sustainability within Dr Gray's Hospital Pharmacy

All risks have evidence of mitigating actions being in place and being reviewed according to the risk matrix and related time frames.

External reports

In October 2023, Health Improvement Scotland (HIS) carried out an Unannounced Acute Hospital Safe Delivery of Care Inspection within Dr Gray's Hospital. This resulted in 20 recommendations, 2 areas of good practice and 1 recommendation. An 18 week Improvement Action plan is ongoing with evidence and assurance of improvement due for submission to HIS Scotland on 3rd June 2024. This was [presented](#) to HSCM CCGC in March 2024 and has been shared as part of the Dr Gray's Hospital Leadership meetings and Governance Structures

Equality and Diversity, including health inequalities

Nothing to report

Other impacts

General Practice

A [report](#) was presented to MIJB CCGC in March 2024, which detailed findings from visits to GP Practices across Moray. The HSCM CCG Group requested that the pressures found in general practice be escalated to the committee.

Aberlour Medical Centre

Following the independent contractors decision to end the contract to provide General Medical Services (GMS) at Aberlour, Health & Social Care Moray (HSCM) has taken over the

interim running of Aberlour Medical Practice to ensure continued access to primary care services for the community.

As soon as HSCM are satisfied with the position of the practice then a tendering process will be put in place to return the practice to independent practice arrangements.

Communication, involvement, engagement and consultation

Nothing to report.

Recommendation(s)

The Board/Committee is asked to:

- Note the update presented by Moray Portfolio, to provide comment; and to seek assurance.

Appendix/List of appendices

The following links are also relevant to the time period included within this report:

- Quarter 2 (HSCM) [Complaints](#)
- Link to HIS Full [Report](#)



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 30 MAY 2024

SUBJECT: HEALTH AND SOCIAL CARE MORAY (HSCM) CLINICAL AND CARE GOVERNANCE GROUP ESCALATION REPORT

BY: ALLIED HEALTH PROFESSIONAL – SECTOR LEAD, MORAY

1. REASON FOR REPORT

1.1 To inform the Committee of progress and exceptions reported to the Clinical and Care Governance Group since the last report to Committee in March 2024.

2. RECOMMENDATION

2.1 **It is recommended that the Committee consider and note the contents of the report.**

3. BACKGROUND

3.1 HSCM Clinical Governance Group was established as described in a report to this Committee on 28 February 2019 (para 7 of the minute refers).

3.2 The assurance framework for clinical governance was further developed with the establishment of the Clinical Risk Management Group (CRM) as described in a report to this committee on 30 May 2019 (para 7 of the minute refers).

3.3 As reported to this Committee on 29 October 2020 (para 5 of the minute refers) Social Care representatives attend the Clinical Governance Group, so the group was renamed HSCM Clinical and Care Governance (CCG) Group.

3.4 A refresh of the Terms of Reference for the HSCM CCG Group was undertaken in 2023 and reported to this Committee on 30 November 2023 (para 6 of the minute refers).

3.5 This report contains information reported to HSCM CCG Group from Clinical Service Groups / departments. This report also contains further information relating to incidents / adverse events reported via Datix and areas of concern / risk and good practice shared during the reporting period.

3.6 The reporting schedule of the CCG Group does not always align to quarterly reporting to the committee. It has been agreed that the Escalation Report should include the CCG Group meetings between committee scheduling; this may not always be quarterly.

3.7 The CCG Group have met once during this reporting period.



4. **KEY MATTERS RELEVANT TO RECOMMENDATION**

Audit, Guidelines, Reviews and Reports

- 4.1 Relevant Audits, Guidelines Reviews and Reports are tabled and discussed. These include local and national information that is relevant to HSCM, for example, recommendations from Health Improvement Scotland (HIS) reports from other areas which require to be discussed and assurance given that services in Moray are aware of these and have processes in place to meet / mitigate the report recommendations. Overview of items discussed during this reporting period are listed below:

- CRM Minutes
- External Reports
- Service Updates
- Adverse Events and Duty of Candour
- HSCM Risk Register
- Complaints / Feedback
- Update from Practice Governance Group

Areas of achievement / Good Practice

Elgin Locality

- 4.2 Occupational Therapy (OT) team building day brought teams together to focus on the wellbeing toolkit and then further work on localities. The main driver for this is to have a delivery plan that demonstrates OT services are provided to the population as seamlessly as possible and acts as one service across Moray.
- 4.3 The Oaks, a palliative care day hospital, whilst located in Elgin, continues to develop the service for the Moray population. Partnering with leading cancer support charity Look Good Feel Better, The Oaks ran the first skincare and make-up workshop on 12 February 2024. This event was designed to help build the confidence of people with cancer. Previously the service was only available in Inverness and Aberdeen. Three further workshops will be held at The Oaks this year.
- 4.4 Arrows have been working in partnership with Maryhill Practice, Elgin. This was to look at the input that could be given to support people with alcohol and or drug addiction need. It allows for the pathway to be more inclusive and results of assessment are communicated to the referring GP for continuity of care; contacting the individual seeking help to discuss the outcomes of the assessment and to provide ongoing support and monitoring as needed.

Moray Integrated Drug and Alcohol Service (MIDAS)

- 4.5 Whilst there are challenges due to the lack of suitable clinical space in the building that this team operates from, the team are able to meet Medication



Assisted Treatment (MAT) standards 4, 6, 9 and 10. These standards relate to harm reduction and psychological and mental health care. It would still be beneficial for the team to move out of the premises they are in due to the expansion of the team to meet Government targets. Alternative accommodation is being actively sought, however this is proving challenging. As part of the financial recovery plan HSCM, with NHS Grampian, is considering its full estate and the requirements of the services and their priorities.

Clinical Risk Management (CRM)

- 4.6 The CRM group continues to meet every 2 weeks to discuss issues highlighted on the HSCM Datix dashboard. This includes Level 1 and Level 2 investigations, Complaints, Duty of Candour and Risks.
- 4.7 The group is attended by members of the Senior Management Team, Clinical Leads, Chief Nurse and relevant Service Managers. The purpose is to ensure that senior managers are assured of the standards of services and that where necessary investigations are carried out appropriately, and learning opportunities identified and shared following adverse events and complaints.
- 4.8 It has been agreed that any learning identified will be presented and discussed at HSCM CCG Group and HSCM Operational Management Team meeting (OMT) on a monthly basis.

Complaints and Feedback

- 4.9 HSCM complaints information for Quarter 4, 2023/24 is included in a separate report on today's agenda.
- 4.10 6 of the complaints closed on Datix during Quarter 4 were suitable for early resolution, 3 of them were closed at early resolution stage and the other 3 were escalated to investigation stage. Early solution is where complaints are straightforward, require little or no investigation and are resolved at the point of contact as the earliest opportunity, usually with 5 working days. Where complaint investigation is required, complainants are kept informed of progress and holding letters issued if complaint cannot be responded to within 20 working days.

Adverse Events (AE)

- 4.11 Information about AE reported on Datix during Quarter 4, 2023/24 is available at **APPENDIX 1**.

Findings and Lessons Learned from incidents and reviews

- 4.12 A Level 1 review consists of a full review team who have been commissioned to carry out a significant event analysis and review, reporting findings and learning via the division/service governance structures.
- 4.13 There are currently 4 Level 1 reviews in progress (at the time of reporting).



- 4.14 Key learnings during this reporting period, have been discussed at team meetings and the CRM.

HSCM Risk Register

- 4.15 Each Clinical Service Group/Department highlights risks associated with their service, which are then discussed at CRM. The risk register is routinely reviewed with leads with guidance and support provided regarding updates. Work is ongoing to review and improve this process and this will be discussed at OMT every month.
- 4.16 New risks identified on Datix are discussed at CRM. There is an ongoing review of the operational risk registers. At the time of reporting, there are 38 risks on the risk register, 1 of which has been added since March 2024. These are monitored and reviewed as appropriate, by the service managers.

Duty of Candour

- 4.17 At the time of reporting there are no ongoing Duty of Candour incidents.

Items for escalation to the Clinical and Care Governance Committee

- 4.18 There are no items to escalate to Committee from the Clinical and Care Governance Group.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Partners in Care 2022 – 2032”

As set out within Annex C of the Health and Social Care Integration Public Bodies (Joint Working) (Scotland) Act 2014 Clinical and Care Governance Framework.

(b) Policy and Legal

Clinical and Care Governance requirements are set out within the Moray Health and Social Care Integration Scheme. Appropriate arrangements must be in place to ensure and evidence good governance in meeting duties under the Public Bodies (Joint Working) (Scotland) Act 2014.

(c) Financial implications

None directly associated with this report.

(d) Risk Implications and Mitigation

There are systems and processes in place across service areas to support clinical governance, providing assurance to the HSCM Senior Leadership Team and to the CCG Committee. There are platforms within Health and Social Care to discuss and share good practice, learning and challenges.



Moray Integration Joint Board (MIJB), Moray Council and NHS Grampian could find themselves exposed to significant risks if good governance is not in place. The purpose of this report is to oversee the processes to ensure that appropriate action is taken in response to adverse events, scrutiny reports/action plans, safety action notices, feedback, complaints and litigation, and those examples of good practice and lessons learned are disseminated widely.

Adverse events and complaints provide significant information on trends relating to risk and an encouraging opportunity for learning across the system. Regular monitoring of this is critical to ensure continuous improvement and the ambition of achieving excellence in our delivery of high quality care and treatment.

The local CRM group reviews all events logged on Datix, ensuring risk is identified and managed.

(e) Staffing Implications

This activity is core to all practitioners in the front line both in terms of their professional competence and assurances in care delivery.

(f) Property

None directly arising from this report.

(g) Equalities/Socio Economic Impact

There is no requirement for an equality impact assessment because there is no change to policy required as a result of this report.

(h) Climate Change and Biodiversity Impacts

None directly arising from this report.

(i) Directions

None directly arising from this report.

(j) Consultations

Consultations have been undertaken with the following staff who are in agreement with the content of this report where it relates to their area of responsibility:

- HSCM Clinical and Care Governance Group members
- Sonya Duncan, Corporate Manager
- Caroline O'Connor, Committee Services Officer, Moray Council
- Fiona Robertson, Interim Chief Nurse Moray
- Locality Manager - Elgin



6. CONCLUSION

6.1 The HSCM CCG Group are assured that issues and risks identified from complaints, clinical risk management, internal and external reporting, are identified and escalated appropriately. The group continues to develop lines of communication to support the dissemination of information for action and sharing of good practice throughout the whole clinical system in Moray. This report aims to provide assurance to this Committee that there are effective systems in place to reassure, challenge and share learning.

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

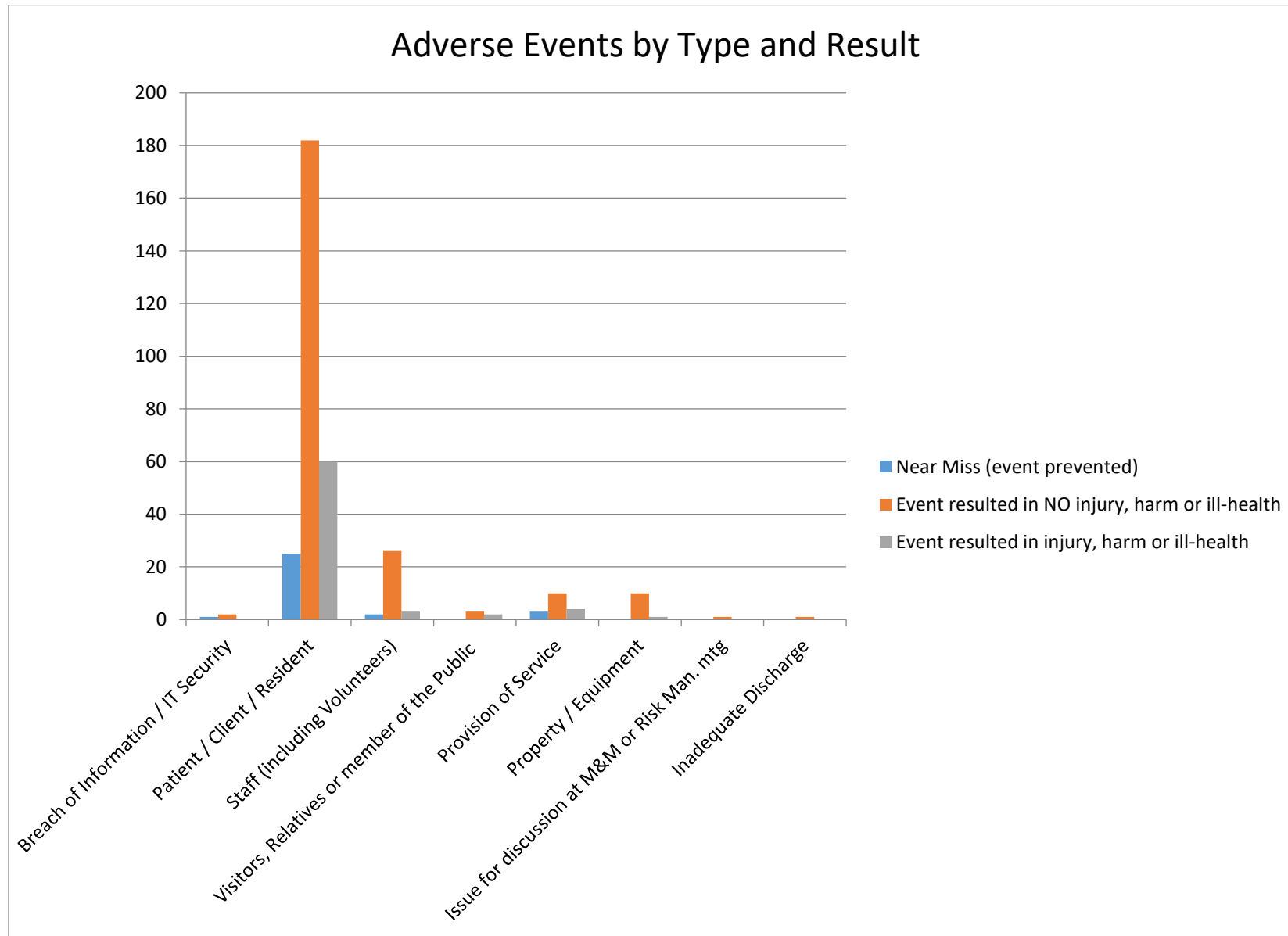
Adverse Events by Category and Level of Review Reported on Datix (Quarter 4, 2023/24)

Table 1

	Level 3 - local review by line manager in discussion with staff	Level 2 - local management team review	Total
Abusive, violent, disruptive or self-harming behaviour	114	0	114
Access, Appointment, Admission, Transfer, Discharge (Including Absconders)	11	1	12
Accident (Including Falls, Exposure to Blood/Body Fluids, Asbestos, Heat, Radiation, Needlesticks or other hazards)	100	2	102
Clinical Assessment (Investigations, Images and Lab Tests)	3	1	4
Consent, Confidentiality or Communication	6	0	6
Diagnosis, failed or delayed	2	2	4
Financial loss	2	0	2
Fire	3	0	3
Implementation of care or ongoing monitoring/review (inc. pressure ulcers)	9	0	9
Infrastructure or resources (Staffing, Facilities, Environment, Lifts)	6	0	6
Medical device/equipment	3	0	3
Medication	27	1	28
Other - please specify in description	23	1	24
Patient Information (Records, Documents, Test Results, Scans)	3	1	4
Security (no longer contains fire)	2	0	2
Treatment, Procedure (Incl. Operations or Blood Transfusions etc.)	2	0	2
Total	316	9	325

Adverse Events by Type and Result Reported on Datix (Quarter 4, 2023/24)

Graph 1



Adverse Events by Service and Level of Review Reported on Datix (Quarter 4, 2023/24)

Table 2

	Level 3 - local review by line manager in discussion with staff	Level 2 - local management team review	Total
Allied Health Professionals	21	2	23
Community Hospital Nursing	94	2	96
Community Nursing	10	1	11
General Practice	1	1	2
GMED	16	1	17
Mental Health - Adult Mental Health	73	2	75
Mental Health - Old Age Psychiatry	74	0	74
Mental Health - Specialisms	4	0	4
Out of Hours Community Nursing	1	0	1
Primary Care	7	0	7
Public Dental Service	4	0	4
Vaccination Transformation Programme	11	0	11
Total	316	9	325

Adverse Events by Type and Severity Reported on Datix (Quarter 4, 2023/24)

Table 3

	NEGLIGIBLE: Negligible/no injury or illness, negligible/no disruption to service, negligible/no financial loss	MINOR: Minor injury or illness, short term disruption to service, minor financial loss	MODERATE: Significant injury, externally reportable e.g. RIDDOR, some disruption to service, significant financial loss	Total
Breach of Information / IT Security	3	0	0	3
Patient / Client / Resident	215	46	6	267
Staff (including Volunteers)	28	2	1	31
Visitors, Relatives or member of the Public	3	2	0	5
Provision of Service	13	2	2	17
Property / Equipment	10	1	0	11
Issue for discussion at M&M or Risk Man. mtg	1	0	0	1
Inadequate Discharge	1	0	0	1
Total	274	53	9	336

All adverse events by result by Quarter on Datix

Table 4

	2021/22 Quarter 4	2022.23 Quarter 1	2022/23 Quarter 2	2022/23 Quarter 3	2022/23 Quarter 4	2023/24 Quarter 1	2023/24 Quarter 2	2023/24 Quarter 3	2023/24 Quarter 3
Occurrence with NO injury, harm or ill-health	189	218	214	283	200	210	270	327	235
Occurrence resulting in injury, harm or ill-health	79	89	98	78	60	73	76	71	70
Near Miss (occurrence prevented)	31	29	40	38	20	22	26	50	31
Property damage or loss	0	0	0	0	0	0	0	0	0
Death	0	0	0	0	0	0	0	0	0
Total	299	336	352	349	280	305	372	448	336

Adverse Events by Severity Reported by Quarter on Datix

Table 5

	2021/22 Quarter 4	2022/23 Quarter 1	2022/23 Quarter 2	2022/23 Quarter 3	2022/23 Quarter 4	2023/24 Quarter 1	2023/24 Quarter 2	2023/24 Quarter 3	2023/24 Quarter 3
Negligible	231	259	264	283	226	240	305	388	274
Minor	64	70	78	60	48	58	61	52	53
Moderate	2	4	8	5	6	5	6	8	9
Major	2	1	2	0	0	1	0	0	0
Extreme	0	2	0	1	0	1	0	0	0
Total	299	336	352	349	280	305	372	448	336



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 30 MAY 2024

SUBJECT: VACCINATION UPTAKE AMONGST HEALTH AND SOCIAL CARE STAFF IN MORAY

BY: CONSULTANT IN PUBLIC HEALTH

1. REASON FOR REPORT

1.1 To inform the Committee of the levels of vaccination uptake in Moray amongst health and social care staff.

2. RECOMMENDATION

2.1 It is recommended that the Committee:

- i) note the uptake of COVID and flu vaccinations amongst front line health and social care staff as at 14 March 2024; and**
- ii) support the Moray Immunisation Team in their efforts to increase uptake of vaccinations among health and social care staff.**

3. BACKGROUND

3.1 The World Health Organisation (WHO) describes vaccines as one of the two public health interventions that have the greatest impact on the world's health, the other being clean water. It is also considered as one of the most impactful and cost-effective public health interventions available to communities and populations across the world. Vaccination can prevent or reduce the severity of disease, minimise disability and save lives, often in many of the most disadvantaged people in society. It offers excellent value for money by reducing current and future public expenditure on health and social care provision. The European Region of WHO recommend coverage of 95% in a population is required to control or eliminate disease.

3.2 Effective control of vaccine preventable disease requires action across the whole health and care system, and this aligns with the drive to improve outcomes and reduce inequalities. From last year, vaccination was, for the first time, included in the annual delivery plan process for health boards.

- 3.3 The Vaccination Transformation Programme (VTP) was created because of the 2018 Scottish General Medical Services (GMS) Contract. Since 2022, NHS Grampian has been responsible for coordination of vaccination programmes with operational delivery being the responsibility of the three Health and Social Care Partnerships (HSCPs) in Aberdeen City, Aberdeenshire, and Moray. The programme delivers the pregnancy, pre-school, school age, adult routine, non-routine, seasonal and travel vaccinations to the population of Grampian.
- 3.4 Uptake of seasonal flu and covid-19 vaccinations in Winter 2023/24 was similar in Grampian to elsewhere in Scotland and highest in the oldest age groups, and the Spring 2024 programme continues to perform well. Uptake shows a socioeconomic gradient with highest uptake amongst least deprived.

4. **KEY MATTERS RELEVANT TO RECOMMENDATION**

- 4.1 The charts below show the uptake of COVID-19 and flu vaccinations among all eligible cohorts within Moray over the winter period 2023-24, up to 14 March 2024.

COVID-19			
Cohort	Population	Vaccinated	% Uptake
Age 65 to 74	11,281	8,686	77.0%
Aged 75+	10,051	8,431	83.9%
All social care workers	2,101	305	14.5%
At risk age 5 to 11	506	37	7.3%
At risk age 6 months to 4 years	103	14	13.6%
At risk age 12 to 64	11,771	4,219	35.8%
Frontline health care workers	1,088	329	30.2%
Older people care home residents	456	410	89.9%
Weakened immune system	1,998	1,185	59.3%
Total	39,335	23,612	60.0%

Influenza			
Cohort	Population	Vaccinated	% Uptake
Age 50 to 64	14,050	6,057	43.1%
Age 65 to 74	11,281	8,700	77.1%
Aged 75+	10,051	8,444	84.0%
All health care workers	958	237	24.7%
All social care workers	1,407	185	13.1%
At risk age 18 to 64	13,301	5,885	44.2%
Older people care home residents	456	415	91.0%
Weakened immune system	1,966	1,256	63.9%
Total	53,448	31,175	58.3%

- 4.2 The uptake of vaccinations amongst frontline health and social care staff is lower than the partnership would like it to be, despite significant work by the Moray Immunisation Team to increase uptake.
- 4.3 The current programme includes a range of methods, based on the evidence on the most effective methods for increasing uptake of vaccinations:

- Assuring accessibility and convenience of vaccination services
- Managers and leaders being able to speak confidently about the role and effectiveness of vaccines.
- Development of a network of vaccination champions
- Developing personalised approaches to vaccine hesitancy
- Increasing understanding that previous infection doesn't necessarily provide sufficient immunological protection as immunity wanes over time and new variants emerge.
- Recognising and mitigating the links between low uptake and deprivation, and
- Creating messaging that chimes with younger people who are less likely to take up winter vaccines.

4.4 The recent Health and Social Care Workforce survey results have been shared with the Scottish Vaccination and Immunisation Programme with final analysis underway and a draft national report awaited. Once this is finalised, local management information reports will be available and utilised by the NHS Grampian Vaccination planning team. The final report will also be published on the Public Health Scotland website.

5. SUMMARY OF IMPLICATIONS

(a) **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP) and Moray Integration Joint Board Strategic Plan "Partners in Care 2022 – 2032"**

This report aligns with the following priorities:

Corporate Plan: Tackle inequalities and tailor services

Moray Integration Joint Board Strategic Plan:

We focus on prevention and tackling inequality.

We nurture and are part of communities that care for each other.

(b) **Policy and Legal**

None arising directly from this report.

(c) **Financial implications**

Increased levels of staff sickness may have financial impact on the partnership.

(d) **Risk Implications and Mitigation**

Low uptake of vaccines for eligible staff increases the risk of staff sickness due to winter illnesses. The current programme, as set out in 4.3 above, includes a range of methods to increase uptake of vaccinations. Work continues to develop approaches to increase vaccine uptake.

(e) **Staffing Implications**

Low uptake of vaccines for eligible staff increases the risk of staff sickness due to winter illnesses, potentially increasing the pressure on other staff and increasing the need for agency and locum staff.

(f) **Property**

None arising directly from this report.

(g) Equalities/Socio Economic Impact

Uptake of vaccines tends to be lower in lower socio-economic groups, the team will maintain awareness of this as approaches to increasing vaccine uptake are developed.

(h) Climate Change and Biodiversity Impacts

None arising directly from this report.

(i) Directions

None arising directly from this report.

(j) Consultations

Consultations have been undertaken with the following staff who are in agreement with the content of this report where it relates to their area of responsibility:

- Sonya Duncan, Corporate Manager
- Simon Bokor-Ingram, Chief Officer

6. CONCLUSION

6.1 An annual vaccination and immunisation report will be produced by NHS Grampian Public Health Team in January 2025. This will provide a full year evaluation of the programme to increase uptake among front line health and social care staff and recommendations for the future.

Author of Report: Elizabeth Robinson, Consultant in Public Health, NHS Grampian

Background Papers:

Ref:

REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 30 MAY 2024

SUBJECT: MORAY PHYSIOTHERAPY MUSCULOSKELETAL (MSK) SERVICE

BY: PHYSIOTHERAPY UNI-PROFESSIONAL LEAD

1. REASON FOR REPORT

1.1 To inform the Committee on the current position of the waiting times for the Moray Physiotherapy Musculoskeletal (MSK) Service, current performance in achieving the National HEAT Target (Health Improvement, Efficiency and Governance, Access and Targets and Measures) of 4 weeks and providing assurance in how the service leads are effectively addressing the waiting times.

2. RECOMMENDATION

2.1 It is recommended that the Committee note:

- i) the local waiting times against the National recommended standard;**
- ii) the local service performance against other national locations' service performance (Scottish NHS Board Comparisons); and**
- iii) the continued work within the service towards reducing waiting times by continuously reviewing and improving methods of effective service delivery.**

3. BACKGROUND

3.1 The NHS Scotland has established HEAT Performance Targets, these are:

- Health improvement: Improving life expectancy and healthy life expectancy.
- Efficiency and governance: Increasing the efficiency and effectiveness of NHS services.
- Access: Facilitating use of NHS services.
- Treatment: Ensuring patients receive high-quality services that meet their needs.

- 3.2 The target set by the Scottish Government in April 2016 for MSK Physiotherapy was that 90% of new patients should be seen in an outpatient setting within 4 weeks of referral. Item 9.
- 3.4 The MSK Physiotherapy statistics are collated and reported back from each Health Board to the Scottish Government quarterly.
- 3.5 NHS Grampian MSK Physiotherapy services, including Moray, have never achieved the 90% of new patients being seen within 4 weeks of referral and neither do the other Scottish Boards currently.
- 3.6 1 in 3 adults suffer from an MSK injury or condition, circa. 25 million+ in the UK. Within NHS Grampian and Moray, it is the second largest absence reason for our workforce.
- 3.7 MSK Physiotherapy services are based in the lower ground floor of Dr Gray's Hospital (DGH) (albeit relocated out due to Legionella on 27 May 2021 – return on 20 November 2023). This site in Dr Grays is the largest site for delivering this service in Moray and houses the team along with all records, as well as the admin and managerial support. MSK staff are also available to support the in-patient Physiotherapy team in DGH for Orthopaedic patients due to being co-located.
- 3.8 During the relocation period Moray MSK physiotherapy was decanted across the localities of Moray with the Elgin service delivered within Moray Resource Centre. This reduced clinical activity in Elgin to, two clinics per week, due to lack of clinical space for 1-1 appointments and no space for group sessions. Community halls were booked for some group sessions, but this came with additional costs. During this period student numbers were also impacted due to lack of clinical space.
- 3.9 The NHS Grampian MSK physiotherapy service can be accessed via self-referral, or by multi professional team members including GP Practice staff, Orthopaedics, Rheumatology, Occupational Health etc.
- 3.10 The MSK physiotherapy service includes Pelvic dysfunction, specialist spinal Hub services, specialist shoulder service, MSK rehabilitation services, and includes the running of 8 different types of classes weekly, 2 of which often operate twice weekly.
- 3.11 The MSK Physiotherapy team receive approximately 230 referrals per month and deliver approximately 800 patient contacts per month. 53% of referrals into the MSK service are for Elgin, Lossiemouth and Fochabers patients (who would have DGH as closest location).
- 3.12 A MSK Physiotherapy assessment usually involves a 40-minute 1-1 appointment with a Health Care Professional Council (HCPC) Registered Physiotherapist. A full comprehensive assessment of needs is completed prior to physical examination. Upon analysis, a holistic patient centred treatment plan /goals would be agreed jointly with the patient. Follow up appointments may be required depending upon clinical need.
- 3.13 Referrals are prioritised by a HCPC Registered Physiotherapist based upon need and risk:

Urgent Priority for Physio assessment – within 2 - 4 weeks

Routine priority for Physio assessment – 4 weeks target

4. **KEY MATTERS RELEVANT TO RECOMMENDATION**

Staffing

- 4.1 The establishment for the team that is currently delivering the service is 7.2 Whole Time Equivalent (WTE), with 6.2 WTE Registered Physiotherapists and 1.3 WTE support workers. The service is currently fully staffed (albeit 1 maternity leave) but over the previous year the service had been carrying a number of vacancies / had high turnover during relocation out of DGH.

Current waiting list data

- 4.2 April 23 – end March 24

APR 2023 ONWARDS	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
No of Referrals Received	213	226	271	217	217	204	229	227	231	226	255	203
No of Removals	71	43	52	76	87	54	47	43	55	43	37	48
No of Patients on W/L	482	567	590	621	587	592	607	601	595	620	610	600
Current No of Weeks on W/L (maximum)	41	44	48	52	55	61	66	63	57	61	64	64
No of Patients on W/L 18+ Weeks	140	212	234	258	269	290	313	300	285	300	310	323
DNA New	6.30%	15.40%	7.10%	16.70%	15.40%	37.50%	8%	11.40%	19.90%	15.60%	17%	15.90%
DNA Return	4.40%	9.40%	10.50%	4.30%		5%	7%	7.10%	10.90%	14.80%	12.10%	11.90%

- 4.3 The above is the total waiting list of new longest waiting referrals but of note new urgent patients are prioritised and seen within 2-4 weeks not those weeks as listed above. Half of Grampian patients are seen within 3 weeks (median) and 90% of patients are seen within 13 weeks.

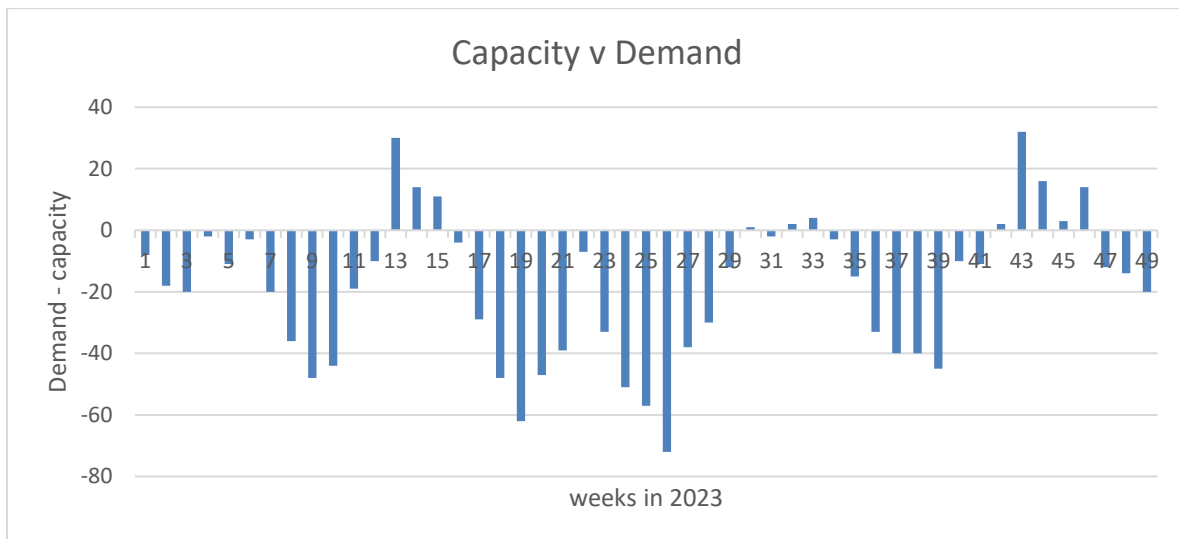
- 4.4 Removals happen due to patients opting out.

- 4.5 All the National Data collected and collated by Scottish Government is available to the Public through Public Health Scotland Website and is released quarterly.

Delivery data

- 4.6 Please see **Appendix 1**. The service moved back into DGH in week 43 of 2023 and the weekly attendance figures gradually increased from 112 in week 39 up to a high of 197 in week 49, this was as a result of increased clinical space, not increased staffing numbers. It has allowed greater supervision of less experienced staff and improved staffing efficiencies. The data shows a significant increase in the overall number of patients being seen per week.

Capacity v Demand



- 4.7 Weekly capacity versus demand in ability to see new patients is shown above. On a weekly basis the substantive staffing establishment is not set up to cope with the weekly referral rates. This has improved slightly when fully staffed and centrally located but is still a challenge.

National Data review / Comparison

- 4.8 The proportion of patients seen within the target of 4 weeks of referral has been decreasing over the last 3 years, from 55.9% in 2021 to 47.7% in 2022 to 46.8% in 2023. The proportion in the quarter (ending 31 December 2023) is 46.8%, the same as the overall figure for 2023.
- 4.9 The number of referrals also shows a general upward trend over the last 3 years (with the same drop off in December each year). During 2021, the monthly average number of referrals was 25,439, rising to 27,909 in 2022 and 30,250 in 2023.
- 4.10 The number of patients waiting has increased in each of the last 3 years since the COVID-19 pandemic. By the end of the reporting period on 31 December 2023, there were 71,455 patients waiting to be seen, an increase of 8% from a year ago (66,148 patients) and of 24.5% from 31 December 2021 (57,378 patients).

Initiatives and Service Improvements

- 4.11 There has been Rationalised Paperwork and pathways processes. This has also included commencing the initial stages of electronic records to increase efficiencies, work continues on electronic records Grampian wide for AHP so systems and efficiencies should continue to improve.
- 4.12 Clinician workplans and clinic templates have been reviewed numerous times since relocation which has again improved efficiencies allowing clinical delivery to more patients as noted above.
- 4.13 Physiotherapy Group Interventions have been reviewed and reinstated in a new format which has had positive benefits for patients (e.g. peer support)

and has provided increased efficiencies for staffing and positive impact on waiting times. To date 10 classes per week are now running compared to 0 from 2020 – 2024. Item 9.

- 4.14 Direct referral to classes pathway has been initiated: The service started with back class and will be extended to further classes including Early Lower Limb / Upper Limb, Pilates etc in the future once initial classes have been evaluated.
- 4.15 Brief Intervention: The Pathway and paperwork has been completed and ready to use. These are to run monthly. This aims to improve waiting times.
- 4.16 Seasonal classes: completed test of change January - March 2024. Data released from the Emergency Department in November/December 2023 indicated a steep rise in wrist fractures. The service then introduced 8 week wrist fracture classes to support patient outcomes. This prevented the waiting list and numbers increasing as a result of this peak. Intend to repeat this yearly following decline in weather when these fractures occur.
- 4.17 Community Appointment days – The service have fully engaged in participating in these, currently liaising with locality managers & health improvement team to get dates set. There has been lots of positive evaluation from other locations nationally who have run these sessions and they have shown a significant positive impact in reducing waiting lists and ensure patients see the correct clinician at the correct time. Many other multiprofessionals involved and signposts patients to each other. This initiative should have a significant positive impact on waiting lists and times.

5 **SUMMARY OF IMPLICATIONS**

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Partners in Care 2022 – 2032”

Local Delivery Plan standard / HEAT targets are included into the Moray Delivery plan.

(b) Policy & Legal

None arising directly from this report.

(c) Financial Implications

None arising directly from this report.

(d) Risk Implications and Mitigation

The service continues to be under pressure. Demand continues to outstrip capacity. However, urgent patients are being seen within the 2-4 weeks and 90% of new patients in Grampian within 13 weeks. Continuous service improvements are helping towards mitigating the risks.

(e) Staffing Implications

There are implications on both staff health & wellbeing and recruitment and retention (the latter 2 are reflected nationally).

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

None arising directly from this report as there is no change to policy.

(h) Climate Change and Biodiversity Impacts

None arising directly from this report.

(i) Directions

None arising directly from this report.

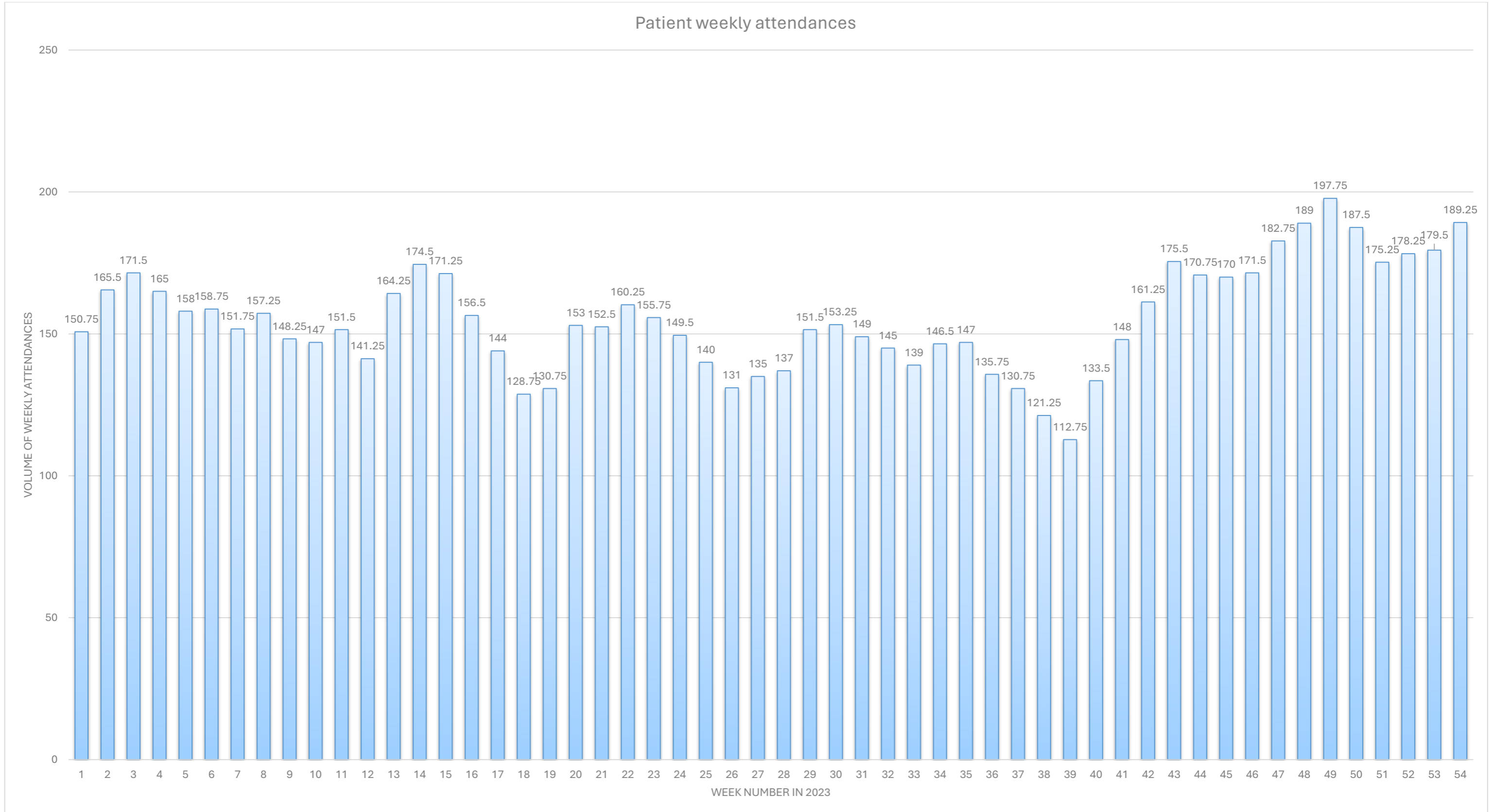
(j) Consultations

Audrey Steele-Chalmers Moray AHP Lead
Sean Coady, Moray Head of Service
Simon Bokor-Ingram, Moray Chief Officer
Moray HSCP MSK Physiotherapy Team
HSCM SMT
HSCM Operational Management Team
HSCM Clinical and Care Governance Group

6 CONCLUSION

- 6.1 The Committee are asked to note the content of this report and the continued hard work of the team in actioning the current waiting list, mitigating risks and ensuring all new urgent patients are seen within the target time with as many new routine patients as there is capacity for. Future initiatives / transformation should continue to improve the situation into the future.**

Author of Report: Alan Bulcraig – Uni-Professional Lead Physiotherapist Moray
Ref:





REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 30 MAY 2024

SUBJECT: UPDATE ON RECOMMENDED ALLOWANCES FOR KINSHIP AND FOSTER CARERS

BY: HEAD OF SERVICE AND CHIEF SOCIAL WORK OFFICER

1. REASON FOR REPORT

1.1 This report provides an update for the Committee of the recommended allowances for kinship and foster carers.

2. RECOMMENDATION

2.1 It is recommended that the Committee note the adoption of the proposals regarding the recommended allowances for kinship and foster carers and the update on the financial position for 2024/25.

3. BACKGROUND

3.1 A report was presented to the Moray Integration Joint Board Clinical and Care Governance Committee on 30 November 2023 entitled "Recommended Allowances for Kinship and Foster Carers" (para 12 of minute refers). The purpose of this report was to ask the Committee to endorse the adoption of the proposals regarding Scottish Recommended Allowances (SRA) for kinship and foster carers. These allowances were recommended by the Scottish Government and COSLA.

3.2 The outcome of this Committee was that it endorsed the proposals in principle. However, it identified that the endorsement of Moray Council would be required for the expenditure for 2023/24 with subsequent future reporting being to the Moray Integration Joint Board.

3.3 It was decided that an updated report should be provided to the Moray Integration Joint Board once this was clarified. As part of this, an update was also requested regarding the financial support the Scottish Government would provide beyond 2023/24.

3.4 Subsequently, a report was presented to Moray Council on 12 December 2023 (para 6 of minute refers) to endorse the adoption of the proposals regarding

recommended allowances for kinship and foster carers. The outcome of this Committee was that it endorsed the proposals in full.

- 3.5 Following this, the recommended allowances for kinship and foster carers were adopted and implemented. The allowances for kinship and foster carers were backdated to 1 April 2023 where there have not been any reported implementation challenges.
- 3.6 The Scottish Government has not yet confirmed the SRA rates for 2024/25 or the national mechanism for annual review and/or uprating at this stage. This is expected in the next two to three months. However, previous correspondence from the Scottish Government has confirmed that the rates for 2024/25 and the financial support for local authorities are currently the same as for 2023/24. This is as part of the financial settlement with the Scottish Government. As a result of this, there is no expected financial risk for Moray for 2024/25.
- 3.6 It is not possible to accurately predict the allowances needed for 2024/25. This is because it is dependent upon the numbers of kinship and foster carers which can fluctuate. However, on current forecasting it is predicted the financial commitment for recommended allowances for kinship and foster carers for 2024/25 will be within budget.

4. KEY MATTERS RELEVANT TO THE RECOMMENDATIONS

- 4.1 The information contained within this section (paragraphs 4.2 to 4.17) is taken from the original report to the Moray Integration Joint Board Clinical and Care Governance Committee on 30 November 2023 entitled "Recommended Allowances for Kinship and Foster Carers". The inclusion of this information is to provide the context to this report. There have been some minor changes made to improve clarity and accuracy.
- 4.2 Following the National Review of Care Allowances in September 2018, work has taken place between Convention of Scottish Local Authorities (COSLA) officers and Scottish Government to determine an SRA for kinship and foster carers, and 'Keeping the Promise' for Scotland's care experienced young people.
- 4.3 Further to this work, COSLA considered and approved a report in August 2023 supporting the introduction of an SRA for kinship and foster carers across all local authority areas.
- 4.4 Allowances are currently provided by all local authorities to eligible carers. However, this is decided at a local level and so varies across Scotland. The introduction of the SRA provides a recommended allowance that all local authorities must pay as a minimum, although they can also choose to pay more. This minimum level will be kept under review at a national level.
- 4.5 Where local authorities are already paying above the national minimum allowance, it is expected that this will continue so that eligible kinship or foster carers currently in receipt of the allowance will not suffer any detriment because of this commitment.
- 4.6 The SRA is intended to cover the cost of supporting a child such as clothing, food, after school activities. Although the policy of providing such allowances to

foster and kinship carers is not new, and are provided by all local authorities, having a minimum national allowance is a new policy.

- 4.7 The Promise, and its Plan 21-24 make it clear that providing financial support to kinship and foster carers is a key element to ensuring that caregivers are best equipped to support and nurture children and young people they are looking after.
- 4.8 The Scottish Government has developed SRA rates based on independent analysis carried out by Fraser of Allander Institute in 2018. The cost of supporting a child, uprated on a similar basis as has been used for other payments to households, but also taking account of affordability and deliverability.
- 4.9 The Scottish Government has identified £16m funding to fund the introduction of the SRA for 2023/24. It has been modelled using current local authority expenditure on children in kinship and foster care, including 'informal' kinship care expenditure, and the most up to date data from the Children's Social Work Statistics 2021/22.
- 4.10 Like many local authorities, the Council currently use four age ranges (as shown in the table below) to differentiate the payment of allowances. The SRA uses three, effectively combining the 5-10 and 11-15 age ranges into one standard age bracket. When compared to the SRA, the rates in Moray are lower across the 0-10 and 16+ age range but higher for the 11-15 age range. Our current local rates compared to the SRA rates are outlined below:

Age	Current Moray Rates	Age	Scottish Recommended Allowance
Age 0-4	£142.86	Age 0-4	£168.31
Age 5-10	£162.73	Age 5-10	£195.81
Age 11-15	£202.58	Age 11-15	£195.81
Age 16+	£246.44	Age 16+	£268.41

- 4.11 The % comparison of the SRA in relation to current local rates is as follows:

Age	% comparison
Age 0-4	17.8% increase
Age 5-10	20.3% increase
Age 11-15	3.3% decrease
Age 16+	8.9% increase

- 4.12 To improve transparency of our local allowance framework, we propose reviewing our current allowance structure, with a view to aligning the local age ranges with the nationally applied ranges within the SRA. Any future proposals will continue to ensure no detriment where local allowances are already above the SRA. Specifically, it is proposed to maintain the current rate for 11-15 irrespective of this being above the SRA rate. This is in line with the recommendations from COSLA and the Scottish Government. As a result of this, no kinship or foster carer will receive less allowance than they are currently.

- 4.13 The additional cost of backdating eligible kinship and fostering allowances for those age groups where our local rate is currently lower than the SRA levels will be £154,915 for the full year 2023/24.
- 4.14 The £16m funding from the Scottish Government to support the implementation of the SRA is for the full 2023/24 financial year, as payments are expected to be backdated to 1 April 2023, and paid to eligible kinship and foster carers in a way determined by the local authority which best supports families.
- 4.15 Moray has been notified that it has been provided with £261,570 from the Scottish Government which provides sufficient provision for the additional costs of £154,915 for 2023/24.
- 4.16 The Scottish Government have committed to baselining the 2023/24 levels of support for the SRA allowances. A decision on the national mechanism for annual review and/or uprating of the SRA has yet to be taken by Scottish Ministers. It is understood that any proposal will be subject to national agreement through COSLA arrangements.
- 4.17 At this stage it is not possible to predict the allowances for 2024/25 and subsequent years. However, it is proposed that these allowances should be in line with those recommended by the SRA and that additional funding is made available. This is the same process currently in place for foster carer fees which are increased each year by the pay award percentage.

5. PROPOSALS

- 5.1 It is proposed that members of the Committee note the adoption of the proposals regarding the recommended allowances for kinship and foster carers following its endorsement by Moray Council on 12 December 2023.
- 5.2 It is further proposed that members of the Committee note that the Scottish Government has not confirmed the SRA rates for 2024/25 or the national mechanism for annual review and/or uprating at this stage. However, it has been confirmed that the financial settlement from the Scottish Government includes the financial support for 2024/25 matching that for 2023/24 for the recommended allowances for kinship and foster care.

6. SUMMARY OF IMPLICATIONS

(a) **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Partners in Care 2022-2032”**

The Corporate Plan 2024 makes a commitment to improving outcomes for Moray’s most vulnerable young people and families and that more children will live with their families, being cared for in strong safe, communities across Moray.

(b) **Policy and Legal**

Following the National Review of Care Allowances in September 2018, work has taken place between COSLA officers and Scottish Government to determine an SRA for kinship and foster carers, and ‘Keeping the Promise’ for Scotland’s care experienced young people.

Further to this work, COSLA considered and approved a report in August 2023 supporting the introduction of an SRA for kinship and foster carers across all local authority areas.

It is proposed that the annual review of payable allowances is transparent and that local rates remain appropriately aligned with the SRA.

(c) Financial implications

Members are being asked to approve the recommendations in this report on the basis that there will be no net additional costs to the Council or the Integrated Joint Board. It has been confirmed that the financial settlement from the Scottish Government includes the financial support for 2024/25 matching that for 2023/24 for the recommended allowances for kinship and foster care.

(d) Risk Implications and Mitigation

The financial risk implications and mitigations are outlined in section (c) above.

(e) Staffing Implications

There are no staffing implications.

(f) Property

There are no property implications.

(g) Equalities/Socio Economic Impact

Carers in Moray will suffer no financial detriment as a result of this change, the allowance that they receive will be comparable with those in other local authorities.

(h) Climate Change and Biodiversity Impacts

There are no climate change or biodiversity impacts.

(i) Directions

None.

(j) Consultations

Chief Officer, HSCM; Chief Social Work Officer & Head of Service; Head of HR, ICT and Organisational Development; Chief Financial Officer; Equal Opportunities Officer and Caroline O'Connor, Committee Services Officer have been consulted in the preparation of this report and are in agreement with the content relating to their areas of responsibility.

7. CONCLUSION

7.1 It is recommended that the Committee note the adoption of the proposals regarding the recommended allowances for kinship and foster carers and the update on the financial position for 2024/25.

Author of Report:

Carl Campbell, Service Manager

Background Papers:

Ref:

