



Clinical and Care Governance Committee

Thursday, 28 October 2021

To be Held Remotely in Various Locations

NOTICE IS HEREBY GIVEN that a Meeting of the **Clinical and Care Governance Committee, To be Held Remotely in Various Locations**, on **Thursday, 28 October 2021** at **13:00** to consider the business noted below.

AGENDA

- 1. Welcome and Apologies**
- 2. Declaration of Member's Interests**
- 3. Minute of Meeting of 27 May 2021** **5 - 10**
- 4. Action Log from meeting of 27 May 2021** **11 - 12**
- 5. Clinical and Care Governance Group Escalation** **13 - 24**
Report
Report by the Chief Nurse, Health and Social Care Moray
- 6. Out Of Hours Mental Health Service Provision for 16 to 18 Year Olds** **25 - 30**
Report by the Service Manager, Child and Adolescent Mental Health Service
- 7. Social Care Provision in Moray** **31 - 38**
A report by the Chief Social Work Officer

8. Strategic Risk Register - September 2021

39 - 66

A report by the Chief Officer

9. Items for Escalation to MIJB

MORAY INTEGRATION JOINT BOARD

SEDERUNT

Councillor Frank Brown (Vice-Chair)
Jane Ewen (Voting Member)

Mr Ivan Augustus (Non-Voting Member)
Ms Karen Donaldson (Non-Voting Member)
Ms Jane Mackie (Non-Voting Member)
Dr Malcolm Metcalfe (Non-Voting Member)
Mrs Val Thatcher (Non-Voting Member)
Dr Ann Hodges (Non-Voting Member)

Clerk Name:	Tracey Sutherland
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**MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD
CLINICAL AND CARE GOVERNANCE COMMITTEE**

Thursday, 27 May 2021

remote locations via video conference

PRESENT

Prof Nick Fluck, Cllr Frank Brown, Mr Ivan Augustus, Mr Simon Bokor-Ingram, Mrs Jane Mackie and Mrs Jeanette Netherwood.

APOLOGIES

Dr Malcolm Metcalfe, Samantha Thomas and Mr Sean Coady

IN ATTENDANCE

Also in attendance at the above meeting was Alex Pirrie, CAMHS Manager – Grampian; Carmen Gillies, Senior Project Officer – HSCM; Zandra Smith, Adult Support & Protection Lead, Pam Cremin, Integrated Service Manager – MH and SM Services; Kandarp Joshi, Consultant – Adolescent Psychiatry; and Mrs Isla Whyte, Interim Support Manager, as clerk to the Board.

1. Chair of Meeting

The meeting was chaired by Prof Nick Fluck.

2. Welcome and Apologies

The Chair welcomed everyone to the meeting and 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 Clinical and Care Governance Committee on 25 February 2021

The Minute of the meeting dated 25 February 2021 was submitted for approval.

The Board agreed to approve the minute as submitted.

5. Action Log of Clinical and Care Governance Group on 25 February 2021

The Action Log of the meeting dated 25 February 2021 was discussed and updated accordingly at the meeting.

6. Clinical and Care Governance Group Escalation Report for Quarter 4, 2020/21

A report by Sean Coady, Head of Service, informs the Committee of progress and exceptions reported to the Clinical and Care Governance Group during quarter 4 of 2020/21 (1 January up to 31 March 2021).

In Mr Coady's absence Mrs Mackie informed the Committee that the Clinical and Care Governance Group is now much further established since the inclusion of social care representatives. The group now receive regular service updates following an agreed reporting schedule.

Mrs Netherwood advised, CRM continue to meet every fortnight to review risks, adverse events and complaints and input where necessary. CRM recently heard in more detail about the monthly educational sessions held for the Grampian Medical Emergency Department (GMED) to learn from adverse events. This learning can be shared with the Committee if they wish.

Mr Augustus seeks reassurance that HSCM is continuing to improve ways of reporting. He would like to see evidence that the partnership are reporting in accordance with Scottish Public Services Ombudsman (SPSO) Complaints Standards Authority and it is fit for purpose. Mr Augustus would like to see learning from complaints and evidence of its effectiveness in future reports and if there have been any complaints made against the IJB.

Mrs Netherwood recognises the need to improve reporting and ensure information from the NHS system and the Council system is presented in a consistent way.

Mrs Mackie noted the Council complaints system has changed in accordance with SPSO's updated Model Complaints Handling Procedures and 'first line' complaints that weren't being logged prior to April 2021 will now be.

Following further discussion the Committee agreed to receive a report specifically around complaints to the next meeting of the Clinical and Care Governance Committee in August 2021. The report should set out:

1. Statutory obligations and confirmation they are being met
2. Themes emerging from complaints
3. Approach to learning from complaints and actions being delivered

Information about complaints referred to the ombudsman to also be included along with any complaints made against the IJB.

In response to a question from Councillor Brown, the Chair advised that 'No value' on the table detailing adverse events by category could mean either no action is

required as negligible event or that a level had not yet been allocated at the time of reporting.

The Chair noted a large number of adverse events reported fall into two categories:

- Abusive, violent, disruptive or self-harming behaviour
- Accident (including falls)

The Chair advised he would be interested to understand the distribution of those events under the first category i.e. harm to patients or harm to staff/ care givers, the themes and action taken to address. Mrs Cremin advised a large number of these events can be attributed to a small number of very challenging patients both in adult and older adult mental health inpatient areas and in particular one patient. Mrs Cremin went on to advise that staff are encouraged and supported to report all adverse events; all incidents are taken seriously and reporting enables appropriate surveillance. The Moray Mental Health team have sought support and advice from colleagues in Aberdeen to help manage this patient. Support systems are in place for staff and debriefs are conducted where required.

The Committee noted the contents of the report and requested a report specifically on complaints to the Committee in August, detailing the three domains discussed, across both NHS and Council systems.

7. Adult Support and Protection Improvement Plan

A report by the Chief Social Work Officer informs the Committee of the Adult Support and Protection (ASP) improvement journey.

Mrs Mackie introduced the item stating adult support and protection is a multi-agency responsibility. A joint inspection of adult protection activity will be undertaken in 2021 or early 2022. This will be a joint inspection of all statutory partners (police, health and local authority) conducted by the relevant three regulators (Care Inspectorate, HIS and HMIC).

During 2019, preparations began for the anticipated Care Inspectorate ASP thematic inspection. A self-evaluation exercise was undertaken and a multi-agency Improvement Action Plan was developed. A delay occurred in implementing the improvement plan due to the global pandemic. It has been agreed to focus on phase 1 of the plan – policy, process and procedures. It is anticipated that phase 1 will be finished by the end of this year. Phase 1 also covers NHS Grampian requirements to produce and facilitate a pan Grampian approach for Initial Referral Discussions (IRDs). There are strong links with colleagues across Grampian to support this.

It is recognised there is lots of work to do to be fully compliant or congruent with the scrutiny bodies, this is reflected in the improvement plan.

The Care Inspectorate have produced a new set of quality indicators and framework. A further self-evaluation locally will be undertaken to ensure still fit for purpose.

It was noted there is a complex governance structure around adult, support and protection.

Additional resources are funded until March 2022. It was noted therefore this interim mitigation is not sustainable and this is reflected on the risk register.

The committee noted the continued work on the delivery of the ASP Improvement Plan in anticipation of a Care Inspectorate ASP inspection.

8. Mental Health Officer Service in Moray

A report by the Chief Social Work Officer informs the committee of the current situation in the Mental Health Officer Service in Moray.

The Committee discussed the actions agreed by the MHO Governance Group. It was noted Aberdeenshire and Highland are in a similar situation. The sheer geographical distance involved in the Highland area means there is no MHO cover for the rural locations out of hours.

Efforts to reduce the waiting list for guardianship reports include MHOs working additional hours. Mrs Mackie advised the team have also recruited some small additional input.

The Committee noted the current situation within the Mental Health Officer service in Moray and the actions being taken by the MHO Governance Group to mitigate.

9. Out of Hours Mental Health Service Provision for 16-18 Year Olds

A report by the Service Manager, Child and Adolescent Mental Health Services, informs the Committee of the current gap in out of hours mental health service provision for young people aged 16-18 years in Moray and actions that are being taken to address this.

Ms Pirrie advised there was a quick turnaround required for this paper and apologised for a couple of errors in the report. First page the report should read Service Manager, Child and Adolescent (not adult) Mental Health Services. At 4.1 it should read under 18 years not 16 years.

The report was written to highlight the lack of access out of hours for a mental health assessment for 16 and 17 years olds in Moray. There are a number of issues to be addressed including change in staff profile and the way in which services are being delivered. A short life working group has been convened with key stakeholders from across the system in Moray to address this gap.

There are nurse practitioners willing to undertake mental health assessments for these young people, with the right consultant support. Some Consultant Psychiatrists in Moray are not child mental health specialists. It was noted 16-17 age group have a much higher incident rate of presenting out of hours seeking help than under 16s. This presents a high risk for the organisation if a young person attends Dr Gray's Hospital following overdoses or with suicidality and are unable to get a mental health assessment.

It is clear the CAMHS in Grampian is for people aged 0-18 years.

This risk is being recorded on the CAMHS risk register and Moray's local risk register.

The Chair noted the need for a longer term plan and an immediate short term solution. Colleagues are to explore options of support from Grampian Health Board for Junior Doctors and Nurse Practitioners in Elgin for times when there isn't local Consultant Psychiatrist support available.

The Committee noted the contents of this initial report and agreed to receive a fuller report with update on progress made at the next meeting on 26 August 2021.

It was agreed to add a third recommendation:

- III. Inform the Committee, within the next week, of immediate risk mitigation plan to gain support from colleagues across Grampian and clarify that in risk register entry.

10. Home First in Moray – Pathway Assurance

A report by Sean Coady, Head of Service, provides the Committee with assurance in relation to the pathway for a patient under the remit of Discharge to Assess.

This paper was formulated in a response to a request from the Committee for an assurance around the pathway in terms of quality and safety.

The programme began operating as a 6 month pilot from October 2020 to March 2021 and a full report was submitted to MIJB on 25 March 2021 when the MIJB approved permanent funding

Since then an Occupational Therapists and Physiotherapist have been recruited and will be in post by end of June 2021. Six Support Workers have been interviewed and an advanced nurse practitioner post is to be advertised next then admin support recruited once clinical team in place. Induction process and intensive training will be undertaken for all new staff members.

The Committee are assured the same checks and measures are in place for patients following the Discharge to Assess pathway; they must meet the criteria and consent to the pathway. It is clear that these patients are clinically or medically stable for early supported discharge.

Ms Duncan advised that, to her knowledge, no complaints have been received or adverse events recorded to indicate any patient has been compromised as a result of following the Discharge to Assess pathway.

It is not anticipated this will have any impact on care in terms of expectations on family etc as if a need for ongoing care is identified then there are mechanisms in place to make those referrals in a timely way. Recognise the connection but this process is around rehab and functional goals. D2A focuses on the patient journey and aims to prevent people becoming deconditioned or adversely affected by a longer than necessary hospital stay. Mr Bokor-Ingram advised the Committee that since the end of the pilot programme delayed discharges have increased.

In response to a question around value for money, Mr Bokor-Ingram stated that once the team is fully operational discussions around efficacy can take place. It is noted the team are not funded beyond this financial year. Future discussions around investment / disinvestment and value for money to be determined by MIJB.

The Committee notes the example pathway described in the report and notes further reports will be submitted to the Committee in relation to developments in pathways arising from the Home First project.

11. Confidential Item – MWC Authority to Discharge

A report by the Chief Social Work Officer informs the Committee of the Mental Welfare Commission (MWC) Authority to Discharge Report which was released on 21 May 2021 and the outcome for Moray.

The report contains personal information, which requires to be discussed in private in order to uphold the principles of the Data Protection Act 2018.

The Committee noted the content of the report and its appendices.

Items for Escalation to MIJB

From discussions at today's Committee, members agreed the following items which create a significant Clinical and Care Governance risk, should be escalated to the MIJB.

- Adult Support and Protection Improvement Plan – identified areas of practice to be improved
- High Risk around Out of Hours Mental Health Assessment for 16/17 year olds – at time of escalation hope to have immediate risk mitigation in place
- Pressures in Mental Health Officer service,

The meeting closed at 11:30



MEETING OF MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE

THURSDAY 27 MAY 2021

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY	UPDATE OCTOBER 2021
1.	Review of Clinical and Care Governance – Output from Workshop	Further progress update will be provided to Clinical and Care Governance Committee in August 2021.	August 2021	Jeanette Netherwood	Discussion at Committee
2.	Mental Health in Moray	<p>Paper explaining the risks and contingencies in place in relation to Mental Health Officers and out of hours service – briefing was issued to members on 11.01.21. An update report will be presented in May to CCG Cttee.</p> <p>Update on Mental Health will be presented to March MIJB.</p>	May 2021 - complete	Jane Mackie	
3.	Health and Social Care Moray Complaints	Further development of complaints performance information to be progressed in liaison with Council Complaints Officer.	May 2021 Combined with action 4	Pauline Merchant	COMPLETED – approved by MIJB September 2021
4.	Clinical and Care Governance Escalation report for Quarter 4	<p>Complaints report to be presented to CCG Committee – covering:</p> <ol style="list-style-type: none"> 1. Statutory obligations and confirmation if they are being met 	August 2021	Jeanette Netherwood	COMPLETED

		2. Themes emerging from complaints 3. Approach to learning from complaints and actions being delivered			
5.	Out of Hours Mental Health Service Provision for 16-18 year olds	Immediate mitigation plan for OOHs mental health services provision for 16-18 years to be shared with Committee and confirmation this risk is recorded on relevant risk registers with risk mitigation detailed. Update from SLWG on progress made	3 June 2021 August 2021	Alex Pirrie Alex Pirrie and colleagues	ON AGENDA
6.	Additional item	Add Items for Escalation to MIJB to agendas going forward	August 2021	Committee Services	
7.	Items for Escalation to MIJB	It was agreed that the following items should be escalated to MIJB: <ul style="list-style-type: none"> • Adult Support and Protection Improvement Plan – identified areas of practice to be improved • High Risk around Out of Hours Mental Health Assessment for 16/17 year olds – at time of escalation hope to have immediate risk mitigation in place • Pressures in Mental Health Officer service, 	June 2021	Chair of CCG Committee	Discussion at Committee



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 28 OCTOBER 2021

SUBJECT: HEALTH AND SOCIAL CARE MORAY (HSCM) CLINICAL AND CARE GOVERNANCE GROUP ESCALATION REPORT FOR QUARTER 2 (JULY TO SEPTEMBER 2021)

BY: CHIEF NURSE, HEALTH AND SOCIAL CARE MORAY

1. REASON FOR REPORT

- 1.1. To inform the Clinical and Care Governance Committee of progress and exceptions reported to the Clinical and Care Governance Group during quarter 2 of 2020/21 (1 July up to 30 September 2021).

2. RECOMMENDATION

- 2.1 It is recommended that the Clinical and Care Governance Committee consider and note the contents of the report.**

3. BACKGROUND

- 3.1. The Health and Social Care Moray (HSCM) Clinical Governance Group was established as described in a report to this Committee on 28 February 2019 (para 7 of the minute refers).
- 3.2. The assurance framework for clinical governance was further developed with the establishment of the Clinical Risk Management Group (CRM) as described in a report to this Committee on 30 May 2019 (para 3.2 of the minute refers).
- 3.3. As reported to the Committee on 29 October 2020 (para 5 of the minute refers) Social Care representatives now attend the Clinical Governance Group. As such the group was renamed HSCM Clinical and Care Governance Group. With Samantha Thomas, Chief Nurse - Moray and Jane Mackie, Head of Service/Chief Social Work Officer (CSWO), as co-chairs.
- 3.4. The agenda for the Clinical and Care Governance Group has been updated and now follows a 2 monthly pattern with alternating agendas to allow for appropriate scrutiny of agenda items and reports. A reporting schedule for Quality Assurance Reports from Clinical Service Groups/departments is in place. This report contains information from these reports and further information relating to complaints and incidents/adverse events reported via

Datix; and areas of concern/risk and good practice shared during the reporting period. Exception reporting is utilised as required. Since April 2020, the 3 minute brief template has been used for services to share their updates; this has been met with positive feedback.

- 3.5. The Clinical and Care Governance Group have met 3 times during this reporting period.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

Audit, Guidelines, Reviews and Reports

- 4.1 Relevant Audits, Guidelines Reviews and Reports are tabled and discussed. These include local and national information that is relevant to HSCM, for example, recommendations from Health Improvement Scotland (HIS) reports from other areas which require to be discussed and assurance given that services in Moray are aware of these and have process in place to meet/mitigate these recommendations. Overview from quarter 2 2021/22 is listed below:

- CRM Minutes
- Forres & Lossiemouth Locality 3 Minute Brief
- GMED 3 Minute Brief
- Pharmacotherapy 3 Minute Brief
- Policy & Procedure Following a Death in Care Services (social work and social care staff)
- Healthcare Improvement Scotland (HIS), Covid-19 focused Inspections, Combined Care of Older People/Safety & Cleanliness
 - Dumfries & Galloway Royal Infirmary, NHS Dumfries & Galloway -
 - Victoria Hospital, NHS Fife
 - Western Isles Hospital, NHS Western Isles
 - Borders General Hospital, NHS Borders
- Improving the outcomes for people with dementia in hospitals, including acute, community and specialist dementia unit settings (HIS)
- Practice Governance Board Minutes
- Prevention & Management of Violence and Aggression (PMVA)
- Moray Integrated Mental Health 3 Minute Brief
- Children and Families Health Services 3 Minute Brief
- Speyside and Keith Locality 3 Minute Brief
- Learning Disability 3 Minute Brief
- HSCM Feedback and Complaints
- Summary of External Inspection to NHS Scotland Boards
- Adverse Events
- Risk Register
- Mental Welfare Commission:
 - Woodland View Hospital, NHS A&A
 - Stobhill Hospital, NHS GG&C
 - Beckford Lodge, Iona & Gigha Wards, NHS Lanarkshire
 - Vale of Leven Hospital, Fruin & Katrine Wards, NHS GG&C
 - Cleland Hospital, Parkside North & South Wards, NHS Lanarkshire
 - Leverndale Hospital, Ward 2, NHS GG&C
 - Midpark Hospital, Balcary & Ettrick Wards, NHS D&G
- Medication Management Policy & Procedures

Areas of achievement / Good Practice

- 4.2 Forres District Nursing team has a close working relationship with Forres Treatment and Care Hub, the Practice Nursing Team and the Forres Neighbourhood Care Team (FNCT). This avoids duplication of provision, allows caseload cover where required and helps reduce footfall within the patient's home and the Forres Health and Care Centre. The Varis Court Augmented Care Units (ACU) and FNCT have been part of a Service Review and resultant Organisation Change. Next actions are to fully implement the Varis ACU/FNCT Organisational Change process, and to continue to develop the role of the Forres Treatment and Care Hub.
- 4.3 GMED has regular Quality and Performance meetings where adverse events, complaints and staff performance are discussed. The role of a Supernumerary Clinical Supervisor (CS) has been embedded within the service. Links with the GP Sub and Performance Committee have been established with representation from GMED. Clinical Educational Sessions are held on a monthly basis. Topics/ subjects for Continuous Medical Education are identified via adverse events and review of feedback/ complaints as well as topics identified by staff.
- 4.4 The implementation of the Policy and Procedure following a Death in Care Services (social work and social care staff) will close a significant gap in policy areas. It will also significantly reduce the risk to HSCM identified on the Services Risk Register. The implementation of the policy will provide clear guidance to social care teams and staff where there is an expected or unexpected death in care services.
- 4.5 One of HSCM's Community Hospital Senior Charge Nurses (SCN) was awarded his long service award having completed over 45 years in the NHS.
- 4.6 Improved processes, multi-agency work, planning and documentation has resulted in safe, timely and effective discharges for patients at Turner Hospital. With the support of the League of Friends, they are able to provide every patient who requires it with a 'going home food bag' which includes essential items including milk, tea etc.
- 4.7 The Speyside locality, where possible, are working to establish good local networks and potential support from community groups and the third sector. One aim is to establish a list that can be shared amongst teams regarding the various other services, groups and opportunities available to access by patients/service users. An example of this is meeting with the Speyside Community Council with representatives from Social Work, Care at Home and the District Nursing Team to chat about what we are doing and how local communities could support e.g. carer vacancies.
- 4.8 The Learning Disability (LD) Team Clinical Psychologist and Occupational Therapist attended a virtual poster presentation at two events; The NHS Scotland Event 2021 and the International Association for the Scientific Study of Intellectual and Developmental Disabilities Conference (IASSIDD) in Amsterdam. Both presentations were positively received; feedback and networking opportunities are being followed up. The poster, entitled Building

the Right Homes for Adults with Learning Disability and Autism, sets out the process of developing environmental needs specifications for 3 specific LD groupings – people with significant challenging behaviour; people with little challenging behaviour and people who need support with gatekeeping and keeping themselves safe.

Clinical Risk Management (CRM)

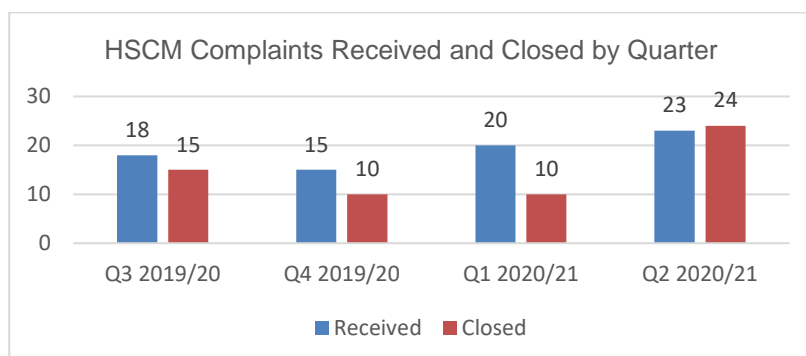
- 4.9 The Clinical Risk Management (CRM) group meet every 2 weeks to discuss issues highlighted on the HSCM Datix dashboard. This includes Level 1 and Level 2 investigations, Complaints, Duty of Candour and Risks.
- 4.10 The group is attended by members of the senior management team, clinical leads, chief nurse and relevant service managers / consultants. An action log is produced following each meeting and is administered and monitored. Individual services can be invited to attend to offer further scrutiny and assurance.

Complaints and Feedback

- 4.11 Within HSCM, complaints received by NHS Grampian and Moray Council are recorded on 2 separate systems, in accordance with the appropriate policy and procedure of these organisations.
- 4.12 A report to the Committee meeting on 29 October 2020 (para 7 of the minute refers) provided members with detail on the procedures for NHS and Local Authority complaint handling to demonstrate the similarities and differences.
- 4.13 Overall, a total of **33** complaints were received during quarter 2.

	Total Received in last quarter	Total Closed in last quarter
Local Authority	9	7
NHS	23	17
	32	24

4.14 Complaints received and closed by Quarter



4.15 Timescales for completion of complaints

Timescale	Total Closed
Within 20 days	14
21-30 days	3
31-50 days	2
>51 days	4
	23

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

4.17 These figures do not include complaints raised regarding the vaccination appointments or processes as these are being dealt with through a dedicated team covering the Grampian area.

4.18 **Actions and Lessons Learnt from complaints**

Active review of complaints through reporting and investigation is a useful tool to identify learning and improve services. Below are some of the actions and learning from recent complaints.

- Communication improvements were highlighted as an action in 7 complaints. Staff are being reminded of the importance of sharing information in a timely, appropriate and sensitive manner and acknowledging and responding to correspondence or information received.
- Improvements to access was identified as an action in 6 complaints. This included the reduced face to face contact made during COVID 19 restrictions. It was also highlighted that advising people and their families/carers of changes to care packages should be improved.
- Training was identified in 1 case. This had led to staff being redirected to and undertaking relevant training and updates. Information was shared with the whole staff group with guidance being shared on how to access training programmes. This was especially pertinent to staff who are moving between health board areas.
- On one occasion staff conduct issues were raised and addressed. Identified staff were required to undertake additional training and carry out reflective practice. Additional supervision was implemented to support development.

Complaints Handling Procedures

4.19 Since 2012 the Scottish Public Services Ombudsman's (SPSO) Complaints Standards Authority has worked closely with a range of partners and stakeholders to develop and implement Model Complaints Handling Procedures (MCHPs) for each public service sector. In 2018-19 the SPSO conducted a review of MCHP to establish effectiveness and usability. Following consultation the MCHPs were revised, updated and published under section 16B(5) of the Scottish Public Services Ombudsman Act 2002 on 31 January 2020 to give public sector organisations time to implement any changes by April 2021.

- 4.20 Complaints can arrive from many different avenues, including email, mail and verbally, from service users, members of the public and MSP's, and often to different Officers within HSCM.
- 4.21 It is evident that there are multiple sources of complaints into HSCM. To learn from complaints and to improve services, it is important that all complaints are logged centrally. Complaints are being received directly to service managers/ team leaders/ the Chief Officer, as well as through the generic complaints and feedback systems. Not all complaints are logged centrally which prevents HSCM being able to identify trends, learning and to be aware of the true number being received. The Model Complaints Handling Procedures outline clear processes and timescales.
- 4.22 To support teams and managers, a complaints workshop was delivered on 16 September 2021, which gave the opportunity to: -
- Increase knowledge and understanding of complaints handling procedures
 - Identify opportunities to streamline processes and establish a consistent approach to managing complaints in HSCM
 - Develop reporting and shared learning processes.
- 4.23 This workshop was well attended and participants were involved in active discussion. A number of challenges were identified along with suggestions for solutions. This includes multi agency/service complaints. An action plan and information document is being produced which will support constructive feedback to staff to support effective and efficient response to complaints within HSCM.
- 4.24 For complaints relating to the actions and processes of the Integration Joint Board itself, IJBs are asked to adopt the MCHP for the Scottish Government, Scottish Parliament and Associated Public Authorities.

Adverse Events

Adverse Events by Category and Level of Review* Reported on Datix (Quarter 2, 2021/22)

	Level 3 - local review by line manager in discussion with staff	Level 2 - local management team review	Level 1 - significant adverse event analysis and review	Total
Abusive, violent, disruptive or self-harming behaviour	61	0	0	61
Access, Appointment, Admission, Transfer, Discharge (Including Absconders)	19	1	1	21
Accident (Including Falls, Exposure to Blood/Body Fluids, Asbestos, Radiation, Needlesticks or other hazards)	95	0	0	95
Clinical Assessment (Investigations, Images and Lab Tests)	2	0	0	2
Consent, Confidentiality or Communication	7	0	0	7
Diagnosis, failed or delayed	0	1	0	1
Fire	8	0	0	8
Implementation of care or ongoing monitoring/review (inc. pressure ulcers)	5	2	0	7
Infrastructure or resources (Staffing, Facilities, Environment, Lifts)	12	2	0	14
Medical device/equipment	1	0	0	1
Medication	37	1	0	38
Other - please specify in description	36	0	0	36
Patient Information (Records, Documents, Test Results, Scans)	5	0	0	5
Security (no longer contains fire)	4	0	0	4
Treatment, Procedure (Incl. Operations or Blood Transfusions etc.)	1	0	0	1
Total	293	7	1	301

4.25 Adverse Events by Harm Reported on Datix (Quarter 2, 2021/22)

All Adverse Events Q2 21/11 n = 337	2020/21 Quarter 2	2020/21 Quarter 3	2020/21 Quarter 4	2021/22 Quarter 1	2021/22 Quarter 2
Occurrence with no injury, harm or ill-health	204	170	222	193	239
Occurrence resulting in injury, harm or ill-health	77	73	72	80	61
Near Miss (occurrence prevented)	26	35	34	34	37
Property damage or loss	5	2	0	0	0
0Death	0	0	0	0	0
Total	312	280	328	307	337

Occurrence resulting in injury, harm or ill-health Q2 21/22 n = 61	Negligible	Minor	Moderate	Major	TOTAL
Staff n = 15	4	9	0	0	15
Patient n = 37	1	29	7	0	37
Student or Trainee n = 1	0	1	0	0	1
Visitor/ Member of Public n = 2	0	2	0	0	2
Equipment n = 1	0	1	0	0	1
Provision of Service n = 6	0	5	1	0	5
	5	47	8	0	61

Occurrence resulting in No injury, harm or ill-health Q1 21/22 n = 239		Negligible	TOTAL
Staff	n = 9	21	21
Patient	n = 144	178	178
Equipment	n = 6	15	15
Provision of Service	n = 1	15	15
Discharge	N = 3	3	3
Information Governance	n = 5	5	5
Visitor/ Member of Public	n = 2	2	2
			239

4.26 Adverse Events by Severity Reported on Datix (Quarter 2, 2021/22)

N = 337		2020/21 Quarter 3	2020/21 Quarter 4	2021/22 Quarter 1	2021/22 Quarter 2
Negligible	No injury or illness, negligible/no disruption to service / no financial loss	215	262	234	281
Minor	Minor injury or illness, short term disruption to service, minor financial loss	60	58	66	48
Moderate	Significant injury, externally reportable e.g. RIDDOR, some disruption to service, significant financial loss	4	7	6	8
Major	Major Injury, sustained loss of services, major financial loss	1	1	1	0
Total		280	328	307	337

Findings and Lessons Learned from incidents, complaints and reviews

- 4.27 A level 1 review consists of a full review team who have been commissioned to carry out a significant event analysis and review, reporting findings and learning via the division/ service governance structures.
- 4.28 There are currently **4** Level 1 reviews in progress (at the time of reporting).
- 4.29 There were no Level 1 reviews completed in the last quarter.

HSCM Risk Register

- 4.30 New risks identified on Datix are discussed at each Clinical and Care Governance Group and CRM. There have been no new risks identified as “High” during this reporting period.
- 4.31 Each Clinical Service Group/Department will highlight risks associated with their service, which are discussed during a reporting session to the HSCM Clinical and Care Governance Group. The risk register has been reviewed with leads given guidance and support to update. There are 4 “Very High” risks currently on the register. These are being closely monitored by the CRM and senior leadership team.

Duty of Candour

- 4.32 Four events were considered for Duty of Candour (DoC) during Quarter 2. Of these, 2 have been investigated and did not meet the DoC threshold. The 2 remaining events are currently being investigated and are currently being considered for DoC.

Items for escalation to the Clinical and Care Governance Committee

- 4.33 Adult Support and Protection (ASP) – multi-disciplinary joint inspection of adult protection activity in Grampian is expected in 2021/22. Preparatory work is ongoing. The NHS Grampian Adult Public Protection Training Framework has been approved for use within the organisation by the Grampian Area Partnership Forum (GAPF). This document sets out the training offered to NHSG staff in relation to adult public protection and the expected levels of training that should be undertaken. It is designed to be used by both frontline staff, teams and also management.
- 4.34 Adult Support and Protection in Moray – the Adult Support and Protection Improvement Plan is currently being updated, with working groups being established to progress actions. The initial Referral Discussion (IRD) process within in Moray is progressing. A single point of contact for Health has been appointed and will take up post on 18 October 2021. Interviews for an Adult Support and Protection Practitioner have also taken place, and the successful candidate will take up post at the end of November.
- 4.35 A multi-agency group has convened to reinforce a coordinated approach to ASP and self-evaluation within Moray.

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”**

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

(b) Policy and Legal

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

(c) Financial implications

None directly associated with this report.

(d) Risk Implications and Mitigation

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

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

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

The local Clinical Risk Management (CRM) group reviews all events logged on Datix, ensuring risk is identified and managed.

(e) Staffing Implications

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

(f) Property

None directly arising from this report.

(g) Equalities/Socio Economic Impact

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

(h) Consultations

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

- Jane Mackie, Head of Service / Joint Clinical and Care Governance Group Chair
- Jeanette Netherwood, Corporate Manager
- Tracey Sutherland, Committee Services Officer, Moray Council

6. CONCLUSION

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

Author of Report: Pauline Merchant, Clinical Governance Coordinator, HSCM
Background Papers: with author (data extracted 07.10.21)

Ref:



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 28 OCTOBER 2021

SUBJECT: OUT OF HOURS MENTAL HEALTH SERVICE PROVISION FOR 16-18 YEAR OLDS

BY: SERVICE MANAGER, CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS)

1. REASON FOR REPORT

- 1.1. To update the Committee on progress towards addressing the current gap in out-of-hours mental health service provision for young people aged 16-18 years in Moray, the current risk mitigation plan and longer term plans.

2. RECOMMENDATION

2.1. It is recommended that the Committee:

- i) **note the contents of this initial report; and**
- ii) **agree to receive a further report with update on progress made at the next meeting on 24 February 2022.**

3. BACKGROUND

- 3.1. A previous report to this Committee on 27 May 2021 (para 9 of the minute refers) informed the Committee about the current gap in out of hours mental health service provision for young people aged 16-18 years in Moray and actions that were being taken to address this.
- 3.2. There were a number of issues to be addressed including the change in staff profile and the way in which services are being delivered. A short life working group, chaired by the Clinical Director for Child and Adolescent Mental Health Services (CAMHS), has been convened with key stakeholders from across the system in Moray to develop a sustainable plan to address this gap.
- 3.3. The risk has been recorded on the risk register for Health and Social Care Moray and an immediate risk mitigation plan and short-term solution was put in place whereby all Consultant Psychiatrists on the on-call rota for Health and Social Care Moray have been requested to supervise nursing staff who are undertaking a mental health assessment on a young person aged 16-17 who

presents out of hours with a mental health problem. If the Consultant Psychiatrist feels unable to do so, they must escalate that decision to the Clinical Director for Mental Health and Substance Misuse Services (Health and Social Care Moray) for managerial support out of hours.

- 3.4. The Short Life Working Group has met on four occasions to-date. Progress has been slow over the summer months due to group members being on annual leave at various points. A Terms of Reference for the group has been drafted and is being finalised. Baseline data and case studies are being gathered to show more specifically the current gaps in demand and capacity and inform the work plan for the group. This includes gaps in the multi-disciplinary system for young people's disposal when they are in crisis and simply need a "safe space" out of hours rather than an inpatient admission.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. It is not ideal for young people aged 16 and 17 years who present out of hours with a mental health problem to be admitted to Ward 2 at Dr Gray's Hospital.
- 4.2. The initial risk mitigation plan and short term solution placed considerable burden on the Clinical Director for Mental Health and Substance Misuse Services in Health and Social Care Moray. Therefore, in the absence of this colleague, the Clinical Director for CAMHS could be contacted for decision support via the Senior Manager on-call for Royal Cornhill Hospital.
- 4.3. To support communication and collaborative working between services, a Consultant Child and Adolescent Psychiatrist is now joining the senior staffing meetings for Mental Health and Substance Misuse Services in Health and Social Care Moray.
- 4.4. CAMHS has committed to supporting the Continuous Professional Development (CPD) of colleagues working in Mental Health and Substance Misuse Services in Health and Social Care Moray to help them feel more confident and skilled with regards to the mental health assessment and decision making for 16 and 17 year olds who may present out of hours. This is working well with good attendance by both medical and nursing colleagues and positive discussion to inform improvements and developments at the most recent CPD session on 14 October.
- 4.5. CAMHS has appointed a further 1.8 whole time equivalent (WTE) Consultant Child and Adolescent Psychiatrists who have commenced in post. A key focus now is finalising arrangements to start the trial of a 7-day decision support rota between the hours of 9am till 5pm to cover both Dr Gray's and Aberdeen hospital sites on weekends and public holidays with CAMHS Consultant Psychiatrists. The start date is being confirmed and this is with a view to extending this till 10pm following the pilot and the length of this pilot will be six months. A paper detailing the pilot was taken to the meeting of the Short Life Working Group on 4 October for review (**see APPENDIX 1**).
- 4.6. The current CAMHS Psychiatry establishment in Scotland is 80 WTE, with approximately 20 WTE vacancies and there is a national shortage of Psychiatrists. Therefore, a regional CAMHS Consultant on-call rota for the North of Scotland, including the island boards, is considered to be a longer-

term and more sustainable solution for CAMHS out of hours decision support. In order to generate support for regional working, including a long-term regional solution to CAMHS out of hours provision, at an Executive level from all Boards in the North of Scotland, Dr June Brown, Executive Nurse Director for NHS Grampian has agreed to take on the role of Executive Champion for regional CAMHS provision. Dr Brown is being supported by Dr Kandarp Joshi, the CAMHS Clinical Director and CAMHS Clinical Lead for the North of Scotland, and Professor Steve Turner, Regional Clinical Lead for North of Scotland Children and Young People's Health Services. We are working with other Boards on recruitment for a jointly funded Regional Programme Manager to help progress this and other regional pathways for the North of Scotland.

- 4.7. The current situation is that nurse practitioners on the generic Mental Health rota in Moray can now undertake the mental health assessment for young people aged 16-17 years who present out-of-hours at emergency department and have access to appropriate supervision from general psychiatry colleagues on this rota. CAMHS Consultant Psychiatrists and experienced clinicians from other professions in the CAMHS and Mental Health & Substance Misuse Services are participating in CPD sessions which is supporting integrated working and service developments. The pilot of the decision-support rota for Grampian is being finalised.
- 4.8. The risk has now been closed on the Risk Register because there is now service provision for young people aged 16-17 years with mental health problems who present at Accident & Emergency out-of-hours who require a mental health assessment to determine appropriate care and/or treatment.

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"

This report links to delivery of Outcome 7 of the Strategic Plan to ensure people using health and social care services are safe from harm.

(b) Policy and Legal

The content of this report relates to services provided in relation to The Mental Health (Care and Treatment) (Scotland) Act 2003 (updated in 2015)

(c) Financial implications

There are no financial implications associated with this report.

(d) Risk Implications and Mitigation

This report outlines the risks that currently exist and the measures that are in place to mitigate them in the short term, and outlines the plan for developing a sustainable service for the longer term.

(e) Staffing Implications

None arising directly from this report

(f) Property

There are no property implications arising from this report.

(g) Equalities/Socio Economic Impact

An Equalities Impact Assessment is not required as there is no change to policy and procedures resulting from this report.

(h) Consultations

Consultation on this report has taken place with the Chief Officer, Chief Social Work Officer, Head of Service, Corporate Manager, HSCM and Tracey Sutherland, Committee Services Officer, Moray Council; who are in agreement with the content of this report as regards their respective responsibilities.

6. CONCLUSION

6.1. This report sets out the current position in relation to the service provided for 16 and 17 year olds in Moray, the mitigation in place and the steps that are being taken to establish longer term provision.

6.2. It is proposed that a future report be submitted to this Committee updating on progress.

Author of Report: Alex Pirrie, Service Manager, CAMHS

Background Papers:

Ref:

APPENDIX 1

CAMHS Consultant Telephone Advisory Rota for NHS Grampian as supplementary to the existing General Psychiatry on call Rota

Proposed Pilot to run from XXXX till XXXX

Introduction

Within NHS Grampian, for out of hours presentations, the Mental health and Learning disability service at Aberdeen site currently provide a 3 tier rota Generic Mental Health service for children aged 14 years and older and adults. Children under 14 years of age who are admitted and need a psychiatric evaluation are currently seen if need be at RACH between 9 am and 1pm on weekends by a Child and Adolescent Psychiatry consultant.

In Elgin, there is an on call rota that consists of a Consultant Psychiatrist and junior medical/nursing staff. Under 16s are admitted to ward 2 and over 16s are seen by EPPH (emergency psychiatric page holder) team.

General Statement

- Any child or young person who presents out of hours will receive a generic mental health assessment if needed.
- Telephone advice from CAMHS Consultant ONLY to Clinicians currently on the Mental Health Rota.
- CAMHS Consultant will be supplementary to the existing current mental health on call systems and is for advice only to the general Mental health rota (EPPH at Dr Gray's).
- If a child or young person needs admission, it will continue as is current practice.

Telephone Advice Arrangements

The arrangements for out of hours telephone advice cover (9 am -5 pm Saturday, Sunday and Public Holidays) provided by Child and Adolescent psychiatrist for advice will be as follows:

1. There will be a Consultant Child and Adolescent Psychiatrist on call for telephone advice only for NHS Grampian. This is a Decision support Service only with advice to:

- a. other medical staff and nursing staff who may be dealing with a patient who requires an emergency psychiatric assessment; such as on-call FY/GPST/CT/STs/ USC nurse

All community calls must be attended to by tier 1 (junior doc and USC nurse) and tier 2 (Registrars) for Aberdeen site and EPPH and Consultant on call for Dr Gray's site before seeking advice from the CAMHS Consultant.

2. A member from the local specialist CAMHS service will see any child or young person who is admitted to a mental health bed out of hours on the next available working day (Mon - Fri 9 to 5). Arrangements will be put in place to ensure that local specialist services are alerted appropriately.
3. During the pilot period any child under 14 years of age who presents after 5 pm can be admitted to RACH overnight for next day assessment if need be. If they can safely go home, then they can be sent home and a referral sent to CAMHS in input is required. If a child under 14 has taken an overdose, then they need to be admitted and assessed the following day. They will be seen on next working day by CAMHS and if it is on a weekend or holiday, will be seen by USC nursing / Jr Doc (same service as currently happens for 14s and over) on Aberdeen site with support if needed from CAMHS Consultant on weekends. On Elgin site EPPH team will provide assessment over weekend with remote decision support from CAMHS consultants for 13 years and over.
4. All children (under 16) who need medical evaluation and treatment are admitted to RACH or Ward 2 Dr Gray's. Mental health crisis admission to Royal Cornhill Hospital for young people aged 14 and over will continue as at present. No changes to practice for 14s and over (current pathway for GMeds / Police to contact RCH for OOH assessment). Similarly all over 16s mental health crisis admission for Dr Gray's will be to ward 4.
5. Intention is to keep patient as local as possible but when there is medical reason to transfer patient from Ward 2 to RACH local arrangement of the protocols will be used.



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 28 OCTOBER 2021

SUBJECT: SOCIAL CARE PROVISION IN MORAY

BY: CHIEF SOCIAL WORK OFFICER

1. REASON FOR REPORT

- 1.1. To inform the Committee of the situation and to agree mitigating actions in relation to current concerns around social care provision.

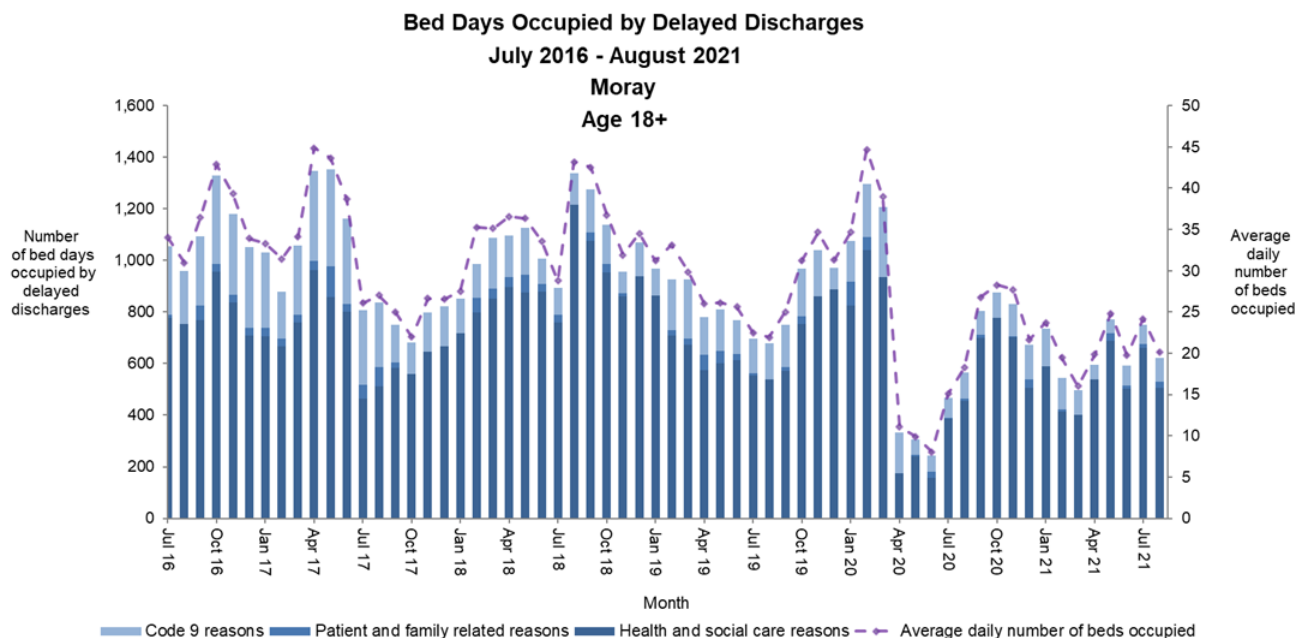
2. RECOMMENDATION

- 2.1. **It is recommended that the Committee notes the content of this report and agrees that the mitigating actions identified in section 4 should be taken forward.**

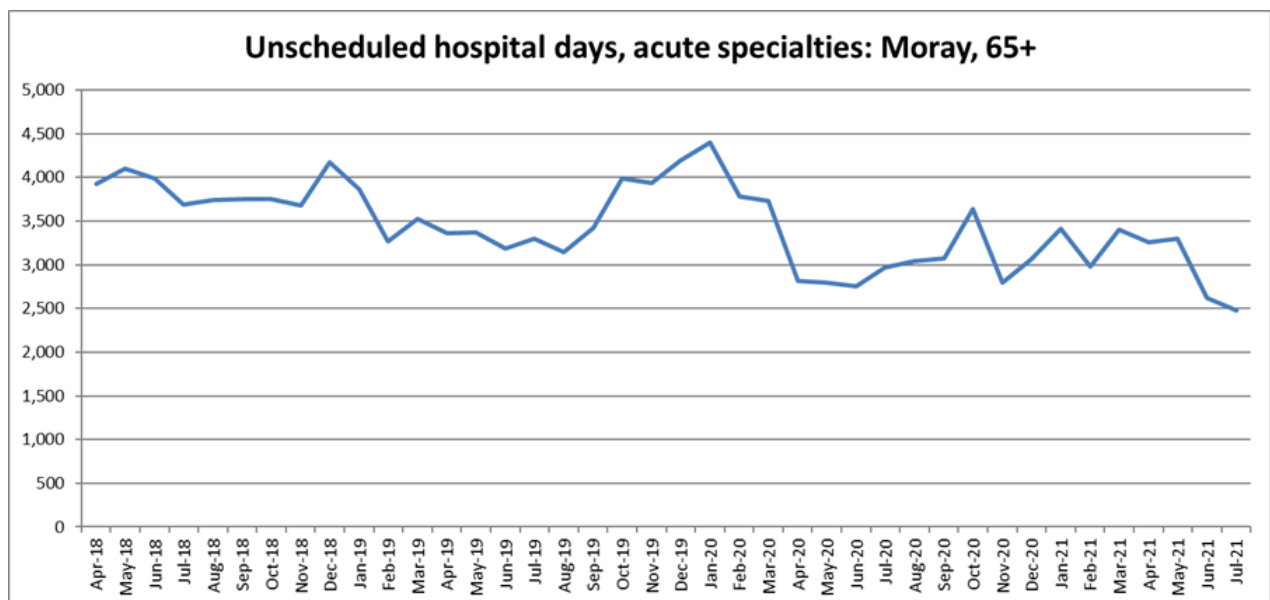
3. BACKGROUND

- 3.1. The Covid Pandemic began in March 2020 and has had an impact on people's need for social care and has also created difficulties in the delivery of social care.
- 3.2. The impact in Moray was slow to build. Following the initial action of making available additional capacity through social work review in March and April 2020 the number of referrals and demand for social care gradually began to build. Moray's rates of Covid have always been relatively low, so a severe impact was not experienced for some time, despite, in accordance with Government guidances, having reduced or withdrawn specific care resources i.e. Day services and specific respite services. The impact on Social Care of the pandemic can be seen both as a consequence of the impact on Health services and as a consequence of the impact directly on the lives of vulnerable people, stemming from isolation, anxiety and disruption to everyday life.
- 3.3. The first two graphs below are from the Ministerial Steering Group (MSG) figures that are sent every quarter. These demonstrate the pressures in the Health part of the Partnership. They show that while Moray have a high number of Delayed Discharges at snapshot, the more pertinent figure of number of Delayed Discharge Bed Days is not nearly as high as pre-COVID-19. This is up to the end of August 2021 but more recent management information does not

show a significant increase in Bed Days occupied for a significant period of time.



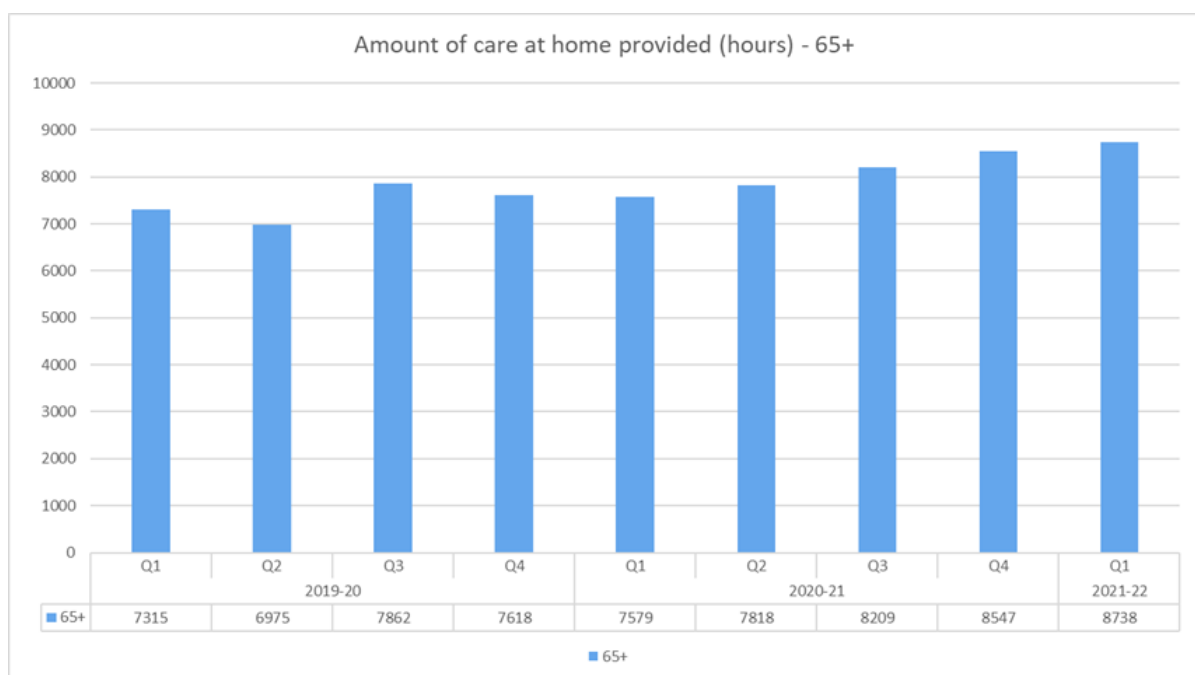
- 3.4 The number of unscheduled hospital days dipped at the start of the COVID pandemic. Figures have increased since then, however they have not returned to the pre-COVID levels. The 2021 June and July figures for unscheduled bed days for over 65 are two of the lowest figures since April 2018.



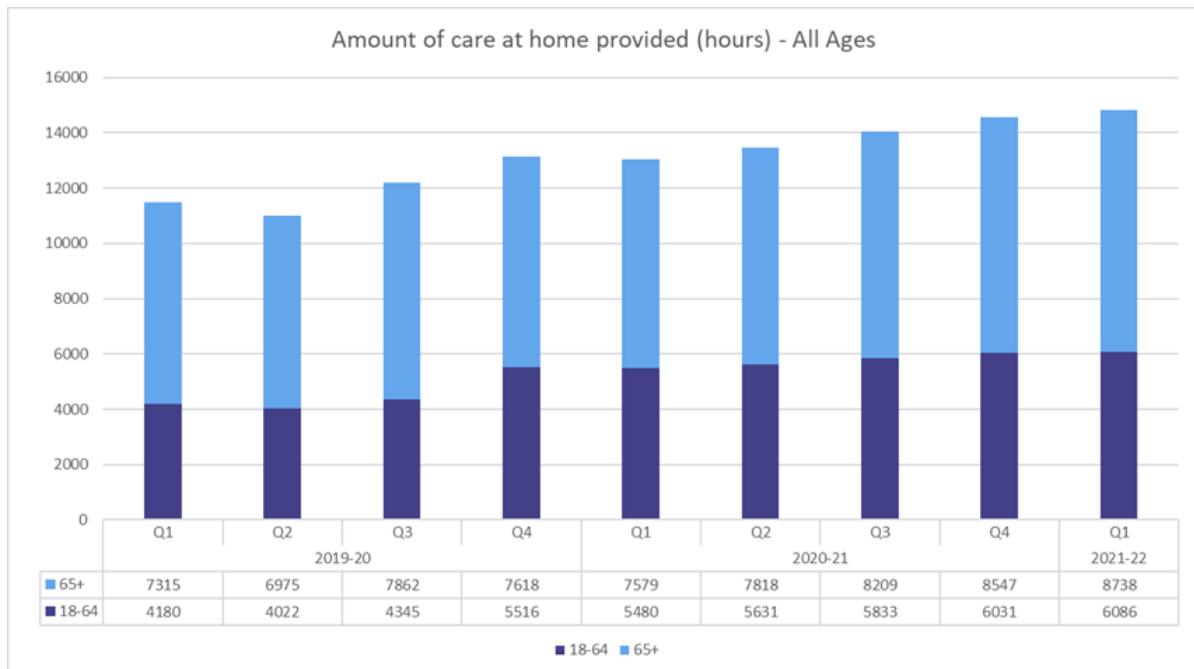
- 3.5 Additionally Moray is still performing well in the Percentage of last six months of life spent in the Community. It has increased a full 2 percentage points to 91.8% in 2020/21. While this is above the Scottish Average it does match the general increasing trend across Scotland in the Community. The percentage of last six months of life spent in Large and Community Hospitals took quite a dive in 2020/21 in Moray and in Scotland in general.

3.6 An interpretation of this activity, in relation to impact on Social Care suggests that a reduced in-patient bedbase had to work more quickly to maximise use of a restricted resource. For Social Care this would be experienced as continuing high demand. The sharp rise in bed days occupied by delayed discharge is evident from May to October 2020. For this purpose this may be seen as increasing pressure for social care resource.

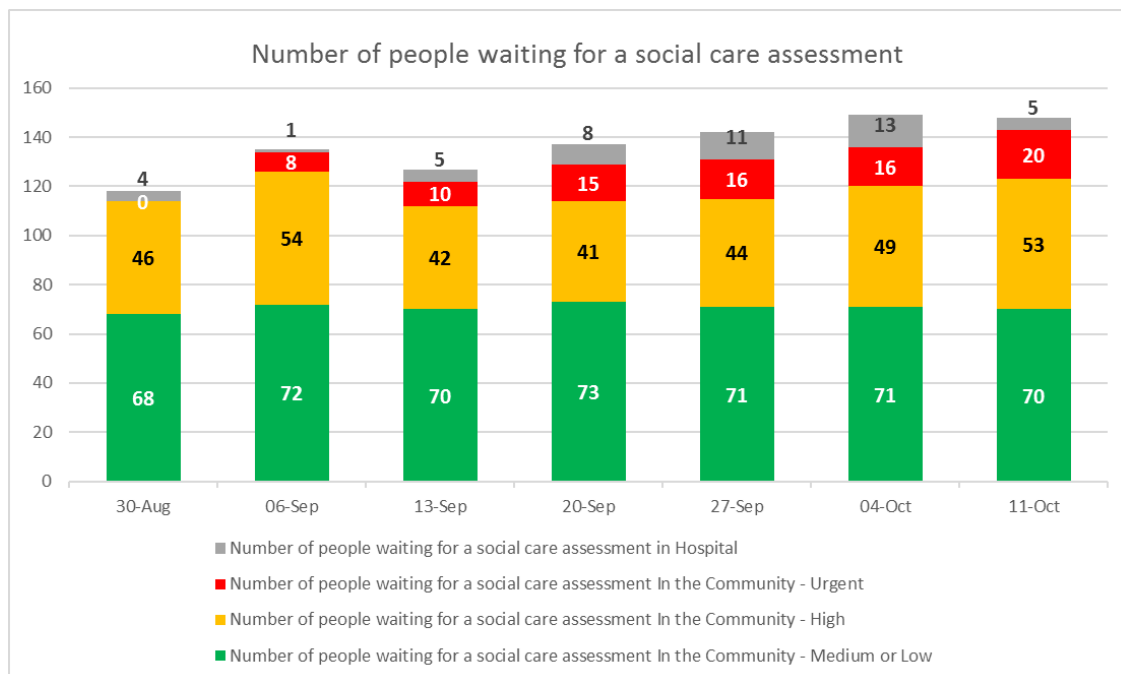
3.7 The following data explores Social Care activity: The number of care at home hours being provided in Moray for Free Personal Care and Free Nursing Care (FPC and FNC) has historically been increasing but since the start of the COVID-19 pandemic in Moray the number of hours being provided to those over 65 has increased from 7,600 hours a week to over 8,700 hours per week in quarter 1 (April 1 to June 30) 2021. This is an increase of 15% year on year and shows no sign of decreasing. For context the 2019-20 to 2020-21 increase as only 1%.



3.8 In total, the number of FPC/FNC hours being delivered in Moray has increased by 1,800 hours per week from 13,000 hours a week to 14,800 hours per week. (1,300 in the 65+ age group and 500 in the 18-65 age group).



- 3.9 There was an awareness of the increasing demand for complex social care situations at home towards the end of 2020. This represents the direct impact on the lives of vulnerable people of the pandemic, and of the public Health measures taken to combat this. Whilst many families offered and preferred to support their family members early in the pandemic, this became increasingly difficult as time progressed. Isolation and loss of support to informal family carers created breakdowns in these family arrangements. The closure of most community supports, added to family stress and, as alternatives were unavailable to requests for formal social care support.
- 3.10 This has continued to increase in number and severity. As at 11 October 2021 there were 148 people awaiting social care assessment and 111 people for whom an assessment had been concluded, indicating care was required, but for whom care could not be delivered.
- 3.11 In July 2021, perhaps associated initially with the onset of school holidays and the unavailability of care staff as a consequence of these holidays, social care support became much harder to secure. The pressure on all social care providers intensified. This situation has continued since then. The Scottish Government became aware of increasing difficulties across Scotland and a first meeting was convened on 6 August 2021 to hear of the difficulties being experienced. Since then weekly reports have been sent to Scottish Government on key information relating to social care agreed by the Oversight Group. Significantly the number of people waiting for a social care assessment has been steadily increasing since then. The increase has been driven by those requiring Urgent and High care in the Community.



3.12 In Moray, the continued pressure on the social care system has now reached a critical stage. The risks and issues identified are noted below:

- a) Infection, Prevention and control failures in external sector, causing increase in Covid risks.
- b) Return of packages from external sector to internal home care causing distress and gaps in care services to clients.
- c) Poor quality of service delivery identified in external providers resulting in poor experience and outcomes for clients.
- d) Limited and poor quality of management and supervision in care at home in external sector.
- e) Inability to meet demand for care at home service resulting in extensive waiting lists and long periods without care.
- f) Inability to meet demands for social care support affecting the efficiency of partners particularly hospitals.
- g) Pressure on Social Care sector to deliver, resulting in high levels of stress in care staff, leading to loss of staff.
- h) Loss of staff and limited recruitment makes the sector unattractive to new entrants.
- i) Work with Council HR to consider ways to streamline recruitment, possibly reviewing previously drafted 'quick start' procedures.
- j) Pressure on Social Care to deliver direct care resulting in erosion of staff support time e.g. Team meetings, training and support.

3.13 The following information may be helpful in understanding the situation further in relation to its impact on care providers and staff. Internal Care at Home (CAH) covers all localities in Moray.

- i) There are **130** shifts per day; each shift consisting of 6.5 hours. The 6.5 hours in the shift include travel to and between people as well as a 20 minute break.

- ii) The shifts are made up of Early shifts (07.00-13.30) and Late shifts (16.00-22.30).
- iii) There is a mixture of contracts available for Social Care Assistants (SCAs): zero hours, 6.5 hours, 19.5 hours, and 26 hours to 32.5 hours per week.
- iv) Each SCA works alone on each shift and they have mobile devices with schedules on for each person they are to visit. These schedules are monitored by a support team ensuring each shift is covered and all visits are in place, so covering all absences and vacancies on a day-to-day basis.
- v) Since January to September 2021 35 new SCAs covering 462 hours have been recruited and there has been increased contracts for 8 SCAs covering 95 hours: A total gain of 557 hours. There were 6 adverts, one of which was open for 6 weeks with interviews held every 2 weeks.
- vi) The service lost 34 SCAs, 578 hours and reduced the contracts of 25 staff at 365 hours. Total loss of 943 hours. There has been a mixture of reasons for reduction and leavers: "Time to retire", "the hours don't work around my family", "I'm finding it too stressful", "I do not want to put myself through the training required for registration" "Childcare problems with my partner changing jobs" being a few of the reasons given. Some left due to ill health and no longer being fit to do the role.
- vii) The people being referred to the service recently have changed in terms of what the assessed need is now, often complex, multiple conditions requiring more time and often double-up care.

3.14 The external Care at Home Providers are under pressure across Moray. The challenges faced are staff sickness, holidays, vacancies and people leaving, sometimes for other professions. Some providers are reporting a very slight easing in absence numbers. However, Care at Home across Moray as a whole is still under considerable stress. There is no availability across external Care at Home and most of the providers are at Red RAG status due to staffing issues and trying to safely deliver existing support packages. Multi-agency meetings have taken place as issues arise. Calling these meetings early and involving senior management are proving to offer positive steps forward that it is hoped will continue going forward.

3.15 In general providers are reporting that staff sickness and vacancies are still higher than average. This is due to the pressure placed on staff to cover additional runs as well as some COVID related illness – isolating whilst waiting for PCR results. Anticipated impacts are that there will be people who required care and no carers available to provide it.

3.16 Providers are increasing staff hours, cancelling or shortening annual leave, actively recruiting, pulling in office staff and some are using agency staff. They are also beginning to contact other providers to work together to move packages if required. Multi-disciplinary team meetings with the providers are being called to work together to come-up with strategies to meet the need. Social Work are looking at reviewing care packages to ensure the most at need

are prioritised. Social Work in the East are working with providers as required to make rotas/runs sustainable if possible even if that means moving packages around.

- 3.17 The information indicates severe pressure widespread across the social care system which is increasing in severity and creating potential negative outcomes in the community and for staff.

4 KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 One mitigation is to adopt a critical functions approach and stop all non-essential work not associated with either delivering or supporting frontline activity.
- 4.2 The Oversight Group have created a sub-group to support the care at home sector. The new external partner has been asked, and agreed, to provide some support for infection prevention and control and support quality across the care at home service in Moray. It is recommended that this is accepted.
- 4.3 It is proposed that management support for social work is increased or strengthened.
- 4.4 Professional review leads to the streamlining of any professional processes to help alleviate delays.
- 4.5 Recruitment activity should be continued and enhanced across the sector.
- 4.6 To provide additional support the social care sector through a range of different support mechanisms e.g. digital support group for all new starts in social care to ensure their experience is positive and hopefully help to retain staff.
- 4.7 Consider focussed and cross-sector recruitment drives, particularly with new external partner for care at home.

5 SUMMARY OF IMPLICATIONS

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

This report, and the previous/ongoing work detailed within it, support the delivery of the Corporate and 10 Year Plans and specifically support meeting the following outcomes in the Moray Integration Joint Board Strategic Plan:

- People are safe
- The workforce continually improves
- Resources are used effectively and efficiently

(b) Policy and Legal

This links to the Social Work (Scotland) Act 1968 as well the Integrated Joint Board's ability to deliver on the Home First policy.

(c) Financial implications

There are no property implications as a result of this report

(d) Risk Implications and Mitigation

These are noted within the body of the report.

(e) Staffing Implications

Stress on the sector is causing concerns for the wellbeing of the current social care workforce.

(f) Property

There are no property implications as a result of this report.

(g) Equalities/Socio Economic Impact

The lack of social care service will have the most meaningful impact on Moray's most vulnerable citizens.

(h) Consultations

Consultation on this report has taken place with the Deputy Chief Officer, Sean Coady, Head of Service, Katrina McGillivray, Senior HR Adviser, Tracey Sutherland, Committee Services Officer, who are in agreement with the content of this report as regards their respective responsibilities

6 CONCLUSION

6.1 The social care sector in Moray is under extreme pressure which is creating an impact on the wider community and the effectiveness and efficiency of health services.

6.2 Some mitigating actions are identified.

Author of Report: Jane Mackie, CSWO/Head of Service
Background Papers:
Ref:



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 28 OCTOBER 2021

SUBJECT: STRATEGIC RISK REGISTER – SEPTEMBER 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 September 2021.

2. RECOMMENDATION

2.1 It is recommended that the Committee agree to:

- i) consider and note the updated Strategic Risk Register included in 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) consider and agree whether this committee wishes to receive this update on a regular basis.

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 Audit Performance and Risk 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).

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 The Risk Management Framework review was completed and outcome was approved by the Board on 25 June 2020 (para 9 of the minute refers). The approved Risk Appetite Statements have been included in **APPENDIX 1**.
- 4.2 The impact of COVID-19 has delayed the development of some aspects of transformation plans as reported to the last meeting of this committee on 24 June 2021 (para 8 on the minute refers). Work overseen by North East Partnership on Home First programme continues to be progressed, in line with our Strategic Plan objectives. As anticipated the numbers of Covid-19 cases in the community continued to increase and there was some impact of staff requiring to self-isolate. However the greatest impact on progression of development work as plan has been the increases in demand for services at all parts of our system, for example at the Emergency Department at Dr Gray's, for social work referrals from the community, requests for Occupational Therapy services and through these processes a resultant increase in demand for care at home services. In addition Primary Care Services have also experienced considerable challenges with the requirement to develop new pathways to support demand. This has impacted on both in hours and out of hours primary care services. These increases in demands for service have arisen at a time where staffing resource has been reduced due to increasing sickness absence, staff vacancies, annual leave and the continued need for some staff redeployment. These aspects continue to impact on delivery of developmental work as staff have to continually adjust to respond to the Covid-19 situation albeit there is development work taking place as teams work collaboratively to address the increases in demand. 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.
- 4.3 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.
- 4.4 Recruitment and selection to staff vacancies is proving 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. There have been significant efforts and collaborative working to streamline processes and align timescales where possible, resulting in some care at home appointments being able to commence a couple of weeks earlier than anticipated, which will assist to relieve some particular pressures. In addition there has been an efficient and effective recruitment process for the Discharge to Assess posts which again will assist to relieve specific pressures in the system. There remain some staff redeployments and acting up arrangements in place, such

as for some of the vaccination team members, and there will be a period of time before services and staff return to “business as normal” or alternative arrangements are put in place. 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.

- 4.5 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 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 SEPTEMBER 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.</p> <p>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 Actions:	<p>Induction sessions are held for new IJB members. 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</p>

	<p>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 will 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</p>	
Mitigating Actions:	<p>Risk remains of the challenge that the MIJB can deliver transformation and efficiencies at the pace required.</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 through 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 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</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 30 September 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. This has been required to support a balanced budget for 2021/22 and it is yet unknown whether SG will provide support for this in the current year.
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: <i>Human Resources (People):</i>	Inability to recruit and retain qualified and experienced staff to provide and maintain sustainable, safe care, whilst ensuring staff are fully able to manage change resulting from response to external factors such as the impact of Covid and the actions that 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>
Controls:	<p>Management structure in place with updates reported to the MIJB.</p> <p>Organisational Development plan in place and Workforce Plans are being updated to align to the new strategic plan.</p>

	<p>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.</p> <p>Management competencies continue to be developed through Kings Fund training although this is suspended due to Covid19.</p> <p>Communications & Engagement Strategy was approved in November 2019 and is being implemented.</p> <p>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.</p> <p>SMT review vacancies and approve for recruitment.</p> <p>Managers are highlighting any areas of concern and where appropriate this is identified in operational risk registers.</p> <p>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>
Mitigating Actions:	<p>System re-design and transformation.</p> <p>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. .</p> <p>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.</p> <p>Lead Managers are involved in regional and national initiatives to ensure all learning is adopted to improve this position.</p> <p>Lead Managers and Professional Leads are linked to University Planning for intakes and programmes for future workforce development.</p> <p>Close monitoring of Covid infection rates and potential impacts for services are considered at the weekly Response Group meeting.</p>
Assurances:	<p>Operational oversight by Moray Workforce Forum has resumed and will report to MIJB in accordance with the agreed Governance framework.</p> <p>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.</p>

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>
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>Collaborative working has resulted in streamlining the appointment and training of 10 Care at Home staff to which will enable them to start their role on 9 August 2021, a couple of weeks earlier than originally envisaged.</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 is only able to commit to attending until August 2021 so there is a need to recruit.</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 to stakeholders and the wider public via HSCM website.</p> <p>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.</p>

	<p>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.</p> <p>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.</p> <p>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.</p> <p>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 and seeking views.</p>

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	HIGH
Risk Movement:	increase/decrease/no change	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>MIJB will be redefined 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/Surge Plan updated and was 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).</p> <p>Business Continuity Plans in place for most services although overdue a review in some areas.</p> <p>Knowledge of critical functions and ability to respond quickly and effectively has been in evidence during recent incidents such as Gas outages in Keith 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 Plan (Surge 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>NHS Grampian have amended their approach to Pandemic preparation so HSCM Pandemic plan requires redrafting and testing</p> <p>Lesson learnt from the response to Covid will be incorporated into the Surge (Winter) Plan and training needs identified will be addressed.</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:	Audit, Performance and Risk Committee and NHS Grampian Civil Contingencies Group oversight and scrutiny.
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 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 a meeting has taken place with representation from Moray Council and HSCM and steps to re-establish the Care for People group and update the Care for People response plan are in progress. The next meeting will be in September 2021.</p>

Current performance:	<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>
Comments:	<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. Children and Adult Protection services are being delivered and reported to their respective committee on a regular basis.</p>	
Mitigating Actions:	<p>This risk is discussed regularly by the three North East Chief Officers.</p> <p>Additional resource has been allocated to support the analysis of information for presentation to CCG committee</p>	

	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. There has been a reduction in staff resources around clinical and care governance due to the need to deploy staff to the vaccination team. This is being addressed.
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 in 2020.
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. Unplanned admissions or delayed discharges place additional cost and capacity burdens on the service.	

	<p>The level of delayed discharges has fluctuated over the last two months but reduced in recent weeks and has reflected the sustained focus and collective efforts by all those working in the pathway. However this is a complex area and will require continued effort to continue 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. 2019 to 2029 “Partners in Care” Strategic Plan approved and Transformation Plan being developed. Performance regularly reported to MIJB. Revised Scorecard being developed to align to the new strategic priorities. Best practice elements from each body brought together to mitigate risks to MIJB’s objectives and outcomes. Chief Officer and SMT managing workload pressures as part of budget process.</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 a “Performance Flow” 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>
Assurances:	<p>Audit, Performance and Risk Committee oversight. Operationally managed by service managers, summary reports to Practice Governance and clinical and care governance group and to System Leadership Group. Strategic direction provided by Senior Management Team.</p> <p>HSCM Response Group continues to meet and reviews the key performance information and actions that are required to deliver the priority services.</p>
Gaps in assurance:	<p>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.</p>

Current performance:	<p>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.</p> <p>There are likely to be changes to ways of working and this may also have impact on the performance information required.</p>
Comments:	<p>Work has progressed with development of performance monitoring and reporting of key performance indicators for locality managers.</p> <p>The delayed discharge group has produced an action plan for implementation and progress is being made.</p> <p>Practice Governance have been reviewing their operational performance requirements.</p> <p>The Home First priorities are being taken forward and updates are reported to this committee or MIJB on a regular basis.</p> <p>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.</p>

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 Rating:	<p>There are many issues that will impact on the ability to progress to deliver Strategic Objectives.</p> <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</p>	

	<p>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 GRAMPPIAN 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 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>

	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.
Assurances:	Strict ICT and data sharing policies and protocols in place with NHS Grampian and Moray Council.
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:	Training programme to be developed on records management, data protection and related issues for staff working across and between partners.
Comments:	Where national systems are involved it may not be possible to identify a solution however the issues will be able to be raised at the appropriate level via the Grampian Data Sharing Group where all three partnerships are represented.

9		
Description of Risk: <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>	

	Infrastructure Programme Board was established with Chief Officer as Senior Responsible Officer/Chief Officer member of CMT. Process for submission of projects to the infrastructure board approved and implemented to ensure appropriate oversight of all projects underway in HSCM. The Board is not meeting at present, so in the interim, project requests are being processed via Senior Management Team.
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. 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:	The Infrastructure Board is currently suspended. Its purpose is for highlights/exceptions to be taken to SLG for communication and information purposes.

	Access to support for development of HSCM priorities is difficult at time because projects/requests are prioritised 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.
Comments:	Existing projects will be reviewed as part of the development of the transformation plans for the Strategic Plan to ensure resources are being dedicated appropriately and aligned to the emerging Strategic priorities. Our requirements for support will be communicated via appropriate channels