



Audit, Performance and Risk Committee

Monday, 06 December 2021

To be held remotely in various locations

NOTICE IS HEREBY GIVEN that a Meeting of the **Audit, Performance and Risk Committee, To be held remotely in various locations, on Monday, 06 December 2021 at 14:00** to consider the business noted below.

AGENDA

1. **Welcome and Apologies**
2. **Declaration of Member's Interests**
3. **Minute of Meeting of 26 August 2021** 5 - 8
4. **Action Log of Meeting of 26 August 2021** 9 - 10
5. **Quarter 2 Performance Report** 11 - 36
6. **Internal Audit Update Report** 37 - 40
7. **Strategic Risk Register Report** 41 - 68
8. **Internal Audit Completed Projects Report** 69 - 84
9. **G-OPES - verbal update**
Purpose, progress so far and future actions
10. **Locality Planning Report** 85 - 136
11. **Items for Escalation to MIJB**

MORAY INTEGRATION JOINT BOARD

SEDERUNT

Mr Sandy Riddell (Chair)

Mr Steven Lindsay (Member)

Mr Derick Murray (Member)

Councillor Frank Brown (Member)

Councillor Theresa Coull (Member)

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



MINUTE OF MEETING OF THE AUDIT, PERFORMANCE AND RISK COMMITTEE

Thursday, 26 August 2021

Held remotely in various locations,

PRESENT

Ms Tracey Aaby, Simon Bokor-Ingram, Councillor Frank Brown, Mr Sandy Riddell, Mr Neil Strachan

APOLOGIES

Mr Sean Coady, Councillor Theresa Coull, Professor Nicholas Fluck, Mr Steven Lindsay, Ms Jane Mackie, Mr Atholl Scott

IN ATTENDANCE

Also in attendance at the above meeting was Jeanette Netherwood, Corporate Manager, Peter McLean, Service Manager - Primary Care Contracts, Dafydd Lewis, Senior Internal Auditor and Tracey Sutherland, Committee Services Officer as Clerk to the Committee.

1. Chair of the Meeting

The meeting was chaired by Mr Sandy Riddell.

2. Welcome and Apologies

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

3. Declaration of Member's Interests

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

4. Minute of Meeting of 24 June 2021

The minute of the meeting of 24 June 2021 was submitted and approved.

5. Action Log of Meeting of 24 June 2021

The Action Log of the meeting dated 24 June 2021 was considered and updated accordingly.

6. Quarter 1 Performance Report

A report by the Chief Financial Officer updated the Committee on performance as at Quarter 1 (April to June 2021).

During discussion in which Officers answered questions from the Committee in relation to, staff sickness, the closure of Ward 7 at Dr Gray's Hospital and the resulting repair works the Committee agreed to note:

- i) the performance of local indicators for Quarter 1 (April - June 2021) as presented in the Performance Report at Appendix 1;
- ii) the analysis of the local indicators that have been highlighted and actions being undertaken to address performance that is outside of acceptable target ranges as detailed in Appendix 1; and
- iii) the published National Indicators for Moray for calendar year 2020 are included in Appendix 2.

7. Chief Internal Auditor Report

A report by the Chief Internal Auditor provided the Committee with an update on audit work progressed since the last meeting of the Committee.

Following consideration the Committee agreed to note the audit update.

8. Strategic Risk Register Report

A report by the Chief Officer provided the Committee with an overview of the current strategic risks, along with a summary of actions which are in place to mitigate those risks, updated August 2021.

The Chair sought clarification on who determines which reports from external inspection are presented to Audit, Performance and Risk Committee and Clinical and Care Governance Committee.

In response the Chief Officer confirmed the reports are available for all members to see as they are public reports and further agreed to send the links to the Committee. He further added that with Covid rules ending and normal service starts to resume the number of inspections carried out will return to pre-pandemic levels.

Following consideration the Committee agreed to:

- i) note the updated Strategic Register included as Appendix 1;
- ii) note the Strategic Risk Register will be further refined to align with the transformation and redesign plans as they evolve; and
- iii) agreed that the Committee receive updates on a regular basis.

9. Draft Annual Performance Report

A report by the Chief Officer requested the Audit, Performance and Risk Committee consider and approve the draft Annual Performance Report for submission to the Integration Joint Board for approval.

Following consideration the Committee agreed to:

- i) note the approach taken to produce the 2020/21 Annual Performance Report;
and
- ii) approve the Performance Report at Appendix 1 be submitted to the Moray Integration Joint Board on 30 September for noting prior to publication on the Health and Social Care Moray website by 1 October 2021.



MEETING OF MORAY INTEGRATION JOINT BOARD

AUDIT, PERFORMANCE AND RISK COMMITTEE

THURSDAY 26 AUGUST 2021

ACTION LOG

Item No.	Title of Report	Action Required	Due Date	Action By	Update from 26/8/21
1.	Action Log of Meeting dated 27 August 2020	Payment Verification Assurance Update – once through appropriate NHSG Governance route.	August 2021	Sean Coady	Payment verification has not yet resumed, however it is hoped to re-start in September 2021.
2.	Civil Contingencies – Resilience Standards Progress	Annual Assurance report requested from Health and Social Care Moray Civil Contingencies Group	March 2022	Jeanette Netherwood	On schedule
3.	Strategic Risk Register	To be circulated to Clinical and Care Governance Committee for oversight and scrutiny in future	ongoing	Jeanette Netherwood	completed
4.	Quarter 4 Performance	Further update report on National Performance Indicators for 2020/21 to be provided to this Committee.	August 2021	Jeanette Netherwood	Included in Quarter 1

Item No.	Title of Report	Action Required	Due Date	Action By	Update from 26/8/21
		Draft Annual Performance Report presented to this Committee in August 2021 then to the MIJB in September 2021	August 2021	Tracey Abdy	performance report completed



REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 6 DECEMBER 2021

SUBJECT: QUARTER 2 (JULY TO SEPTEMBER 2021) PERFORMANCE REPORT

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

1.1 To update the Audit, Performance and Risk (AP&R) Committee on performance as at Quarter 2 (July to September 2021).

2. RECOMMENDATION

2.1 It is recommended that the AP&R Committee consider and note:

- i) **the performance of local indicators for Quarter 2 (July to September 2021) as presented in the Performance Report at APPENDIX 1;**
- ii) **the analysis of the local indicators that have been highlighted and actions being undertaken to address performance that is outside of acceptable target ranges as detailed in APPENDIX 1;**

3. BACKGROUND

3.1 The purpose of this report is to ensure the Moray Integration Joint Board (MIJB) fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and on the programme of work as set out in its Strategic Plan.

3.2 **APPENDIX 1** identifies local indicators for the MIJB and the functions delegated by NHS Grampian and Moray Council, to allow wider scrutiny by the Board.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

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

<i>RAG scoring based on the following criteria:</i>	
GREEN	If Moray is performing better than target.
AMBER	If Moray is performing worse than target but within agreed tolerance.
RED	If Moray is performing worse than target by more than agreed tolerance.

4.2 The detailed performance report for quarter 2 is attached in **APPENDIX 1**.

Summary

4.3 Performance within Health and Social Care Moray (HSCM) as demonstrated by the agreed indicators up to the end of quarter 2 of the financial year 2021/22 is showing as variable. While 5 of the indicators are presenting as green, one is amber and 4 are now red.

4.4 Figure 1 provides a summary and the historical trend by indicator since quarter 2 of year 2020/2021. A summary of performance for each of the 6 reporting categories is provided below. Three of these areas are presenting as green, while the other 3 are red.

EMERGENCY DEPARTMENT - GREEN

There has been a slight decrease in the rate per 1,000 attending the Emergency Department in Dr Gray's Hospital this quarter from 23.5 to 21.7, meeting the target but above the number presenting over the same period last year. While the rate in January 2021 was low (likely due to increased lockdown measures and the Flow Navigation Hub redirecting people) there has been a steady increase in this rate since then.

DELAYED DISCHARGES – RED

The number of delays at the September snapshot was 29 (up from 19 in previous quarter), remaining well above the recently amended target of 10. The number of bed days lost due to delayed discharges was 784 (up from 592).

EMERGENCY ADMISSIONS – RED

Although there was a rise from the end of June 2021 (1,859) to September 2021 (1,934) in the rate of emergency occupied bed days, the rate remains below the target of 2,037 per 1,000 population. However, the emergency admission rate per 1000 population for over 65s increased from 185.9 to 190.4, as did the number of people over 65 admitted to hospital in an emergency (124.1 to 126.7).

HOSPITAL RE-ADMISSIONS - GREEN

Both indicators in this barometer are now green having improved from recent quarters. 28-day re-admissions are 8.4% and 7-day re-admissions are at 4.1%.

MENTAL HEALTH – GREEN

After 24 months below target and a year at around 20%, this measure is at 100% for the fourth consecutive quarter.

STAFF MANAGEMENT – RED

NHS employed staff sickness levels have risen to 6.0%, one and a half times above the target of 4%. Council employed staff sickness levels have risen to 7.8% from 6.95% last quarter, remaining above the 4% target.

Figure 1 – Performance Summary

Health and Social Care Moray Performance Report									
Code	Barometer (Indicator)	Q2 2021 Jul-Sep	Q3 2021 Oct-Dec	Q4 2021 Jan-Mar	Q1 2122 Apr-Jun	Q2 2122 Jul-Sep	New Target (from Q1 2122)	Previous Target (from Q1 2021 or earlier)	RAG
AE	Accident and Emergency								
AE-01	A&E Attendance rate per 1000 population (All Ages)	17.9	16.8	17.8	23.5	21.7	no change	21.7	G
DD	Delayed Discharges								
DD-01	Number of delayed discharges (including code 9) at census point	27	23	17	19	29	no change	10	R
DD-02	Number of bed days occupied by delayed discharges (including code 9) at census point	803	672	496	592	784	no change	304	R
EA	Emergency Admissions								
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	1994	1881	1773	1859	1934	2037	2107	G
EA-02	Emergency admission rate per 1000 population for over 65s	178.6	179.5	174.8	185.9	190.4	179.9	179.8	R
EA-03	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	122.9	122.5	119.3	124.1	126.7	123.4	124.6	A
HR	Hospital Readmissions								
HR-01	% Emergency readmissions to hospital within 7 days of discharge	4.7%	4.3%	5.0%	4.4%	4.1%	no change	4.2%	G
HR-02	% Emergency readmissions to hospital within 28 days of discharge	9.8%	9.3%	9.8%	9.2%	8.4%	no change	8.4%	G
MH	Mental Health								
MH-01	% of patients commencing Psychological Therapy Treatment within 18 weeks of referral	23%	100%	100%	100%	100%	no change	90%	G
SM	Staff Management								
SM-01	NHS Sickness Absence (% of hours lost)	3.6%	3.6%	3.1%	4.2%	6.0%	no change	4%	R
SM-02	Council Sickness Absence (% of calendar days lost)						no change	4%	

AREAS NOT MEETING TARGETS

Delayed Discharge

- 4.5 The two indicators shown under the Delayed Discharge heading (DD-01 and DD-02) continue to be red and are above the new targets set at the end of quarter 3 of 2020/21. The impact of the third wave of COVID-19 that occurred in July is still being felt, and there continue to be significant impacts across Grampian. Combined with the expected pressures due to winter illnesses there is a potential that this figure will show a further increase next quarter.
- 4.6 During the period 3rd August to 14th November 2021 72 patients were referred to the Discharge 2 Assess team; two-thirds were referred from Dr Gray's Hospital, a fifth from community hospitals and the remainder from Raigmore, Aberdeen Royal Infirmary and Woodend Hospital. Results so far have been encouraging with around 90% of this group of patients reporting improvements in their abilities to perform activities of daily living, their balance and gait, and their mobility¹. Feedback from patients has been positive with praise for the staff involved and the support provided. Patients felt confident and re-assured to manage on their own and welcomed the clear communication from the team throughout the process.

¹ Measured using the Barthel Functional Index, Tinetti Gait and Balance Assessment Tool and the Elderly Mobility Scale.

- 4.7 A daily dashboard has been produced that provides service managers, locality managers and the leadership team with up-to-date information to assist them with managing the pressures on their services. The measures include information on capacity in hospitals and care homes and the impact on unmet need. The impact of the daily dashboard will be reported to the board in a future quarterly report. The aim is to link the measures in this dashboard to the escalation measures being introduced by the Grampian Health and Care System Operational Pressure Escalation System (known as G-OPES).
- 4.8 There are a number of huddles that focus on delayed discharge in different settings: community hospitals, Dr Gray's hospital, and out-of-area patients for example. The Delayed Discharge Group Moray meets monthly to progress the Delayed Discharge Overarching Action Plan. All these measures aim to reduce Delayed Discharges and improve performance. Progress on the plan will be reported at a future committee meeting.

Emergency Admissions

- 4.9 Emergency Admission rates for the over 65s (EA-02) has been rising rapidly since the end of March 2021, and although the rate of increase reduced markedly in September the rate of 190.4 per 1,000 population is the highest since January 2019. Similarly, the number of people admitted as an emergency over 65 (EA-03) has followed a similar trend. This indicator was showing a consistent downward trend until February 2021, since when the trend has reversed and increased rapidly. Note that the Emergency Occupied Bed Days for over 65s (EA-01) remains below target but has been increasing steadily since the start of 2021, reversing the previous trend that had showed a gradual decrease since January 2019.
- 4.10 Emergency admissions were uncharacteristically low during 2020 due to the impact of the COVID-19 pandemic and are now closer to the rates experienced in earlier years. Daily admissions to ED during quarter 2 were reasonably stable, fluctuating around 20 per day with a high of 27 and a low of 10. However, it appears that patients are presenting with higher acuity, either because they are more acutely unwell, or their condition has deteriorated more than previously. They require longer stays in hospital and additional interventions and diagnostics. This is placing additional pressure on the flow of patients through Dr Gray's hospital and transfer to community hospitals or care at home.

Staff Management

- 4.11 Sickness levels amongst both NHS and Council-employed staff are increasing, which may be linked, amongst other factors, to the high number of cases of COVID-19 being reported in Moray. The most recent figure sits at 512 cases (535 per 100,000 population), 36% higher than the rate nationally of 377 per 100,000 population. Note that the 7-day test positivity rate for Moray now sits at 13.1%, up from the rate of 12.7% the previous week and well above the current Scottish rate of 9.6%. Moray currently has the highest 7-day test positivity rate among all the Scottish local authority areas.
- 4.12 Vaccination is key to preventing serious illness and with such high infection levels and Moray is above the Scottish average rates for 1st and 2nd dose vaccinations at 91.5% and 83.2% respectively (compared to 90.8% and

82.4% for Scotland)². Over 30% of Scottish residents aged 12 and over have already received a 3rd dose suggesting the majority of the population will have reasonable protection over the winter period if the rate of uptake continues.

- 4.13 The average absence due to sickness for all Moray Council staff since May 2020 has been 6.3% This is similar to the Scottish average of 5.7% for the same period and above the pre-pandemic levels. However, after almost a year of relative stability the level of absence rose again during Quarter 2. The pandemic continues to have an impact on the community with both staff and service users being affected, requiring periods of self-isolation to be managed, the continuing use of PPE and placing additional stress on the staff who are available, and increased anxiety on the part of some service users. The rising levels of absence suggests the close management of staff will continue to require close attention from service managers for some time to come. There will be some additional funding coming from Scottish Government for Care@Home in the community. This will help, although the problem of recruiting and retaining staff remains challenging.
- 4.14 A summary of the local indicators is provided at **APPENDIX 1**, along with trend information for each indicator.

5. SUMMARY OF IMPLICATIONS

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

Performance management reporting is a legislative requirement under section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014.

In addition to publishing an Annual Performance Report, the Moray Integration Scheme requires that the MIJB will “monitor the performance of the delivery of integrated services using the Strategic Plan on an ongoing basis” (para 5.2.2 of the Moray Integration Scheme refers).

(b) Policy and Legal

None directly associated with this report.

(c) Financial implications

None directly associated with this report.

(d) Risk Implications and Mitigation

There are no risk issues arising directly from this report. The long-term impact of the COVID-19 on the Health and Social Care system are still unknown and performance measurement will remain flexible to enable the service to be prepared and react to any future developments.

(e) Staffing Implications

None directly associated with this report.

(f) Property

² <https://coronavirus.data.gov.uk/details/vaccinations?areaType=nation&areaName=Scotland> Data to 23 November 2021.

None directly associated with this report.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not required for the Performance Framework because there will be no impact, as a result of the report, on people with protected characteristics.

(h) Consultations

Chief Officer, Chief Financial Officer, Corporate Officer and Service Managers in relation to respective areas, HSCM and Tracey Sutherland, Committee Services Officer, Moray Council have been consulted and comments incorporated in the report.

6. CONCLUSION

6.1 This report provides the MIJB with an overview of the performance of specified Local and National indicators and outlines actions to be undertaken to improve performance in Section 1 and expanded on in APPENDIX 1.

Authors of Report: Jeanette Netherwood, Corporate Manager
Carl Bennett, Senior Performance Officer

Background Papers: Available on request

Ref:



**PERFORMANCE REPORT
- SUPPORTING CHARTS**

**QUARTER 2
2021/22**

(1 JULY 2021 – 30 SEPTEMBER 2021)

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1. PERFORMANCE SUMMARY

BAROMETER OVERVIEW

Moray currently has **11 local indicators**. Of these **5 are Green** and **4 are Red** and **1 is Amber**. Data for one of the indicators are not yet available.

Figure 1 – Performance Summary

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SM-02	Council Sickness Absence (% of calendar days lost)						no change	4%	

2. DELAYED DISCHARGE - RED

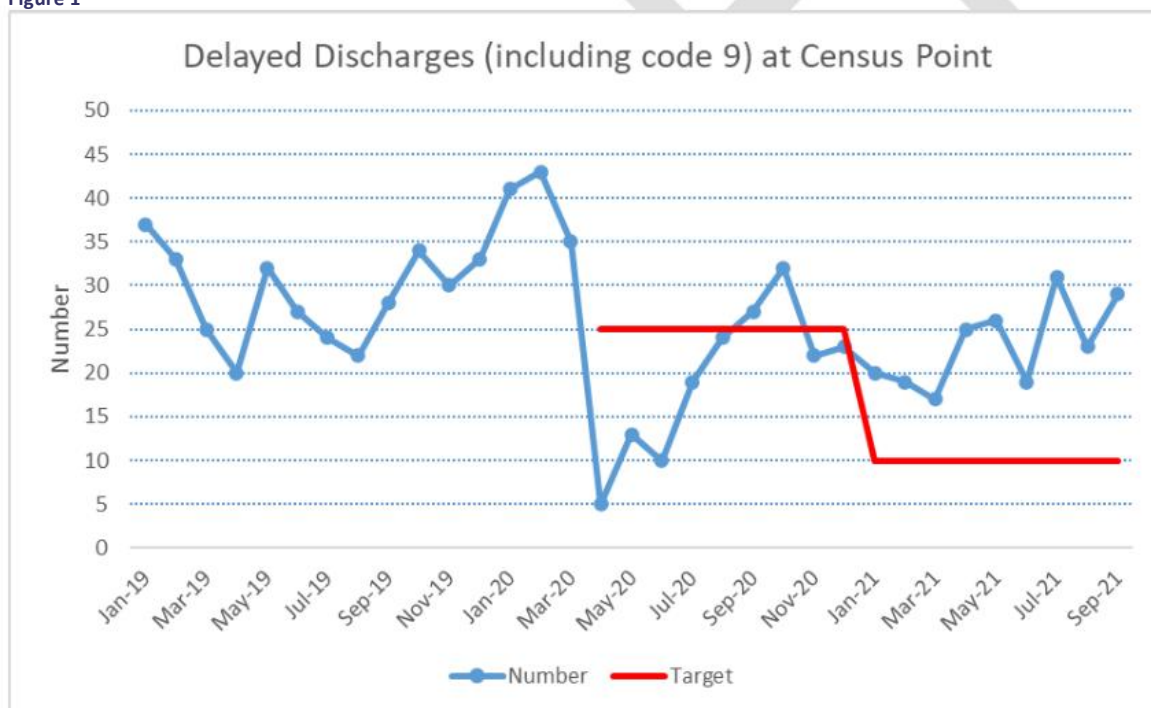
Trend Analysis

The number of delays at snapshot (**29**) and number of bed days lost due to delayed discharges (**784**) have both increased since Q1 2021/22. Prior to March 2021 the figure had been reducing. As the third wave hit in July and there were significant impacts across the whole system in Grampian there is a potential that this figure may show a further increase next quarter.

DD-01: NUMBER OF DELAYED DISCHARGES (INCLUDING CODE 9, CENSUS SNAPSHOT, AT END OF QUARTER)

Purpose	Reliably achieving timely discharge from hospital is an important indicator of quality and is a marker for person centred, effective, integrated, and harm free care.		
Strategic Priority	2: HOME FIRST	Linked Indicator(s)	DD-02
National Health & Wellbeing Outcomes	2, 3, 5, 7		

Figure 1



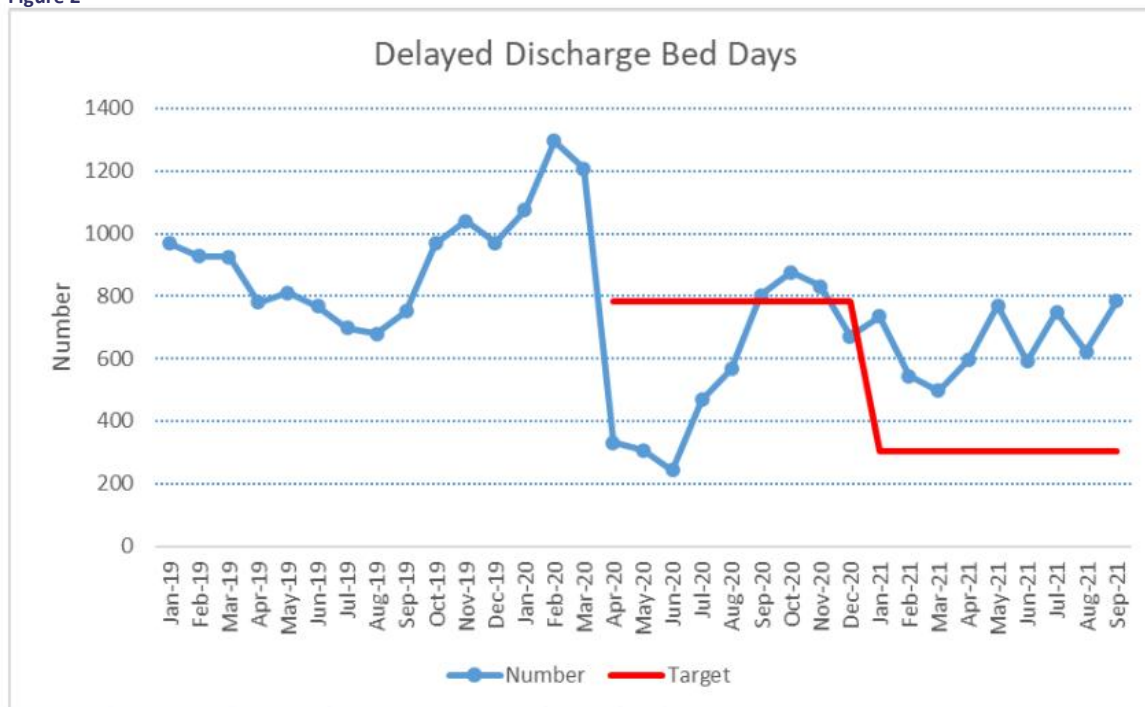
Indicator Trend – **Increasing**

Scotland Trend	TBC
Peer Group	TBC
Source	Public Health Scotland

DD-02: NUMBER OF BED DAYS OCCUPIED BY DELAYED DISCHARGES PER QUARTER (INC CODE 9) PER 1000 18+ POPULATION

Purpose	This monitors the number of people delayed in hospital once medically fit for discharge. Longer stays in hospital are associated with increased risk of infection, low mood, and reduced motivation.		
Strategic Priority	2: HOME FIRST	Linked Indicator(s)	DD-01
National Health & Wellbeing Outcomes	2, 3, 5, 7		

Figure 2



Indicator Trend – Static

The number of bed-days remains well over double the target number of days and has shown no sign of reducing for the past 2 quarters.

Scotland Trend	TBC
Family Group	TBC
Source	Public Health Scotland

3. EMERGENCY ADMISSIONS - RED

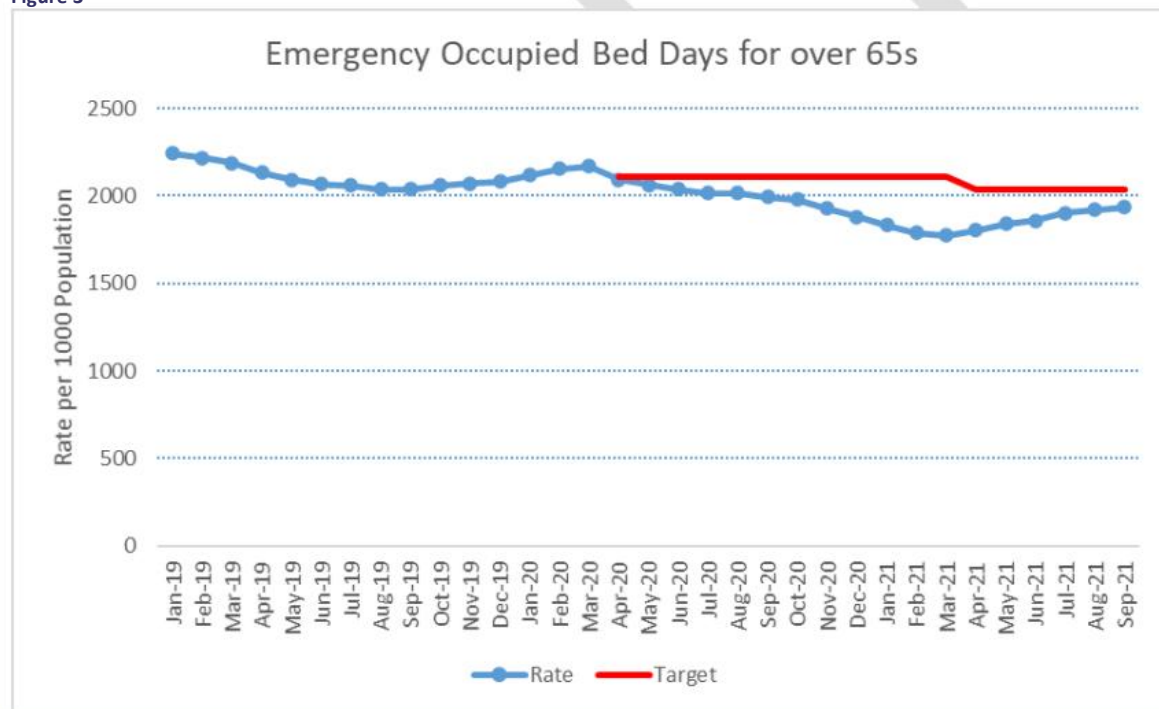
Trend Analysis

Since March 2021 there has been a steady increase each month in the rate of emergency occupied bed days from 1,773 to 1,934 in September 2021. Similarly, the emergency admission rate per 1000 population for over 65s has increased from 174.8 to 190.4 over the same period, while the number of people over 65 admitted to hospital in an emergency also increased from 119.3 to 126.7.

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

Purpose	EA-01, EA-02, and EA-03 are all interconnected and provide a narrative when viewed together of whether emergency admissions and bed days are within tolerance and indicate where potential risks could arise.		
Strategic Priority	1: BUILDING RESILIENCE	Linked Indicator(s)	EA-02 , EA-03
National Health & Wellbeing Outcomes	1, 2, 3, 5		

Figure 3



Indicator Trend – Increasing

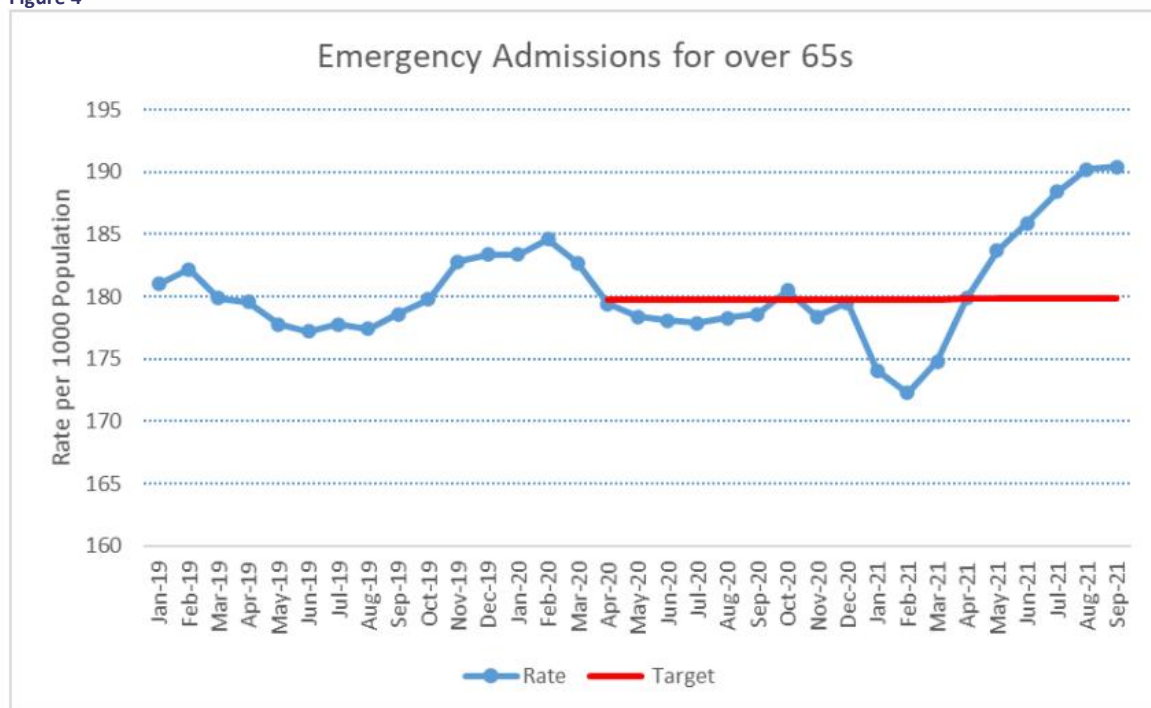
This indicator was on a downward trend for most of 2020, but since the start of 2021 has been increasing, although remaining below the reduced target that has been set.

Scotland Trend	Not Available
Peer Group	Not Available
Source	Health Intelligence

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

Purpose	EA-01, EA-02, and EA-03 are all interconnected and provide a story when viewed together of whether emergency admissions and bed days are within tolerance and indicate where potential risks could arise.		
Strategic Priority	1: BUILDING RESILIENCE	Linked Indicator(s)	EA-01 , EA-03
National Health & Wellbeing Outcomes	1, 2, 3, 5		

Figure 4



Indicator Trend – Increasing

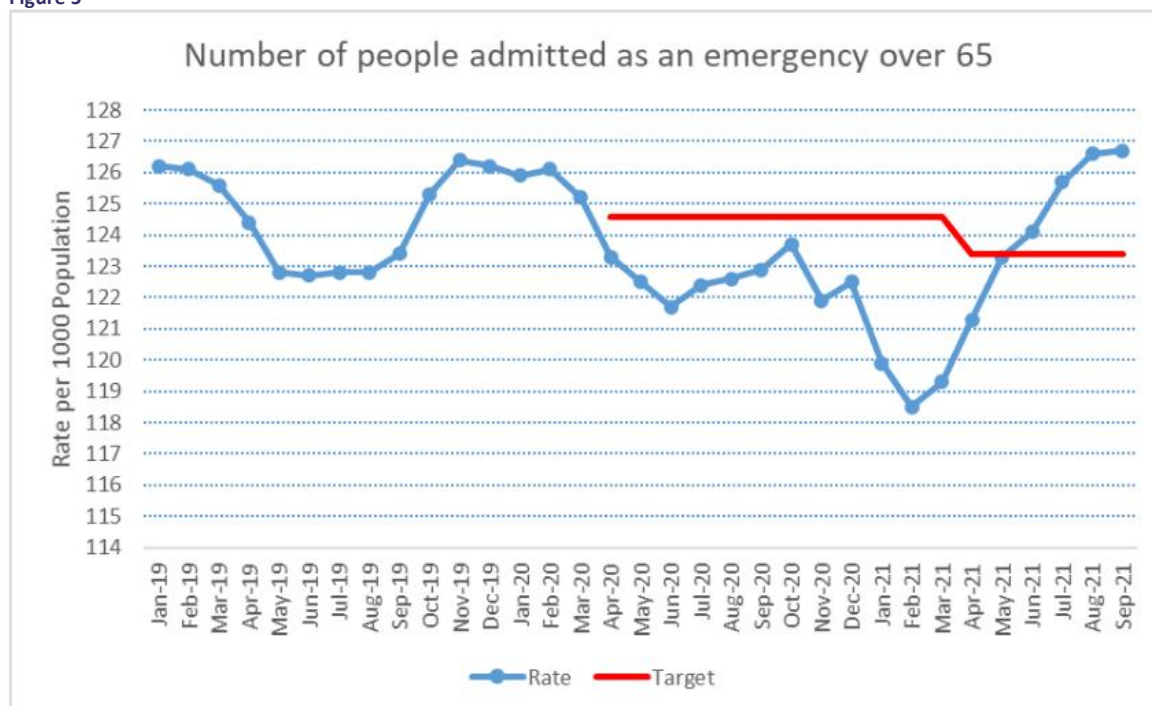
Since the start of 2021 the trend has been rapidly increasing, but during August and September it may have started to level off, albeit above the target of 179.9 admissions per 1,000 population.

Scotland Trend	Not Available
Peer Group	Not Available
Source	Health Intelligence

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

Purpose	EA-01, EA-02, and EA-03 are all interconnected and provide a story when viewed together of whether emergency admissions and bed days are within tolerance and indicate where potential risks could arise.		
Strategic Priority	1: BUILDING RESILIENCE	Linked Indicator(s)	EA-01 , EA-02
National Health & Wellbeing Outcomes	1, 2, 3, 5		

Figure 5



Indicator Trend – Increasing

This indicator was showing a consistent downward trend until February 2021, since when the trend has reversed and increased rapidly. As with Figure 4 the rate has levelled off in August and September, but remains above target with the highest recorded figure of 126.7 per 1,000 population.

Scotland Trend	Not Available
Peer Group	Not Available
Source	Health Intelligence

4. EMERGENCY DEPARTMENT – GREEN

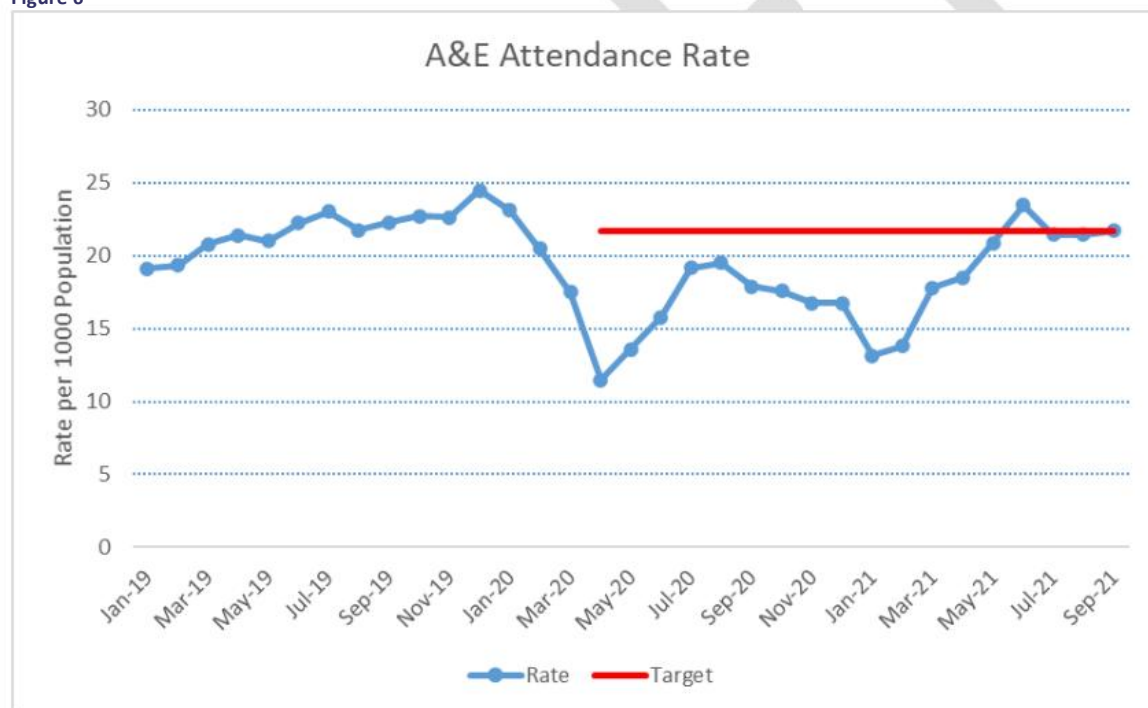
Trend Analysis

There has been a slight decrease in the rate per 1,000 this quarter from **23.5** to **21.7**, meeting the target but above the number presenting over the same period last year. While the rate in January 2021 was low (likely due to increased lockdown measures and the Flow Navigation Hub redirecting people) there has been a steady increase in this rate since then.

AE-01: ED ATTENDANCE RATES PER 1,000 POPULATION (ALL AGES)

Purpose	A greater system-wide understanding of how people access emergency care, and why certain choices are made, will allow local health systems to develop intelligence about avoidable attendances at emergency departments and target their responses.		
Strategic Priority	3: PARTNERS IN CARE	Linked Indicator(s)	HR-01 , HR-02
National Health & Wellbeing Outcomes	1, 2, 3, 5		

Figure 6



Indicator Trend – Stable

During quarter 2 the attendance rate per 1,000 population has remained stable, close to the target. However, over the longer-term since April 2020 there has been a steady increase albeit with some variation.

Peer Group	Unknown
Source	Health Intelligence

5. HOSPITAL RE-ADMISSIONS - GREEN

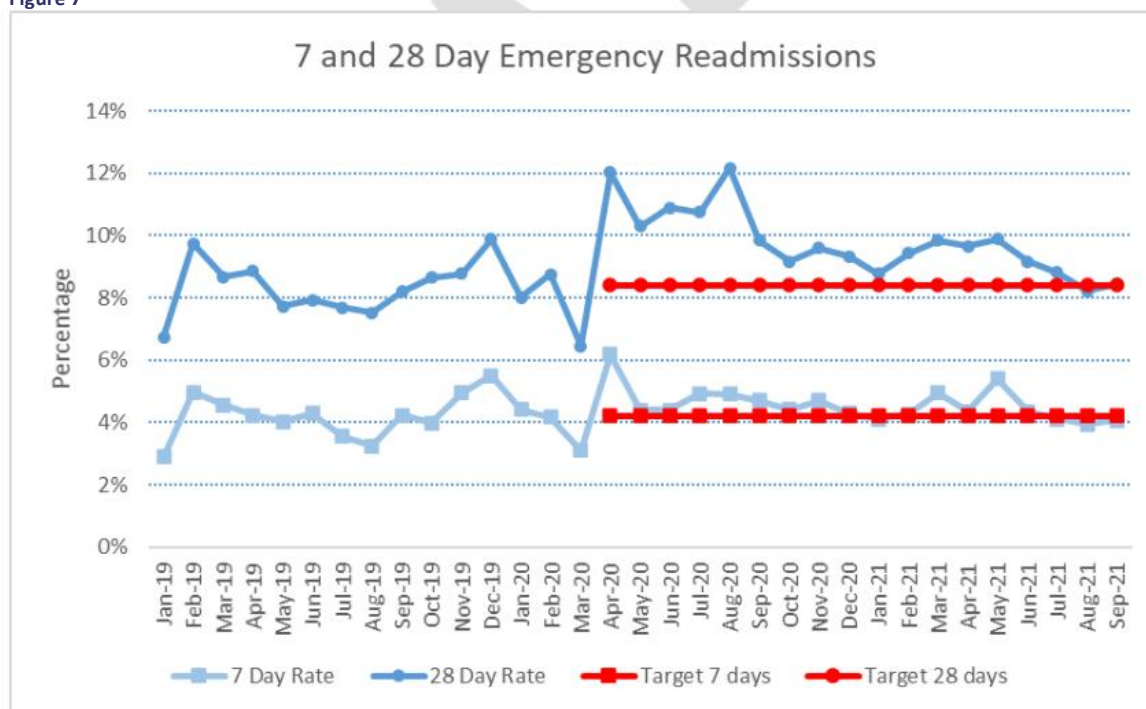
Trend Analysis

Both indicators in this barometer are now green. 28 day re-admissions are **8.4%** and 7 day Re-admissions are at **4.1%**.

HR-01: PERCENTAGE OF EMERGENCY RE-ADMISSIONS TO HOSPITAL WITHIN 28 DAYS - MORAY PATIENTS

Purpose	Re-admissions are often undesirable for patients, and have also been shown to be associated with the quality of care provided to patients at several stages along the clinical pathway, including during initial hospital stays, transitional care services and post-discharge support. (This measure lags by a month due to the time required for a potential 28 day discharge to occur)		
Strategic Priority	1: BUILDING RESILIENCE	Linked Indicator(s)	HR-02 , AE-01
National Health & Wellbeing Outcome	1, 2, 3, 5		

Figure 7



Indicator Trend – Stable

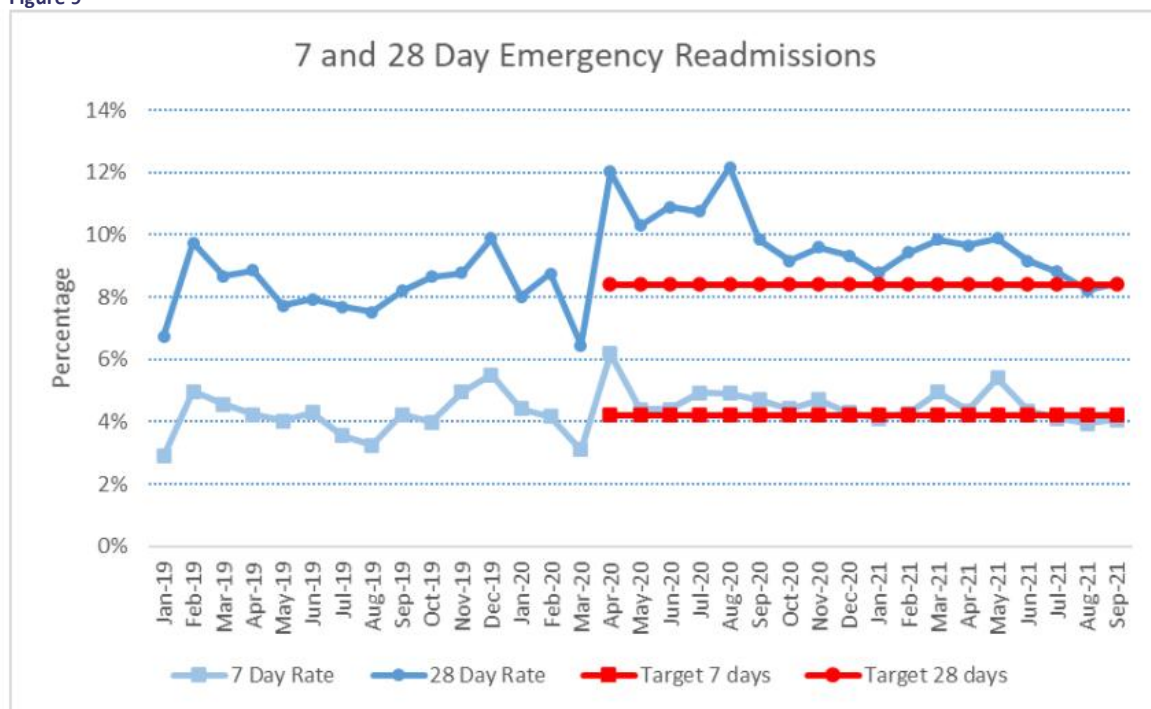
28-day Hospital Re-admissions have remained around the target of 8.4% this quarter.

Scotland Trend	Unknown
Peer Group	Unknown
Source	Health Intelligence

HR-02: PERCENTAGE OF EMERGENCY RE-ADMISSIONS TO HOSPITAL WITHIN 7 DAYS - MORAY PATIENTS

Purpose	Re-admissions are often undesirable for patients, and have also been shown to be associated with the quality of care provided to patients at several stages along the clinical pathway, including during initial hospital stays, transitional care services and post-discharge support.		
Strategic Priority	1: BUILDING RESILIENCE	Linked Indicator(s)	HR-01 , AE-01
National Health & Wellbeing Outcome	1, 2, 3, 5		

Figure 9



Indicator Trend – Stable

7-day Hospital Re-admissions have remained just below the target of 4.2% this quarter.

Scotland Trend	Unknown
Peer Group	Unknown
Source	Health Intelligence

6. MENTAL HEALTH - GREEN

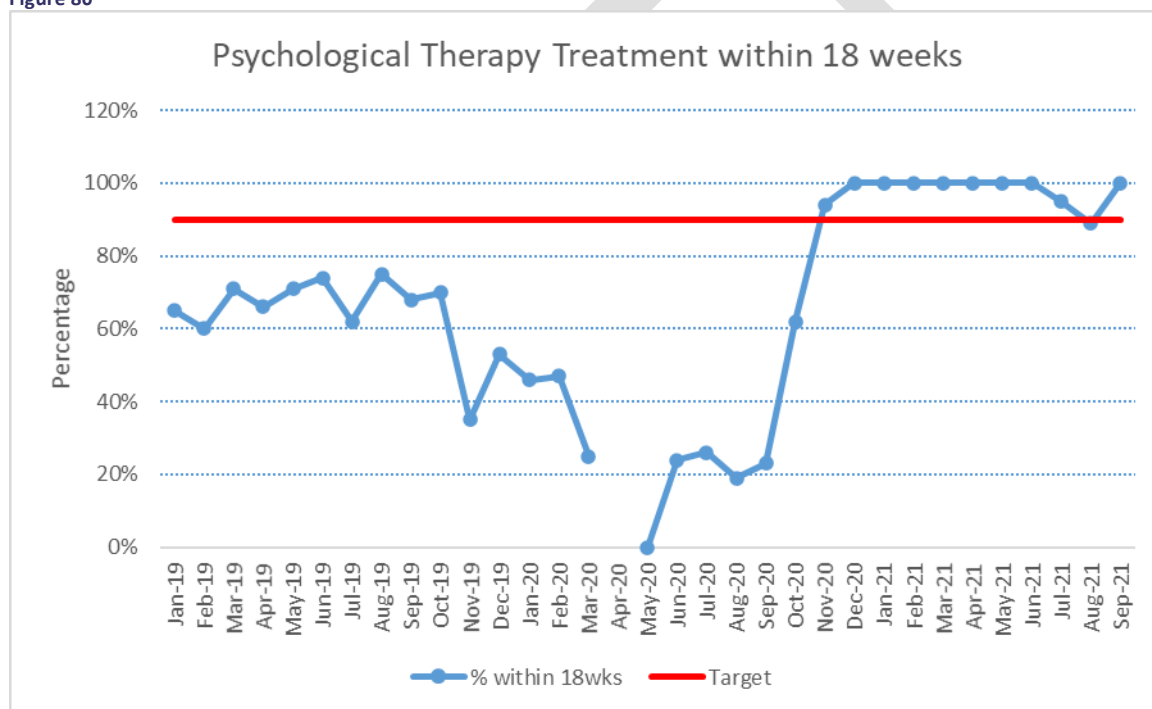
Trend Analysis

After 24 months below target and a year at around 20% this measure is at **100%** for the fourth consecutive quarter.

MH-01: PERCENTAGE OF PATIENTS COMMENCING PSYCHOLOGICAL THERAPY TREATMENT WITHIN 18 WEEKS OF REFERRAL

Purpose	Timely access to healthcare is a key measure of quality and that applies equally in respect of access to mental health services.		
Strategic Priority	3: PARTNERS IN CARE	Linked Indicator(s)	
National Health & Wellbeing Outcome	1, 2, 3, 5		

Figure 80



Indicator Trend – Stable

This measure remains at 100% for the fourth quarter in a row despite a blip in July and August 2021.

Scotland Trend	Unavailable
Peer Group	Unavailable
Source	Health Intelligence

7. STAFF MANAGEMENT - RED

Trend Analysis

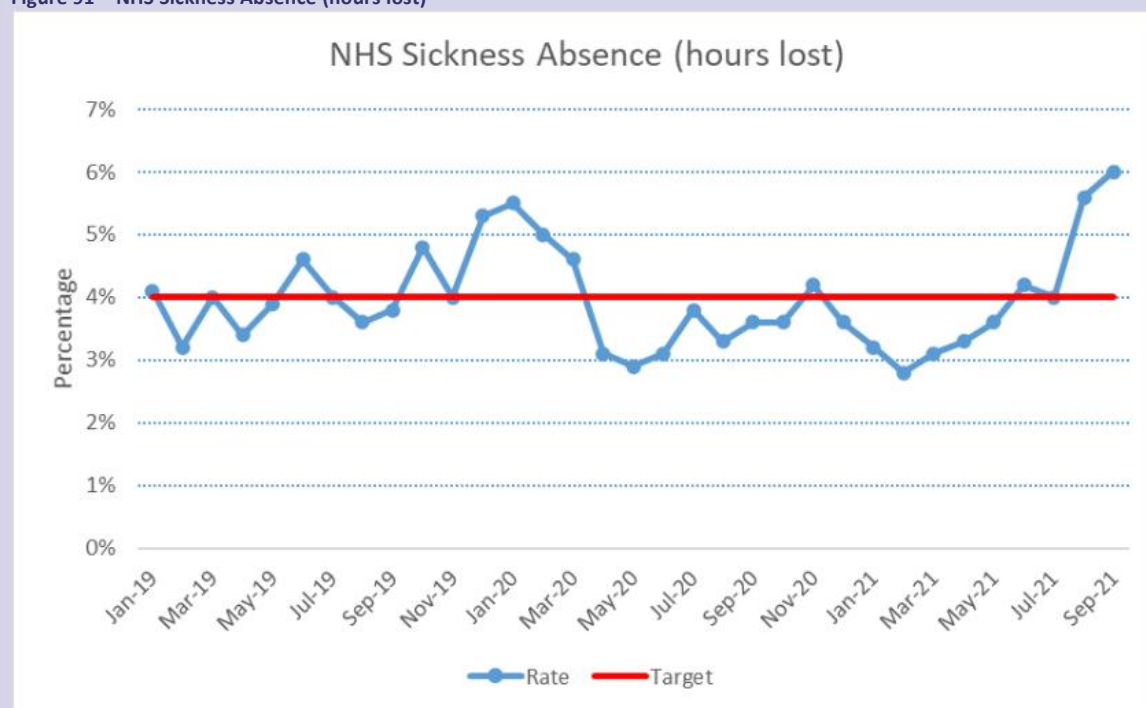
Sickness absence for NHS employed staff has increased **6.0%**, which is one and a half times greater than the target of 4%, continuing the rising trend observed during quarter 1. Council employed staff sickness has risen again from **6.95%** to **7.8%**, which is above the figure for the same period in the previous year.

SM-01: NHS SICKNESS ABSENCE % OF HOURS LOST

Purpose	Attendance at work of all employees is essential in the interests of the effective and efficient operation of services.		
Strategic Priority	1: BUILDING RESILIENCE	Linked Indicator(s)	SM-02
National Health & Wellbeing Outcome	8		

Target (+10%)	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22
4%	3.1%	3.6%	3.6%	3.1%	4.2%	6.0%

Figure 91 – NHS Sickness Absence (hours lost)



Indicator Trend – Increasing

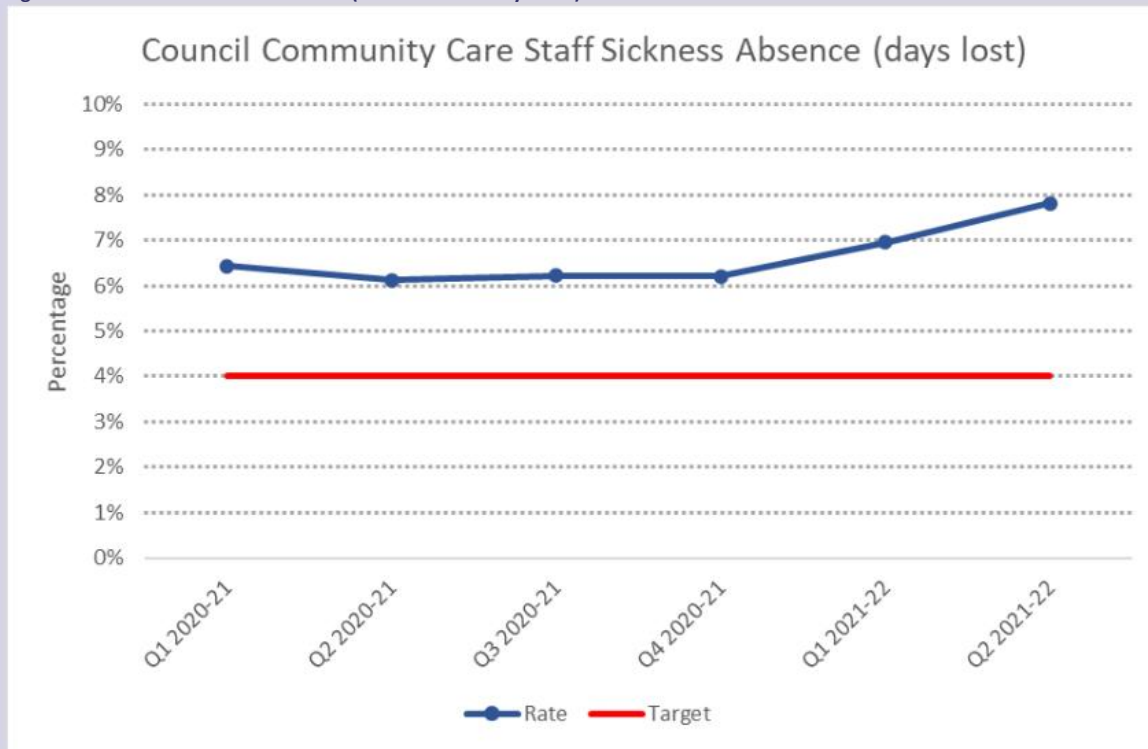
This indicator has been increasing over recent quarters and has shown a significant increase this quarter.

Source	Health Intelligence
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SM-02: COUNCIL SICKNESS ABSENCE (% OF CALENDAR DAYS LOST)

Purpose	Attendance at work of all employees is essential in the interests of the effective and efficient operation of services.					
Strategic Priority	1: BUILDING RESILIENCE	Linked Indicator(s)			SM-01	
National Health & Wellbeing Outcome		1, 2, 3, 5				
Target	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22
4%	6.4%	6.1%	6.2%	6.2%	6.95%	7.8%

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



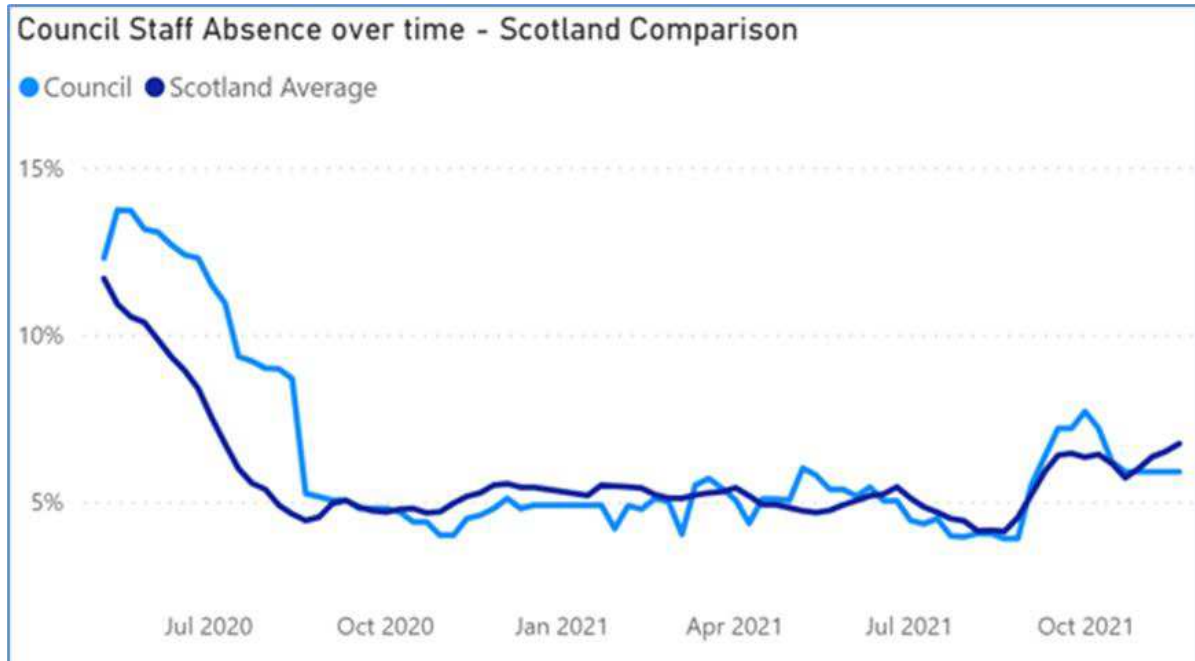
Indicator Trend – Increasing

This indicator continues to rise, remaining above target although it is significantly lower than the figure of 9% recorded in quarter 4 2019/20 where it was at a peak.

Source Council HR

COUNCIL STAFF ABSENCE OVER TIME – SCOTLAND COMPARISON

Chart provided by the Improvement Service using data from the from weekly SOLACE council returns. This update captures data from the week ending 19 November 2021.



APPENDIX 1: KEY AND DATA DEFINITIONS

RAG SCORING CRITERIA

GREEN	If Moray is performing better than target.
AMBER	If Moray is performing worse than target but within specified tolerance.
RED	If Moray is performing worse than target but outside of specified tolerance.
▲ - ▼	Indicating the direction of the current trend.

PEER GROUP DEFINITION

Moray is defined as being in Peer Group 2 in the Local Government Benchmarking Framework

Family Group 1	Family Group 2	Family Group 3	Family Group 4
East Renfrewshire	Moray	Falkirk	Eilean Siar
East Dunbartonshire	Stirling	Dumfries & Galloway	Dundee City
Aberdeenshire	East Lothian	Fife	East Ayrshire
Edinburgh, City of	Angus	South Ayrshire	North Ayrshire
Perth & Kinross	Scottish Borders	West Lothian	North Lanarkshire
Aberdeen City	Highland	South Lanarkshire	Inverclyde
Shetland Islands	Argyll & Bute	Renfrewshire	West Dunbartonshire
Orkney Islands	Midlothian	Clackmannanshire	Glasgow City

APPENDIX 2: STRATEGIC PRIORITIES

1. THE HEALTH AND SOCIAL CARE STRATEGY AT A GLANCE

WE ARE PARTNERS IN CARE

OUR VISION: “We come together as equal and valued partners in care to achieve the best health and wellbeing possible for everyone in Moray throughout their lives.”

OUR VALUES: Dignity and respect; person-centred; care and compassion; safe, effective and responsive

OUTCOMES: Lives are healthier – People live more independently – Experiences of services are positive – Quality of life is improved – Health inequalities are reduced – Carers are supported – People are safe – The workforce continually improves – Resources are used effectively and efficiently

THEME 1: BUILDING RESILIENCE - Taking greater responsibility for our health and wellbeing

THEME 2: HOME FIRST - Being supported at home or in a homely setting as far as possible

THEME 3: PARTNERS IN CARE - Making choices and taking control over decisions affecting our care and support

TRANSFORMATION (DELIVERY) PLAN supported by enablers:



BUILDING RESILIENCE

- **EA-01:** RATE OF EMERGENCY OCCUPIED BED DAYS FOR OVER 65S PER 1000 POPULATION
- **EA-02:** EMERGENCY ADMISSIONS RATE PER 1000 POPULATION FOR OVER 65S
- **EA-03:** NUMBER OF PEOPLE OVER 65 YEARS ADMITTED AS AN EMERGENCY IN THE PREVIOUS 12 MONTHS PER 1000 POPULATION
- **HR-01:** PERCENTAGE OF EMERGENCY RE-ADMISSIONS TO HOSPITAL WITHIN 28 DAYS - MORAY PATIENTS (DR GRAY'S)
- **HR-02:** PERCENTAGE OF EMERGENCY RE-ADMISSIONS TO HOSPITAL WITHIN 7 DAYS - MORAY PATIENTS (DR GRAY'S)
- **SM-01:** NHS SICKNESS ABSENCE % OF HOURS LOST
- **SM-02:** COUNCIL SICKNESS ABSENCE (% OF CALENDAR DAYS LOST)

HOME FIRST

- **DD-01:** NUMBER OF DELAYED DISCHARGES (INCLUDING CODE 9, CENSUS SNAPSHOT, AT END OF QUARTER)
- **DD-02:** NUMBER OF BED DAYS OCCUPIED BY DELAYED DISCHARGES PER QUARTER (INC CODE 9) PER 1000 18+ POPULATION
- **UN-01:** NUMBER OF LONG-TERM HOME CARE HOURS UNMET AT WEEKLY SNAPSHOT
- **UN-02:** NUMBER OF PEOPLE WITH LONG-TERM CARE HOURS UNMET AT WEEKLY SNAPSHOT

PARTNERS IN CARE

- **OA-01:** NUMBER OF REVIEWS OUTSTANDING AT END OF QUARTER SNAPSHOT
- **MH-01:** PERCENTAGE OF PATIENTS COMMENCING PSYCHOLOGICAL THERAPY TREATMENT WITHIN 18 WEEKS OF REFERRAL
- **AE-01:** A&E ATTENDANCE RATES PER 1000 POPULATION (ALL AGES)

APPENDIX 3: NATIONAL HEALTH AND WELLBEING OUTCOMES

1 - PEOPLE ARE ABLE TO LOOK AFTER AND IMPROVE THEIR OWN HEALTH AND WELLBEING AND LIVE IN GOOD HEALTH FOR LONGER.

2 - PEOPLE, INCLUDING THOSE WITH DISABILITIES OR LONG-TERM CONDITIONS, OR WHO ARE FRAIL; ARE ABLE TO LIVE, AS FAR AS REASONABLY PRACTICABLE, INDEPENDENTLY AT HOME, OR IN A HOMELY SETTING IN THEIR COMMUNITY.

3 - PEOPLE WHO USE HEALTH AND SOCIAL CARE SERVICES HAVE POSITIVE EXPERIENCES OF THOSE SERVICES, AND HAVE THEIR DIGNITY RESPECTED.

4 - HEALTH AND SOCIAL CARE SERVICES ARE CENTRED ON HELPING TO MAINTAIN OR IMPROVE THE QUALITY OF LIFE OF PEOPLE WHO USE THOSE SERVICES.

5 - HEALTH AND SOCIAL CARE SERVICES CONTRIBUTE TO REDUCING HEALTH INEQUALITIES.

6 - PEOPLE WHO PROVIDE UNPAID CARE ARE SUPPORTED TO LOOK AFTER THEIR OWN HEALTH AND WELLBEING, INCLUDING TO REDUCE ANY NEGATIVE IMPACT OF THEIR CARING ROLE ON THEIR OWN HEALTH AND WELLBEING.

7 - PEOPLE USING HEALTH AND SOCIAL CARE SERVICES ARE SAFE FROM HARM.

8 - PEOPLE WHO WORK IN HEALTH AND SOCIAL CARE SERVICES FEEL ENGAGED WITH THE WORK THEY DO AND ARE SUPPORTED TO CONTINUOUSLY IMPROVE THE INFORMATION, SUPPORT, CARE, AND TREATMENT THEY PROVIDE.

9 - RESOURCES ARE USED EFFECTIVELY AND EFFICIENTLY IN THE PROVISION OF HEALTH AND SOCIAL CARE SERVICES.



REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 6 DECEMBER 2021

SUBJECT: INTERNAL AUDIT UPDATE

BY: CHIEF INTERNAL AUDITOR

1. REASON FOR REPORT

1.1 The report updates the Committee on the work of Internal Audit.

2. RECOMMENDATION

2.1 The Audit, Performance and Risk Committee is asked to consider and note this audit update.

3. BACKGROUND

3.1 Public Sector Internal Audit Standards (PSIAS) require the Chief Internal Auditor to prepare and present reports to committee on internal audit's activity relative to the audit plan and on any other relevant matters.

3.2 Challenges associated with the pandemic still remain, resulting in significant changes within current working practices that make the audit process more difficult and uncertainty still remains regarding these arrangements in the period ahead. All audit staff are still working from home, which brings some limitations to the audit process.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

Self-Directed Support (SDS)

4.1 An audit has been undertaken into the financial monitoring arrangements within the SDS Team for direct payments made to service users. The audit has checked for effective arrangements in the monitoring of funds issued to service users. A check was also made to ensure that monies awarded and expenditures incurred by service users correspond to their support plan. The review has now been completed, and it is hoped the Executive Summary and audit action plan showing recommendations will be reported to the next Audit, Performance and Risk Committee.

Audit Plan 2022/23

- 4.2 The internal audit plan is a means of determining the priorities of the internal audit activity and how these fit with the broader goals of the Council. Internal audit's approach to annual audit planning is risk-based with all areas which may be subject to audit review contained within an 'audit universe.' The audit universe is reviewed and updated on an ongoing basis to include all significant activities and systems that contribute to achieving the Council's priorities and objectives.
- 4.3 Consultation with officers has started as part of the process for preparing the Audit Plan for 2022/23. An agreement will also be sought for timescales by officers in responding to recommendations.

Staffing

- 4.4 The positions of the Audit and Risk Manager and the Auditor have now been filled. However, this has resulted in a vacancy for a Senior Auditor. A recruitment process has started and it is hoped the position will be filled shortly.

5. SUMMARY OF IMPLICATIONS

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

Internal audit work supports good governance and assists in securing appropriate systems of internal control.

(b) Policy and Legal

The internal audit service is provided in terms of paragraph 7:1 of the Local Authority Accounts (Scotland) Regulations 2014, and there is a requirement to provide a service in accordance with published Public Sector Internal Audit Standards.

(c) Financial Implications

No implications directly arising from this report.

(d) Risk Implications

Audit reports highlight risk implications and contain recommendations for management to address as a means of mitigating.

(e) Staffing Implications

No implications directly arising from this report

(f) Property

No implications.

(g) Equalities/ Socio Economic Impacts

No implications.

(h) Consultations

There have been no direct consultations during the preparation of this report.

6. CONCLUSION

6.1 Internal audit continues to work under the limitations of the pandemic and this report provides committee with an update on internal audit work progressed in the latest review period.

Author of Report: Dafydd Lewis, Chief Internal Auditor
Background Papers: Internal Audit Files
Ref: mijb/ap&rc/0612021



REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 6 DECEMBER 2021

SUBJECT: STRATEGIC RISK REGISTER – NOVEMBER 2021

BY: CHIEF OFFICER

1. REASON FOR REPORT

1.1 To provide an overview of the current strategic risks, along with a summary of actions which are in place to mitigate those risks, updated November 2021.

2. RECOMMENDATION

2.1 It is recommended that the Audit, Performance and Risk (APR) 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 and redesign 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 APR 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 28 November 2019 (para 13 of the minute refers).
- 3.5 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 are reflected in **APPENDIX 1**.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 The impact of Covid-19 continues to delay the development of some aspects of transformation plans as reported to the last meeting of this committee on 26 August 2021 (para 8 of the minute refers).
- 4.2 Work overseen by the North East Partnership on the Home First programme continues to progress, in line with the Strategic Plan objectives. Hospital without Walls and Hospital at Home themes are being developed and will be progressed through the Home First programme. These workstreams are required to progress a new approach to delivering person-focussed clinical services to people, for the benefit of individuals through a person centred approach and to maximise best use of available staff resources which continue to be stretched.
- 4.3 As anticipated the numbers of Covid-19 cases in the community continue to increase. During the week of 15 November 2021 Moray was at the top of the list of Scottish local authorities for 7-day test positivity rate (13.1% compared to Scottish rate of 9.6%). Numbers of cases stood at 512. There is uncontrolled community transmission and the impact of this is an increase in staff being off because they are positive or requiring to self-isolate. The rates of other respiratory infections are rising and it is anticipated that the months of January and February 2022 will see a peak. This could impact across all services and is of particular concern in areas where there is a limitation on options for cover for staff, such as specialist residential care at Woodview as an example. Contingency plans are in place but there is a great deal of uncertainty as to the extent of what will be required. Managers continue to reiterate the necessity for correct use of PPE, ventilation, hand hygiene and lateral flow testing for all staff.
- 4.4 There continues to be a significant impact on progression of development work as planned due to the increases in demand for services at all parts of our system. Communications are being undertaken by NHS Grampian to try to discourage people from attending Emergency Departments at hospitals unless life threatening and to redirect to other services that are available to provide advice and assistance. There continues to be a significant demand for social work assessments from the community and there are high levels of unmet need for care provision in the community. Managers are working with teams daily to try to meet the greatest needs through a variety of means but there are still those who are not receiving a service. There continue to be requests for Occupational Therapy services that are not being met. These increases in demands for service are being faced by staffing resource that is reduced due to increasing sickness absence, staff vacancies, annual leave and the continued need for some staff redeployment.

- 4.5 The pressures around recruitment and retention of the internal care at home service are likely to increase due to the uplift that external care providers are to receive from December 2021 which will mean Council employed staff at the starting point on the salary scale grade will be paid a lesser hourly rate than the external providers pay. Service managers are working on options available to address this issue.
- 4.6 The continued safe delivery of services is a priority and as such a considerable amount of management time is being directed to support oversight of operational risks to ensure they are managed and prioritised across the whole system. A critical incident management approach is being developed by NHSG Chief Executive Team to provide the strategic oversight and response to the impact of the pandemic on the whole health and social care system. The development of this approach is underway and is to be called Operation Iris.
- 4.7 There continues to be significant financial risk in the system. As we transition from the additional supports provided as part of the Covid response we are monitoring the position closely and assessing the impact on both short and longer term. Additional funding has been made available by Scottish Government to support the increased pressures in the system, including those presented by the winter period. The senior management team are assessing where the funds should be applied for greatest benefit and approvals will be sought as appropriate.
- 4.8 Recruitment and selection to staff vacancies continues to prove challenging across services. These challenges remain as previously reported regarding lack of appropriate applications for some posts and also the time taken to for the recruitment process in employing organisations to be followed. The continued efforts and collaborative working to streamline processes and align timescales has reduced timescales and it is hoped these improvements can be maintained going forward. Staff wellbeing continues to be a key priority and a significant emphasis is being placed on ensuring that everyone is provided with the support that is readily available, where it is required.
- 4.9 The adoption of the outcome based commissioning approach and collaborative working with Allied as the partner for care at home are fundamental changes in the approach for social care services and as such forms a core element of supporting the strategic aims for Home First and supports choice and control for service users. The timing of this change was determined by the requirement for the new contract, which commenced 1 November 2021, and it is recognised by all involved that it will be challenging to deliver in the context of the continued impact of the pandemic.
- 4.10 As plans evolve, the Strategic Risk Register will be updated to ensure that it reflects any barriers to realising the ambitions we are not enacting, to achieve the vision set out in our Strategic Plan.

5. SUMMARY OF IMPLICATIONS

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

The 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 detrimental 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.

(e) Staffing Implications

There are no additional staffing implications arising from this report. Senior Management Team have considered areas of high risk and are seeking to redeploy staff to address these as a matter of urgency.

(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) Consultations

Consultations have been undertaken with the Senior Management Team, Chief Internal Auditor and Tracey Sutherland, Committee Services Officer and comments have been incorporated in this report.

6. CONCLUSION

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 also outlines the current position in relation to the impact of COVID-19 on progress with transformation plans, and recommends the Board note the revised and updated version of the Strategic Risk Register.

Author of Report: Jeanette Netherwood, Corporate Manager
Background Papers: held by author
Ref:

HEALTH AND SOCIAL CARE MORAY STRATEGIC RISK REGISTER

AS AT 14 NOVEMBER 2021

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: <i>Regulatory</i>	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:	<p>The strategic plan “Partners in Care” 2019 to 2029 was developed and launched in December 2019. Membership of IJB committees has been relatively stable and the majority of members have attended several cycles of meetings. An amendment to the Scheme to increase membership by one from each of the partner organisations is being considered by the Scottish Government following 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. In addition weekly meetings of Chair/Vice Chair and Chief Officer are continuing. Progress is being made with the development of the cross system focus on “Home First” and these actions will be incorporated into the Transformation plan that underpins “Partners in Care”</p>
Rationale for Risk Appetite:	<p>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.</p> <p>We will only take regulatory risks knowingly, following consultation with the relevant regulatory body and where we have clear risk mitigation in place.</p>
Controls:	<ul style="list-style-type: none"> • Integration Scheme. • Strategic Plan “Partners in Care” 2019 to 2029 • 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	Induction sessions are held for new IJB members.

Actions:	<p>IJB member briefings are held regularly. Conduct and Standards training held for IJB Members in December 2020 with updates provided by Legal Services as appropriate.</p> <p>SMT regular meetings and directing managers and teams to focus on priorities.</p> <p>Regular development sessions held with IJB and System Leadership Group Strategic Plan and locality management structure is in place and wider system re-design and transformation governance structures are being developed for implementation. The work that has been progressed through the Covid19 response has escalated developments in some areas as a matter of priority. This has been done through collaborative working with partner organisations and the third sector.</p>
Assurances:	<ul style="list-style-type: none"> • Audit, Performance and Risk Committee oversight and scrutiny. • Internal Audit function and Reporting • Reporting to Board.
Gaps in assurance:	<p>The Covid 19 Response has caused a delay in producing the Transformation Plans which in turn has impacted on communication and engagement with staff and partners in respect of the intended outcomes. Work has been undertaken and will further progress over the next quarter to address this gap.</p>
Current performance:	<p>Scheme of administration is reported when any changes are required. An initial meeting was held with legal advisors to establish the governance requirements for the review of the integration scheme in relation to the proposed delegation of Children's and Criminal Justice Services.</p> <p>Report presenting the Strategic Plan, Communication Strategy, Organisational Development and Workforce Plans, Performance Framework and the draft Transformational Plan were presented and approved at MIJB on 28 November 2019</p> <p>Appointment of Standards Officer agreed by IJB September 2020.</p> <p>Members Handbook has been updated and circulated to all members in June 2021.</p> <p>Governance Framework was approved by IJB 28 January 2021</p> <p>A request to amend the Scheme to increase voting members from 3 to 4 from each partner was submitted to Scottish Government in May 2021, a response was received requiring some other amendments to the previously agreed scheme, which are being addressed and it will then be necessary to submit to Moray Council and NHS Grampian Board for agreement before it can be resubmitted to Scottish Government.</p>
Comments:	<p>Strategic Planning and Commissioning Group approved the generic Terms of Reference and Chairs of the transformation boards at the meeting on 19 December 2019. It was intended that these boards would be established by April 2020 however this work has been on hold due to Covid19 and is being restarted but will incorporate the changes Covid is causing on ways of working and will recommend a revised way forward. The Strategic Planning and Performance Lead is now taking this forward.</p>

	<p>The Scheme of Integration requires to be amended to incorporate the agreed increase in membership. The public consultation completed on 5 March 2021 and Moray Council Legal services are progressing with Scottish Government for ratification.</p>
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2	
Description of Risk: <i>Financial</i>	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 NO CHANGE
Rationale for Risk Rating:	<p>Whilst the 2019/20 and 2020/21 settlement saw additional investment for health and social care that was passed through to the MIJB, there remains a significant pressure as much 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, many uncertainties have arisen through the Covid response and continue as we continue to remobilise. The full impact is not yet quantifiable.</p> <p>Demand on services is greater than before and the IJB has no remaining general reserves. There is however earmarked reserves of £4.7m that will be used to support the Covid response and Primary Care Improvement Plan</p> <p>The unaudited annual accounts were presented to the IJB meeting of 24 June 2021 and show a surplus of £6.3m This in the main is derived from late allocation as payment in advance from Scottish Government in relation to Covid spend in 2021/22. The available general reserve of £1.5m has been utilised in balancing the revenue budget for 2021/22 as approved by the IJB in March 2021. Audited Accounts were be presented to the IJB on 25 November 2021 for approval prior to publishing.</p>
Rationale for Risk Appetite:	<p>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:</p> <ul style="list-style-type: none"> • 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 <p>Covid-19 continues to place additional risk on the MIJB finances as we continue through the pandemic and remobilise</p>
Controls:	<p>Chief Finance Officer appointed - this role is crucial in ensuring sound financial management and supporting financial decision making, budget reporting and escalation.</p> <p>The CFO and Senior Management Team continue to work together to address further savings which will be presented to the Board for approval during the 2021/22 financial year. A revised Financial Framework will be developed during the year to support the emerging situation with the intention of presenting this to the IJB for approval in March 2022 alongside the budget for 2022/23. For this to happen, there is a need for the other IJB supporting plans to be considered.</p>

Mitigating Actions:	<p>Risk remains of the challenge that the MIJB can deliver transformation and efficiencies at the pace required whilst dealing with the pressures that are emerging as a result of the pandemic.</p> <p>Financial information is reported regularly to both the MIJB, Senior Management Team and System Leadership Group.</p> <p>The Chief Officer and Chief Financial Officer (CFO) continue to engage in finance discussions with key personnel of both NHS Grampian and Moray Council. These conversations have continued throughout the pandemic phase.</p> <p>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 IJB.</p> <p>The focus for the remainder 2021/22 will be close monitoring to assess the continuing impacts of Covid-19 and the costs of remobilisation in addition to identifying further efficiencies and seeking IJB approval. In November 2021, Scottish Government announced new funding to support IJB's through the winter period and beyond. Officer are currently analysing opportunities for the most appropriate use of the funding that will have the most significant impact on the Moray population.</p>
Assurances:	MIJB oversight and scrutiny of budget. Reporting through MIJB, NHS Grampian Board and Moray Council.
Gaps in assurance:	None known
Current performance:	For the 2021/22 financial year, an overspend will be reported at the end of the first quarter. This will be reported to the IJB on 25 November 2021. In the previous year, reliance has been place on Covid – 19 funding to support under-delivery of savings will has been drawn-down to create a general reserve. The CFO is working the recently announced funding to align appropriately, to the additional capacity being put into the system around care at home.
Comments:	Senior managers to work with Chief Officer and Chief Financial Officer to address the continuing financial challenge, continuing to seek efficiencies and opportunities for real transformation and forecast overspend as we progress through the current pandemic. Through reporting, regular updates will be provided to the MIJB, Moray Council and NHS Grampian as part of the risk sharing arrangement in place.

3	
Description of Risk:	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

<i>Human Resources (People):</i>	and the actions that will arise from the recommendations from the Independent Review of Adult Social Care 2021.	
Lead:	Chief Officer	
Risk Rating:	Low/ medium/ high/ very high	HIGH
Risk Movement:	Increase/ decrease/ no change	NO CHANGE
Rationale for Risk Rating:	<p>There continues to be issues with recruitment to some 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 and Social Work are two particular areas experiencing difficulties with obtaining people with the appropriate skills and training. There are additional tasks to be undertaken which include flu immunisation and this is using considerable resource which will not be available to support other frontline services over winter.</p> <p>The roll out of the Covid vaccine 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.</p> <p>The Care Homes in Moray have continued to do well to maintain their staffing levels throughout the pandemic and whilst the difficulty with recruitment and retention of staff to caring roles is still being experienced there has not been a direct impact on HSCM teams for additional support from contractors. Neither has Covid 19 cause significant disruption to staffing as a result of positive cases or notification of Test, Trace and Isolate.</p> <p>There have been some achievements in the recent appointment to the Geriatrician post, and recruitment to agreed models for orthopaedics, anaesthetics, general surgery and the emergency department in Dr Grays. There is further work being undertaken to develop the model for General medicine. The benefit of these appointments are being felt across the whole system.</p> <p>The transition from EU membership has not presented any specific concerns for workforce and this will continue to be monitored.</p> <p>The impact of budgetary decisions by the Council in relation to reducing staffing levels has reduced levels of support provided in some key areas for Health and Social Care Moray (HSCM), such as ICT, HR, Legal and design. Committee Officer support has now been reinstated for APR and CCG committees effective from August 2021.</p>	
Rationale for Risk Appetite:	<p>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.</p> <p>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.</p>	

	<p>The Board will also seek to balance individual safety risks with collective safety risks to the community.</p>
<p>Controls:</p>	<p>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. The chief social worker reviewed the situation with managers and employed a Consultant Practitioner to develop options for addressing some of the particular issues affecting social work services in Moray and to provide support to managers and staff. There continues to be pressures around Social Work as more requests for assessment are being received from the community and an additional 3.68 FTE have been approved for recruitment for a temporary period to progress outstanding reviews. Management competencies continue to be developed through Kings Fund training although this is suspended due to Covid19. Communications & Engagement Strategy was approved in November 2019 and is being implemented. 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. This has been expanded to collate details of staff shielding or isolating so arrangements can be made to utilise staff resources as effectively as possible. SMT review vacancies and approve for recruitment. 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.</p>
<p>Mitigating Actions:</p>	<p>System re-design and transformation. Organisational Development Plan and Workforce plan have been updated and approved by MIJB in November 2019 and they are being progressed by the Workforce Forum. Workforce planning has recommenced and an initial draft was prepared and submitted in April 2021. This will be taken forward alongside plans for NSHG and Moray Council with a detailed version being prepared for March 2022.</p> <p>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 are developing the Multi-disciplinary teams in their areas and some project officer support has 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. Close monitoring of Covid infection rates and potential impacts for services are considered at the weekly Response Group meeting.</p>

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 has been in place over the whole period of the Covid19 pandemic providing focussed leadership around emerging issues and resolving them.
Gaps in assurance:	Further work required to develop workforce plans to reflect strategic plan implementation programmes once they are agreed.
Current performance:	<p>The full IMatter surveys did not take place during 2020 however an IMatter pulse survey was undertaken in September 2020 to get a snap shot of what staff are feeling. Results were published 20 November 2020 and although there was a lower response rate of the 36% the “working within the organisation satisfaction” score was 6.91 compared with 6.94 in 2019. The Imatter survey results for 2021 have just been received and managers are in the process of reviewing the results and developing action plans.</p> <p>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.</p> <p>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.</p> <p>There is also a lack of suitable applicants for various posts which is impacting on ability to appoint for some roles.</p>
Comments:	<p>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.</p> <p>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.</p>

4	
Description of Risk: <i>Reputation:</i>	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	INCREASING
Rationale for Risk Rating:	<p>Locality planning assessed as medium in relation to ability to work at the pace required and current workforce capacity.</p> <p>Performance framework to be further developed from a planning perspective to show the links through operational service delivery to strategic objectives.</p> <p>The Third Sector rep stood down from MIJB and the substitute was only able to commit to attending until August 2021. Efforts are underway to recruit a replacement for this role and for other forums.</p> <p>Recent engagement with individuals representing their communities or third sector organisations in a variety of forums is highlighting that problems with their capacity to fulfil our needs so more co-ordination and clearer focus is required to ensure that the communication, engagement and outcomes are meeting identified needs.</p>	
Rationale for Risk Appetite:	<p>The Board is cautious but open about risks that could damage relationships with different stakeholders. It recognises many of our aspirations depend on effective collaboration, coproduction and partnership working with a range of stakeholders. The appetite also recognises that while the aspiration is to be a co-operative partner, some partners will not be able to move at the same pace as us all the time.</p> <p>We will seek to protect relationships in the long term and will not set out to antagonise stakeholders deliberately. For example, we must not be seen to exclude or prevent participation in the design of services where there is an appetite to do this.</p> <p>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.</p> <p>Traditional methods of engagement are not possible at present as social distancing rules apply however alternative mechanisms for engaging with stakeholders are being used along with social media</p>	
Controls:	<p>Governance Framework approved by IJB January 2021</p> <p>Communication and Engagement Strategy approved November 2019</p> <p>Annual Governance statement produced as part of the Annual Accounts 2019/20 and submitted to External Audit.</p> <p>Annual Performance Report for 2019/20 was published in August 2020</p> <p>Performance reporting mechanisms in place and being further developed through performance support team, home first group and system leadership team.</p> <p>Community engagement in place for key projects areas such as Forres and Keith with information being made available</p>	

	<p>to stakeholders and the wider public via HSCM website. Participation of stakeholders in Home First project meetings.</p>
Mitigating Actions:	<p>Schedule of Committee meetings and development days in place and implemented.</p> <p>Good working relationship established with Audit Scotland, the MIJB's appointed external auditors since 16/17.</p> <p>Annual Performance Report for 2019/20 published in August 2020. Social media is actively used as a method of engaging with the public, with short videos focussing on particular services being trialled.</p> <p>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.</p>
Assurances:	<p>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.</p>
Gaps in assurance:	<p>Progress on implementation of the Communication and Engagement Strategy has been impacted by the Covid 19. Due to the impact of COVID and requirement for social distancing the normal mechanism for engagement are 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.</p>
Current performance:	<p>Communications Strategy was reviewed approved by IJB November 2019. Annual Performance Report 2019/20 published August 2020. Audited Accounts for 2019/20 were publicised by deadline 30 September 2020</p> <p>Due to Covid19 there have been increased levels of briefings to staff, the public and Chair/Vice Chair of MIJB with a focus on the key elements of the response. Staff have been involved in co-ordinating services for and communicating with shielded and vulnerable people.</p>
Comments:	<p>A communication cell was established as part of the Local Resilience Partnership response with representation from 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. It also ensures that there is support for our Communications Officer and resilience provided with the access to other communication officers.</p> <p>There has been representation from the Home first project at the Wellbeing forum to facilitate sharing of information</p>

	and seeking views.
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5	
Description of Risk: <i>Environmental:</i>	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
Risk Movement:	increase/decrease/no change
	HIGH
	NO CHANGE
Rationale for Risk Rating:	<p>Due to the response requirements for Covid 19 progress has been 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.</p> <p>HSCM did not have a collectively approved list of critical functions at the start of the response however this was quickly completed and used to prioritise allocation of resources to the response. This list has been recently reviewed to take into account remobilised services and the winter/surge action plan has been further defined and implemented</p> <p>Whilst the rates of Covid infection in Moray at the moment are relatively low the situation could change. Risk identification, assessment and initial response plans have been developed for potential impacts across the whole system.</p> <p>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.</p>
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:	<p>Winter Preparedness Plan is being updated and will be tested alongside NHSG plans for winter with participation from officers in cross system table top exercises. Further work is being undertaken to identify learning from recent incidents to strengthen plans.</p> <p>HSCM Civil Contingencies group established and meeting regularly to address priority subjects.</p>

	<p>NHS Grampian Resilience Standards Action Plan approved (3 year). Business Continuity Plans in place for most services although overdue a review in some areas. 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 – debriefs carried out and learning identified.</p>
Mitigating Actions:	<p>Information from the updated BIA/BCP has informed elements of the Winter Preparedness Plan</p> <p>A Friday huddle is in place which gathers the status of services across the whole system to provide information and contact details to the Senior Manager on Call (SMOC) over the weekend.</p> <p>NHSG have introduced system wide daily huddles to manage the flow and allocation of resources which require attendance from Dr Grays and HSCM.</p> <p>NHS Grampian have amended their approach to Pandemic preparation so HSCM Pandemic plan requires redrafting and testing</p> <p>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.</p> <p>HSCM continues to monitor the local situation regarding Covid-19 and is engaged with NHSG emergency planning arrangements and Council Response and Recovery management team to be ready to escalate response if required. There is work underway with partners 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 would aid communication and understanding.</p>
Assurances:	<p>Audit, Performance and Risk Committee and NHS Grampian Civil Contingencies Group oversight and scrutiny.</p>
Gaps in assurance:	<p>Recent experience has highlighted the need for additional staff to be trained to be control centre managers, loggists and 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 more robust arrangement for out of hours contact and clarity of roles and responsibilities across the system which is being progressed with partners in Moray.</p> <p>Some table top exercises have been completed but the intended programme for 2020 will require to be rescheduled</p>

	<p>once we are out of response phase.</p> <p>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.</p> <p>Pandemic flu plans will require to be updated with the learning from this incident</p> <p>The debrief reports following the gas outages from a Moray perspective and the Grampian Local Resilience Partnership (LRP), highlighted some issues for clarification in relation to the Care for People agenda. To address the local issues meetings have been taking place with Moray Council and HSCM representation to progress the Care for People plan and associated response structures. Steps to re-establish the Care for People group are in progress. 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.</p>
<p>Current performance:</p>	<p>The Senior Management Team participated in Strategic Leadership in a Crisis training in 2020 and a programme of further training for the wider management team is scheduled.</p> <p>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.</p> <p>Annual report on progress against NHS resilience standards was reviewed by APR committee on 25 March 2021.</p> <p>Report on the implications of the designation as a Category 1 responder was presented to MIJB 25 November 2021</p>
<p>Comments:</p>	<p>Once the response phase is complete the HSCM Civil Contingencies group will schedule and review progress in achieving the NHSG resilience standards, reporting updates to System Leadership Group.</p>

6	
Description of Risk: <i>Regulatory</i>	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 INCREASING
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.
Rationale for Risk Appetite:	<p>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.</p> <p>We will only take regulatory risks knowingly, following consultation with the relevant regulatory body and where we have clear risk mitigation in place.</p>
Controls:	<p>Clinical and Care Governance (CCG) Committee established and future reporting requirements identified</p> <p>High and Very High operational risks are reviewed by System Leadership Group monthly and a review of all risks will be undertaken as part of the risk management framework.</p> <p>Complaints and compliments procedures in place and monitored.</p> <p>Clinical incidents and risks are being reviewed on a weekly basis to ensure processes are followed appropriately and consistently and responses are recorded in a timely manner.</p> <p>Adverse events and duty of candour procedures in place and being actioned where appropriate and summary reports submitted to CCG committee.</p> <p>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 has been a reduction in some areas of external inspection reporting during the Covid period due to social distancing restrictions</p> <p>Care Home Oversight Group was meeting daily but now three times a week to oversee and manage risks in care homes.</p> <p>Children and Adult Protection services are being delivered and reported to their respective committee on a regular basis.</p>
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
	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.
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. A summary of inspections was 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.
Comments:	No major concerns have been identified for HSCM services in any audits or inspections this year. The equipment store has received a follow up internal audit and the initial verbal feedback was positive.

7	
Description of Risk: <i>Operational Continuity and Performance:</i>	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.

	<p>Unplanned admissions or delayed discharges place additional cost and capacity burdens on the service.</p> <p>The level of delayed discharges has been around 30 over the last month reflecting the sustained pressure in the system as a result of Covid -19 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.</p>
Rationale for Risk Appetite:	<p>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.</p> <p>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.</p>
Controls:	<p>Performance Management reporting framework.</p> <p>2019 to 2029 “Partners in Care” Strategic Plan approved and Transformation Plan being developed.</p> <p>Performance regularly reported to MIJB. Revised Scorecard being developed to align to the new strategic priorities.</p> <p>Best practice elements from each body brought together to mitigate risks to MIJB’s objectives and outcomes.</p> <p>Chief Officer and SMT managing workload pressures as part of budget process.</p> <p>A daily dashboard of key indicators has been developed for HSCM and is circulated to service managers to ensure shared understanding of the pressures in the system. Work is progressing on development 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.</p>
Mitigating Actions:	<p>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.</p> <p>Key operational performance data is being circulated daily to all managers in the Daily dashboard 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.</p> <p>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.</p>
Assurances:	<p>Audit, Performance and Risk Committee oversight.</p> <p>Operationally managed by service managers, summary reports to Practice Governance and clinical and care</p>

	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. Progress will be reported to future Board meetings.
Current performance:	Covid19 has impacted on all areas of the service and work is underway to take the learning and experience gained during the response to collate performance information in dashboards to support managers interpret the impact of Covid19 on their services, now and going forward. There are likely to be changes to ways of working and this may also have impact on the performance information required.
Comments:	Work has progressed with development of performance monitoring and reporting of key performance indicators for locality managers. The delayed discharge group has produced an action plan for implementation and progress is being made. Practice Governance have been reviewing their operational performance requirements. The Home First priorities are being taken forward and updates are reported to this committee or MIJB on a regular basis. 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. There has been a vacancy in the performance staff since July however the new Senior Performance Officer commenced on 22 November 2021 which will provide much needed capacity to develop the identified need for information.

8	
Description of Risk: <i>Transformation</i>	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	There are many issues that will impact on the ability to progress to deliver Strategic Objectives.

Rating:	<p>The Strategic Planning & Commissioning group is to be 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 appointment of the Strategic Planning and Performance Lead provides additional capacity to take this forward and to align the priorities arising nationally, Grampian-wide and locally.</p> <p>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 restrictions of social distancing on services mean that capacity for services is impacted which means that service users will not have the same level as before Covid however it is anticipated that a hybrid service will be offered which will facilitate tailoring of services to meet specific individual outcomes where this is appropriate. The time period and extent of Covid 19 the impact on the population of Moray will not be fully understood until well after the response is over. 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.</p> <p>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.</p> <p>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 and it is hoped that this progress can be built on</p>
Rationale for Risk Appetite:	<p>The Board has a high appetite for risks associated with delivery of transformational redesign. The following should be considered when accepting these risks:</p> <ul style="list-style-type: none"> • 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:	<p>Home First strategic theme is being progressed across the whole system and a local Home First Group is meeting fortnightly. The Home First Transformation Board has also been established for Grampian – the output of these</p>

	<p>meetings will go through appropriate governance frameworks. A newsletter is being produced to keep staff and partners informed.</p> <p>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.</p>
Mitigating Actions:	<p>Integrated Infrastructure Group established, with ICT representation from NHSG and Moray Council, to consider and provide solutions to data sharing issues and ICT infrastructure matters. Linkages to Infrastructure board and Information sharing groups have been established albeit these meetings are not taking place regularly at the moment</p> <p>Data sharing groups for Grampian and Health and Social Care Moray have been established and meetings were held regularly but have not taken place for several months due to Covid. These meetings have oversight of any issues arising from Data protection and GDPR matters from either Council or NHS systems.</p>
Assurances:	<p>Strict ICT and data sharing policies and protocols in place with NHS Grampian and Moray Council.</p>
Gaps in assurance:	<p>Transformation/implementation planning is in development and will inform outcomes and performance reporting on the delivery of the strategic plan.</p> <p>Protocol for access to systems by employees of partner bodies to be documented. 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.</p> <p>Meetings have not been taking place due to Covid.</p>
Current performance:	<p>Training programme to be developed on records management, data protection and related issues for staff working across and between partners.</p>
Comments:	<p>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.</p>

9	
Description of Risk: <i>Infrastructure</i>	Requirements for support services are not prioritised by NHS Grampian and Moray Council.
Lead:	Chief Officer
Risk Rating:	low/medium/high/very high HIGH
Risk Movement:	increase/decrease/no change NO CHANGE
Rationale for Risk Rating:	<p>Changes to processes and necessary stakeholder buy-in still bedding in.</p> <p>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. The changes required to places of work as a result of Covid19 continue to restrict the number of people that can use an office. These decisions are being made by NHSG and Moray Council and we await their development of policy regarding workspace and availability of facilities going forward as highlighted in the Premises Strategy report to MIJB in May 2021. NHSG have advised that staff should aim to work from home until December 2021 although an update will be provided in August 2021.</p> <p>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.</p> <p>The impact of Covid has resulted in a change in ICT strategy for Moray Council. Staff requiring mobile technology have now been provided with it and many staff are working from home. This is a necessity where the number of desks available in offices has been reduced due to implementation of social distancing guidance.</p> <p>There is still an issue with availability of kit for NHS employed staff which has been escalated</p>
Rationale for Risk Appetite:	Low tolerance in relation to not meeting requirements.
Controls:	<p>Chief Officer has regular meetings with partners</p> <p>Computer Use Policies and HR policies in place for NHS and Moray Council and staff are required (through an automated process) to confirm they have read these every 6 months</p> <p>PSN accreditation secured by Moray Council</p> <p>Infrastructure Programme Board was established with Chief Officer as Senior Responsible Officer/Chief Officer</p>

	<p>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 is not meeting at present, so in the interim, project requests are being processed via Senior Management Team.</p>
Mitigating Actions:	<p>Membership of the Board was reviewed and revised to ensure representation of all existing infrastructure processes and funding opportunities.</p> <p>Process for ensuring infrastructure change/investment requests developed</p> <p>Interim Infrastructure Manager in post and linking into other Infrastructure groups within NHSG & Moray Council to ensure level of 'gatekeeping'.</p> <p>Dr Gray's site development plan is being produced collaboratively with input from NHSG and HSCM management</p> <p>Work is progressing on identification of needs for some services with regard to accommodation which will be communicated with partners to find the most effective solution.</p>
Assurances:	<p>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 are being refreshed and remobilised.</p> <p>Workforce Forum meeting regularly with representation of HR and unions from both partner organisations</p>
Gaps in assurance:	<p>Further work is required on developing the process for approval for projects so that they are progressed timeously.</p> <p>Need to review all existing processes in relation to infrastructure changes/projects/investments and streamline to avoid duplication of effort.</p> <p>Infrastructure Board is in development and priority issues are being addressed in relation to infrastructure and premises risk.</p> <p>Legal services have reduced capacity to provide support due to budget cuts so any requests may take longer.</p> <p>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.</p>
Current performance:	<p>The Infrastructure Board is currently suspended. Its purpose is for highlights/exceptions to be taken to SLG for communication and information purposes.</p> <p>Access to support for development of HSCM priorities is difficult at time because projects/requests are prioritised</p>

	<p>against all other services in the partner organisations. The challenges and impact on the ability to adopt efficient working processes for HSCM staff and managers whilst have to use networks/systems from two organisations, which cannot be accessed by all members of teams due to data sharing, matters is very significant.</p>
<p>Comments:</p>	<p>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</p> <p>There remains issues with access to ICT equipment for staff with orders over 6 months old outstanding with both NHSG and Moray Council. This impacts on services effectiveness. The matter is being escalated by senior managers with colleagues in the partner organisations.</p>



REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 6 DECEMBER 2021

SUBJECT: INTERNAL AUDIT – COMPLETED PROJECTS

BY: CHIEF INTERNAL AUDITOR

1. REASON FOR REPORT

1.1 To provide an update on audit work completed since the last meeting of the Committee.

2. RECOMMENDATION

2.1 The Audit, Performance and Risk Committee is asked to consider and note this audit update.

3. BACKGROUND

3.1 Public Sector Internal Audit Standards (PSIAS) require the Chief Internal Auditor to prepare and present reports to the committee on internal audit's activity relative to the audit plan and any other relevant matters.

3.2 Challenges associated with the pandemic remain, resulting in significant changes within current working practices that make the audit process more difficult, and uncertainty still remains regarding these arrangements in the period ahead. All audit staff are still working from home, which brings some limitations to the audit process.

3.3 In line with the approved internal audit plan for the year, internal audit projects were completed in respect of:

4. KEY MATTERS RELEVANT TO RECOMMENDATION

Business Continuity

4.1 An audit review was undertaken of the Council's management arrangements for Business Continuity. Business Continuity Management concerns how potential incidents are identified and how the risk is managed to ensure the Service can continue to deliver essential services in the event of an emergency or during a disruption of normal day-to-day activities. The audit has found that further development is required regarding the current business continuity arrangements. There is a need for plans to be updated,

policies and procedures to be reviewed. However, despite the points noted in this audit, essential services have continued to be maintained throughout the Covid19 pandemic, demonstrating that service continuity has been achieved in practice. An Executive Summary and audit action plan showing recommendations made and management responses are provided in **Appendix 1**.

Petty Cash

- 4.2 A review was undertaken of the systems and procedures for the administration of petty cash funds. Petty cash is an amount of money held by establishments or services in cash to usually meet minor items of expenditure. Examples include postage, stationery and sundry items. However, during the audit it was noted that petty cash funds are also used in some cases to meet more specific purposes. The audit found examples where improvements are required in the administration of funds and the accuracy of central monitoring records. The Executive Summary and audit action plan for this project are given in **Appendix 2**.

Social Media

- 4.3 An audit has been undertaken of the arrangements on the use of social media. Social media refers to websites and applications, e.g., Facebook and Twitter that are designed to allow people to share content quickly, efficiently, and in real-time. The audit reviewed the Council's guidelines and procedures on the use of social media. The audit also examined how social media websites are established and the monitoring arrangements to ensure officers adhere to agreed guidelines. The executive summary and audit action plan for this project are given in **Appendix 3**.

5. SUMMARY OF IMPLICATIONS

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

Internal audit work supports good governance and assists in securing appropriate systems of internal control.

(b) Policy and Legal

The internal audit service is provided in terms of paragraph 7:1 of the Local Authority Accounts (Scotland) Regulations 2014, and there is a requirement to provide a service in accordance with published Public Sector Internal Audit Standards.

(c) Financial Implications

No implications directly arising from this report.

(d) Risk Implications

Audit reports highlight risk implications and contain recommendations for management to address as a means of mitigating.

(e) Staffing Implications

No implications directly arising from this report

(f) Property
No implications.

(g) Equalities/ Socio Economic Impacts
No implications.

(h) Consultations
There have been no direct consultations during the preparation of this report.

6. CONCLUSION

6.1 This report provides Committee with a summary of findings arising from audit projects completed during the review period.

Author of Report: Dafydd Lewis, Chief Internal Auditor
Background Papers: Internal Audit Files
Ref: mjb/ap&rc/06122021

Appendix 1**AUDIT REPORT 22'008****BUSINESS CONTINUITY****Executive Summary**

The annual audit plan for 2021/22 provides for an audit review to be undertaken of the Council's management arrangements for Business Continuity. Business Continuity Management concerns how the Council identifies and prepares for potential incidents and how the risk is managed to ensure it can continue to deliver essential services in the event of an emergency, or during a disruption of normal day-to-day activities. The Civil Contingencies Act 2004 provides the statutory framework for business continuity management and requires Councils to have in place effective business continuity plans for critical functions.

The scope of the audit was to review the Council's Business Continuity arrangements to confirm up to date policies, procedures and plans are regularly tested and reviewed, and that an appropriate level of awareness of Business Continuity is held throughout the organisation.

The audit has confirmed the Council has approved a Business Continuity Policy in 2006. However, implementation of the requirements detailed within the policy has not been universally implemented across all services. A check of the central Business Continuity Library noted examples where some business continuity plans are still recorded as draft, plans dated from a number of years ago etc. Limited evidence was also noted of any central support provided to services, or training available to officers to assist in the implementation of business continuity policies and procedures.

The audit has therefore found that further development is required regarding the Council's business continuity arrangements. There is a requirement for plans to be updated, policies and procedures to be reviewed etc. In addition, consideration should also be given to provide further assistance to officers through training, guidance etc., that should assist in easier implementation and compliance with the Business Continuity Policy.

However, despite the points noted within this audit, it should be noted that essential services have continued to be maintained throughout the Covid19 pandemic demonstrating that continuity in services has been achieved in practice.

The audit was carried out in accordance with Public Sector Internal Audit Standards (PSIAS).

Recommendations

Risk Ratings for Recommendations						
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.	Low	Lower level controls absent, not being operated as designed or could be improved.	
No.	Audit Recommendation	Priority	Accepted (Yes/ No)	Comments	Responsible Officer	Timescale for Implementation
Key Control: The Council's Business Continuity Policy has been formally approved, is reviewed at regular intervals and is supported by procedures and guidelines for consistent application across the organisation.						
5.1	The Council's Business Continuity Policy should be reviewed and updated as required. Policies and procedures once implemented should be reviewed at regular, stated, intervals.	Medium	Yes		Head of Governance, Strategy & Performance	28/02/2022
Key Control: Business Continuity Plans are in place for all critical service areas and these plans are fully tested and regularly reviewed.						
5.2	Current and finalised Business Continuity Plans, should be held covering all critical services identified by the organisation.	Medium	Yes	Corporate co-ordination with ownership of Business Continuity Plans to rest	Head of Governance, Strategy & Performance	31/10/2022

Risk Ratings for Recommendations						
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.	Low	Lower level controls absent, not being operated as designed or could be improved.	
No.	Audit Recommendation	Priority	Accepted (Yes/ No)	Comments	Responsible Officer	Timescale for Implementation
				with managers of relevant service areas.		
5.3	All Business Continuity Plans should be reviewed and tested on at least an annual basis, with outcomes analysed and documented, to ensure plans are capable of supporting an effective recovery position.	Medium	Yes	Will be suggested to be carried out alongside annual risk register update.	Head of Governance, Strategy & Performance	28/02/2023
Key Control: Business Continuity is embedded into the culture of the organisation with all relevant officers appropriately trained and sound central governance arrangements in place.						
5.4	A training programme should be developed to assist officers in the preparation and implementation of the business continuity management process.	Medium	Yes		Head of Governance, Strategy & Performance	30/06/2022
5.5	The roles and responsibilities of the Business Continuity Officer as detailed within the Business Continuity Policy	Medium	Yes	Role of the Business Continuity Officer will	Head of Governance, Strategy & Performance	28/02/2022

Risk Ratings for Recommendations						
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.	Low	Lower level controls absent, not being operated as designed or could be improved.	
No.	Audit Recommendation	Priority	Accepted (Yes/ No)	Comments	Responsible Officer	Timescale for Implementation
	should be undertaken.			depend on the review of the Business Continuity Policy at 5.1 above.		

Appendix 2**AUDIT REPORT 22'010****PETTY CASH****Executive Summary**

The 2021/22 audit plan included a review of the systems and procedures for the administration of petty cash funds. Petty cash is an amount of money held by establishments or services in cash to usually meet minor items of expenditure. Examples include postage, stationery, sundry items etc. However, during the audit it was noted that petty cash funds are also used in some cases to meet more specific purposes e.g. test purchases within Trading Standards

All Petty Cash funds are kept on what is known as an 'imprest' system. This means that at any point in time the sum of the value of receipts for outlays made, outstanding claims and cash in hand should equal the amount advanced - the imprest amount. There are currently 123 imprest funds operating within the Council, with values ranging from £5 to £1,000, for a total as at 31 March 2021 of £17,600. The purpose of this audit was to review the effectiveness of the controls and procedures followed in the administration of the Petty Cash System. This was undertaken through checking the accuracy of centrally held records, sample testing of individual funds to ensure all expenditure had been verified to supporting documents, and on site reconciliation of cash held. .

The audit noted the following points:-

- Review of individual petty cash funds noted examples where vouchers had not always been completed against each transaction. In addition payments were made and reimbursements received, but records had not been updated detailing these transactions.
- The audit noted that for one particular petty cash fund, officers were shredding all supporting vouchers and receipts after receiving a replenishment cheque. It is understood this was due to required changes in working practices because of the pandemic, and a misunderstanding with regard to the retention of documents.
- Examination of the central control database detailing all petty cash funds, noted examples where changes to the imprest amounts, responsible and in-absence officers had not been updated.

The audit was carried out in accordance with the Public Sector Internal Audit Standards (PSIAS).

Recommendations

Risk Ratings for Recommendations						
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.	Low	Lower level controls absent, not being operated as designed or could be improved.	
No.	Audit Recommendation	Priority	Accepted (Yes/ No)	Comments	Responsible Officer	Timescale for Implementation
Key Control: Effective controls exist in the administration and monitoring of petty cash funds						
5.01	All officers administering petty cash funds should be reminded to follow recommended operating guidelines for the administration of funds.	Medium	Yes	A reminder email will be issued to all Fund Holders to remind officers of the requirement to follow recommended guidelines.	Principal Accountant	31 December 2021
5.02	Vouchers and receipts should be retained to evidence all payments made from the Throughcare and Aftercare petty cash fund, irrespective of any claim for replenishment of funds.	Medium	Yes		Team Manager, ThroughCare and AfterCare	Implemented

Risk Ratings for Recommendations						
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.	Low	Lower level controls absent, not being operated as designed or could be improved.	
No.	Audit Recommendation	Priority	Accepted (Yes/ No)	Comments	Responsible Officer	Timescale for Implementation
5.03	A review should be undertaken of the central control database and updated with current operating details.	Medium	Yes	A review is undertaken bi-annually by accountancy and this is currently underway	Principal Accountant	31 March 2022

AUDIT REPORT 2021/22 SOCIAL MEDIA

Executive Summary

The annual audit plan for 2021/22 provided for a review on the use of social media websites. The scope was to gain an understanding of which services use social media websites as a means of communication and how it is managed by the Council.

Social media refers to websites and applications, e.g. Facebook and Twitter that are designed to allow people to share content quickly, efficiently, and in real-time. Officers use social media as a form of communication across various services. It was found that the Corporate Communications Team has the primary responsibility for posting Council information. However, individual services such as Health and Social Care, Schools, Sports and Community Centres, fostering and kinship manage their own social media accounts.

It is appreciated that the use of social media has developed quickly and for some members of the public may be the preferred method of communication. However, the audit noted that procedures and guidelines might not have evolved as quickly to reflect current practices. The development of a more consistent approach in the use of social media should be considered.

A number of recommendations have been made that should supplement current operating practices, relative to the findings outlined below:

- A review of guidance available to officers on the use of social media noted a variety of different procedures that are saved in a variety of different locations. In addition, some of these procedures had not been reviewed for a number of years. The amalgamation of current guidelines should assist in providing officers with a better understanding of best practices in the use of social media.
- No record is maintained of the social media accounts used by the Council. In addition, a social media account can be established in the name of the Moray Council without requiring notification to the Corporate Communications Team. The development of a central record maintained by the Corporate Communications Team should assist the Council in the management and control of how information is communicated.
- Although there are existing policies and procedures relating to the use of social media, there is no specific training provided on best practices. Consideration should be given to require all officers to receive training before access is allowed to a Moray Council social media account. This should assist officers in gaining a greater understanding of guidelines and provide the Council with further assurance of officers following best practices.

**AUDIT REPORT 2021/22
SOCIAL MEDIA**

The audit was carried out in accordance with the Public Sector Internal Audit Standards (PSIAS),

**AUDIT REPORT 2021/22
SOCIAL MEDIA**

Recommendations

Risk Ratings for Recommendations						
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.	Low	Lower level controls absent, not being operated as designed or could be improved.	
No.	Audit Recommendation	Priority	Accepted (Yes/ No)	Comments	Responsible Officer	Timescale for Implementation
5.1	A single guidance document should be developed for officers in the use of social media accounts.	Medium	Yes	This will require the contribution and the agreement from a number of different Services.	Senior Communications Officer	31 March 2022
5.2	The Corporate Communications Team should be informed prior to a Service setting up a Social Media Account.	Medium	Yes	Service discussion under way	Senior Communications Officer	31 March 2022
5.3	The Media and Communications Section should maintain a record of social media accounts, and officers authorised to post information across all council services.	Medium	Yes	Work under way as part of planned comms development	Senior Communications Officer	30 June 2022

**AUDIT REPORT 2021/22
SOCIAL MEDIA**

Risk Ratings for Recommendations						
High	Key controls absent, not being operated as designed or could be improved. Urgent attention required.	Medium	Less critically important controls absent, not being operated as designed or could be improved.	Low	Lower level controls absent, not being operated as designed or could be improved.	
No.	Audit Recommendation	Priority	Accepted (Yes/ No)	Comments	Responsible Officer	Timescale for Implementation
5.4	Consideration should be given that prior to allowing officers access to a Council social media account, training should be undertaken.	Medium	Yes	Service discussion under way	Senior Communications Officer	30 June 2022
5.5	Further exploration should be undertaken to the benefits of introducing additional security controls available from social media website providers.	Medium	Yes	2FA being implemented with all current FB users. Security controls will be reviewed on an ongoing basis that may require the assistance of ICT.	Senior Communications Officer	Ongoing



REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE 6 DECEMBER 2021

SUBJECT: LOCALITLY PLANNING

BY: SEAN COADY, HEAD OF SERVICE

1. REASON FOR REPORT

1.1. The purpose of this report is to provide an overview to the Audit, Performance and Risk (APR) Committee on the current status of Locality Planning within Moray.

2. RECOMMENDATION

2.1 It is recommended that the APR Committee:

- i) notes the progress towards delivering the identified aims for Locality Planning in Moray and confirms that this programme should remain a priority activity to meet the objectives of the Strategic Plan; and**
- ii) requests that further reports will be brought to the MIJB as specific decisions are required.**

3. BACKGROUND

3.1. Locality planning was a key outcome of the Christie Commission on the future delivery of public services report, 2011. It stated that funding at that time was inadequate to deliver the services of the future and that there would need to be a rethink on how these were provided. It commented that the traditional 'top down' approach was no longer adequate and instead services should be rebuilt from the ground up, being designed with and for people and communities whilst having a thorough understanding of their needs.

3.2. The Public Bodies (Joint Working) (Scotland) Act 2014 specified that new Health and Social Care Partnerships set up two or more localities that allow service planning at locally relevant geographies within natural communities. Other responsibilities include the need to consult with appropriate representation when service provision is likely to be significantly affected and to

report on the performance of planning and carrying out functions within those localities.

- 3.3. MIJB made its commitment to locality planning within the 2019 Strategic Plan (Partners in Care). Sitting under Theme 2: Home First, the plan states that:
“We will put in place lead managers with responsibility for getting to know their location, the people and resources within it, working hand in glove with communities to shape services by interacting better with what communities themselves have to offer. They will ensure coherent co-ordination of the teams locally and support the workforce in their daily endeavours.”
- 3.4. Four localities have been identified and locality managers were recruited in early 2020 just before the outbreak of the Covid-19 pandemic. Covid and other work related pressures have resulted in less available time to develop localities. A project manager was recruited with a 12 month contract in July 2021 to support locality managers and the process.
- 3.5. The four localities are:
 - Elgin
 - Forres and Lossiemouth
 - Speyside and Keith
 - Buckie, Cullen and Fochabers
- 3.6. A Project Implementation Document was produced (**see Appendix 1**) and was presented to the Strategic Planning and Commissioning Group on 22 September 2021. This was followed by a Senior Leadership Group Development Session on 8 November 2021. A summary of the output from that session can be seen under **Appendix 2**. Feedback from both these sessions has been used to inform the current plan.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. A number of work streams have been identified on how locality planning will be brought forward. Whilst these have been identified separately it is important to stress that these will be carried out in tandem, allowing for continual feedback and evaluation on how to take the entire process forward.

Locality Profiles

- 4.2. Understanding the current state of each locality is an important step in deciding its priorities. Locality profiles are being developed to gain better insight into the current strengths and weaknesses of those areas with regards to health and social care. The main purpose of locality profiles is to have evidence based findings that can form the basis for engagement and discussion around local priorities. Profiles will be developed with both micro and macro level information.
- 4.3. At a micro level, information is being gathered by our Health Intelligence team. Using locality dashboards, day-to-day, and where possible real time,

information is being collected to give Locality Managers a thorough understanding of what is happening within their localities at any given moment. Preliminary dashboard information has been collected in regards to both health and social care information and work will soon start on refining the dashboards to ensure they are providing the correct balance of information to help inform locality profiles.

- 4.4. Demographic information is also being sought. This will provide data intelligence at a macro level, including information on population, health behaviours and currently available health and social care assets etc. Continuing from the work completed under the 2019 Moray Joint Strategic Needs Assessment it is hoped information can be updated and split down to a locality level helping to get a better understanding of the area and help identify emerging risks and challenges. Work is underway to establish the information and metrics that can be obtained for the identified locality areas. There are different localities used across Council services and discussions are underway to ensure consistency of approach.

Locality Oversight Groups

- 4.5. A key part of locality networks will be the formation of Locality Oversight Groups. These groups will operate at a strategic level with their responsibility being to support the implementation of the MIJB Strategic Plan at a locality level. Using information available via the locality dashboards, locality profiling and patient and service user engagement the group will help inform local priorities that will make up Locality Plans.
- 4.6. Membership of the Locality Oversight Group will include a range of health, social care and third sector representation with the make-up of each group being based on the needs of the individual locality. In practice each locality will establish a core Locality Oversight Group with additional representation being brought in when required.
- 4.7. Work has already begun with some locality managers developing their oversight groups. There is a time commitment required, both in terms of establishing the groups but also in the commitment required by each of the representatives. Ensuring there is buy in for the process will be important.

Locality Networks

- 4.8. Community buy-in will be essential to ensuring locality planning works. Since locality plans must be developed from the ground up it will be important that the voice of the community is heard. Equally important is understanding what the community is able to offer and contribute to locality plans. Locality networks will need to be developed that allows for meaningful dialogue.
- 4.9. The make-up of locality networks will be wide and varied. As well as health, social care and third sector representation it is important to hear from community organisations, private sector and those with lived-in experiences. It is important that any engagement is continual and not just a one off
- 4.10. An engagement plan is currently being drafted and will take into consideration guidance issued by Scottish Government, primarily Care Services – Planning with People: guidance. **See Appendix 3.**

Multi-Disciplinary Teams (MDTs)

- 4.11. The strategic plan defines an MDT as a team made up of professionals across health, social care and third sector who work together to address holistic needs of the patient or service user in order to improve delivery of care and reduce fragmentation.
- 4.12. Under locality planning MDTs work together to provide co-ordinated care more locally and allow team members to acknowledge the skills and expertise of others within the team, ensuring each member has an equal voice.
- 4.13. In practice, each locality will have a number of separate MDTs – either based in a specific location or dealing with certain patient types. Some MDTs are already established but others will need to be formed. Again, this will require a time commitment.

5. OTHER CONSIDERATIONS

- 5.1. Work is currently being led by our partner, Moray Council, to develop Children and Families locality plans. Whilst HSCM is a key contributor to those plans consideration will need to be given on how these link in with plans discussed in this paper, ensuring there is shared learning and no duplication of efforts.
- 5.2. Whilst locality planning builds on the themes and priorities identified under the Christie Report, 2011 newer works such as The Promise, 2020 and The Independent Review of Adult Social Care, 2021 will also have an impact on designing services going forward.
- 5.3. Realistic medicine and the person centred approach will also be key to developing locality plans and this is where the MDT model will be most apparent. Understanding how locality plans are linked into a whole system approach, taking into consideration Home First project streams as well as Hospital without Walls and frailty pathways will be crucial. It is important to ensure that locality plans do not become isolated work streams but instead are embedded into both the Moray and Grampian wide service.

6. WHAT HAPPENS NEXT

Locality Plan Management Group

- 6.1. A steering group is to be established and will meet in mid-November to discuss the next steps in developing the plans. Representation will be made up of health, social care, clinical, finance, commissioning, communications and management staff. Working at a strategic level the group will be required to ensure there is sufficient buy-in of the process throughout the entirety of Health and Social Care Moray.

Locality Profiling

- 6.2. Work will continue on the development of locality profiles with the dashboard being refined. The larger piece of work will be understanding of wider demographic information and that will be done in conjunction with partners in Public Health.

Engagement plan

- 6.3. The above mentioned engagement plan will be progressed. Early feedback suggests that engagement should not be a single exercise, but instead allow for a continual dialogue between all parties. A piece of work will soon start look at how a Health and Social Care Moray membership scheme might be rolled out as a way to get community buy-in and participation.

Staff Communications

- 6.4. Equally important will be how staff are brought along the journey, ensuring that they have an equal voice and that any major changes is signposted early on in the locality planning process.

7. SUMMARY OF IMPLICATIONS

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

The aims of Locality Planning in Moray have significant alignment to the themes of the MIJB strategic plan and in particular to the Home First theme.

b) Policy and Legal

None directly associated with this report

c) Financial Implications

At present there are no direct financial implications to locality planning. It is hoped that opportunities to pull together resources and work more effectively will lead to greater efficiencies. Deliberation will need to be given to how commissioning forms part of locality planning and its impact on the acquisition of services.

d) Risk Implications and Mitigation

The risks around being unable to successfully embed a locality model in our culture and system will be identified on a project by project basis and mitigations identified accordingly.

e) Staffing Implications

As the modelling for change in service delivery progresses the staffing implications will be identified and taken forward following the appropriate policies. Short term funding has been allocated to the transformation programmes to allow them to move to pilot phase. This has facilitated some additional staff resource to be identified and attached to the programmes.

f) Property

There are no property implications to this report.

g) Equalities/Socio Economic Impact

There are no changes to policy as a result of this report.

h) Consultations

Consultations have taken place with Chief Officer, Chief Financial Officer, Corporate Manager, Consultant in Public Health, Public

Involvement Officer, HSCM and Tracey Sutherland, Committee Services Office and comments incorporated.

8. CONCLUSION

- 8.1. Locality planning will provide the opportunity to identify health and social care priorities within natural communities and plan service delivery from the ground up.**
- 8.2. MDT working at its truest form should lead to greater communication, integrated working and overall efficiencies.**
- 8.3. An update on the locality plans will be brought before the MIJB in March 2022.**

Author of Report: Jamie Fraser, Project Manager

Background Papers:

Ref:



Locality Plans

Programme Initiation Document

V1.1

DRAFT

Background

The Public Bodies (Joint Working) (Scotland) Act 20141 (the Act) puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act requires each Integration Authority to establish at least two localities and subsequently a locality plan. These plans will demonstrate how the Partnership seeks to meet the National Health & Wellbeing Outcomes and the objectives set out in the Strategic Plan at a local level.

A locality is defined as a smaller area within the borders of an Integration Authority. The purpose of creating localities is not to draw lines on a map. Their purpose is to provide an organisational mechanism for local leadership of service planning, to be fed upwards into the Integration Authority's strategic commissioning plan – localities must have real influence on how resources are spent in their area.

Providing ownership to localities to address key issues, through public and staff engagement, matched with an evidence base, and resulting in a clear and achievable locality plan can be the most effective way of bringing about transformational change across Moray.

The model for locality working in Moray will take into account the following four key principles.

- Practicing person centred care
- Building resilience through prevention
- Transition from hospital to home
- Changing perception through awareness

The purpose of this document is to outline a 6 month programme of activity that will develop and implement the four locality plans across Moray – Elgin; Forres and Lossiemouth; Buckie, Cullen and Fochabers; and Speyside and Keith.

This will be delivered through the establishment of a Locality Plan Management Group programme board with the following membership:

Role	Representative	Responsibilities
Executive Lead	Sean Coady	Ensure goals are aligned with the overall strategy. Gather support, communicate goals and overcoming resistance. Provide ongoing clinical leadership & direction to the programme team
Locality Managers	Lesley Attridge Iain MacDonald Claire Power Cheryl St Hilaire	Accountable for ensuring the programme meets its objectives, delivers the projected outcomes and realises the required benefits
Project Manager	Jamie Fraser	Planning, executing, monitoring, controlling and closing projects within the programme
Communications and Engagement Officer	Fiona McPherson	Communications and engagement with the public.
Performance Officer	Duncan Sage	Performance and health intelligence.
Finance Officer	Bob Sivewright Tara Gaughan	Accountancy and finance support
Clinical Consultants	Lewis Walker Jane Mackie Sam Thomas Audrey Steel-Chalmers	To provide clinical support and oversight

Objectives

The key objectives of the Locality Plans are to:

- Demonstrate how the National Health and Wellbeing Outcomes and objectives set out in the Strategic Plan will be delivered at a local level.
- Support the principles that underpin collaborative working to ensure a strong vision for service delivery is achieved. Robust communication and engagement methods will be required to assure the effectiveness of locality arrangements.
- Support GPs to play a central role in providing and co-ordinating care to local communities, and, by working more closely with a range of others – including the wider primary care team, secondary care and social care colleagues, and third sector providers – to help improve outcomes for local people.
- Support a proactive approach to capacity building in communities, by forging the connections necessary for participation, and help to foster better integrated working between primary and secondary care.

Outcomes (measurable)

- Quantitative and Qualitative health intelligence will be used to influence the priorities of the locality plans.
- Locality delivery plans will specifically describe principles and outcomes relating to local issues and challenges.
- Establish Locality Planning Core Group with stakeholder representation to engage with people living and working in the locality
- Development and establishment of Locality Dashboards to allow the monitoring and analysis of the strengths and areas of improvement within each locality.
- Improvement in community resilience and better use of community assets.

Scope

Locality plans will be developed through a mix of profile analysis and community and professional engagement. The scope of this programme will include:

- Analysis of both national and local health and care data and statistics; asset/resource mapping and demographic information. Intelligence gathered here will feed into Locality Dashboards which can be used to monitor the strengths and areas of improvement within each locality.
- Establish Locality Planning Group with stakeholder representation to engage with people living and working in the locality. Representation will be required from both professional, third sector groups and community groups.
- Ensuring proposed improvements are driven by what matters to the individual localities.

Benefits

- Local intelligence-lead service delivery that tackles the issues prominent within each locality.
- Increased and enhanced partnership working through Multi-Disciplinary Teams (MDT)
- A clear forward looking vision to enable professionals to practice shared decision making.

Impact

Locality Plans will positively impact the stakeholders of Moray Health and Social Care by guiding and supporting the implementation of local health priorities. By building upon insights, experiences and resources in localities, Partnerships can improve local networks, develop robust, productive professional relationships, improve outcomes and enhance community resilience.

Key Stakeholders

- Patients, Carers, Volunteers and the Public
- General Practice
- Staff across Primary and Secondary Care including independent contractor primary care providers e.g. Optometrists and Dentists
- Social Care
- Third Sector
- Health and Social Care Partnership staff
- Housing
- Change Programmes (specifically Leads, programme/project managers)
- The NHS Grampian Board
- Commissioning
- Integrated Joint Boards
- Partner organisations e.g. SAS, NHS 24, other Boards areas who access services

Programme Approach

The Locality Plan Management Group will provide leadership to this programme of work, chaired by the Executive Lead.

The priority areas of work will be driven by a number of work-streams supported by a Locality Manager.

Each of the work-streams will have a key representative attend the monthly Locality Planning Group meetings to report on the current status of the work-streams progress.

A pathway approach to identifying areas for improvement is advocated by the Management Group.

Project/Programme Management documents will be used across the work-streams to produce regular progress reports which will provide a summary of how the programme is functioning and progressing as a whole including identification of areas of good practice that can be shared.

A Risk register will be used to monitor any threats to the programme and a live action tracker will be updated regularly and shared with the members of the board and work-streams detailing the deliverables progressing.

LOCALITY MANAGEMENT PLAN PROGRAMME STRUCTURE



Appendix A shows the various work streams and timelines.

Budget

The views and priorities of localities must be taken into account in the development of the strategic commissioning plan produced by the Integration Authority. This means that localities should plan for how the Integration Authority's resources are to be spent on their local population, and the strategic commissioning plan should consolidate plans agreed in localities. For some services or care groups, it will make sense for more than one locality to work together to plan what is needed.

Financial information will be localised to enable each locality to monitor and scrutinise spend thus ensuring best value. As well as providing a sense of ownership locality performance information will help determine that the services being provided reflects the best use of public finances.

There will be an increased emphasis on identifying and accessing additional funding pathways for developing initiatives and services. This matched with an evidence base developed through the use of quality improvement methodology will provide the opportunity to commission services to meet needs locally and Moray wide.

Timeframe

A timeframe of 6 months has been established to bring the locality plans to a first iteration.

Risk & Mitigation

The key risks that pose concern to the programme are:

- Workforce capacity and engagement at service level
- Buy-in from other Health Care Professionals
- Public understanding and engagement

Governance

Governance of the Localities Plan programme will be via the Locality Plan Management Group who will report bi-monthly to the Senior Management Team.

Evaluation

Using a Quality Improvement Methodology approach to service level improvement projects will provide measured outcomes at a local level. The key to robust evaluation of the implementation of a localities ethos across Moray will be centred on the experiences of our patients and service users.

The Integration Authority's annual performance report must include an assessment of performance in planning and carrying out functions in localities, as follows:

- a) a description of the arrangements made in relation to consulting and involving localities;
- b) an assessment of how these arrangements have contributed to the provision of services and support in each locality;
- c) the proportion of the Integration Authority's total budget that was spent on each locality; and
- d) in relation to the information described at c), above, a comparison between the reporting year and the five preceding reporting years (or, where there have been fewer than five preceding reporting years, all preceding reporting years).

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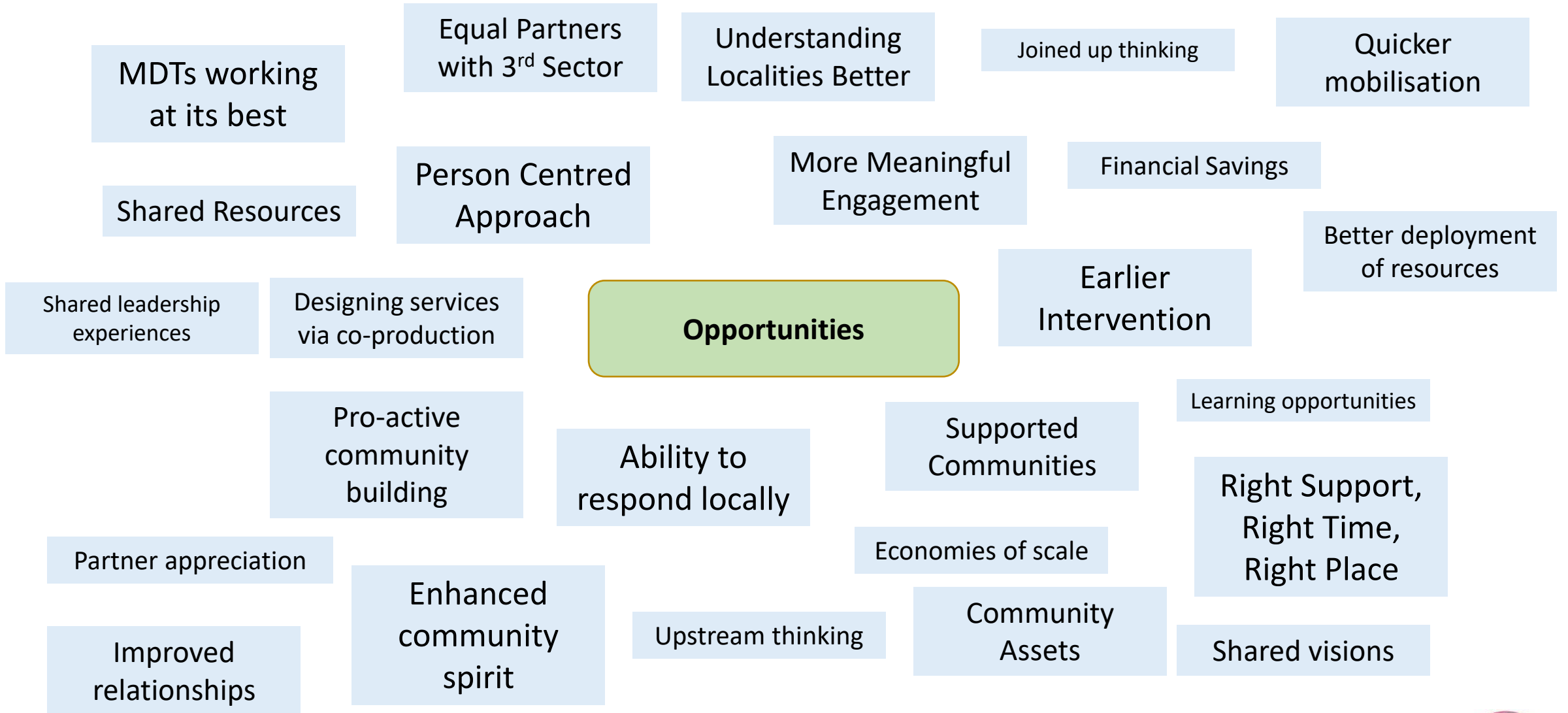
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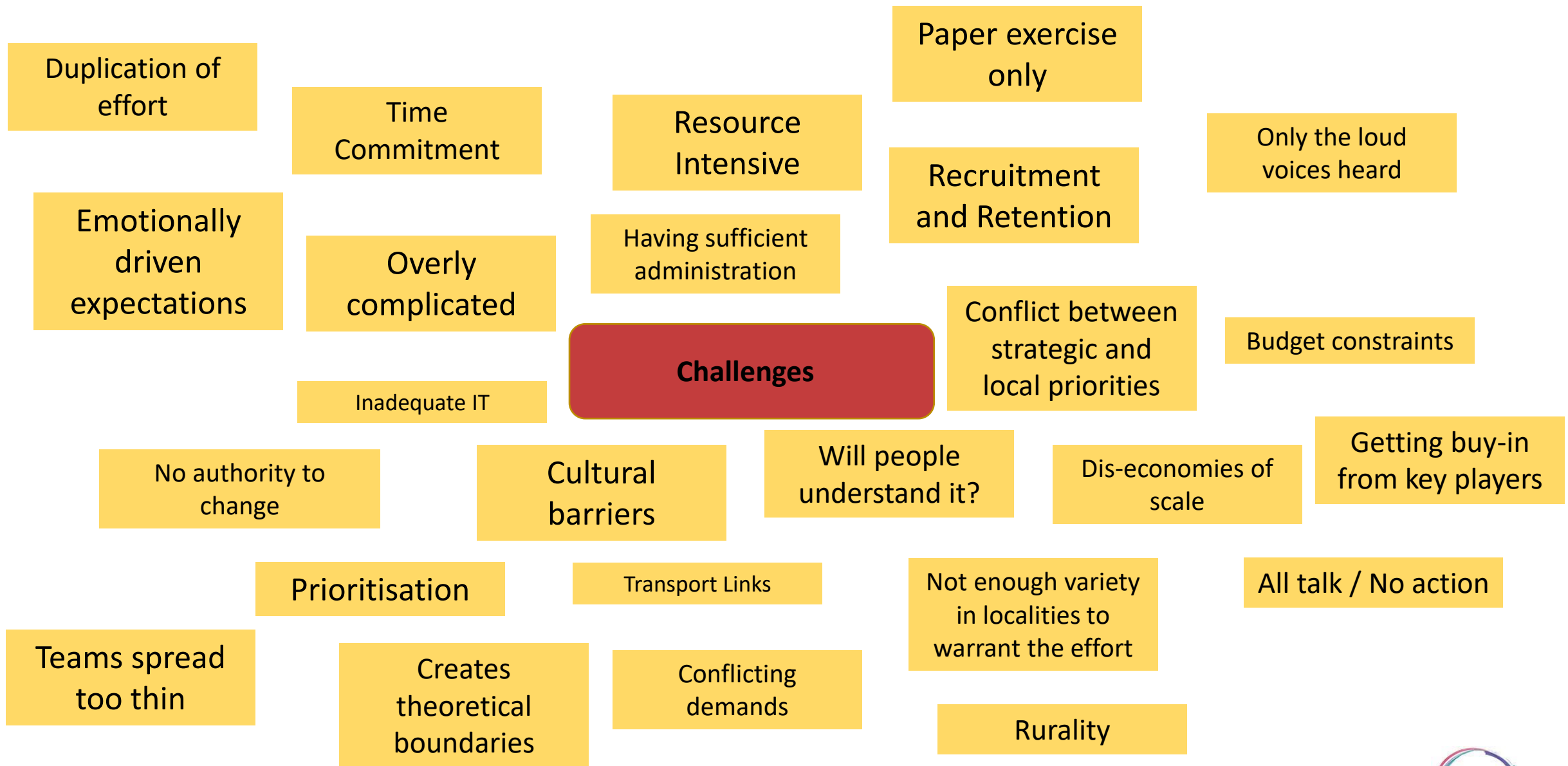


**Locality Plans
Planning Schedule 21/22**

		September	October	November	December	January	February	OUTPUTS
1	Locality Profiles							
1.1	Identify key criteria							Locality profile which includes key demographic information to help shape locality plans. Includes information on population size, age, employment,
1.2	Collection and analysis							
1.3	Reporting							
2	Community Engagement							
2.1	Develop engagement plan							Community-led intelligence on what the population wants. Allows feedback from the community but also opportunity to think about community resilience.
2.2	Implement engagement plan							
2.3	Feedback and reporting							
3	Professional Engagement							
3.1	Establish Locality Planning Groups							Public Sector and Third Sector-led intelligence on what issues and challenges are current and emerging. Includes work to establish MDTs
3.2	Identify key issues and challenges							
3.3	Feedback and Reporting							
3.4	Establish MDTs							
4	Locality Plans							
4.1	First draft							Feedback from Workstreams 2 and 3 fed into help establish first draft of Locality Plans.
4.2	Report to SMT							

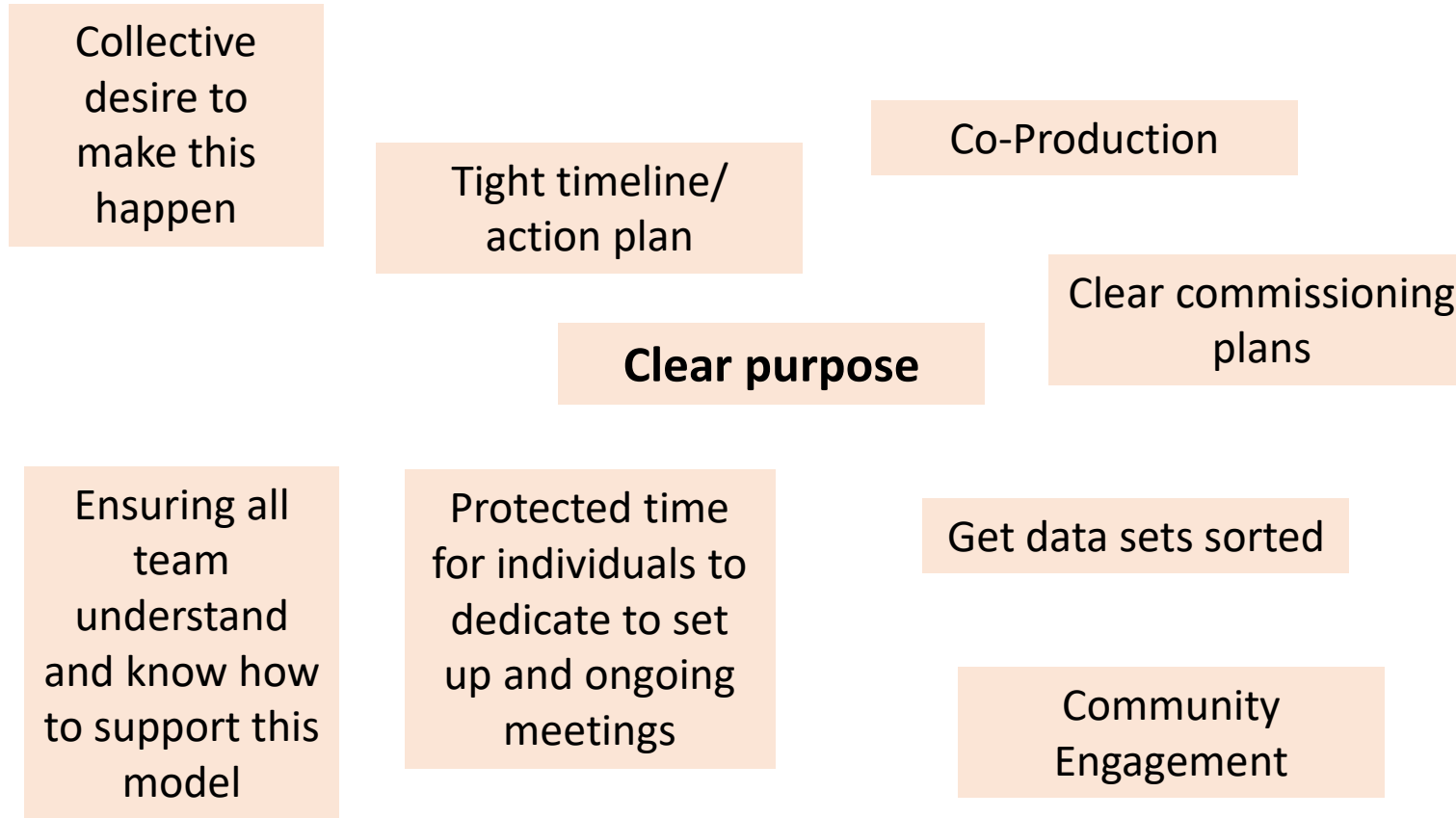






What are the key aspects you feel need to be considered when developing MDTs?





PLANNING WITH PEOPLE

Community engagement and participation guidance
for NHS Boards, Integration Joint Boards and Local Authorities that are
planning and commissioning care services in Scotland



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PLANNING WITH PEOPLE – JOINT FOREWORD

Scotland's national and local governments are committed to improving the ways individual people, and communities of people, can be involved in decision-making that affects them.

Nowhere is that more vital than when it comes to the development of the health and social care services upon which we all rely.

Our response to the COVID-19 pandemic has shown that Scotland's public services can come together to address challenges. Across the country, we have been doing things differently to engage people in communities about decisions that affect them, and this guidance captures that learning for the benefit of all.

We know that by working together care providers can transform the experience of people who use services as well as the experience of those who deliver them. This guidance will help us achieve that widely and with consistency.

The days of health services and social care services operating in isolation are gone. Now, people expect their care providers to collaborate to develop 'seamless' care. That demands a joint commitment to working in partnership with people themselves to co-create services that suit everyone.

Listening to the views of people who use services, and actively involving them throughout the process of planning care delivery, is a key improvement recommendation of the recent [Independent Review of Adult Social Care in Scotland](#).

During 2021 Planning with people will itself be subject to wide consultation, to ensure that this guidance supports the Human Rights approach and is aligned to the recommendations in Derek Feeley's report. Progress of this will be reviewed and reported over 2022.

Planning with people promotes real collaboration between NHS Boards, Integration Joint Boards and Local Authorities. It sets out the responsibilities each organisation has to community engagement when services are being planned, or changes to services are being planned, and supports them to involve people meaningfully.

Applying this guidance wholeheartedly will help to ensure these legal duties are met, and it will be used to inform assessment of organisational performance.

Fundamentally, good engagement means that services are developed which are effective, safe, value-for-money and meet individuals' needs. And there is no doubt that greater participation brings better outcomes for communities all round.

So, we encourage people in communities across the country to read Planning with people and join the drive to shape the way Scotland's citizens are engaged in shaping the care services they receive. Ultimately, it is their experience that will be the real measure of what impact it is making.

Signed



Jeane Freeman, Cabinet Secretary for Health and Sport, Scottish Government

A handwritten signature in black ink, appearing to read 'Jeane'.



Cllr Stuart Currie, Health and Social Care Spokesperson, COSLA

A handwritten signature in black ink, appearing to read 'Stuart Currie'.

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PART 1 - PLANNING WITH PEOPLE

About Planning with People

It is more than 10 years since guidance on community engagement for healthcare was last issued by the Scottish Government. A great deal has changed since February 2010 – not least the integration of health and social care services.

This document replaces previous guidance on engagement, and represents real partnership working in action. Its content has been produced by people from right across the health and social care spectrum, and it will continue to develop as experience of collaborative community engagement grows.

Planning with People is co-owned by The Scottish Government and COSLA.

Although not legally binding, this guidance supports organisations to deliver their existing statutory duties for engagement and public involvement. Organisational leaders should therefore regard effective engagement as a priority.

This guidance applies to all care services – for children, young people and adults. It should be followed not only by health and social care providers but also by local, regional and national planners, Special Boards and all independent contractors and suppliers such as care homes, pharmacies and general practices.

To be heartfelt and effective, engagement cannot be prescriptive. So **Planning with People** represents a new way of doing things. It promotes consistency, culture change and true collaboration and encourages creativity and innovation, based on best practice. Putting people and communities at the centre of the process delivers the best results.

Planning with people sets out how members of the public can expect to be engaged by NHS Boards, Integration Joint Boards and Local Authorities. Recognising all the good work that is taking place, the guidance is designed to complement and strengthen organisations' existing engagement strategies. It also encourages close working between bodies to minimise duplication and share learning.

Reflecting the spirit of partnership, and to be inclusive of community members who might wish to refer to it, the language used in this guidance is deliberately accessible and jargon-light. [Scotland's Health and Social Care Standards](#) use 'care' to encompass both health and social care, so this terminology is used throughout.

The guidance has been developed during the COVID-19 pandemic, which has transformed methods of engagement. Digital approaches, including the use of social media, are fast being adopted and **Planning with People** acknowledges that trend.

It is important that guidance on community engagement evolves with experience, and there will be dedicated forums where people involved in consultation and engagement activity can share their learning and ask questions. Case studies will illustrate best practice and capture impacts on communities and engaging organisations.

Planning with People will be reviewed in January 2022 and refreshed in the light of experience. Please share your feedback – CEdocumentfeedback@gov.scot

Defining community engagement

In order to be effective, community engagement must be relevant, meaningful and have a clearly defined focus.

NHS Boards, Local Authorities and Integration Joint Boards should engage with the communities they serve following the principles set out in the [National Standards for Community Engagement](#).

This defines community engagement as:

‘A purposeful process which develops a working relationship between communities, community organisations and public and private bodies to help them to identify and act on community needs and ambitions. It involves respectful dialogue between everyone involved, aimed at improving understanding between them and taking joint action to achieve positive change.’

Purpose of the guidance

Effective community engagement and the active participation of people is essential to ensure that Scotland’s care services are fit for purpose and lead to better outcomes for people.

The Scottish Government and COSLA have developed this guidance to support greater collaboration between those making decisions about care services in Scotland, those delivering services, and people in communities who are affected.

This guidance supports public service planners, commissioners and providers to consider how to continually improve the ways in which people and communities can become involved in developing services that meet their needs.

To achieve meaningful and effective engagement, leaders must demonstrate a commitment to it and take action to embed it within their organisations. As well as improving practice, this guidance supports existing legal obligations for engagement and participation.

Engagement that takes place routinely helps to develop trust between communities and public bodies, fosters mutual understanding, and makes it easier to identify sustainable service improvements.

Using the guidance

The guidance is intended for use by people who are experienced in engagement, and those who are new to the field. The purpose is to promote ongoing learning and development.

The guidance applies where decisions are being made about the planning or development of care services. It complements and supports existing local engagement plans, providing a foundation of shared principles that Integration Joint Boards, Local Authorities and NHS Boards can adapt to meet specific needs.

Organisations involved in developing integrated care services in Scotland are expected to follow relevant aspects of the guidance as they plan future engagement activities.

The guidance must be understood and adopted by all stakeholders, and there are key roles for NHS Chief Executives, Chief Officers in Integration Joint Boards and Local Authority Chief Executives who must ensure that engagement is undertaken effectively.

Key statutory responsibilities involving engagement, such as [Joint Strategic Needs Assessment](#) and [Strategic Commissioning Planning](#) can sometimes be met in the letter of the legislation but not the spirit of the legislation. Organisational barriers to 'walking the talk' must be identified and addressed by effective leadership.

In recognition of health and social care integration this guidance updates existing guidance and replaces Chief Executive Letter 4 (2010) for NHS Boards.

The established major service change decision-making process for NHS Boards remains unchanged.

When to use the guidance

This guidance aims to improve general understanding of what 'effective community engagement' means in relation to the development of care services. Supported by more detailed information, tools and resources, it can be used to develop organisational culture, act as a good practice guide and extend staff training.

It can be applied in any context where community engagement might inform service planning, from large-scale to local initiatives. Key steps in the community engagement process that should be followed in any engagement cycle are outlined below, and more detail can be found in [Part 3 - Supporting Information](#).

NHS Boards, Integration Joint Boards and Local Authorities should explore the opportunities for joined-up engagement activities. Where a number of organisations are undertaking community engagement in a local area the engagement activity should be aligned, where possible. This can help reduce 'engagement fatigue' among communities.

Organisations should work collaboratively to draw on their existing collective expertise and infrastructures to support community engagement. For example, there will be parts of Health Boards and Local Authorities with a strong track record of engaging with specific communities and this knowledge should be shared.

Before embarking on the community engagement improvement journey, it is important for organisations to objectively assess how they currently involve and engage with people. Tools to support honest self-reflection can be found in [Part 4 – Policy, legislation and principles](#).

Policy and legislative context

This guidance has been developed in response to the Ministerial Strategic Group for Health and Community Care [Review of Progress with Integration of Health and Social Care](#) (published February 2019), which urges an increase in the pace and effectiveness of integration across Scotland. That includes a proposal to develop revised guidance on local community engagement and participation based on existing good practice, to apply across health and social care bodies.

NHS Boards, Integration Joint Boards and Local Authorities all have a statutory responsibility to involve people in developing and delivering care services.

All relevant public bodies are expected to demonstrate how they are engaging with communities, and to evidence the impact of engagement.

This guidance takes account of relevant recent policy drivers and legislation (see Part 4) and promotes a shared understanding among Scotland's care planners and commissioners to support consistently high-quality engagement with communities.

- Statutory duties of community engagement

The duty to involve people and communities in planning how their public services are provided is enshrined in law in Scotland. This guidance supports care organisations to meet their legal responsibilities.

NHS Boards are bound by duties of public involvement set out in the [NHS \(Scotland\) Act 1978](#) as amended by [National Health Service Reform \(Scotland\) Act 2004](#).

For **Integration Joint Boards** engagement and participation duties are specified by the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#). Integration Joint Boards are expected to apply this guidance and work with colleagues in Health Boards and Local Authorities to share learning and develop best practice.

The duty to involve people in the design and delivery of care services was strengthened with the introduction of the [Community Empowerment \(Scotland\) Act 2015](#).

Participation is also a key element of a [Human Rights](#) based approach, which requires that people are supported to be active citizens and that they are involved in decisions that affect their lives.

Assurance, support and oversight

[Healthcare Improvement Scotland](#) and the [Care Inspectorate](#) have statutory responsibilities to assure and support improvement in the quality of care services. Where appropriate they collaborate in the delivery of these duties.

Healthcare Improvement Scotland – Community Engagement (formerly the Scottish Health Council), has a legal duty to support, ensure and monitor public involvement in respect of health services across NHS Boards and Integration Joint Boards.

The **Care Inspectorate** is responsible for inspecting and improving social care and social work services and regulates all registered services for adults and children.

Healthcare Improvement Scotland and the Care Inspectorate are working with stakeholders to develop a [Quality Framework for Community Engagement](#). This will support NHS Boards, Local Authorities and Integration Joint Boards to carry out effective community engagement and demonstrate how these organisations are meeting their statutory responsibilities to engage. In addition the Quality Framework will provide opportunities to develop practice and share learning.

In partnership with other scrutiny bodies, Healthcare Improvement Scotland and the Care Inspectorate also carry out joint strategic inspections for care services of NHS Boards, Local Authorities and Integration Joint Boards. These inspections examine how integrated services are planned, commissioned and delivered to meet people's needs, and meaningful engagement is taken into account.

Healthcare Improvement Scotland and the Care Inspectorate both work to the [Health and Social Care Standards](#) in their scrutiny and improvement activities. The rights of people to be involved in decision-making regarding the provision of care underpin the joint standards, which also require people to be supported to participate fully.

PART 2 - ENGAGING WITH PEOPLE

This guidance supports NHS Boards, Local Authorities and Integration Joint Boards to build strong two-way dialogue with the diverse communities they work alongside and serve.

Engagement should not be a one-off event or only used for high-profile projects. High-quality and ongoing community engagement builds relationships and trust.

Individual engagement projects must be planned as part of the organisation's wider engagement strategy. Leaders must commit the necessary resources - people, time and money.

It is important that community groups are involved throughout the development, planning and decision-making process for service change. Involving representatives of communities to the engagement planning team at the earliest possible stage informs an effective approach.

The purpose of engagement will influence the methods to be used, and in most cases a range of different engagement tools will be necessary to reach the right people. Further information is attached in [Part 3 - Supporting information](#).

Healthcare Improvement Scotland - Community Engagement can provide advice on the type of involvement it would expect to see for proposed engagement by health bodies. It can give views on similar work and best practice elsewhere, support meaningful engagement to take place at a distance, and offer guidance on the evaluation process.

The [Participation Toolkit](#) published by Healthcare Improvement Scotland – Community Engagement also provides detail on a range of engagement methods, tools and best practice.

Alongside Healthcare Improvement Scotland – Community Engagement, the Care Inspectorate can provide advice and guidance on community engagement to local authorities and Integration Joint Boards through its [link teams](#).

Link teams recognise multiple services of different types, and the need for regular planned contact to discuss emerging issues. They consist of a strategic inspector, responsible for scrutiny carried out at authority or strategic partnership level; a relationship manager for adult care services and complaints about care services; and a relationship manager for children's care services and registration.

Digital engagement – pandemic learning

The onset of COVID-19 inspired greater collaborative working across all health and social care organisations, and a more joined-up approach in terms of communications and engagement has been evident.

Due to COVID-19 limitations on face-to-face meetings and events, organisations have had to adapt their approach to engagement and have used digital technology, including social media, more than ever before. Although digital technologies will not meet everyone's needs, a growing number of people find digital engagement easier.

Organisations have worked together to develop digital-first approaches to engagement and detailed guidance is being drafted, drawing on the pandemic experience.

Healthcare Improvement Scotland has completed an [Equality Impact Assessment of a digital-first approach to community engagement](#) which will be of value in planning and designing such activity.

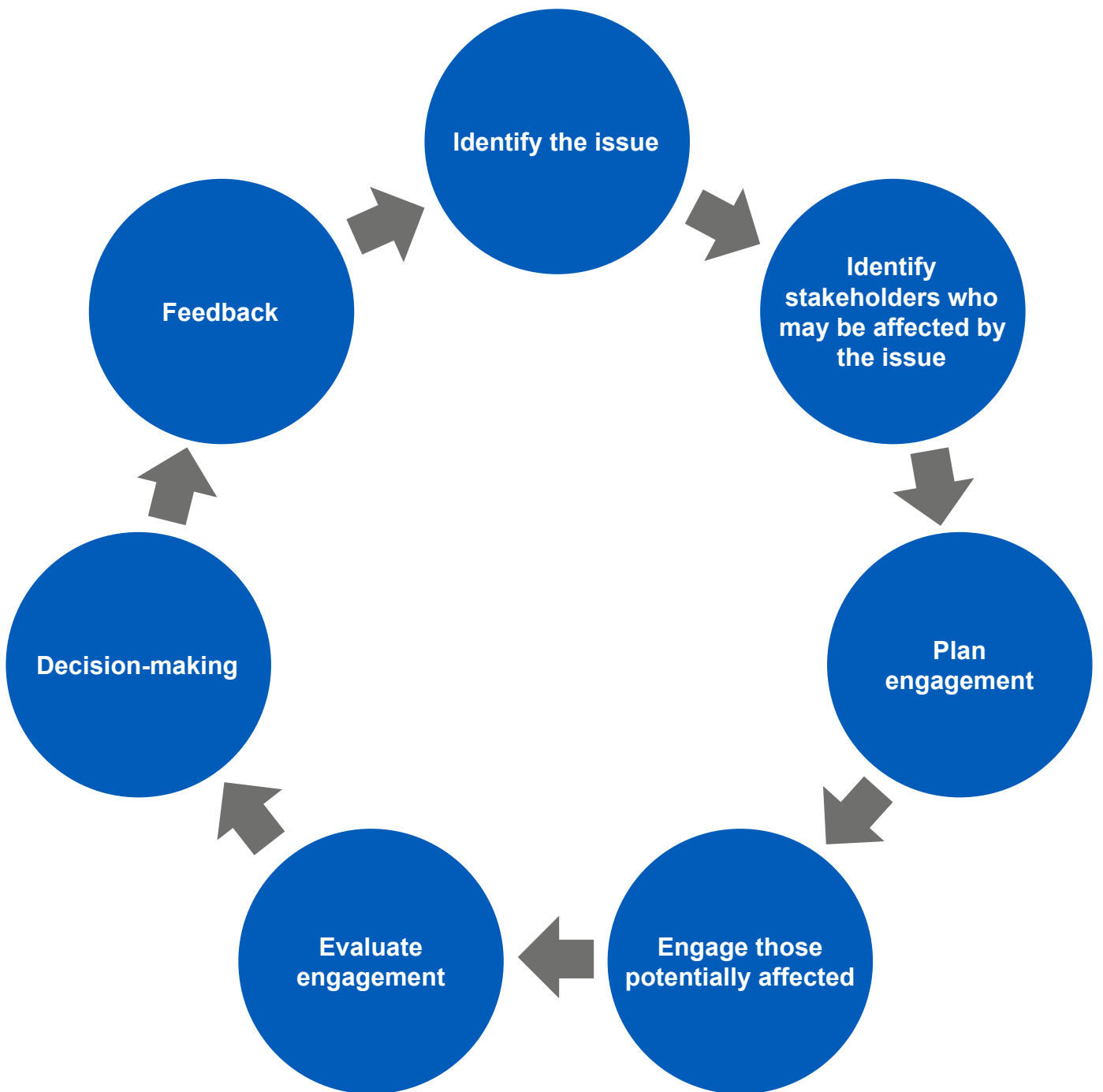
Healthcare Improvement Scotland produced [Engaging Differently](#) for digital engagement during the pandemic.

Steps to good engagement

[The National Standards for Engagement](#) set out a staged approach to the engagement journey. Each step in the process is underpinned by principles that should be followed in order to demonstrate good practice.

All steps are important and should be applied proportionately to the scale of the activity and level of change proposed.

Links to more detailed implementation guidance can be found in [Part 3 - Supporting information](#).



- **Identify the issue** Clarity about the reason for engagement is essential. Shared understanding of the objectives will inform the planning process and determine the engagement methods to be used, maintaining focus throughout. Rigorous and wide-ranging impact assessment is vital.
- **Identify stakeholders who may be affected by the issue** It is important to identify all groups and individuals within the community who will be affected, or who might have an interest in the decision being made. Recruiting representatives of communities to the engagement planning team at the earliest possible stage informs the process and helps to ensure an effective approach.
- **Plan engagement** Identifying the best approaches to reach the people whose views need to be shared is vital. Involving community representatives from the outset of planning, and encouraging their ideas, results in better engagement and robust and sustainable outcomes.
- **Engage those potentially affected** Routinely assessing the impact of engagement activity ensures that the right people are being involved, and their experience is monitored. If original goals are not being met additional support may be necessary, or other methods used.
- **Evaluating engagement** Ongoing evaluation of engagement improves project and programme management by allowing review and reflection. It helps to monitor progress towards the goals outlined at the planning stage and improves accountability by fully reporting what is being done and what is being achieved.
- **Decision-making** Throughout the engagement process, decisions will need to be made and community representatives must be involved so that robust, evidence-based and person-centred outcomes are achieved. When engagement activity concludes it is NHS Boards, Integration Joint Boards and Local Authorities that must approve or reject recommendations. The quality of the engagement process will be taken into account.
- **Feedback** Keeping participants informed about the progress of engagement is an important part of the cycle and should take place throughout. When decisions are reached, speedy information should be provided explaining the impact of community engagement on the outcome. Views should be sought from communities on the effectiveness of any engagement to encourage two-way feedback and learning.

Governance and decision-making

NHS Boards, Local Authorities and Integration Joint Boards are required to make decisions about how any changes should be taken forward.

Although there are separate processes each must follow, they are the public bodies that must decide on proposed service changes and developments. In all cases, the decision-making process must be transparent and clearly demonstrate that the views of communities have been taken into account. Organisations will be required to show that these principles are embedded in their practice.

Healthcare Improvement Scotland – Community Engagement has a statutory role across NHS Boards and Integration Joint Boards to support, ensure and monitor patient focus and public involvement activities relating to health services. NHS Boards and Integration Joint Boards should therefore keep Healthcare Improvement Scotland – Community Engagement informed about proposed service changes from the earliest possible stage.

NHS Boards and Integration Joint Boards should have ‘engagement leads’, members of staff who can provide relevant links.

[The Quality Framework for Community Engagement](#), developed by the Care Inspectorate and Healthcare Improvement Scotland, is aligned to this guidance. It supports NHS Boards, Integration Joint Boards and Local Authorities to meet their legal duties with regard to community engagement, and to continually improve their engagement practices.

The Quality Framework is designed to support both self-evaluation and external quality assurance and improvement activity in relation to routine engagement; specific engagement activities (such as major service change); and organisations’ internal governance systems for community engagement activity.

The framework will be used to identify and support improvement in community engagement practice, as well as identify and share good practice.

The decision-making process for NHS major service change is unchanged.

Scottish Ministers will continue to make the final decision regarding whether to approve proposed service changes by NHS Boards that will have a major impact on people and communities.

NHS Boards will continue to make most decisions about how health services should be delivered locally. The outcome of community engagement and other relevant information must inform these decisions.

Integration Authorities were established under the [Public Bodies \(Joint Working\) \(Scotland\) 2014 Act](#) and include Integration Joint Boards and, in the case of Highland, lead agency partnership agreements. The Act does not identify a process for engagement that must be adhered to for community engagement. It recognises that Integration Joint Boards will have the local knowledge to undertake engagement that best suits their local population.

Local Authorities are responsible for the provision of a wide range of public services. There is no requirement for these bodies, led by elected councils, to adopt a particular decision-making and scrutiny structure. Each council decides the most appropriate structure suited to its particular circumstances and must be transparent about decisions made and the quality of services provided.

Local authorities work with other public bodies to deliver services and are required by law to deliver an integrated approach, along with care providers, through [Health and Social Care Partnerships](#). They are expected to work together to develop common engagement approaches.

PART 3 – SUPPORTING INFORMATION

There is a growing body of expertise in community engagement developing within Scotland's public organisations. Sharing learning and best practice across the care sector is an objective of integration, and forums are being developed to support ongoing practice improvement.

This section develops key points outlined in the preceding guidance. Further detail can be accessed via the attached links and tools.

Defining community engagement

The principles that inform this guidance promote a change of focus from a culture of 'telling' to one of really listening when it comes to community engagement. Consistent, relevant, open communication between all parties is vital, and there is an expectation for organisations to do more.

- **Community** refers to a group of people who share a common place, a common interest, or a common identity. There are also individuals and groups with common needs. It is important to recognise that communities are diverse and that people can belong to several at one time.
- **Engagement** covers a range of activities that encourage and enable people to be involved in decisions that affect them. This can range from encouraging communities to share their views on how their needs are best met and influence how services should be delivered, to giving communities the power to inform decisions and even provide services.

[Co-production](#) is key to successful community engagement. It has been described as the process of active dialogue and engagement between people who use services, and those who provide them.

The case for community engagement

Effective and ongoing engagement brings many benefits:

- Organisations hear new ideas and understand all the issues for communities, creating opportunities to identify sustainable solutions to service challenges
- Communities, especially vulnerable and seldom-reached groups, are connected and engaged with services, improving access to care services and health outcomes
- Community ownership of decisions and 'direction of travel'
- Reduced public resistance to change due to better awareness and understanding of the reasons for change
- Improved public confidence and less protest
- Reduced risk of legal challenge resulting from concern about the process of engagement
- Change that can be implemented and services that meet the needs of communities

Clarity of purpose

It is important, from the outset, to be very clear about the reason for engagement. The issue under consideration may be better suited to formal consultation, or another approach to gathering community views.

Consultation has a defined beginning, middle and end: it might be part of an ongoing period of engagement, but it is a process in its own right. Its remit should be finite and the scope for stakeholder input should be clear. There is a specific requirement for NHS Boards to formally consult on issues which are considered major service change – the process for that has not changed.

Engagement is a broader term, encompassing a range of activities. It is an approach that encourages productive relationships between communities and public bodies.

Organisational self-evaluation

It is important to understand how well your organisation is currently engaging. That can be done systematically, efficiently and quickly using a range of methods. You might want to know:

- What role do communities have in your organisational structures? How do people respond when you communicate with them? Are levels of public satisfaction and trust high or low?
- How does your organisation view engagement? Is it regarded as important and is there a shared view of what it means? Has there been a culture of tokenism?
- Has engagement influenced decisions?

Assessing the views of all stakeholders is essential. This can be done via surveys and interviews, or data reviews and reference to good practice. Following the self-evaluation process will help to identify good practice and show where improvement is required.

[The Quality Framework](#) supports self-evaluation in three areas:

- Ongoing engagement and service user involvement
- Involvement of people in service planning and design
- Governance/Organisational Culture and Leadership

The framework will be a guide for improving the quality of engagement. It will help NHS Boards, Local Authorities and Integration Joint Boards to understand what good engagement involves and how it can be evaluated and demonstrated.

Planning engagement

Clear goals set at the start of engagement planning shape the process and indicate the best methods to use to reach the right people and communities of interest. Project goals may evolve as engagement progresses, but they are necessary to keep the process focused.

Sometimes the purpose of engagement is clear as it is the result of an identified issue. In other cases, communities will raise issues that matter to them and it is important that they have ways in which they can be easily heard.

It is important to involve community representatives in engagement planning from the outset. As part of the planning team, they can help to inform the design of an inclusive process.

Questions to consider:

- What are the challenges you want engagement to address?
- What would you like engagement to achieve?
- What level of engagement is considered proportionate?
- Who will be making final decisions?

If there are areas that the engaging organisation believes cannot be influenced, for instance safety, working practices or budgetary restraints, they must be clearly explained. Any such limitations should be evidenced, and organisations receptive to challenge over scope. It is important to be ready to revisit assumptions or decisions following discussions with the community, or the emergence of new evidence.

Trusted and open dialogue achieves:

- Clear communication and information sharing to achieve mutual understanding of challenges
- Agreement about what is out of scope - the more non-negotiable elements there are, the less likely members of the community will want to participate
- Realistic expectations and reduced risk of conflict or disappointment

Who to involve

Not all stakeholders will want to be engaged in the same way, so it is important to identify their needs to determine what engagement activities might be required, and at which stage of the project.

Existing networks can help to identify potentially affected people, including those who do not find it easy to share their views. Support for stakeholder mapping may come from community groups, localities, third sector organisations or Community Councils. Identifying and building relationship with key individuals who can act as links for information-sharing makes a huge difference.

Consider:

- Who is directly impacted by this work?
- Who is indirectly impacted?
- Whose engagement is essential?
- What are the key issues or areas of interest?
- What is the level of public interest?
- Who are the key contacts?

Once stakeholder analysis is complete, it may be necessary to revisit the original objectives of the engagement and review any negotiable and non-negotiable goals.

In time, effective engagement should become routine, with fewer decisions being challenged and referred for review, which can carry significant costs.

NHS Health Scotland [Stakeholder Mapping Template](#)

[VOiCE Tool](#) a planning and recording software that assists individuals, organisations and partnerships to design and deliver effective community engagement

[The Engagement Matrix](#) guidance for improving engagement between health boards and the third sector

The [National Involvement Network](#)

Impact assessment

Impact assessment examines how policy or service design proposals may affect different communities taking into consideration equality, human rights, sustainability and the environment. It must be started well before any engagement activity begins, and be updated throughout.

The [Equality and Human Rights Commission](#) guidance to help public authorities in Scotland meet their public equality duties.

[Scottish Government](#) guidance on the Fairer Scotland duty.

Methods of engagement

Choosing a method, or combination of methods, for engaging is a critical step in the planning process. There are many models to choose from, and the best ones to select will depend on the issues being discussed and the communities involved.

Consider:

- The scope, context and improvement sought
- Who you seek to engage, and the local context

- Budget, timeline and resources allocated
- Skills of team and their availability to lead events at times and in locations to maximise attendance

People’s needs will vary. Involving community representatives in the planning process will make it easier to choose appropriate engagement methods.

Consider:

- Given the timeframe, budget and resources which engagement technique(s) might work best?
- What are the strengths and weaknesses of these?
- Will the people to be engaged feel comfortable with this approach?
- Will it reach the target group?
- Will it help to achieve the stated improvements sought?

Ideally, engagement is personal and relational and should be ongoing. Sometimes, however, it may be appropriate to seek independent external support. Consideration must be given to whether this a ‘quick fix’ option, potentially less effective than using existing methods and working with people who are known to the community. Alternatively, independence of the organisation can be an advantage if there is community mistrust.

Any methods chosen should be continually reviewed throughout the engagement activity and changed or adapted based on community feedback.

Healthcare Improvement Scotland – Community Engagement [Participation Toolkit](#)

The [Place Standard](#) is useful in helping generate the discussions required to understand the assets of a place and ensuring the experiences of people living in a particular place are captured, valued and integrated into the heart of decision-making processes.

There are specific considerations for consultations:

- No final decision must have been reached
- The information provided must relate to the consultation and must be available, accessible, and easy to interpret to enable consultees to provide an informed response
- There must be sufficient opportunity for consultees to participate
- Decision-makers must be able to provide evidence that they took consultation responses into account

[Right First Time: A practical guide for public authorities in Scotland to decision-making and the law](#)

Options appraisal

Organisations need to consider a wide range of options to decide what care services to provide for their local populations and how best to deliver them. Local people should be involved in developing options that are robust, evidence-based and person-centred.

[Options Appraisal Guidance](#)

Timeframes and budgets

The length of time it will take to engage the community, and the budget that will require, is dependent on a range of factors including the level of impact, level of public participation required and the community engagement tools and techniques chosen for each stakeholder group. Consideration must also be given to any legislative requirements and timeframes which may apply.

The higher the level of impact and more stakeholders there are, the more time and resources will need to be allocated to community engagement.

Timeframes must take into account key events such as school holidays, public holidays or religious festivals. These should be avoided to maximise people's ability to participate.

When considering budget and resource allocation, the types of engagement tool chosen will be a significant factor. Each tool requires different levels of practitioner skill, time and budget.

There is no handy formula to work out what an engagement project might cost. Each element has to be assessed separately to project an accurate budget.

Resourcing engagement

To engage effectively, organisations must be committed to supporting and improving the participation of people. That means dedicating resources to engagement activity, which may include:

- **Engagement and inclusion champions** – senior staff to promote and support meaningful engagement and inclusion. Executives and Board non-executives need to understand why engagement is essential and may require training in order to ensure effective delivery.
- **Engagement and inclusion leads** – members of staff who know how to help individual services to reach communities and access any support that may be required.
- **Skilled staff** – the right number of skilled staff ensure that engagement activity is conducted in depth, monitored and evaluated. Training may be required.
- **Dedicated budget** – there are costs associated with community engagement, depending on the scale. Realistic budgets have to be agreed.
- **Sufficient time** – effective engagement cannot be rushed. Adequate time is required to reach affected community members, and flexible and innovative approaches may be required.

Depending on the capacity within organisations and the scale of the engagement activity it may be appropriate to procure the services of specialist providers to deliver some services. Any independent or external contractors will be expected to follow this guidance and to adhere to its principles.

Accessible information

Everyone needs access to accurate information in order to engage effectively. Transparency is essential to generate trust, and to promote equity all information should be made available in a variety of formats and languages. If there are reasons why information cannot be shared (for instance it would allow identification), that must be clearly explained.

For some people the headline facts are sufficient, while others prefer to analyse raw data. So, it is important to present background information in a variety of formats – online, on paper or by another means – on request.

It is important to welcome critical challenges and respond to them by demonstrating a willingness to answer questions openly and to consider adapting plans according to emerging evidence.

Communication and feedback

Providing regular updates and feedback to participants in the engagement process should happen regularly and be planned into engagement activity. All information should be co-produced, presented clearly, and made widely available.

[The Scottish Co-production Network](#) describes co-production using a variety of sources.

Privacy and confidentiality must always be observed. Reporting and feedback must be anonymised unless there is the written consent of each individual to publish or release their personal information.

[Patient and Service User Feedback](#)

[Producing a report of findings](#)

[Scottish Co-Production Network: What is Co-production?](#)

Evaluation

All information gathered from the engagement process should be captured. That can be done by:

- Surveys
- Reports
- Themes
- Audio and/or video recordings
- Graphics

It is important that engagement activity is continually assessed and that evaluation arrangements are part of the initial plan for engagement. The key to successful evaluation is to monitor progress and act on lessons that emerge during the process.

Consider:

- Are we meeting our objectives?
- Are we reaching all the people we need to reach?
- Are we developing our knowledge of communities and gathering useful data?

Undertaking evaluation helps to improve your organisation's community engagement processes, and supports learning.

[Evaluation Toolkit](#)

[VOiCE Tool](#) a planning and recording software that assists individuals, organisations and partnerships to design and deliver effective community engagement.

Governance and decision-making

While different organisations may have evolved with different ways of working, and may have different statutory functions to fulfil, the [Community Empowerment \(Scotland\) Act 2015](#) requires equal duties when it comes to participation.

NHS Boards: major service change

- Identifying major service change

Healthcare Improvement Scotland - Community Engagement provides [guidance](#) to help identify potentially major service changes. There is a range of factors that NHS Boards will consider to be important drivers for change, including workforce issues and clinical standards. However the guidance concentrates on key issues that are relevant for identifying when a proposed service change might be classed as major.

These include:

- The impact on patients and carers
- Changes to the accessibility of services
- Emergency and unscheduled care
- Public or political concern
- Changes to how services are delivered
- Financial implications
- Consequences for other services.

NHS Boards can designate proposals as major change themselves, as informed by the Healthcare Improvement Scotland - Community Engagement guidance, and then follow the process detailed below.

While Healthcare Improvement Scotland - Community Engagement can offer a view on the designation of specific proposals, if a final decision is required as to whether proposals should be considered major, this should be sought from the Scottish Government.

- Major service change process

Proposals for major service change in the NHS must be subject to at least three months of public consultation and, ultimately, Ministerial approval.

Where a proposed service change will have a major impact, Healthcare Improvement Scotland - Community Engagement is required to quality assure the process. It can advise on the nature and extent of the process considered appropriate in similar cases.

For any service changes considered to be major, NHS Boards should not move to the consultation stage until they have confirmation from Healthcare Improvement Scotland – Community Engagement that their engagement up to that point has been in accordance with this guidance.

Following the public consultation, a full meeting of the NHS Board will then consider the proposals and make a decision. A range of information, including responses to the consultation and a report from Healthcare Improvement Scotland – Community Engagement, will help to inform the Board's decision.

Healthcare Improvement Scotland - Community Engagement does not comment on clinical or financial issues or the effectiveness of an organisation's engagement with its own staff. It will, however, look to the organisation to provide evidence that the views of potentially affected people and communities have been sought, listened to and acted on, and treated with the same priority (unless in exceptional circumstances) as clinical standards and financial performance.

Healthcare Improvement Scotland – Community Engagement will set out its views in its report as to whether the relevant NHS Board has appropriately involved local patients, carers and communities in line with this guidance.

Following the Board decision, the major service change proposal must be submitted to Scottish Ministers for final approval. Ministers will take all the available information and representations into account, including the report of Healthcare Improvement Scotland – Community Engagement.

The proposals may ultimately be approved or rejected by Scottish Ministers. Where appropriate, they may also instruct the relevant NHS Board to carry out further engagement activity.

Integration Joint Board decision-making

Specific requirements (known as [Planning Principles](#)) are laid out for involvement and participation of a range of stakeholders. Integration Joint Boards are required to have as members a carer representative, a person using social care services, a patient using health care services and third sector representatives.

Each Integration Joint Board should have its own strategy for community engagement and participation, which should be taking place on a regular and routine basis and not just at time of change. Strategies must take this guidance into account.

- Strategic Commissioning Planning

Decision-making by Integration Joint Boards takes place within the context of strategic commissioning, and so it is important that community engagement is part of this process.

Strategic commissioning is the term used for all activities involved in assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range and quality of future services, and working in partnership to put these in place.

There is a duty on Integration Joint Boards to create strategic commissioning plans for the functions and budgets they control, which must be reviewed every three years. This requires close working with professionals and local communities to deliver sustainable new models of care and support that are focused on improving outcomes for people.

A key principle of the commissioning process is that it should be equitable and transparent. Therefore it must be open to influence from all stakeholders, including the community, via ongoing dialogue with people who use services, their carers and service providers.

During the development of their strategic plan, each Integration Joint Board is required to run consultations on various drafts of the document.

The role and minimum composition of a Strategic Planning Group can be found in [Strategic Commissioning Plans: Guidance](#).

It is important that Integration Joint Boards develop agreed communication and engagement plans at an early stage to suit the needs and makeup of their community. Boards should use this guidance to help develop their approach to engagement.

- Localities

Another important route for community engagement is through locality arrangements. Each Integration Joint Board divides its geographical area into at least two localities, and the views of people who live there must be taken into account as part of the strategic commissioning process to inform strategic thinking.

Many Integration Joint Boards have well established locality planning forums that bring together professionals and local community representatives involved in strategic commissioning planning.

Further information can be found in [Health and social care integration - localities: guidance.](#)

- Significant decisions outwith the Strategic Commissioning Plan

Sometimes, an Integration Joint Board must make a decision that would have a significant effect on the provision of an integrated service, outwith the context of the strategic planning cycle. It must then involve and consult its Strategic Planning Group, along with users (or potential users) of the service.

- Decisions for specific services and functions

While the Strategic Commissioning Plan provides the direction of travel and ambition for the Integration Joint Board, decisions about service change, service redesign, and investment and disinvestment may be made at regular meetings. These are open to members of the public who may attend but not participate, with papers and minutes available online.

Alongside this, Integration Joint Boards are required to undertake ongoing engagement and feedback with the local community, so that the views of service users, their carers and service providers are taken into account in this continuous process of decision-making. The form of this engagement will vary between Boards and should reflect the makeup of the local community.

Local Authority decision-making

A full council meeting is the key governing body of a Local Authority, where councillors debate and take key decisions. The Local Government (Scotland) Act 1973 allows Local Authorities to devolve most decision-making to committees, sub-committees or council officers. Individual councils set out their arrangements for delegation to committees in their internal governance documents.

Legislation has been introduced to give communities a stronger say in how public services are planned and provided and to allow communities to have a greater say in local decisions and in scrutinising local services.

[The Local Government \(Scotland\) Act 2003](#) gave a statutory basis to partnership working between all agencies responsible for delivering public services in an area, including Health Boards. This act established the role of councils in facilitating the community planning process, at the heart of which is 'making sure people and communities are genuinely engaged in decisions made on public services which will affect them'.

The duty to involve people in the design and delivery of services has increased since the publication of the [Christie Report](#) in 2011 and subsequently the enactment of [the Community Empowerment \(Scotland\) Act 2015](#).

- Community Planning Partnerships

There are 32 Community Planning Partnerships across Scotland, one for each council area, which represent all the services that come together to take part in community planning. Each focuses on where partners' collective efforts and resources can add the most value to their local communities, with particular emphasis on reducing inequality.

PART 4 - POLICY, LEGISLATION AND PRINCIPLES

In addition to national policy each Health Board, Integration Joint Board and Local Authority will have local policies on communication and engagement that should be referred to.

This guidance takes account of relevant legislation, including:

[NHS \(Scotland\) Act 1978](#) as amended by the NHS Reform (Scotland) Act 2004

[Equality Act 2010](#)

[Public Services Reform \(Scotland\) Act 2010](#)

[Patient Rights \(Scotland\) Act 2011](#)

[The Local Government \(Scotland\) Act 2003](#) gave a statutory basis to partnership working between all agencies responsible for delivering public services in an area, including health boards. This act established the role of Councils in facilitating the Community Planning process, at the heart of which is 'making sure people and communities are genuinely engaged in decisions made on public services which will affect them'.

[The Community Empowerment \(Scotland\) Act 2015](#) gave new rights to community bodies and new duties to public sector authorities to help empower communities by strengthening their voices in decisions about public services.

[The Islands \(Scotland\) Act 2018](#) introduced measures to support and help meet the unique needs of Scotland's islands now and in the future.

[The Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) put in place a requirement for NHS Boards and Local Authorities to work together to deliver integrated health and social care services through Health and Social Care Partnerships.

Principles of Engagement and Participation

A number of standards and principles should be read alongside this guidance to help plan engagement, identify who should be involved and make sure engagement activity is meaningful.

[Health and Social Care Standards](#)

[Joint Strategic Needs Assessment](#)

[Strategic Commissioning Planning](#)

[Link Inspectors](#)

[Planning Principles](#) The Public Bodies (Joint Working) (Scotland) Act 2014 contains the 'Planning Principles': Planning and delivering integrated health and social care: guidance'

[Localities Guidance](#)

[Co-production Scotland](#)

[Participation Toolkit](#)

[Reporting on participation](#)

[Engaging Differently](#)

[Evaluating Participation Toolkit](#)

[Producing a report on findings](#)

[Quality Framework for Community Engagement](#)

Scottish Community Development Centre - [The National Standards for Community Engagement](#)

[National Involvement Network](#)

[Principles for Community Empowerment](#) aims to raise awareness of community empowerment and promote such a shared understanding across scrutiny bodies to support high-quality scrutiny of community empowerment.

[PANEL principles](#) a human rights based approach to ensure that people's rights are at the centre of policies and practices.

[Place Standard](#) a simple framework to structure conversations about place, this tool provides prompts for discussions.

[The Scottish Approach to Service Design](#) a framework to guide how to design user-centred public services.

[Gunning Principles](#) a strong legal foundation from which the legitimacy of public consultations is assessed.

[Principles of Inclusive Communication](#) produced to help public authorities deliver effective, well organised and equally accessible services that provide value for money.

[Principles of health and social integration](#) The Public Bodies (Joint Working) (Scotland) Act 2014, sets out 12 principles for health and social care integration.

[National health and wellbeing outcomes](#) NHS Boards, Local Authorities and Integration Joint Boards work together to ensure that key outcomes are meaningful to the people they serve.

[Visioning Outcomes in Community Engagement \(VOiCE\)](#) can be used to plan community engagement and service user participation, conduct it effectively, monitor progress and evaluate outcomes.

[Christie Report](#)



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