Clinical and Care Governance Committee

Thursday, 31 August 2023

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, 31 August 2023** at **09:30** to consider the business noted below.

AGENDA

MORAY INTEGRATION JOINT BOARD

SEDERUNT

Mr Derick Murray (Chair)

Professor Siladitya Bhattacharya (Voting Member)
Councillor Peter Bloomfield (Voting Member)
Councillor Scott Lawrence (Voting Member)
Mr Graham Hilditch (Member)
Professor Duff Bruce (Member)
Ms Tracy Stephen (Member)

Mr Ivan Augustus (Non-Voting Member)
Mrs Val Thatcher (Non-Voting Member)
Dr Robert Lockhart (Non-Voting Member)
Ms Elizabeth Robinson (Non-Voting Member)
Dr Malcolm Simmons (Non-Voting Member)
Mr Kevin Todd (Non-Voting Member)

Clerk Name:	Tracey Sutherland
Clerk Telephone:	07971 879268
Clerk Email:	committee.services@moray.gov.uk

MINUTE OF MEETING OF THE CLINICAL AND CARE GOVERNANCE COMMITTEE

Thursday, 25 May 2023

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

PRESENT

Mr Ivan Augustus, Professor Siladitya Bhattacharya, Councillor Peter Bloomfield, Mr Simon Bokor-Ingram, Mr Sean Coady, Ms Sonya Duncan, Mr Graham Hilditch, Councillor Scott Lawrence, Mr Derick Murray, Ms Deborah O'Shea, Ms Fiona Robertson, Ms Elizabeth Robinson

APOLOGIES

Professor Duff Bruce, Dr Robert Lockhart, Dr Malcolm Simmons, Ms Tracy Stephen, Mrs Val Thatcher, Mr Kevin Todd

IN ATTENDANCE

Also in attendance at the above meeting were Ms Sonya Duncan, Corporate Manager, Mr Sean Coady, Head of Service, Ms Rosemary Reeve, Interim Primary Care Development Manager and Tracey Sutherland, Committee Services Officer.

1.   Chair

The meeting was chaired by Mr Derick Murray.

2.   Declaration of Member's Interests

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

3.   Minutes of meeting of 23 February 2023

The minute of the meeting of 23 February 2023 was submitted and approved.

4.   Action Log - 23 February 2023

The Action Log of the meeting of 23 February 2023 was discussed and updated.

5. Strategic Risk Register Report

A report by the Chief Officer provided an overview of the current strategic risks, along with a summary of actions which are in place to mitigate those risks, updated May 2023.

Following consideration the Committee agreed to note the Strategic Risk Register included at Appendix 1.

Ms Elizabeth Robinson joined the meeting during the consideration of this item.

6. Primary Care Minor Surgery Report

A report by the Primary Care Development Manager informed the Committee of the current position regarding the Moray Primary Care Minor Surgery Service.

During consideration Mr Murray moved adding an additional recommendation to seek a report back to the Audit Performance and Risk Committee with possible solutions to the issues highlighted.

As there was no one otherwise minded the Committee agreed:

i)   to note the current position of the Primary Care Minor Surgery Service which is delivered from the Dr Grays site;

ii) to note the impact on Moray patients; and

iii) a report to be written for the next meeting of Clinical and Care Governance Committee with possible solutions identified for the issues highlighted.

7. Q4 Complaints Report

A report by the Clinical and Care Governance Group Co-Chairs informed the Committee of complaints reported and closed during Quarter 4 (1 January 2023 - 31 March 2023).

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

8. Duty of Candour Annual Report 2021-22 Report

A report by the Chief Nurse - Moray, submitted for information to the Committee the contents of Duty of Candour Report for Health and Social Care Moray for the year 2021/22.

Following consideration the Committee agreed to note the contents of the report and the attached Duty of Candour Annual Report.

9. Clinical and Care Governance Group Exception Q4 Report

A report by the Clinical and Care Governance Group Co-Chairs informed the Committee of progress and exceptions reported to the Clinical and Care Governance Group during quarter 4 of 2022/23 (1 January to 31 March 2023).

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

10.   Adult Support and Protection Multi Agency Improvement Plan Report

A report by the Head of Service/Chief Social Work Officer updated the Committee on progress against the Adult Support and Protection Multi-agency Improvement Plan, since the last update provided in February 2023.

Following consideration the Committee 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; and

iii)   that a further update will be provided to the next Committee meeting.

11.   Clinical and Care Governance Update Report

A report by the Chief Nurse - Moray informed the Committee of the progress relating to the refresh of the clinical and care governance structure within Health and Social Care Moray.

Following consideration the Committee agreed to note the content of the report and the associated outcomes and recommendations therein.

12.   Items for Escalation to MIJB

The Committee noted that there were no items for escalation to the Moray Integration Joint Board.

MEETING OF MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE

THURSDAY 25 MAY 2023

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY	UPDATE AUGUST 2023
1.	Primary Care Minor Surgery	A report to CCG on the issues and possible solutions	29 June 23	Interim Primary Care Development Manager	On Agenda

REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL CARE
                      GOVERNANCE COMMITTEE ON 31 AUGUST 2023

SUBJECT: STRATEGIC RISK REGISTER – AUGUST 2023

BY: CHIEF OFFICER

1.   REASON FOR REPORT

1.1   To provide an overview for the Clinical and Care Governance Committee of
the current strategic risks, along with a summary of actions which are in place
to mitigate those risks, updated August 2023.

2.   RECOMMENDATION

2.1   **It is recommended that the Clinical and Care Governance Committee
agree to:**

**i)   consider and note the updated Strategic Risk Register included in
APPENDIX 1; and**

**ii)   note the Strategic Risk Register will be further refined to align with
the transformation, redesign and delivery plans as they evolve**

3.   BACKGROUND

3.1   The strategic risk register is reviewed regularly by the Senior Management
Team as part of a robust risk monitoring framework, to identify, assess and
prioritise risks related to the delivery of services in relation to delegated
functions, particularly any which are likely to affect the delivery of the Strategic
Plan.

3.2   The Moray Integration Joint Board (MIJB) Strategic Risk Register is attached
to this report at **APPENDIX 1** and sets out the inherent risks being faced by
the MIJB, together with a current assessment on the level of the risks and
mitigating actions being taken to reduce the impact of the risks. This report is
presented to Clinical Care Governance committee for their oversight and
comment.

3.3   Risk scores are weighted, based on assessment according to their likelihood
and corresponding impact, as per Section 5 of the MIJB Risk Policy.

3.4   The Strategic Risks received an initial review to ensure they align to the Moray Partners in Care 2019-2029 strategic plan which was agreed at MIJB on 22 November 2022 (para 14 of the minute refers).

4.   **KEY MATTERS RELEVANT TO RECOMMENDATION**

4.1   The Risk Management Framework review was completed and outcome was approved by the Board on 25 June 2020 (para 9 of the minute refers). The approved Risk Appetite Statements have been included in **APPENDIX 1**.

4.2   There remains considerable financial pressure as presented to the MIJB on 30 March 2023. There is additional pressure to achieve further savings in 2023/24 and beyond. The Chief Officer and Chief Financial Officer continue to work with Senior Managers to seek efficiencies and opportunities for real transformation.

4.3   GP and Dental service sustainability remains a significant issue nationally.

4.4   The risk of Industrial Action continues, this would likely affect service delivery and potentially increase the financial cost pressures to meet any pay awards, if not funded centrally.

4.5   The responsibilities placed on Health and Social Care Moray (HSCM) as a Category 1 responder continues to increase. This is without any additional resource allocation.

4.6   Demand for unscheduled hospital care has not reduced, as levels of elective activity increase to capacity, that continues to be managed alongside significant bed occupancy for emergency medicine.

4.7   Work is ongoing to ensure all Risk Registers are updated in the timescales dictated by the criteria. Adverse events and Risk are regularly reviewed and discussed by Service Managers and Senior Managers. These now feature on the Senior Leadership Group agenda to ensure full transparency across the system.

4.8   Recruitment and retention continues to provide challenges across all disciplines. The Moray Health and Social Care Workforce Plan was approved by MIJB on 29 September 2022 (section 12 minute refers to). Work has started to consider the implications of the Health and Care (Staffing) (Scotland) Act 2019.

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"
        The MIJB requires effective governance arrangements for those services and functions delegated to it and Risk Management systems are integral to this.

        (b)   Policy and Legal
        As set out in the terms of reference, the Board has responsibility to provide assurance of the adequacy of the risk management framework.

There are no legal implications arising from this report.

(c) **Financial implications**
There are no direct financial implications arising from this report however the Board should note the failure to manage risks effectively could have a financial impact for the MIJB.

(d) **Risk Implications and Mitigation**
This report forms part of the governance arrangements for identifying and managing strategic risks of the MIJB. The risks are outlined in the body of the report in section 4.

(e) **Staffing Implications**
There are no additional staffing implications arising from this report.

(f) **Property**
There are no property implications arising from this report.

(g) **Equalities/Socio Economic Impact**
An Equalities Impact Assessment is not required because there are no service, policy or organisational changes being proposed.

(h) **Climate Change and Biodiversity Impacts**
There are no impacts arising from this report.

(i) **Directions**
None arising from this report.

(j) **Consultations**
Consultation on this report has taken place with members of the Senior Management Team.

6. <u>CONCLUSION</u>

6.1 **This report and appendices contains proposed risk appetite statements that, when approved, will underpin the MIJB approach to strategic decision making.**

6.2 **The report outlines the current position and recommends the Board note the revised and updated version of the Strategic Risk Register.**

Author of Report: Sonya Duncan, Corporate Manager
Background Papers: held by HSCM
Ref:

HEALTH AND SOCIAL CARE MORAY STRATEGIC RISK REGISTER

AS AT AUGUST 2023

RISK SUMMARY

1. The Moray Integration Joint Board (MIJB) does not function as set out within the Integration Scheme, Strategic Plan and in-line with Standing Orders and fails to deliver its objectives or expected outcomes.

2. There is a risk of MIJB financial failure in that the demand for services outstripping available financial resources. Financial pressures being experienced by the funding Partners will directly impact on decision making and prioritisation of MIJB.

3. Inability to recruit and retain qualified and experienced staff to provide safe care whilst ensuring staff are fully able to manage changes resulting from integration.

4. Inability to demonstrate effective governance and effective communication and engagement with stakeholders.

5. Inability to cope with unforeseen external emergencies or incidents as a result of inadequate emergency and resilience planning.

6. Risk to MIJB decisions resulting in litigation/judicial review. Expectations from external inspections are not met.

7. Inability to achieve progress in relation to national Health and Wellbeing Outcomes. Performance falls below acceptable level.

8. Inability to progress with delivery of Strategic Objectives and Transformation projects as a result of inability to resolve data sharing and data security requirements.

9. Requirements for support services are not prioritised by NHS Grampian and Moray Council.

RISK RATING	LOW	MEDIUM	HIGH	VERY HIGH
RISK MOVEMENT	DECREASE	NO CHANGE	INCREASE	

The process for managing risk is documented out with the MIJB Risk Policy.

1	
Description of Risk: *Regulatory*	The Integration Joint Board (IJB) does not function as set out within the Integration Scheme, Strategic Plan and Scheme of Administration and fails to deliver its objectives or expected outcomes.
Lead:	Chief Officer
Risk Rating:	Low/ medium/ high/ very high	**MEDIUM**
Risk Movement:	Increase/ decrease/ no change	**NO CHANGE**
Rationale for Risk Rating:	The strategic plan "Partners in Care 2019-2029" was revised and presented as "Partners in Care 2022 to 2032", this was approved by MIJB in November 2022. Membership of IJB committees recently changed due to the elections in May. An amendment to the Scheme to increase membership by one from each of the partner organisations was ratified in March 2022 by the Scottish Government following due process and approval by Moray Council and NHS Grampian Board. During the initial Covid 19 response, normal business was suspended and emergency arrangements were implemented. IJB, CCG and APR meetings restarted during August 2020. Weekly meetings were instigated with Chair/Vice Chair and Chief Officer and these continue. A delivery plan for the new Strategic Plan "Partners in Care" 2022-32 will be presented in 2023.
Rationale for Risk Appetite:	The Board, staff and providers across Moray are all committed to ensuring high standards of clinical care & governance through operational policies. Innovation and new ways of working may mean traditional regulations do not exist, or are contradictory. We will only take regulatory risks knowingly, following consultation with the relevant regulatory body and where we have clear risk mitigation in place.
Controls:	• Integration Scheme. • Strategic Plan "Partners in Care" 2022-32 • Governance arrangements formally documented and approved by MIJB January 2021. • Agreed risk appetite statement. • Performance reporting mechanisms. • Consultation with legal representative for all reports to committees and attendance at committee for key reports. • Standing orders have been reissued to all members
Mitigating Actions:	Induction sessions were held for new IJB members after May elections. Further sessions were arranged for newest appointees. IJB member briefings are held regularly as development sessions.

	Conduct and Standards training held for IJB Members in June 2022 provided by Legal Services. SMT regular meetings and directing managers and teams to focus on priorities.
	Regular development sessions held with IJB and System Leadership Group Strategic Plan and locality management structure is in place. The work that has been progressed through the Covid19 response has escalated developments in some areas as a matter of priority. This has been achieved through collaborative working with partner organisations and the third sector.
Assurances:	• Audit, Performance and Risk Committee oversight and scrutiny. • Internal Audit function and Reporting • Reporting to Board. • The Moray Transformation Board has recently recommenced and will support an oversight of planned business across HSCM.
Gaps in assurance:	The new strategic delivery plan and will incorporate the work being taken forward for Self-Directed support, Hospital at Home and Locality Planning.
Current performance:	The Scheme of Administration is reported when any changes are required. Legal advisors are currently working on the requirements to the integration scheme in relation to the proposed The integrated scheme of delegation of Children's and Families and Justice Services was presented and accepted by MIJB on 26th January 2023. The Governance Framework was approved by IJB 28 January 2021. Re-appointment of Standards Officer agreed by IJB 31 March 2022. Members Handbook has been updated and circulated to all members in June 2022.
Comments:	Strategic Planning and Commissioning Group approved the generic Terms of Reference and Chairs of the transformation boards at the meeting on 19 December 2019.These groups have now recently recommenced following the pause during the Covid19 response. The Interim Strategy and Planning Lead is now taking this forward and prioritising and focusing on strategic planning and priorities over the short and longer term.

2	
Description of Risk: *Financial*	There is a risk of MIJB financial failure in that the demand for services outstrips available financial resources. Financial pressures being experienced both by the funding Partners and Community Planning Partners will directly impact on decision making and prioritisation of MIJB.
Lead:	Chief Officer/Chief Financial Officer
Risk Rating:	Low/ medium/ high/ very high **VERY HIGH**
Risk Movement:	Increase/ decrease/ no change **INCREASING**
Rationale for Risk Rating:	The 2023/24 settlement only saw ~~additional investment for health and social care that was passed through to the MIJB and in 2023/24 saw~~ funding for recurring commitments. There remains a significant pressure due to the recurring core overspend, since most of the new investment related to new commitments. Financial settlements are set to continue on a one year only basis, which does not support sound financial planning. In addition, the carried forward ear marked reserves have been significantly reduced with the clawback of the Covid reserve and reduction of the PSIF funding in 2022/23 . The impact of which will be to reduce the level of ear marked reserves in the MIJB. The Revenue Budget 2023/24 was approved by MIJB on 30 March 2023 as a balanced budget. A significant ambitious savings plan of £4.1 million was approved. Additional Scottish Government funding was provided again for 2023/24, this is to meet additional recurring policy commitments in respect of adult social care pay uplift for externally provided services and free personal and nursing care rates. The update medium Term Financial Framework was presented as part of the budget papers on the 30th March 2023 this will be further reviewed during the 2023/24 year to ensure alignment with the recently reviewed Strategic Plan and for the delegation of Childrens Services and Criminal Justice is planned to be presented to MIJB by 30 September 2023.
Rationale for Risk Appetite:	The Board recognises the financial constraints all partners are working within. While we are cautious and open about accepting financial risks this will be done: • Where a clear business case or rationale exists for exposing ourselves to the financial risk • Where we can protect the long term sustainability of health & social care in Moray
Controls:	There is an interim arrangement for CFO cover from Moray Council. Permanent recruitment efforts have not been successful. The Chief Officer is working with both the Council and NHS Finance Leads to secure a longer term interim arrangement. The CFO and Senior Management Team have worked together to address ~~further~~ savings which were approved by the Board as part of the budget setting procedures for 2023/24. This will be a focus of continuous review to ensure any investment is made taking cognisance of existing budget pressures. A revised Financial Framework was presented to

	the MIJB on 30 March 2023, and a further review will take place by 30 September 2023. The Senior Management Team will continue to consider and plan for the financial challenges for 2024/25 and beyond.
Mitigating Actions:	Risk remains of the challenge that the MIJB can deliver transformation and efficiencies at the pace required whilst dealing with the emerging financial pressures. Financial information is reported regularly to both the MIJB, Senior Management Team and System Leadership Group. The Chief Officer and Chief Financial Officer (CFO) continue to regularly engage in finance discussions with key personnel of both NHS Grampian and Moray Council. Chief Officer and CFO will continue to engage with the partner organisations in respect of the financial position throughout the year. Cross partnership performance meetings are in with partner CEOs, Finance Directors and the Chair/Vice Chair of the MIJB.
Assurances:	MIJB oversight and scrutiny of budget. Reporting through MIJB, NHS Grampian Board and Moray Council.
Gaps in assurance:	None known
Current performance:	An overspend of £5,280,372 on Core services for the 2022/23 financial year was reported to the IJB on 29 June 2023.
Comments:	Senior managers continue to work with Chief Officer and Chief Financial Officer to address the continuing financial challenge, continuing to seek efficiencies and opportunities for real transformation as we look to make efficient and effective investment in services that are truly transformational. There are additional pressures from the cost of living crisis, increasing energy bills, inflation and staff pay awards.

3	
Description of Risk: *Human Resources (People):*	Inability to recruit and retain qualified and experienced staff to provide and maintain sustainable, safe care, whilst ensuring staff are fully able to manage change resulting from response to external factors such as the impact of Covid and the actions that arose from the recommendations from the Independent Review of Adult Social Care 2021.
Lead:	Chief Officer
Risk Rating:	Low/ medium/ high/ very high

Risk Rating:	Low/ medium/ high/ very high	**HIGH**
Risk Movement:	Increase/ decrease/ no change	**NO CHANGE**

| **Rationale for Risk Rating:** | There continues to be issues with recruitment to front line services that require specific skills and experience. This has been the case for some time now and continues to place pressure on existing staff. Allied Health Professions, Social Work and Nursing are some of the particular areas experiencing difficulties with obtaining people with the appropriate skills and training. Care at Home staffing levels are pressured for Internal services and externally with local providers all experiencing the same difficulties.

There are also impacts on recruitment of Dentists and other graduates arising from Covid as the number graduating has reduced during the period.

The various impacts of Covid-19 has placed a significant strain on the Partnerships resources across frontline and support functions and this has resulted in delays for the progress of projects relating to the achievement of strategic objectives. HSCM continues to review the large number of fixed term and seconded posts. This will continue as temporary contracts conclude. It is hoped that this will improve some of the instability teams felt during the pandemic response. This will also allow consideration of post redesign, service needs and potential financial savings. This will continue to be reviewed by the Senior Management Team.

Care Homes in Moray continue to face difficulties with recruitment and retention of staff. Efforts are being made to provide support but the situation remains challenging.

The transition from EU membership has not presented any specific concerns for workforce and this will continue to be monitored.

The impact of forthcoming budget allocations and the withdrawal of all Covid funding will also mean that HSCM will face some challenging recruitment decisions in 2023.

The impact of budgetary decisions by the Council in relation to reducing staffing levels has reduced levels of support provided in some key areas Health and Social Care Moray (HSCM), such as ICT, HR, Legal and design.
The lack of suitable housing for Health and Social Care staff has resulted in people not being able to take up posts in Moray.

GP sustainability remains a national issue. |
|---|---|

Rationale for Risk Appetite:	Safety risks that could result in harm to service users, staff or the public are inherent in Health & Social Care services. The safety of individuals is paramount therefore standards of safety management and clinical care have to be high, and the Board will continue to seek assurances this is the case. The Board's ambition is for health & social care to be people centred. This means supporting people in decision making about their own health & care, which may expose individuals to higher risk where they make an informed decision. The Board will also seek to balance individual safety risks with collective safety risks to the community.
Controls:	Management structure in place with updates reported to the MIJB. Organisational Development plan in place and Workforce Plans are being updated to align to the new strategic plan. Continued activity to address specific recruitment and retention issues. Management competencies continue to be developed through Kings Fund training although this was suspended due to Covid19. A 2 day event was held on 16/17 May 2023, attended by the Senior Management Team as part of a Grampian wide event. Communications & Engagement Strategy was approved in November 2019 and continues. Council and NHS performance systems in operation with HSCM reporting being further developed and information relating to vacancies, turnover and staff absences is integral to this. Managers are highlighting any areas of concern and where appropriate this is identified in operational risk registers. HSCM services have commenced weekly reporting of workforce sit reps for Senior Management Team oversight highlighting vacancies, annual leave, sickness absence and Covid impacts so that issues can be identified and assessed quickly. Moray Council are carrying out a study of accommodation needs, including people working in the Health and Care sector.
Mitigating Actions:	System re-design and transformation. Organisational Development Plan and Workforce plan were updated and approved by MIJB in November 2019. The updated Workforce plan has been submitted to Scottish Government and comments were received by the HSCP in October 2022. These are currently being worked through. These plans are core documents for the Workforce Forum which has recently re-commenced following a temporary suspension during the first quarter of this year due to Covid impact. Staff Wellbeing is a key focus and there are many initiatives being made available to all staff including training, support, information and access to activities. Locality Managers have developed Multi-disciplinary teams in their areas and project officer support was been provided to develop the locality planning model across Moray.

	Lead Managers are involved in regional and national initiatives to ensure all learning is adopted to improve this position. Lead Managers and Professional Leads are linked to University Planning for intakes and programmes for future workforce development. HSCM are working with Digital Health and Care Innovation Centre as partners on the Digital Health Improvement programme to research and design innovative ways to address the needs of citizens, versus the challenges of recruitment and skills available within Moray. Incentives have been secured to try and attract additional NHS dentists and dental practices to our area. The Scottish Dental Access Initiative now includes Moray, with grants of £50,000 and above available to allow dental practices to be established or extended– provided there is a seven-year commitment to providing NHS treatment. A recruitment and retention bonus is also being offered to eligible new dentists in Moray. GP sustainability Group and Primary Care Vison for the Future Groups in situ. Work is underway across the system to consider the implications of the Health and Care (Staffing) (Scotland) Act 2019.
Assurances:	Operational oversight by Moray Workforce Forum has resumed and will report to MIJB in accordance with the agreed Governance framework. The HSCM Response Group was in place over the whole period of the Covid19 pandemic providing focussed leadership around emerging issues and resolving them. This group stood up again in April and is meeting daily whilst the system is pressured, this will be reviewed as the situation evolves. The Heads of Service are co-ordinating and escalate to SMT where necessary. These meetings have been increased as service needs dictate.
Gaps in assurance:	Further work required to develop workforce plans to reflect strategic plan implementation programmes.
Current performance:	The iMatter survey results for 2022 were received by managers for review and action plans. Preparatory work has commenced on the plans for iMatter 2023/24. Discussions are underway with HR in both Council and NHS to develop access to appropriate HR information at a summarised level to facilitate the necessary workforce planning and subsequent monitoring of plans. There continues to be a need for more streamlining in recruitment processes as the delay in approval to recruit to having a member of staff available is in excess of 8 weeks. There is also a lack of suitable applicants for various posts which is impacting on ability to appoint for some roles.

Comments:	Staffing issues are owned by the Systems Leadership Group who will work collaboratively across the system to seek opportunities to make jobs more attractive where it has proved difficult to recruit in the past. For some professions there is a potential risk that staff move from one position to a new position within HSCM will just move the vacancy to elsewhere in the system, so Senior Management Team are aware of this risk and taking it into account in considerations for vacancies. This needs to be considered when fixed term contracts and secondments are planned, consideration needs to be given to the whole of HSCM and not services in isolation. Many of our staff may have transferrable skills and experience. The continuing system issues and lack of available beds may mean operations cannot be scheduled to reduce the backlog and key staff may not have the necessary time in surgery to maintain essential skills. This in turn may add to the staff retention issues within certain specialties.

4	
Description of Risk: *Reputation:*	Inability to demonstrate effective governance and effective communication and engagement with stakeholders.
Lead:	Chief Officer
Risk Rating:	low/medium/high/very high	**MEDIUM**
Risk Movement:	increase/decrease/no change	**NO CHANGE**
Rationale for Risk Rating:	Performance framework to be further developed from a planning perspective to show the links through operational service delivery to strategic objectives. Feedback from community representatives and third sector organisations, across a variety of forums, highlighted issues. Clear focus and communications is required to ensure engagement and outcome needs are met.	
Rationale for Risk Appetite:	The Board is aware of the importance of good relationships with stakeholders. It recognises many of our ambitions require effective collaboration, co-production and partnership working with a range of stakeholders. The board also recognises that not all partners will be able to move at the same pace, all the time. ~~We will seek to protect relationships and will not set out to antagonise stakeholders deliberately. For exampleWe will not be seen to exclude or prevent participation in the design of services where there is an appetite to do this~~.	

	We are aware of the need to protect and maintain good working relationships with all partners and stakeholders in order to deliver the outcomes set out in our strategic plan. ~~We must be mindful that repairing relationships is easier when there is already a well of goodwill to draw on, and that further damage to an already damaged relationship will not be conducive to good long term outcomes.~~
Controls:	Governance Framework approved by IJB January 2021 Communication and Engagement Strategy approved November 2019 Annual Governance statement produced as part of the Annual Accounts 2021/22 and submitted to External Audit. The unaudited accounts and governance statement for 2022/23 were presented to MIJB June 2023 and the audited accounts will return to committee in September 2023 for agreement. Annual Performance Report for 2022/23 was published in July 2023. Performance reporting mechanisms in place and being further developed through performance support team, home first group and system leadership team. Community engagement in place for key projects areas such as Forres, Keith and Lossiemouth with information being made available to stakeholders and the wider public via HSCM website. Participation of stakeholders in a variety of meetings such as Home First project, carer strategy, Strategic, Planning and Commissioning groups.
Mitigating Actions:	Schedule of Committee meetings and development days in place and implemented. New relationships are currently being established with Grant Thornton, the MIJB's newly appointed external auditor for 2022/23. ~~Good working relationship established with Audit Scotland, the MIJB's appointed external auditors since 2016/17.~~ ~~Discussions at leadership meetings to ensure all standards are being met around Public Sector Equality Duty and published where appropriate. There is a new programme of training to ensure all policies are Equalities Impact Assessed and the findings are published. The SMT are currently considering how any proposed service changes consider the PSED as part of the consultation process.~~ The principles of the Equalities Impact Assessment are now embedded in the business as usual processes within Health and Social Care Moray. Social media is actively used as a method of engaging with the public, with short videos focussing on particular services being trialled. SMT have considered the existing arrangements for engagement with stakeholders and work is being undertaken to align our framework with the Scottish Government "Planning with people guidance" and ensure that mechanisms are in place across services to evidence and evaluate their impact. A Public Engagement Communications Officer has now been appointed and started in post mid August 2023.

Assurances:	Oversight and scrutiny by Clinical and Care Governance Committee, Audit Performance and Risk Committee and MIJB. Summary reports of minutes of MIJB meetings are submitted to Council committee and NHS Board.
Gaps in assurance:	Progress on implementation of the Communication and Engagement Strategy was impacted by the Covid 19. Due to the impact of COVID and requirement for social distancing the normal mechanism for engagement were not all available. More use is being made of social media and Microsoft teams and other options and methods for engagement with staff are being used via NHSG such as videos on YouTube and one question surveys. Going forward there may be more opportunity for face to face meetings to take place again but it should be considered that this will not be beneficial for all.
Current performance:	Communication, Engagement & Participation Framework was reviewed approved by IJB November 2019. This will be reviewed by the new Public Engagement and Communication Officer. The Unaudited Accounts for 2022/23 were approved in March 2023, presented to MIJB and APR Committee in June 2023 and are now being audited, with the audited accounts to be presented in September 2023. The Annual Performance Report for 2022/23 was published in July 2023 after being presented to MIJB in June 2023.
Comments:	A communication cell is now established as part of the Local Resilience Partnership ~~Covid and storms~~ response with representation from Emergency Services, Councils, HSCP and NHSG. ~~This was led by Aberdeen City Council and was an example of the collaborative working that took place~~. This forum provides assurance that messages to all stakeholders are consistent. ~~There has been representation from the Home first project at the Wellbeing forum to facilitate sharing of information and seeking views.~~

5	
Description of Risk: *Environmental:*	Inability to cope with unforeseen external emergencies or incidents as a result of inadequate emergency and resilience planning.
Lead:	Chief Officer
Risk Rating:	low/medium/high/very high	**HIGH**
Risk Movement:	increase/decrease/no change	**NO CHANGE**
Rationale for Risk Rating:	As a result of the Covid 19 response, progress was made in a number of areas. SMOC information is updated, control room guidance updated and expanded, control centre protocols were implemented and remain in place and management teams have responded in an agile, responsive and collaborative way under very challenging conditions. Teams continue to do their best but there are areas where they still feeling overwhelmed and service delivery is challenging. With effect from March 2021 MIJB is defined as a Category 1 responder under the Civil Contingencies (Scotland) Act and there are additional requirements for preparedness that is being taken forward in partnership with NHSG and Moray Council emergency planners.
Rationale for Risk Appetite:	The MIJB understand the requirement to meet the statutory obligations set out within the Civil Contingencies Act and the Category 1 status applied in March 2021, and work with partner organisations to meet these obligations.
Controls:	Winter Preparedness Plan was updated (but not tested as in previous years) alongside NHSG plans as NHSG implemented their crisis management framework which required participation of partners at Daily System Connect meetings to discuss and prioritise resource to address issues with system flow. HSCM Civil Contingencies group established and meeting regularly to address priority subjects. NHS Grampian Resilience Standards Action Plan approved (3 year). Business Continuity Plans are now updated for most services and this review continues across HSCM. Knowledge of critical functions and ability to respond quickly and effectively has been in evidence during incidents such as Gas outages in Keith (January and February 2021) and Covid response, Storms (Arwen, Malik and Corrie) – debriefs carried out and learning identified. A Resilience Newsletter started in December 2022 to ensure all staff receive some personal resilience information together with resources for teams to plan. Regular updates to SMT and SLG regarding potential power outages across the country. Additional sessions delivered to Primary Care Contractors to assist with their Business Continuity Planning around power outages. Regular system wide meetings to discuss potential Industrial Action implications and service planning.

	A review of the Festive season arrangements was completed and as a result all services are now required to provide information about service cover available over holiday long weekends which enables a more collaborative and supportive approach.
Mitigating Actions:	Information from the updated BIA/BCP informed elements of the Winter Preparedness Plan Daily Response Group continues, this allows the status of services across the whole system to provide information and contact details to the Senior Manager on Call (SMOC) over the weekend. If any potential issues are highlighted the relevant Persons at Risk Data is compiled and if appropriate, shared with relevant personnel. NHSG have introduced system wide daily huddles to manage the flow and allocation of resources which require attendance from Dr Grays and HSCM. The format and regularity of these are under review. ~~Practitioner group established for Moray with representation from HSCM, Dr Grays, Moray Council and NHSG to discuss matters arising from the Local Resilience Forum and within our respective organisations. In addition it will provide a forum for discussion of the linkages between organisational response plans to ensure there are no gaps or over reliance on particular local resources.~~ HSCM continues to monitor the local situation regarding impacts on staffing and is engaged with NHSG emergency planning arrangements and Council Response and Recovery management team to be ready to escalate response if required. Work was undertaken within NHSG, Aberdeenshire HSCP and Aberdeen City HSCP to look at Surge flows and establish a mechanism that will provide easy identification of "hot spots" across the whole system in Grampian, to facilitate a collaborative approach to addressing the issues through the use of a common Operational Pressure Escalation approach. This work could underpin surge responses in winter and at other times of pressure and having a standard approach across Grampian could aid communication and understanding. NHSG and the three Health and Social Care Partnerships completed a considerable amount of planning for potential Industrial Action from staff groups. This has allowed for testing of a range of communications and plans to be tested and will continue to develop.
Assurances:	Audit, Performance and Risk Committee and NHS Grampian Civil Contingencies Group oversight and scrutiny. HSCM Civil Contingencies group review specific risks and action plans to mitigate, developing plans and testing arrangements in partnership with NHSG and Council
Gaps in assurance:	Moray Integrated Joint Board (MIJB) was designated as a Category 1 responder under the Civil Contingencies Act 2004 from March 18th 2021. That designation imposed a number of statutory duties in terms of the Act and the associated

	Scottish Regulations[1]. MIJB has no dedicated, specialist in post and is reliant on the Corporate Manager covering this increasingly demanding role in addition to other duties without the necessary background, knowledge, skills and experience. This presents a potential organisational risk in terms of compliance, and our ability to provide assurance on discharging our civil contingency arrangements. This has been highlighted to the Chief Officer and IJB. The debriefs from the storms in 2021/22 have identified lessons learnt for Grampian Local Resilience Partnership and more locally for the response co-ordination within Moray. Action were developed in collaboration with Moray Council's emergency planning officer to address the issues identified. The main issues related to developing wider awareness of roles and responsibilities, and improving general awareness of response structures and meeting protocols. This will be incorporated into training schedules going forward. It has also highlighted the need for a robust arrangement for out of hours contact and clarity of roles and responsibilities across the system which is being discussed at SMT. Option Appraisal discussions have commenced. Progress has been made however further work is required to address the targets in the implementation plan that have not been met and the Resilience standards as identified by the NHSG Civil Contingencies Group. The 'Care for People' strategic document has been approved by HSCM SMT and CMT. It will be presented to MIJB in September. A draft operational response plan has been drawn up and has been circulated within the Senior Leadership Group for comment. An information session including the 'Care for People' element was delivered on 2 May 2023, to senior managers who carry out the role of SMoC, this included input from Moray Council Emergency Planning Officer and NHS Grampian. An additional session with a specific focus on the draft Care for People framework has been arranged for September 2023. The intention is to hold a table top exercise with managers from HSCM and Moray Council to test the invocation arrangements to ensure common understanding of roles and responsibilities. Table top style exercises were carried out with some services who had submitted their finalised Business Continuity plans in February 2023. Development of a HSCM Persons at Risk Database continues and all partners are now involved, looking to improve the quality of the data held. HSCM is also working with Aberdeen City, Aberdeenshire and NHS Grampian at a system wide approach.
Current performance:	The Senior Management Team have undertaken 'Strategic Leadership in a Crisis' training since 2020 and continue to do so as the programme is delivered.

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[1] Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005

		Many services have business continuity arrangements and some are overdue for an update. Work has progressed in identification of a critical functions list for agreement by System Leadership Group that will inform planning arrangements going forward. There will need to be changes made to business continuity plans following the implementation of additional ICT resources in services which have provided a greater deal of resilience for some services and functions – albeit reliant on electricity supply. A schedule of review and exercising of business impact assessments and plans has been scheduled for this year across services. All services have been requested to prioritise their Business Continuity planning with a particular lens on power outages. Annual report on progress against NHS resilience standards was presented to the APR committee on 30 March 2023. Report on the implications and risks of the designation as a Category 1 responder was presented to MIJB 25 November 2021. Work is currently underway to plan for possible National Power Outages across the UK. This is being co-ordinated across Grampian to ensure all Partners are involved. Information/planning sessions were also delivered via HSCM to our Primary Care partners. They were invited to share emergency plans with the partnership.
	Comments:	The requirements of a Category 1 Responder continue to increase in demand placing increased pressures across already overstretched services and managers. The Manchester Arena Inquiry has resulted in a focus on Category 1 responders responsibilities, together with an increase of additional policies and procedures to be written and implemented with no additional resource. MIJB does not have a subject matter expert leading on these topics. Recently NHS Grampian identified that 54 buildings/areas within their estate may potentially have Reinforced Autoclaved Aerated Concrete (RAAC) within the structure. This is a lightweight form of concrete used mainly in roof, floor and wall construction in the UK from mid 1950s to mid 1990s. It has proven not to be as durable as other concrete building materials and there is a risk it can fail. NHS Grampian are leading a project to identify the areas and put plans in place. Currently 5 buildings within HSCM have been identified, and NHS Grampian will be working with them to carry out surveys in the first instance.

6	
Description of Risk: *Regulatory*	Risk to MIJB decisions resulting in litigation/judicial review. Expectations from external inspections are not met.
Lead:	Chief Officer
Risk Rating:	low/medium/high/very high **MEDIUM**
Risk Movement:	increase/decrease/no change **NO CHANGE**
Rationale for Risk Rating:	Considered medium risk due to the impact of Covid-19 and resultant efforts required to remobilise services and/or the increase in workloads stretching a workforce that has been under sustained pressure for a considerable time. The ongoing impact of the Covid 19 pandemic is stretching resources to deliver care in the community across all providers (internal and external) so there is a potential increased risk of expected standards not being achieved despite the best efforts of all concerned.
Rationale for Risk Appetite:	The Board, staff and providers across Moray are all committed to ensuring high standards of clinical care & governance through operational policies. Innovation and new ways of working may mean traditional regulations do not exist and require to be developed, no longer apply, or are contradictory. We will only take regulatory risks knowingly, following consultation with the relevant regulatory body and where we have clear risk mitigation in place.
Controls:	Clinical and Care Governance (CCG) Committee established and future reporting requirements identified Clinical Risk Management and Practice Governance group has oversight of their respective professional standards and also links into Clinical and Care Governance Group, which escalates to CCG Committee as necessary. High and Very High operational risks are reviewed by NHS Grampian Clinical Risk Management and System Leadership Group monthly and a review of all risks will be undertaken as part of the risk management framework. Workshops took place in January and February 2023, 'A conversation about Clinical Governance'. ~~Additional operational workshops will continue in 2023.~~ Complaints and compliments procedures in place and monitored. Clinical incidents and risks are being reviewed on a fortnightly basis to ensure processes are followed appropriately and consistently and responses are recorded in a timely manner. Adverse events and duty of candour procedures in place and being actioned where appropriate and summary reports submitted to CCG committee.

	Reports from external inspections reported to appropriate operational groups and by exception to SMT for subsequent reporting to CCG or Audit Performance and Risk Committee as appropriate. ~~albeit there was a reduction in some areas of external inspection reporting during the Covid period due to social distancing restrictions. It is anticipated that these will begin to increase over the coming year.~~ Care Home ~~Oversight~~ Collaborative Support Group meets to oversee and manage risks in care homes. Children and Adult Protection services are being delivered and reported to their respective committee on a regular basis.
Mitigating Actions:	This risk is discussed regularly by the three North East Chief Officers. ~~Additional resource has been allocated to support the analysis of information for presentation to CCG committee~~ All High and Very High risks are now brought before the Senior Leadership Group in Moray. Process for sign off and monitoring actions arising from Internal and External audits has been agreed
Assurances:	Audit, Performance and Risk and Clinical and Care Governance Sub-Committees oversight and scrutiny. Governance Framework in place and operational. This is currently being refreshed and will be presented to the CCGG Committee in November 2023.
Gaps in assurance:	Process for highlighting recurring themes or strategic expectations from external inspections requires further development to ensure Committee has sight of significant issues.
Current performance:	External inspection reports are reviewed and actions arising are allocated to officers for taking forward. Two Days of Care Survey took place across Moray on 25th and 26th January, 2023 respectively. These were led by the Clinical Service Leads. The findings of these events were compiled and outcomes are assessed by the relevant service leads and SMT. A further round of audits on Social Care will now be completed and a full report will be considered if necessary, dependant on outcomes. A summary of inspections is included in the Annual Performance report. ~~The level is marked as an increasing risk on the basis that services are under pressure with the issues with staffing capacity and the need to focus on delivery of critical functions which may mean external inspection are not the priority at this moment in time.~~ ~~The Adult Support Protection inspection took place in April/May and an action plan has been developed and is now in place.~~
Comments:	No major concerns have been identified for HSCM services in any audits or inspections during 2021/22. An inspection of Childrens Services commenced in August 2023, this will take place over a number of months.

7	
Description of Risk: *Operational Continuity and Performance:*	Inability to achieve progress in relation to national Health and Wellbeing Outcomes. Performance of services falls below acceptable level.
Lead:	Chief Officer
Risk Rating:	low/medium/high/very high	**HIGH**
Risk Movement:	increase/decrease/no change	**NO CHANGE**
Rationale for Risk Rating:	Potential impacts to the wide range of services in NHS Grampian and Moray Council commissioned by the MIJB arising from reductions in available staff resources as budgetary constraints impact. Unplanned admissions and delayed discharges place additional cost and capacity burdens on the service. The level of delayed discharges has remained ~~high~~ challenging, reflecting the sustained pressure in the system following the Covid -19 pandemic impact and the lack of availability of care in the community. There are sustained focussed and collective efforts by all those working in the pathway. However this is a complex area and will require continued effort to realise reductions and maintain them.
Rationale for Risk Appetite:	The Board is cautious but open about risks that could affect outcomes that are priorities for people in Moray. There is a slightly higher appetite to risks that may mean nationally set outcomes – that by design are not given a high priority in Moray - are not met. There is new focus on addressing positive risk taking to ensure the most appropriate and timely measure of care for the population of Moray, this is being supported through various work streams across the system. This will only be accepted where there is a clear rationale, and preferably also a way of demonstrating what the IJB is doing to meet the aspiration the outcome was created for.
Controls:	Performance Management reporting framework. 2022 to 2032 "Partners in Care" Strategic Plan was approved and development of delivery plan is underway. Performance is regularly reported to MIJB. Revised Scorecard being developed to align to the new strategic priorities. Best practice elements from each body brought together to mitigate risks to MIJB's objectives and outcomes. Chief Officer and SMT managing workload pressures as part of budget process. A daily Huddle and write up circulates the picture on performance across community and acute services for the Portfolio and service managers have a shared understanding of the pressures in the system and mitigations taking

	place. Work continues on refinement of G-OPES (Grampian Operating Pressures and Escalation System) led by NHSG but being developed locally to identify the triggers and resultant actions required in services to respond to pressure points.
Mitigating Actions:	Service managers monitor performance regularly with their teams and escalate any issues to the System Leadership Group (SLG) for further discussion to provide wider support, developing shared ownership and a greater understanding across the whole system.
	Key operational performance data is collated and circulated daily to all managers. A Daily dashboard is held on illuminate for managers to access to ensure any potential issues are identified quickly so action can be taken. This dashboard is being reviewed and will be further developed with the intention of further dashboards to provide a whole system overview. This has been discussed at SLG and agreed.
	Performance information is presented to the Performance sub group of Practice Governance Group to inform Social Care managers of the trends in service demands so that resources can be allocated appropriately.
Assurances:	Audit, Performance and Risk Committee oversight. Operationally managed by service managers, summary reports to Practice Governance and clinical and care governance group and to System Leadership Group. Strategic direction provided by Senior Management Team.
	HSCM Response Group continues to meet and reviews the key performance information and actions that are required to deliver the priority services.
Gaps in assurance:	Development work in performance to establish clear links to describe the changes proposed by actions identified in the Strategic Plan has recommenced but is at an early stage. This will be progressed as the revised outcomes are determined and associated KPI are identified. Progress will be reported to future Board meetings. Review of systems and processes will commence across HSCM to ensure they are fit for purpose and ensure that there are no indirect consequences of structure changes resulting in any gaps in assurance processes.
Current performance:	Services continue to recover from the pandemic and discover a new 'battle rhythm', taking into account all new learning and experience from the pandemic.. There are likely to be changes to ways of working and this may also have impact on the performance information required. The Unmet need report continues to show improvement in a number of Performance Indicators, with a number of them now showing continued improvement over the longer-term.
Comments:	Locality profile information has been provided to Locality Steering Group/Locality Manager to inform potential priorities for consideration in Localities and work will be taken forward regarding development of performance monitoring and reporting of key performance indicators in relation to Localities once it has been determined what the intended outcomes are. Locality plans are now scheduled to report to MIJB on a quarterly basis.

The ~~delayed discharge~~ Portfolio Flow Group has produced an action plan for implementation and progress is being made.

Practice Governance have reviewed their operational performance requirements and have a comprehensive data set used to inform operational priorities.

The Home First priorities are being taken forward and updates are reported to this committee or MIJB on a regular basis. This work is being undertaken across the Moray Portfolio to improve wider system flow.

Progress in this area has been hampered due to the increased demand for urgent or critical services requiring staff resource to be prioritised to frontline service delivery.

The Council has procured new modules for their performance reporting system Pentana and HSCM performance team have been developing its use for reporting.

HSCM are working in partnership with the Rural Centre of Excellence on transformation projects, the foundation of planning is addressing how we can improve the delivery of health and wellbeing outcomes and also the strategic aims of 'Partners in Care'.

8	
Description of Risk: *Transformation*	Inability to progress with delivery of Strategic Objectives and Transformation projects.
Lead:	Chief Officer
Risk Rating:	low/medium/high/very high	**HIGH**
Risk Movement:	increase/decrease/no change	**NO CHANGE**
Rationale for Risk Rating:	There are many issues that will impact on the ability to progress to deliver Strategic Objectives. The Strategic Planning & Commissioning group has been refreshed and re-launched and key work is being progressed. There was an initial meeting held on 22 September 2021 to consider terms of reference and the proposed structure for oversight, prioritisation and assurance in relation to key developments, their fit with IJB strategy and enabling elements. ~~The interim appointment of the Strategic and Planning Lead provides capacity to take this forward and to align the priorities arising nationally, Grampian-wide and locally.~~ The remobilisation plan for HSCM services that were suspended or reduced is progressing with Providers services and social work implementing the IJB decision to return to delivery of both substantial and critical eligibility criteria. Work has progressed risk assessments are completed and assessments have been or are in the process of being reviewed to ensure equality. The impact of Covid 19 on the population of Moray is still not fully realised. It is therefore not possible to predict the extent of the impact on the ability to progress with delivery of Strategic Objectives. There are some aspects that have progressed very well such as introduction of Near Me consultations but there are others that are more difficult to progress. There is concern that due to the workloads and challenges over the last year that teams are weary and/or do not have capacity at this moment in time, to progress with delivery of development plans at this moment in time. In addition the pandemic is still present in the community so services are still responding to the impacts it has for the population of Moray. Managers are working with teams to establish "readiness" and their capacity and sense of wellbeing and the collated output will inform plans going forward. One key aspect to facilitate transformation is the need for progress in relation to ICT infrastructure, data sharing and data security across the whole system. Work was undertaken by NHS Grampian and partners to address the needs for ICT kit and information during the response to Covid.

Rationale for Risk Appetite:	The Board has a high appetite for risks associated with delivery of transformational redesign. The following should be considered when accepting these risks: • We understand and can mitigate other risk types that may arise, e.g. safety or financial within appetite • Service users are consulted and informed of changes in an open & transparent way • We will monitor the outcome and change course if necessary
Controls:	It is recognised that there will be significant changes taking place in Social Work practice with the implementation of the Self Directed Support standards and the move to outcomes based services, so governance arrangements are being set up to facilitate the same type of oversight and communication that is in place for the Home First programme. The Strategic Delivery Plan is being developed by the Heads of Service and Interim Stratgegic Planning Lead.
Mitigating Actions:	Integrated Infrastructure Group previously established, with ICT representation from NHSG and Moray Council, to consider and provide solutions to data sharing issues and ICT infrastructure matters which is an area that will be taken forward alongside the Moray Growth Deal projects. The Moray Transformation Board has recently restarted and will link to all relevant groups.
Assurances:	Strict ICT and data sharing policies and protocols in place with NHS Grampian and Moray Council. A Moray Portfolio Infrastructure Programme Board has been established to support the operational delivery of the aims and objectives set e.g. Analogue to Digital changeover, Buildings and Assets oversight and Smarter Working will support this agenda.
Gaps in assurance:	~~Transformation/implementation planning is in development and will inform outcomes and performance reporting on the delivery of the strategic plan.~~ Protocol for access to systems by employees of partner bodies are in place. Information Management arrangements to be developed and endorsed by MIJB. Process of identification of issue and submission to data sharing group requires to be reinforced to ensure matters are progressed. The strict information sharing protocols can cause issues when trying to work across system in an open and transparent way. Smarter Working programmes are being progressed in partnership with Council and NHSG.
Current performance:	Training to promote records management, data protection and related issues for staff working across and between partners using the learning and development resources of NHS Grampian and Moray Council.
Comments:	Where national systems are involved it may not be possible to identify a solution however the issues will be able to be raised at the appropriate level via the Grampian Data Sharing Group where all three partnerships are represented.

9	
Description of Risk: *Infrastructure*	Requirements for support services are not prioritised by NHS Grampian and Moray Council.
Lead:	Chief Officer
Risk Rating:	low/medium/high/very high <td style="background:orange">**HIGH**</td>
Risk Movement:	increase/decrease/no change <td style="background:orange">**NO CHANGE**</td>
Rationale for Risk Rating:	Changes to processes and necessary stakeholder buy-in still bedding in. Moray Council is undertaking a Property review of office and depot accommodation and the potential impact for HSCM services requires consideration. The output was anticipated in October 2019 however due to changes with roles and responsibilities within the Council however the paper has been out for consultation. NHSG have advised that staff should continue to work from home at present whilst policies and protocols are developed. Moray Council have a dedicated MC officer leading on a hybrid working plan with input from HSCM on their requirements. It is anticipated that this will conclude December 2023. ICT infrastructure service plans in NHS Grampian and Moray Council are not yet visible to HSCM and development of communication and engagement process is required. ~~The impact of Covid has resulted in a change in ICT strategy for Moray Council. Council employed staff requiring mobile technology have now been provided with it and some staff are still working from home.~~
Rationale for Risk Appetite:	Low tolerance in relation to not meeting requirements.
Controls:	Chief Officer has regular meetings with partners. Computer Use Policies and HR policies in place for NHS and Moray Council and staff. PSN accreditation secured by Moray Council Infrastructure Programme Board was established with Chief Officer as Senior Responsible Officer/Chief Officer member of CMT. Process for submission of projects to the infrastructure board approved and implemented to ensure appropriate oversight of all projects underway in HSCM. The Board has only recently restarted, so in the interim, project requests are being processed via Senior Management Team. The interim Strategy and Planning Lead will support the Infrastructure Programme Board for Moray portfolio.

Mitigating Actions:	Membership of the Board was reviewed and revised to ensure representation of all existing infrastructure processes and funding opportunities. Process for ensuring infrastructure change/investment requests developed
Assurances:	Infrastructure Programme Board functions to provide robust governance and assurance that proposed projects have a robust business case and meets requirements of the respective partner organisations. This board reports to Strategic Planning and Commissioning Group. Both of these groups have been recently refreshed and remobilised. Workforce Forum meeting regularly with representation of HR and unions from both partner organisations
Gaps in assurance:	Further work is required on developing the process for approval for projects so that they are progressed timeously. Need to review all existing processes in relation to infrastructure changes/projects/investments and streamline to avoid duplication of effort. Infrastructure Board is in development and priority issues are being addressed in relation to infrastructure and premises risk. Due to staff changes this work will now be incorporated into other roles. This will likely mean that this work will complete with other priorities of already busy roles. Legal services have reduced capacity to provide support due to budget cuts and vacancies so any requests may take longer. Internal Audit Services have indicated that their capacity to complete all work required by MIJB may be an issue. This is being discussed with Moray Council. Recruitment for vacancies takes considerable time due to various factors and is presenting a strain on services to maintain normal service whilst covering vacancies. There have been several posts that have had to go out to advert more than once extending the time other staff are covering gaps.
Current performance:	No update.
Comments:	Existing projects will be reviewed as part of the development of the transformation plans for the Strategic Plan to ensure resources are being dedicated appropriately and aligned to the emerging Strategic priorities. Our requirements for support will be communicated via appropriate channels

REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 31 AUGUST 2023

SUBJECT: COMPLAINTS REPORT FOR QUARTER 1, 2023/2024

BY: CLINICAL AND CARE GOVERNANCE GROUP CO-CHAIRS

1.   REASON FOR REPORT

1.1. To inform the Committee of complaints reported and closed during Quarter 1 (1 April 2023 – 30 June 2023).

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 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 many 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**
	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.
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**
	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
Indicator Three	**The average time in working days for a full response to complaints at each stage**
	The average time in working days to respond at stage 1, stage 2 and after escalation
Indicator Four	**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

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 be continue to be included in quarterly complaints performance reports and annual complaints reports.

4.3. HSCM Complaints performance data for Quarter 1 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 will be 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 31 complaints were received during Quarter 1.

	Total Rec'd Q2	Total Closed Q2	Total Rec'd Q3	Total Closed Q3	Total Rec'd Q4	Total Closed Q4	**Total Rec'd Q1**	**Total Closed Q1**
LA	7	5	4	6	9	8	**17**	**21**
NHS	25	16	20	30	16	21	**14**	**13**
	32	**21**	**24**	**35**	**25**	**29**	**31**	**34**

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:
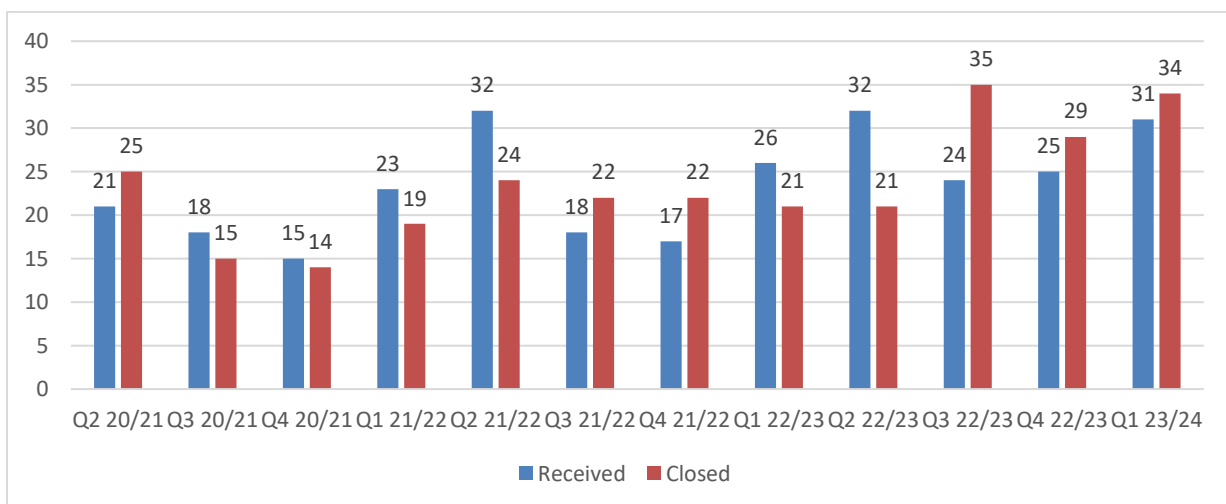
4.9. There were 5 MP/MSP enquiries received regarding council services, under HSCM, and recorded on the Council system, Lagan. These were allocated as follows:

Service	Number of Enquiries
Care at Home	1
Mental Health	1
Fostering and Adoption and Supported Lodgings	1
Occupational Therapy	1
TMC Specialist Unit	1

4.10. Enquiries have been received from MPs/MSPs and Councillors direct to managers in HSCM, at this stage it is not possible to accurately report on numbers received due to these enquiries not all being logged centrally. A short life working group is being established to review current processes and to create a mechanism to record these enquiries on the Datix system which will give oversight of all enquiries for the senior management team and enable accurate reporting to this Committee.

4.11. Any complaints received from MPs/MSPs on behalf of constituents regarding health services, under HSCM, are recorded on Datix and captured in the data provided at **Appendix 1**.

4.12. One enquiry was received during Quarter 1 and recorded on Datix.

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.

   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
- Tracey Sutherland, Democratic Services Manager, Moray Council
- Clinical and Care Governance Group

6.   CONCLUSION

6.1. This report provides a summary of HSCM complaints received and closed during Quarter 1 (1 April – 30 June 2023). 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 1 (01/04/23 – 30/06/2023)

Learning from complaints

Teams and services actively review the outcomes of complaints to see where improvements can be made and learn from the feedback, with a view to reducing the number of complaints in future. The tables 1, 2, 3 and graph 1 below set out the stages the complaints were closed and what the complaint was about and what action taken.

Table 1

Complaints Information Extracted from Datix – 13 complaints were **closed** during Quarter 1, 2023/24.

Actions Taken/Outcome of complaints **closed** during Quarter 1, 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	Total
Action plan(s) created and instigated	1	0	0	0	1
Communication - Improvements in communication staff-staff or staff-patient	3	3	0	0	6
Education/training of staff	2	0	0	0	2
No action required	0	0	5	1	6
System - Changes to systems	1	1	0	0	2
Share lessons with staff/patient/public	0	1	0	0	1
Total	7	5	5	1	*18

*this figure does not represent number of complaints close

Table 2

Complaints Information Extracted from Lagan: 21 complaints were **closed** during Quarter 1, 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	0	1	**2**
		Children and Families Area Teams	1	2	4	1	**8**
		Criminal Justice	0	0	1	0	**1**
		Fostering and Adoption and Supported Lodgings	1	0	0	1	**2**
		Reviewing Team	1	0	0	0	**1**
	Health and Social Care Moray	Access Team	1	0	0	0	**1**
		Care at Home	0	1	1	0	**2**
		Community Care Finance	0	0	1	0	**1**
		Day Care	0	1	0	0	**1**
		Learning Disability	0	1	0	0	**1**
		Occupational Therapy	0	0	1	0	**1**

Graph 1

Complaints Closed by Service (Datix)
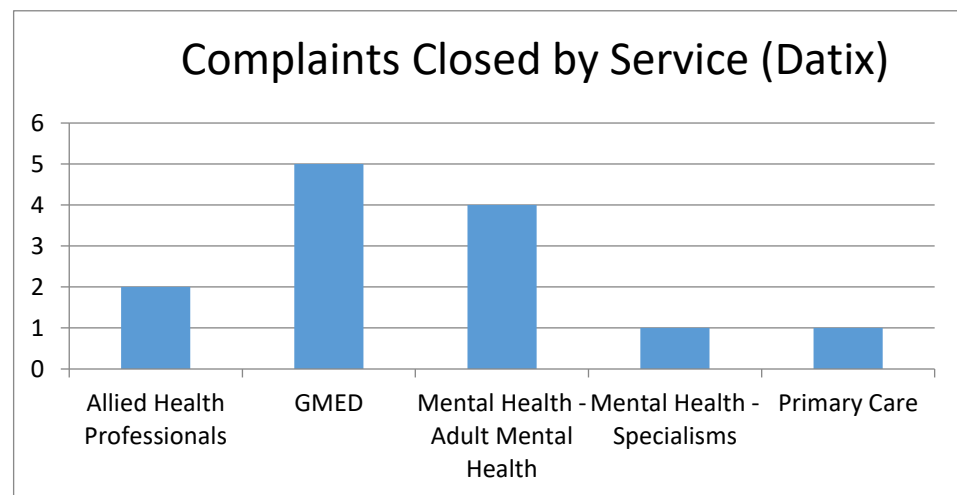
Table 3

Complaints Information Extracted from Datix – Action Taken by Service (complaints **closed** during Quarter 1, 2023/24)

	Allied Health Professionals	GMED	Mental Health - Adult Mental Health	Mental Health - Specialisms	Primary Care	Total
Action plan(s) created and instigated	1	0	0	0	0	1
Communication - Improvements in communication staff-staff or staff-patient	2	2	1	0	1	6
Education/training of staff	1	0	0	0	1	2
No action required	0	3	3	0	0	6
System - Changes to systems	1	0	0	1	0	2
Share lessons with staff/patient/public	0	0	1	0	0	1
Total	5	5	5	1	2	*18

this figure does not represent number of complaints closed

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.

Actions and Lessons Learned (Datix)

Communication	Communication process review between NHSG and Community Pharmacies
	Further promotion to advise members of public to telephone or complete an e-consult form to arrange appointment for Forres Health and Care Centre
Education/Training	Staff signposted to relevant NHS training materials to refresh knowledge
	Reiterating guidance to all teams around checking names and addresses prior to sending correspondence

Learning Outcomes (Lagan)

Education/Training	Staff reminded of importance of considering parental views and concerns when care planning
	Staff reminded to think carefully about the words used and statements made
Process /Procedure	Staff reminded of the importance of engaging with parents at all stages
	Answerphone message to re-recorded to ensure it is clearer
	Reflective learning sessions to be held
	Review of team processes to ensure improvements around information being available in a timely manner

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 4 – Total number of complaints **received** in Quarter 1, 2023/24

System recorded	Early Resolution / Frontline	Investigation	Not Marked	Total
NHS - Datix	**1** marked early resolution	**13** marked investigation	**0**	**14**
Moray Council - Lagan	**9** marked frontline	**4** marked investigative	**4** not yet marked	**17**
Total	**10**	**17**	**4**	**31**

Table 5 – Allocation of complaints **received** in Quarter 1, 2023/24

NHS Service - Datix	
GMED	5
Community Nursing	2
Adult Mental Health	2
AHP	2
CTAC	2
Total	**13**

Table 6 – Allocation of complaints **received** in Quarter 1, 2023/24

MC Service - Lagan		
Children and Families and Criminal Justice	Fostering and Adoption and Supported Lodgings	3
	Children and Families Area Teams	4
	Reviewing Team	1
	Access Team	1
	Criminal Justice	1
Health and Social Care Moray	Moray East	1
	Care at Home	2
	Day Care	1
	Access Team	1
	Occupational Therapy	1
	Learning Disability	1
Total		**17**

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 **13 Complaints closed** on the NHS system Datix during Quarter 1, 2023/24 – breakdown as follows:

Early Resolution – 2

Investigation – 10

SPSO – 1

There were **21 Complaints closed** on the MC system Lagan during Quarter 1, 2023/24 – breakdown as follows:

Frontline – 13

Investigation – 8

Escalated Investigative – 1

Table 7 – number and percentage of complaints at each stage closed within timescales **(based on complaints closed during Quarter 1, 2023/24)**

	Frontline/Early Resolution within timescale	Investigation within timescale
NHS - Datix	1 out of 2 (50%)	2 out of 10 (20%)
Moray Council - Lagan	6 out of 13 (46%)	3 out of 8 (42%)

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

	Frontline	Investigative
NHS - Datix	14 days	42 days
Moray Council - Lagan	10 days	99 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 amount of complaints fully upheld, partially upheld and not upheld as recorded in Datix during Quarter 1, 2023/24.

13 complaints were closed during Quarter 1: one was closed due to no consent – from the remaining 12 closed complaints 25% were upheld, 33% were partially upheld and 42% were not upheld
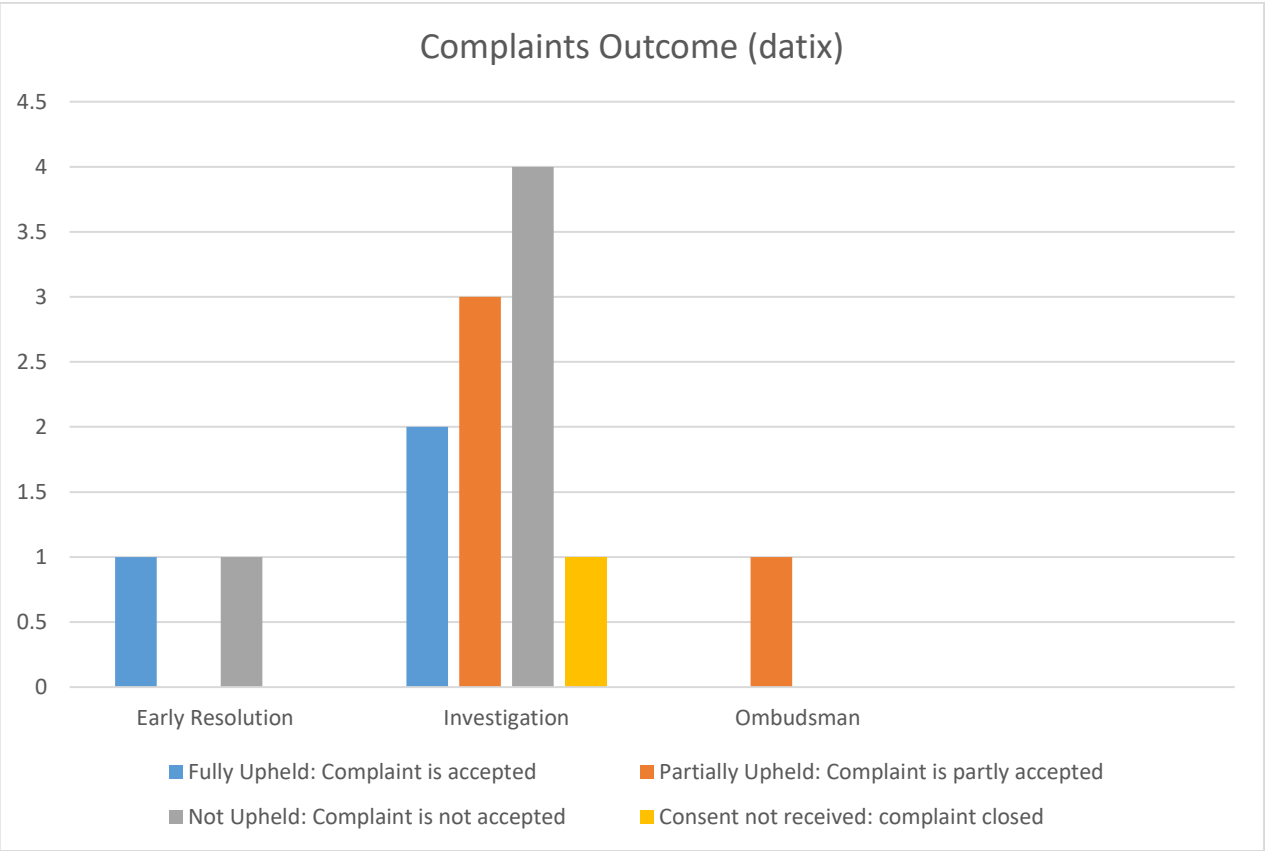
Complaints Outcome (datix)

- Fully Upheld: Complaint is accepted
- Partially Upheld: Complaint is partly accepted
- Not Upheld: Complaint is not accepted
- Consent not received: complaint closed

21 complaints were **closed** during Quarter 1, 2023/24: **24% were fully upheld, 24% partially upheld, 38% were not upheld and 14% were resolved.**

Graph 3 below shows the amount of complaints upheld, partially upheld and not upheld as recorded in Lagan from the **21 closed** complaints during Quarter 1, 2023/24.
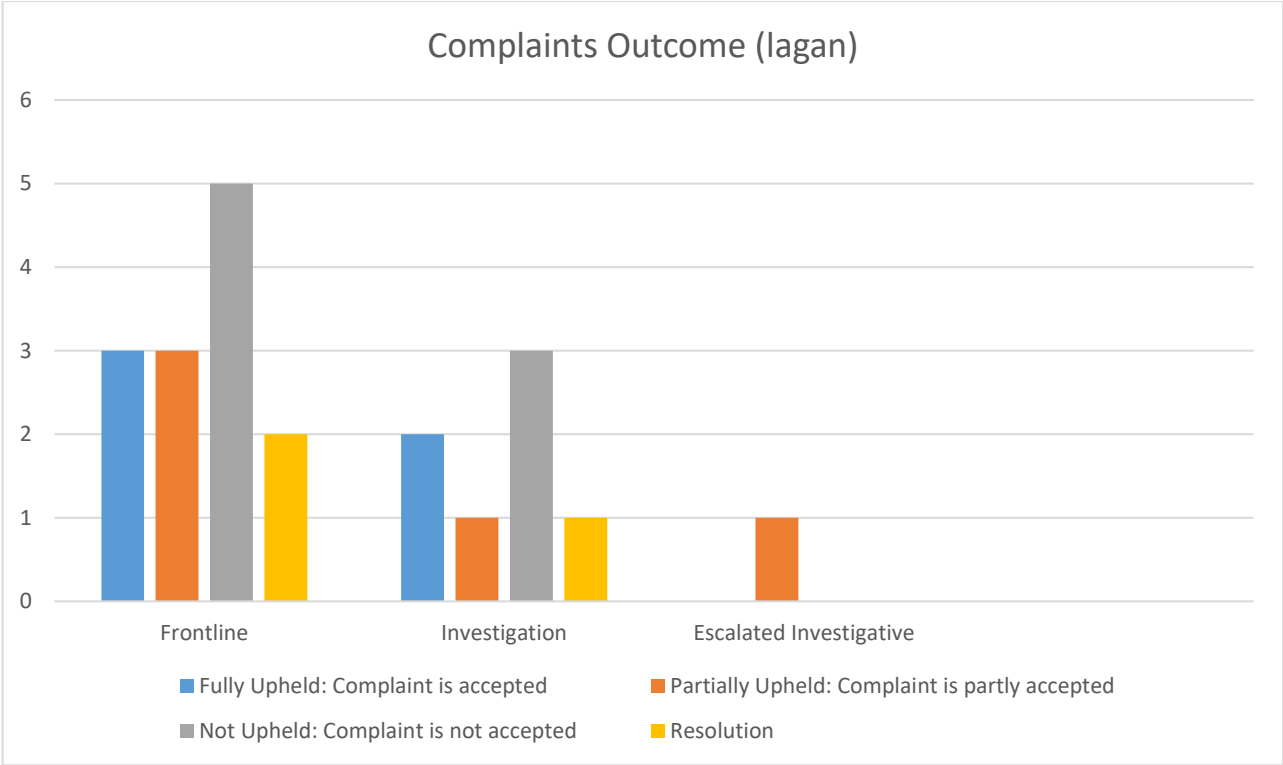
Complaints Outcome (lagan)

- ■ Fully Upheld: Complaint is accepted
- ■ Partially Upheld: Complaint is partly accepted
- ■ Not Upheld: Complaint is not accepted
- ■ Resolution

REPORT TO: **MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 31 AUGUST 2023**

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

BY: **CHIEF NURSE, MORAY**

1. **REASON FOR REPORT**

1.1. To inform the Clinical and Care Governance Committee of progress and exceptions reported to the Clinical and Care Governance Group since the last report to Committee in May 2023.

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 Group. The group is co-chaired by Fiona Robertson, Chief Nurse (Interim) Moray and Tracy Stephen, Head of Service/Chief Social Work Officer.

3.4. The agenda for the Clinical and Care Governance Group follows a 2 monthly pattern with alternating agendas to allow for appropriate scrutiny of agenda items and reports. A reporting schedule for Quality Assurance Reports from Clinical Service Groups / departments is established. This report contains information from these reports and further information relating to complaints and incidents / adverse events reported via Datix and areas of concern / risk and good practice shared during the reporting period. Exception reporting is utilised as appropriate. Since April 2020, the 3 minute brief template has been used for services to share their updates; this approach has resulted in positive feedback from service managers and group members.

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

3.6. The Clinical and Care Governance Group met four times 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

GMED

4.2 GP led education sessions for less experienced Advanced Nurse Practitioners (ANP's) and trainee ANP's were introduced in March 2023. They have been provided on a fortnightly basis. An evaluation was conducted last month. The Education Session evaluation demonstrated broad support for the sessions and they have also been greatly enjoyed by the GP leading the sessions. The evaluations need to be assimilated into a report for submission to the service manager. The evaluations suggest that embedding this session into what GMED can offer to less experienced members of the clinical team would be a valuable development.

4.3 Clinical note audit was carried out on 6 May 2023. This reviewed elements of care including standard of record keeping, appropriateness of provisional diagnosis and clinical judgement and overall clinical competence. Results will be made available to all individual staff members who were audited and if any

support needs have been identified, a plan will be put in place to provide such support. It was identified during the audit that the historical questions do not fully reflect the post-Covid model of providing care. It was agreed that review of the questions and adapting them to be more relevant will be required before the next audit in 2024. An up to date clinical notes audit helps provides assurance (or otherwise), that GMED is providing a clinical service to the population of NHS Grampian that is safe. The results of the audit were very reassuring with NO unsafe practice observed and a significant improvement in all the metrics.

4.4 Using a small number of vacancy hours, it was agreed on 31 July 2023 for the upgrading of x3 Band 7 ANP posts to Band 8A. This is a 2 year test of change with the hope and anticipation that it will become a permanent change. The posts will have a remit around governance and quality, education and training and recruitment and retention. It is hoped these posts will bring value to the service in the afore-mentioned areas, contributing to improved staff retention and enabling a more comprehensive career path and effective succession planning. This is a hugely positive development for the service.

Clinical Governance Update

4.5 The Clinical Governance Workshop series has now been completed. These workshops were educational in nature and the main focus was "Proactive risk management".

4.6 Rather than continuing with a largescale format, further workshops are delivered with individual teams. This allows individual teams to be supported to actively work on their highest risks and initiate an action plan to reduce that risk.

4.7 GMED, AHPs, Children and Families and the Practice Governance Teams have all completed similar workshops.

4.8 As previously reported, a refresh of the Clinical and Care Governance framework is being considered including the Clinical Risk Management (CRM) Group and Clinical and Care Governance Group (CCGG). This is to allow re-design and improvement of both CRM and CCGG meetings and their interface with the parent organisations, whilst providing assurance to HSCM Senior Management Team (SMT) and MIJB. This will be presented to the committee in November 2023.

4.9 A local review of the adverse event review process has been undertaken in order to understand any underlying issues which have been highlighted. Recommendations have been submitted for collation with the wider system report to consider any improvements to this process. The aim is to ensure clinical risk remains a priority and identifies processes for learning that can be recorded, shared and implemented across the organisation

Children and Families Team

4.10 The School Service in Moray continues to face a number of challenges. This includes, a high number of trainees and challenges to staff retention. Additionally there is a continued need for appropriate accommodation, which includes adequate safe storage facilities for Child Health Records.

4.11 There also continues to be an ever increasing high level of children's needs and lack of school readiness seen within the pre-school population. This can be supported by the data which highlights: 9.2% of children were identified as having a new developmental concern at their 4-5 year review. This figure has increased from 5.3% in 2020/2021 and 4.1% in 2019/2020.

4.12 The rise in unmet health needs are having a cumulative effect on an already stretched service.

4.13 To date the team has initiated National benchmarking relating to service structure and delivery and has added to this by undertaking a Moray wide survey of stakeholders. This has encompassed education, social work and GP colleagues. The feedback from this survey indicated that 85% of stakeholders felt that changes were necessary in this service.

4.14 In response to this outcome the School Nursing Team have embarked on a series of workshops to re-map and re-launch their service. The first of these workshops was delivered in June to be followed by a second in August and a third planned for September.

Pharmacy

4.15 GP's now have daily pharmacotherapy cover which is ensuring more timely access to medication for patients, improving patient safety. A main area of benefit for the GP's is increased pharmacy participation in the review of more complex, polypharmacy patients.

4.16 Serial Prescribing (previously called CMS, is a prescription written for 6 or 12 months, but dispensed monthly/56 days) is ongoing, increasing the availability of prescriptions. Care homes are now included in this process enhancing access to medications in a more timely manner.

Clinical Risk Management (CRM)

4.17 The Clinical Risk Management (CRM) group 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.

4.18 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.

4.19 It has been agreed that any learning identified will be presented and discussed at HSCM Senior Leadership Group (SLG) on a monthly basis.

Complaints and Feedback

4.20 HSCM complaints information for Quarter 1, 2023/24 is included in a separate report on today's agenda.

Adverse Events (AE)

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

Findings and Lessons Learned from incidents and reviews

4.22 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.

4.23 There is currently 1 Level 1 review in progress (at the time of reporting).

4.24 Key learnings during this reporting period, as discussed at the CRM, include the importance of identifying the root cause of incident in order that recurrence of the incident may be prevented as far as is reasonably practicable and also to identify shared learnings which should be communicated throughout the team. It is a key current objective of the team to strengthen the processes which ensure the learnings are shared and embedded across the organisation.

HSCM Risk Register

4.25 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 SLG every month.

4.26 New risks identified on Datix are discussed at CRM. There is an ongoing review of the operational risk registers. There are currently 37 risks on the risk register, 7 of which are new risks (since May 2023). These are monitored and reviewed as appropriate, by the service managers.

Duty of Candour

4.27 The annual Duty of Candour report for 2022/23 has been completed and is on today's agenda.

5. **ITEMS FOR ESCALATION TO THE CLINICAL AND CARE GOVERNANCE COMMITTEE**

Moray Integrated Drug and Alcohol Service (MIDAS)

5.1 The Moray Medically Assisted Treatment (MAT) implementation group continue to meet fortnightly, and with support from Public Health Scotland's MAT Standards Implementation Team (MIST) continue to work towards the delivery of the Scottish Government MAT standards. The service is currently working on the delivery of standards 1 - 5, with no planned date for the roll out of 6 – 10 at the current time.

5.2 Due to the lack of suitable clinical space, there remains ongoing issues which impact the service's ability to meet standards 4, 6, 9, and 10. These standards relate to harm reduction and psychological and mental health care. The clinical space is required for necessary analysis/testing to facilitate safe prescribing.

5.3 The current accommodation is no longer fit for purpose, does not meet the needs of the clinical team and does not support the requirements of the standards. The team has grown considerably in recent years with additional funding to provide medical, psychological and nursing posts to support service delivery.

5.4 Currently the MAT standards are only focussing on drug standards but there will be similar standards for alcohol being introduced. The funding from the Scottish Government Recovery & Renewal funding (£257,000) was carried over from 2022/23, if the funding is not spent within this financial year it will be recovered by the Scottish Government, leaving no funding for any necessary work to be carried out.

OOH Nursing Service

5.5 Marie Curie are currently contracted to provide the 'Rapid Response' service from 3 bases across Grampian: including 1 in Elgin. The other 2 are within Aberdeenshire (Inverurie and Peterhead). Marie Curie have now formally confirmed that they are unable to sustain the current contract beyond 30 September 2023. This has highlighted an increased risk and a time pressured situation to secure a revised model to ensure the safety and quality of care delivered across the two health and social care partnership (HSCP) areas for Out of Hours community nursing care. There is a separate paper on today's agenda setting out the requirement to ensure continuation of service delivery across Moray for those patients requiring access to nursing care out of hours.

Community Learning Disability Team

5.6 There is a short life working group which has been commissioned by the Grampian Public Protection Committee and chaired by Kenny O'Brien who is the public protection lead for NHS Grampian. This working group also consists of 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 a number of others across Grampian for health and Social Work.

5.7　The group anticipate completion of the pathway by March 2024. The group are looking at a Pathway for those adults deemed to be at risk or meeting the criteria for ASP however the decision is still to be made about whether to widen the pathway to take account of all of those requiring a capacity assessment or medical report for a guardianship application. A period of consultation will need to take account of the wider view of the final pathway.

5.8　Meanwhile the precarious position is that the service relies on one psychiatrist who is still able and willing to undertake assessments and a report for the purpose of guardianship applications. This is at an average of £550 each, taking into account travel expenses.

5.9　With regard to the risk to the Learning Disability Team specifically, there is currently no one waiting for a capacity assessment or guardianship report which is a better position than when this issue was initially escalated. However, the service is still without a Team Psychiatrist.

District Nursing

5.10　There are a significant number of vacancies within the District Nursing Team. The Buckie, Cullen and Fochabers Locality have reported that measures have been put in place to mitigate the effects of the high number of vacancies. However, concern has been raised around how sustainable these mitigations are and a longer term plan is required.

6.　**SUMMARY OF IMPLICATIONS**

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

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 Clinical Risk Management (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
- Tracey Sutherland, Democratic Services Manager, Moray Council
- Fiona Robertson, Interim Chief Nurse Moray
- Tracy Stephen, Chief Social Work Officer
- Service Managers, Child Health, Pharmacy, Mental Health

7.   CONCLUSION

7.1   The HSCM Clinical and Care Governance 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 the Moray Integration Joint Board Clinical and Care Governance 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 1, 2023/24)

	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	101	0	101
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)	95	3	98
Clinical Assessment (Investigations, Images and Lab Tests)	1	0	1
Consent, Confidentiality or Communication	6	0	6
Diagnosis, failed or delayed	1	0	1
Fire	4	0	4
Implementation of care or ongoing monitoring/review (inc. pressure ulcers)	8	0	8
Infrastructure or resources (Staffing, Facilities, Environment, Lifts)	8	0	8
Medical device/equipment	2	0	2
Medication	15	1	16
Other - please specify in description	23	2	25
Patient Information (Records, Documents, Test Results, Scans)	4	0	4
Security (no longer contains fire)	4	0	4
Treatment, Procedure (Incl. Operations or Blood Transfusions etc.)	4	0	4
Total	287	7	294

Adverse Events by Type and Result Reported on Datix (Quarter 1, 2023/24)

Adverse Events by Type and Result

Legend:
- Near Miss (event prevented)
- Event resulted in NO injury, harm or ill-health
- Event resulted in injury, harm or ill-health

Categories:
- Breach of Information / IT Security
- Patient / Client / Resident
- Staff (including Volunteers)
- Visitors, Relatives or member of the Public
- Provision of Service
- Property / Equipment
- Issue for discussion at M&M or Risk Man. mtg
- Inadequate Discharge

Adverse Events by Service and Level of Review Reported on Datix (Quarter 1, 2023/24)

	Level 3 - local review by line manager in discussion with staff	Level 2 - local management team review	Total
Allied Health Professionals	18	1	19
Community Hospital Nursing	74	3	77
Community Nursing	15	1	16
Community Pharmacy	1	0	1
General Practice	2	0	2
GMED	13	0	13
Mental Health - Adult Mental Health	67	0	67
Mental Health - Old Age Psychiatry	83	0	83
Mental Health - Psychology	1	0	1
Mental Health - Specialisms	4	1	5
Primary Care	3	0	3
Public Dental Service	3	0	3
Vaccination Transformation Programme	3	1	4
Total	287	7	294

Adverse Events by Type and Severity Reported on Datix (Quarter 1, 2023/24)

	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	MAJOR: Major injury, sustained loss of services, major financial loss	EXTREME: Death or major permanent incapacity, permanent loss of service, severe financial loss	Total
Breach of Information / IT Security	7	0	0	0	0	7
Patient / Client / Resident	183	47	5	0	1	236
Staff (including Volunteers)	23	9	0	0	0	32
Visitors, Relatives or member of the Public	0	0	0	1	0	1
Provision of Service	15	2	0	0	0	17
Property / Equipment	10	0	0	0	0	10
Issue for discussion at M&M or Risk Man. mtg	1	0	0	0	0	1
Inadequate Discharge	1	0	0	0	0	1
Total	240	58	6	1	1	305

All adverse events by result by Quarter on Datix

	2021/22 Quarter 2	2021/22 Quarter 3	2021/22 Quarter 4	2022.23 Quarter 1	2022/23 Quarter 2	2022/23 Quarter 3	2022/23 Quarter 4	2023/24 Quarter 1
Occurrence with NO injury, harm or ill-health	239	271	189	218	214	283	200	210
Occurrence resulting in injury, harm or ill-health	61	87	79	89	98	78	60	73
Near Miss (occurrence prevented)	37	25	31	29	40	38	20	22
Property damage or loss	0	0	0	0	0	0	0	0
Death	0	1	0	0	0	0	0	0
Total	**337**	**383**	**299**	**336**	**352**	**349**	**280**	**305**

Adverse Events by Severity Reported by Quarter on Datix

	2021/22 Quarter 2	2021/22 Quarter 3	2021/22 Quarter 4	2022/23 Quarter 1	2022/23 Quarter 2	2022/23 Quarter 3	2022/23 Quarter 4	2023/24 Quarter 1
Negligible	281	308	231	259	264	283	226	240
Minor	48	72	64	70	78	60	48	58
Moderate	8	2	2	4	8	5	6	5
Major	0	0	2	1	2	0	0	1
Extreme	0	1	0	2	0	1	0	1
Total	**337**	**383**	**299**	**336**	**352**	**349**	**280**	**305**

REPORT TO: **MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 31 AUGUST 2023**

SUBJECT: **PROGRESS UPDATE IN RELATION TO THE UNPAID CARER STRATEGY 2023-2027**

BY: **SELF DIRECTED SUPPORT AND UNPAID CARER OFFICER**

1. REASON FOR REPORT

1.1. To inform the Clinical and Care Governance Committee in relation to the progress of the current work being undertaken in line with the Moray Carers Strategy 2023 - 2026 Implementation Plan.

2. RECOMMENDATION

2.1. **It is recommended that the Clinical and Care Governance Committee consider and note:**

   i) **the current progress relating to the Carers Strategy Implementation Plan; and**

   ii) **the impact on unpaid carers in Moray**

3. BACKGROUND

3.1. The Carers (Scotland) Act 2016 requires all integration joint boards to have a local carers strategy, which sets out plans to identify carers, provide information about local support, and provide support and services. The Moray Carers Strategy 2023-2026 was approved at the Moray Integration Joint Board (MIJB) on 31 March 2023 (para 11 of the minute refers) following engagement with unpaid carers.

3.2. A local action plan was developed, identifying the key outcomes under the three strategic priorities; Recognition for Carers, Valuing Carers and Supporting Carers.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. The high level action plan in support of the strategy has been developed into an implementation plan, presented and approved at the MIJB on 25 May 2023 (para 12 of the minute refers).

4.2. There is a requirement for the current commissioned carer's service to be re-tendered. This work is currently being finalised for the notification to be published on Public Contracts Scotland (PCS). The new service specification has been aligned to some of the key activities identified within the Moray Carers Strategy 2023-2026, *(Carers Implementation Plan Priority 1; 1.1, 1.2, 1.4, 1.5, 1.7; Priority 2, 2.5, 2.6; Priority 3; 3.1, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8)*

4.3. Through Strategy consultation engagement held with unpaid carers, individuals registered their interest to be an active participant of the Carers Voice Group, with the first meeting due to take place week beginning 21 August 2023. Draft Terms of Reference have been developed for the group which will be discussed at the first meeting. The primary meeting will be chaired by the Self-Directed Support (SDS) & Unpaid Carers Officer / Unpaid Carers Representative for the MIJB, with a discussion held to confirm chair and vice chair at the first meeting *(Carers Implementation Plan Priority 2; 2.1.1).*

4.4. The carer's team are currently evaluating current process and practice against the statutory guidance to accompany the Carers (Scotland) Act 2016. One area for focus centres around the process once an unpaid carers has met eligibility for SDS, this being both a duty and a power within the Carers (Scotland) Act 2016. Where eligibility is met, the carer must be given the opportunity to choose one of the options of SDS to receive their agreed support (unless ineligible to receive a Direct Payment), *(Carers Implementation Plan Priority 3; 3.2.1, 3.2.2, 3.6.5, 3.6.6).*

4.5. At present all carers receive their support via Option 1 (Direct Payments) with a single value budget allocated to all carers. In order to effectively evaluate this part of the process the Carers Team are working alongside Social Work Scotland (SWS) as one of three evaluation sites (alongside Highland and East Ayrshire HSCP's) to test out the draft self-evaluation framework for improvement. The framework supports to answer how do we know what has worked and what could be improved upon with Carer SDS and whether we hold the evidence to support this. Using the common stages to evaluation; scoping (planning), preparation (planning), data collection (implementation), analyse data (completion), communicate results (disseminate and report) the Carers Team will be able to demonstrate valuable learning and development opportunities for Carer SDS. Through using this methodology and with support from the SWS SDS team, we have already highlighted the need to carry out a full scoping and preparation exercise, ensuring we are not driven to a conclusion simply by interpreting the statutory guidance.

4.6. The self-evaluation will focus around the identification of a personal budget in line with the SDS legislation, focusing the evaluation on the national SDS Framework of Standard, the lens of this centred on Standard 12; Access to Budgets and Flexibility of Spend.

4.7. Prior to the Carers (Scotland) Act 2016, there was a power for local authorities to provide support to unpaid carers. This has historically being through the addition of a budget within the cared for support plan without being able to clearly evidence and report on the level of funding provided to unpaid carers, or clarity on the use of the budget to directly make a positive impact on the carer. The evaluation will look to work within the current budget already identified on the cared for support plan being utilised via the Adult Carer Support Plan.

4.8. It is hoped through the identification of a person-centred, flexible budget, unpaid carers in Moray can be better supported to continue in their caring role, especially with the current challenges relating to the availability of adult social care. Carers may feel more able to deliver the supports to the cared for until formal care and support arrangements can be put in place.

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"**
   Carers who are supported to carry out their role in a way that supports their own health and wellbeing and their educational and economic potential, are key to achieving the ambitions of the Moray IJB Strategy Plan, the Corporate Plan and LOIP. The strategy will support Theme 1 Objective 2 of the Moray Partners in Care strategy and supports HSCM to demonstrate impact on Outcome 6 of the National Health and Wellbeing Outcomes.

   (b) **Policy and Legal**
   Having a local carer strategy in place meets the legal obligation on the Moray IJB as prescribed in the Carers (Scotland) Act 2016. It also supports carer's right to:
   - Access a local information and advice service
   - Be included in the hospital discharge of the person they are caring for
   - Request an Adult Carer Support Plan (if over the age of 18) or a Young Carer Statement (if under aged 18 or younger)
   - Access Support if they have eligible needs
   - Be consulted on services for them and the person they are caring for

   Compliance with Social Care (Self-Directed Support) (Scotland) Act 2013, the accompanying statutory guidance and SDS Framework of Standards.

   (c) **Financial implications**
   Annual Carer Act funding is in place to support delivery of the strategy. The actions outlined within the Strategy and Action Plan, including the commissioning of the local information and advice service, require to be delivered within the existing resource envelope and through additional, applied for, funding streams where available.

   (d) **Risk Implications and Mitigation**
   The provisions of the Act are considered to contribute to overall risk management across the responsibilities of the health and social care partnership. Demand for support is likely to increase significantly as more people are identified as carers. A local eligibility criteria is in place to determine whether a carer should receive formal support.

   (e) **Staffing Implications**
   The strategy will be delivered by the workforce in partnership with unpaid carers, the public, third and independent sectors, and the wider

community. The plan currently highlights risks due to current staffing resources.

(f) Property
None arising directly from this report.

(g) Equalities/Socio Economic Impact
Carers are more likely to experience inequality of outcome and more likely to be in poor health than people who do not undertaken a caring role. The strategy aims to enhance equality of opportunity for all carers.

(h) Climate Change and Biodiversity Impacts
None arising directly from this report

(i) Directions
None arising directly from this report

(j) Consultations
Provider Services Manager, Interim Strategy and Planning Lead. Equal Opportunities Officer, IJB Unpaid Carers Representative, Assistant SDS and Unpaid Carers Officer

6. CONCLUSION

6.1. For Clinical Care Governance Committee to the current progress in line with the Carers Strategy 2023-2026 Implementation Plan.

Author of Report: Michelle Fleming, Self-Directed Support and Unpaid Carers
                          Officer
Background Papers:
Ref:

REPORT TO: **MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 31 AUGUST 2023**

SUBJECT: **ADULT SUPPORT AND PROTECTION MULTI-AGENCY IMPROVEMENT PLAN**

BY: **INTERIM PUBLIC PROTECTION LEAD OFFICER**

1.   REASON FOR REPORT

1.1. To update the Committee on progress against the Adult Support and Protection Multi-agency Improvement Plan, since the last update provided in May 2023.

1.2. To update the Committee on the Care Inspectorates intention to begin Phase 2 of Adult Support and Protection Inspection Activity across Scotland in Autumn 2023.

2.   RECOMMENDATION

2.1. **It is recommended that the Clinical and Care Governance Committee considers and notes:**

> 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 intention; and**
>
> iv)   **that further updates will be provided to the next Committee meeting**

3.   BACKGROUND

3.1   The joint inspection of the Moray partnership took place between March and May 2022. The Care Inspectorate asked the Moray partnership to develop an improvement plan to address the priority areas for improvement identified. The Care Inspectorate will monitor progress implementing the plan.

3.2. The Multi-agency Improvement Plan (**Appendix 1**) builds upon Moray's original improvement action plan formulated in 2019 following a series of engagement

and consultation events and multi-agency workshops with the purpose of giving a clear foundation and oversight to Adult Support and Protection activities in Moray.

3.3. This multi-agency plan is the tool used within the Moray Adult Protection Committee to provide assurance to all partners of progression and development in the work carried out.

3.4. The correspondence received (**Appendix 2**) from the Care Inspectorate regarding Phase 2 of the Adult Support and Protection Activity which indicates the intent to commence Inspection activities throughout Scotland from Autumn 2023.

3.5. The correspondence from the Care Inspectorate gives indication that Moray may be receive an Inspection as early as 2024.

4. **KEY MATTERS RELEVANT TO RECOMMENDATION**

4.1. Following the Joint Inspection period, work has continued to ensure that all recommendations from the Joint Inspection are reflected within the Moray Multi-agency Improvement Plan. The improvement recommendations are as follows:

- The partnership should ensure the application and delivery of key processes for all adults at risk of harm is consistent and in line with the Moray Health and Social Care Partnership (HSCP) and Grampian interagency procedures.
- The partnership should ensure that full adult support and protection investigations are carried out for all adults at risk of harm who require them.
- The partnership should seek to improve the quality of chronologies, risk assessments, and protection plans. This will impact positively on the management of risk for adults at risk of harm.
- Case conferences and review case conferences should be clearly defined, involve the adult at risk of harm and unpaid carer where appropriate and should be convened for all adults at risk of harm who require them. The partnership should prioritise the full implementation of the improvement plan. Strategic leaders should ensure that the appropriate resources are made available.
- Strategic leaders should strengthen governance of adult support and protection practice. There should be robust measures in place to identify concerns early and promptly implement remedial action.
- Strategic leaders should continue to develop multi-agency self-evaluation activities. Frontline staff should be fully involved in the design, implementation and consequent improvement work.

4.2. The Improvement Plan is attached at **Appendix 1**. It has been divided into sub-sections and priority areas for improvement have been highlighted. The 7 sub sections are as follows:

- Lived Experience (Priority 1)
- Quality Assurance and Audit (Priority 2)
- ICT and recording (Priority 3)
- Policy, process and procedures
- Training and Development
- Service Design and Review

- Professional Practice

4.3. The Moray partnership recognise the benefit of working together with all partners and understands the task ahead in Moray for Adult Support and Protection and working together will only strengthen the partnership and delivery and take positive steps to Inspection readiness.

4.4. The Improvement and Planning sub group of the Moray Adult Protection Committee meets every 10 weeks. This group is multi-agency and has been formed to discuss protection and allocation of tasks and will have full oversight of the improvement plan and ensures all stakeholders are involved and consulted on progress and actions. This larger group will be involved in agreeing progress thus far and ensuring the improvement plan is sufficiently updated. The plan will then be presented to the Adult Protection Committee at each meet.

4.5. NHS Grampian (NHSG) will also be progressing further Adult Support and Protection (ASP) improvements via a NHSG specific ASP Improvement Plan. This plan is coordinated and led by the NHSG Public Protection team, and include some of the actions from the Moray multi-agency plan, but also encompasses wider 'Grampian wide' initiatives – where a one for Grampian approach is thought to be beneficial on grounds of resource use and consistency.

4.6. This NHSG ASP Improvement Plan is regularly reviewed by the NHSG Adult Protection Group and overseen by the NHSG Public Protection Committee. There are direct lines of communication and updates between the NHSG Adult Public Protection lead and the Moray ASP Consultant Practitioner – ensuring that both the local Moray Multi-Agency Improvement Plan and the NHSG wide plan remain synchronised.

4.7. The correspondence from the Care Inspectorate will be discussed at Moray Adult Protection Committee, and plan formulated to ensure Inspection readiness as much as practicable. As more information is cascaded from the Care Inspectorate regarding methodology for Phase 2 this will assist in preparation and planning, ensuring a measured and robust response to readiness.

5. **SUMMARY OF IMPLICATIONS**

   (a) **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2022-2032"**
   This report supports the Moray Strategic Plan in relation to Partners in Care, making choices and taking control over decisions affecting our care and supporting the outcome that people are safe.

   (b) **Policy and Legal**
   The Adult Support and Protection (Scotland) Act 2007 is the main legal reference points for this project which the MIJB are legally responsible for.

   (c) **Financial implications**

No financial implications as a direct result of this report.

(d) Risk Implications and Mitigation

The improvement plan will implement robust systems and processes in response to the Care Inspectorate's findings, with a multi-agency approach. Regular monitoring and reviewing of new processes are critical to ensure continuous improvement and to ensure inspection readiness. Regular partnership updates are provided at Practice Governance Board, Clinical and Care Governance Group and Adult Protection Committee, any risks will be escalated to Clinical and Care Governance Committee.

(e) Staffing Implications

None as a direct result of this report.

(f) Property

None as a direct result of this report.

(g) Equalities/Socio Economic Impact

Not required as there are no changes to policy as a result of this report.

(h) Climate Change and Biodiversity Impacts

None as a direct result of this report.

(i) Directions

None as a direct result of this report.

(j) Consultations

ASP Planning and Improvement Sub Group.

6. CONCLUSION

6.1. The report aims to provide assurance to this Committee that there is effective processes in place to monitor and progress actions in the plan.

Author of Report: Vicki Low, Interim Public Protection Lead Officer – HSCM
Background Papers: with author
Ref:

Moray ASP Improvement Action Plan 2022-24

Report Type: Actions Report
Generated on: 15 August 2023

Action Status	
☒	Cancelled
🔴	Overdue; Neglected
⚠️	Unassigned; Check Progress
▶️	Not Started; In Progress; Assigned
✅	Completed

1. Lived Experience (PRIORITY)

Code	Action Title	Agency	Due Date	Latest Status Update	Status Progress	Status Icon	Assigned To
ASP SIP Cat1.1	Review commissioned advocacy service to ensure formal advocacy services are as accessible as possible for people involved in ASP process	**AGENCY**: Local Authority **CARE INSPECTORATE PRIORITIES**: 4, 5, 6	31-Mar-2024	Competitive Tender presentation period commences November 2023 – on track for completion within timeframe. Specification for service written. Scoring taking place w/c 20th November 2023	40%	▶️	
ASP SIP Cat1.2	Listen to People - Agree and implement a systematic approach to capturing the lived experience (qualitative) of people who have been in contact with the ASP process	**AGENCY**: Local Authority**CARE INSPECTORATE PRIORITIES**: 4, 6	31-Mar-2023	Communication Plan written and in place with questionnaire to support discussion with supported people. Feedback to be provided at each APC via reporting.	100%	✅	Advocacy Representative; Elaine MacDonald
ASP SIP Cat1.3	Review of the ASP Case Conference process to ensure involvement of the adult. This will include engagement with individuals, as well as front line practitioners.	**AGENCY**: Local Authority **CARE INSPECTORATE PRIORITIES**: 4, 6	31-Oct-2023	Feedback from Social Work Teams progressing in relation to involvement of the Adult. Feedback from partners requested. Continued engagement with individuals subject to process. Moray will also be contributing to Kate Fennels PHD research in relation to Participation in Case	50%	▶️	Elaine MacDonald ; Sammy Robertson

| | | | | Conferences. | | | |

2. Quality Assurance and Audit (PRIORITY)

Code	Action Title	Agency	Due Date	Latest Status Update	Status Progress	Status Icon	Assigned To
ASP SIP Cat2.1	Design of ASP audit to undertake case file QA for x1 adult. This will encompass from point of referral to IASPCC findings shared with PGB and reported to APC with aim to inform practice improvement and highlight elements of good practice.	**AGENCY:** Local Authority **CARE INSPECTORATE PRIORITIES**: 1, 2, 3, 4, 5, 6	28-Feb-2024	Draft Case File Audit tool to be presented to October APC	50%	▶	Vicki Low
ASP SIP Cat2.2	Involvement of Team Managers in undertaking Investigation documentation quality assurance exercise on a monthly basis - to evaluate practice feedback and further learning shared	**AGENCY:** Local Authority**CARE INSPECTORATE PRIORITIES**: 2, 3, 4, 5, 6	30-Nov-2023	Quality Assurance Tool being devised for further discussion with Team Managers/AP's. Timetable of audit activity to be agreed.	0%	▶	Elaine MacDonald ; Sammy Robertson
ASP SIP Cat2.3	Involvement of Advanced Practitioners across Adult Social Work in adult support and protection quality assurance activities for monthly single agency screening tool audits	**AGENCY:** Local Authority**CARE INSPECTORATE PRIORITIES**: 3, 4, 6	31-Oct-2022	Continues to be in place	100%	✓	Vicki Low; Sammy Robertson
ASP SIP Cat2.4	Multi-Agency IRD Summary Quality Assurance Audit to take place - review all IRDs from commencement	**MULTI AGENCYCARE INSPECTORATE PRIORITIES**: 1, 2, 3, 4, 5, 6	31-Jul-2022	Next IRD audit to take place Summer 2023 Case Conference Audit activity to take place on a multi-agency basis – date to be arranged	100%	✓	
ASP SIP Cat2.5	Audit of screening tool documentation (5 per month) to be undertaken and reported to APC	**Agency**: Local Authority	30-Nov-2022	Completed. Quality assurance in place for screening activities and feedback provided via Operational Working group and team discussions	100%	✓	Vicki Low; Sammy Robertson
ASP SIP Cat2.7	Multi-Agency case conference table audit to take place – and learning to be disseminated	**Multi-Agency**	31-Jul-2023	Tool devised, audit to be undertaken in September – progress delayed due to annual leave/summer break	50%	⬣	Vicki Low; Kenny O'Brien
ASP SIP Cat2.8	Multi-Agency IRD Quality Assurance Audit to take place on a regular basis Multi-Agency Case Conference Assurance Audit to take place on a regular basis.	**Multi-Agency Care Inspectorate Priorities 1, 2, 3, 4, 5, 6**	31-Oct-2023	IRD Quality Assurance Tool written and has been implemented with Audits undertaken in 2022. To move to regular multi-agency activities Multi-Agency Case Conference Assurance Audit written – Audit to take place and regular activities moving forward	30%	▶	Vicki Low; Elaine MacDonald

Code	Action Title	Agency	Due Date	Latest Status Update	Status Progress	Status Icon	Assigned To
ASP SIP Cat2.9	Council Officer feedback document requested to be completed following investigation to provide feedback of experience and to inform further training and development, as well as improvement activity. feedback to be reviewed August 2023	**Multi-Agency Care Inspectorate Priorities:** 1, 2, 3, 4, 5, 6	31-Oct-2023	Feedback document live on Monkey Survey for completion by Council Officers Feedback from Council Officers to be collated and presented to Council Officers Forum October 2023	30%	▶	Elaine MacDonald

3. ICT and Recording (PRIORITY)

Code	Action Title	Agency	Due Date	Latest Status Update	Status Progress	Status Icon	Assigned To
ASP SIP Cat3.1	All adult support and protection files to be transferred to Every Client Documents within T drive	**AGENCY:** Local Authority **CARE INSPECTORATE PRIORITIES:** 1,4	31-Mar-2023	This action has now been completed – every client documents now has link to Adult Protection Drive Files – access to all Adult Social Work and Out of hours	100%	✓	Samantha Morgan
ASP SIP Cat3.2	Naming convention in place for all Adult Support and Protection electronic files	**AGENCY:** Local Authority **CARE INSPECTORATE PRIORITY:** 1, 4	31-Mar-2023	08-03-2023 – naming convention written and in place for ASP records.	100%	✓	
ASP SIP Cat3.3	Use of Pentana to measure progress of multi-agency improvement plan	**AGENCY:** Local Authority **CARE INSPECTORATE PRIORITY:** 5	31-Jan-2023	Pentana to be opened up to multi-agency colleagues Feb 2023	100%	✓	Vicki Low; Sammy Robertson
ASP SIP Cat3.4	Information and Intelligence Subgroup to analyse data set and to improve standard of reporting to COG, APC and risk and performance management group	**AGENCY:** Local Authority **CARE INSPECTORATE PRIORITY: 5**	31-Dec-2022	Quarterly report with increased data information to be presented to APC Feb 2023 – moving forward Quarterly reports to reflect new national data set	100%	✓	Vicki Low; Sammy Robertson
ASP SIP Cat3.5	Procedure in place for use of events/activities in relation to Adult Support and Protection activity on CF	**AGENCY:** Local Authority **CARE INSPECTORATE PRIORITY:** 1, 2, 3, 4, 5,	31-Dec-2022	Audit required of CF system on a monthly basis – to take place March 2023.	100%	✓	Vicki Low; Sammy Robertson
ASP SIP Cat3.6	Discussion to take place regarding proposal for possible Data set from Police Scotland which would be added to the existing local date set to APC	**AGENCY:** Police CARE INSPECTORATE PRIORITY: 5	31-Mar-2023	Police can share information regarding ASP referrals and Concerns – to further discuss	100%	✓	

Code	Action Title	Agency	Due Date	Latest Status Update	Status Progress	Status Icon	Assigned To
ASP SIP Cat3.7	Information and Intelligence Subgroup to analyse data set and to improve standard of reporting to COG, APC and risk and performance management group	**AGENCY:** Local Authority **CARE INSPECTORATE PRIORITY: 5**	30-Jun-2023	National Data Set submission complete 31-07-2023, end of year submission submitted. Cascaded to Senior Management and to be reported to IJB – September 2023. Meetings for Data and Intelligence Subgroup widened to include multi-agency. Meetings commence September 2023.	30%	🔴	Vicki Low

4. Policy, Process and Procedures

Code	Action Title	Agency	Due Date	Latest Status Update	Status Progress	Status Icon	Assigned To
ASP SIP Cat4.1	TM oversight and involvement of chairing of all RASPCC, in line with the Op Guidance, to support clearly defined ASPCC and RASPCC process - This will include regular updates and review to ensure collaboration to be discussed within the ASP Op meet	**AGENCY:** Local Authority CARE INSPECTORATE PRIORITIES: 1, 2, 3, 4, 5	30-Jun-2023	Regular catch ups with Team Managers/AP's for RASPCCs – feedback indicates that this appears to be collaborative in approach and enables RASPCCs to have adequate oversight within teams – to move to completion with regular monitoring in place. Workshop to take place in October 2023 to support practice and skills in chairing of ASPCC.	100%	✅	Elaine MacDonald ; Sammy Robertson
ASP SIP Cat4.2	Core Group of front line practitioners formed to review Investigation documentation on CF - specific attention to the management of risk and protection planning within recordings	**AGENCY:** Local Authority CARE INSPECTORATE PRIORITIES: 1, 3, 6	30-Nov-2022	Update Feb 2023 – practitioners met to discuss January 2023 – work on going and review activities will be set moving forward	100%	✅	Sammy Robertson
ASP SIP Cat4.3	Core Group of front line practitioners formed to review Screening Tool documentation on CareFirst - specific attention to the management of risk, protection planning and application of the 3-point test	**AGENCY:** Local Authority CARE INSPECTORATE PRIORITIES: 1, 3, 6	30-Nov-2022	Update Feb 2023 – core group of practitioners met January 2023 – in progress – review activities will be set moving forward	100%	✅	Sammy Robertson
ASP SIP Cat4.4	Core Group of front line practitioners formed to devise, design and implement Large Scale Investigation recording and investigation documentation on Carefirst. Attention required in relation to risk management and protection planning	**AGENCY:** Local Authority CARE INSPECTORATE PRIORITIES: 1, 3, 6	30-Nov-2022	Subgroups to commence August 2022. Due to LSI activity this activity has been completed by LSI lead Officers and will be reviewed alongside x8 council officers following current LSI to inform any changes to document Feedback meeting with practitioners took place and further small changes agreed as well as practitioner guidance produced and to use	100%	✅	Vicki Low; Sammy Robertson

				document moving forward with further review following each LSI activity undertaken **Assigned to:** Vicki Low			
ASP SIP Cat4.5	Full Review of the Decision Specific Capacity Tool to be undertaken on a multi-agency basis – with input from NHSG and Lead Agency council employed staff.	**AGENCY:** NHS Grampian CARE INSPECTORATE PRIORITIES: 1, 2, 5, 6,	31-Jan-2023	30-01-2023: Tool revised updated and completed. Distributed out to all agencies along with a briefing note to support roll out. To be discussed in Council Officer meetings + main Grampian Psychiatrist clinical meetings. **Assigned to:** Kenny O'Brien	100%	✅	Kenny O'Brien
ASP SIP Cat4.6	Initiate ASP Champions Role within NHSG - ensure that staff have local contacts and links for advice and support - alongside more formal structures	**AGENCY:** NHS Grampian CARE INSPECTORATE PRIORITIES: 1, 5, 6	28-Feb-2023	Now fully in place - Champions running and live. Dates set.	100%	✅	
ASP SIP Cat4.7	iVPD local process review to take place in order to identify opportunities for improvements in quality of information shared, and expectations of agencies receiving Adult Concern Reports from Police	**AGENCY:** Police CARE INSPECTORATE PRIORITIES: 1, 3, 5	30-Sep-2023	NHS pathway for Concern Reports completed and now rolled out in Moray area. Moray MIVA project launched and lead agency training undertaken with documentation of process cascaded. To continue to build on this for multi-agency use. SLWG continues. More realistic end date set due to the scope of the project.	50%	▶	Vicki Low; Elaine MacDonald
ASP SIP Cat4.8	Ensure local and Grampian processes align and embed. This will be monitored via QA activities and regular briefing sessions. Work to be undertaken on a Grampian-wide basis to align the Grampian Procedures with the revised COPs and Local Guidance.	**Agency:** Multi-Agency CARE INSPECTORATE PRIORITIES: 1, 2, 3, 4, 5, 6	31-May-2023	Subgroup currently updating Grampian procedures to reflect revised codes of practice. QA activities on going - to continue to develop good communications and continually review effectiveness - end date to be extended to March 2023, likely to go through governance groups April/May 2023	100%	✅	
ASP SIP Cat4.9	Develop and Implement a full Capacity Pathway for Protection Decisions	**AGENCY: NHS Grampian CARE INSPECTORATE PRIORITIES: 1, 2, 5, 6,**	31-Mar-2024	Meeting of SWLG underway. Primary Care, Psychiatry, Psychology and social work all represented. Terms of reference signed off/endorsed by NHSG Public Protection Committee. Currently developing initial draft pathway for consultation purposes.	30%	▶	

Code	Action Title	Agency	Due Date	Latest Status Update	Status Progress	Status Icon	Assigned To
ASP SIP Cat4.10	Review of Moray's Operational Guidance to be undertaken	**AGENCY:** Lead Agency	31-Dec-2023	Review schedules to be completed to deadline – awaiting completion of Grampian procedure review prior to commencement	0%		Elaine MacDonald ; Sammy Robertson
ASP SIP Cat4.11	Adult Support and Protection Information Pack to be available for all individuals subject to intervention	**AGENCY:** Lead Agency	31-Dec-2023	ASP information pack now available and being used by practitioners. Practitioner feedback /material review to be undertaken. Discussion to take place with Kenny O'Brien regarding use of ASP video materials.	80%		Elaine MacDonald ; Sammy Robertson
ASP SIP Cat4.12	Implement ASP Flags/ Key Clinical Alerts on NHS Systems so that when an adult is formally classified as an 'adult at risk' under the terms of ASP legislation - NHS staff can see this.	**AGENCY:** NHS Grampian	31-Jul-2023	Pilot launched in Moray area. Moray Council/Lead Agency staff sending notifications to NHSG Public Protection staff - this is then getting put on NHS Trak system + also sent to GMEDS.

Reminder sent to all GP practices about using appropriate warning/clinical flags once they receive case conference minutes. | 25% | | |

5. Training and Development

Code	Action Title	Agency	Due Date	Latest Status Update	Status Progress	Status Icon	Assigned To
ASP SIP Cat5.1	Clear training calendar available for external partners to book via Eventbrite	**AGENCY**: Local Authority CARE INSPECTORATE PRIORITIES: 1, 3	31-May-2023	ASP training now available on Eventbrite – to continue to monitor.	100%		Elaine MacDonald
ASP SIP Cat5.2	Collaboration with Social Work training to facilitate complex risk assessment across adult social work	**AGENCY**: Local Authority CARE INSPECTORATE PRIORITIES: 1, 2, 3	31-Dec-2022	Update November 2022 – Complex risk assessment for single agency devised and cascaded and presented across adult social work.

Continue to discuss pan Grampian for multi-professionals – to change to multi-agency action for pan Grampian approach as of November 2022. Leads – Vicki Low

Assigned to: Vicki Low, Social Work Training | 100% | | |
| ASP SIP Cat5.3 | Adult Support and Protection Training Plan to be available to all practitioners throughout Adult Social Work, Social Care and 3rd sector | **AGENCY**: Local Authority CARE INSPECTORATE PRIORITIES: 1, 2, 3, 4 | 31-Aug-2022 | Training Plan disseminated to all 3rd sector - March 2022.
Training Plan available on Moray Protects webpage - April 2022.
Training Plan available to all Social Work Teams - April 2022.
Training Plan available to all housing and children | 100% | | Vicki Low; Sammy Robertson |

				services - July 2022.			
ASP SIP Cat5.4	Collaboration to take place with Child Protection to design and deliver Chronology training across Children and Adult Social Work	**AGENCY:** Local Authority CARE INSPECTORATE PRIORITIES: 1, 3,	31-Dec-2023	National Implementation Chronologies progressing – planning group established. Update to be provided to APC November 2023.	10%	▶	Vicki Low
ASP SIP Cat5.5	Clear and up to date records of all Adult Support and Protection training undertaken - Module, 1, 2, 3 and 4 - including when Council Officer refresher training is required	**AGENCY:** Local Authority CARE INSPECTORATE PRIORITIES: 1, 5, 6	31-Aug-2024	Vicki devising Multi-Agency Training Report Template on a multi-agency basis. Expectation that first APC reporting will take place on a Multi-Agency basis by November 2023.	10%	▶	Vicki Low
ASP SIP Cat5.6	Council Officer Handbook detailing tasks in relation to Adult Support and Protection duties and role	**AGENCY:** Local Authority CARE INSPECTORATE PRIORITIES: 1, 2, 3, 4	31-Dec-2023	February 2023 – delayed to amend end date – this is due to delivery of Grampian wide training in risk assessments and chronologies – guide to reflect these changes.	50%	▶	Vicki Low
ASP SIP Cat5.7	Develop Practitioner Guidance on Self-neglect and Hoarding	**AGENCY:** Local Authority CARE INSPECTORATE PRIORITIES: 1, 2, 3, 4,	31-Jul-2023	Hoarding and Self-Neglect Training now available and disseminated to teams to book. Accompanying written guidance and information to be cascaded.	90%	⬤	
ASP SIP Cat5.8	Developing a trauma informed workforce factoring in ongoing discussion with council officers to monitor changes in practice and to take forward learning	**Agency:** Local Authority CARE INSPECTORATE **PRIORITIES**: 1, 2, 3, 4, 5	31-Jan-2024	Trauma Informed post job description written and with HR – post requires grading panel. **Assigned to**: Bridget Stone, Vicki Low, Emma Johnstone	50%	▶	Vicki Low
ASP SIP Cat5.9	Develop a way to analyse training activities to inform the impact of training on practitioners This includes analysis exercise – training feedback used to inform future training events.	**Agency:** Local Authority CARE INSPECTORATE PRIORITIES: 1, 2, 3, 4, 5	31-Mar-2024	Ongoing. Feedback questionnaires are available following each training for participants. These are read and improvements notes. Council Officer standing survey introduced March 2023 to support learning and development and to highlight areas of improvements. Themes to be incorporated into Training Feedback to APC see action 5.16 **Assigned to**: Suzy Gentle	40%	▶	
ASP SIP Cat5.10	New training framework for ASP to be embedded with all patient facing staff receiving a facilitated level 2 ASP training	**AGENCY:** NHS Grampian CARE INSPECTORATE	31-Aug-2024	Training framework signed off and in place. ASP Level 2 now mandatory for NHSG patient facing staff with a 3 year repeat built in. Courses being	100%	✓	

	course	PRIORITIES: 1, 2, 3, 4, 5		run. **Assigned to**: Kenny O'Brien			
ASP SIP Cat5.11	For NHSG staff recording of ASP input and activity - revise ASP Level 2 Training to include specific section on Health records and ASP, good practice examples to be included.	**AGENCY:** NHS Grampian CARE INSPECTORATE PRIORITIES: 1, 2, 3, 4, 5,	31-Mar-2023	Training curriculum now revised and being delivered. Practice note completed and signed off/endorsed by the Clinical Professional Directors Forum for additional weight. Note distributed to all staff. **Assigned to**: Kenny O'Brien	100%	✅	
ASP SIP Cat5.12	Financial Harm subgroup lead by Police Scotland (John Webster)	**AGENCY:** Police CARE INSPECTORATE PRIORITIES: 1, 5, 6,	31-Aug-2024	Subgroup refreshed, new Terms of Reference compiled and Financial Harm Group firmly established. They are accountable to the Grampian ASP Working Group. **Assigned to**: John Webster	100%	✅	
ASP SIP Cat5.13	Mandatory online training for ASP rolled out and to be undertaken by all officers.	**Agency**: Police CARE INSPECTORATE PRIORITIES: 1, 2, 3, 4, 5, 6	30-Nov-2022	Compliance rate requested - this can then be reviewed on a regular basis. Further review and assurance action to be documented below	100%	✅	
ASP SIP Cat5.14	Training and briefings to existing and new members (on induction) in relation to their roles and responsibilities on the ASP committee	**MULTI AGENCY** CARE INSPECTORATE PRIORITY 5, 6,	31-Aug-2024	Training and updates delivered as required **Assigned to**: Samara Shah	100%	✅	
ASP SIP Cat5.15	Implement learning points from Multi-Agency IRD Audit	**MULTI AGENCY** CARE INSPECTORATE PRIORITIES: 5, 6,	31-Oct-2022	IRD Report written and presented to APC Sep 2022. Presented to Council Officer Forum and Practice Governance. Further reflection and implementation of learning point to be taken forward at next council officer session – as well as specific discussion with IRD chairs – scheduled throughout Sept and Oct **Assigned to**: Vicki Low and Elaine MacDonald for Social Work	100%	✅	
ASP SIP Cat5.16	Grampian Approach to Risk Assessment Training	**Multi-Agency Care Inspectorate Priorities 1, 2, 3,**	30-Jun-2023	Risk Assessment Pilot training took place June 2023. Training report to be written and presented to APC. Once presented, this will be completed. Training will now take place on a regular basis.	80%	🛑	

Code	Action Title	Agency	Due Date	Latest Status Update	Status Progress	Status Icon	Assigned To
ASP SIP Cat5.17	Training update template to be drafted and completed prior to each APC to provide assurance of what training is taking place, how many participants. This should include feedback information to allow for further learning and development	**MULTI-AGENCY Care Inspectorate Priorities TBC**	30-Jun-2023	Completed.	100%	✅	
ASP SIP Cat5.18	Consideration and exploration on a Grampian and multi-agency basis of an Adult Support and Protection Decisions App supported by the DHI. Consideration in Moray as to whether a multi-agency ASP Decisions App would be of benefit.	**MULTI-AGENCY CARE INSPECTORATE PRIORITIES TBC**	31-Dec-2023	Discussion has taken place on a Grampian basis – this is not something at this time in which Grampian will take forward – however, this could be something Moray may take forward –this is to be followed up in discussion with the DHI – Vicki to take the lead on this and report back to operational practitioners and APC re possible options – please note change to deadline and task	5%	▶	
ASP SIP Cat5.19	Awareness raising in Moray with local banks and financial institutions regarding the use of the S10 mandate. This will be carried out as a multi-agency.	**Multi-Agency**	31-Oct-2023	This has been raised at the financial harm subgroup and is being progressed by the group	0%	▶	Elaine MacDonald ; Sammy Robertson
ASP SIP Cat5.20	IRD continuity sessions to be undertaken with Lead Agency Chairs. This will include development of a Chairs Checklist to support continuity as well as further discussion around ASP Thresholds	**Agency:** Lead Agency	31-Aug-2023	Completed.	100%	✅	Elaine MacDonald ; Sammy Robertson

6. Service Redesign and Review

Code	Action Title	Agency	Due Date	Latest Status Update	Status Progress	Status Icon	Assigned To
ASP SIP Cat6.1	Adult Social Work consultation - design and implementation of a service wide development and improvement plan to reflect on ASP inspection, SDS standards and national and local policy	**AGENCY**: Local Authority CARE INSPECTORATE PRIORITIES: 5, 6,	31-Oct-2022	Initial discussions have taken place with Team Managers with regard to important of improvement and development for Social Work. Consultation Workshops planned for end Sep 2022. **Assigned to**: Vicki Low	100%	✅	Tracy Stephen
ASP SIP Cat6.2	To develop a multi-agency approach and training for 2nd persons in Adult support and protection	**MULTI AGENCY** CARE INSPECTORATE PRIORITIES: 1,2, 3, 4, 5	31-Dec-2023	Training designed and rolled out – Involvement in Adult Support and Protection– this is multi-agency training for practitioners who may be involved in ASP Investigation and beyond. Training Report to be delivered.	80%	▶	

Code	Action Title	Agency	Due Date	Latest Status Update	Status Progress	Status Icon	Assigned To
ASP SIP Cat6.3	ASP Live Event	**MULTI AGENCY** CARE INSPECTORATE PRIORITIES: 5, 6	30-Nov-2023	Theme – Grampian Procedures.	10%	▶	
ASP SIP Cat6.4	Discussion to take place within COG and APC regarding capacity and gaps in service to ensure clear oversight of matters by our more senior leaders	**MULTI AGENCY** CARE INSPECTORATE PRIORITIES: 5. 6	31-Oct-2022	Discussions taking place at both COG and APC regarding gaps and capacity issues. This is also reflected within our APC Risk Register and is a standing item agenda	100%	✅	

7. Professional Practice

Code	Action Title	Agency	Due Date	Latest Status Update	Status Progress	Status Icon	Assigned To
ASP SIP Cat7.1	Regular Council Officer Forums – to include regular feedback sessions	**AGENCY:** Local Authority CARE INSPECTORATE PRIORITIES: 1, 2, 3, 4, 5, 6	30-Nov-2022	Council Officer Forums in place. Formally recorded and training materials to be available within SharePoint for CO viewing - TO be reviewed Nov-22 by consultation with CO's Council Officer Forum due in December **Assigned to**: Elaine MacDonald, Suzy Gentle	100%	✅	
ASP SIP Cat7.2	Regular Team Manager 'catch up' meetings to take place to discuss adult support and protection practice within teams	**AGENCY:** Local Authority CARE INSPECTORATE PRIORITIES: 5, 6	30-Nov-2022	08-03-2023 – Fortnightly operational group meetings taking place with team manager and advanced practitioner attendance. This also has representation from Police, Carefirst Systems and NHS this group is an opportunity to share concerns or highlight areas of good practice.	100%	✅	Vicki Low; Sammy Robertson
ASP SIP Cat7.3	To provide ongoing mentoring and support for Social Work Council Officers undertaking ASP activity	**Agency:** Local Authority CARE INSPECTORATE PRIORITIES: 1, 2, 3, 4,	31-Dec-2022	Training delivered to Council Officers OCT – DEC. Additional refresher training in March 2022. Rolling programme established. Ongoing mentorship of Council Officers taking place with tasking documents in place. **Assigned to**: Elaine MacDonald	100%	✅	
ASP SIP Cat7.4	Review across all patient facing areas that professional supervision is offered/available	**AGENCY:** NHS Grampian CARE INSPECTORATE PRIORITIES 5, 6,	30-Sep-2022	Scoping complete + managers/staff now have ASP as a regular item on 1:1's and supervision discussions. Also a regular item now on team meeting agendas. NHSG Public Protection Supervision arrangements now finalised, consulted on, and approved. The professional supervision document is now live.	100%	✅	

				Assigned to: NHSG ASP			
ASP SIP Cat7.5	Review local practice to ensure key agency professionals feel comfortable & have contacts for early discussion around ASP, promoting inter-agency peer support (This does not replace the IRD process, but a platform for time critical discussions.)	**MULTI AGENCY CARE INSPECTION PRIORITY 1, 5**	31-Dec-2022	completed - multi-agency contacts shared with front line practitioners to encourage good quality discussion and support during enquiry stage	100%	✅	

Review across all patient facing areas that professional supervision is offered/available

Code	Action Title	Agency	Due Date	Latest Status Update	Status Progress	Status Icon	Assigned To
ASP SIP Cat7.4a	ASP is a clearly defined identified area for regular discussion (ensure this is capture on any NHSG police/procedure/guidance)		30-Sep-2022		100%	✅	
ASP SIP Cat7.4b	Ensure specific ASP clinical/professional supervision is offered to staff who are actively working with adult protection cases	CARE INSPECTORATE 5, 6	30-Sep-2022		100%	✅	

Minister for Social Care, Mental Wellbeing and Sport
Maree Todd MSP
Ministear airson Cùram Sòisealta, Sunnd Inntinn is Spòrs
Maree Todd BPA

Scottish Government
Riaghaltas na h-Alba
gov.scot

T: 0300 244 4000
E: MinisterSCMWS@gov.scot

ASP Conveners, Leads, Chief Executives Local Authorities, NHS Boards Chief Executives, and Police Scotland Division Chief Superintendents, CSWOs

8th of August 2023

Adult Support and Protection - Joint Inspection Programme

I am writing to you about the Adult Support and Protection (ASP) Joint Inspection Programme. I am pleased to inform you that Phase 1 of the Joint Inspection Programme has been successfully completed. I welcome publication of the report from joint inspection partners, which presents findings from Phase 1.

I also wanted to take the opportunity to acknowledge challenges faced by partners and partnerships during the completion of Phase 1. This included pause of the programme due to pressures resulting from the pandemic and a restart with a revised methodology. I would like to thank the inspection partners - the Care Inspectorate, Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland – as well as the individuals across the sector who enabled the inspections to occur and ensured the breadth and accuracy of their findings.

The programme provides assurance on the ongoing protection and risk management for adults at risk of harm. The purpose of Phase 1 of the programme was to provide baseline information across the 26 adult protection partnerships not previously inspected in 2017/18. The intention was to follow this programme of inspections with a second phase of scrutiny and/or improvement activity, informed fully by Phase 1 findings.

Phase 2 will be a 2-year programme, which commenced on 1st August 2023, that will blend scrutiny activity with improvement and include close collaboration with adult protection partnerships. The first year of Phase 2 will include revisiting the six adult protection partnerships who were subject to ASP inspection activity in 2017/18. The inspection methodology employed in Phase 1 will be utilised.

In addition, the first year of Phase 2 will involve the development of an ASP quality improvement framework by inspection partners, with input from stakeholders across the sector.

Taigh Naomh Anndrais, Rathad Regent, Dùn Èideann EH1 3DG
St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

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The second year of the programme will be designed to provide assurance of improvement, inclusive of those partnerships which, during Phase 1, received inspection reports identifying areas of weakness that outweighed strengths. Some additional partnerships may also be revisited to provide assurance of improvement activity.

Additionally in the second year of the programme, indicators relating to early identification of risk; early intervention; and utilising a trauma informed approach in ASP will be applied with a select group of ASP partnerships to augment their planned self-evaluation processes.

A feedback session – led by Care Inspectorate – will be held on 21st August to disseminate key findings from Phase 1 as well as outlining plans for Phase 2. It is important that best practice, improvement recommendations, and knowledge arising from Phase 1 is used systematically to drive improvement. The upcoming event creates an excellent opportunity to maximise the benefit and we look forward to seeing many of you there.

Thank you again for your continuing support.

MAREE TODD MSP

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REPORT TO: MORAY INTERGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 31 AUGUST 2023

SUBJECT: OUT OF HOURS NURSING SERVICE

BY: CHIEF NURSE, MORAY

1. **REASON FOR REPORT**

1.1 To inform the Board of the current and emerging situation regarding the Out of Hours Rapid Response Nursing Service currently hosted by Aberdeenshire and delivered by Marie Curie across Moray and Aberdeenshire.

2. **RECOMMENDATION**

2.1. **It is recommended that the Clinical and Care Governance Committee considers and notes:**

    i) **that notice has been given by Marie Curie in relation to the cessation of the Rapid Response Out of Hours Nursing Service aspect of the current contract as of 30 September 2023.**

    ii) **the requirement for NHS Grampian to deliver an Out of Hours Nursing Service across Aberdeenshire and Moray in a two phased approach with the first priority being to ensure that there is continuity of service provision beyond the notice period of 30 September 2023 for a 6 month period to allow a full review of the service delivery model.**

    iii) **Phase 1 – it is proposed that NHS Grampian deliver the joint Moray and Aberdeenshire model as an "in- house" service with the addition of a nursing triage support aligned with the GMED service to support right care, right time, and right person approach thereby improving the current Out Of Hours Nursing Service.**

    iv) **Phase 2 – it is proposed that NHS Grampian, during Phase 1, review the full service delivery model and consider a standalone Moray Out of Hours Nursing Care Service based on population need, geographical spread and how this would align with a full 24 hour Nursing Care Service.**

3. BACKGROUND

3.1   Out of hours (OOH) nursing care in Moray and Aberdeenshire is currently delivered under contract, by the charity Marie Curie. Aberdeenshire IJB host the Marie Curie contract on behalf of the IJBs in the NHS Grampian area. The contract has been in place for several years and is split into two parts – 'Managed Care' of palliative patients and an Out of Hours Nursing service called 'Rapid Response'.

3.2   Notice has been given by Marie Curie is relation to cessation of Rapid Response Out of Hours Nursing Service under the current contract as of 30 September 2023.

3.3   The requirement to ensure continuation of service delivery across Moray for those patients requiring access to nursing care out of hours.

3.4   Marie Curie are contracted by NHS Grampian to provide the 'Rapid Response' service, for both Aberdeenshire and Moray, from 3 bases across the 2 Partnership areas with 1 base being within Elgin to support the care requirements across Moray although there is also provision for the other bases within Aberdeenshire to support the Moray population. The current agreed contract is that each base should be staffed by one Registered Nurse (RN) and one Health Care Support Worker (HCSW) but Marie Curie have had significant chronic workforce challenges and been unable to fulfil the contractual agreement in relation to workforce despite the increasing use of NHS Grampian Bank Staff booked on behalf of Marie Curie.

3.5   Currently patient calls for the 'Rapid Response' Marie Curie service are co-ordinated by NHS Grampian's OOH Primary Care Service (Grampian Medical Emergency Department (GMED)). GMED call handlers take patient calls and then forward them on to Marie Curie, however there is no clinical input at the point of receiving the call. GMED has also become the default 'fall-back' service to respond to calls when there are workforce challenges within Marie Curie Nurses or they are unable to attend specific calls.

3.6   Marie Curie staffing challenges and their inability to fulfil the staffing requirement for each base has led to GMED having to provide nursing care to patients overnight which has meant using General Practitioner (GP) and Advanced Nurse Practitioner (ANP) time to undertake nursing tasks during the OOH period diverting skills away from our more complex and urgent patients. Using GMED as the 'fall-back' service when Marie Curie are unable to provide cover is happening on a regular basis and has been especially acute over the past year although it has been an ongoing issue over the past 3 years. This is an unsustainable situation and the impact on GMED is significant as is the subsequent impact on our primary care and community nursing teams.

3.7   The GMED Senior Management Team (SMT) and Chief Nurses for Aberdeenshire Health and Social Care Partnership (AHSCP) and Health and Social Care Moray (HSCM) have met regularly with representatives from Marie Curie to discuss concerns and how to implement potential changes that might optimise the delivery of unscheduled OOH nursing care thereby

reducing the operational impact on GMED and improving outcomes for patients across Moray and Aberdeenshire.

3.8   Marie Curie acknowledge that they are currently not delivering on the agreed service provision, despite numerous attempts to recruit they are unable to meet the contract and are keen to work in partnership to look at how the service can be delivered in the future. Both Moray and Aberdeenshire Health and Social Care Partnerships including the Chief Officers and GMED, have had several meetings to consider the development of a model for OOH nursing care that we can sustainably deliver across Aberdeenshire and Moray.

Current Financial position for continuing joint Moray / Aberdeenshire in house Model

3.9   The annual charge (2022/2023) for the Marie Curie Rapid response service across Moray and Aberdeenshire £465,834 (£155,278 per base). This current service is supplemented with charitable funds from Marie Curie. (Marie Curie, as detailed above have indicated that they are no longer able to deliver the contract but if this was not the position and they were able to deliver the model of care for the coming year and beyond, the cost to NHSG (Moray and Aberdeenshire) would significantly increase as Marie Curie have recently increased their staff payment rate to align with Agenda For Change pay scale).

3.10   The current estimated revised "in house" model covering the service across Moray and Aberdeenshire, using the 3 base model across the 2 Health and Social Care Partnerships (HSCPs) but with the introduction of a triage process, supporting better use of the staff, right person, right skill set model, would cost £1,066,684 per year resulting in a current deficit of circa £650K (including equipment costs) per year.

3.11   This proposed new standalone staffing model would cost Moray £355,525 per year (if the agreement across both HSCPs was to split the costing 2/3 Aberdeenshire / 1/3 Moray).

3.12   With the proposed phased approach to reviewing the Out of Hours Nursing Care model, with Phase 1 planned over initial 6 months, this will have a financial impact of £100,123 for Moray for September 2023 – March 2024 (this costing includes the funding already aligned to Out of Hours Rapid Response as part of the Marie Curie Contract).

4.   KEY MATTERS RELEVANT TO RECOMMENDATION

4.1   As a result of the notice period served by Marie Curie detailing their inability to continue to deliver the current contract as of the 30 September 2023, without progressing an "in house" model as part of Phase 1 of an Out of Hours review, this will result in significant risks to the population of Moray in relation to the inability to deliver an Out Of Hours Nursing Care service.

4.2   The priority is continuation of the service for a 6 month period in conjunction with Aberdeenshire to allow a full review to progress as part of Phase 2 and consideration for a Moray standalone model.

5.   **SUMMARY OF IMPLICATIONS**

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2022 – 2032
The policy and approach set out in this report is consistent with the MIJB Strategic Plan.

(b) Policy and Legal
A number of policy and legal implications to be considered.

(c) Financial implications
There is financial implications as detailed above if the Out of Hours Nursing service was to be delivered "in house" by NHS Grampian which would be a cost pressure.

(d) Risk Implications and Mitigation
The priority is continuation of the service for patients out of hours and support an in house model across Aberdeenshire and Moray with the introduction of a triage role to prioritise the care out of hours and meet the needs of the population. This model would support the delivery of the right care at the right time by the right people. Without interventions and the development of an" in house" model there will be no Out of Hours Nursing Service for the patients of Moray.

(e) Staffing Implications
There are implications on staffing provision and on staff health and wellbeing.

(f) Property
There are implications on property provision.

(g) Equalities/Socio Economic Impact
An Integrated Impact Assessment has been carried out as part of the development of the proposal and no impact has been identified.

(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:

- Chief Officer Health and Social Care Moray
- Aberdeenshire IJB
- Moray HSCP Senior Management Team

6. <u>CONCLUSION</u>

6.1   The Moray Integration Joint Board Clinical and Care Governance Committee are asked to acknowledge the time frames in relation to the notice period submitted by Marie Curie in relation to Rapid Response Out of Hours Nursing Service and the impact this will have on the population of Moray if an "in house" model of care is not progressed timeously as part of the Phased 1 approach.

6.2   Phase 1 will allow a full review of the service needs with progression to Phase 2 and consideration of a Moray standalone model.

Author of Report: Fiona Robertson, Chief Nurse, Moray

REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 31 AUGUST 2023

SUBJECT: NHS DENTAL PROVISION IN MORAY

BY: DENTAL CLINICAL LEAD, MORAY PUBLIC DENTAL SERVICES

1.   <u>REASON FOR REPORT</u>

1.1. To inform the Committee about the current status of NHS dental provision in Moray.

2.   <u>RECOMMENDATION</u>

2.1. It is recommended that the Committee considers and notes the current challenges facing NHS dentistry in Moray and nationally.

3.   <u>BACKGROUND</u>

3.1. Across the UK, NHS dental access has been adversely affected, due largely to recruitment challenges and consequences of the pandemic. The deferred graduation of dental students in 2021, Britain leaving the EU, delays to the Oversees Registration Exam and changing workforce patterns have all impacted on recruitment.

3.2. There is a chronic NHS dental access problem in Moray; this has been ongoing since 2020. Currently, there are no General Dental Service (GDS) (local independent NHS)) dental practices in Moray accepting new adult patients for NHS registration.

3.3. A small but increasing percentage of the Moray population are unable to access an NHS dentist for routine and preventative care – young children and new residents are particularly affected. In addition, 3000 Moray residents were deregistered from a local NHS practice in August 2022.

3.4. There has been considerable financial uncertainty for General Dental Practitioners (GDPs) during and following the pandemic. SG are currently revising the Statement of Dental Remuneration (SDR) and fees package, to be implemented from 1 November 2023. This SDR reform will impact on the attractiveness of NHS provision for GDS GDPs - independent contractors aligned to NHSG Primary Care Contracts.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. Scottish Dental Access Initiative (SDAI) Grants and Recruitment and Retention Allowances were approved for Moray in 2021, to encourage new dentists and/or practices into the area. No applications have been received.

4.2. Urgent dental care provision in Moray remains comprehensive for all – supported by Moray Public Dental Service (PDS (salaried NHSG service)). An initiative to improve signposting for urgent dental care, both for patients and HSCM colleagues, will be progressed further.

4.3. Moray PDS continue to register patients with priority group or additional support needs, and in 2021 activated contingency plans to temporarily support NHS dental access in Moray.

4.4. Moray PDS are offering single courses of treatment to unregistered patients with the highest dental need. Suitable patients are identified through their initial urgent presentation or via current dental public health programmes.

4.5. Increased delivery of urgent and routine care to unregistered patients is impacting on Moray PDS core services. The PDS were unable to further increase capacity during 2022 due to an inability to recruit new dentists – eight attempts at recruitment were unsuccessful. Some prioritisation of patient care may be required in the short-term to ensure ongoing care arrangements across Moray for all.

4.6. The recent SG parliamentary Recovery of NHS dental services inquiry acknowledged that "NHS dental services have not yet recovered to pre-pandemic levels" and "recommends that the Scottish Government provide costings for – and consults on – different service model options." It is unclear how this will impact on the 31 October deadline for SDR reform.

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"
Availability of services is key to enable people to build resilience and maximise the health and wellbeing potential, one of the core themes of MIJB strategic plan.

(b) Policy and Legal
In line with Scottish Government guidance and requirements.

(c) Financial implications
To mitigate the current issues, increased funding is required to support Moray PDS to recruit, expand capacity and extend the reach of current dental public health and oral health improvement initiatives. No funding has currently been identified by SG.

(d) Risk Implications and Mitigation
Risks: Inadequate access to routine NHS dental care for Moray population:

- Unsatisfactory patient outcomes
- Increase in complaints and adverse media coverage.

There is a risk of burnout and retention problems if Moray PDS continue to mitigate the current NHS dental access issues unsupported.

If GDPs are discontent with the revised SDR and funding package, there is a risk that more GDPs convert to a private model, exacerbating the current NHS dental access issue.

The following patient specific measures have been put in place to reduce harm:

- Signposting of unregistered patients to practices accepting new NHS patients. Information on practice availability posted on NHS Grampian public website and reviewed regularly.
- Information on arrangements for accessing urgent and emergency treatment have been made available on NHS Grampian public website.
- Opportunities for single courses of care are offered to unregistered patients by the Public Dental Service.
- Oral Health Improvement programmes including nursery and primary school Childsmile programmes were fully remobilised and the reach of community engagement programmes has been extended.

(e)   Staffing Implications
Recruitment opportunities available but lack of dentists across Scotland seeking NHS roles.

Good retention of staff is crucial - ensure team feel supported, valued and empowered to initiate positive change.

(f)   Property
None directly arising from this report.

(g)   Equalities/Socio Economic Impact
Dental health inequalities are widening due to the effects of the pandemic and current dental access issues. The requirement to travel further to access NHS care, or the option to pay privately to access local care sooner, is disadvantaging those in lower socio-economic groups.

(h)   Climate Change and Biodiversity Impacts
Patients are having to travel further distances, including across HSCP borders, to access NHS dental care.

(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:

- Jonathan Iloya, NHSG Director of Dentistry
- Amro Alkado, NHSG Dental Practice Adviser
- HSCM Clinical and Care Governance Group

6.   CONCLUSION

6.1. NHS dentistry is facing an unprecedented set of challenges and remote and rural areas are being disproportionately affected by recruitment issues. Significant reform is required to rebalance the GDS system and improve access to NHS care.

6.2. The SDR reform scheduled for implementation from 1 November 2023 could influence availability of NHS dental care in either direction. Moray PDS, as the only salaried dental service within HSCM, will plan for both scenarios but are restricted in their ability to mitigate access problems due to funding restrictions and recruitment challenges.

Author of Report: LAURA STEVENSON (DENTAL CLINICAL LEAD, MORAY PDS)

References: [Recovery of NHS dental services inquiry | Scottish Parliament Website](#)

REPORT TO: **MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 31 AUGUST 2023**

SUBJECT: **MORAY DAYTIME UNSCHEDULED CARE SERVICE (MORAY DUCS)**

BY: **HEAD OF SERVICE**

1. REASON FOR REPORT

1.1 To inform the Committee regarding progress made in relation to a Moray Daytime Unscheduled Care Service 10 week test of change (January – March 2023).

2. RECOMMENDATION

2.1 **It is recommended that the Clinical and Care Governance Committee considers and notes:**

   i) **the evaluation made in relation to the test of change; and**

   ii) **that the findings will be considered in the winter planning for 2023/24 and incorporated in the General Practice (GP) Vision Project, looking at the GP Services in their entirety.**

3. BACKGROUND

3.1 This test of change was in response to considerable pressure across the health and care system in Grampian and locally in Moray. This pressure is particularly felt within General Practice, with acknowledgment both nationally and locally that sustainability is under threat. The ageing population, along with complex co-morbidities is resulting in an increasing number of patients being physically unable to attend the surgery. The unpredictability of the demand for unscheduled home visits during the day is becoming increasingly disruptive on an already stretched workforce. Often practices require two General Practitioners as a minimum to be in the building until 6pm and in smaller practices this can mean a dependence on locums – another increasingly depleted resource. GPs often triage these later requests for home visits and manage them by telephone or by deferring the visit until the next day. In some cases this may result in the visit being passed onto the out of hour's service. Therefore, it was felt there was a need to find further initiatives that supports

Practices with this demand, and as such the within service was developed. Funding for this test of change was applied for and provided.

3.2. **Service model** - The Moray Daytime Unscheduled Care Service (DUCS) was a test of change that comprised of an in-hours urgent care team (1 x GP and 2 x Advanced Nurse Practitioner (ANP)), operating a Monday-Friday, for a period of three months. Posts were employed by the Out Of Hours Primary Care service (GMED). Referrals were professional to professional with Practices calling a dedicated number: the GP/ANP would then triage the call deciding on a one, two, or four-hour urgency in discussion with the requesting Practice clinician. The call would then be dispatched via the Ad Astra operating system to the peripatetic clinicians.

3.3. Inclusion criteria were:

- patient unable to attend the surgery;
- patient home-visit request was between 1300-1700 hours;
- patient's clinical condition was suitable to be managed by an advanced practitioner and the patient agreed to being seen by an advanced practitioner.

3.4 Exclusion criteria included:

- patients with illness related to pregnancy;
- psychiatric symptoms and other complex patients that may be more effectively handled by GPs.

The exclusion criteria was mirrored by a similar project previously held in Aberdeen City.

3.5 Evaluation approach – Data collected included demography of patients; reason for referral and outcome of visits. Staff running the DUCS service and Practices who referred into the service were invited to engage in focus groups to share their experience of both delivering and receiving the service.

3.6 The full evaluation report is attached in **Appendix 1**.

4. **KEY MATTERS RELEVANT TO RECOMMENDATION**

Visits overview

4.1 Aberlour, Fochabers and Glenlivet Practices did not refer into the service. Elgin referred the largest portion of calls and is representative of their larger practice populations. The west therefore had a higher percentage of overall calls, although Buckie (Ardach Practice) did use the service regularly.

4.2 Average calls per week were 15, approximately three per day. From the referrals indicated, 57% had a chronic or long term condition exacerbating their symptoms.

4.3 The most common reason for referral was respiratory symptoms, then abdominal: this was mirrored by Out of Hours activity during the period. Post-Falls complications were the third most common factor.

REASON FOR REFERRAL (%)

Respiratory 41, Infection 9, Fall 10, UTI 3, Cardiac 18, General malaise 1.5, Abdominal 3, Head 4, Covid 11.5, MSK 0.5, Epilepsy 0.5, Palliative mgt 0.5, Mental Health 0.5
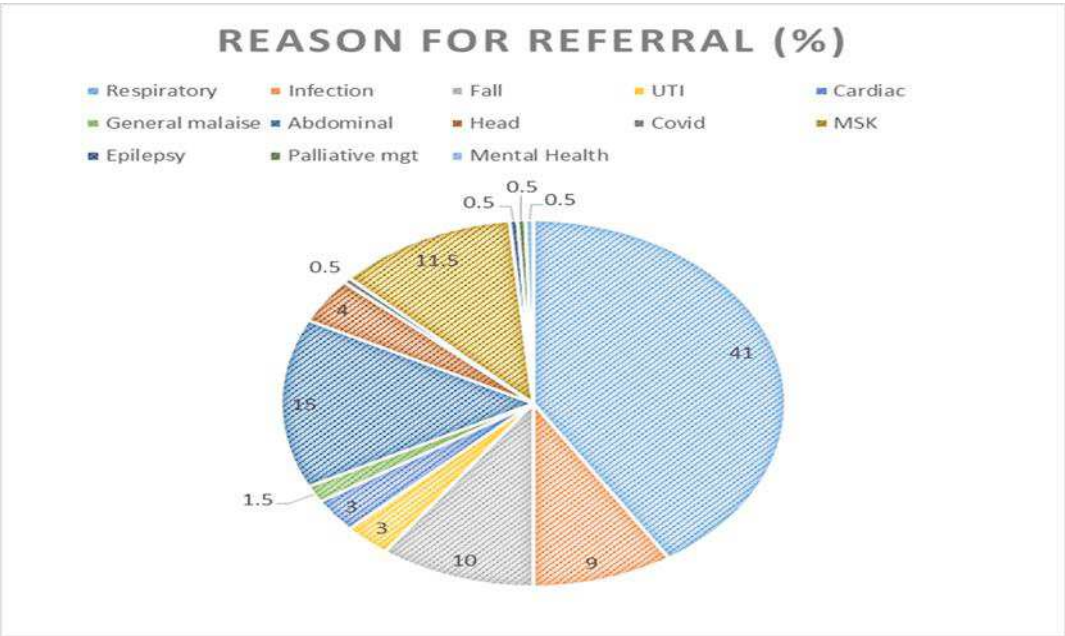
4.4 Outcome was measured in both clinical activity and also an expected as well as actual outcome was recorded.

4.5 Outcome was predominantly prescription based: this was expected. There was evidence of admission avoidance.

Outcome

	Total
xray	1
Mental health referral	1
Sputum sample	3
Stool sample recommended	1
Covid test	5
Urine test	3
CT recommended	1
referred SAS assessment	1
referred DN	3
referred DGH	1
referred GP	28
Bloods	12
Advice	17
Prescribed	71
Considered unsuitable	2
Admissions	11
Passed to OOH	9
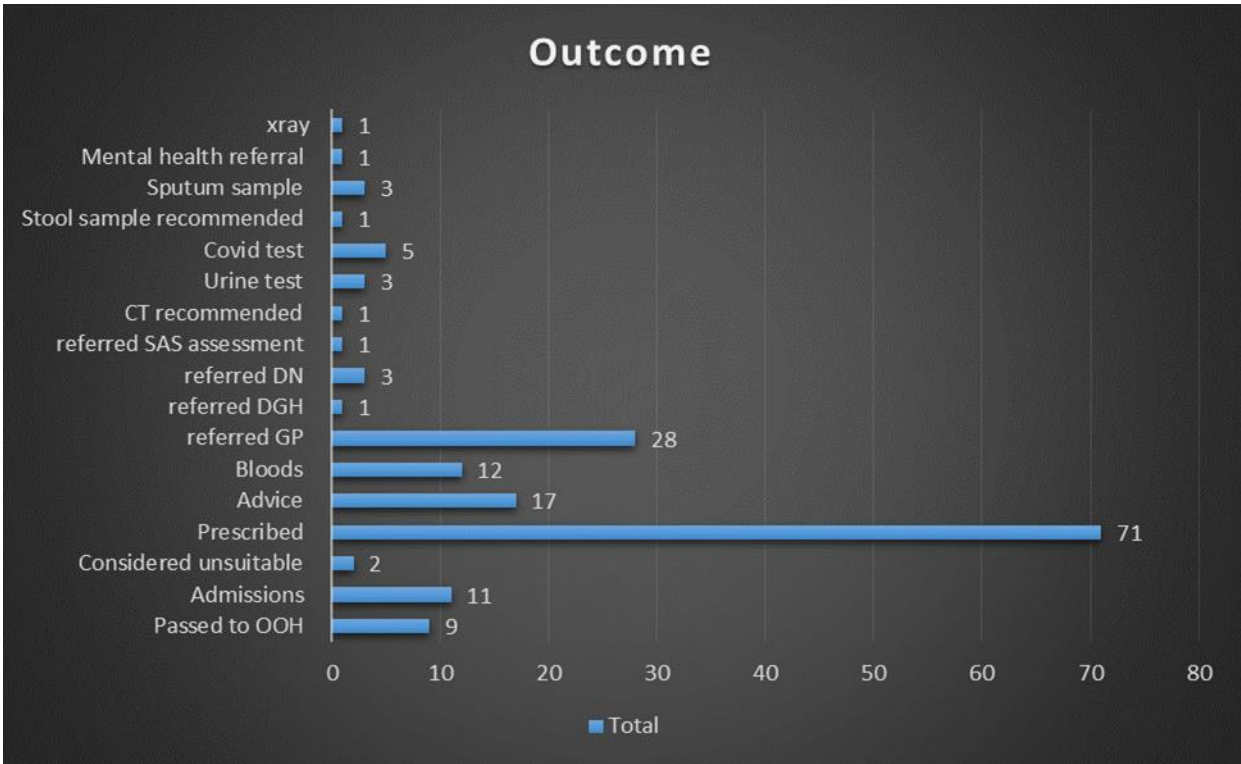
4.6 Costs were kept minimal by using ANP rather than GP as GP capacity became limited as time went on and shifts were shorter than expected, as was the duration of the project. Medication costs were also relatively low. There were six days in total that we could not run the service due to sickness and annual leave.

4.7 Average Costs per call:

- January £315
- February £436
- March £429

4.8 Costs were less than the anticipated overall expense. This is in part due to a reduced working day, staffing shortages and relying on less staff than planned and the lack of GP cover, particularly at the end of the test of change.

Initial Results:

4.9 The feedback from the practices was generally positive however there was an overall message from practices that a minor illness service would be more appropriate. The project needed to be run over a much longer period of time, with a much more sustainable workforce to enable the full service to be evaluated and full impact to be understood. The duration length did not allow for the embedding of the service, and so impact on GP workload was minimal, however it was acknowledged that the Practices felt the treatment received by their patients was helpful and appropriate.

4.10 It was thought that the service would be better integrated within the practices rather than stand alone and would benefit from a multi-disciplinary team approach.

4.11 The data presented allowed for identification of complex patients that were known in a hospital, community and out of hours environment: there is potential for early identification allowing for early or crisis intervention.

4.12 Face to face appointments were preferred by some, particularly parents of sick children who were willing to travel.

4.13 The service was set up quickly with the use of volunteer existing GMED staff offering to cover the shifts. As the TOC progressed, the staffing became more difficult, exacerbated by annual leave (end of leave year), long term sickness and phased retirement. GP cover became particularly difficult.

5. FUTURE MODELLING

5.1 Future models would need to incorporate:

i) A sustainable workforce – dedicated sustainable staff of a multi disciplinary nature to ensure early intervention was applied where appropriate.

ii) A Pan Grampian model would be preferable with face to face hubs established, particularly for minor illness. This would allow for centralisation of dispatch and data collation facility and reduce overall staffing costs.

iii) The model would need to be Nurse led rather than GP led - this would be economically sustainable.

iv) Robust systems communication would need to be in place to allow NHS 24/Acute/Primary care and Out of Hours information to be collated: this would allow for identification of vulnerable or failing patients allowing for early identification and prevention facilitation at the earliest opportunity.

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 policy and approach set out in this report is consistent with the ambitions of the MIJB Strategic Plan in providing care at home or close to home. This locality approach is also consistent with the ambitions of the Moray Council Corporate Plan and the Moray Community Planning Partnership LOIP. The NHSG Unscheduled Care Strategy – *right care, right place, right time.*

(b)   Policy and Legal

A number of policy and legal implications require to be considered, particularly regarding clinical pathways and data sharing.

(c)   Financial implications

Financial implications relating to building, systems, resourcing and staffing costs.

(d)   Risk Implications and Mitigation

Risks and mitigating factors are outlined within the report

(e)   Staffing Implications

There are implications on staffing provision and on staff terms and conditions.

(f)   Property

Implications relating to the Practice surgery premises across Grampian as well as face to face hub facility needed during the day.

(g)   Equalities/Socio Economic Impact

Pan Grampian needs analysis would need to be carried out prior to establishment of service to ensure hubs were centralised and rural areas were considered.

(h)   Climate Change and Biodiversity Impacts

Potential increase in carbon emissions due to peripatetic nature of service.

(i)   Directions

None arising directly from this report.

(j)   Consultations
   - Sean Coady, Head of Service, Health and Social Care Moray
   - Dr Robert Lockhart, Primary Care Clinical Lead, Health and Social Care Moray
   - Magda Polcik-Miniach, GMED Service Manager
   - Dr Calum Leask Aberdeen City Evaluation Lead

- Moray GP practices
- Moray DUCS staff

7. CONCLUSION

7.1 The MIJB are asked to note the full evaluation report at Appendix 1 which contains recommendations and points for discussion.

Author of Report: Natalie Jeffery - Business Support Manager

Background Papers:

Ref:

Item 12.

Moray Daytime Unscheduled Care Service (DUCS)

Evaluation Report

May 2023

Dr Calum Leask

Lead for Evaluation, NHS Grampian

Niki Couper

Senior Information Analyst, Public Health Scotland

Natalie Jeffrey

Business Support Manager, Moray Health & Social Care Partnership

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Key Points

- Given the short duration of this test of change, that was the consequence of being conceived through winter monies, coupled with staffing challenges in its delivery, all of the findings presented within must be interpreted with this context.

- It is feasible to develop and implement and unscheduled care service of this nature in a timely manner

- The value of an unscheduled care service was perceived variably across Practices, with some acknowledging the pressure this helped alleviate, whilst others did not feel this had much impact on their business.

- Pilot projects that are characterised by a short implementation time and reliant on a small cohort of staff to deliver the service may only result in a proportion of eligible Practices choosing to adapt their ways of working to fully test the approach.

- Such models may be more efficient for patients, but this comes at the expense of discontinuity of care.

- Future work would benefit from greater co-design of the service model with Practices to ensure the approach is congruent with their needs

- Adopting a multi-disciplinary approach to staffing such a model would help address staffing challenges and ensure the most effective use of resources

- Alternative delivery approaches could support greater relationship building between visiting teams and Practice teams, including adopting a hub and spoke model, or co-location.

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Executive summary

Background

There is considerable pressure across the health and care system in Grampian. This pressure is particularly felt within General Practice. The unpredictability of the demand for unscheduled home visits during the day is becoming increasingly disruptive on an already stretched workforce. Therefore, it was felt there is a need to find further initiatives that supports Practices with this demand, and as such the within service was developed.

The purpose of this report is to evaluate the Moray Daytime Unscheduled Care Service (DUCS).

Method

Service model - The Moray Daytime Unscheduled Care Service (DUCS) was a test of change that comprised of an in-hours urgent care team (1 x GP and 2 x ANP), operating from a Monday-Friday, for a period of three months. Posts were employed by the Out Of Hours Primary Care service (GMED). Referrals were professional to professional with Practices calling a dedicated number. The GP/ANP would then triage the call deciding on a one-, two-, or four-hour urgency in discussion with the requesting Practice clinician. The call would then be dispatched via Adastra to the peripatetic clinicians. Inclusion criteria were: patient unable to attend the surgery; patient home-visit request was between 1300-1700 hours; patient's clinical condition was suitable to be managed by an advanced practitioner and the patient agreed to being seen by an advanced practitioner. Exclusion criteria included patients with illness related to pregnancy; psychiatric symptoms and other complex patients that may be more effectively handled by GPs.

Evaluation approach – Data collected included demography of patients; reason for referral and outcome of visits. Staff running the DUCS service and Practices who referred into the service were invited to engage in focus groups to share their experience of both delivering and receiving the service.

Results

Service delivery - There were a total of 131 visits between January 23rd 2023 to March 31st 2023. Respiratory symptoms were the most common reason for referral. Prescriptions were the most common outcome of visits.

Practice perspective - Practices provided an average satisfaction score for the service of 5.5/10. Positives reported included a more efficient service for patients; new clinicians providing a fresh perspective on patients; allowing practice staff to focus on other things; feeling supported knowing there was support available; and a straightforward referral process. Perceived negatives included workload not being reduced as anticipated; service unavailability due to staffing; reduced continuity of care with this model; perceptions that the model was inappropriate for the majority of (complex) home visits; and already managing their demand. Future recommendations included taking a multi-disciplinary team approach; ensuring better integration with existing Practice staff; and upskilling staff to deal with more complex conditions.

DUCS staff perspective – Staff who engaged in the evaluation had a mean satisfaction score of delivering the service as 6.3/10. Positives reported included a more efficient service for patients; feeling like they were making a difference; supporting professional development; and a simple approach to reduce pressure in primary care. Perceived negatives included a lack of continuity of care; service uptake leading to unused capacity; and challenges staffing the service. Future recommendations included implementing such models for longer; spending more time co-designing

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services with Practices; refining the referral criteria for patient cohorts; developing a hybrid model to support both central and rural populations; and taking a multi-disciplinary approach.

Discussion and recommendations

Results indicate that it is feasible to implement such a model in Moray. However, changes would be required before recommending that this would be worthwhile to continue in its current guise. This is the case for several reasons, including: 1) the benefits of supporting Practices with this patient cohort was variable, a challenge that could be alleviated in the future through further co-design of such models with Practices; 2) staffing challenges and the short duration of the test meant Practices weren't willing to change how they worked, challenges that could be alleviated by adopted a more multi-disciplinary approach, and attempting to secure additional funding to run the pilot for a longer duration; 3) the delivery mode meant that relationships did not have the opportunity to develop between the DUCS team and Practices, a challenge that could be alleviated in the future by either adopting a longer test; a more systematic approach to relationship building between services; or an alternative delivery model that could see co-location or even integration of these services.

4

Background

There is considerable pressure across the health and care system in Grampian. This pressure is particularly felt within General Practice, with it being acknowledge both nationally and locally that its sustainability is under threat. The ageing population, along with complex co- morbidities is resulting in an increasing number of patients being physically unable to attend the surgery. The unpredictability of the demand for unscheduled home visits during the day is becoming increasingly disruptive on an already stretched workforce. Often practices require two General Practitioners as a minimum to be in the building until 6pm and in smaller practices this can mean a dependence on locums – another increasingly depleted resource. GPs often triage these later requests for home visits and manage them by telephone or by deferring the visit until the next day. In some cases this may result in the visit being passed onto the out of hour's service. Therefore, it was felt there is a need to find further initiatives that supports Practices with this demand, and as such the within service was developed.

The purpose of this report is to evaluate the Moray Daytime Unscheduled Care Service (DUCS).

5

Method

Moray context

Moray has a population of approximately 96,000. Some of this population is transient due to a large Armed Forces population. Elgin remains the largest town with over 25% of Moray's population centred there. Biggest employers are the NHS and Armed Forces.

GP recruitment is difficult as per the national picture. The population is growing older with majority of long term conditions being asthma, diabetes, some cancers. Problems in recruitment and retention overall are seeing the centralisation of some services. The three leading groups of causes of ill-health and early death in Moray are cancers, cardiovascular diseases and neurological disorders.[1] These groups of causes account for 50% of the total burden of health loss. The largest differences in burden - compared to Scotland - occur due to substance use disorders, digestive diseases and cancers.

Service model

The Moray Daytime Unscheduled Care Service (DUCS) was a test of change that comprised of an in-hours urgent care team, operating from a Monday-Friday, for a period of three months from January 23rd 2023 to March 31st 2023. Six posts were required to facilitate the test of change: 1 X GP, 2 X band 7 Advanced Nurse Practitioners, (ANP) 2 X Band 3 Drivers, 1x Band 3 admin dispatcher. Two 4x4 vehicles were available during the hours chosen: 1200-1800. Posts were employed by the Out Of Hours Primary Care service (GMED). These staff were already contracted bank GMED staff so impact on other services was deemed to be minimal. Rota participation was voluntary.

Referrals were professional to professional with Practices calling a dedicated number. The GP/ANP would then triage the call deciding on a one-, two-, or four-hour urgency in discussion with the requesting Practice clinician. The call would then be dispatched via Adastra to the peripatetic clinicians. Inclusion criteria were: patient unable to attend the surgery; patient home-visit request was between 1300-1700 hours; patient's clinical condition was suitable to be managed by an advanced practitioner and the patient agreed to being seen by an advanced practitioner. Exclusion criteria included patients with illness related to pregnancy; psychiatric symptoms and other complex patients that may be more effectively handled by GPs.

Reviews were made weekly with some shifts covered by a dispatcher, ANP and driver, depending on availability. This was considered sustainable in the long term. It was agreed the service's infancy that should the service be unable to run due to sickness or lack of staff availability, the service would be cancelled for that day.

The operational base chosen was a GMED out of hours base – The Oaks, in Elgin, which allowed for central Moray access. GMED staff were familiar with the layout and access of this building and the GMED vehicles were kept on site. Pharmacy/ medication was provided using additional GMED pharmacy boxes. Mileage and medication usage was recorded. Total Costings estimated for the 3 month period were £117,649.44. Communication was via the Business manager.

Data collection and analysis

Service descriptive data

Following each visit, the clinicians recorded a variety of data on Adastra. This included: symptoms; expected versus actual outcome; demographic information; clinical reason for referral. A separate

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[1] ScotPHO
https://www.scotpho.org.uk/comparative-health/burden-of-disease/local-area-burden-of-disease/

spreadsheet was kept for manual completion and additional notes, allowing for agile decision-making on a weekly basis based upon what practices were using the service and for what reasons; locality bias; demographic information;, recognition of known recent delayed discharges or community crisis persons; as well as long term condition monitoring. Costs were monitored weekly.

General Practice experience of service

All Practices were invited to engage in a focus group to describe their experience of engaging with the DUCS service. Practices that were unable to accommodate this request were offered the opportunity to document their experiences in written format. Focus groups were semi-structured in nature, and explored the Practices perceptions of positives and potential improvements to the service, from the perspective of patients, staff and Practice working. Focus groups were held via Microsoft Teams for a maximum of one hour. Fieldnotes were taken during the discussions and then sense-checked with participants to ensure that the data captured was representative of their view. Data collected from all Practices were combined and analysed thematically, providing key themes and subthemes. Discussions were also audio recorded for the purposes of extracting quotes that exemplified the essence of each theme and subtheme. Participation was voluntary and anonymised.

DUCS Staff experience of delivering service

The same process was undertaken separately for the staff who delivered the DUCS service as described above.

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Results

GP practice information

The characteristics of the Practices within Moray are visible below:

Table 1	Practice population	No GP	Male	Female
Ardach Health Centre	**8587**	8	4242	4345
Seafield & Cullen Medical Centre	**6906**	4	3395	3511
Linkwood Medical	**12207**	9	6004	6203
Fochabers Medical Practice	**4485**	2	2172	2313
Moray Coast Medical Practice	**10179**	10	4887	5292
The Maryhill Group Practice	**22250**	12	10871	11379
Varis Medical Practice	**8250**	8	3977	4273
Culbin Medical Practice	**8268**	8	4021	4247
Keith Medical Group	**7257**	5	3597	3660
Aberlour Health Centre	**3103**	1	1569	1534
Rinnes Medical Group	**3121**	6	1540	1581
Glenlivet Medical Practice	**558**	8	296	262

Patients in 15% most deprived areas	Quintile 1 - Most Deprived	Quintile 2	Quintile 3	Quintile 4	Quintile 5 - Least Deprived	Unassigned	Over a third of patients in Quintile 1?		
0%	0	1,342	5,368	2,164	0	1	✘	32586	Ardach Health Centre
0%	0	563	3,764	2,243	0	3	✘	32622	Seafield & Cullen Medical Centre
5%	995	2,490	2,677	4,633	1,241	17	✘	32707	Linkwood Medical
0%	1	632	1,127	2,665	1	1	✘	32750	Fochabers Medical Practice
0%	43	1,497	1,708	3,995	2,906	6	✘	32764	Moray Coast Medical Practice
3%	1,090	3,803	4,574	8,886	3,667	36	✘	32779	The Maryhill Group Practice
0%	249	1,130	3,318	2,430	987	14	✘	32801	Varis Medical Practice
0%	275	1,157	3,370	2,415	1,006	16	✘	32815	Culbin Medical Practice
0%	0	1,926	3,671	1,691	0	2	✘	32904	Keith Medical Group
0%	2	15	450	2,828	8	5	✘	33004	Aberlour Health Centre
0%	1	0	1,672	1,286	0	2	✘	33057	Rinnes Medical Group
0%	0	1	501	74	1	1	✘	33061	Glenlivet Medical Practice

Name	Urban 1 - Large Urban Areas	Urban 2 - Other Urban Areas	Urban 3 - Accessible Small Towns	Urban 4 - Remote Small Towns	Urban 5 - Very Remote Small Towns	Urban 6 - Accessible Rural	Urban 7 - Remote Rural	Urban 8 - Very Remote Rural
Ardach Health Centre	0	0	0	6,189	0	1,141	1,544	0
Seafield & Cullen Medical Centre	0	0	0	2,945	0	704	2,921	0
Linkwood Medical	0	8,876	2	0	0	3,157	1	0
Fochabers Medical Practice	0	10	0	8	0	4,397	11	0
Moray Coast Medical Practice	2	788	5,722	0	0	3,636	1	0
The Maryhill Group Practice	0	13,941	891	0	0	7,127	61	0
Varis Medical Practice	0	4,655	2	0	0	3,457	0	0
Culbin Medical Practice	0	4,916	0	0	0	3,307	0	0
Keith Medical Group	0	0	0	4,561	0	803	1,924	0
Aberlour Health Centre	0	29	1	9	0	2,256	1,007	1
Rinnes Medical Group	0	1	0	2	0	331	2,591	34
Glenlivet Medical Practice	0	2	0	0	0	29	513	33

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Visits overview

By Locality:

Town	%	Jan	Feb	Mar	Total
Aberlour	3	1	1	2	4
Buckie	12	5	5	6	16
Elgin	64	19	35	30	84
Fochabers	2	0	3	0	3
Forres	5	0	3	3	6
Huntly	1.5	1	1	0	2
Keith	4	0	2	3	5
Lossiemouth	4	1	0	4	5
Rothes	4	0	3	2	5
Out of area	0.5	0	0	1	1
Totals	100	27	53	51	131

Aberlour, Fochabers and Glenlivet Practices did not refer into the service. Elgin referred the largest portion of calls and is representative of their larger practice populations. The west therefore had a higher percentage of overall calls, although Buckie did use the service.
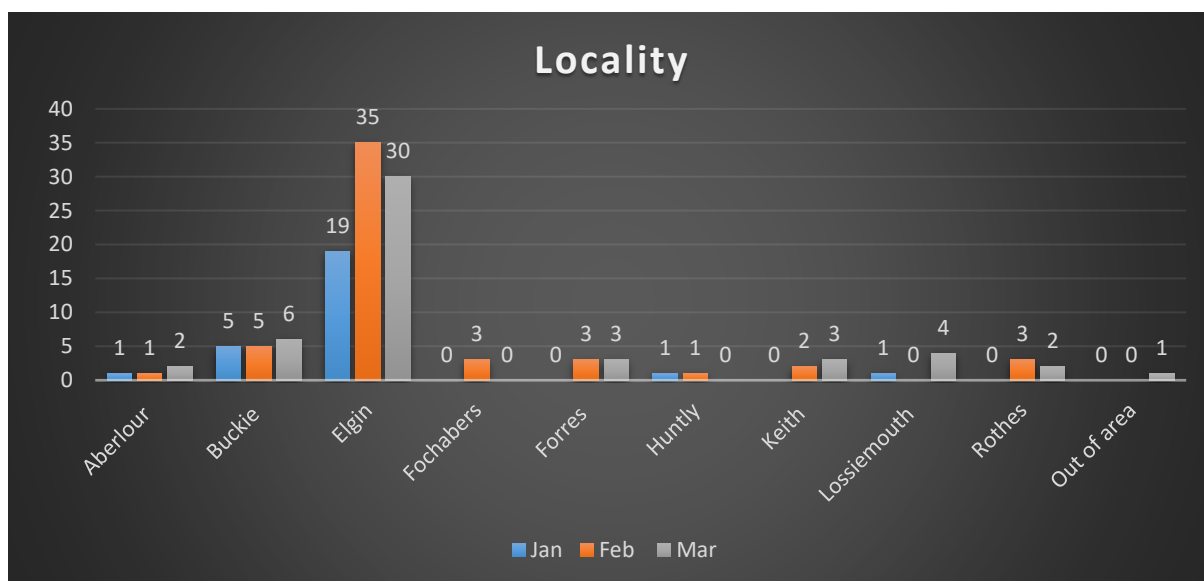
Sex of patient visits by month

	Jan	Feb	Mar
Female	13	32	36
Male	14	21	15
Totals	27	53	51

NB: This reflects a female to male ratio of 62:38 which is generally reflective of practice population demographics.

Average costs per call £	**Jan**	**Feb**	**Mar**	**Overall average**
	315	436	429	393.3333

Average calls per week were 15, approximately three per day. From the referrals indicated, 57% had a chronic or long term condition exacerbating their symptoms.

The most common reason for referral was respiratory symptoms, then abdominal: this was mirrored by Out of Hours activity during the period. Post Falls complications were the third most common factor.

Symptom	Jan	Feb	Mar
Respiratory	12	24	17
Infection	3	5	4
Fall	2	4	7
UTI	1	1	2
Cardiac	0	2	2
General malaise	0	0	2
Abdominal	4	7	8
Head	0	2	3
Covid	0	0	1
MSK	4	8	3
Epilepsy	0	0	1
Palliative mgt	1	0	0
Mental Health	0	0	1
Totals	27	53	51

REASON FOR REFERRAL (%)

Respiratory, Infection, Fall, UTI, Cardiac, General malaise, Abdominal, Head, Covid, MSK, Epilepsy, Palliative mgt, Mental Health

41, 9, 10, 3, 3, 1.5, 15, 4, 0.5, 11.5, 0.5, 0.5, 0.5

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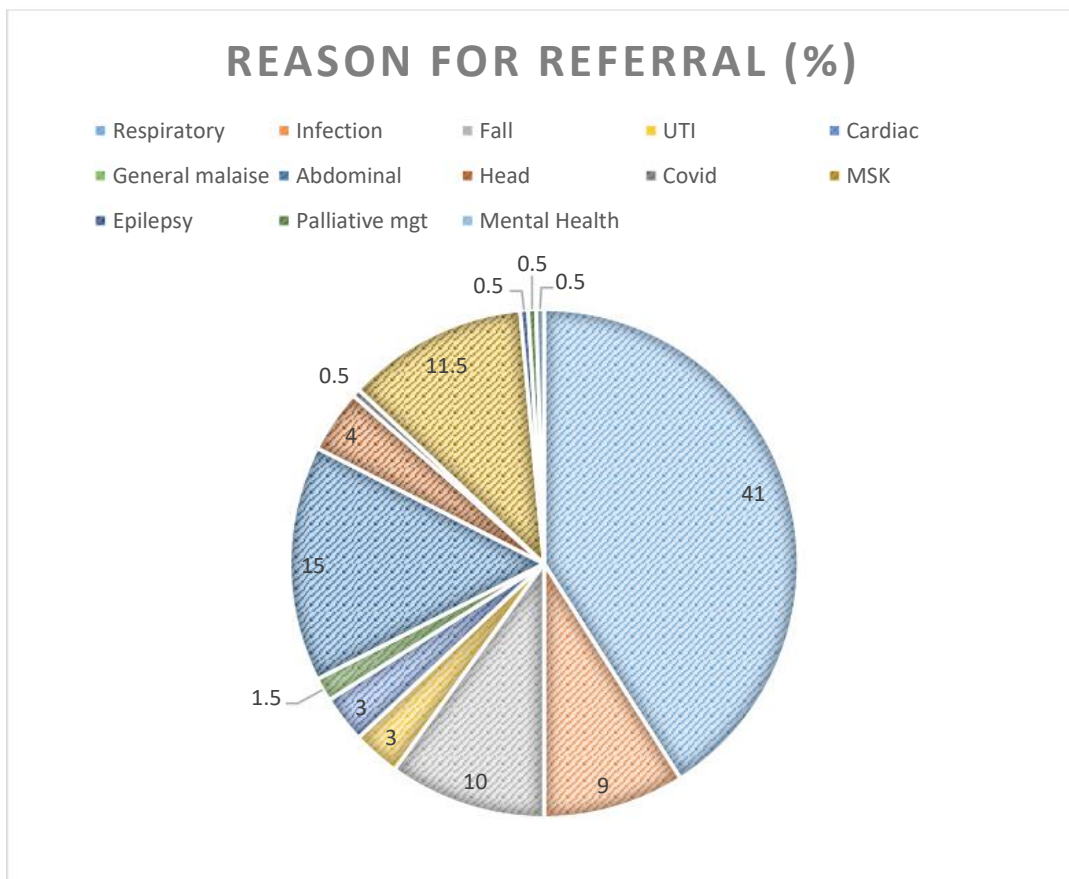
GP practice usage of service

Figure 1. Overview of visits per month by practice. NB: As analysis is of the first six months of implementation, only data up until 31st March is presented.

Practices	Jan	Feb	Mar	Totals
Ardach	2	0	2	4
Keith	1	3	3	7
Linkwood	5	10	2	17
Maryhill	16	33	30	79
Moray Coast	0	0	6	6
Rinnes (Maryhill)	0	1	0	1
Seafield and Cullen	3	3	5	11
Varis	0	3	3	6
Totals	27	53	51	131
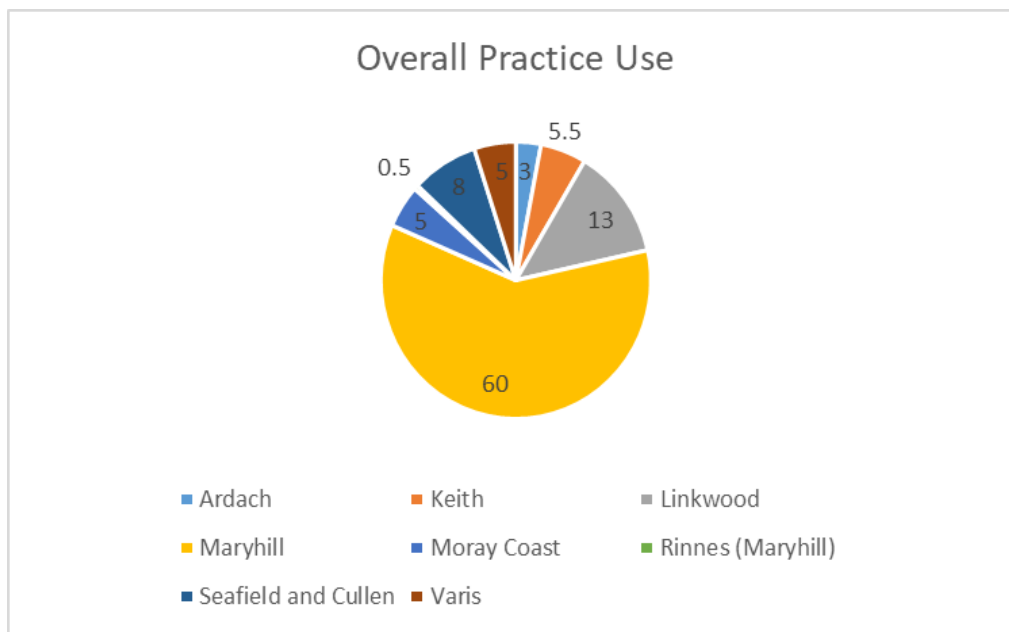
Outcome of visits

Outcome	Total	%
Passed to OOH	9	5
Admissions	11	7.3
Considered unsuitable	2	0.7
Prescribed	71	42
Advice	17	10
Bloods	12	7
referred GP	28	16
referred DGH	1	0.5
referred DN	3	2
referred SAS assessment	1	0.5
CT recommended	1	0.5
Urine test	3	2
Covid test	5	3
Stool sample recommended	1	0.5
Sputum sample	3	2
Mental health referral	1	0.5
xray	1	0.5

Outcome

Category	Total
xray	1
Mental health referral	1
Sputum sample	3
Stool sample recommended	1
Covid test	5
Urine test	3
CT recommended	1
referred SAS assessment	1
referred DN	3
referred DGH	1
referred GP	28
Bloods	12
Advice	17
Prescribed	71
Considered unsuitable	2
Admissions	11
Passed to OOH	9
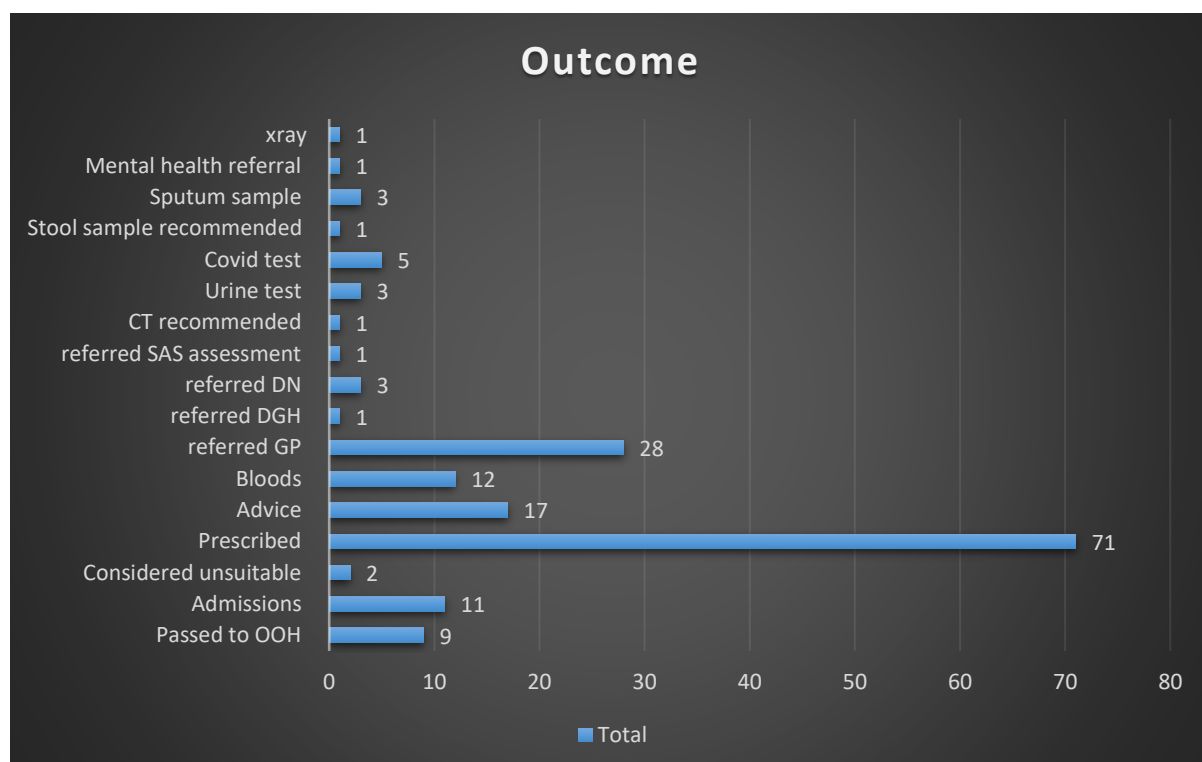
Costings

Expected:

	DailyCover		Weekly Cover	Weekly Cost (incl on cost)	4 weeks test of change cost
ANP	0800-1600	7.5	37.5	£ 1,089.67	£ 4,358.68
	1000-1800	7.5	37.5	£ 1,089.67	£ 4,358.68
GP	0800-1800	10	50	£ 5,388.00	£ 21,552.00
Logistics					
Car Lease - 41% of lease	*calculated for 2 cars			£ 89.45	£ 357.79
Fuel	*£10 per day /underestimate			£ 50.00	£ 200.00
B2 Driver	0800-1600	7.5	37.5	£ 540.85	£ 2,163.38
B2 Driver	1000-1800	7.5	37.5	£ 540.85	£ 2,163.38
B3 Admin	0800-1800	10	50	£ 790.67	£ 3,162.67
Adastra					
Licence				£ 100.29	£ 401.17
Toughbook				£ 124.68	£ 498.73
Sundries	*normally calculated on what was used basis				
Medication	*normally calculated on what was used basis				
			Totals	£ 9,804.12	£ 39,216.48

Actual Costs

	Shift	Hours per day	Hours per week	Daily	Weekly	Actual 44 days	Costs
ANP	1200-1800	6	30	174.03	870.15	8353.44	8353.44
	1300-1900	6	30	174.03	870.15	7831.35	7831.35
GP	1200-1800	6	30	646.56	3232.8	16164	16164
Logistics							
Car Lease 41%	for 2 cars			17.89	89.45		769.27
Fuel	£10 per day under estimate			10	50		
Mileage						1386 miles = 320.34	320.84
						Average cost of diesel 0.19 per mile	
b2 driver	1200-1800		30	86.54	432.6	3721.22	3721.22
b2 driver	1300-1900		30	86.54	432.6	3721.22	3721.22
b3 admin	1200-1700	5	15		237.2		1186
Ad Astra							
Licence					100.29		1002.9
Toughbook					124.68		1246.7
Sundries						35.71	35.71
Medication						75.47	75.47
							44428.12

Costs were kept minimal by using ANP rather than GP as GP capacity became limited as time went on and shifts were shorter than expected. Medication costs were also relatively low. There were six days in total that we could not run the service due to sickness and annual leave. Actual cost per call was therefore £339.15.

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GP experience

The characteristics of Practices that chose to engage with this evaluation are visible below:

Table x

Practice number	Respondents	Mode of response	Satisfaction score (of Practice)	Recommend? (Y/N)
1	GP x4 Practice Manager x1 Advanced Paramedic x1 Advanced Nurse Practitioner x1	Focus group	5.5	Y=3/7 N=4.7
2	GP x1	Focus group	7	Y
3	GP x1	Focus group	6.5	Y (on the right day for the right patient)
4	Practice Manager x1	Written feedback	3	N/A
5	Practice Manager x1	Written feedback	N/A	N/A

Project Benefits

Patients

Efficiency - It was felt that the service was more efficient for patients, particularly when practice staff may be busy whereas DUCs was a dedicated service that could see the patient straight away:

> *"Patients were phoning up and they were getting assessed pretty promptly and the clinical plans seemed sensible."*

Patient Management - Due to an increased demand within primary care, the new service may help to manage patient demand and expectations:

> *"May be brought into focus for the patients, that everything's not normal at the moment you've always got a new service being developed to gives them an idea that maybe there are issues with general practice."*

Some individuals reported they were happy with the clinical practice the service provided. They also noted that the new service provided a fresh perspective in terms of patient management especially with long-standing cases:

> *"Patients who we've been in a lot to see and we'll take a bit of a break somebody else can put some fresh eyes on it."*

Staff

Efficiency - Practice staff who would have previously conducted the home visits could use their time to focus on other priorities within the practice. It was also discussed how seeing those with minor illnesses away from the Practice may prevent an unnecessary full GP consult:

"It was a double win because for the time that, those staff weren't out doing these visits, they tended to stay in the practice, helping with the other ongoing work… it had more of an impact than the numbers would suggest."

Staff Support - The staff mentioned that they felt supported, knowing there was another resource in DUCS, which they could use, particularly on days with increased workload. Some staff also expressed that they felt there was a good supportive relationship between the teams:

"If you have slightly less resources or you're under a huge workload. There's a benefit in knowing that there is another resource available to you."

Practice Working

Support- Staff felt having an extra resource particularly later in the day, when they may be less staff and prior to the 'Out of Hours' team starting was beneficial to practice working:

"The benefits for the practice I found was later on in the day and there was limited staff in the building and somebody needed a house call…that was helpful."

Efficiency- Individuals commented that the process for referring a patient to the DUCS team was quick and straightforward:

"I think it was all positive experiences. The referral process was very easy."

Appropriateness- Practice staff felt that this service was helpful for those with minor illnesses as rather than cases who are already known to the practice. In some cases the staff felt it was advantageous for those within minor illnesses to be assessed away from the practice as to free up practice consult time:

"Ideally suited to stand alone encounters; pneumonia, pyelonephritis, acute abdomen, etc"
[provided via written feedback]

Project Drawbacks

Patients

Efficiency- Some staff reported that the service added an unnecessary tier to the patient pathway which may contribute to longer assessment/treatment times:

"Another tier of management… for no real reason. It's not in the patient's best interest"

Continuity of Care- The feedback gathered highlighted that practice staff felt it was more beneficial for them to continue seeing patients as they recognise the importance of longer-term support:

"The patient still needs an actual management plan rather than this will see them through till the morning."

Patient Education- Some thought that the new service was an additional change for patients to deal which could lead to confusion about the service:

"Drawback to patients are being another change. They were phoning up and thinking well, phoned the practice but someone came and saw me. They don't understand the complexity."

Staff

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Staff Time- Some of the Staff who fed back about the service felt GP workloads were not reduced as hoped. The staff felt it was more appropriate to refer simple cases which was felt to be a small proportion of their home visits:

"The overall aim was to reduce GP workload while it didn't because the people that they were going to see were simple, straightforward things... so it didn't reduce workloads."

Patient Management- Due to the DUCS team not being in-house, it made the logistics of communicating challenging on occasion, and this was from both staff and patient perspective. It was also noted that this set up can make it difficult to highlight who is responsible for follow up that may be required for patients seen:

"The DUCS team would then go and see them and there is in that gap where you didn't really know what happened. That presented a few real problems, so the patients didn't have any real point of contact either."

Availability- Practices reported that on occasions, the DUCS service was unavailable due to staffing issues resulting in the support not being there:

"The frustrating thing was thinking that you were referring a patient and then actually, they had no cover that day."

Practice

Efficiency- Some practices thought a more direct booking system would be beneficial as the current referral process was not efficient costing staff and patient's time. It was also felt that some practices felt disadvantaged about the service availability due to the geographical location:

"The administrative burden could be easier - a mechanism for us to book straight into appointments, usually triaged by admin/clinical at practice end, this has been like a second triage - too many steps for patients & referring clinicians"

Patient Management- It was felt that if patient records were accessible to the DUCS team, this could help create a safer, more streamlined patient pathway:

"The DUCs service, like GP OOH does not have access to electronic records – this is unsafe and does not provide continuity of care" [provided via written feedback]

Availability- Practices expressed there was instances where the service was unavailable and because of that didn't change their working ways. Other practices reported that they didn't want to keep referring and take up all the service capacity:

"Emails coming and saying that there is no DUCS service today... it wouldn't be reliable enough for us to go changing our service model."

Appropriateness- Staff commented that the service was not always appropriate for all patient cohorts. Some felt more comfortable seeing those with long term more complex conditions themselves, as practice staff will already know the patient's history and be able to put a more structured management plan in place compared to the DUCS team:

"I guess it felt like it was quite a narrow, slightly limited remit and those requiring a home visit in primary care is usually quite complex...ideally if it's someone who's complex with multimorbidity, then actually the usual GP is more appropriate"

Some practices felt the service was not as beneficial to them as others due to existing resource/ teams that able them to carry out home visits effectively:

"We cope well with the home visits as it is, there is the demand for home visits which is usually appropriate"

Future Recommendations

Delivery Model- The most commonly described improvement that could be made moving forward was adopting more of a multi-disciplinary approach, bringing in a variety of different staff with a broad range of expertise would ensure that limited resources were used in the most effective way:

"It would be amazing if there was a resource where you maybe had geriatrician … social worker, maybe another tier of physio who when you've got these patients who are on the brink of going into hospital … almost a hospital outreach into the community".

Some individuals thought by using the budget to integrate the resource within the practice would make the service more streamlined in-terms of staffing and communication:

"Overall I think that strengthening the general practice team is the best way forward, I think that we have lots of different services on the periphery becoming involved...but at the end of the day, it feeds back to the practice and the buck stops with us."

Facilitators- It was discussed, going forward, that stronger communication links would help integrate the service into practices. Communication, in-terms of the patient pathway and agreement of roles and responsibilities between the service and the practice:

"A conversation before the visit... if there are any problems, I'll phone when you're down there, you can get that visit done... save a big amount of time, but the doctor needs to be involved in that process."

It was discussed the need for the service within Moray as some practices already have an established unscheduled care team within the practice. It was suggested that an earlier GP OOH start time may help relieve the pressure within practices:
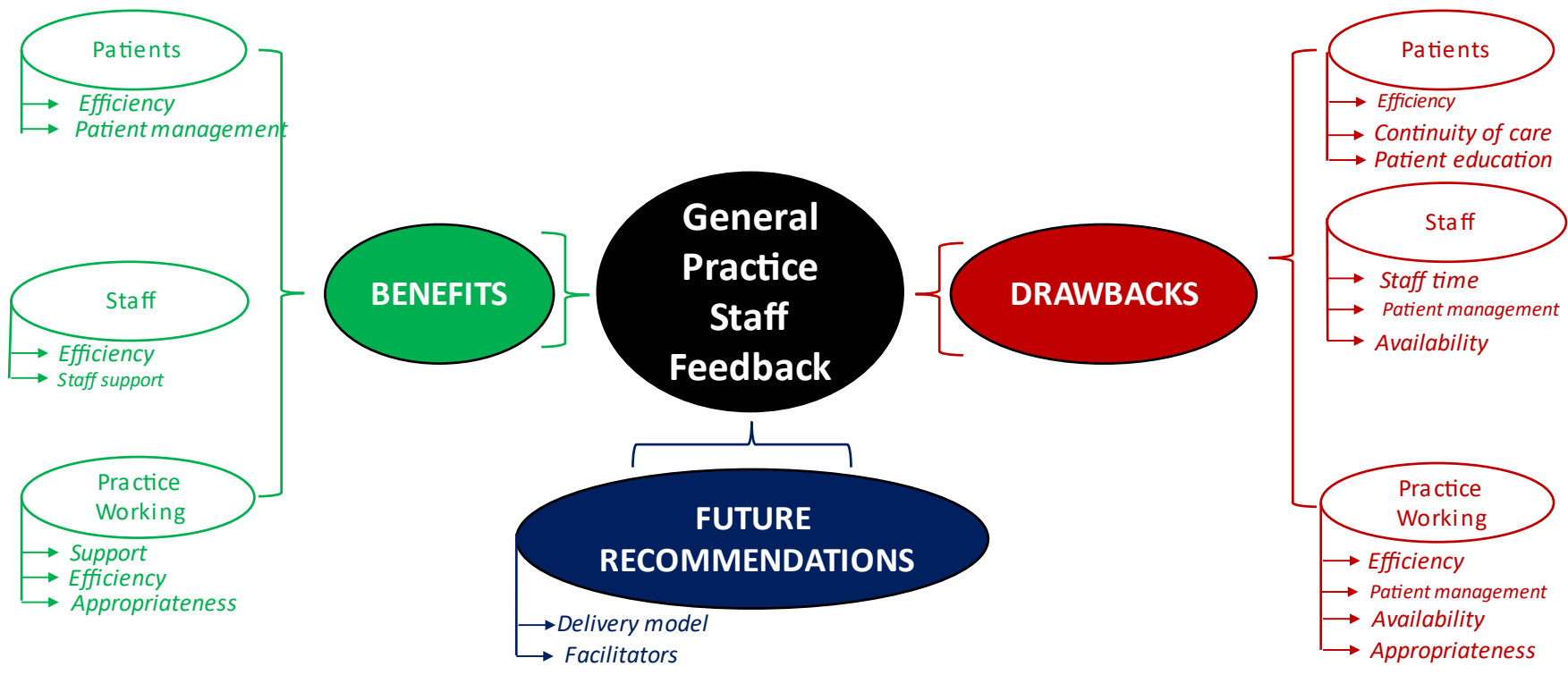
"We come from large practices where they've got a well-established unscheduled care team, much the same as other practices in Moray."

One of the practices mentioned that it would be advantageous to upskill already existing staff and increase efforts to recruit GPs and ANPs to Moray practices. Having more higher skilled staff would help maintain a home visiting service which may help with continuity of care:

[Improved skill set in DN and Community Nursing team would also be helpful. Both of the above options offer continuity which DUCs would not.] Provided via written feedback

From the practices, some felt that because the service was short term, the impact was not as significant as it may be if a longer-term plan was put in place:

"I guess we knew it was a short-term project so it wasn't like we made any changes"

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General Practice Staff Feedback

BENEFITS

Patients
- Efficiency
- Patient management

Staff
- Efficiency
- Staff support

Practice Working
- Support
- Efficiency
- Appropriateness

DRAWBACKS

Patients
- Efficiency
- Continuity of care
- Patient education

Staff
- Staff time
- Patient management
- Availability

Practice Working
- Efficiency
- Patient management
- Availability
- Appropriateness

FUTURE RECOMMENDATIONS
- Delivery model
- Facilitators

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DUCS Staff experience

Two ANP's and one GP attended the session. They had a combined 53 years experience in their roles. Their average satisfaction score of delivering the DUCS service was 6.3/10.

Project benefits

<u>Patients</u>

Appropriateness - It was felt that during the initial phases of the service being live, the right cohort of individuals were being cared for:

> *"I think [in the beginning] … the patients we seen were very appropriate"*

Patient satisfaction - The staff commented that they regularly received recognition from users of the service and their significant others:

> *"Huge positive feedback from them … and to the point that a few of them actually said, can we phone you directly next time?!"*

Efficiency - It was also mentioned that there could be occasions whereby patients who required a home visit would be seen in a more timely manner by the DUCS team when compared to the other challenges General Practice staff would have to deal with at the same time:

> *"I think it was just probably more efficient because we [DUCS Team] had more time. You know, the visits came in, we were straight out we there's maybe, you know, in the practice there's maybe a delay of a few hours while they see all the centres they've to see or the triage"*

<u>Staff</u>

Staff satisfaction – Respondents acknowledged that the initial experience of delivering the service was a positive one, particularly in instances where they felt they could really make a difference to patients:

> *"To start, but there was a lot of kind of excitement … there was that kind of sick patients who needed admitted and ones that took quite a bit of time, which was good for us because then you really felt that you were helping and you got good feedback from the practice the next day about … how you'd handled it … and the family had given thanks … So that was kind of nice and that kind of inspired you."*

Professional development – It was felt that this type of service model would be one valuable strategy to support the advancement of staff by giving them more experience in a different type of service delivery:

> *"We've always thought for years and years and years that we could do more to either make a progression that allows you to really build the widest possible range of skills and confidence."*

Flexibility – It was also thought that the concept might be attractive, particularly to individuals who wish for a balance between working through the day and then into the evenings, allowing them to better manage personal commitments:

> *"I thought one aspect of this might be that ANP is working in daytime practice, who had previously worked in GMED [out of hours service]. I think, ooh, this is a model I could get involved with. So if I could do some shifts during the day and then do some out of hours work, that might be a really nice."*

<u>Practice working</u>

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Positive feedback – The staff mentioned the value of communication with Practices that they visited patients on behalf of, particularly when they were satisfied with the care that had been provided:

"You really felt that you were helping and you got good feedback from the practice the next day about how you'd handled it"

Reduced demand – It was felt that the service itself was a simple way to try and decrease the pressures that were being felt in General Practice:

"We were providing a solution to was that the Practices were overwhelmed with demand and the worst of the demand came from unscheduled care and the worst of the unscheduled care demand came from having to go and do home visits when your team was depleted or you just couldn't do it … all you need to do is lift the phone and talk to me or [DUCS Staff] and we're going to do the home visit"

Rapid implementation – Individuals also reflected on how fast they were able to establish the service from the initial conception of the model, suggesting that similar approaches could be adopted in the future to support Practices in a timely manner:

"I guess in a practical sense, what we showed is you can do it very easily. You can pop it up and all the practicalities work and you can do it"

Project drawbacks

<u>Patients</u>

Referral appropriateness – Whilst it was felt that the patients that were visited during the initial phases were largely appropriate, there was a perception that this situation deteriorated over time:

"What we thought we were going to see and we ended up going to see some ended up seeing pretty sick people and admitting them directly to hospital … and then the mental health ones that we weren't to deal with"

Care discontinuity – One of the unintended consequences of such a model was that it would result in different clinicians visiting patients, perhaps more so than if the staff from the Practice were doing so:

"You can do part of the part of what the practice does, but you don't do the continuity of care"

<u>Staff</u>

Unused capacity – Respondents noted that whilst General Practice colleagues were struggling with demand on their services, this appeared to not translate into DUCS being fully utilised, and queries were raised as to why this was the case:

"It became clear quite early on that something a bit weird going on here. So why? Why if that was the storyline [Practices struggling], why do the practices not just jump on it? You'd think … that we would have been overwhelmed … we could have been absolutely swamped … the opposite occurred"

Perceived bias – One reason hypothesised for this unused capacity was a sense that Practices felt there was bias in how the service was being delivered. Respondents provided an example of where a more rural Practice patient could not be visited given the time of day and how this was perceived by the Practice staff:

"She [Practice Staff member] asked me if [patient visit] it had been local would we have gone, which I had said 'yeah, because of the time factor we could'. So she then said, 'well, that just shows me that

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there's prejudice against my practice' … And I said 'there's nothing to do here with prejudice against any practice, it's purely … a time factor and [we] wouldn't have the capacity."

Working patterns – The shifts that were offered to staff were thought not to be the most appropriate to maximise uptake of staffing of the service:

"It would be worth doing a bit of digging and asking around a shift patterns that might have actually made that happen [better uptake], because I know if you only you were saying we could have started earlier in the day and from childcare point of view and these kind of factors which we didn't have a chance in such a short test of change to work that out. But I just wondered if that was why?"

Staffing – As a potential consequence to the working patterns that were offered, there were challenges throughout the test of change, whereby the service did not operate on some days and on others, patient visits had to be rejected due to reduced capacity:

"I'm sorry that we couldn't do the call because of the staffing at the time of the call."

Practice working

Service uptake – The DUCS staff felt that the service could have been utilised more by Practices, with suspicion that there could be numerous reasons as to why this was the case. One rationale hypothesised was, should such a model be successful, a question as to where this would leave the roles of particular staff within Practice:

"I wondered if part of that is that they [Practice Nurse Practitioners] were worried. What would happen to their jobs? if they're [DUCS] doing our visits and our minor illness appointments, then what are we [Practice Nurse Practitioners] gonna be doing?"

Perceived usage – Examples were also provided of potential confusion between staff in Practices about how much the DUCS was being utilised, which was felt could have added to complications:

"Their practice manager was told by the Advanced Nurse practitioner that they were booking the patients in, but they didn't … the practice manager thought that they had … used up 15 slots of face to face, but in actual fact they used three with one did not attend."

Future recommendations

Time

Given the short duration of the test of change, it was hypothesised that many of the challenges described here may have settled should it have run for longer:

"The West visits in Aberdeen [a similar test of change] going on for a long time now … I wonder whether that had gone through the similar kind of difficulties and then settled into appropriate referrals over time … and whether we just didn't really go long enough."

Engagement

It was felt that moving forward, future services could be further enhanced by being co-designed with Practices and linking in closer with them on a regular basis to ensure it fits their needs:

"I think going forward … we would need to concentrate possibly more for continuity [of care] and more interaction with the Practices, so there's a bit more joined up working between this service and the GP practices."

It was also recognised however that the patients' perspective was also important to integrate:

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"We cannot just look at what we want and what the GP's want. There's a patient at the end of this that we're all trying to provide a service for. Therefore, I think their views and opinions count as well."

<u>Delivery model</u>

Patient cohort – It was recognised that further work would be required for future models to make sure the referral criteria was the most appropriate to make the biggest impact:

"We got messages, quite strong messages from certain GPs: 'Well, that's not that's not what we need. What we need is a minor illness service.'"

Work rotation – It was also felt that future models should provide greater flexibility in the hours that staff can work to help maximise the availability:
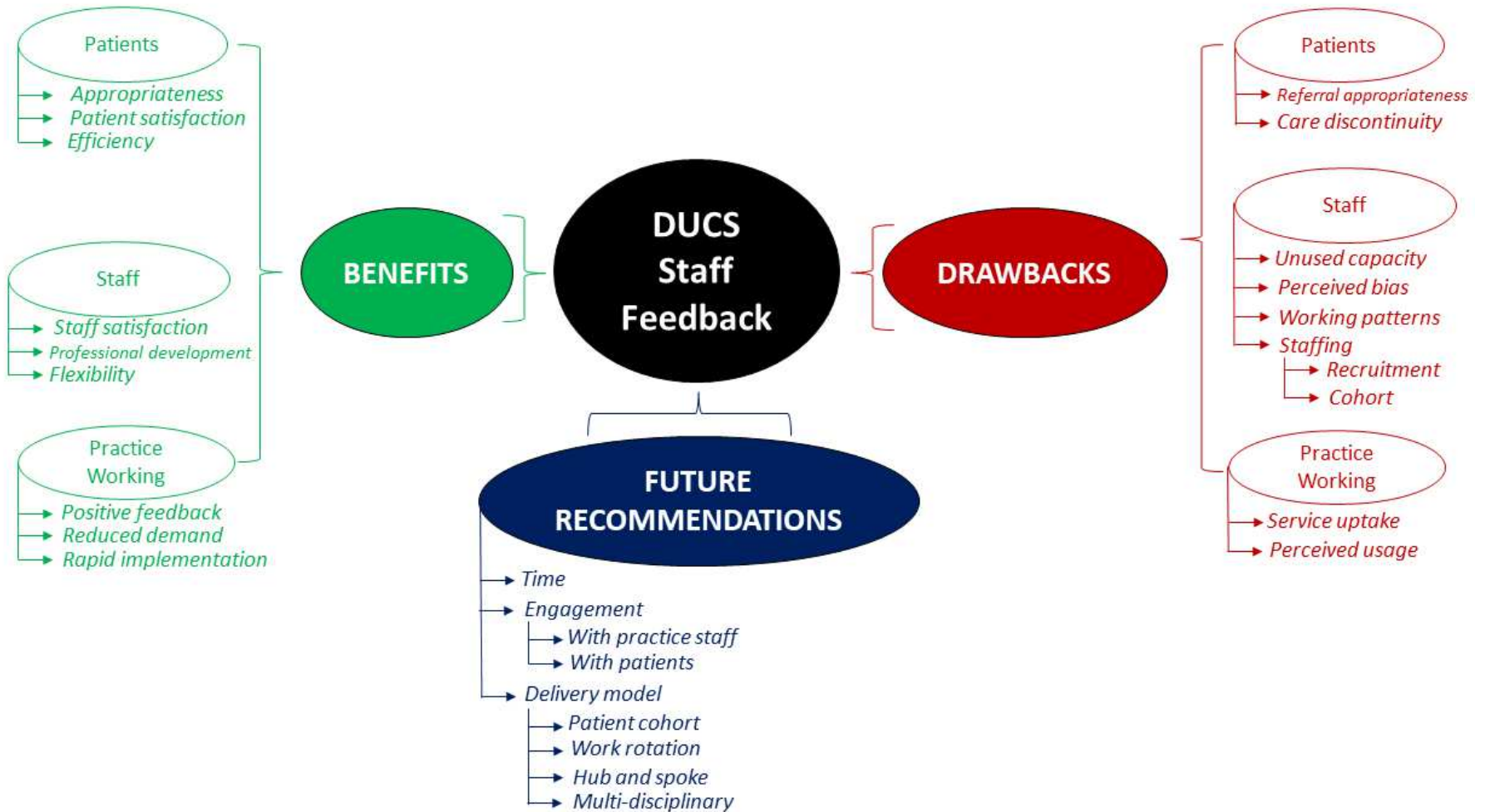
"It would be worth doing a bit of digging and asking around a shift patterns that might have actually made that happen, because I know if you only were saying we could have started earlier in the day and from childcare point of view and these kind of factors which we didn't have a chance in such a short test of change to work that out. But I just wondered if that was why [there were challenges getting staff to run the service]?"

Hub and spoke – Respondents were unanimous that in attempting to meet the needs of both urban and rural populations, a form of hub and spoke model would be a more effective strategy:

"You might have one hub in Aberdeen, and one in Moray and one in the Shire where you could bring together staff from practices and from people who wanted to do it as an extra, from and recruit staff in and you would run a minor illness kind of service. And you'd also have a home visiting hub based on the DUCS kind of model."

Multi-disciplinary – It was mentioned that the staff who run the service could be expanded upon to try and make the most effective use of resources. It was also acknowledged that having a GP deliver the service did make it more expensive than if only ANPs were used, but also that this additional cost was not necessary:

"Doesn't need to have the GP component in it at all … I think and it would make it far more cost effective service as well [if GPs did not deliver the service"

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DUCS Staff Feedback

BENEFITS

Patients
- Appropriateness
- Patient satisfaction
- Efficiency

Staff
- Staff satisfaction
- Professional development
- Flexibility

Practice Working
- Positive feedback
- Reduced demand
- Rapid implementation

DRAWBACKS

Patients
- Referral appropriateness
- Care discontinuity

Staff
- Unused capacity
- Perceived bias
- Working patterns
- Staffing
  - Recruitment
  - Cohort

Practice Working
- Service uptake
- Perceived usage

FUTURE RECOMMENDATIONS
- Time
- Engagement
  - With practice staff
  - With patients
- Delivery model
  - Patient cohort
  - Work rotation
  - Hub and spoke
  - Multi-disciplinary

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Discussion and recommendations

The purpose of this report is to evaluate the Daytime Unscheduled Care Service in Moray, whereby General Practices could have home visits for patients undertaken by the DUCS team on their behalf. This was thought to be an initiative that could be useful to support Practices by reducing their demand, particularly given the rurality of the area and subsequent travel time to patients' homes, and has shown promise in other areas of Grampian previously, such as the West Visiting Service in Aberdeen City.

The results indicate that it is feasible to implement an unscheduled care home visiting service in Moray. The model was able to be established and implemented at a quick pace, with individuals generally satisfied that the process for referring into the service, in addition to delivering the service, was straightforward. However, changes would be required before recommending that this would be worthwhile to continue in its current guise. This is the case for several reasons, including:

Patient cohort - the benefits of supporting Practices with this patient cohort appeared to be variable. Some commented that this was helpful to how they worked beyond a simple count of the number of visits undertaken, whilst other practices felt that it was only appropriate to refer in a small proportion of their home visits, thus feeling it did not have a big impact on their workload. There was a general perception that this service was deemed inappropriate for patients with complex needs, with some Practices commenting that this cohort accounted for the majority of their unscheduled visiting demand. These challenges could be alleviated in the future through co-design of such models with the Practices prior to implementation, however within this pilot, it was not possible to do so given the short timescales between funding allocation and requirement to spend the funding.

Staffing challenges – There were several instances whereby the service was unable to run given challenges getting staff to volunteer on the rota, and on occasions having to reject referrals to more rural practices when staffing was reduced. This meant that some Practices were unwilling to change how they worked as it was not deemed viable, a point reinforced given the short duration of the test of change. Both DUCS staff and Practice staff thought that adopted more of a multi-disciplinary approach could be one strategy to not just address these issues, but also ensure that the limited compliment of staff within the moray system were used in the most effective and efficient way.

Delivery mode – Having the DUCS team based remotely, coupled with the short duration of the pilot, meant that relationships did not have the opportunity to develop between the DUCS team and Practices. Further, the concept of bias was raised from both these staff groups, with an acknowledgement that the centralised model of this meant that there could be occasions whereby, due to the time of day requests came in, central Practices could be favoured over more rural Practices. These challenges could be alleviated through exploring alternative models of delivery that could provide a greater opportunity for closer working between the teams, including a hub and spoke model (whereby the DUCS team could be based within Practices), or the team could be diffused within Practices as a further integrative step. This co-location would not be a mandatory requirement, however in such circumstances a more systematic and deliberate approach to relationship building over time would be warranted.

Limitations - There are some limitations that require acknowledgement. Most importantly, this test of change ran for a short duration of three months. This means that all of the findings within may not necessarily be representative should the evaluation had taken place at a later stage once the service was allowed to be more embedded into the moray health and care system, however funding constraints meant this was not possible. Second, resource and time constraints did not allow for

feedback to be gathered directly from patients, however both the data from the DUCS staff and Practice staff indicated that this was an efficient model of care and that the care provided was acceptable.

Acknowledgements

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REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE
             GOVERNANCE COMMITTEE ON 31 AUGUST 2023

SUBJECT: PRIMARY CARE MINOR SURGERY

BY: PRIMARY CARE DEVELOPMENT MANAGER

1.   **REASON FOR REPORT**

1.1. To inform the Committee of the current position regarding the Moray Primary
     Care Minor Surgery Service.

2.   **RECOMMENDATION**

2.1. **It is recommended that the Clinical and Care Governance Committee
     consider and note the current position of Primary Care Minor Surgery
     Service.**

3.   **BACKGROUND**

3.1. A report was submitted to the previous meeting of the Committee on 25 May
     2023 (para 6 of the minute refers) which set out the current position of Primary
     Care Minor Surgery Service which is delivered from the Dr Gray's Hospital site
     and the impact on Moray patients.

3.2. At the meeting members requested a follow up report with possible solutions to
     the issues highlighted in the report.

4.   **KEY MATTERS RELEVANT TO RECOMMENDATION**

4.1. The service has developed over the years and now operates out of the Minor
     Surgical theatre facility on the Dr Gray's site every Wednesday, Thursday and
     alternate Fridays.

4.2. Since September 2022, due to issues within Dr Gray's theatres, the service is
     operating Wednesday and alternative Fridays only.   By implication, this
     reduction of operating capacity has led to increased waiting lists, which has
     resulted in workload pressures to both Primary and Secondary Care.

4.3. Historically, the service had operated from a facility at Seafield Hospital, this
     was discontinued due to concerns regarding the standard of the operating

facility itself i.e. infection control concerns, ventilation, etc and the fact that the facility is situated in a designated non-clinical zone.

4.4. The only suitable location for this facility in Moray would be Seafield Hospital in Buckie.

4.5. Consideration has been given to upgrade the Seafield premises to include a fully functional health facility that is complaint with the Scottish Health Technical Memorandum (SHTM).

4.6. Costings were sought to undertake this work and to ensure Seafield Hospital would be SHTM compliant. The estimated cost that this would incur is upward of £200K however it is anticipated that the actual costs would be far greater.

4.7. The reasons being as detailed in 4.3 above and the fact that the facility is situated in a designated non-clinical zone means that the area is also not compliant with material finishes; lighting; medical gasses, disposal areas, fire code, flooring etc. These aspects and the costs to upgrade these would also need to be investigated and consequently increase the overall costs.

4.8. Due to the nature of the Minor Surgery Service, it is considered that there is only one location that is suitable within Moray that could provide a safe, effective and reliable service delivery and that is Dr Gray's Hospital.

4.9. At the moment, to ensure that patients are seen by the service a robust waiting list is operational.

4.10. The service lead who works for the Minor Surgery Service on a Thursday uses this day to undertake telephone consultations and reviews with patients, as they are unable to access an operation suite.

4.11. If another member of the team is off on annual leave etc then the service leads swop working days for the service so that patients can been seen and any necessary operations can take place.

4.12. The Minor Surgery Service will return to full operational capacity at Dr Grays when the Intravitreal (IVT) theatre returns to operational capacity.

4.13. The Outpatient Service are reviewing their Standard Operating Procedure and the risk assessments required for the re-opening of the IVT theatre. Once this is complete, the Minor Surgery Service will plan for returning to full operational capacity at Dr Grays.

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"
   The policy and approach set out in this report is consistent with the MIJB Strategic Plan.

   (b) Policy and Legal
   A number of policy and legal implications to be considered

(c)   Financial implications
Financial implications regarding the refurbishment at Dr Grays and/or purchase of equipment

(d)   Risk Implications and Mitigation
Risks and mitigating factors are outlined within the report

(e)   Staffing Implications
There are implications on staffing provision and on staff health and wellbeing

(f)   Property
Implications regarding Dr Grays premises or alternative provision

(g)   Equalities/Socio Economic Impact
None arising directly from this report

(h)   Climate Change and Biodiversity Impacts
None arising directly from this report

(i)   Directions
None arising directly from this report

(j)   Consultations
Dr Robert Lockhart, Moray GP Clinical Lead
Dr Malcolm Simmons, Moray GP Clinical Lead
Dr Charles Hornsby, Moray GP Referral Surgery Clinical Lead
Sean Coady, Head of Service, Health and Social Care Moray

6.   CONCLUSION

6.1   The Committee are asked to note the content of this report

Author of Report: Rosemary Reeve, Primary Care Development Manager

Background Papers: Previous report

Ref:

REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON THE 31 AUGUST 2023

SUBJECT: THE CHILDREN'S SERVICES PLAN 2023-26

BY: SERVICE MANAGER, CHILDREN AND FAMILIES

1.   REASON FOR REPORT

1.1   To ask the Committee to note the strategic intent of the Children's Services Plan 2023-26, following delegation of Children and Families and Justice Social Work Services to the Moray Integration Joint Board (MIJB) on 16 March 2023.

2.   RECOMMENDATION

2.1   It is recommended that the Clinical and Care Governance Committee notes:

    i)   the Children's Services Plan 2023-26 at Appendix 1; and

    ii)   that an Annual Progress report will be presented to Committee for noting

3.   BACKGROUND

3.1. Part 3 of the Children and Young People (Scotland) Act 2014 places a statutory duty on the local authority and its relevant health board to prepare a Children's Services Plan for the area of the local authority, in respect of each three-year period. It is expected that they will work collaboratively with other members of the Community Planning Partnership (CPP), as well as with children, young people and their families at various stages of the plan's development and review.

3.2. Part 3 of the Act seeks to improve outcomes for all children and young people in Scotland by ensuring that local planning and delivery of services is integrated, focused on securing quality and value through preventative approaches, and dedicated to safeguarding, supporting and promoting child wellbeing. It aims to ensure that any action to meet need is taken at the earliest appropriate time and that, where appropriate, this is taken to prevent need arising.

3.3. The Community Planning Board devolved responsibility to produce the plan to the GIRFEC Leadership Group. They established Children's Services Plan (CSP) Development Group comprising of representatives from Education, Social Work, Health, Police, 3rd Sector and Adult Services. The plan was co-produced with children, young people and families. The development process is outlined on page 10 of the plan (**Appendix 1** - Children's Services Plan 2023-2026) and meets all requirements, as set out in the statutory guidance.

3.4. To simplify and better coordinate the strategic planning landscape the following statutory plans have been incorporated within the CSP:-
- Child Poverty Plan
- Corporate Parenting Plan
- Children's Rights and Participation Plan

In addition, it was agreed to incorporate the Promise Plan and the Child Protection Improvement Plan.

3.5 The action plans within the CSP detail the steps which will be taken to both meet statutory duties and address the key areas of concern, as highlighted through the Joint Strategic Needs Assessment.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. The Children's Services Plan was officially signed off by the Community Planning Board on 17 May 2023 and submitted to Scottish Government in accordance with statutory responsibilities. The Plan is developed through a partnership approach and the Plan has had wide engagement.

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 relates to the following priorities; 'Provide opportunities where young people can achieve their potential to be the best they can be' from the Corporate Plan, 'Building a better future for our children and young people in Moray' from the LOIP and the 3 themes within Partners in Care 2022-32 " Building Resilience, Partners in Care and Home First.

(b) **Policy and Legal**
The Children and Young People (Scotland) Act 2014 section 3(1) requires every local authority and its relevant health board to jointly produce a 3 year Children's Services Plan

(c) **Financial implications**
There are no financial implications arising directly from this report.

(d) **Risk Implications and Mitigation**
There are no risk implications arising directly from this report.

(e) **Staffing Implications**

There are no staffing implications arising directly from this report.

(f) Property
There are no property implications arising directly from this report.

(g) Equalities/Socio Economic Impact
An Equalities/Socio Economic Impact Assessment is not required as the purpose of this report is to provide the Committee with a copy of the approved Children's Services Plan (2023-26).

(h) Climate Change and Biodiversity Impacts
There are no climate change and biodiversity impacts arising directly from this report.

(i) Directions
A Direction is not required.

(j) Consultations
Tracy Stephen, Chair of GIRFEC Leadership Group prior to submission to Clinical Care Governance Group

Consultees in relation to development of this plan are detailed on P10 of Appendix 1 - Children's Services Plan 2023-26

6. CONCLUSION

6.1 The content of the Children's Services Plan 2023-26 which has been approved in accordance with statutory requirements is noted.

Author of Report: Shelley Taylor

Background Papers:

Ref:

OUR PROMISE TO THE CHILDREN OF MORAY

MORAY CHILDREN'S SERVICES PLAN 2023-26

Being Safe – Being Healthy and Happy - Being all that I can be - Having people in my life that care about me- Being Active - Being Respected –Being Included

Moray Community Planning Partnership

we will
#KeepThePromise

getting
it right
*for every child
in Moray*

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EXECUTIVE SUMMARY

Welcome to Moray Children's Services Plan 2023-26

Our plan has been produced by the public sector agencies with a responsibility for Moray's children and families, alongside third sector and community partners. At its heart is the voice and experience of children, young people and families themselves. It sets out our joint vision for Getting It Right for every Family in Moray.

"All children and young people in Moray grow up loved, safe, respected and equal, because our services and workforce put people first and support families with the right help at the right time."

We have taken time to listen to children and their families who told us where we were getting it right, as well as the improvements that they feel would make the biggest difference to them.

Moray Youth Matters, a group of young people from diverse backgrounds across Moray reviewed the vision they had developed in 2020. They decided to make no changes and highlighted the importance they place on being heard, not just listened to.

"We live in communities where our voice is heard, and we are built up to be all we can be."

This plan outlines how we intend to realise our vision and deliver the improvements children, young people and their families both need and want, building on our success to date. The key areas for improvement identified are; tackling child poverty, keeping children safe, improving the mental wellbeing of families and strengthening support for families. We have also prioritised meeting the needs of specific groups of children and young people; our care experienced and looked after children and children and young people who experience challenges due to disability or neurodiversity. To deliver these improvements we recognise whole system change is required. This plan includes the actions we intend to take to achieve this.

The plan was developed and will be delivered in the uncertain and challenging times we are currently experiencing, both locally and nationally. The longer-term impact of the restrictions put in place during the COVID-19 pandemic on the wellbeing of children, young people and families remains unclear. At the same time, family finances are being squeezed in the face of the rising cost of living, particularly,

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but not exclusively, in the rising costs of energy and food. Both have a direct impact on our services and community supports who continually strive to meet this escalating demand with ever diminishing resources.

As a partnership, we recognise that it has never been more important for us to work closely with our communities, pooling our collective resources to prevent more children and families reaching crisis point. We will build on the real successes delivered over the past 3 years, particularly those led by our communities and third sector partners.

We know that having a skilled, trauma informed workforce who have trusting relationships with children, young people and families is critical to our success. We will place an even greater priority on investing in the development of our paid and voluntary workforce, as well as providing the support they need to safeguard their own wellbeing.

This plan is our Promise to the children, young people and families of Moray. Our grateful thanks go to all those who collaborated on its production. We look forward to delivering it together, keeping children and young people at the heart of all that we do.

Signature:……………………………..

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INTRODUCTION

The GIRFEC Leadership Group, which is made up of strategic leaders from Education, Health, Social Work, Police and 3rd sector have co-ordinated the production of this plan on behalf of the Community Planning Partnership.
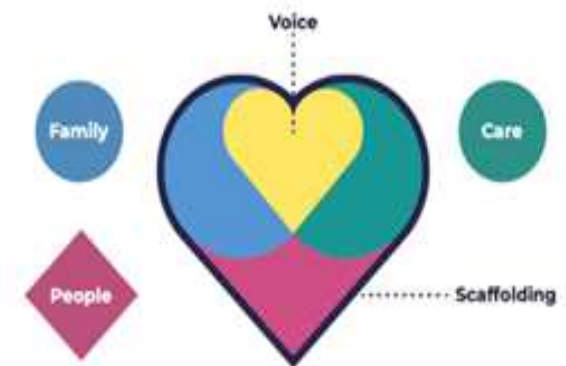
The plan covers: -
- Universal services available to all children and families such as health visiting and education
- More specialist services for families under pressure or in need of more support. For example, counselling for young people experiencing poor mental wellbeing
- Targeted services for the small number of children and young people who need care and protection.

Building on our achievements from our previous plans, it describes how we will work together to Get It Right for Every Family by delivering high quality, trauma responsive services and supports in a way that works for the children, young people and families of Moray. In accordance with statutory guidance, our focus is early intervention and prevention.

To streamline our strategic planning landscape and better coordinate partnership improvement activity, this plan incorporates the other key partnership plans that have an exclusive focus on children, young people and their families. They are:

- Child Poverty Plan
- Children's Rights and Participation Plan
- Corporate Parenting Plan
- Child Protection Improvement Plan.

On 5th February 2020, a promise was made to Scotland's infants, children, young people, adults and families. The Promise describes Scotland's commitment to children and young people that they will grow up loved, safe and respected. **This Children's Services Plan is our Promise to all children and families in Moray. It outlines our shared priorities, outcomes and actions under the 5 foundations of the Promise.**

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POLICY CONTEXT
National

Scotland's National Performance Framework articulates the vision of creating a more successful country by setting out 11 national outcomes we will work towards collectively. All the outcomes interlink and all are crucial to improving the lives of children and young people. **Our improvement priorities and associated actions are aligned with the ambitions for Scotland.**

The Scottish Government's Getting it Right For Every Child (GIRFEC) approach overarches everything that Government and public and voluntary services do that impacts on children and young people. It is the national approach in Scotland to improving outcomes and supporting the wellbeing of children and young people. **Our Children's Services Plan details the improvements we are going to make to get it right for every child in Moray.**

The United Nations Convention on the Rights of the Child (UNCRC) is the global "gold standard" for children's rights. It sets out the rights that all children have to help them to "be all they can be". They include rights relating to health, education, leisure, play, fair and equal treatment, protection from exploitation and the right to be heard. **We have detailed which rights are being met through the delivery of each of our priority action plans.**

The Promise is based on the voices of over 5,500 children and young people of which more than half had experience of living in care. It outlines what needs to happen on a Scotland wide basis to make sure children most in need feel loved and have the childhood they deserve. Keeping the Promise implementation plan outlines what is going to happen at a national level to help ensure the PROMISE is kept. **This plan details what we are going to do together in Moray to #keepthepromise.**

The Child Poverty (Scotland) Act 2017 places a duty on the council and NHS Grampian to produce a plan on how they will meet the targets set by Scottish Government to reduce child poverty. Best Start, Bright futures explains how the public, private and third sectors should work with communities to reduce child poverty. **This plan outlines the actions we will take together to reduce child poverty in Moray.**

The Mental Health Strategy 2017-27 sets out what the government and local services need to do to prevent and treat mental health problems. It has a clear focus on prevention and early intervention. **This plan details steps we are going to take together to support children, young people and families to maintain good mental wellbeing and to address problems as soon as they arise.**

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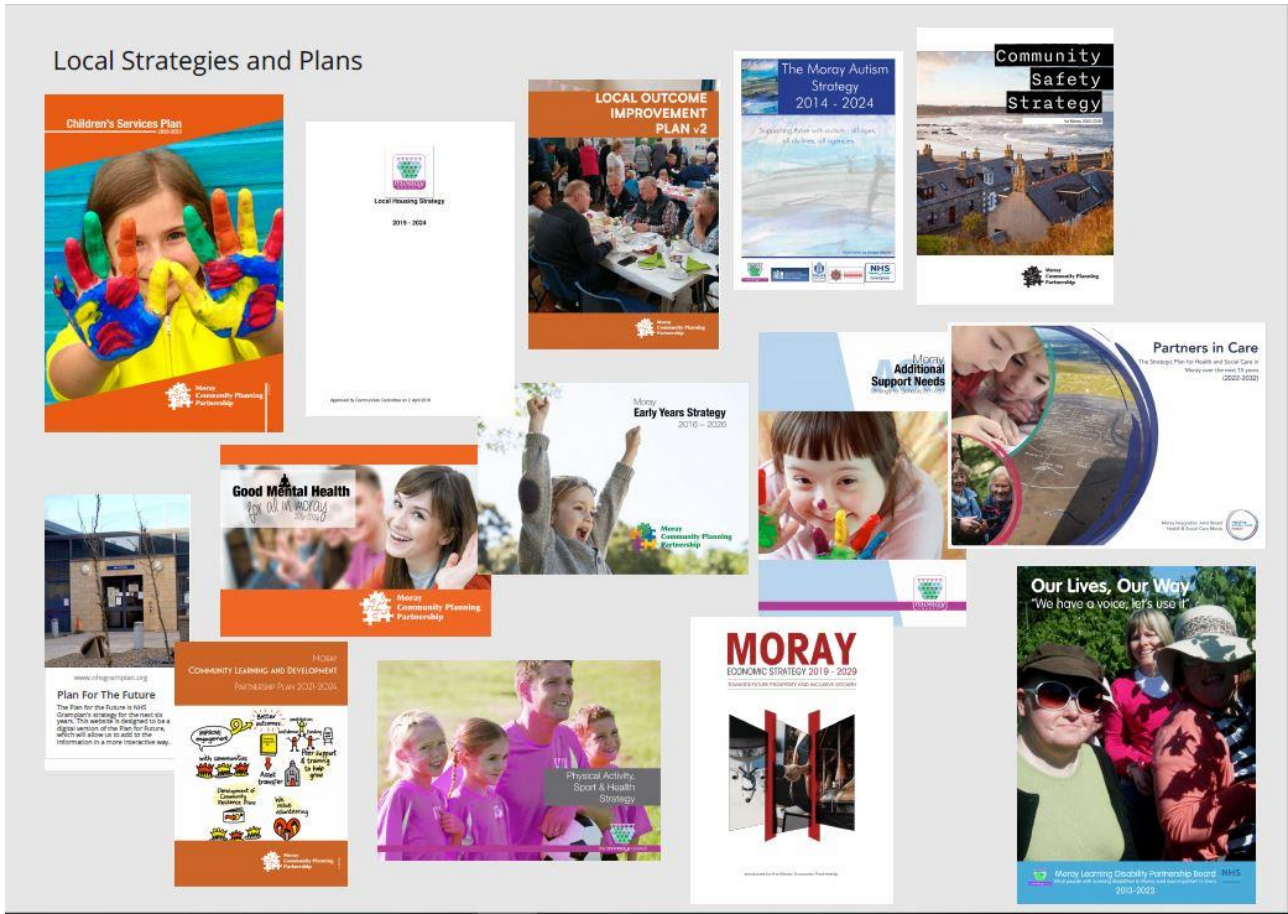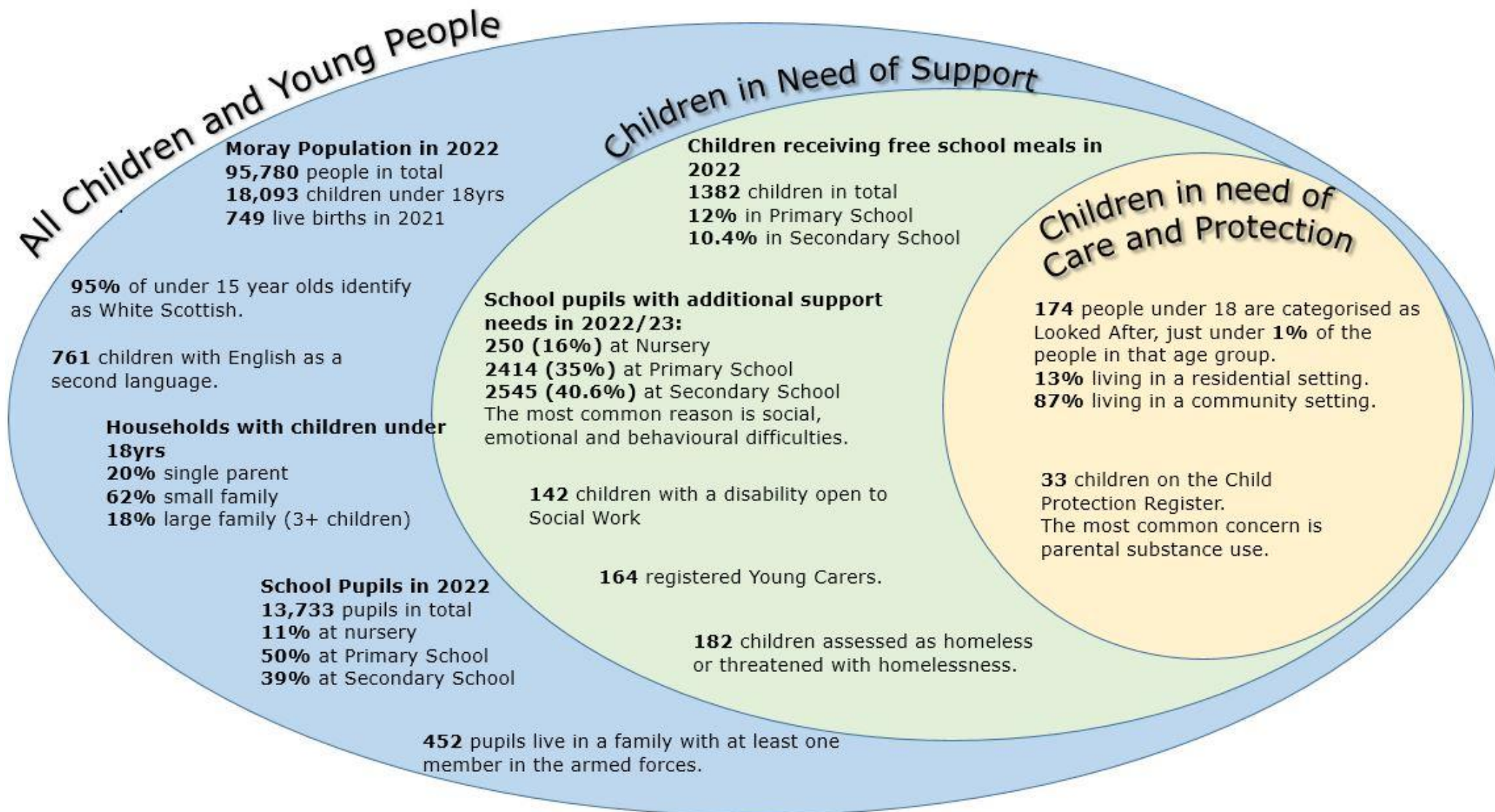
Local

Across the Community Planning Partnership, there is a wide range of local multi-agency strategies and plans which seek to improve the lives of children, young people and families in Moray in different ways. As previously highlighted, the partnership plans which solely focus on children, young people and families have now been incorporated within our Children's Services Plan. Links have been made with the other local strategies and plans whose scope is either broader than children, young people and families e.g. the Community learning and Development Plan or they have a thematic focus such as the Community Safety Strategy and Moray Alcohol and Drug Partnership Strategy.

Individual members of the GIRFEC Leadership Group either chair or are members of the other partnership groups responsible for developing and implementing these related plans. As such, they have an explicit remit to ensure the necessary linkages are made over the 3-year lifespan of this plan.

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PROFILE OF MORAY'S CHILDREN
Population

All Children and Young People

Moray Population in 2022
95,780 people in total
18,093 children under 18yrs
749 live births in 2021

95% of under 15 year olds identify as White Scottish.

761 children with English as a second language.

Households with children under 18yrs
20% single parent
62% small family
18% large family (3+ children)

School Pupils in 2022
13,733 pupils in total
11% at nursery
50% at Primary School
39% at Secondary School

452 pupils live in a family with at least one member in the armed forces.

Children in Need of Support

Children receiving free school meals in 2022
1382 children in total
12% in Primary School
10.4% in Secondary School

School pupils with additional support needs in 2022/23:
250 (16%) at Nursery
2414 (35%) at Primary School
2545 (40.6%) at Secondary School
The most common reason is social, emotional and behavioural difficulties.

142 children with a disability open to Social Work

164 registered Young Carers.

182 children assessed as homeless or threatened with homelessness.

Children in need of Care and Protection

174 people under 18 are categorised as Looked After, just under 1% of the people in that age group.
13% living in a residential setting.
87% living in a community setting.

33 children on the Child Protection Register.
The most common concern is parental substance use.

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WELLBEING OF MORAY'S CHILDREN

Being Safe
Growing up in an environment where a child or young person feels secure, nurtured, listened to and enabled to develop to their full potential. This includes freedom from abuse or neglect

Neighbourhood safety
86% of P5-S6 children feel safe when out in their local area *always* or *most of the time*

Bullying
35% of P5-S3 children said they were bullied in the last year

Being Healthy and Happy
Having the highest attainable standards of physical and mental health, access to suitable healthcare, and support in learning to make healthy and safe choices.

Mental Health and Wellbeing
47% of S2-S6 children have *slightly raised*, *high* or *very high* Strength & Difficulties score

Physical Health
56% of P5-S6 children eat vegetables every day or most days

77% of P1 children are a healthy weight

Being all I can be (Achieving)
Being supported and guided in learning and in the development of skills, confidence and self-esteem, at home, in school and in the community.

Positive destinations
94% school leavers moved onto education, training or employment

Literacy
64% of P1, P4 & P7 children achieved expected CfE literacy levels (reading, writing, listening & talking)

Numeracy
68% of P1, P4 & P7 children achieved expected CfE levels in numeracy

Having people in my life that care about me (Nurtured)
Growing, developing and being cared for in an environment which provides the physical and emotional security, compassion and warmth necessary for healthy growth and to develop resilience and a positive identity.

Pre-school development
4% children with a development concern at their 27-30 month review

Trusted Adult
62% of P5-S5 children have an adult in their life they can trust and talk to about any problems

Being Active
Having opportunities to take part in activities such as play, recreation and sport, which contribute to healthy growth and development, at home, in school and in the community.

Physical activity
57% P5-S6 children have at least 1 hour of exercise a day

Being Respected
Being involved in and having their voices heard in decisions that affect their life, with support where appropriate.

Involvement in Decision Making
54% of P5-S6 children agree that adults are good at taking what they say into account

Childrens Rights
63% of P5-S6 children know their rights

Being Responsible
Having opportunities and encouragement to play active and responsible roles at home, in school and in the community, and where necessary, having appropriate guidance and supervision.

Peer relationships
78% P5-S4 children have friends who treat them well

Being Included
Having help to overcome inequalities and being accepted as part of their family, school and community.

Digital inclusion
99.7% of P7-S6 children have access to the internet at home

Housing
35 children are in temporary accommodation

Child poverty rate is **21%**
School exclusion rate is **1.42%**

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WHAT WE SPEND ON CHILDREN'S SERVICES

Service	£
Local Authority:	
Social Work (including commissioned services)	£18,442,475
Early Learning and Childcare	£5,457,018
Schools	£63,456,912
Additional Support Needs - Education	£17,336,156
Youth Work and Family Learning	£465,838
Employability	£214,000
Health	
Health Visiting and School Nursing	£2,144,046
Perinatal Mental Health Services	£996,000*
Child and Adolescent Mental Health Services	£4,800,000*
Paediatric Allied Health Professional Services	£758,599
Partnership Funding (Confirmed on an annual basis)	
Whole Family Wellbeing Fund	£546,000
Whole Family Approaches –Alcohol and Drugs Partnership	£60,000
Mental Wellbeing Framework Funding	£275,000
Employability Grants from Scottish Government	£2,280,000

*Grampian budget. Moray breakdown not available

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OUR VISION, CORE PRINCIPLES AND VALUES

"All children and young people in Moray grow up loved, safe, respected and equal, because our services and workforce put people first and support families with the right help at the right time."

The principles and values which underpin the delivery of this plan reflect the core principles set out in The Promise and the 10 principles of holistic family support.

A relentless focus on what matters to children, young people and their families
What matters to children and families will be our highest priority and the cornerstone of how our services will operate both on a single agency and partnership basis. It will be centre of all policy, planning and service delivery.

Strengths based approach adopted by all
Inclusive, non-stigmatised approaches will be adopted which build on the strengths of all stakeholders - children and families themselves, the communities they live in and the professionals with a responsibility to support and protect them.

Prioritise prevention and early intervention
As a partnership, we will endeavour to retain a clear focus on identifying needs as early as possible. We will respond quickly and strive to provide the right services at the right time, with the knowledge that early intervention and support delivers better outcomes. We will place an ever-increasing focus on preventative work.

Uphold children's rights and enable participation
Through the development and delivery of this plan, we will protect, promote, defend and uphold children's rights. Our partnership is committed to investing in the engagement of children, young people and their families in the development, implementation and review phases of this plan.

Tackle inequalities
Our collective efforts and shared resources will be on addressing the greatest differences in outcomes for children, young people and families living in Moray.

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DEVELOPING THE PLAN
Our Approach

The production of this plan was a collaborative effort. Building on our strong partnership relationships, in July 2022 we established a Children's Services Plan Development Group made up of Managers from all key agencies and other relevant partnership groups including; Education, Social Work, Child Health, Public Health, Community Learning and Development, Public Protection, Adult Health and Social Care, Police and 3rd Sector.

The Children's Services Plan Development Group completed a joint strategic needs assessment to inform the plan. This comprised of:
- Analysis of key quantitative data available across the partnership.
- Findings of the national health and wellbeing survey, which was undertaken across schools in Moray in June 2022. Over 5400 pupils from P5 to S6 participated.
- Findings from two engagement events with members of the locality networks, made up of front-line practitioners and representatives from community organisations from across Moray. They were asked to highlight what is going well, the areas of greatest concern and what children and families are telling them would make the biggest difference. 102 front line practitioners and representatives from community organisations participated.
- The views of young people who participated in the summer school holiday activity programmes.
- Findings from more targeted engagement with children, young people and families whose voices are seldom heard including; LGBTQI+ community, care experienced young people, care experienced parents, young carers, young people with neuro-diverse challenges, parents whose children were born during the pandemic and parents of children with disabilities.

Findings from the strategic needs assessment were shared at a stakeholder event attended by 91 people from across the partnership. We are delighted that our community and third sector partners were particularly well represented at this event. The areas for action both in the short and longer term were identified. They focus on continuing to build on the successes to date, as well as tackling emerging themes and ongoing challenges where a partnership approach is most likely to deliver the improvements required.

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The key priority areas agreed are:
- Overcoming challenges experienced by children with a disability or neurodiversity
- Tackling child poverty
- Improving the mental wellbeing of children and young people
- Keeping children and young people safe
- Strengthening support for families
- Improving outcomes for our care experienced children and young people

Our action plans are structured around the five foundations of the Promise.

Voice	**Voice**	Explains how we will seek out and act on the voice of children, young people and their families
Family	**Family**	Details the actions we will take to; tackle child poverty, improve the mental wellbeing of children, young people and families, keep children and young people safe, strengthen support for families and meet the challenges children, young people and families face due to disability and neurodiversity
Care	**Care**	Outlines how we will support our looked after and care experienced children and young people to reach their full potential
People	**People**	Describes how we will support the workforce to listen and be compassionate in their decision making, develop trusting relationships with our children, young people and families and deliver the services and supports they need
Scaffolding	**Scaffolding**	Outlines the key actions strategic leaders will take together to ensure that the 'system' supports the delivery of improvements outlined within this plan.

Children's Rights underpin every foundation, so we have explicitly highlighted the rights we promise to meet when delivering the different aspects of this plan. As a partnership, we are committed to ensuring every child knows their rights and is heard in matters affecting them.

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OUR PLAN AT A GLANCE

OUR VISION

All children and young people in Moray grow up loved, safe, respected and equal because our services and workforce put people first and support families with the right help at the right time

OUR PRIORITIES

Family				
Overcoming Challenges Experienced By Children with a Disability Or Neurodiversity	**Tackling Child Poverty**	**Improving Emotional and Mental Wellbeing**	**Keeping Children Safe**	**Strengthening Family Support**

Care		Voice	People	Scaffolding
Improving Outcomes for Care Experienced Children and Young People		**Hearing children's voice**	**Supporting our Workforce**	**Working in Partnership**

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OUTCOMES

Family		
Family	**Overcoming Challenges Experienced By Children With Disability or Neurodiversity**	• Children and young people's education and care needs are met, regardless of need. • Parents and young people with neurodiversity challenges can access early help and support. • Children, young people and families with additional support needs have improved access to support, leisure and community-based activities. • Families can access a neurodiversity diagnosis in a timely way. • Children with additional support needs experience a smooth transition to adult services.
Family	**Tackling Child Poverty**	• Parents claim all of welfare benefits they are entitled to and do not feel stigmatised when seeking support. • The impact of poverty on children, young people and their families is minimised. • Young adults and parents experience no poverty related barriers to entering and sustaining training and employment
Family	**Improving Mental Wellbeing of Families**	• Parents are confident and able to support their child(ren) to sustain good mental wellbeing. • The right mental health and wellbeing support is available to children, young people and their parents as soon as they need it. • Community based mental wellbeing support is strengthened. • Children, young people and their parents experience a smooth transition between support services, including transition to adult services
Family	**Keeping Children Safe**	• Workers are confident and supported to identify and understand risk. • Children, young people and families are empowered to participate in child protection processes. • Children and young people develop healthy relationships with peers, online and in the community. • Children and young people are safer because risks have been identified early and responded to effectively. • Children and young people at risk of or who come into conflict with the law are supported with compassion and care. • Children and young people are supported through recovery and do not experience further trauma.

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Family	**Strengthening Family Support**	• Children and family's needs are addressed early through implementation of effective child's planning processes. • There is a clear pathway of non-stigmatised support available to parents throughout Moray. • Children's transition into Nursery is consistently good. • Parents are supported and enabled to be the best parents they can be.

Care
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Care	**Improving Outcomes for Care Experienced Young People**	• The gap in educational outcomes of looked after and care experienced young people is reduced. • Looked after and care experienced young people enter and sustain education, training or employment after leaving school. • The health needs of looked after children and young people are met. • Looked after and care experienced young people and their parents/carer feel their voice has been heard through the provision of independent advocacy. • The number of range of placements available meets the needs of children and young people in need of care. • Transitions feel and are experienced as integrated, with maintaining relationships being paramount. • Siblings are supported to maintain positive relationships with one another. • Children and young people seeking asylum are fully integrated into school and community life. • Looked after and care experienced young people are not overrepresented in the criminal justice system. • Our improvement activity is shaped by the voice of our looked after and care experienced young people.

Voice
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Voice	**Hearing children's voice**	• The voice of children and young people is evident in all things that impact on them. • Adults successfully seek out and hear the voices of children and young people of all levels of ability. • Engagement activities are more coordinated, minimising the risk of children and young people being over consulted.

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People	
Supporting our Workforce	• Integrated working practice is enhanced through joint development opportunities that support our shared vision, core principles and values. • Staff facilitate and enable the relationships, networks and connections that support our children, young people and families

Scaffolding	
Working in Partnership	• As a partnership, we are aware of the changing needs of children, young people and their families. • As a partnership, we maximise all opportunities to lever in additional funding and work together to ensure it supports the delivery of our shared priorities. • The risk of silo working across children and adult services minimised. • We more consistently and effectively measure impact of the actions we are taking to improve outcomes for children, young people and families. • The co-ordination of continuous improvement activity improves

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VOICE
Hearing Children and Young People's Voices

Voice

We promise to…
Respect Your Views UNCRC 12
You have the right to express your views in each and every matter that affects you and for your views to be taken seriously.

Enable You to Express Your Views in the Way That Works Best for You UNCRC 13 and 23
You have the right to express your views in whatever way you choose, as long as you don't harm others.

Make Sure We Understand the Language You Choose to Use to Express Your Views UNCRC 30
You have the right to use your own language to express your views.

Promote and Protect Your Rights UNCRC 42
You have the right to know your rights! Everyone including you, should be helped to learn and understand them.

The Promise mandates that we listen properly to the voice of children and families and respond to what they need and want. The voice of the child is used to describe the *real* involvement of children and young people. It does not exclusively refer to what children say and does not and should not preclude those who cannot communicate through speech.

We believe that the voice of the child is more than seeking their views; it is about enabling children and young people to take as active a role as possible in making decisions about things which affect them. On a departmental, single agency and partnership basis we are using a range of different approaches to successfully engage those affected by the decisions we make.

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Moray Champions Board is a forum for care experienced young people aged 16years + to come together with key decision makers to influence and affect change in the care system. Our Champions Board has been re-invigorated and 20 young people are now actively participating. Our younger care experienced young people (aged 10-16years) have their own forum called Little Fix. Key successes include young people planning and hosting a series of events to celebrate national Care Day and taking a lead role in the commissioning of advocacy services and residential children's houses in Moray.

"Every young person should be celebrated here in Moray. We will continue to celebrate our care experienced young people and have those voices of all care experienced young people heard."
Bev, Member of the Champions Board

The Better Meetings Project is led by a group of 21 young people with experience of care. This is an ambitious project which aims to ensure that young people have choice and feel fully involved in shaping their meetings. With the support of Out of the Darkness, a local theatre company, they have produced three powerful films through which they voiced their experiences of how meetings and Children's Hearings feel for them and how those responsible for supporting them could make things better. The young people are now working with professionals to produce guides and checklists for all those involved in meetings, as well as child friendly meeting spaces. They have also showcased their work to Sheriff David Mackie and key members of the National Hearings System Redesign Group.

"We want our meetings to feel like our meetings and that it's all about me, please keep meetings to 5 or 6 people in the room and give us more choice in shaping where and how our meetings will take place."

Young Carers in Moray were involved in the development of Moray's new unpaid carers' strategy. They participated in a range of activities, including the production of a short film through which they explained what it feels like to be a young Carer in Moray and what they need from the adults around them. The strategy explains what we will do together to deliver the improvements young Carers have prioritised. Young Carers Leads have now been identified in every Moray school with a remit to continue to seek out and act on the voice of young Carers within the school community and a group of young carers have supported the redesign of Moray's Young Carers Statement.

"I am proud to be a young carer and want to be recognised and feel supported in school, I want my teachers to talk more about young carers."

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VOICE			LEAD: CHILDREN'S RIGHTS AND PARTICIPATION GROUP
OUTCOME	**HIGH LEVEL ACTIONS**		**HOW WILL WE KNOW WE HAVE MADE A DIFFERENCE?**
	Short Term	**Longer Term**	
The voice of children and young people is evident in all things that impact on them.	Across the partnership, establish how the voice of young people is currently being captured.	Develop a Moray wide 'Youth Voice' which connects with all the other thematic and geographic youth forms that exist throughout Moray.	Feedback from members of Youth Voice. Evidence of connection and joint working with other youth forums.
Adults successfully seek out and hear the voices of children and young people of all levels of ability.	Develop and roll out a toolkit to strengthen single agency and partnership knowledge understanding and skills to successfully gather the voices of children and young people. This will include under 3s and those with a disability or English as a second language.		Survey of members of all groups which make up the Children's Services Partnership. Evidence of increase in range of tools being used. Evidence of seldom heard voices being captured.
Engagement activities are more coordinated, minimising the risk of children and young people being over consulted.	Develop a central portal where findings from engagement activity undertaken across the community planning partnership can be shared and promoted. This includes summary of action taken in response.		Feedback from Moray Youth Voice members.

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FAMILY

Tackling child poverty

> We promise to...
>
> **Help You if You Are Really Struggling Because Your Family Doesn't Have Enough Money UNCRC 26**
> You have the right money and support if your family is poor.
>
> **Help You Grow Up Safe and Healthy UNCRC 27**
> You have the right to clothing, good food and a clean and safe home.
>
> **Make Sure You Have Opportunities to Play and Participate in Community Life UNCRC 31**
> You have the right to have the same opportunities as other children to rest, play and take part in culture and leisure activities.

Poverty impacts on the health and wellbeing of the whole family and for children it can have long term effects on outcomes in adulthood.

Child poverty in Moray has been rising over many years, with 21.3% of children living in poverty in 2020/21.

Most of these children live in households where a parent is in employment. This is not unexpected given Moray has one of the lowest average incomes in Scotland.

Families experiencing poverty are not concentrated in the areas of greatest deprivation in Moray - only 7.1% of Moray residents classified as income deprived live in the most deprived geographic areas.

Proportion of children living in low-income families

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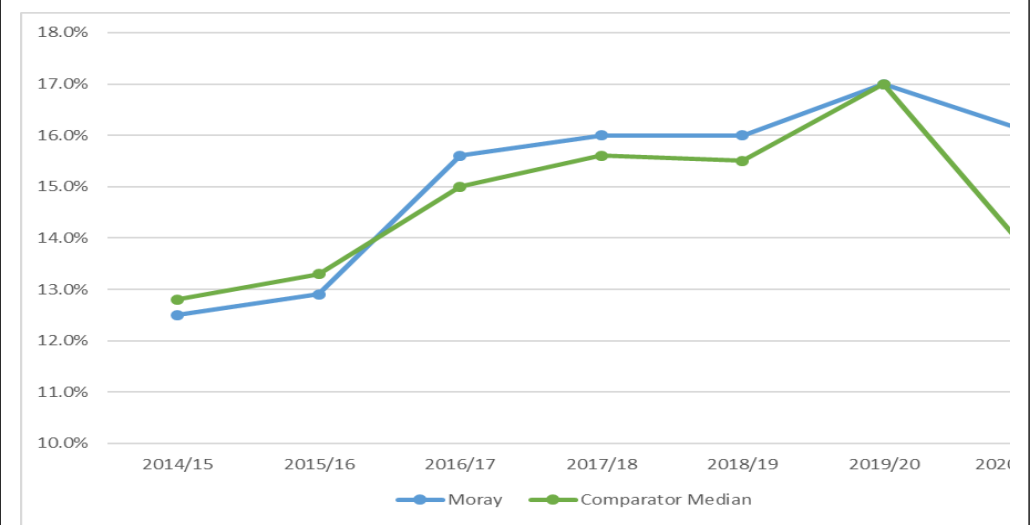
Through the Health and Wellbeing Survey, 8% of children reported that they often or always go to bed or school hungry.

*"**I didn't have a breakfast this morning, as there wasn't enough bread left**"*
-child attending summer holiday activities

Research tells us that poverty is a significant risk factor for children. "Changes in income alone, holding all other factors constant, have a major impact on the numbers of children being harmed. Reduction in income and other economic shocks increase the numbers of children being subject to neglect and abuse, whilst improvements in income reduce these figures "(Neglect: New Evidence March 2022)

There has been a steep rise in demand for emergency food, clothing and financial support. Through the wide range of engagement activities undertaken to inform this plan, families, community organisations and front-line professionals have painted the picture of a perfect storm of low pay, increasing costs and insufficient income from benefits. Large families, single-parent households and those with additional needs are most often experiencing 'deep poverty', but the impact is being seen across a broad range of families in Moray. This is reflected in the steep rise in demand for emergency food provision, clothing and financial support.
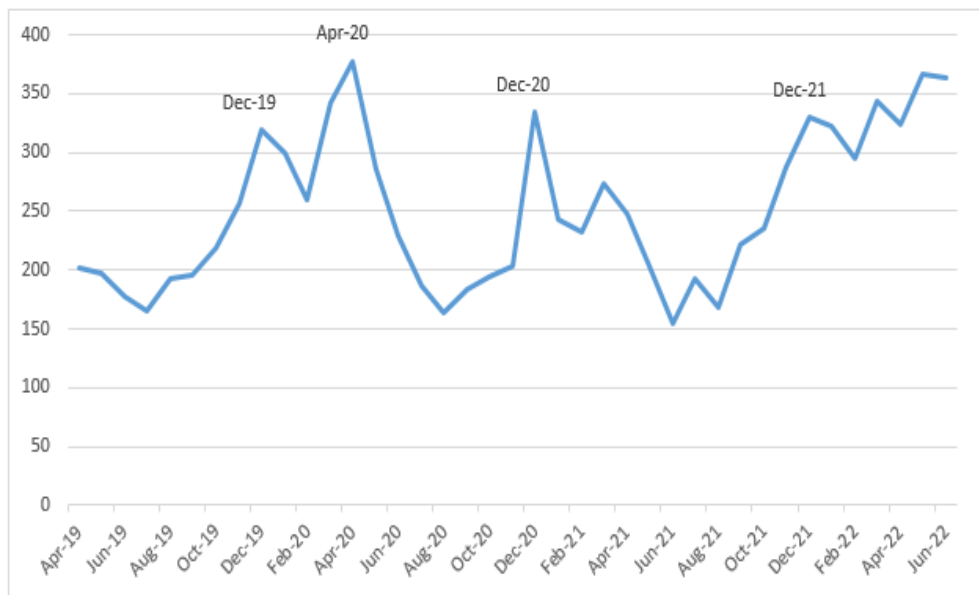
Fig.3.11. Number of referrals to Moray Food Plus for emergency food provision, by month.

"Had to pay deposit for new boiler so no money left for the next two weeks"

"Sanctioned for missing appointment due to COVID-19. I appealed and the decision was reversed but had to wait for the balance to be paid. No money for food or power"

"Universal credit has been cut. Direct debits took all the money out of my account in the same week. I now have 4 weeks to wait until the next payment"

"Client requires oxygen machine and electricity bill has gone up considerably but been told not entitled to help with running costs of vital equipment"
-Moray Food Plus – reasons for needing support

"Energy bills have increased from £100/month to £300/month"

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Fuel poverty is a significant issue in Moray, with the most recent data (2017-19) identifying nearly a third of households as fuel poor and 19% as being in extreme fuel poverty. An even greater proportion of the Moray population is now likely to be living in fuel poverty.

The housing stock in Moray is very poorly insulated making the cost of heating houses even more expensive. Also, a high percentage of households are not connected to the gas grid and use oil to heat their houses. A tank of oil must be paid for prior to delivery. This is a further barrier to heating for families on low incomes.

Families have told us that they are struggling to pay for activities for their children. This has prevented them from joining their peers as equal members of their community. In addition, a survey of 110 parents, showed us that families living rurally struggle to afford public transport to access groups and activities for their children.

> *"I'm glad all the activities are free, or I wouldn't have been able to go."*
> -young people who participated in our summer activity program.

Families tell us that they struggle to ask for help and professionals struggle to initiate conversations with families, whom they suspect are struggling financially

> *"I didn't tell anyone because I've been too nervous or too, too frightened... I've just been like, no, say it's okay"*
> -18yr old mother of 2yr old

*In 2022, r*esearch into the Early Years Financial Inclusion Pathway highlighted that parents were fearful about drawing attention to their financial problems, some saying they would deny they were struggling, if asked.

Through the Locality networks, frontline professionals and community representatives have highlighted that they don't know how to start a conversation with a family whom they suspect is struggling due to lack of money, but aren't asking for help.

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FAMILY: Tackling Child Poverty		LEAD: CHILD POVERTY GROUP	
OUTCOMES	**HIGH LEVEL ACTIONS**		**HOW WILL WE KNOW WE HAVE MADE A DIFFERENCE?**
	Short Term	**Longer Term**	
What poverty looks like in Moray is understood by all.	Establish a child poverty data set, which includes data relating to the key priority groups*.	Build on the data set to ensure all the statutory elements of child poverty can be captured and accurately monitored.	Dataset is informing improvement activity.
Parents claim all of welfare benefits they are entitled to and do not feel stigmatised when seeking support.	Map and promote support available across Moray.		Children, young people and parents report they are aware of support available and feel able to access it. Child Poverty Group and Locality Network members can clearly articulate the support available.
	Develop and implement a financial inclusion pathway for parents of children under the age of 5 years.	Evaluate impact of the financial pathway. Based on evaluation findings, extend the pathway to include parents with children over the age of 5 years.	Increase in sign posting and referrals to supports available. Dip sample of family's experience of accessing support.
	Work alongside parents to understand and overcome barriers to engagement with financial support services.	Embed income maximisation support within intensive family support services.	Families entitled to benefits will have a financial gain to household income.

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The impact of poverty on children, young people and families is minimised.	Understand the extent of maternal and infant food insecurity within Moray.	Roll out and embed the emergency Infant formula pathway within Moray.	Increase in uptake of emergency access to infant formula.
	Develop poverty toolkit guidance for practitioners.	Roll out poverty toolkit guidance and associated training across frontline practitioners and community organisations who have contact with children and families.	Number of practitioners trained. Increase in numbers referred for support by practitioners utilising the toolkit.
The impact of poverty on children and young people is minimised whilst opportunities for wellbeing and attainment are maximised.	Promote subsidised and free supports and activities.	Better understand and address reasons for low uptake of subsidised and free support available to families. Initial focus on free school meals, bus passes and leisure activities.	Increased uptake of free school Meals. Increased uptake of bus passes. Increased participation in and evaluation of free/ subsidised activities.
	Rollout the revised Cost of the School Guidance and adopt a partnership approach to ensure costs are equitable across Moray.		Number of schools engaged with the cost of the school day indicatives. Number of breakfast clubs available.
	Improve joint working between Child Poverty Group and Transport and Housing Departments to better understand and address the specific challenges faced by families experiencing poverty.	Build improvements into revised transport and housing policies and strategies. Through ongoing review of poverty dataset, identify other policies/strategies which require to be reviewed through a child poverty lens.	Impact of improvement activity.

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Young adults and parents experience no poverty related barriers to entering and sustaining learning, training and employment	Promote access to Moray Pathway Local Employability Partnership support and provision for those young people who are aged 15yrs + and no longer in Education.		Increase in Young People accessing Education Maintenance Allowance (EMA) and other grants/allowances through Moray Pathways. Increase in young people aged 15yrs plus and no longer in Education who are participating and sustaining employment, learning and training opportunities.
	Develop and test affordable wrap around childcare options (Led by short life working group).	Further develop and upscale affordable, wrap around childcare throughout Moray based on learning from tests of change.	Increase in the number of School aged childcare places available. Increase in the uptake of School aged childcare places by those in the six priority groupings. Parental feedback and case studies on the impact of School aged childcare Increase in household income
	Raise awareness of and embed the Moray Pathways local employability partnership support and provision which is available for all young people 16 years and beyond.		Increase in referrals to Moray Pathways local employability partnership. Increase in parents from the six priority groups participating and sustaining education, training or employment opportunities.

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	As a partnership, promote all existing free and subsidised school holiday provision in one central place and support families to access it.	Pool existing resources to provide year round programme of holiday provision for priority family groups. Maximise opportunities as a partnership to lever in additional external funding streams to maximise supply.	Increased uptake of school holiday provision by those in the six priority groupings.

* The 6 priority groups are; families with 3+ children, lone parent households, families where the mother is aged under 25years, families with child aged under 1yrs, ethnic minority families and households where someone is disabled.

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Improving the mental wellbeing of children, young people and their families

We promise to...
Support Your Parents to Help You Stay Mentally Well UNCRC 5
You have the right to receive guidance from your family and community around you.

Help You to Develop in the Best Possible Way UNCRC 6 and 24
You have the right to get the help you need to stay healthy and to recover should you become ill.

Positive mental wellbeing greatly improves the experience of growing up and provides a solid foundation upon which a person's lifelong health and wellbeing outcomes.

The mental wellbeing of young people, particularly adolescents has continued to decline both locally and nationally.

In 2022, the national health and wellbeing survey was undertaken across schools in Moray. Over 5400 young people from P5 to S6 expressed their views on their own wellbeing. Between 47-51% of the teenagers reported experiencing some mental wellbeing difficulties. Loneliness steadily increased with age, with 13% of S1 young people feeling lonely rising to 26.4% in S4.

The mental wellbeing of girls has declined much more rapidly than that of boys and is a specific concern in Moray. Girls scored lower than boys on almost all measures. 2 in 5 girls reported feeling confident "rarely" or "none of the time". As COVID-19 restrictions have eased, mental wellbeing services across Moray have experienced a significant rise in referrals, particularly in relation to increased levels of anxiety. Teenage girls are most affected.

Average WEMWBS score for each year group by gender. From Moray Schools HWBC, 2022.

We know we are still not identifying and addressing mental wellbeing concerns early enough. There has been a rise in referrals to Child and Adolescent Mental Health Services, an increasing percentage of which relate to eating disorders and self-harm. There has also been a rapid rise in the number of young people presenting out of hours in relation to significant self-harm, overdose and suicide risk. A significant number of those presenting at crisis were not previously known to services.

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Young Carers, children and families experiencing poverty, children and adults in single parent households, children with disabilities and their parents as well as LGBTQI+ young people report a higher prevalence of poor mental health and wellbeing.

Mental wellbeing is impacting on young people's ability to attend and engage in Education. Children across all ages have struggled to transition back to school post COVID-19 and schools are reporting that children who were doing well before COVID-19 are now struggling. Declining school attendance rates reflect these challenges.

We need to get better at identifying and addressing the mental wellbeing needs of our care experienced children and young people

The Promise places a specific responsibility on us to identify and address the mental wellbeing needs of our looked after and care experienced young people. Worryingly, we have seen a decline in numbers receiving a health assessment and a decline in numbers being referred for support. This is very different from the national picture.

Parental Mental Wellbeing

There is a lack of local data available on perinatal and infant mental health, however we know nationally that perinatal mental health disorders are the most common complication of child-bearing women and anxiety, and depression affects nearly 20% of expectant and new mothers. Through local engagement activities parents of babies born during COVID-19 reported feeling isolated and lonely. They explained how lack of peer and family support has impacted on their mental wellbeing.

We know that to improve the mental wellbeing of children and young people of all ages we need to address the mental health needs of their parents too. To do this we need to work more closely with adult mental health services, adopting a holistic family approach.

> *"Need to have parent support groups, it's especially hard when you're a single parent family, you need people to talk to"*

> *"I would say it was the loneliest time of my life having a new baby and being pregnant again soon after with the restrictions, no groups to go to and no family close by"*

Knowledge and self-help

There is a strong desire from young people and their parents to build their own knowledge and ability to maintain good mental wellbeing, as evidenced through consultation activity undertaken with 150 children, young people and their families as part of the local mental wellbeing improvement programme. The consultation also highlighted that both professionals and families were unclear about the support available to them and how to access it. A concerning number of young people said they didn't feel connected to their community, and this was impacting on their social, physical and mental wellbeing.

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FAMILY: Improving Mental Wellbeing		LEAD: WELLBEING PARTNERSHIP GROUP	
OUTCOMES	**HIGH LEVEL ACTIONS**		**HOW WILL WE KNOW WE HAVE MADE A DIFFERENCE?**
	Short Term	**Longer Term**	
Parents are confident and able to support their children) to sustain good mental wellbeing.	Collate and promote the existing tools, training and community assets available to meet parents wish to feel more confident to recognise and address problems as soon as they arise.	Identify and address gaps in training and support available to parents and overcome barriers to access.	Numbers engaging with training. Training feedback.
The right mental health and wellbeing support is available to children, young people and their parents as soon as they need it.	Complete the mapping of existing mental wellbeing services and supports and promote widely to families, communities and front-line services who have regular contact with children, young people and families.	With families, identify gaps in mental wellbeing provision and overcome barriers to accessing existing provision.	Survey with young people and families and frontline professionals via Locality Networks report increased awareness of support available. Reduction in referrals which are declined by services.
	Develop and embed a coordinated pathway of mental wellbeing support for children, young people and their parents.	Quality assure the mental wellbeing support pathway, prioritising and addressing areas for improvement on a partnership basis.	Increased provision. Service user feedback on accessibility and impact of service provision. Evidence of improvement through quality assurance activity.
	Establish whether the newly established Grampian Perinatal & Infant Mental Health Service is accessible to families in Moray and meeting their needs.	Establish the Infant Mental Health Team to provide specialist support for families with children 0-3years.	Uptake of services and supports. Parental feedback on impact of support provided.

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	Overcome barriers to access and shape delivery of provision with families. Establish the need for perinatal peer support provision and the extent to which this need is currently being met.	Develop a sustainable model of perinatal peer support, which meets local need.	
	Trial the extension of counselling in schools to younger children.		Counselling in schools outcome data.
	(Scaffolding) Progress the implementation of the mental wellbeing system redesign project, which focuses on meeting the mental wellbeing needs of families with pre-school children.	Upscale the mental wellbeing system redesign, based on the learning from the test of change.	Reduction in wellbeing concerns at point of school entry. Further measures to be identified as part of the development of this project.
Community based mental wellbeing support is strengthened.	Explore how a coordinated participatory budgeting approach could be developed to enhance existing community-based provision.		Evidence of increased community led provision. Numbers accessing provision. Feedback from young people and parents on impact of provision.
	(Voice) With Health and Social Care Moray, design and test a social prescribing model for young people in the Forres and Lossiemouth locality. A component part includes young people shaping improvement of community-based supports and services.	Based on learning from the pilot, roll the social prescribing model out across Moray.	Feedback from young people, their parents and relevant professionals on the impact of the pilot. Evidence of impact from data collated through outcome measurement tool. Increase in community provision shaped by young people.

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	Through the locality networks, explore how community organisations and local services can work more effectively together to address the escalating number of young people not engaging in school and community life due to low level anxiety.	Test new approaches within 2 localities.	Evidence of partnership working leading to reduction in the number of young people not engaging in school or community life due to low level of anxiety.
Children, young people and their parents experience a smooth transition between support services, including transition to adult services.	Scaffolding Improve coordination of mental health and wellbeing support provided to children and families by CAMHS, Counselling in Schools and the Tier 2 Family Mental Wellbeing Service.		Dip sampling to explore experience of joint up practice. Feedback from services.
	Voice Journey map care experienced young people who have recently transitioned between children and adult services and use learning to prioritise improvement activity for all.	Implement improvements identified and quality assure.	Feedback from young people and their parents. Evidence from quality assurance activities.

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Keeping children and young people safe

We promise to...
Act in Your Best Interests UNCRC 3
When we make decisions, we will consider how these decisions will affect you.

Respect Your Views and Keep you Informed UNCRC 12 and 17
You have the right to express your views in each and every matter that affects you, and for your views to be taken seriously. You have the right to receive information, in a way that you can understand.

Work to Keep Families Together UNCRC 9
You have the right to live with your parents if this is what's best for you. You have the right to live with a family who cares for you.

Keep You Safe UNCRC 20
You have the right to special care and help if you cannot live with your family.

Protect You UNCRC 33, 34 and 36
You should be protected from dangerous drugs, sexual abuse, being taken advantage of, being sold, and from doing things that could harm you.

Support You to Recover UNCRC 29
You have the right to special help if you've been hurt, neglected or treated badly.

The safety of children and young people is recognised as a core component of their wellbeing. To be safe means growing up in an environment where a child or young person feels secure, nurtured, listened to and enabled to develop to their full potential. This includes freedom from abuse or neglect. Our children and young people have the right to be protected from all forms of harm and abuse. Child abuse can take many forms: physical, sexual or emotional abuse - or a combination of all three. It can also come in the form of neglect, exploitation, and anything else that puts children at risk. Sometimes the harm caused isn't intentional but happens because someone doesn't have the skills or support needed to care for someone. That doesn't make the impact of it any less, but it can help us to understand how it happened.

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People, Places and Spaces

It is everyone's job to keep children safe and it is crucial that we raise awareness with professionals and public about how they can recognise and respond to children at risk of harm. Children who are at risk of or experience harm may not recognise or understand what is happening to them, they may be too young or not have the words to tell their story. Some children and young people may be made to feel afraid or ashamed to talk to someone, so it is important that we create safe spaces with trusted adults in our children's services settings.

Where we live and how safe we feel there can be a key factor in our wellbeing. 86% of P5 students and 94% in S6 tell us that they feel safe in their local area. Teenage girls and young women are less likely to feel safe than boys and young men. Young people with disabilities, neurodiversity, and LGBTQ+ told us they can feel unsafe and want to be able to access safe spaces to meet and talk in school and the community.

Bullying in childhood and adolescence can have severe and long-lasting impacts on both those victimised and those engaging in bullying. We have found that the proportion of children reporting that they feel bullied reduces with age with 44% of P5 pupils telling us they have been bullied in the past year against 24% of S3 students.

Child protection provokes constant developmental challenges for every individual practitioner and for every team. The Moray Child Protection Committee provides leadership for safe systems and practice by placing an evaluative focus on outcomes and promoting systematic learning from case reviews.

Child Protection services have remained categorised as critical and protected throughout the COVID-19 pandemic so support, advice and response to child protection issues did not change. However, it is widely recognised that school closures and disruption of early year's services meant that children at risk were less visible to professionals.

In Moray, the most common reasons for children to need a protection plan and have their name placed on the child protection register are parental drug use, domestic abuse, parental mental health and neglect.

Child Protection registrations, de-registrations and number on the register in Moray, by quarter

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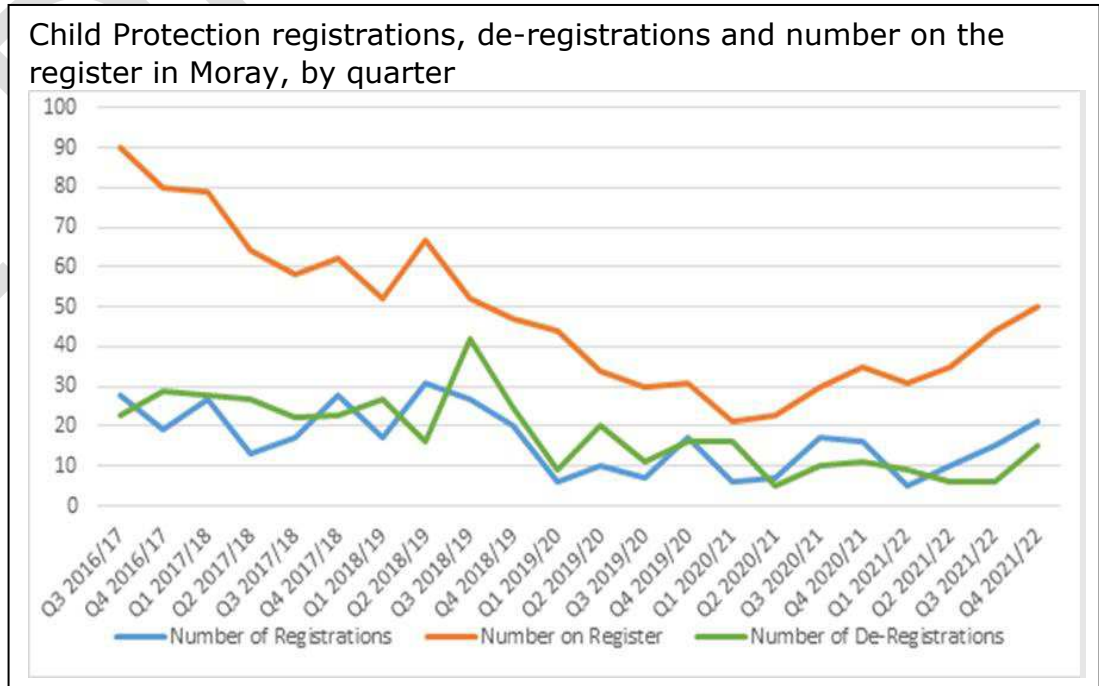
Supporting Families

There is significant research that demonstrates the pervasive impact and relationship between substance use, mental health difficulties, domestic abuse and likelihood of children being removed from the care of their parents. We know that families experiencing these issues must be supported with flexible, creative services and relationships. Our workers need to be confident, knowledgeable, skilled and supported to be effective in complex situations, and be able to spend time with families to really understand what they can do to make a difference. Families should feel able to be open and honest with workers and receive the same in return.

Poverty is a significant contributor to stress and potential to develop harmful coping mechanisms and can increase the risk of abuse and neglect. It is important therefore that we assess the impact of all structural factors such as poverty and poor housing as part of our care and protection planning, to support more holistic approaches that reduce stressors in families and communities to help reduce the risk of harm to children.

Gender-Based Violence is a major health, human rights and social justice issue. The prevalence of gender-based violence increased during COVID-19 and the restrictions in place made it more difficult for those experiencing violence to leave and access support. The number of domestic abuse incidents reported to Police in Moray is below national average however, the rate of increase in Moray is well above and the cost-of-living crisis exacerbates the financial barriers to leaving an abusive relationship and increases the potential for coercive control.

Moray Child Protection Committee and Moray Violence against Women and Girls Partnership are working together to roll-out the Safe and Together practice approach. This evidence-based model will help to ensure that our systems and services are Domestic Abuse informed. Preventative initiatives are also delivered to young people throughout schools in line with Moray's Equally Safe Delivery plan to prevent and eradicate all forms of violence against women and girls.

Young People's Behaviour that is Antisocial or Harmful

There has been a slow but consistent upward trend in the number of reported crimes in Moray. The number of offences where young person is aged under 18years has increased by 24% since 2019/20, however the number of young people has remained relatively stable meaning the same number of young people are offending more often. The offences with the largest increase include fire raising, malicious mischief, vandalism and miscellaneous (mainly assault and threatening and abusive behaviour).

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OUTCOMES	HIGH LEVEL ACTIONS		HOW WILL WE KNOW WE HAVE MADE A DIFFERENCE?
	Short Term	**Long Term**	

FAMILY: Keeping Children and Young People Safe — **LEAD: MORAY CHILD PROTECTION COMMITTEE**

OUTCOMES	Short Term	Long Term	HOW WILL WE KNOW WE HAVE MADE A DIFFERENCE?
Workers are confident and supported to identify and understand risk.	Develop a learning and practice development programme that is informed by an assessment of training needs.	Develop a learning culture through local implementation of multiagency training and learning reviews.	Workforce survey and course evaluations. Supervision audit. Evaluation of Learning Reviews.
Children, young people and families are empowered to participate in child protection processes.	Introduce a solution orientated approach to Child Protection Planning Meetings and Core Groups.	Develop resources about our child protection processes with and for children and families.	Reviewing Officer quality assurance activity. Feedback from parents, children and young people.
	Ensure all children and young people can access independent advocacy as early as possible.		Advocacy service contract reporting.
Children and young people develop healthy relationships with peers, online and in the community.	Encourage parents and carers to have conversations with children and young people about online safety.		Feedback from parents, young people and professionals.
	Deliver education programmes in youth settings on issues of consent, gender equality and healthy relationships.	Support schools and organisations in Moray to take part in the LGBTQ+ Charter programme.	Uptake of sexual violence prevention programme. No. of LGBTQ+ Charter awards gained in Moray.
	Identify young people who are vulnerable to extremist and terrorist ideologies and ensure they are given appropriate advice and support at an early stage.		Referrals to and outcomes from Prevent Multiagency Panel Meetings.
Children and young people are safer because risks have been identified early and responded to effectively.	Work in partnership with families to enable the reduction of factors causing risk.	Develop our relationship with commissioned services to best understand those who require intensive family support to reduce risk factors in the home.	Referrals to Functional Family Therapy. Child planning quality assurance.
	Continue to embed domestic abuse informed systems and practice.		Safe & Together evaluation.

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	Scaffolding	Ensure our child protection processes are reviewed and in line with national guidance.	Adopt a place-based approach to safeguarding young people at risk of harm beyond the family home.	Child protection minimum dataset and associated quality assurance.
Children and young people at risk of or who come into conflict with the law are supported with compassion and care.	Scaffolding	Review our whole systems approach (WSA) to develop and deliver an implementation plan towards rights based and trauma informed justice services, with a particular focus on: • The needs and rights of young people who pose risk of serious harm to others, and the systems in place to support them • Developing our diversion activities with young people and reducing the criminalisation of our youth • Interventions that take a family-based approach	Partnership self-evaluation: Youth Justice Standards, performance monitoring and feedback.
Children and young people are supported through recovery and do not experience further trauma.	People	Embed a child centred and trauma informed approach to our Joint Investigative Interviewing of Children & Young People.	Develop a joined up holistic model of therapeutic recovery support for children who have experienced or witnessed abuse.	Application of Scottish Child Interview Model Self-Assessment and Quality Assurance Framework. Partnership self-evaluation: Bairns Hoose Standards.

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Supporting children and families who experience challenges due to disability and neurodiversity

We promise to...

Act in Your Best Interests UNCRC 3
When we make decisions, we will consider how these decisions will affect you.

Remove obstacles To Independent Living UNCRC 23
You have the right to become independent and actively participate in school, work and community life.

Help You Grow Up Safe and Healthy UNCRC 24
You have the right to the best health care available.

Provide You With An Education Which Meets Your Needs UNCRC 28 and 29
You have the right to be educated on a full time basis. We should help you learn in a way that works best for you.

Enable You Play and Participate in Community Life UNCRC 31
You have the right to have the same opportunities as other children to rest, play and take part in culture and leisure activities.

Promote and Protect Your Rights UNCRC 42
You have the right to know your rights! Everyone including you, should be helped to learn and understand them.

Children in Schools with Additional Support Needs
In Moray between 2017 and 2022 the number of children in schools with an additional support need rose by 50%. There are currently 2414 primary pupils and 2540 secondary pupils with additional support needs, of which 396 pupils are recorded as requiring additional support for their autism. The most common reason overall is social, emotional, and behavioural difficulties. The escalation in volume and complexity of needs is also being noted by Social Work who currently support 142 young people with complex disabilities and their families.

Support for Parent Carers
It is well evidenced both nationally and locally that the pandemic has profoundly impacted families with children with a disability, or long-term condition. UK-wide research conducted by the Family Fund found that around 80% of the participating families had lost formal and

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informal support due to the pandemic. Parents and the front-line practitioners who know them best including; school and nursery staff, 3rd sector organisations and health visitors have told us that this is a significant gap in Moray. The re-establishment and further development of peer support provision is a priority for our parents. They would also like training built into this provision, so they can understand how to best support their child.

Support for Learning Differences and Neurodevelopmental Conditions
Significant concerns have been raised around the particular needs of neurodiverse young people. Neurodiversity is a term used to describe the different ways in which people think and feel, or the different ways that brains 'work'. Parents of neurodiverse children and young people have told us that they want more opportunities for their child to be involved in activities within communities. This includes additional support to access the activities available to all, as well as groups and activities specifically for them. Families who have the added pressure of limited finances and single parent families are least able to access the activities which are available.

The Neurodiversity GIRFEC survey 2022 found that there was not enough support available to families before diagnosis and there were real frustrations with delays in diagnosis. Current waiting time in Moray is over 12 months. Parents also told us they don't know where to go to find about the help available to them. They don't feel heard and are worried that they will be left until things get really bad before they get help.

> *"We think that other people listen more once there is a diagnosis "*
> *-Parent*

> *"It helps me that I know I have Autism. I want to be able to talk about it and find out more so that I can chat to others and be part of a group"*
> *-young person*

The specific number of children with disabilities on reduced school timetables is unclear at present, as the current recording system does not collate the detail required. However, Education, Social Work and parents highlight it as an issue which requires to be better understood and addressed. Reduced education provision not only impacts on the child, whose rights to an education are not being fully met, but there is wider impact on family. Finances are stretched as parents can't work fulltime and the additional strain of caring responsibilities can impact on both their physical and mental wellbeing

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	HIGH LEVEL ACTIONS		HOW WILL WE KNOW WE HAVE MADE A DIFFERENCE?
OUTCOMES	**Short Term**	**Longer Term**	
Children and young people's education and care needs are fully met, regardless of need.	Develop and implement a framework of support for all children and young people who cannot access their education in a school setting. Framework is twofold:- - Council Team structure to provide education out with school settings - Procurement framework comprising of 3rd sector and other external suppliers of wellbeing and learning support		Number of young people who cannot access education in a school setting receive an education which meets their needs. Reduction in out of area placements.
	Explore options to extend nursery provision for children with complex needs.	Increase in sustainable nursery provision suitable for and available to children with more complex needs.	Increase in provision available and uptake of this provision.
	Better understand the impact of reduced school timetables on children and young people with a diversity of needs.	Create and implement a policy and associated processes to ensure effective oversight of the use of reduced school timetables.	Increase in the time children and young people spent meaningfully engaged in education.
Parents and young people with neurodiversity challenges can access early help and support.	Establish the specific gaps in peer support provision for parents of children with neurodiversity challenges and barriers to accessing existing provision.	Enhance existing peer support and establish additional provision to meet identified gaps. Build peer support into the commissioned unpaid carer contract.	Number of peer support opportunities available, shaped by parents. Feedback from parents on impact of peer support.

Family: Overcoming Challenges Experienced by Children and Young People with Disability or Neurodiversity — **LEAD: DISABILITY PARTNERSHIP GROUP**

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	Promote information on disability specific financial support and identify barriers to access.	Overcome all barriers to access.	Parents supported through the commissioned Carer Service report they are:- - aware of the benefits available - able to access the benefits they are entitled to.
	People Work with existing providers to improve access to support and development opportunities for parents who want to better understand and manage their child's behaviours, with a specific focus on under 5s.	Increased range of opportunities for parents to engage with training and development opportunities.	Range of provision on offer. Nos engaging in training. Feedback on impact of training.
Children, young people and families with additional support needs have improved access to sport, leisure and community-based activities.	**Voice** Understand and remove barriers to inclusion in existing community, sport and leisure opportunities.		Feedback from children and young people. Increase in number of young people reporting they feel able to access opportunities they want to.
	Establish the needs, costs and current availability of specialist out of school and holiday activities for families with additional support needs.	Develop and implement a programme of specialist weekend and holiday activities.	Availability and uptake of provision. Feedback from parents and children.
	People Respond to the request from community organisations to better understand neurodiversity and be able to support young people to engage in the activities they offer.		Feedback from activity providers on their confidence to welcome and support neurodiverse young people to enjoy the activities they provide. Increase in neurodiverse young people participating in activities.

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Families can access a neurodiversity diagnosis in a timely way.	Autism Diagnostic Assessment Pathway Team (ADAPT) will transition to the Grampian Neurodevelopmental pathway	Roll out the Grampian Neurodevelopmental pathway across Moray thus ensuring all children impacted by neurodiversity have access to timely diagnosis and early support.	Number of children referred and seen under ADAPT. Reduced time between referral and assessment, reduced number of re-referrals. Families report receiving the support they need whilst waiting for assessment and diagnosis.
	Voice Refresh and implement the autism strategy, ensuring the voice of children, young people and their families is central.		Autism strategy launched. KPIs within the strategy are achieved.
Children with additional support needs experience a smooth transition to adult services.	Voice Understand barriers to effective transition to adult services.	Implement clear transition pathways into adult services.	Feedback from young adults.

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Strengthening family support

Where children are safe in their families and feel loved, **they must stay.**
Families must get support together to nurture that love, and to overcome the difficulties which get in its way.

Promise 2020

We promise to...

To Be Guided by Your Family UNCRC 5
You have the right to receive guidance from your family and community.

Work to Keep Families Together UNCRC 9
You have the right to live with your parents if this is what's best for you. You have the right to live with a family who cares for you.

Help You to Grow Up Safe and Healthy UNCRC 24 and 27
You have the right to clothing, good food, a clean and safe environment, and to see a doctor if you are ill.

Promote and Protect Your Rights UNCRC 42
You have the right to know your rights! Everyone including you, should be helped to learn and understand them.

Holistic Whole Family Support involves a range of services that help families meet their individual needs, to thrive and to stay together. We want to make sure that families can access the help they need, where and when they need it. Holistic support should address the needs of children and adults in a family at the time of need rather than at crisis point, helping families to flourish and reduce the chances of family breakdown.

Community Based Support: Keeping the Promise requires us to have places in every community where parents of young children can meet, stay and play and get the support and advice the need. The restrictions put in place during the pandemic isolated families from their normal support networks and this has had wide ranging impact on family member's health and wellbeing.

"[Looking to] meet new people. There's no groups. It's so isolating at the moment... I've met some lovely people which has really helped"
-Parent attending Parent Wellbeing Walks

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Support for Parents

Through survey and focus group work undertaken as part of our Joint Strategic Needs Assessment with both parents and locality group members who support parents, the following needs were highlighted:-

- Targeted support for new parents, especially those who became parents for the first time during COVID-19
- Ongoing support with return to nursery, school and community life post COVID-19
- Specific support to help with routine and boundary setting
- Support for parents struggling with their own mental wellbeing and/or that of their child
- Support for families where a member; is LGBTQI+, has a disability or long-term health condition

Early Learning Centres and nurseries are reporting a significant increase in the number of children with a diversity of needs entering nursery, although the number of children in Moray with at least developmental concern at their 13-15month and 27-30month reviews has not increased. This is concerning given numbers with developmental concerns in our comparative authorities and Scotland wide are between 5 and 6 times higher.

Families under Pressure

Whatever issues families face, we must ensure that intensive family support is available, proactive and characterised by the 10 family support principles. Alongside our work to refresh child's planning processes in Moray, we are working with families and using methods for improvement and service redesign to build support systems and services that follow these principles. Together with the Moray Alcohol and Drug Partnership, our key focus is to improve the supports for parents experiencing problematic substance and adopting whole family approaches to support.

10 Principles of Intensive Family Support	
o Community Based	o Holistic and Relational
o Responsive and Timely	o Therapeutic
o Work with Family Assets	o Non-Stigmatising:
o Empowerment and Agency	o Patient and Persistent
o Flexible	o Underpinned by Children's Rights

Through the Whole Family Wellbeing Fund, we will continue to build on the work across adults and children's services to establish responsive and relationship based models of family support across a wide range of specialist service areas.

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OUTCOMES	HIGH LEVEL ACTIONS		HOW WILL WE KNOW WE HAVE MADE A DIFFERENCE?
	Short Term	Long Term	
Children and family's needs are addressed early through the implementation of effective child's planning processes.	Test the revised child's plan paperwork and associated guidance in one Associated School Group area.	Based on feedback from families and Team Around the Child, roll out revised plan and associated guidance across Moray.	Dip sample survey of Team Around the Child and families in child's planning.
	Develop a bank of solution orientated trainers across Social Work, Health and Education.	Design and roll out a programme of training to build the knowledge, skills and confidence of named persons and Lead Professionals to implement child's planning processes.	Quality assurance of child's plans through Multi Agency Practice Hub.
	Further develop the role and function of the Wellbeing Coordinators and Multi Agency Support Hub (MASH) based on findings of the external evaluation and ongoing self- evaluation activities.		Feedback from children, families and Team Around the Child.\n\nEvidence of impact captured on child's plan.
	Develop and implement a multi-agency child's planning self-evaluation calendar, which includes voice of children and families, child's planning at points of transition.		Improvements measured through self-evaluation activity.
	Develop a central repository of information and supports available to children, young people and families in Moray and a system in place to keep it current.		Numbers accessing the repository.\n\nFeedback from families and front-line practitioners.
There is a clear pathway of non-stigmatised support available to families throughout Moray.	Utilising Whole Family Wellbeing Fund, recruit a skilled manager to coordinate the development of holistic family support in Moray.\n\nWith parents and frontline practitioners, undertake self-evaluation of existing provision, utilising the national family support evaluation tool.	Based on self-evaluation, identify gaps in provision.\n\nPool resources across the partnership and maximise external funding streams to develop a pathway of support with and for parents.\n\nQuality assure impact of pathway and implement improvements.	Increase in provision and evidence of impact from suppliers.\n\nFeedback from parents and the frontline practitioners who know them best on\n- Accessibility of support\n- Whether support meets their needs\n- The difference support has made.

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	Based on learning of pilots to date, roll out PEEP across Moray on a partnership basis covering the antenatal to 5yrs age range (Health, Early Years and 3ʳᵈ sector).	Further develop PEEP programmes, maximising opportunities for parents and senior phase pupils to gain qualifications which could lead to employment in childcare.	Increase in number of PEEP groups operating. Feedback from parents on impact of PEEP. Increase in the number of children meeting developmental milestones.
Children's transition into nursery is consistently good.	Undertake Quality Improvement (QI) activity within the Speyside Associated School Group (ASG) to establish an information sharing protocol between Health and Early Years.	Roll out the findings from the QI project across Moray.	Increase in the number of children transitioning into nursery with their needs clearly identified. Practitioner's feedback evidences smooth transition.
Parents are supported and enabled to be the best parents they can be.	Commission specialist services that provide tailored support to families under pressure (Social Work).	Embed commissioned services in the pathway for family support.	Evidence of impact utilising robust outcome measurement tool.
	Test the intensive family support redesign, utilising Whole Family Wellbeing Funding.	Scale up and roll out the Intensive Family Support Service across Moray.	Reduction in family breakdowns.
	Roll out the vulnerable pregnancy pathway across Moray.	Quality assure the vulnerable pregnancy pathway to ensure it is fit for purpose and having the desired impact.	Finding from quality assurance and evaluation activity including feedback from parents.

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We promise to...

Act in Your Best Interests UNCRC 3
When we make decisions, we will consider how these decisions will affect you.

Work To Keep Families Together UNCRC 9
If you can't live with your parents, you have the right to be helped to stay in regular contact with them, when it's safe to do so.

Make Sure You Grow Up Feeling Loved and Safe UNCRC 20 and 21
If it isn't possible for you to live with your own family, you have the right to be loved and cared for in a family setting where you are enabled to thrive.

Help Children, Young People and Families Seeking Asylum UNCRC 22
You have the right to get the help and protection you need.

Check In Regularly With You if You Are Living Away From Your Parents UNCRC 25
You have the right to live in a loving home and to be asked regularly whether it's working for you.

Work Together To Overcome The Barriers You Face When Trying To Access Education UNCRC 28 and 29
You have the right to be educated on a full time basis. We should help you learn in a way that works best for you.

Promote and Protect Your Rights UNCRC 42
You have the right to know your rights! Everyone including you, should be helped to learn and understand them.

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In 2022, there were 174 people under the age of 18 are categorised as 'Looked After' in Moray, representing just under 1% of young people in that age group.
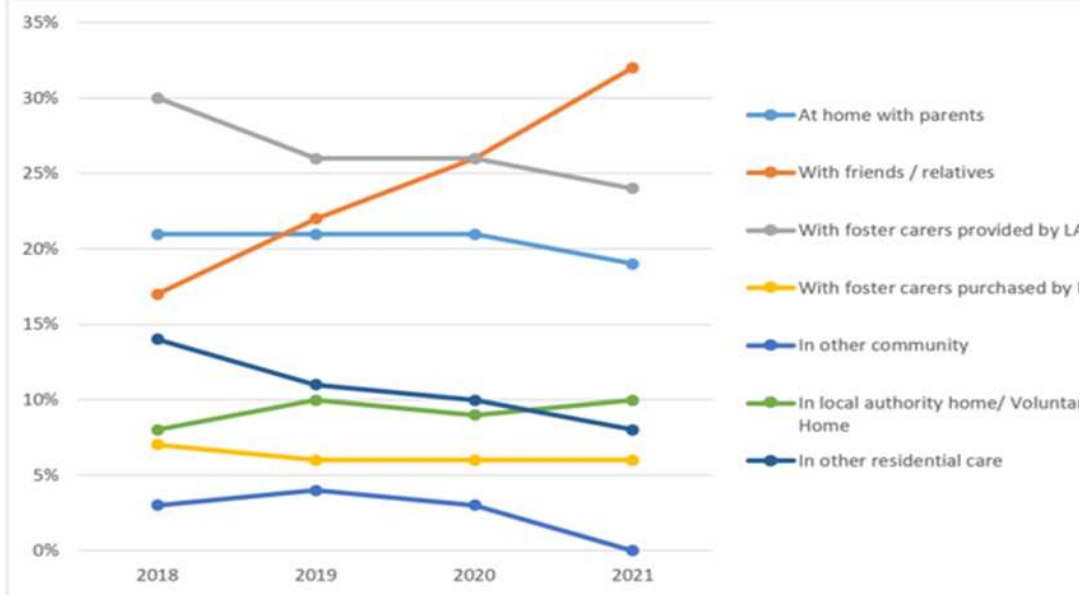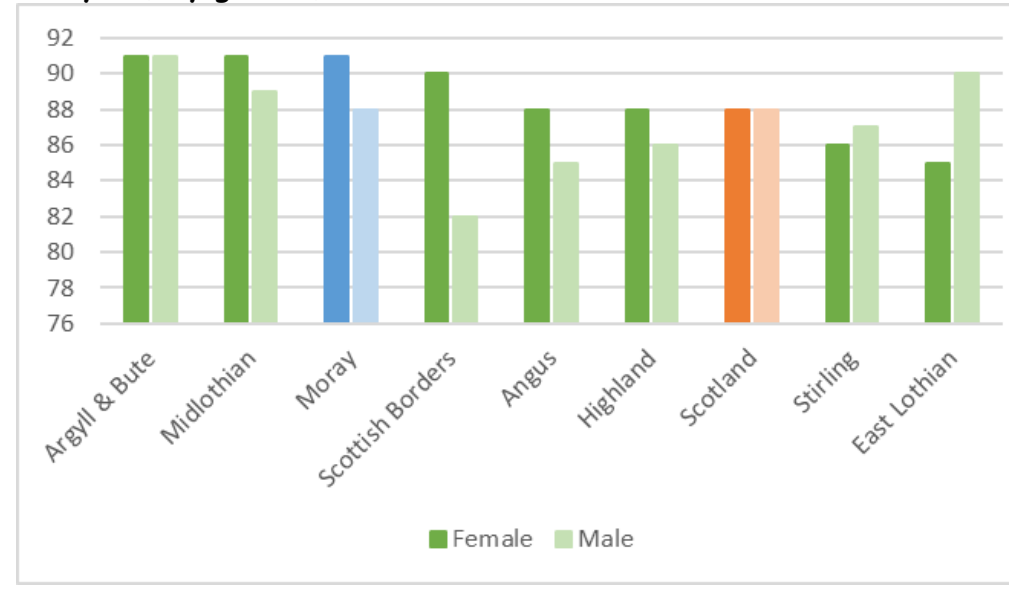

Fig.2.7. Looked After Children and Young People (LAC) by accommodation type in Moray, 2018-21[1]

Legend:
- At home with parents
- With friends / relatives
- With foster carers provided by LA
- With foster carers purchased by
- In other community
- In local authority home/ Voluntary Home
- In other residential care

Percentage school attendance for children looked after within the last year, by gender, 2020/21

Legend: Female, Male

Education

Care experienced young people's school attendance and attainment levels are lower than their peers and a high number are not in education on a full-time basis. Attendance rate for care experienced children highlight that looked after girls have an attendance rate of 91% and looked after boys of 88% whilst their non-care experienced peers attendance remains stable at around 94%.

Exclusion rates have reduced across Moray but the number of looked after children and young people being excluded from school remains higher than their non-looked after peers. In 2020/21 there were 125 exclusions per 1,000 looked after pupils compared to a rate of 14.2 per 1,000 for the whole school population. This data highlights looked after children were 9 times likelier to be excluded from school.

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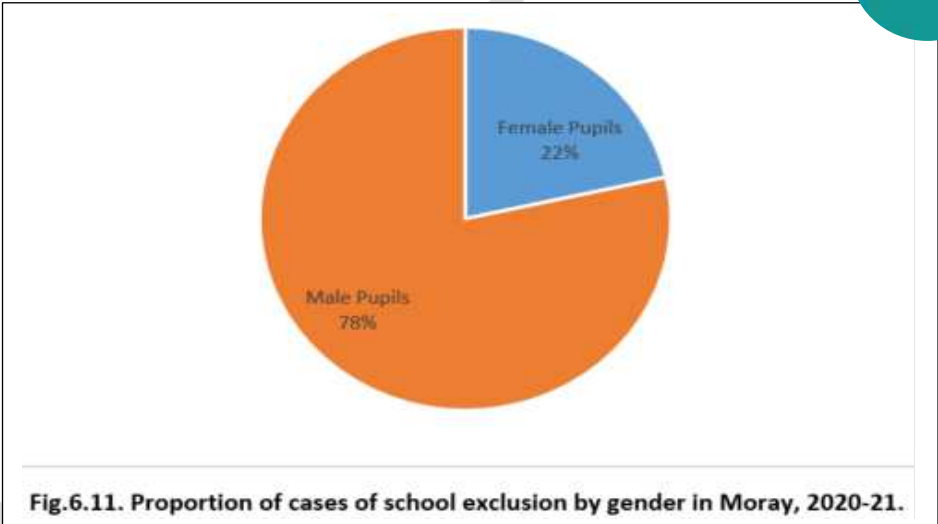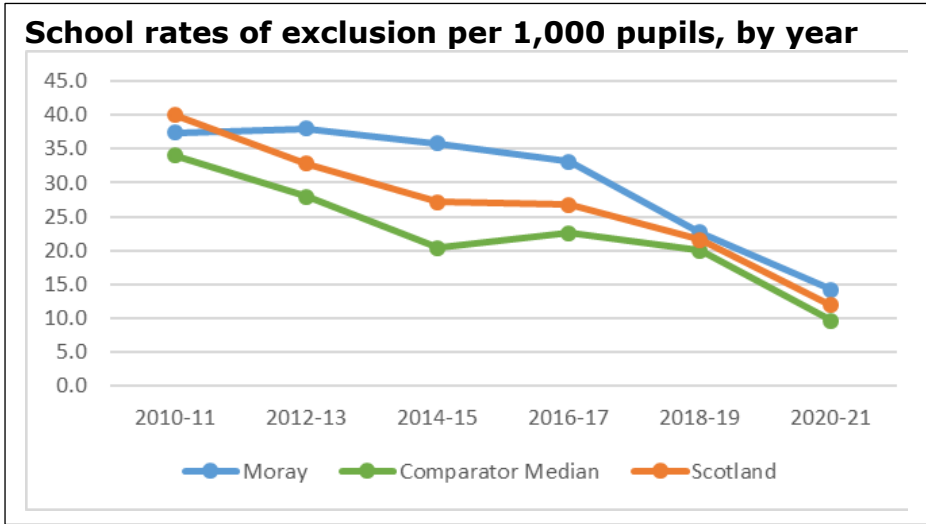## School rates of exclusion per 1,000 pupils, by year

Fig.6.11. Proportion of cases of school exclusion by gender in Moray, 2020-21.

Our looked after and care experienced young people are at risk of being further marginalised from their peers, communities and educational opportunities by being on a reduced timetable.   The table on the right shows the number and percentage of care experienced and looked after and care experienced young people on a reduced timetable.

School	No. of LAC pupils on reduced timetables	% of LAC School population
Buckie High School	10	42%
Elgin Academy	1	7%
Elgin High	6	26%
Forres Academy	2	9%
Keith Grammar	2	33%
Lossiemouth High School	0	/
Milnes High School	0	/
Speyside High School	0	/

Percentage of Looked After and Care Experienced Young People on Part-Time Timetables by School in Moray.

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Care experienced young people in Moray continue to have poorer educational outcomes than both the national average and all but two of our local authority comparators. The proportion of young people achieving at least one qualification at SCQF 3 is 73% compared with 97% of all school leavers. For SCQF 4 65% compared to 96% for all school leavers. 29% of looked after children are not receiving any qualifications at SCQF 3 or above.
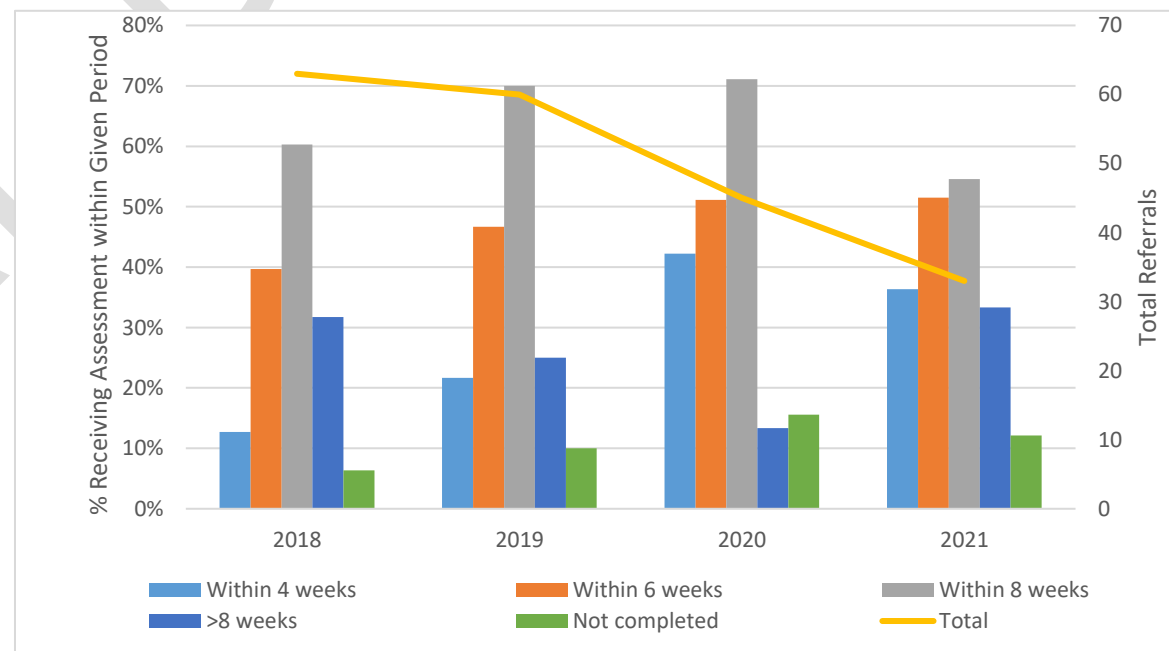
LAC Initial destinations			
Establishment	**Year**	**% of Schools Leavers in a Positive Destination**	**Number in Cohort**
Moray	2020/21	75.00%	16
Virtual Comparator	2020/21	91.25%	160
The Northern Alliance	2020/21	82.79%	122
The National Establishment	2020/21	87.94%	1045

Positive Destinations

75% of the 16 looked after and care experienced young people in Moray moved on to a positive destination after leaving school in 2021.

Health & wellbeing

Looked after and care experienced children and young people are more likely to experience poor health than other young people. All children who become looked after receive an initial Health assessment within 4 weeks of becoming looked after. The number of initial health assessments completed within nationally agreed timescales remains low at just over a third of referrals. The proportion of health assessments not undertaken within 8 weeks has increased to 45% (33% undertaken after 8 weeks and 12% not undertaken).

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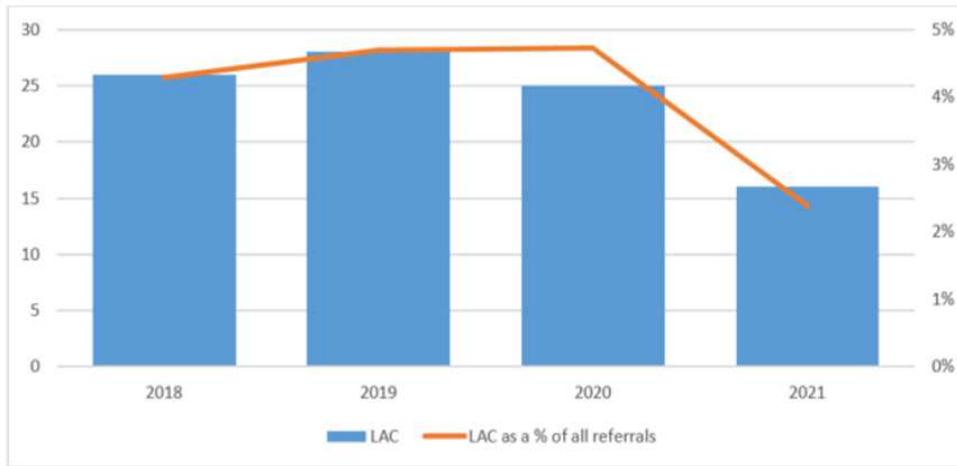
Fig.4.X. Number (left-hand axis) and proportion (right-hand axis) of CAMHS referrals in Moray classified as Looked After Children and Young People.

The number of looked after children and young people being referred to CAMHS has significantly dropped during 2021/2022 resulting in looked after children and young people potentially not receiving the mental well-being support they need.

Care Experienced Parents

In order to truly understand the impact of care on families in Moray, we need to understand the needs of care experienced people as parents. Care experienced parents reported feeling judged and stigmatised as a poor parent. They told us that they place great importance on having someone they can trust such as Health Visitors and Support Workers. They want opportunities to mix with other care experienced parents in a community setting.

"I think [it would help] if there were groups. Especially when I was a young mum, I had no-one else to talk to, nobody spoke about being care experienced."

-care experienced parent

"[It would help] being able to talk about being care experienced. Groups for mums and dad – being in care is one part, your journey how you ended up in care would be good to talk to others who have been through similar experiences."

-care experienced parent

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Moving on

There is a lack of affordable housing options available for young people leaving care and transitioning on to independent living. During 2021/2022, 6 care experienced young people were living in homeless accommodation. Young people have told us they want continued support when they leave care from the people they have relationships with and trust.

> *"I am really struggling since I left care, managing all my bills and living on my own is difficult, I feel very lonely and isolated."*

> *"Living in homeless accommodation on the outskirts was hard, it was a place where no one spoke to me. I felt so isolated. No one in there ever spoke to me I felt really alone. I didn't know anyone in that area as I'm not from there so I couldn't even go out to talk to people."*

Youth Justice

A disproportionately high number of care experienced children and young people are represented in the youth justice system. The majority are boys and young men. This raises important questions about gender norms prevalent in our society, which lead more boys and young men than girls and young women to offend; but also, about whether systems are working appropriately to support boys before they come into contact with the Police and the Criminal Justice System.

Voice

To better understand care experienced children and young peoples journey within the care system and where improvements are needed qualitative data was captured through a range of engagement activity. Children and young people told us

Number of young people accused of an offence in Moray by gender, by age group, by year[192].
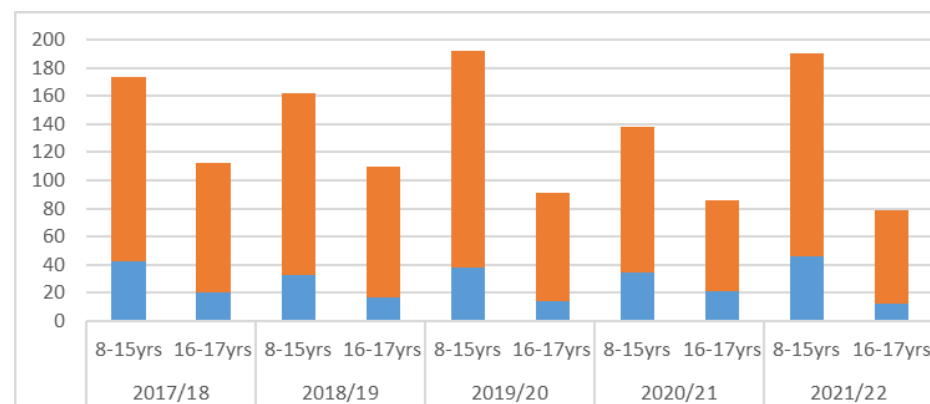
> *"I would like to see family especially parents and siblings more frequently"*

> *"I would like for better understanding at school of what it means to be care experienced."*

> *"To move around from foster placements is challenging and just being in care is hard in case people at school find out."*

> *"I feel like I'm treated differently because I'm in care. It holds me back doing what I'm able to do."*

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Care: Improving Outcomes for Looked After and Care Experienced Children and Young People	LEAD – CORPORATE PARENTING STRATEGIC GROUP		
OUTCOMES	**HIGH LEVEL ACTIONS**		**HOW WILL WE KNOW IF WE HAVE MADE A DIFFERENCE?**
	Short Term	**Long Term**	
The gap in educational outcomes of looked after and care experienced young people is reduced.	Improve the identification, tracking and monitoring of looked after children and young people within schools, nurseries and other preschool settings.	Embed systems and processes that allow for the ongoing monitoring of support to looked after children and young people.	We will know what support our looked after young people are receiving.
	Recruit a Virtual Head Teacher who will work alongside local partners to better understand the barriers to attendance, engagement and achievement in Education. With care experienced and looked after children, design and test new and improved interventions to overcome the barriers identified.	Implement improvements on a partnership basis and quality assure effectiveness.	Improvement in attendance. Findings from quality assurance activity. This includes feedback from children, young people and their parents. Improvement in educational outcomes.
	Improve understanding on the use of reduced timetables and internal/external exclusions for looked after children and young people. Adopt a multi-agency approach to improve engagement in Education.	Develop and implement a policy and governance structure around the monitoring and tracking of reduced timetables.	Increased attendance in meaningful Education. Reduction of informal and formal exclusion.
Looked after and care experienced young people enter and sustain education, training or employment after leaving school.	Identify the challenges and barriers to looked after and care experienced young people accessing further/higher education, training opportunities and alternative awards.	Adopt a partnership approach to improving accessibility of further/higher education, training opportunities and alternative awards.	School leavers outcome data via SDS, Moray Pathways and further/higher education.

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	Track and monitor care experienced destinations up to the age of 26 years old – to measure the effectiveness of existing supports and identify if there are gaps in current provision.	Develop and implement a partnership action plan to improve positive destinations for care experienced and looked after young people.	Annual dip sample of care experienced young people measuring positive destination outcomes.
	Family Raise awareness and access to funded early learning and childcare provision for care experience parents.	Monitor uptake of early years provision for care experienced parents.	Increase in care experienced parents accessing training and employment opportunities.
The health needs of looked after children and young people are met.	Better understand and overcome barriers to consistent completion of Initial Health Assessments within agreed timescales (4 weeks from NHS Grampian receiving notification).	Review best practice around Strength and Difficulties Questionnaires (SDQ) and how they support onward referral to CAMH services where required. Investigate systems to strengthen SDQ data capture and electronic scoring within Moray. Understand the needs of Looked after children who are living at home and ensure they all have an initial health assessment completed.	Increase in number of children receiving IHA within 4 weeks. Increase in number of children referred to CAMHs or other services because of elevated SDQ's at the three-month review. Audit of 'child's voice' in the health assessment process. Improvements in children and young people's health related outcomes. Increase in the number of Looked after children living at home receiving IHA.
	Ensure mental well-being needs are identified early, a range of support (up to age 26 and beyond) is accessible and outcomes monitored.		Increased referrals for mental health and well-being support where evidenced it is required. Services provide evidence through impact reporting of improved outcomes.
Looked after and care experienced young	Voice Appoint a single service advocacy provider who will	With care experienced young people and their parents, quality	Annual dip sample to collect views of children and families

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people and their parents/carers feel their voice has been heard through the provision of independent advocacy.	provide independent advocacy to care experienced children and their families at all stages of their care journey.	assure the advocacy support delivered via commissioned services within Social Work and Education. Agree improvements and begin implementation.	who have accessed advocacy support.
The number and range of placements available meets the needs of children and young people in need of care. (Including those who experience disability/have complex needs, young people seeking asylum and brothers and sisters who should be accommodated together).	Increase focus and resources on the recruitment of foster carers, drawing on the assistance of local, regional and national partners.	Review the impact of the foster carer recruitment campaign and further develop building on success to date.	Increase in number of foster care placements available Increase in children and young people accommodated in foster care placements. Decrease in out of area and residential placements.
	Identify and address the training and development needs of foster, kinship and residential care workers employed by Local authority.	Update and implement revised training provision provided by the local authority.	Numbers attending training. Feedback on impact of training. Reduction in placement breakdowns.
	Better understand what peer support foster and kinship carers want.	Develop and implement peer support opportunities with and for foster and kinship Carers.	Feedback from foster carers and kinship carers on the how this impacts their ability to care for children and young people.
Transitions for children and families feel and are experienced as integrated, with maintaining relationships being paramount.	Review the current pathway plan to ensure young people receive support before, during and after they move on to independent living.	Implement changes identified through the review of the current pathway plan and quality assure.	Care experienced young people voice their transition to independent living felt positive and they are maintaining the relationship which are important to them. Number of Care experienced young people up to the age of 26years with a pathway plan in place.
	Develop and implement a care leavers Housing Needs Policy	With the Housing Support Officer (care experience) and care experienced young people	Reduction in homelessness.

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	which includes a homelessness prevention pathway.	identify a resource for young people transitioning from care to trial living independently.	
	Voice Understand young people's experience of the current support received when transitioning out of care and identify gaps in provision.	Improve Through Care and Aftercare support provision for care experienced young adults up to the age of 26 years ensuring support is based on individual need not on 'age of services' criteria.	Young people voice feeling supported as they transition on to adulthood. Increased uptake of Through Care Aftercare Support Services.
Siblings are supported to maintain positive relationships with one another.	Scaffolding Embed the learning from PACE in policies and procedures relating to the placement of children and young people in Care.	Quality assurance implementation of policies and procedures.	Increased proportion of siblings growing up together.
	Voice With care experienced children and young people develop a local maintaining relationships policy with a specific focus on siblings.	Implement and evaluate maintaining relationships policy.	Services report increased numbers of young people maintaining relationships that are important to them.
Children and young people seeking asylum are fully integrated into school and community life.	Family Understand what barriers there are for children, young people and their families seeking asylum with regards to education, health and inclusion within their community.	Adopt a partnership approach to supporting asylum seeking children, young people and families to access education, health and community life.	Children and young people who are seeking asylum achieve educational outcomes in line with their peers. Feedback from children, young people and their families who are seeking asylum report they feel included in their community.
Looked after and care experienced young people are not overrepresented in the criminal justice system.	Scaffolding Evaluate effectiveness of current support system.	Improve early and preventative supports for young people at risk of offending.	Reduction in the number of care experienced young people in justice services.
	Scaffolding Develop and implement robust guidance in on the use of restraint across the care system.	Support the workforce to adopt a trauma informed, rights-based approach when responding to children and young people in distress.	Reduction in use of restraint.

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Our improvement activity is shaped by the voice of our looked after and care experienced children and young people	Voice Develop and monitor a corporate parenting data set which reflects looked after and care experienced children and young people's experiences within the care system.		Areas for improvement identified.

Evidence of impact of improvement activity. |
| | Voice Increase the voice, choice and participation of looked after children in their hearings and meetings through implementing and evaluating the Better Meetings Practitioners Guide. | Create with children and young people, safe trauma informed spaces for looked after children and young people attending their hearings and meetings. | Children, young people and their families report positive experiences of their meetings. |
| | People Develop and embed the role of Promise Keepers across the partnership ensuring the Promise remains at the forefront of service design and delivery. | Extend the network of Promise Keepers across the Health and Social Care partnership (adult services). | Children and young people report that they have been included in the design and delivery of services they access. |
| | Voice Further develop forums through which care experienced children and young people can both socialise and affect change Initial focus on younger children and those with additional support needs | | Increase participation in Champions Board and Little Fix

Vehicle established with and for younger children and those with additional support needs

Young people involved report that they are affecting change |

PEOPLE
Supporting our Workforce

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Our workforce includes all volunteers, carers and employees who have a role in improving wellbeing of children, young people and families. This might be through direct contact or indirectly through a supporting role. It may be within a statutory service or as part of a community group or organisation. There are a broad range of professions and roles, and therefore diversity, of staff across the partnership.

"Maintaining a stable and motivated workforce is central to the delivery of effective high-quality services for children, young people and families. Pivotal to this is valuing and supporting the workforce and promoting their wellbeing"

The Promise 2020

Relationship building is key to providing the correct support to children, young people and families. In practice this requires an understanding of the ways that trauma can impact on children and young people's development and wellbeing. This involves working in consultation with the child or young person and taking all reasonable steps to understand what is going on in that child's life and how current and past life experiences may influence relationships. The work required to keep The Promise for all our children and young people will be a key area of our workforce development. We recognise there is much to build on including changes we have made to our language, introducing love, kindness and relationships as key concepts and practices in the work across children's services.

We will continue to build on our trauma informed and compassionate approaches to work with families. We know that workers must also feel valued and supported to respond to the individual needs and wishes of a child or young person and their family. We will strive to create the conditions for best practice through leadership, supervision and support for workers to feel empowered and confident so they can, in turn, instil that feeling in the children and families they work with.

Learning and Practice Development
We need to be aware of the learning and development needs of our workforce to ensure learning opportunities are relevant and delivered in a way that makes best use of resources. We previously undertook an options appraisal for children's services partnership training and are now working to develop a joint workforce development strategy and engagement plan. This will take into consideration changes in legislation, policy, priorities and working practices.

People: Supporting Our Workforce	LEAD: MULTI AGENCY LEARNING AND DEVELOPMENT GROUP	
OUTCOME	HIGH LEVEL ACTIONS	HOW WILL WE KNOW WE HAVE MADE A DIFFERENCE?

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Being Safe – Being Healthy and Happy - Being all that I can be - Having people in my life that care about me- Being Active - Being Respected –Being Included

Integrated working practice is enhanced through joint development opportunities that supports our shared vision, core principles and values.	**Scaffolding** Review our workforce training needs and ensure we have all we need to meet them, incorporating national developments. Develop a workforce development plan that supports our vision and values and priorities established in the creation of this plan. Continue to deliver joint workforce development programmes to implement National Child Protection Guidance and GIRFEC policy.	A partnership workforce plan with a baseline, measures and reporting is agreed. Monitoring and reporting of single and multi-agency training activity.
Staff facilitate and enable the relationships, networks and connections that support our children, young people and families.	**People** Embed the principles of trauma-informed and strengths-based working across all multi-agency/sector training and development activity. Change our language and introduce love, kindness and relationships as key concepts and practices.	Reflective feedback incorporated into planning cycle. Audit of minutes, plans and papers.

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SCAFFOLDING
Working in Partnership

Through the development of this plan, we have sought the views of children, families and our workforce to better understand what's getting in the way of progress at both a strategic and operational level. Our ongoing self-evaluation activity that includes learning reviews, file auditing and journey mapping has also informed the actions we plan to take to strengthen our scaffolding. During the lifetime of this plan, we will strive to ensure that our governance, culture, systems and processes empower our paid and voluntary workforce and local communities to deliver the improvements children and young people have told us matters most to them.

*"Children, families and the workforce must be **supported by a system that is there when it is needed:** the scaffolding of help, support and accountability"*

The Promise 2020

Successes we will build on:

Revised governance structure with streamlined partnership groups each with a clear focus on statutory responsibilities and the delivery of actions to progress priorities within the Children's Services Plan

Pooling of single agency budgets to meet partnership priorities
Our revised locality networks, which are made up of front line practitioners and community organisations, have operated as a successful means of identifying and addressing emerging themes. The need for a substance use service for young people aged under 18 years was identified through the Buckie Network.   A successful partnership funding bid was made to CORRA, led by Aberlour Childcare Trust. Health, Education, Social Work, Moray Drug and Alcohol Partnership and the 3rd sector pooled their budgets to provide match funding, in recognition that the new service supports the delivery of both our partnership and their single agency objectives.

Building the capacity of the 3rd sector to take a lead role in the identification and delivery of our partnership priorities
Through a competitive procurement process, 3rd sector organisations are bidding to become chairs of the locality networks.   Their remit is to coordinate the identification of emerging needs within the communities that make up Moray and facilitate creative joint working at a local level to meet those needs.

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Scaffolding: Working in Partnership		LEAD: GIRFEC LEADERSHIP GROUP	
OUTCOME	**HIGH LEVEL ACTIONS**		**HOW WILL WE KNOW WE HAVE MADE A DIFFERENCE?**
As a partnership, we are aware of the changing needs of children, young people and their families.	Identify a dedicated resource to coordinate the annual update of our partnership Joint Strategic Needs Assessment. Integrate the Joint Strategic Needs Assessment into our continuous improvement framework. Host the Joint Strategic Needs Assessment in a central repository, accessible to all and ensure it is used to inform all other relevant single agency and partnership strategic plans, including; LOIP, Strategic Plan for Health and Social Care Moray, Community Learning and Development Plan and Moray Council Corporate Plan.		Current Joint Strategic Needs Assessment accessible to all.
As a partnership, we maximise all opportunities to lever in additional funding and work together to ensure it supports the delivery of our shared priorities.	Raise awareness across GIRFEC Leadership Group of external funding allocated to single agencies and the partnership to address priorities within this plan. Agree how this funding can be used to best effect. Maximise opportunities to work with the 3rd sector to lever in additional funding. Develop and resource a joint commissioning process through which funds will be allocated and monitored.		There will be an overall increase in external funding. External funding is being targeted to priorities of this plan. A joint commissioning process is operational.

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The risk of silo working across children and adult services is minimised.	Scaffolding Agree and implement a reporting process across children and adult services. Improve communication and joint working with relevant adult services including drug and alcohol partnership and adult mental health services. Ensure members of partnership groups responsible for improving outcomes for children and families highlight silo working on both a single agency and partnership basis.	A clear oversight of activity across the partnership evidences coordination.
We more consistently and effectively measure impact of the actions we are taking to improve outcomes for children, young people and families.	Build on the quality assurance process to ensure that the intersectionality across our thematic priorities is well evidenced, widely understood and all mitigating actions are co-ordinated. Listen to the views and opinions of children, young people and families and collate information together to evaluate overall impact.	Findings from our self-evaluation activity.
Improve co-ordination of continuous improvement activity.	Scaffolding Develop a robust performance management and quality improvement framework and implement on a consistent basis. Celebrate and build on good practice.	Framework will be in place and there will be evidence of what works.

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OUR PERFORMANCE FRAMEWORK
Measuring Progress

Self-evaluation

Self-evaluation is a useful process that enables us to identify what's working well and where we need to target efforts to support improvement and achieve better outcomes for children. Self-evaluation is a complex area which involves the measurement of what we do (actions), what we deliver (outputs/products), and the difference that this makes to children and their families (outcomes and impact).

In children's services planning, both in Moray and nationally, one of the challenges has been to focus more effectively on outcomes for children and their families. We can measure our outputs, systems and processes but demonstrating the impact of these in terms of improved wellbeing outcomes is more difficult. In practice, there may be many different actions and process improvements that together lead to improvement in one or more outcomes, and it is not always possible to evidence a direct linear relationship between activity and outcome.

This challenge led the Scottish Government to work with stakeholders to develop a Children, Young People and Families (CYPF) Outcomes Framework to provide an overall holistic picture and understanding of children and young people's wellbeing in Scotland. The CYPF Outcomes Framework will sit below Scotland's National Performance Framework at an intermediate level and will be aligned to this. The aim is that the proposed framework will contain a 'core' suite of indicators which authorities will supplement with their own local indicators. Use of these core indicators will allow us to compare the holistic picture of children and young people in Moray with that of other authorities in Scotland.

We are using the core suite of indicators in this plan along with our own locally identified indicators which will be developed. Any canges to the final suite will be reflected as our Children's Services Plan is reviewed and revised.

The proposed core suite of indicators from the Outcomes Framework is shown below.

Being Safe – Being Healthy and Happy - Being all that I can be - Having people in my life that care about me- Being Active - Being Respected –Being Included
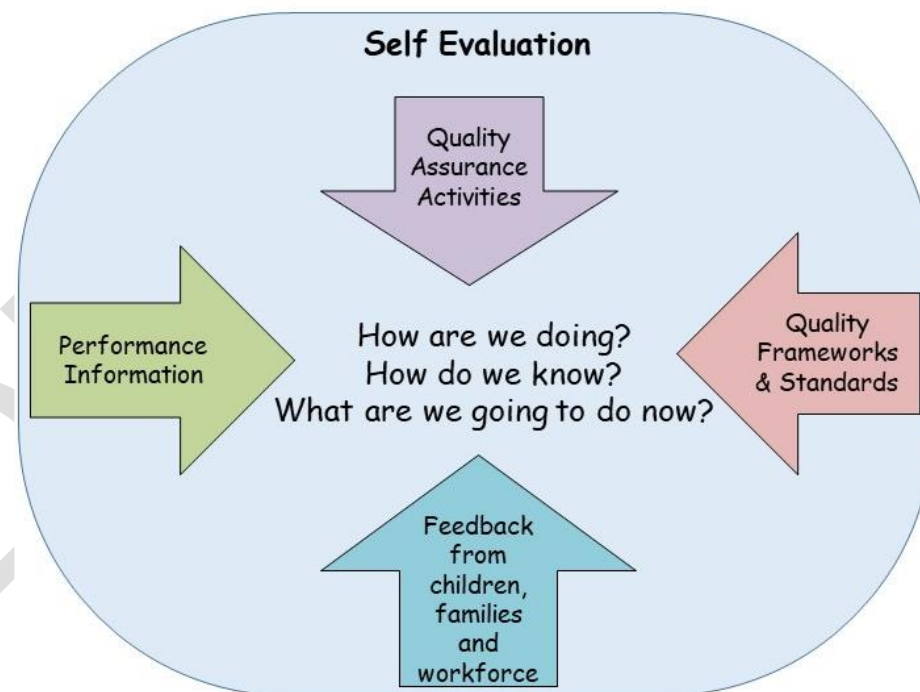
Scottish Government Core Wellbeing Indicators:

- Mean score on Stirling wellbeing scale for P5-S1 children/Warwick Edinburgh Mental Wellbeing Score for S2-S6 children (WEMWBS)
- Percentage of S2-S6 children with slightly raised, high or very high Strength and Difficulties score
- Percentage of P5-S6 children who agree that adults are good at taking what they say into account
- Percentage of P5-S6 children who eat both fruit and vegetables every day
- Percentage of children with a concern at their 27-30 month review (as a % of children reviewed)
- Percentage of P5-S5 children who say they always have an adult in your life who they can trust and talk to about any personal problems
- Relative child poverty rate after housing costs
- Percentage of settings providing funded Early Learning and Childcare achieving Care Inspectorate grades of good or better across all four quality themes
- Percentage of P5-S6 children who say they feel safe when out in their local area always or most of the time.
- Percentage of S1-S3 children participating in positive leisure activities (participation in at least one from list)
- Percentage of P5-S6 children who agree that their local area is a good place to live
- Percentage of P5-S3 children who were bullied in last year
- Number of children subject to Interagency Referral Discussions
- Number of children in temporary accommodation at 31 March
- Percentage of P5-S6 children that had at least one hour of exercise the day before the survey
- Percentage of P1, P4 and P7 children achieving expected CfE levels in literacy (reading, writing, listening and talking)
- Percentage of P1, P4 and P7 children achieving expected CfE levels in numeracy
- Percentage of all school leavers in positive destinations at 9-month follow-up
- Proportions of all children under 16 who live in households that contain at least one person aged 16 to 64, where all individuals aged 16 and over are in employment
- Percentage of P7-S6 children who have access to the internet at home or on a phone or another device
- Percentage of P5-S4 children who agree that their friends treat them well.

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Governance

Moray Community Planning Partnership has devolved responsibility to both produce and deliver this plan to the GIRFEC Leadership Group (GLG). GLG comprises of senior decision makers from the public and 3rd sector who have a remit to work together to improve the lives of children and young people across Moray. The group is chaired by the Chief Social Work officer and Head of Service.

CHILDREN'S SERVICES GOVERNANCE STRUCTURE

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Being Safe – Being Healthy and Happy - Being all that I can be - Having people in my life that care about me- Being Active - Being Respected –Being Included
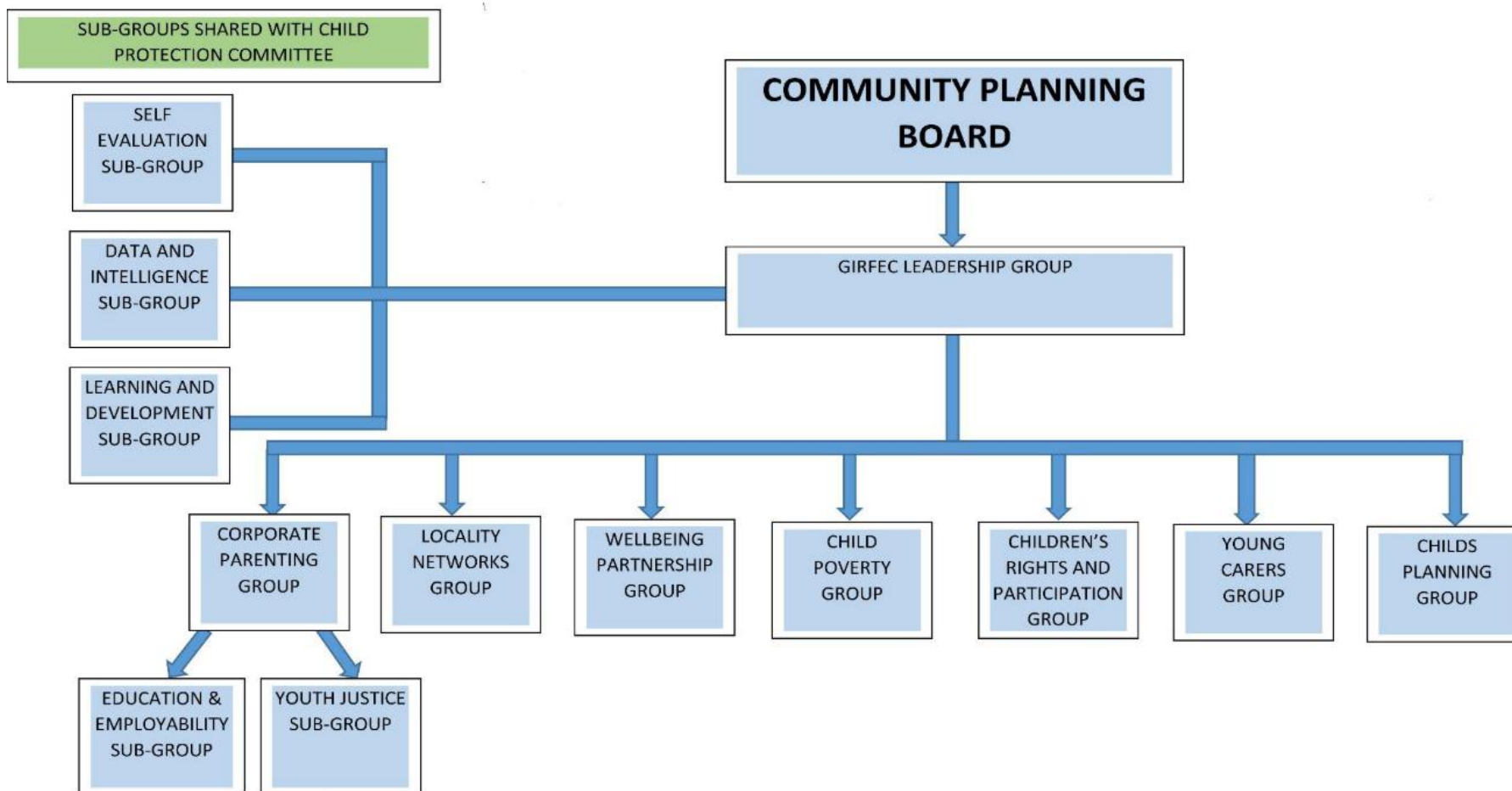
Specific strategic groups across the Children's Services partnership have oversight responsibility for the delivery of each of the action plans. Given the interlinkage between the priorities and associated actions, the chairs of these groups will meet regularly throughout the life of this plan to coordinate improvement activity. Progress will be reported on a quarterly basis to GLG.

	Priority	Strategic Group with oversight responsibility
Voice	**VOICE**: Hearing children and young people's voices	Children's Rights and Participation
Family	**FAMILY**	
	Supporting families where children experience challenges due to disability or neurodiversity	Disability Partnership Group
	Tackling child poverty	Child Poverty Group
	Improving the mental wellbeing of children and young people	Wellbeing Partnership Group
	Keeping children and young people safe	Moray Child Protection Committee
	Strengthening support for families	Family Support Strategic Group (To be established)
Care	**CARE**: Improving outcomes for our looked after and care experienced children and young people	Corporate Parenting Strategic Group
People	**PEOPLE**: Supporting our workforce	Learning and Development Group
Scaffolding	**SCAFFOLDING**: Working in partnership	GIRFEC Leadership Group

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An annual report will be approved by the Community Planning Partnership and submitted to the Scottish Government in accordance with our statutory duties in relation to Children's Services planning, as outlined in section 3 of The Children and Young People (Scotland) Act (2014).

This annual report will also meet our statutory reporting responsibilities in relation to UNCRC, Corporate Parenting and Child Poverty.

Our plan needs to remain agile and responsive to the changing needs of children and families. The Joint Strategic Needs Assessment will be revised annually and will inform priorities and actions for the forthcoming year.

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REPORT TO: **MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 31 AUGUST 2023**

SUBJECT: **DRAFT HSCM ANNUAL COMPLAINTS REPORT 2022/23**

BY: **CHIEF NURSE, MORAY**

1. REASON FOR REPORT

1.1. To provide the Committee with the Draft Health and Social Care Moray (HSCM) Annual Complaints Report for 2022/23.

2. RECOMMENDATION

2.1. It is recommended that the Clinical and Care Governance Committee:

i) **consider and note the contents of the annual report; and**

ii) **request the annual report is submitted to MIJB in September for approval prior to publication**

3. BACKGROUND

3.1. A report to Committee in August 2022 provided information on the agreed Complaints Key Performance Indicators (KPIs) for the Model Complaints Handling Procedures for Local Authorities (LA), which were published in March 2022 on the Scottish Public Services Ombudsman (SPSO) website (this includes Health and Social Work Partnerships, in relation to social work functions delegated from LAs). The Committee also received information detailing the 9 NHS performance indicators.

3.2. In March 2022 the SPSO confirmed the annual report publication deadline is the end of October each year, with the KPIs applicable for data collected from 1 April 2022.

3.3. The NHS Grampian Annual Complaints report provides information on all complaints, concerns, comments and feedback recorded on Datix, this includes any recorded under HSCM. The Annual Complaints Report produced by the Council includes all council related complaints recorded on lagan, this includes any Council related services under HSCM.

3.4. The SPSO have advised to ensure there is no double reporting of figures but it should be made clear where partnerships' complaints performance information is published.

3.5. Given the importance HSCM places on receiving comments and feedback to use to continuously improve services, the experience and satisfaction of service users, along with their families and carers, the Committee agreed, at their meeting on 25 August 2022 (para 6 refers) to continue to publish annual complaints performance information to demonstrate HSCM's commitment to valuing complaints.

3.6. The annual report pulls together and builds on the quarterly complaints reports produced for Clinical and Care Governance Committee. It includes details about the number complaints received and information about the stage at which complaints were resolved, the time taken to do so, and the actions that have been or will be taken to improve services as a result of complaints.

4. **KEY MATTERS RELEVANT TO RECOMMENDATION**

4.1. The information from complaints from 1 April 2022 to 31 March 2023 has been collated and presented following the LA KPIs and NHS Performance Indicators. The draft HSCM Annual Complaints Report for 2022/23 is attached at **Appendix 1**.

4.2. This will be the third published HSCM Annual Complaints Report – all previous versions can be found on the HSCM Website - https://hscmoray.co.uk/complaints.html

4.3. The annual report includes links to the Council's and NHSG's Annual Complaints Performance Reports and provides supplementary information specific to Health and Social Care Moray.

4.4. There have been no complaints received relating to the dissatisfaction with the MIJB's policies, decisions or administrative or decision-making processes followed by the MIJB. The MIJB's definition of a complaint is: "*An expression of dissatisfaction by one or more members of the public about the MIJB's action or lack of action, or about the standard of service the MIJB has provided in fulfilling its statutory responsibilities.*"

4.5. A total of 108 complaints were received during 2022/23 which is a slight increase on the previous year where a total of 92 complaints were received. This may be attributed to an increase in activity, for example GMED activity continues to increase with 2022 being the busiest year on record. This increase in clinical demand could reflect pressures and subsequent complaints.

4.6. As seen in Graph 2 of **Appendix 1** there was a drop in the number of complaints received during 2020/21, which is likely due to the Covid-19 pandemic; in 2020 there were many services that were suspended and many others where service delivery was altered in some way to accommodate the requirements for social distancing.

4.7. Early resolution is were complaints are straightforward, require little or no investigation and are resolved at the point of contact at the earliest opportunity

– usually within 5 working days. Achieving early resolution, where appropriate, helps reduce the number of Stage 2 complaints and is really helpful for patients and families, preventing anxiety and upset if they can be given a quick response rather than waiting for a complaint investigation outcome. Almost a third of all complaints received during 2022/23 were marked for early resolution / front line response.

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.

   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
- Tracey Sutherland, Democratic Services Manager, Moray Council
- Clinical and Care Governance Group

6.   CONCLUSION

6.1.   The governance and monitoring of complaints forms part of core business for teams and services and provision of a good quality, effective and safe service is a key priority for all staff. Monitoring and learning from all feedback is an ongoing process.

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

Annual Report on

Complaints 2022 – 2023

01/04/22 – 31/03/23

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Introduction

This Complaints Handling Annual Report summaries Health and Social Care Moray's (HSCM) performance in terms of handling complaints during 1 April 2022 and 31 March 2023.

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

The NHSG Annual Complaints report provides information on all complaints, concerns, comments and feedback recorded on Datix (electronic risk management information system), this includes any recorded under HSCM.

The Annual Complaints Report produced by the Council includes all council related complaints recorded on Lagan (communication management system), this includes any Council related services under HSCM.

Datix is used by NHSG and is therefore accessed by NHS employed staff, Lagan is used by the Council and is used by Council employed staff.

Links to these annual reports can be found here: (TO BE ADDED WHEN AVAILABLE)

Given the importance HSCM places on receiving comments and feedback to use to continuously improve services the Moray Integration Joint Board (MIJB) have committed to continue to publish annual complaints performance information to demonstrate HSCM's commitment to valuing complaints.

3

Background

The original Model Complaints Handling Procedures (MCHPs) were first developed by the SPSO in collaboration with complaints handlers and key stakeholders from each sector and were published in 2012. The MCHPs were produced taking account of the Crerar and Sinclair reports that sought to improve the way complaints are handled in the public sector, and within the framework of the SPSO's Guidance on a MCHP.

The MCHPs also reflect the SPSO Statement of Complaint Handling Principles approved by the Scottish Parliament in January 2011. Following recommendations from the Scottish Government's social work complaints working group in 2013, a separate MCHP for social work was developed. The 'Public Services Reform (Social Work Complaints Procedure) (Scotland) Order 2016' (the Order) brought social work complaint handling under the remit of the SPSO Act and subsequently the separate documents for Local Authorities (LA) and Social Work sectors were combined into a single document, the LA MCHP.

The SPSO revised and reissued all the MCHPs (except the NHS) in 2020 under section 16B(5) of the Scottish Public Services Ombudsman Act 2002 on 31 January 2020 to give public sector organisations time to implement any changes by April 2021.

The revised Local Authority MCHP, published 2020, applies to social work complaints, whether they are handled by local authority or health and social care partnership (HSCP) staff.
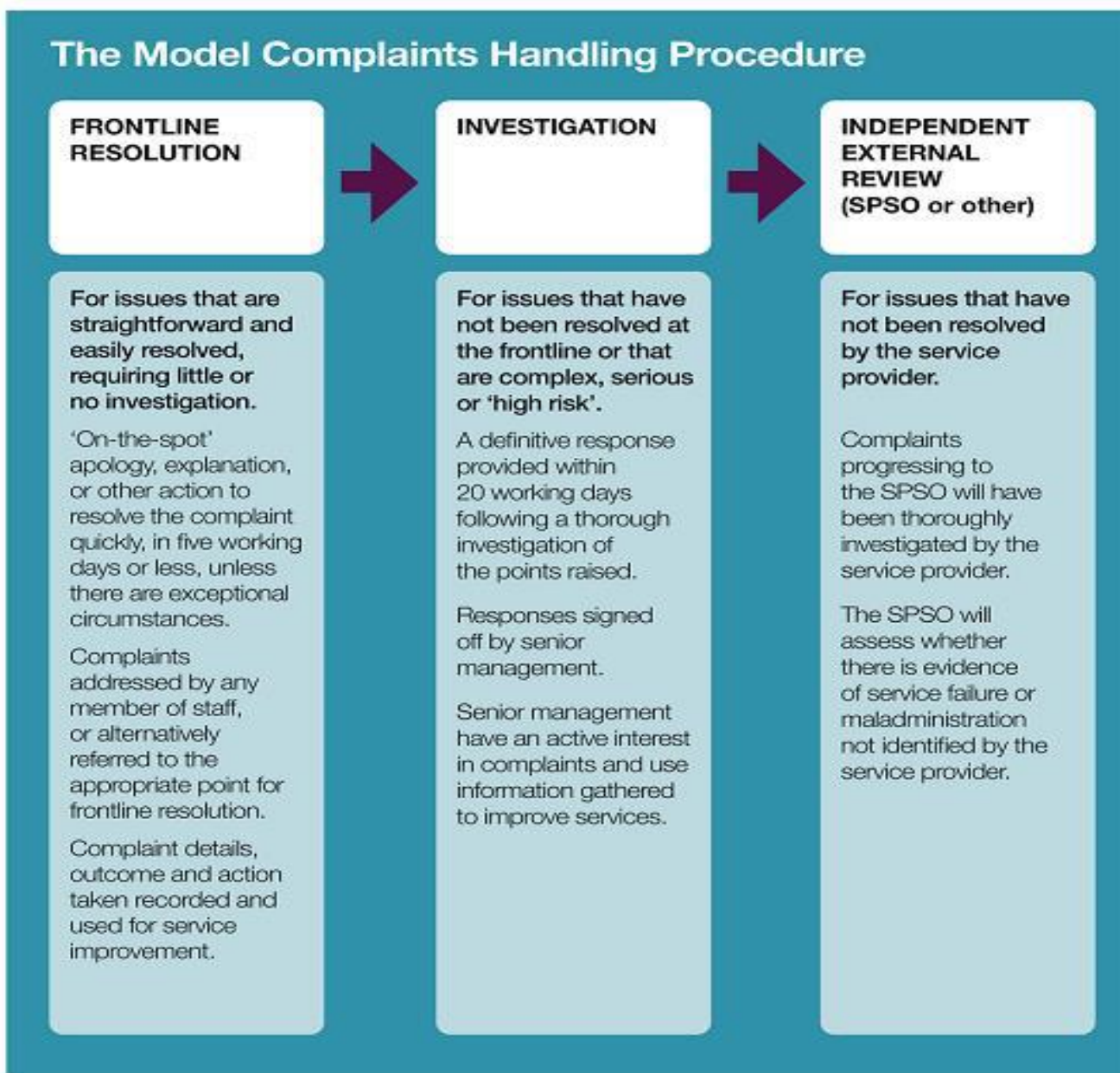
The NHS was the last public sector to adopt the MCHP on 1 April 2017 and it has not yet been revised since it was first published.

4

Complaints Handling

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.

The complaints process followed by both NHSG and the 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.

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 many 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.

The Model Complaints Handling Procedure

FRONTLINE RESOLUTION → **INVESTIGATION** → **INDEPENDENT EXTERNAL REVIEW (SPSO or other)**

FRONTLINE RESOLUTION

For issues that are straightforward and easily resolved, requiring little or no investigation.

'On-the-spot' apology, explanation, or other action to resolve the complaint quickly, in five working days or less, unless there are exceptional circumstances.

Complaints addressed by any member of staff, or alternatively referred to the appropriate point for frontline resolution.

Complaint details, outcome and action taken recorded and used for service improvement.

INVESTIGATION

For issues that have not been resolved at the frontline or that are complex, serious or 'high risk'.

A definitive response provided within 20 working days following a thorough investigation of the points raised.

Responses signed off by senior management.

Senior management have an active interest in complaints and use information gathered to improve services.

INDEPENDENT EXTERNAL REVIEW (SPSO or other)

For issues that have not been resolved by the service provider.

Complaints progressing to the SPSO will have been thoroughly investigated by the service provider.

The SPSO will assess whether there is evidence of service failure or maladministration not identified by the service provider.

5

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.

Key Performance Indicators

Performance Indicators are measures and targets that help assess and demonstrate how functions are carried out.

In March 2022 the agreed Complaints Key Performance Indicators (KPIs) for the Model Complaints Handling Procedures for Local Authorities (LA) were published on the SPSO website. There are four mandatory KPIs for LAs (this includes Health and Social Work Partnerships, in relation to social work functions delegated from LAs). These are:

Indicator One	**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.*
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** *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*
Indicator Three	**The average time in working days for a full response to complaints at each stage** *The average time in working days to respond at stage 1, stage 2 and after escalation*
Indicator Four	**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*

6

The qualitative indicator on learning from complaints was part of the published draft indicators but has now 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.

With regard to Indicator Four the updated MCHP has provided a definition of "resolving" a complaint. "*A complaint is resolved when both the organisation and the customer agree what action (if any) will be taken to provide full and final resolution for the customer, without making a decision about whether the complaint is upheld or not*". This focusses efforts to, wherever possible and appropriate, resolving complaints to the service user's satisfaction. To do this it is necessary to identify and clarify what outcome the service user wants at the start of the process which maybe a change in process for some people currently involved with complaints. It will also change the number of categories of outcomes for complaints to:-

- Upheld
- Not upheld
- Partially upheld and
- Resolved

The above KPIs are applicable for data collected from 1 April 2022.

Complaints about a service that is provided by HSCM on behalf of the NHS, require to be captured using the 9 NHS performance indicators. These are:

- Learning from complaints
- Complaint process experience
- Staff awareness and training
- The total number of complaints received
- Complaints closed at each stage
- Complaints upheld, partially upheld and not upheld
- Average time to close complaints at each stage
- Complaints closed in full within the timescales
- Number of cases where an extension is authorised

The data detailed in this report is based on the four KPIs detailed above and also includes information pertaining to some of 9 NHS performance indicators. For detail on staff awareness and training and the number of cases where an extension is authorised please refer to the NHS Grampian Annual Complaints report.

7

There is a challenge for reporting of complaints for HSCM due to the fact that there is a need to use two recording systems which then requires collation and as the systems hold data in slightly different ways. This means that there are differences in how the information is reported for some of the indicators.

What is Included

This is HSCM's third published annual complaints performance report. It includes performance statistics, in line with the complaints performance indicators detailed for complaints received about community health and social care services under the direction of the Moray Integration Joint Board.

Any complaints received relating to the dissatisfaction with the MIJB's policies, decisions or administrative or decision-making processes followed by the MIJB will be reported, even if the number is nil. The MIJB's definition of a complaint is: "*An expression of dissatisfaction by one or more members of the public about the MIJB's action or lack of action, or about the standard of service the MIJB has provided in fulfilling its statutory responsibilities.*"

Information about complaints referred to the Ombudsman are also included.

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.

Summary

Complaints provide valuable information that can be used to continuously improve services, the experiences and satisfaction of people along with their families and carers.

Our Model Complaints Handling Procedure reflects the partnership's commitment to serving the public by valuing complaints.

It seeks to resolve issues through local, early resolution and, where necessary, to conduct thorough, impartial and fair investigations of complaints. This will enable us to address dissatisfaction and should prevent the problems that led to the complaint from occurring again.

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Learning from Complaints

Teams and services actively review the outcomes of complaints to see where improvements can be made and learn from the feedback. Complaints provide valuable information which can be used to continuously improve services, the experience and satisfaction of people along with their families and carers.

The tables 1a, 1b, 2 and graph 1 below set out the stages the complaints were closed and what the complaint was about and what action taken.

Table 1a

Complaints Information Extracted from Datix – Actions Taken/Stage (closed complaints)

	Early resolution	Investigation	Ombudsman	Total
Access - Improvements made to service access	1	4	0	5
Action plan(s) created and instigated	0	1	0	1
Communication - Improvements in communication staff-staff or staff-patient	2	21	1	24
Conduct issues addressed	2	1	0	3
Education/training of staff	1	7	0	8
No action required	4	22	2	28
Risk issues identified and passed on	0	1	0	1
System - Changes to systems	0	1	0	1
Share lessons with staff/patient/public	1	6	0	7
Waiting - Review of waiting times	0	2	0	2
Total	11	66	3	80

figures do not directly correlate with number of closed complaints

Table 1b

Complaints Information Extracted from Lagan – reason for complaint (closed complaints)

	Early resolution	Investigation	Total
Complaint against service	2	2	4
Complaint against staff	1	0	1
Other	4	0	4
Process / Procedure	9	6	15
Total	16	8	24

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.

Noted below are some actions arising from the review of complaints received during the last financial year (data extracted from Lagan).

Decision Note / Learning Outcome (lagan)

- Ensure policies and procedures are reviewed and that managers support staff to undertake particular training to improve service delivery
- Outstanding invoices to be sent to support manager to cross reference to reduce any potential delays
- Nationwide care crisis impacting on ability to provide care timeously – continue to look at all options
- Acknowledge delay in installing equipment – process delay rectified

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Table 2

Complaints Information Extracted from Datix – Actions Taken by Service (closed complaints)

	Allied Health Professionals	Community Hospital Nursing	Community Nursing	General Practice	GMED	Mental Health - Adult Mental Health	Mental Health - Old Age Psychiatry	Public Dental Service	Administration	Total
Access - Improvements made to service access	0	0	0	0	0	2	0	1	0	3
Action plan(s) created and instigated	3	0	1	0	1	1	0	0	0	6
Communication - Improvements in communication staff-staff or staff-patient	3	1	4	0	14	10	2	0	0	34
Education/training of staff	0	0	1	0	4	2	0	0	0	7
No action required	3	1	3	1	9	9	0	4	1	31
Risk issues identified and passed on	0	0	0	0	2	0	0	0	0	2
System - Changes to systems	0	0	1	0	1	1	1	0	0	4
Share lessons with staff/patient/public	0	1	0	0	6	2	1	1	0	11
Waiting - Review of waiting times	0	0	0	0	4	1	0	0	0	5
Total	9	3	10	1	41	28	4	6	1	*103

Figure more than total number of closed complaints as there could be multiple actions taken for each complaint

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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 complaints closed between 01/04/2022 and 31/03/2023 (data extracted from Datix).

Action Plan	Adjustment to therapy materials provided to patients
	Work with colleagues across Grampian with aim of standardising a Grampian wide pathway for ADHD diagnosis and treatment.
Communication	Staff reminded of importance of clear communication with patients at all times
	Staff reminded of importance of accurately extracting information
	Staff reminded of the important of using official NHS Grampian publications for checking the opening hours of contractors.
	Review and improve protocol for call management
	Reminder of accurate information sharing between staff to avoid delays.
	Liaise with ED department to ensure patients can be assured they are expected from GMED service
	Development session focusing on effective communication between staff, patients, family members and other services
Record Keeping – paper held records and electronic	Learning for staff around dealing with sensitive documentation shared
	Additional training regarding contemporaneous paper held record keeping
	Community Modules issues have been escalated to senior management within the appropriate NHSG IT department.
Infection, Prevention and Control	Staff instructed to undertake further IPC training including donning and doffing
System/Process change	A post-operative discharge advice sheet for vasectomy is being developed.
Education / training / share lessons learned	Training and awareness raising for security teams
	Staff reminded of the need for timely note keeping
	Training for staff and learning around documentation and trauma informed writing
	Telephone call handling training and support given to staff
	Share lessons with staff to ensure room towels and laundry are removed promptly from bedrooms.
	Share safety brief with staff regarding routine cleaning of COVID positive areas

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	Staff reminded of appropriate use of PPE
	Arrange awareness training for security team regarding medical conditions
	Additional training and supports have been put in place for an administration team, and are implementing an additional layer of checks for all correspondence that is sent from the Minor Surgery department.
	GMED learning event held to assess sequence of events and how they may be managed differently.
	Training provided to give staff the skills to respond to people presenting or calling in a crisis.

Care Opinion is a site where anyone can share their experience of health or care services. The following stories relate to HSCM services and were published during this reporting period. For more stories that have been written about NHS Grampian, please visit Care Opinion https://www.careopinion.org.uk/services/sn9

"Good Service"
I was at my drs surgery on Mon and I was greeted by the receptionist who was very professional. I feel lucky to have a lovely surgery like the Elgin practice.

"Kind and patient nurse"

My son was in for his 2nd COVID vaccine early October. Sheila was the nurse at the Fiona Elcock Centre who looked after us and she was excellent with him. He was very nervous and at times a bit of a handful but Sheila was extremely kind and patient with him and put him at ease. We managed in the end to get his vaccination done. Just wanted to pass on huge thanks to Sheila for her care.

"Excellent care by GMED service in Fraserburgh"

I was directed to Fraserburgh GMED as required some out of hours assessment of my asthma complicated by a chest infection.
From the moment I arrived until I left, I felt well taken care of and was treated with respect and courtesy. I also felt heard, which is not always the case in today's current culture and pressures within the NHS.
I was the last patient to be see before GMED services stopped and never felt rushed or a nuisance.
I am keen that we acknowledge kindness and caring when it happens and as everyone feels good and better for it the smiles tell a story!
I hope my comments can be fed back to the GMED team in Fraserburgh as everyone deserves to hear as often as possible that they've done well.
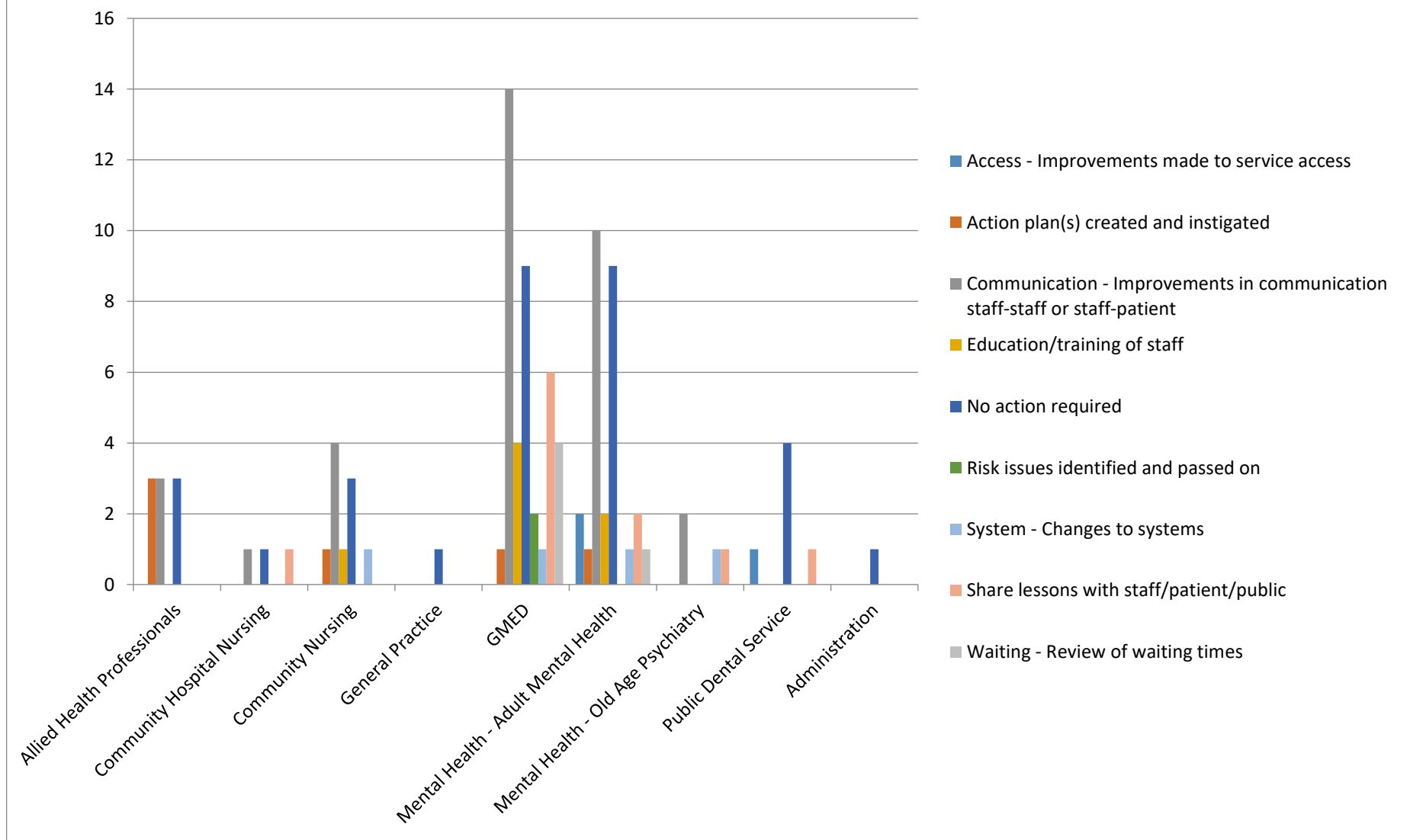
13

Complaint Process and Experience

NHS Grampian paused the experience survey during the pandemic and recommenced in the second quarter of this year. This survey is sent out to participants 2 months after their complaint was closed. Data is available from complainants whose complaint was closed in March 2022 onwards and is included in NHS Grampian's Annual Complaints Report.

Moray Council issue a customer satisfaction survey to all complainants once their complaint is closed. Many of the customer satisfaction surveys are completed as anonymous, unless the customer chooses to insert their complaint reference, there is no way of knowing who the return survey is from or which service it was about. More information on this can be found in the Moray Council Complaints Performance Report.

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Complaints and Feedback by Service and Actions taken

Legend:
- Access - Improvements made to service access
- Action plan(s) created and instigated
- Communication - Improvements in communication staff-staff or staff-patient
- Education/training of staff
- No action required
- Risk issues identified and passed on
- System - Changes to systems
- Share lessons with staff/patient/public
- Waiting - Review of waiting times

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# 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 3 – total number of complaints (received)

System recorded	Early Resolution / Frontline	Investigation	Total
NHS - Datix	15	63	78
Moray Council - Lagan	15	10	30 + (5 not marked*)
Total	30	73	**108**

This is due to x2 complaints being closed as they were duplicates and x3 being immediately resolved

Graph 2 - Complaints Received by Year

16
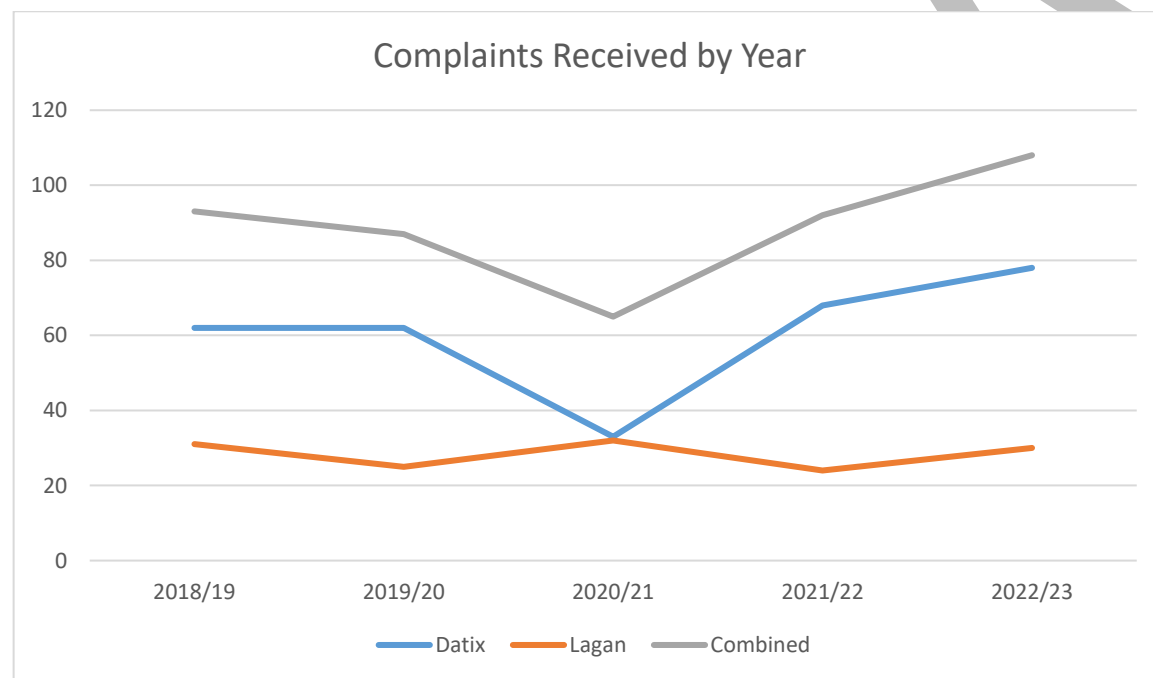
Datix – Complaints Received by Year:

Year	Total
2018/19	62
2019/20	62
2020/21	33
2021/22	68
2022/23	78

Lagan - Complaints Received by Year:

Year	Total
2018/19	31
2019/20	25
2020/21	32
2021/22	24
2022/23	30

There was a drop in the number of complaints NHS received during 2020/21, for health services, which is likely due to the Covid-19 pandemic; in 2020 there were many services that were suspended and many others where service delivery was altered in some way to accommodate the requirements for social distancing.

A total of 108 complaints were received during 2022/23 which is a slight increase on the previous year where a total of 92 complaints were received. This may be attributed to an increase in activity, for example GMED activity continues to increase with 2022 being the busiest year on record. This increase in clinical demand could reflect pressures and subsequent complaints. We continue to discuss learning from each complaint that is received, and continue to monitor the increase in 2023/24.

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Table 5 – combined data from Datix and Lagan (complaints received) for 2022/23

	Total
Allied Health Professionals	8
Community Hospital Nursing	2
Community Nursing	5
General Practice	1
GMED	27
MacMillan Nursing Service	1
Mental Health - Adult Mental Health	22
Mental Health - Old Age Psychiatry	2
Mental Health - Specialisms	1
Primary Care	1
Primary Care Contracts Team	1
Public Dental Service	6
Administration	1
Moray East	1
Care at Home	8
Access Team	8
Mental Health	1
Occupational Therapy	5
Drug & Alcohol	1
Day Care	1
TMC Specialist Unit	1
Community Care Finance	2
Moray West	1
Learning Disability	1
Total	**108**

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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*

Table 5 – number and percentage of complaints at each stage closed within timescales

	Early Resolution/Frontline with timescale	Investigation within timescale
NHS - Datix	9 out of 14 (64 %)	10 out of 63 (16%)
Moray Council - Lagan	6 out of 16 (37.5%)	4 out of 8 (50%)

Complaints received into HSCM are often multi-faceted and include more than one service which can impact on response times due to the level of investigation and coordination required.

During last year HSCM were not able to achieve the targets timescales for responding in all cases. This is a particular target area for improvement and work continues to identify obstacles preventing and opportunities to improve response times, raise awareness of the need to seek how to resolve matters to the complainants' satisfaction and to streamline processes.

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

**Table 6** – *average time in working days to respond*

	Early Resolution/ Frontline	Investigative
NHS - Datix	4 days	47 days
Moray Council - Lagan	8 days	35 days

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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 3 below shows the number of complaints fully upheld, partially upheld and not upheld as recorded in Datix during 2022/23. Out of **80 closed complaints** on the system 2 complaints were withdrawn by complainant, and 5 were closed as consent was not received.

From the remaining 73 complaints closed during 2022/23 **- approximately 37% were fully upheld, 25% were partially upheld and 39% were not upheld**

20
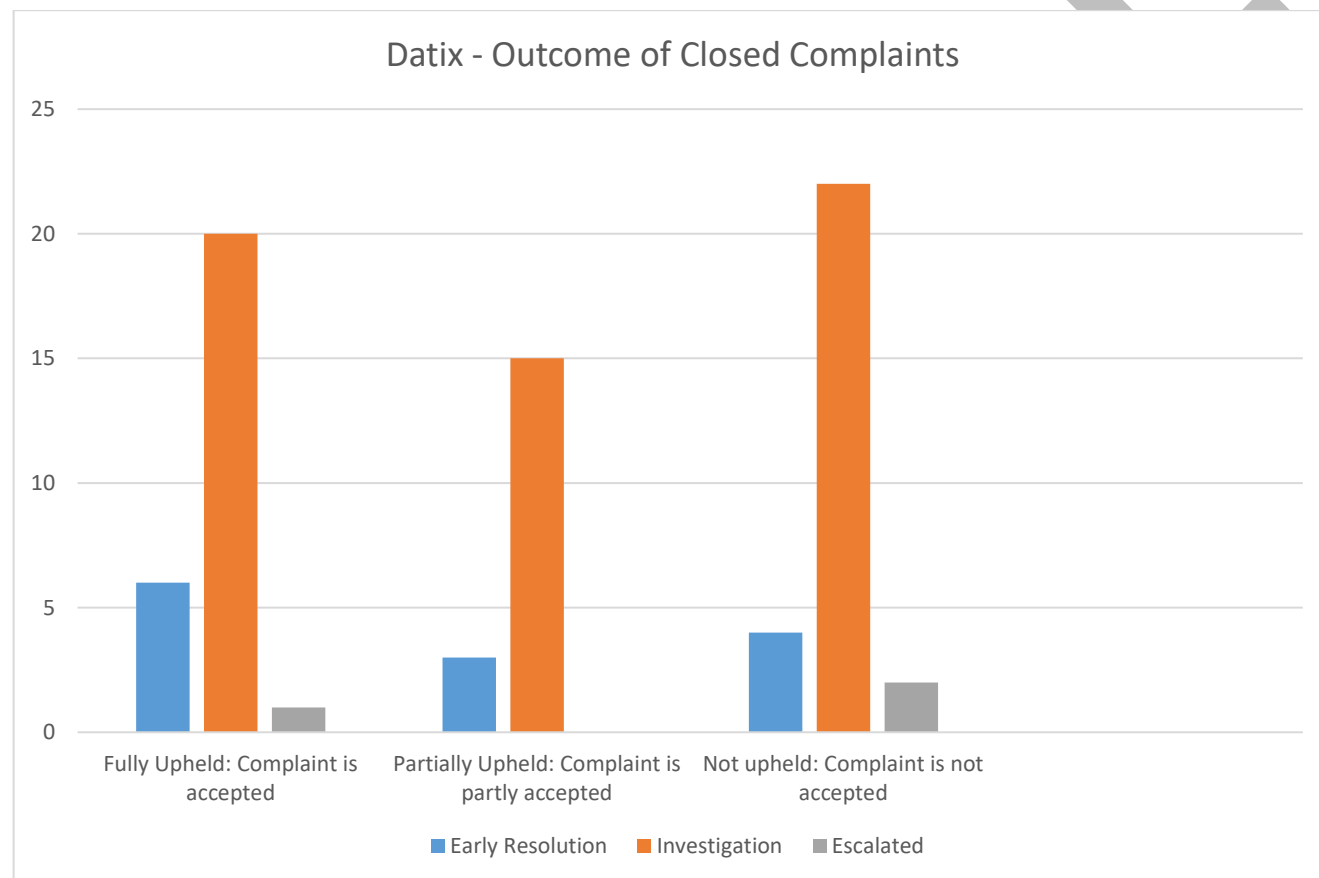
Complaints Information Extracted from Lagan:

24 complaints were closed during 2022/23: **12% were upheld, 50% were partially upheld and 33% were not upheld**

Graph 4 below shows the number of complaints upheld, partially upheld and not upheld as recorded in Lagan.

Lagan - Outcome of Closed Complaints
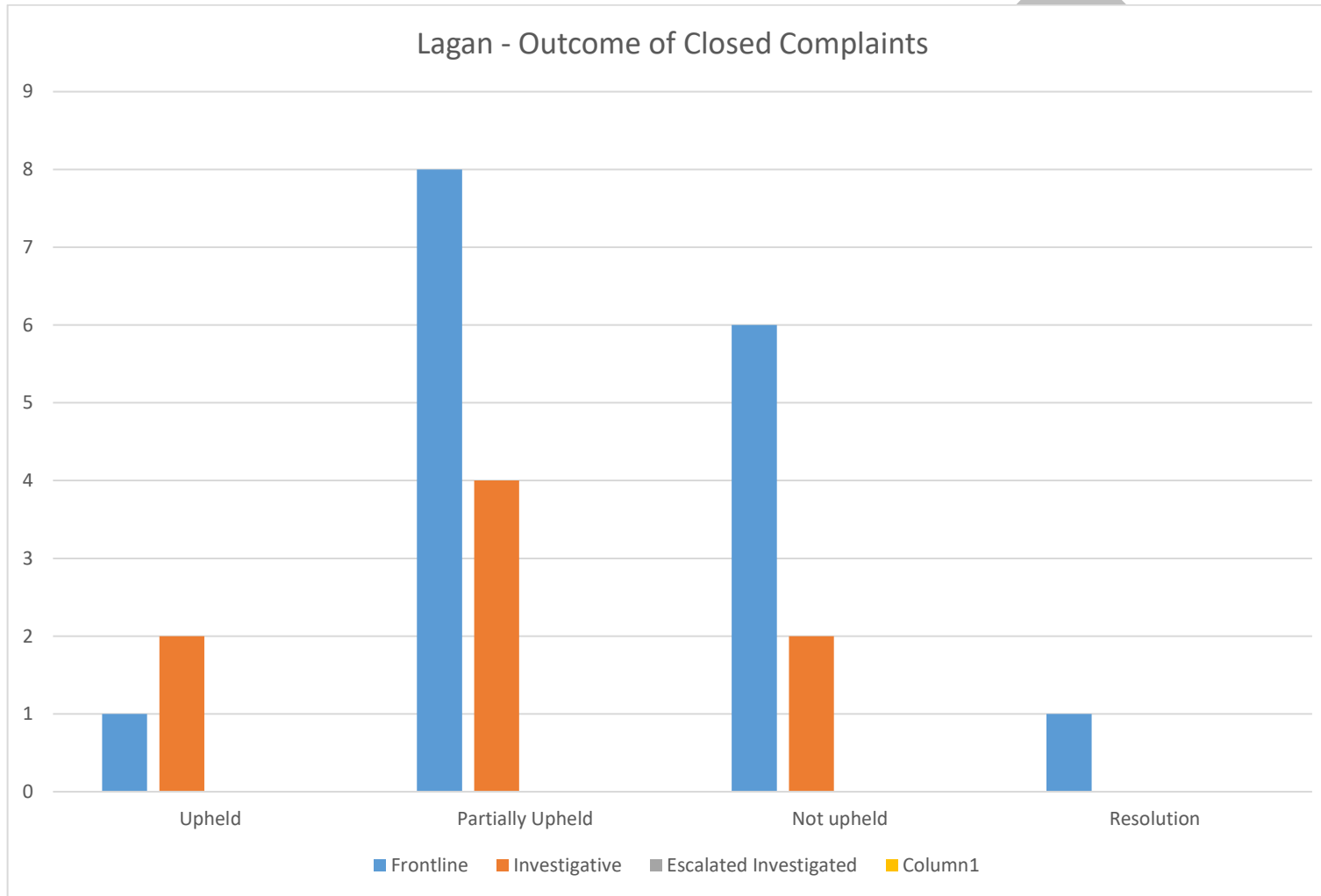
REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 31 AUGUST 2023

SUBJECT: DRAFT DUTY OF CANDOUR ANNUAL REPORT 2022 / 2023

BY: CHIEF NURSE - MORAY

1. **REASON FOR REPORT**

1.1 To submit to Committee the Draft Duty of Candour Annual Report for the year 2022/2023 (**Appendix 1**).

2. **RECOMMENDATION**

2.1. It is recommended that the Committee considers and notes the content of this report.

3. **BACKGROUND**

3.1 There is a statutory legal duty placed upon Health and Social Care Moray as a Health Care Provider to implement robust Duty of Candour processes. This is in order that patients who may be affected by unintended or unexpected incidents which may cause them harm may be involved in a meaningful way in a review of those incidents and to provide a framework whereby they may receive an apology.

3.2 The report provided for consideration here relates to an annual review of Duty of Candour processes and incidents which have taken place in the preceding year with a view to monitoring and continually improving these processes.

4. **KEY MATTERS RELEVANT TO RECOMMENDATION**

4.1 During the Period April 2022 – March 2023 a total of 17 incidents were considered Duty of Candour.

4.2 Of those 17 incidents Duty of Candour was applied in relation to 6.

4.4 In order to improve the handling of more serious and complex potential Duty of Candour incidents a series of improvements are under way.

4.5 The following improvements are scheduled:

- The CRM structure is under review, with a proposed improvement being that there will be a heightened focus on flagging and allocating Duty of Candour status to all queried incidents as they arise within the meeting. This allows the combined expertise of the team to be effectively utilised.

- A review into the full suite of NHS Grampian incident Review / Investigation processes and accompanying training has been undertaken and a report to this effect has been escalated within NHS Grampian. A series of recommendation have been made to improve the overall approach to investigations, with a key objective being that recognition and application of Duty of Candour should be faster and more effective.

4.6 Staff throughout the organisation require ongoing refresher training in Duty of Candour.

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

(b) Policy and Legal
Duty of Candour (Scotland) Regulations, 2018, clearly state the requirements to engage with patients in a meaningful way should it be identified that unintended or unexpected incidents result in death or harm as defined in the Act, and do not relate directly to the natural course of someone's illness or underlying condition. In each case, a review of what happened takes place and what went wrong to try and learn for the future.

(c) Financial implications
There are no financial implications arising as a direct result of this report.

(d) Risk Implications and Mitigation
The process is to ensure continued compliance with the relevant statutory requirements and continue to reduce risk by rapidly integrating learnings taken from effective and meaningful interactions with patients who may have been impacted whilst under the care of HSCM. Of significance is the reduction of reputational risk which can be achieved effectively in applying the Duty of Candour (Scotland) Regulations, 2018.

(e) Staffing Implications
There are no staff implications arising as a direct result of this report.

(f) Property
There are no property implications arising as a direct result of this report.

(g) Equalities/Socio Economic Impact
An Equality Impact Assessment is not required because there are no changes to policy as a result of this report.

(h) Climate Change and Biodiversity Impacts

No climate change or biodiversity implications have been determined for this report.

(i)   Directions
There are no directions required as a result of this report.

(j)   Consultations
Consultations have taken place with Head of Clinical Governance and members of the Clinical and Care Governance Group and their comments have been incorporated in the content of this report.

6.   CONCLUSION

6.1   The committee are asked to acknowledge the implementation and ongoing improvements put in place in order that the HSCM comply with its Statutory Duty under Duty of Candour (Scotland) Regulations, 2018.

Author of Report: Jacqui Shand, Clinical and Care Governance co-ordinator
                     (Moray HSCP)
Background Papers: DOC annual Report April 2022 – March 2023
Ref:

Draft Duty of Candour Annual Report 2022/2023 June 2023

Approved:
Date:

Lead : Fiona Robertson
Chief Nurse (Interim)
Moray

Background

The Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 (The Act) and The Duty of Candour Procedure (Scotland) Regulations 2018 (the Regulations) outline the legal obligations of all Health, Social Care and Social Work providers within Scotland.

These obligations specifically relate to the requirement to be transparent and to communicate with and apologise to those who may be effected by unintended or unexpected events which may result in death or harm to those in their care, resulting from acts and omissions by the organisation.

This report fulfils the requirement under these regulations to produce an annual report to illustrate how Health and Social Care Moray (HSCM) has implemented the requirements of the legislation over the period of 2022/ 2023.

About Health and Social Care Moray

Health and Social Care Moray (HSCM) is an integrated health and social care partnership working under the direction of the Moray Integration Joint Board (MIJB). Moray has a population of approximately 95,000 (ISD General Practice Populations data) and stretches across approximately 860 square miles of predominantly rural landscape.

Moray Integration Joint Board has responsibility for the planning and delivery of all community based adult health, and social care services within Moray.

In addition MIJB has strategic planning responsibilities in respect of emergency care and it also hosts those pan Grampian services relating to the out of hours, Grampian Medical Emergency Services (GMED) and Primary Care Contracts who are responsible for all contractual arrangements for the 4 Contracted Services (General Practice, Community Pharmacy, Optometrists and Dentists).

Three community hospitals exist in Moray in the towns of Buckie, Dufftown and Keith providing 51 inpatient beds in total delivering a range of acute and intermediate care services for local areas. Community health and social care services are built around the community hospitals with community based teams co-located where possible.

Adverse Events Reporting and Duty of Candour Process

HSCM identify DoC incidents through Datix – NHS Grampian's adverse event management process. This system is governed by an adverse review process which prompts investigative panels to identify the factors which have caused and contributed to adverse events. It is through this process that incidents which fulfil the criteria to trigger Duty of Candour may first be recognised.

Secondary to this process, Clinical Risk Management meetings take place fortnightly to review adverse events as they are under investigation. Those events identified as "Query Duty of Candour" may be reviewed and discussed by the wider multi-disciplinary management team. Senior staff may be assured that incidents are correctly identified and that the Duty of Candour process is being correctly implemented. This process provides support to those staff implementing the Duty.

At present, consideration as to whether the Duty should be triggered is requested for all adverse events where a patient is the person affected, the event resulted in harm and the event was reported on or after 1st April 2019.

In all instances where the criteria are met it is mandatory to record whether the event triggers the Duty, the person who made the decision and the rationale for the decision.

Once the Duty has been triggered, the next step is to identify the 'relevant person' i.e. the person that NHS Grampian will be communicating with regarding the event and the application of the Duty. (If it has not been possible to identify a relevant person, make initial contact with them or provide an account of the event and subsequent actions to expect, it will be recorded why that has not been possible.)

Following the notification, a meeting should be arranged with the relevant person. There is no set timescale for when this meeting should occur by but, given that the relevant person's views and questions should inform the terms of reference for the review, it is expected that it will be as soon as is reasonably possible.

It is recommended that where the Duty has been triggered a minimum of a Level 2 review is carried out. A Terms of Reference (TOR) will be commissioned by a member of the management team and an investigation team will be appointed. A Level 1 review where a significant adverse event analysis and review is required can also be initiated following the same process.

Following the review, a copy of the report should be made available to the relevant person. The relevant person should also be offered the opportunity for follow-up discussions. Recommendations are made as part of the adverse event review, and local management teams will consider developing improvement plans to ensure all actions and recommendations are implemented.

All services are required to identify on Datix which of the relevant outcomes from legislation has occurred and caused the Duty to be triggered. This will be in addition to the information already collected. This assists in clarifying and confirming the decision to trigger the duty of candour and will help NHS Grampian fulfil its reporting requirements to the Scottish Government.

It is recognised that adverse events can be distressing for staff as well as people who receive care. Support is available for all staff through the line management structure as well as through the occupational health service.

Number and Nature of Duty of Candour Incidents in Health and Social Care Moray for the Period 2022/2023

Between 1 April 2022 and 31 March 2023, 17 incidents were considered as DoC. At the time of writing, DoC has been confirmed and applied to **6** of these incidents with **1** still under review and categorised as "Query Duty of Candour".

All of these incidents which were definitively classified as having Duty of Candour applied have been closed effectively.

All Level 1 and Level 2 reviews are considered at the fortnightly Clinical Risk Management (CRM) Group to monitor progress and provide challenge. The one outstanding "query" incident is on the agenda of this meeting.

The wound care pathway remains the most effective process by which incidents are systematically reviewed and closed rapidly and efficiently, with clear learnings and outcomes being recorded.

Where incident investigations are complex and span multiple departments, there continues to be challenges in carrying out the investigation and this may result in a delay in identifying incidents as triggering the Duty of Candour process. This may cause delays in communicating with people who may have been effected.

These issues have been recognised within the organisation and further work is being done at a NHS Grampian wide level to address this.

Overview of 6 Duty of Candour from reviews completed:

Nature of unexpected or unintended incident where Duty of Candour applies	Number
A person died	0
A person suffered permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
Harm which is not severe harm but results or could have resulted in:	
An increase in the person's treatment	1
Changes to the structure of the person's body	1
The shortening of the life expectancy of the person	0
An impairment of the sensory, motor or intellectual functions of the person which has lasted, or is likely to last, for a continuous period of at least 28 days	0
The person experiencing pain or psychological harm which has been, or is likely to be, experienced by the person for a continuous period of at least 28 days.	1
The person required treatment by a registered health professional in order to prevent:	
The person dying	0
An injury to the person which, if left untreated, would lead to one or more of the outcomes mentioned above.	3

Learning

Adverse events, whether they trigger the Duty or not, are reviewed fortnightly at the local Clinical Risk Management (CRM) group, and a report is presented monthly to the HSCM Clinical and Care Governance Group. This is also included in the quarterly Escalation Report to Clinical and Care Governance Committee. This forum also provides a platform for sharing learning and identifying challenges. The fortnightly CRM is undergoing a process of continuous improvement.

It is observed that when cases are more complex staff may lack the confidence or feel they lack the authority in triggering Duty of Candour. This can result in increased number of 'Unsure Duty of Candour' cases being recorded for discussion at CRM. There continues to be a role for support from senior and specialist staff through the CRM process. Training is provided via on the online Turas platform and consideration will be given to face to face sessions as the need arises.

There is an acknowledgement for continuous improvements to the overall incident investigation process and developing staff confidence in identifying when the Duty is triggered.

There is currently no clear process by which the outcome of Duty of Candour incidents (particularly from the patient's perspective) is shared within the organisation and this is being addressed through the refresh of the Clinical and Care Governance framework.

Summary

The number of events which have triggered Duty of Candour remains low and consistent with the previous year.

Improvements have been proposed to proactively drive down the number of incidents generally, but Duty of Candour incidents specifically. The challenges of managing complex or multi service adverse events, in particular Duty of Candour, are recognised within the organisation. We continue to support staff in their learning and understanding around Duty of Candour. The organisation also continues to refresh the processes, post pandemic, to ensure continuous improvement and shared learning.