



Audit, Performance and Risk Committee

Thursday, 25 March 2021

remote locations via video conference

NOTICE IS HEREBY GIVEN that a Meeting of the **Audit, Performance and Risk Committee** is to be held at **remote locations via video conference**, on **Thursday, 25 March 2021** at **13:00** to consider the business noted below.

AGENDA

- 1. Welcome and Apologies**
- 2. Declaration of Member's Interests**
- 3. Minute of AP&R Meeting on 26 November 2020** **5 - 8**
- 4. Action Log updated for Meeting on 26 November 2020** **9 - 10**
- 5. Quarter 3 Performance** **11 - 50**
Report by the Chief Financial Officer
- 6. Internal Audit Update** **51 - 56**
Report by Chief Internal Auditor
- 7. Strategic Risk Register - March 2021** **57 - 82**
Report by Chief Officer
- 8. Civil Contingencies - Resilience Standards** **83 - 94**
Report by the Corporate Manager

9. External Audit Plan for Year Ending 2020-21

**95 -
112**

Report by the Chief Financial Officer

MORAY INTEGRATION JOINT BOARD

MEMBERSHIP

Mr Sandy Riddell (Member)
Mr Dennis Robertson (Member)
Councillor Frank Brown (Member)
Councillor Theresa Coull (Member)

Ms Elidh Brown (Non-Voting Member)
Mr Steven Lindsay (Non-Voting Member)

Clerk Name:

Clerk Telephone: 01343 563014

Clerk Email: committee.services@moray.gov.uk



MINUTE OF MEETING OF THE INTEGRATION JOINT BOARD

AUDIT, PERFORMANCE AND RISK COMMITTEE

Thursday, 26 November 2020

remote locations via video conference

PRESENT

Councillor Theresa Coull, Mr Sandy Riddell, Councillor Frank Brown, Ms Tracey Abdy, Mr Simon Bokor-Ingram, Mr Nick Fluck, Medical Director/ Responsible Officer/Caldicott Guardian.

APOLOGIES

Mr Steven Lindsay, Ms Elidh Brown

IN ATTENDANCE

Also in attendance at the above meeting was Mr Bruce Woodward, Senior Performance Officer, HSCM; Mr Atholl Scott, Senior Auditor, Moray Council; Mrs Jeanette Netherwood, Corporate Manager, HSCM; Natalie Jeffery, as clerk to the Board.

Chair of Meeting

The meeting was chaired by Cllr Coull.

1. Welcome and Apologies

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

2. Declaration of Member's Interests

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

3. Minute of Board Meeting dated 27 August 2020

The Minute of the meeting dated 27 August 2020 was submitted for approval.

The Board agreed to approve the minute as submitted.

4. Action Log of Board Meeting dated 27 August 2020

The Action Log of the meeting dated 27 August 2020 was discussed and updated accordingly at the meeting.

5. Quarter 2 (July-September 2020) Performance Cover Report

A report by the Chief Financial Officer updates the Committee on its performance as at Quarter 2.

This was the second report presented in the new format. It was acknowledged there is still some work to do regarding indicators and targets but the report will continue to evolve and be flexible to support the health and social care system. Appropriate targets were quite difficult to set in the present climate but still needed to be established.

It was acknowledged that more focus was needed on delayed discharges and also wider discussion around mental health.

There was some discussion on the accuracy and efficacy of absence reporting and the differences relating to the recording of Covid absences. Mr Scott commented that an absence audit in the council had been completed and that there was some positive practices in process that he would share with the group.

Readmission rates in hospitals was also discussed. Mr Fluck commented that readmission rate was based on patients going home then being readmitted- length of stay must be considered when looking at this data particularly with an elderly patient cohort. A balance in this demographic is very difficult as if they discharge quickly, their readmission rates increase. There must be a balance of the clinical risk.

It was agreed that Mr Woodward would study data from a cohort of readmitted patients to determine the length of hospital stay versus the readmission criteria.

The data for unmet need required clarification as some cases were clearly backlog from Covid onset and some will now need reassessment. Mr Coady is addressing this with Home First and Delayed Discharges work. Mr Coady will be asked to provide an update on any progress made with unmet need.

Addendum: It was noted that the quarter needed changing to 2021 rather than 2020. It was noted that managers need to provide more commentary to their data to aid comprehension and that action timescales need to be implemented.

The Committee noted:

i) The performance of local indicators for Quarter 2 (July –September 2020) as presented in the Performance Report at APPENDIX 1; and

ii) The analysis of the local indicators that have been highlighted and actions being undertaken to address performance that is outside of acceptable target ranges as detailed in APPENDIX 1.

6. Internal Audit Update

A report by the Chief Internal Auditor provides the Committee with a general update on audit work progressed since the meeting of the committee in August and to give consideration to initial thoughts as to the audit plan for the 2021/22 financial year.

Items for particular note and consideration were: 3.4 PPE, 3.5 Adaptations. Mr Scott mentioned that audit arrangements with NHS Grampian were looking to be enhanced.

Mr Riddell welcomed feedback on the report and noted it was very challenging times and appreciated the progress made under extenuating circumstances.

There was discussion around the equipment store and whilst it was recognised that there had been improvements made there were still problems being experienced by Occupational Therapists in accessing some equipment and Mr Bokor-Ingram advised that he would be prioritising this once the Covid Vaccination Scheme was established.

The Committee noted the report.

7. Strategic Risk Register – November 2020

A report by the Interim Chief Officer, provides an overview of the current strategic risks, along with a summary of actions which are in place to mitigate those risks, updated November 2020.

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.

Mrs Netherwood discussed that the Covid pandemic had certainly impacted hugely on strategic objectives and transformation. The remobilisation plan for services has caused increase in workload for staff around reassessments of need following the decision to return to delivery of both substantial and critical eligibility criteria. Home First had been able to progress clinically but some local projects were unable to progress at this time due to lack of available staff resource. Some other areas had been unable to progress due to restrictions.

Surge response and Emergency planning was now aligned to Operation Snowdrop criteria.

The pressure on Workforce was noted, particularly in elements such as ICT. The Strategic Risk Register will be further refined to align with the transformation plans as they evolve.

Mr Riddell complimented the report.

The committee considered and noted the report.

8. Update on Staff Absence and Recruitment Challenges-Report by Interim Chief Officer

A report by Mrs Netherwood, Corporate Manager, provided an update on the absence figures and an overview of the challenges that are being experienced with recruitment to various posts in Health and Social Care Moray (HSCM).

Appendix 1 highlighted some of the recruitment challenges that are currently being experienced in HSCM. These are areas highlighted by managers, where the lack of people with sufficient experience, knowledge and skill to undertake these defined roles has a direct impact on the ability to provide service.

It was discussed and noted that the difficulties with recruitment were exacerbated by Covid and geographical location. It was hoped that the Moray Growth deal would help alleviate some of this pressure.

The Committee agreed to note the content of the report.

AOCB: Cllr Coull proposed that the opportunity for informal discussions to enable and reinforce connections. Members of Committee were in agreement, subject to time allowing.

MEETING OF MORAY INTEGRATION JOINT BOARD
AUDIT, PERFORMANCE AND RISK COMMITTEE
THURSDAY 26 NOVEMBER 2020
ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
1.	Action Log of Meeting dated 27 August 2020	Payment Verification Assurance Update	March 2021	Sean Coady
2.	Civil Contingencies – Resilience Standards Progress Jan 2020	Annual assurance report to be requested from Health and Social Care Moray Civil Contingencies Group.	March 2021	J Netherwood
3.	Strategic Risk Register – August 2020	Report on Home First approach – setting out changes required and evaluation of current position, performance and risks	March 2021	Simon Boker Ingram
4.	Performance report	Cohort of readmitted patients to be studied with particular reference to length of stay. Update regarding progress of delayed discharge project to be provided.	March 2021	Bruce Woodward/ Sean Coady



REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 25 MARCH 2021

SUBJECT: QUARTER 3 (OCTOBER – DECEMBER 2020) PERFORMANCE REPORT

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

- 1.1 To update the Audit, Performance and Risk (APR) Committee on its performance as at Quarter 3 (October – December 2020).

2. RECOMMENDATION

- 2.1 It is recommended that the APR Committee consider and note:

- i) the performance of local indicators for Quarter 3 (October – December 2020) as presented in the Performance Report at APPENDIX 1; and
- ii) the analysis of the local indicators that have been highlighted and actions being undertaken to address performance that is outside of acceptable target ranges as detailed in APPENDIX 1;

3. BACKGROUND

- 3.1 The purpose of this report is to ensure the Moray Integration Joint Board (MIJB) fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and on the programme of work as set out in its Strategic Plan.
- 3.2 **APPENDIX 1** identifies local indicators for the MIJB and the functions delegated by NHS Grampian and Moray Council, to allow wider scrutiny by the Board.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

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

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

- 4.2 The detailed performance report for quarter 3 is attached in **APPENDIX 1**.

Summary:

- 4.3 Performance within Health and Social Care Moray (HSCM) as demonstrated by the agreed indicators up to the end of quarter 3 of the financial year 2020/21 is showing as positive once again; however, the impact of COVID-19 is evident in the indicators presented under each Barometer. The changes made to routine procedures in the services has resulted in improvements in both indicators relating to the Delayed Discharge and the Mental Health indicators.
- 4.4 Development of the key Social Work focussed indicators are underway to understand the pressures more fully within the Social Care systems in Moray. The underpinning data, measures and operational indicators are being presented to the relevant management groups for ongoing consideration and refinement.
- 4.5 As the system re-aligns to a new way of working it will become possible to draw comparisons with previous years trends. All indicators and trends are presented with the acknowledgement that there maybe unforeseen long-term implications that are not yet known. Targets will re-assessed and updated as appropriate.
- 4.6 The table below (Figure 1) gives a summary and the historical trend by indicator since quarter 3 2019/20

Figure 1 – Performance Summary

Code	Barometer (Indicator)	Q3 1920	Q4 1920	Q1 2021	Q2 2021	Q3 2021	Target	Deviation
DD	Delayed Discharge							
DD-01	Number of delayed discharges (including code 9, Census snapshot, at end of quarter)	33	35	10	27	23	25	
DD-02	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) 18+ population	971	1,208	242	803	672	781	
EA	Emergency Admissions							
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	2,082	2,170	2,087	2,040	1,840	2,107	
EA-02	Emergency Admissions rate per 1000 population for over 65s	183.4	182.7	178.6	179	180	179.8	
EA-03	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	126.2	125.2	122.3	123.3	123	125	
AE	Accident and Emergency							
AE-01	A&E Attendance rate per day per 1000 population (All Ages)	24.5	17.5	15.8	17.9	16.8	22	
HR	Hospital Re-Admissions							
HR-01	% of Emergency Readmissions to hospital within 28 days - Moray Patients	9.9%	6.5%	11.0%	9.8%	9.2%	8.4%	
HR-02	% of Emergency Readmissions to hospital for within 7 days - Moray Patients	5.5%	3.1%	4.3%	4.6%	4.2%	4.2%	
UN	Unmet Need							
UN-01	Number of Long Term Home Care hours unmet at weekly Snapshot	-	-	623	523	578	Data only for first year	
UN-02	Number of People requiring Long Term homecare hours unmet at weekly Snapshot	-	-	36	44	35	Data only for first year	
OA	Outstanding Assessments							
OA-01	Number of Reviews Overdue at end of quarter snapshot	-	-	1506	1608	1655	Data only for first year	
MH	Mental Health							
MH-01	Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral	53%	25%	24%	23%	100%	90%	
SM	Staff Management							
SM-01	NHS Sickness Absence (% of Hours Lost)	5.30%	4.60%	3.10%	3.60%	3.60%	4%	
SM-02	Council Sickness Absence (% of Calendar Days Lost)	8.00%	9.08%	6.43%	6.13%	6.22	4%	

5. SUMMARY OF IMPLICATIONS

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

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

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

(b) Policy and Legal

None directly associated with this report.

(c) Financial implications

None directly associated with this report.

(d) Risk Implications and Mitigation

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

(e) Staffing Implications

None directly associated with this report.

(f) Property

None directly associated with this report.

(g) Equalities/Socio Economic Impact

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

(h) Consultations

Chief Officer, Chief Financial Officer, Heads of Service, Corporate Manager, Service Managers where their respective areas are relevant to this report, Health and Social Care Moray; Tracey Sutherland, Committee Services Officer, Moray Council.

6. CONCLUSION

6.1 This report requests the MIJB comment on performance of local indicators and actions summarised in Section 4 and expanded on in APPENDIX 1.

Author of Report: Bruce Woodward, Senior Performance Officer

Background Papers: Available on request

Ref:



PERFORMANCE REPORT

QUARTER 3 2020/21

(1 OCTOBER 2020 – 31 DECEMBER 2020)

1. TABLE OF CONTENTS

1.	Table of Contents.....	1
2.	Performance Summary	3
	Commentary	3
	Delayed Discharge – AMBER (RED TRAJECTORY)	3
	Emergency Admissions - GREEN	3
	Accident and Emergency - GREEN	3
	Hospital Re-admissions - RED	3
	Unmet Need – DATA ONLY	4
	Outstanding Assessments – DATA ONLY	4
	Mental Health - RED	4
	Staff Management – GREEN (NO UPDATE).....	4
	Indicator Summary	5
3.	Delayed Discharge	6
	DD-01: Number of delayed discharges (including code 9, Census snapshot, at end of quarter)	8
	DD-02: Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population	9
4.	Emergency Admissions	10
	EA-01: Rate of emergency occupied bed days for over 65s per 1000 population.....	11
	EA-02: Emergency Admissions rate per 1000 population for over 65s	12
	EA-03: Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	13
5.	Accident and Emergency	14
	AE-01: A&E Attendance rates per 1000 population (All Ages)	15
6.	Hospital Re-admissions.....	16
	HR-01: Percentage of Emergency Re-admissions to hospital within 28 days - Moray Patients	17
	HR-02: Percentage of Emergency Re-admissions to hospital within 7 days - Moray Patients	18
7.	Unmet Need	19
	UN-01: Number of Long-Term Home Care hours unmet at weekly Snapshot	19
	UN-02: Number of People with Long-Term Care hours unmet at weekly Snapshot	20
8.	Outstanding Assessments.....	21
	OA-01: Number of REVIEWS OUTSTANDING AT END OF QUARTER SNAPSHOT	21
9.	Mental Health.....	22
	MH-01: Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral	23
10.	Staff Management.....	24
	SM-01: NHS Sickness Absence % of Hours Lost	25
	SM-02: Council Sickness Absence (% of Calendar Days Lost)	26
	Appendix 1: Key and Data Definitions	27

RAG Scoring Criteria	27
Peer Group Definition.....	27
Appendix 2: Strategic Priorities	28
Appendix 3: National Health and Wellbeing Outcomes	30

2. PERFORMANCE SUMMARY

COMMENTARY

Performance within Health and Social Care Moray (HSCM) as demonstrated by the agreed indicators up to the end of quarter 3 of the financial year 2020/21 is showing as positive once again; however, the impact of COVID-19 is evident in the indicators presented under each Barometer. The changes made to routine procedures in the services has resulted in improvements in both indicators relating to the Delayed Discharge barometer and the Mental Health indicator.

Development of the three Social Work focussed indicators are underway to understand the pressures more fully within the Social Care systems in Moray. The underpinning data, measures and operational indicators are being presented to the relevant management groups for ongoing consideration and refinement.

As the system re-aligns to a new way of working it will become more possible to draw comparisons with previous years trends. All indicators and trends are presented with the acknowledgement that it is likely that there will be long-term unseen implications from the pandemic and targets are being re-assessed and updated appropriately.

DELAYED DISCHARGE – GREEN

The increase in the number of people delayed at census snapshot continued through October 2020. This has since been followed by November and December numbers returning to below target.

While the more stable DD-02 (Bed Days Occupied by Delayed Discharges) is showing a better than pre-COVID-19 level and while there was a small increase in number of bed days lost in October there has since been a decrease in November and December 2020 is the lowest pre-COVID-19 figure since August 2015.

Consequent to the Q2 Performance Report, an immense amount of work has been undertaken across the Moray system to ensure that performance is within if not better than the mandatory target. This has engagement from all teams across the whole system and the aim is to ensure there is sustainable processes in place and appropriately resourced teams. Continuous improvement work across the system will continue to support a reduction in both delayed discharge and the risks to patients from unnecessary time spent in hospital.

EMERGENCY ADMISSIONS - GREEN

There was no significant year on year change in any of the Emergency Admission measures despite there being a continued reduction in the number of Emergency Department attendances.

ACCIDENT AND EMERGENCY - GREEN

The number of people attending the Emergency Department in Moray are below those presenting last year and this indicates a continued long-term decreasing trend.

The data provided by the Flow Navigation Hub indicate that the reduction can be attributed to those with Minor Injury and Illness attendances. Those with more acute and more direct referrals for potential Medical and Surgical Admissions remain along the same levels throughout.

HOSPITAL RE-ADMISSIONS - RED

There was a significant reduction in discharges from Dr. Gray's in 2020 than in 2019 (due to less planned work being undertaken and fewer bed numbers in the hospital with the introduction of safer workplace and distancing) however the number of readmissions reduced, but by a lesser margin than the discharges.

Refer to Appendix 2 for more detailed analysis provided by Health Intelligence.

UNMET NEED – DATA ONLY

At the end of the quarter there were **35 people** awaiting care packages which amounted to an assessed **578 hours** of unmet need. This represents a decrease in the number of people awaiting care but an increase in the number of hours being unmet from quarter 2.

OUTSTANDING ASSESSMENTS – DATA ONLY

At the end of quarter 3 the number of reviews outstanding in CareFirst increased to 1,655. Continued scrutiny of this indicator has highlighted some differences in the use of the system between the Social Work teams and work is being undertaken to introduce a more consistent approach to recording this measure.

MENTAL HEALTH - GREEN

Mental Health Services have had a sustained and substantial improvement in quarter 3.

Mental Health services are not more streamlined in triaging; opting people in; and discharging people on the waiting list. There is also now one waiting list rather than one in each locality which has allowed for more equity of access.

STAFF MANAGEMENT – RED

Over the duration of the Pandemic there has been a reduction in both NHS Sickness absence and Moray Council Sickness absence rates. The NHS rate is now below target and there has been a reduction in the Moray Council rate from 9.08% at peak to 6.2%.

This is the first time information has been provided for Moray Council staff absence and further work will be undertaken with Council Human Resources to refine the data analysis available for managers.

BAROMETER OVERVIEW

Moray currently has **14 local indicators underpinning 8 Barometers**. Of these **8 are Green** and **2 are Red** and **1 is Amber**. There are 3 indicators that are new and have targets pending.

Figure 2 – Performance Summary

Code	Barometer (Indicator)	Q3 1920	Q4 1920	Q1 2021	Q2 2021	Q3 2021	Target	Deviation
DD	Delayed Discharge							
DD-01	Number of delayed discharges (including code 9, Census snapshot, at end of quarter)	33	35	10	27	23	25	
DD-02	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) 18+ population	971	1,208	242	803	672	781	
EA	Emergency Admissions							
EA-01	Rate of emergency occupied bed days for over 65s per 1000 population	2,082	2,170	2,087	2,040	1,840	2,107	
EA-02	Emergency Admissions rate per 1000 population for over 65s	183.4	182.7	178.6	179	180	179.8	
EA-03	Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	126.2	125.2	122.3	123.3	123	125	
AE	Accident and Emergency							
AE-01	A&E Attendance rate per day per 1000 population (All Ages)	24.5	17.5	15.8	17.9	16.8	22	
HR	Hospital Re-Admissions							
HR-01	% of Emergency Readmissions to hospital within 28 days - Moray Patients	9.9%	6.5%	11.0%	9.8%	9.2%	8.4%	
HR-02	% of Emergency Readmissions to hospital for within 7 days - Moray Patients	5.5%	3.1%	4.3%	4.6%	4.2%	4.2%	
UN	Unmet Need							
UN-01	Number of Long Term Home Care hours unmet at weekly Snapshot	-	-	623	523	578	Data only for first year	
UN-02	Number of People requiring Long Term homecare hours unmet at weekly Snapshot	-	-	36	44	35	Data only for first year	
OA	Outstanding Assessments							
OA-01	Number of Reviews Overdue at end of quarter snapshot	-	-	1506	1608	1655	Data only for first year	
MH	Mental Health							
MH-01	Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral	53%	25%	24%	23%	100%	90%	
SM	Staff Management							
SM-01	NHS Sickness Absence (% of Hours Lost)	5.30%	4.60%	3.10%	3.60%	3.60%	4%	
SM-02	Council Sickness Absence (% of Calendar Days Lost)	8.00%	9.08%	6.43%	6.13%	6.22	4%	

3. DELAYED DISCHARGE - GREEN

Trend Analysis

The increase in the number of people delayed at census snapshot continued through October 2020. This has since been followed by November and December numbers returning to below target.

While the more stable DD-02 (Bed Days Occupied by Delayed Discharges) is showing a better than pre-COVID-19 level and while there was a small increase in number of bed days lost in October there has since been a decrease in November and December 2020 is the lowest pre-COVID-19 figure since August 2015.

Operational Actions and Maintenance

Consequent to the Q2 Performance Report, an immense amount of work has been undertaken across the Moray system to ensure that performance is within, if not better than, the mandatory target. This has involved engagement from all teams across the whole system and the aim is to ensure there is sustainable processes in place and appropriately resourced teams. Continuous improvement work across the system will continue to support a reduction in both delayed discharge and the risks to patients from unnecessary time spent in hospital.

Areas of Improvement already identified are:

- Communications
- Pathways
- Capacity and Performance
- Dynamic Daily Discharge
- Recruitment
- Planned Discharge Dates (PDD)

The work being undertaken has had an impact on our performance since Q2. Some of those achievements to date are:

- Closer working with Operational Support at both Dr Gray's and Aberdeen Royal Infirmary.
- Twice weekly operational meetings to discuss Delayed Discharge workflow, looking at issues, solutions, and scrutiny.
- An operational Discharge Hub
- Some documentation has been streamlined to quick access to care provision.
- Appropriate representation from across the system at the Weekly Community Hospital Consolidation Meeting.
- Improved utilization of intermediate facilities i.e., Loxa Court & Jubilee Cottage, and teams i.e., CRT.
- New Care at Home provider commenced in Moray in January 2021.
- Screening tool for Social work implemented.
- Daily DD Update now includes full narrative of actions undertaken to support timely discharges.
- Joint Equipment store provision and delivery improvements.
- Traffic light system in operation within Dr Gray's and all Moray Community Hospitals to monitor PDD and flow.

A lot of work is still being progressed to continue supporting the aim of Delayed Discharges. This work comprises of:

- Community Hospital Waiting lists being monitored - issues identified are highlighted for discussion and resolution.
- Patient transport for transfer and discharge being explored.
- Prescriptions for discharge being progressed with e-Health.
- Communication across the workstream improving.
- Supporting a Business Case (Dr Gray's) to secure permanent Discharge Coordinator, which will operate 7 days /365 days of the year.
- Improving patient handovers between Dr Gray's, Aberdeen Royal Infirmary and Moray Community Hospitals
- Process mapping work at Grampian and Moray levels
- Localities performance dashboard being developed.
- Quantitative data on Community Hospitals being collated and analysed.
- Review of Marie Curie OOHs Community Nursing Service being undertaken.

The success of this work will be represented in the following:

- Reduction in the number of delayed discharges
- Improved lines of communication and processes between professionals

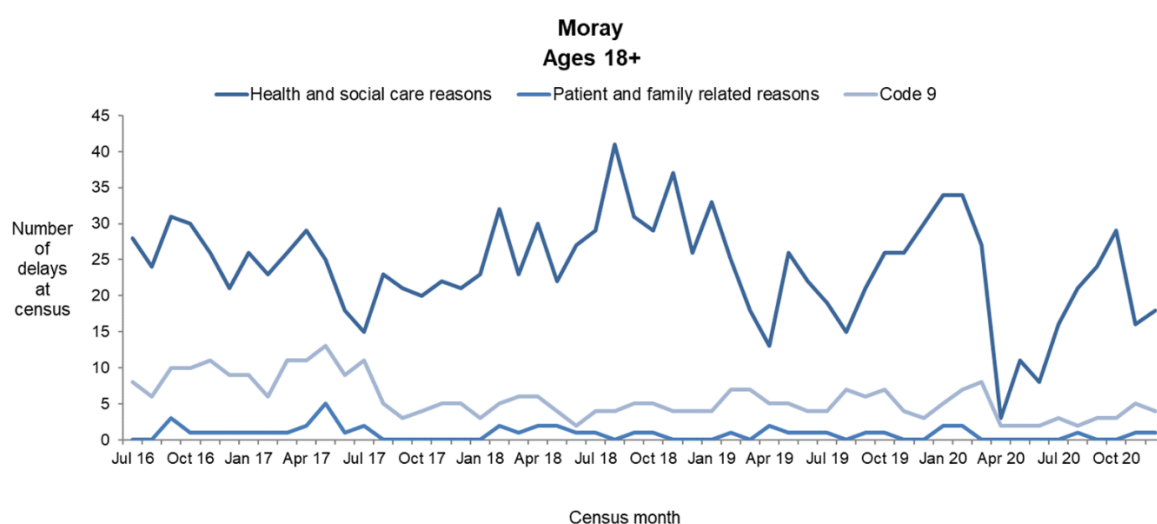
Next Steps

Delayed Discharges remain the subject of an outcome focused model which, in working in collaboration, should maximise capacity across Moray further addressing delayed discharges.

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

Purpose	Reliably achieving timely discharge from hospital is an important indicator of quality and is a marker for person centred, effective, integrated, and harm free care.					
Strategic Priority	2: HOME FIRST		Linked Indicator(s)		DD-02	
National Health & Wellbeing Outcomes			2, 3, 5, 7			
Target (+10%)	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
25	28	33	35	10	27	23

Figure 1

Delayed Discharge Census by Delay Reason

Indicator Trend

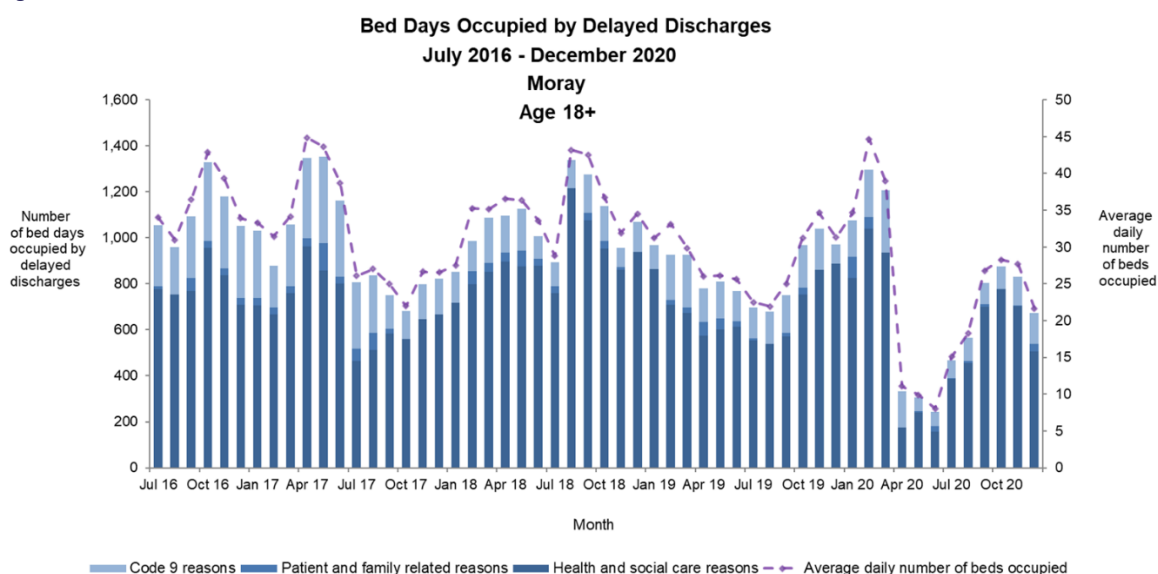
After a spike in this measure in September and October 2020 there was a sharp decline in November and December to below the current target of 25.

Scotland Trend	The Scottish trend has not been as volatile as Moray (due to the smaller numbers presenting in Moray) but Moray's performance in this measure tracked along the Scottish average when adjusted for population levels.
Peer Group	Moray is now tracking well below its family group in delayed discharges when adjusted for population levels.
Last Reported	February 2021 for Quarter 3 data
Next Update Due	May 2021 for Quarter 4 data
Source	Public Health Scotland

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

Purpose	This monitors the number of people delayed in hospital once medically fit for discharge. Longer stays in hospital are associated with increased risk of infection, low mood, and reduced motivation.					
Strategic Priority	2: HOME FIRST		Linked Indicator(s)		DD-01	
National Health & Wellbeing Outcomes			2, 3, 5, 7			
Target (+5%)	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
781	751	971	1,208	242	803	672

Figure 2


Indicator Trend

There was a rapidly increasing trend in this measure from June 2020 through to October 2020 but this was halted in November there was a drop which continued into December. The long term trend is still not certain.

Scotland Trend

Moray Bed Days Occupied by Delayed discharges did track above the Scottish average for the three months from September to November 2020 but in December dropped below the Scottish Average.

Family Group

The rest of Family Group 2 have tracked slightly above the Scottish trend in quarter 2 and quarter 3 and while Moray did track with the family average for 3 months it then dropped well below that in December 2020.

Last Reported	February 2021 for Quarter 3 data
Next Update Due	May 2021 for Quarter 4 data
Source	Public Health Scotland

4. EMERGENCY ADMISSIONS

Trend Analysis

The rate of 65+ Emergency Occupied Bed days continues to reduce over the last quarter while the emergency admission rate and number of 65+ people admitted in an emergency have not varied significantly.

The reduction in the Delayed Discharge measures ([DD-01](#) and [DD-02](#)) and increased focus on efficiency within the system can account for the number of Emergency Occupied Bed Days being reduced.

The total number of admissions and the number of people admitted remains the same. These two indicators link with [AE-01](#) and re-enforces the trend there where the variation in that measure is accounted for by Minor Injury and Illness patients who do not require admission.

Operational Actions and Maintenance

The Flow Navigation Hub has been set up in Moray from early January 2021 and will monitor and provide up to date weekly data to enable management teams to be responsive to any concerning trends.

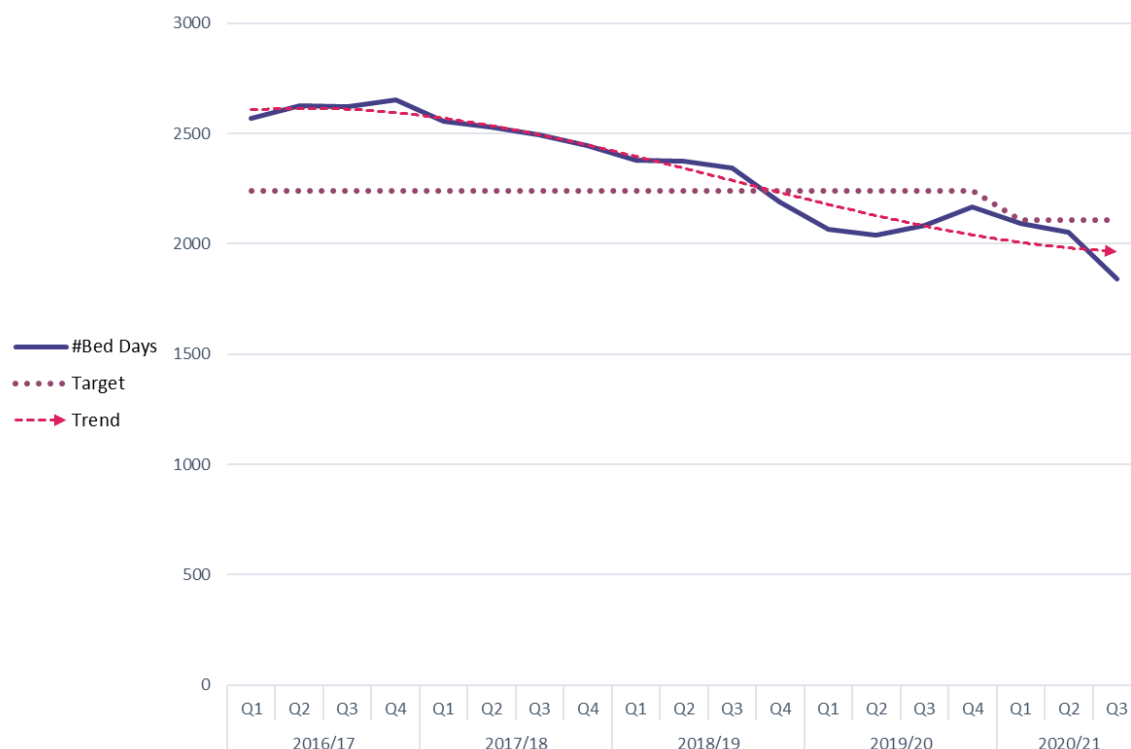
Next Steps

Continue to closely monitor.

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

Purpose	EA-01, EA-02, and EA-03 are all interconnected and provide a narrative when viewed together of whether emergency admissions and bed days are within tolerance and indicate where potential risks could arise.					
Strategic Priority	1: BUILDING RESILIENCE		Linked Indicator(s)		EA-02, EA-03	
National Health & Wellbeing Outcomes			1, 2, 3, 5			
Target (+5%)	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
2,107	2,039	2,082	2,170	2,087	2,040	1,840

Figure 3 - Rate of emergency occupied bed days for over 65s per 1000 population



Indicator Trend

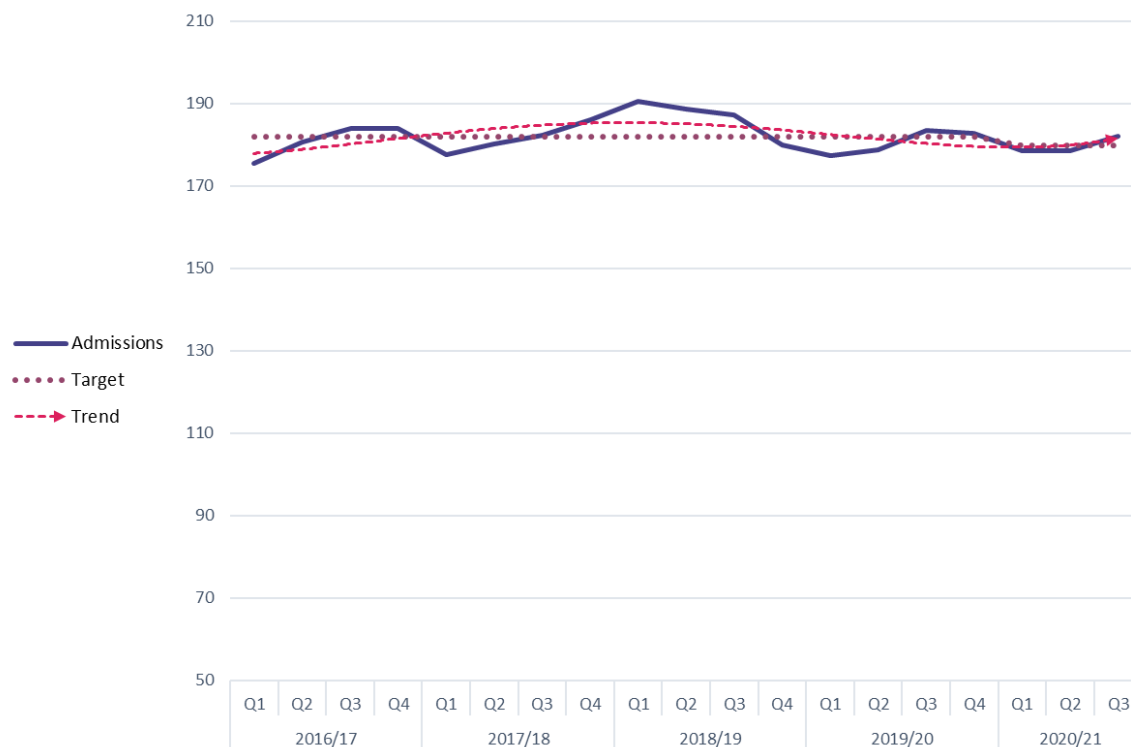
There has been a decreasing trend in this indicator over the past 4 years and despite small increases at the end of 2019/20 quarter 1 and quarter 2, 2020/21 figures are consistently reducing.

Scotland Trend	Not Available
Peer Group	Not Available
Last Reported	February 2021 for Quarter 3 data
Next Update Due	May 2021 for Quarter 4 data
Source	Health Intelligence

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

Purpose	EA-01, EA-02, and EA-03 are all interconnected and provide a story when viewed together of whether emergency admissions and bed days are within tolerance and indicate where potential risks could arise.					
Strategic Priority	1: BUILDING RESILIENCE		Linked Indicator(s)		EA-01 , EA-03	
National Health & Wellbeing Outcomes			1, 2, 3, 5			
Target (+5%)	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
179.8	179	183	183	179	179	180

Figure 4 - Emergency Admissions rate per 1000 population for over 65s

**Indicator Trend**

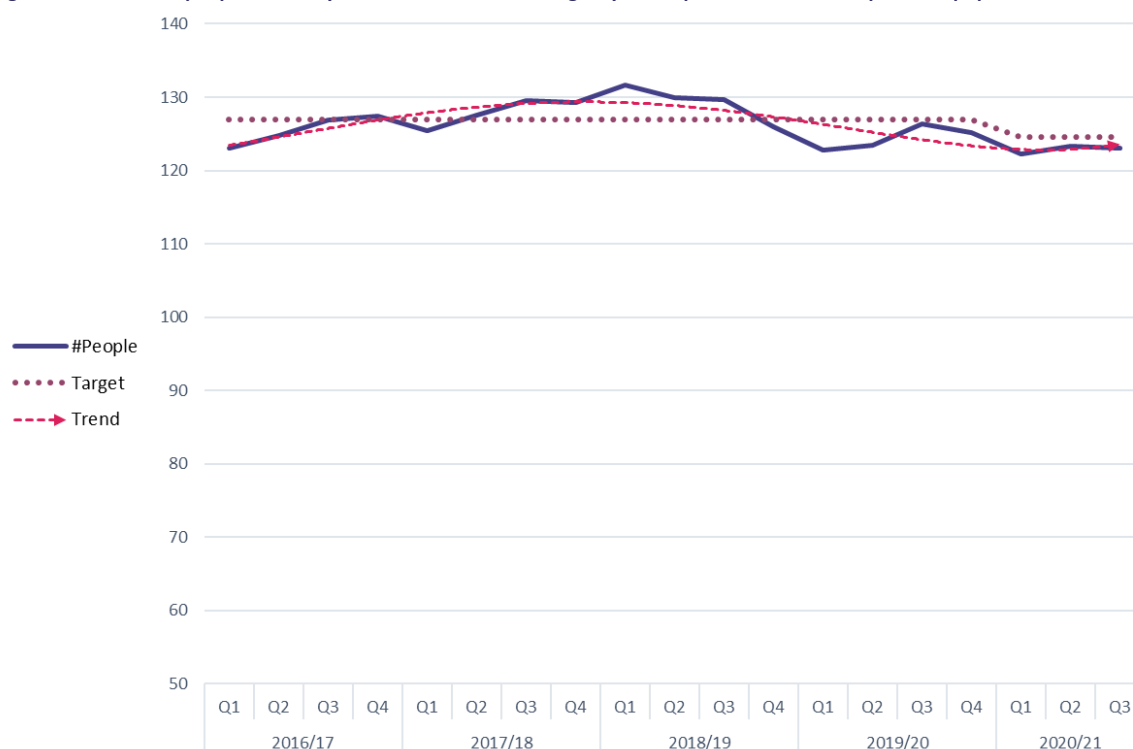
This indicator has generally hovered around target for the past few years without any significant unseasonal variation. This measure has not been impacted by the COVID-19 crisis.

Scotland Trend	Not Available
Peer Group	Not Available
Last Reported	February 2021 for Quarter 3 data
Next Update Due	May 2021 for Quarter 4 data
Source	Health Intelligence

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

Purpose	EA-01, EA-02, and EA-03 are all interconnected and provide a story when viewed together of whether emergency admissions and bed days are within tolerance and indicate where potential risks could arise.					
Strategic Priority	1: BUILDING RESILIENCE		Linked Indicator(s)		EA-01 , EA-02	
National Health & Wellbeing Outcomes			1, 2, 3, 5			
Target (+5%)	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
124.6	123	126	125	122	123	123

Figure 5 - Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population


Indicator Trend

There had been an increase in this measure through 2018, and after a reduction in 2019/20 it is expected to remain at those levels and has not been impacted by the COVID-19 crisis.

Scotland Trend	Not Available
Peer Group	Not Available
Last Reported	February 2021 for Quarter 3 data
Next Update Due	May 2021 for Quarter 4 data
Source	Health Intelligence

5. ACCIDENT AND EMERGENCY

Trend Analysis

The number of people attending the Emergency Department in Moray are below those presenting last year despite an increase after the COVID-19 dip. This indicates a continued long-term decreasing trend.

The data provided by the Flow Navigation Hub indicate that the reduction can be attributed to those with Minor Injury and Illness attendances. Those with more acute and more direct referrals for potential Medical and Surgical Admissions remain along the same levels throughout.

Operational Actions and Maintenance

The MIJB Strategic Plan 2019-29 has reduction in levels of Unscheduled Care as a key goal : shifting unplanned hospital activity to preventative interventions; ensuring appropriate, responsive service delivery as locally as possible and as specialist as necessary; and positive team co-ordination.

Due to a national redesign of urgent care, a Flow Navigation Hub was established as a Grampian wide service in January 2021, which will monitor and provide up to date weekly data to enable more responsive action from management teams to any concerning trends.

The close monitoring of data has identified opportunities for improvement and this has reduced inconsistencies in recording data thereby facilitating improved understanding of data.

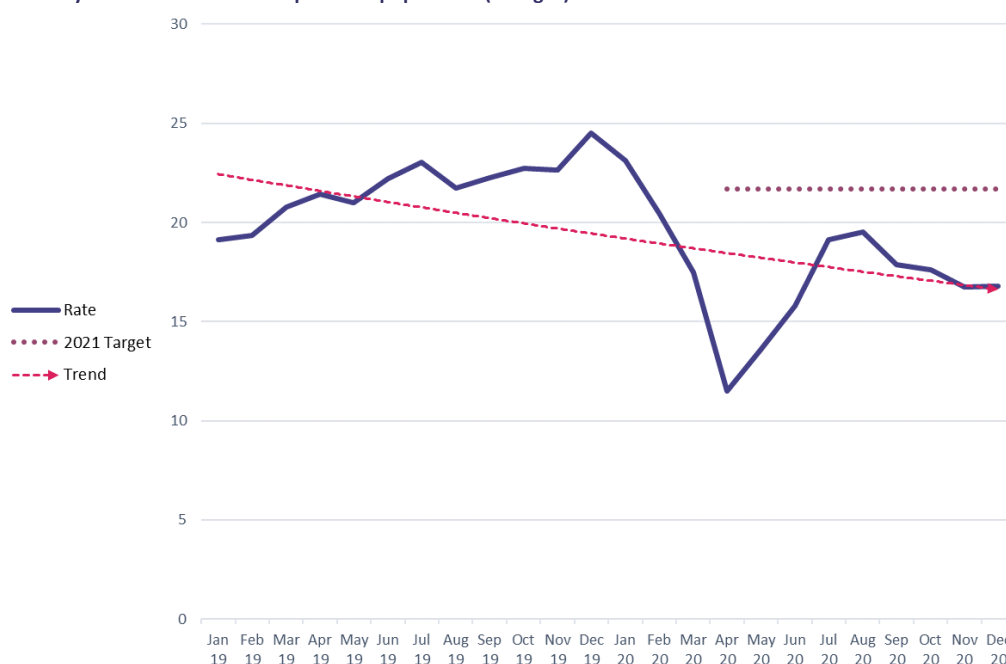
Next Steps

The Flow Navigation hub is a relatively new service and therefore there is no trend information available. Figures will be monitored on a monthly basis.

AE-01: A&E ATTENDANCE RATES PER 1000 POPULATION (ALL AGES)

Purpose	A greater system-wide understanding of how people access emergency care, and why certain choices are made, will allow local health systems to develop intelligence about avoidable attendances at emergency departments and target their responses.					
Strategic Priority	3: PARTNERS IN CARE		Linked Indicator(s)		HR-01 , HR-02	
National Health & Wellbeing Outcomes			1, 2, 3, 5			
Target (+10%)	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
21.5	22	25	18	16	18	16.8

Figure 6 – Monthly A&E Attendance rates per 1000 population (All Ages)


Indicator Trend

The number of people attending the Emergency Department in Moray are below those presenting last year despite an increase after the COVID-19 dip. This indicates a continued long-term decreasing trend.

Scotland Trend	Moray has mirrored the rest of Scotland trend.
Peer Group	Unknown
Last Reported	February 2021 for Quarter 3 data
Next Update Due	May 2021 for Quarter 4 data
Source	Health Intelligence

6. HOSPITAL RE-ADMISSIONS

Trend Analysis

Both measures under this barometer have decreased from the high levels during the first months of the COVID-19 pandemic.

See **Appendix 2** for more detailed analysis provided by Health Intelligence.

Operational Actions and Maintenance

This indicator covers all hospitals and all patients in Moray.

More detailed information is available for each hospital and Locality managers have identified that there are some coding issues which are being addressed.

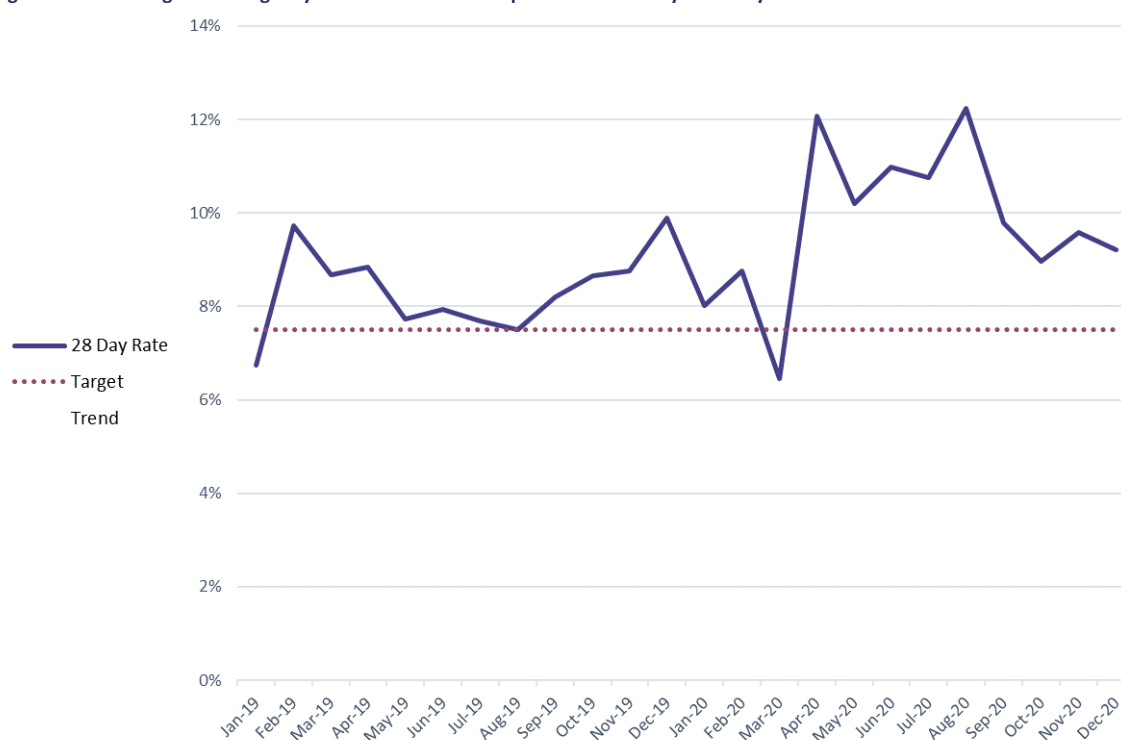
Next Steps

Continue to work with Locality managers to monitor data at a community hospital level on a regular basis, with an aim of identifying potentially avoidable readmissions and any associated improvement actions.

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

Purpose	Re-admissions are often undesirable for patients, and have also been shown to be associated with the quality of care provided to patients at several stages along the clinical pathway, including during initial hospital stays, transitional care services and post-discharge support. (This measure lags by a month due to the time required for a potential 28 day discharge to occur)					
Strategic Priority	1: BUILDING RESILIENCE		Linked Indicator(s)		HR-02 , AE-01	
National Health & Wellbeing Outcome			1, 2, 3, 5			
Target	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
8.4%	7.9%	9.9%	6.5%	11.0%	9.8%	9.2%

Figure 7 - Percentage of Emergency Re-admissions to hospital within 28 days - Moray Patients



Indicator Trend

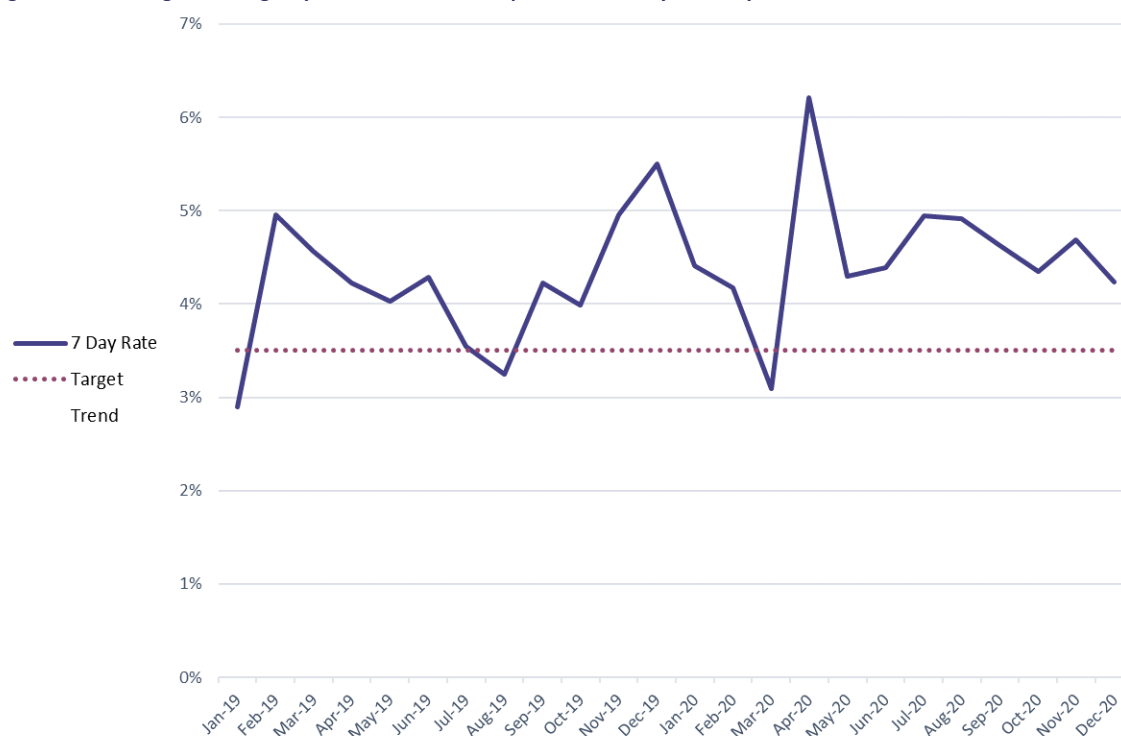
COVID-19 has shown an increase in this measure, this is accounted for in the decrease in the total number of discharges.

Scotland Trend	Unknown
Peer Group	Unknown
Period Last Reported	February 2021 for Quarter 3 data
Next Update Due	May 2021 for Quarter 4 data
Source	Health Intelligence

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

Purpose	Re-admissions are often undesirable for patients, and have also been shown to be associated with the quality of care provided to patients at several stages along the clinical pathway, including during initial hospital stays, transitional care services and post-discharge support.					
Strategic Priority	1: BUILDING RESILIENCE		Linked Indicator(s)		HR-01 , AE-01	
National Health & Wellbeing Outcome			1, 2, 3, 5			
Target	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
4.2%	4.3%	5.5%	3.1%	4.3%	4.6%	4.2%

Figure 9 - Percentage of Emergency Re-admissions to hospital within 7 days - Moray Patients



Indicator Trend

COVID-19 has shown an increase in this measure, this is accounted for in the decrease in the total number of discharges.

Scotland Trend	Unknown
Peer Group	Unknown
Last Reported	February 2021 for Quarter 3 data
Next Update Due	May 2021 for Quarter 4 data
Source	Health Intelligence

7. UNMET NEED

Trend Analysis

This is the first year it is being reported and therefore no trend is present.

Operational Actions and Maintenance

This information has been closely monitored as part of the daily performance flow throughout the response to Covid.

During quarter 3 the application of the critical and substantial eligibility criteria recommenced. Following the assessment of need an increase of service users were prioritised as either critical or substantial under the eligibility criteria. The resource available continued to meet the demand of the high risk needs, increasing the numbers of those waiting under the substantial criteria.

There also remained a continued focus on supporting those awaiting for care on discharge from hospital as a priority, which also added to the increase of need within the community, reflected in the unmet need list at point of reporting

Action was taken to focus on reduction of this by considering options for increasing the capacity of resource available within care at home. Commissioning of a further two external providers has commenced

Next Steps

Close monitoring of this indicator will continue where it is anticipated there will be a decrease in the levels of unmet need.

UN-01: NUMBER OF LONG-TERM HOME CARE HOURS UNMET AT WEEKLY SNAPSHOT

Purpose	It is important to monitor the number of people who require long-term care who are awaiting that care. The numbers of those with an unmet need is an important indicator of the health of the Health and Social Care system.					
Strategic Priority	2: HOME FIRST		Linked Indicator(s)		UN-02	
National Health & Wellbeing Outcome			1, 2, 3, 5			
Target	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
For Info	ND	ND	ND	623	523	578

Indicator Trend

No Data

Scotland Trend	Unavailable
Peer Group	Unavailable
Last Reported	January 2021 for Quarter 3 data
Next Update Due	April 2021 for Quarter 4 data
Source	Brokerage

UN-02: NUMBER OF PEOPLE WITH LONG-TERM CARE HOURS UNMET AT WEEKLY SNAPSHOT

Purpose	It is important to monitor the number of people who require long-term care who are awaiting that care. The numbers of those with an unmet need is an important indicator of the health of the Health and Social Care system.					
Strategic Priority	2: HOME FIRST		Linked Indicator(s)		UN-01	
National Health & Wellbeing Outcome			1, 2, 3, 5			
Target	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
For Info	ND	ND	ND	36	44	35

Indicator Trend

No Data

Scotland Trend	Unavailable
Peer Group	Unavailable
Last Reported	January 2021 for Quarter 3 data
Next Update Due	April 2021 for Quarter 4 data
Source	Brokerage

8. OUTSTANDING ASSESSMENTS

Trend Analysis

There was another increase in quarter 3 in this measure 1,608 to 1,655 reviews outstanding in CareFirst. While the measure is new, historical management information suggests that this is well above normal and indicates an increased pressure on Social Work.

This data is currently in its first iteration and is a metric that will have been significantly impacted by COVID-19. All care packages would be reviewed annually as a minimum requirement. The number outstanding shows the number where review data have been set on the system and not met.

Operational Actions and Maintenance

Continued scrutiny of this indicator has highlighted some differences in the use of the system between the Social Work teams and work is being undertaken to introduce a more consistent approach to recording this measure.

Next Steps

Practice Governance Group are reviewing and refining key indicators for teams. This review is anticipated to be complete by September 2021.

OA-01: NUMBER OF REVIEWS OUTSTANDING AT END OF QUARTER SNAPSHOT

Purpose	Those awaiting assessments are at risk of not receiving the service they require in good time, and can then put pressure on other, more resource intensive primary and acute services.					
Strategic Priority	3: PARTNERS IN CARE		Linked Indicator(s)			
National Health & Wellbeing Outcome			1, 2, 3, 5			
Target	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
For Info	ND	ND	ND	1,506	1,608	1,655

Indicator Trend

No Data

Scotland Trend Not Available

Peer Group Not Available

Last Reported February 2021 for Quarter 3 data

Next Update Due May 2021 for Quarter 4 data

Source TBC

9. MENTAL HEALTH

Trend Analysis

This measure has hit 100% (and is above the target of 90%) for the first time since quarter 2 2018/19. This is a significant and sustained improvement from September 2020.

Operational Actions and Maintenance

Work has been undertaken to assess patients for suitability for treatment through initial screening and discharging people on the waiting list who are waiting for face-to-face groups which are suspended due to COVID-19 Pandemic. It is anticipated that group therapies will resume once NHS Grampian has agreed an ICT platform upon which these can be undertaken.

There is now one waiting list rather than people waiting in locality areas for psychological therapy. This has enabled equity of access.

IT delivery of laptops and mobile phones has increased patient contact and throughput. There has been reduced Did Not Attend (DNA) and Could Not Attend (CNA) and more throughput. Additionally, there is more flexibility with online choice for patients. This is more convenient for patients who might have difficulties in travelling to the appointment.

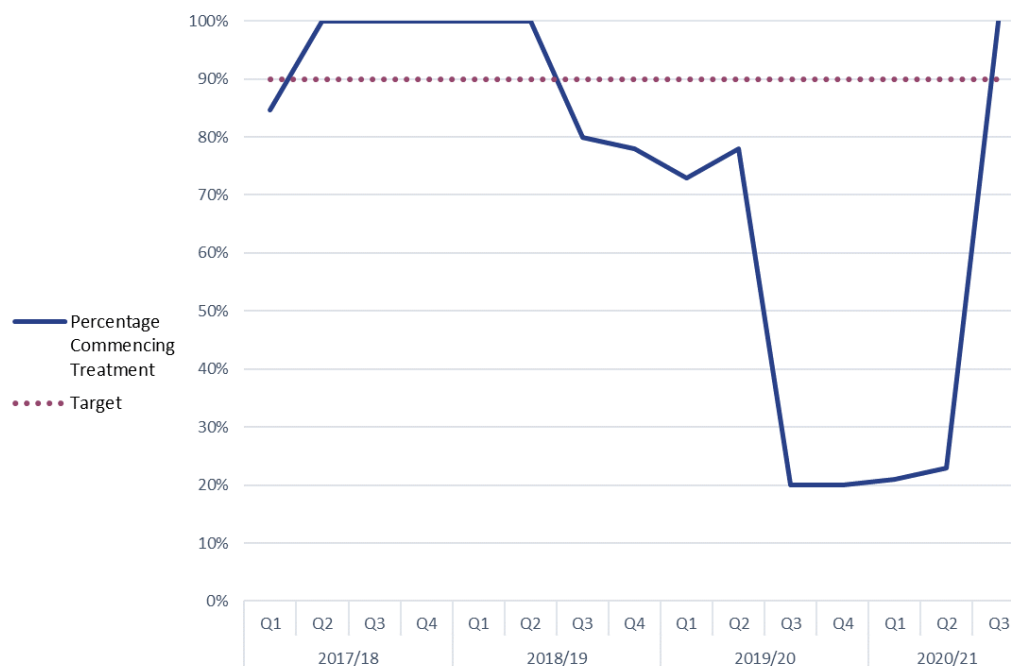
Next Steps

Maintenance of this good performance is ongoing.

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

Purpose	Timely access to healthcare is a key measure of quality and that applies equally in respect of access to mental health services.					
Strategic Priority	3: PARTNERS IN CARE		Linked Indicator(s)			
National Health & Wellbeing Outcome			1, 2, 3, 5			
Target (-5%)	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
For Info	78%	20%	20%	21%	23%	100%

Figure 80 - Percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral (adults only)



Indicator Trend

This measure has increased to 100% for the first time in 2 years.

Scotland Trend	Unavailable
Peer Group	Unavailable
Last Reported	February 2021 for Quarter 3 data
Next Update Due	May 2021 for Quarter 4 data
Source	Health Intelligence

10. STAFF MANAGEMENT

Trend Analysis

NHS Sickness absence remains below the target of 4% and whilst Moray Council Sickness absence remains above target, there has been a reduction this year.

Across the general population, during the lockdown period with Covid measures in place and with improved hand hygiene there has been a reduction in the levels of colds, respiratory infections and flu, which may be being reflected in the current reduction of absence rates.

As the lockdown measures relax it will be of interest to note if rates being to rise again.

Operational Actions and Maintenance

Managers are focusing on supporting staff and following good absence management practice. Staff wellbeing is a key focus given the pressures and challenges people have faced over the last 12 months.

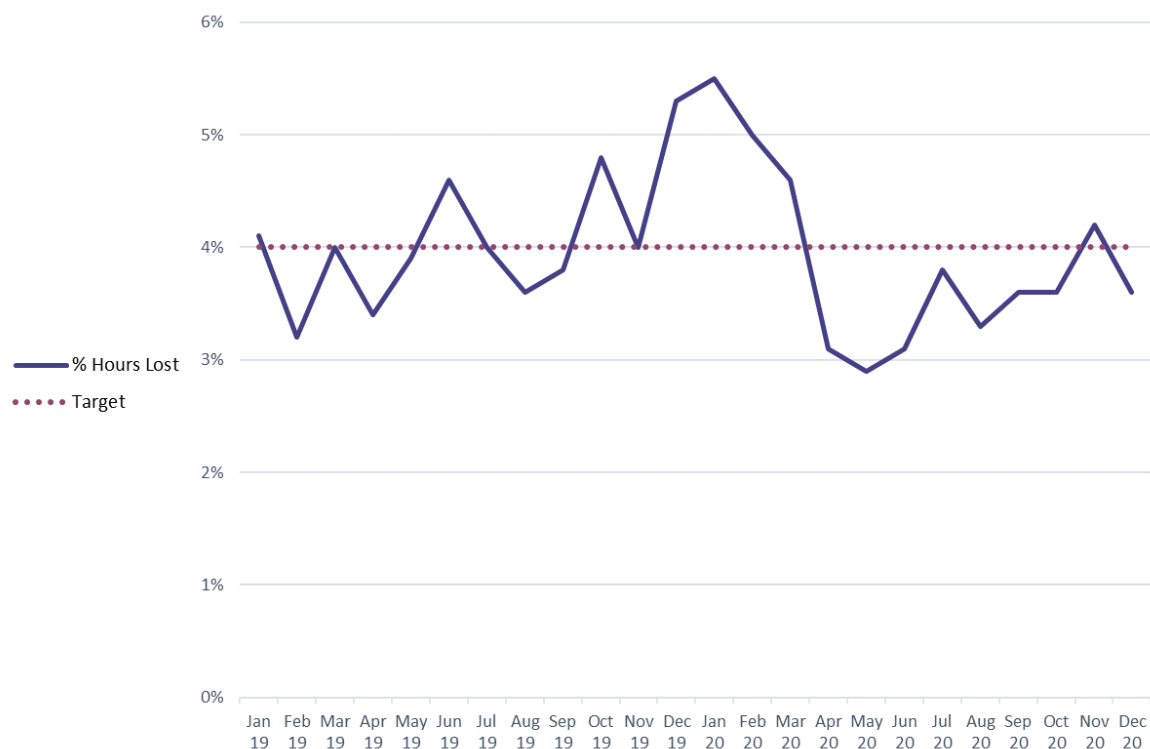
Next Steps

Moray Council Human Resources will be conducting detailed analysis of data in the next quarter to facilitate workforce planning. In addition, this exercise will provide an opportunity to review how the staff groups are recorded in the I-Trent system, with a view to improving access to necessary management information for monitoring trends.

SM-01: NHS SICKNESS ABSENCE % OF HOURS LOST

Purpose	Attendance at work of all employees is essential in the interests of the effective and efficient operation of services.					
Strategic Priority	1: BUILDING RESILIENCE		Linked Indicator(s)		SM-02	
National Health & Wellbeing Outcome			8			
Target (+10%)	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
4%	3.8%	5.3%	4.6%	3.1%	3.6%	3.6%

Figure 91 - NHS Sickness Absence % of Hours Lost

**Indicator Trend**

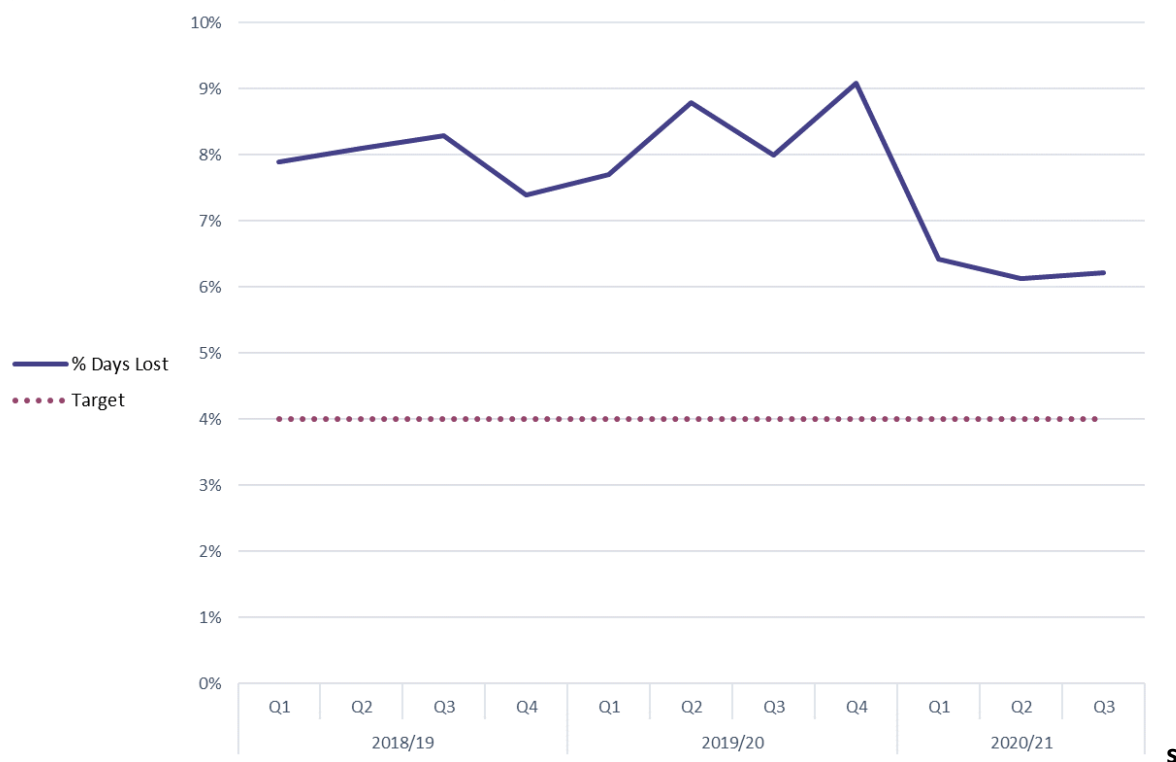
NHS sickness absence in Moray dropped significantly in quarter 1 and quarter 2 of 2020/21.

Scotland Trend	Unknown
Peer Group	Unknown
Last Reported	February 2021 for Quarter 3 data
Next Update Due	May 2021 for Quarter 4 data
Source	Health Intelligence

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

Purpose	Attendance at work of all employees is essential in the interests of the effective and efficient operation of services.					
Strategic Priority	1: BUILDING RESILIENCE		Linked Indicator(s)		SM-01	
National Health & Wellbeing Outcome			1, 2, 3, 5			
Target	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
4%	8.8%	8.0%	9.1%	6.4%	6.1%	6.2%

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

**Indicator Trend**

This indicator remains above target up to the end of quarter 3 2020/21 but it has dropped significantly from quarter 4 2019/20 where it was at a peak.

Scotland Trend	Unknown
Peer Group	Unknown
Period Last Reported	February 2021 for Quarter 3 data
Next Update Due	May 2021 for Quarter 4 data
Source	Council HR

APPENDIX 1: KEY AND DATA DEFINITIONS

RAG SCORING CRITERIA

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

PEER GROUP DEFINITION

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

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

APPENDIX 2: STRATEGIC PRIORITIES

1. THE HEALTH AND SOCIAL CARE STRATEGY AT A GLANCE

WE ARE PARTNERS IN CARE

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

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

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

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

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

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

TRANSFORMATION (DELIVERY) PLAN supported by enablers:



BUILDING RESILIENCE

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

HOME FIRST

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

PARTNERS IN CARE

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

APPENDIX 3: NATIONAL HEALTH AND WELLBEING OUTCOMES

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

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

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

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

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

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

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

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

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

Emergency Readmissions

Prepared by Health Intelligence

Data Source: TrakCare Patient Management System

Extract Date: 5th March 2021

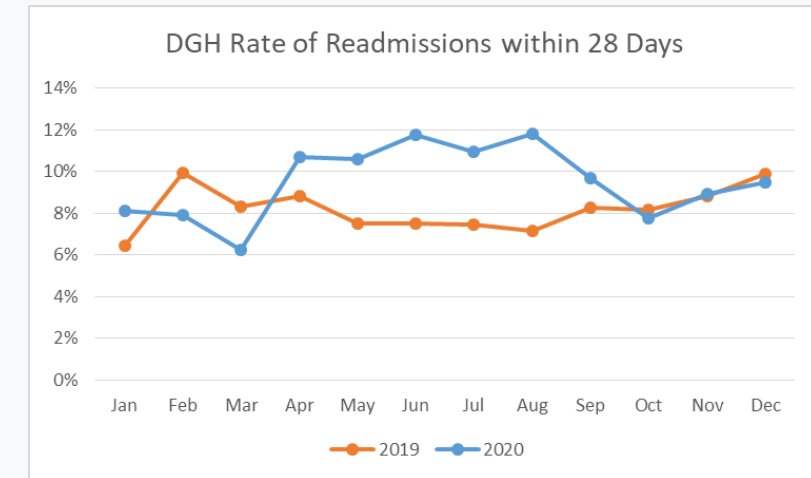
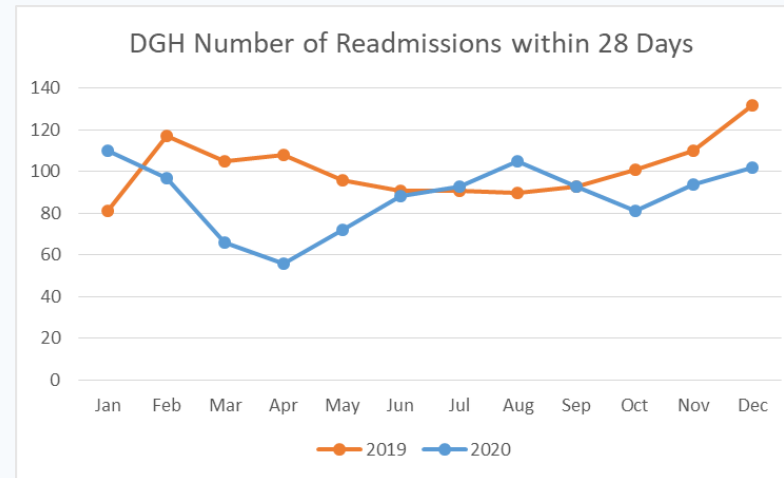
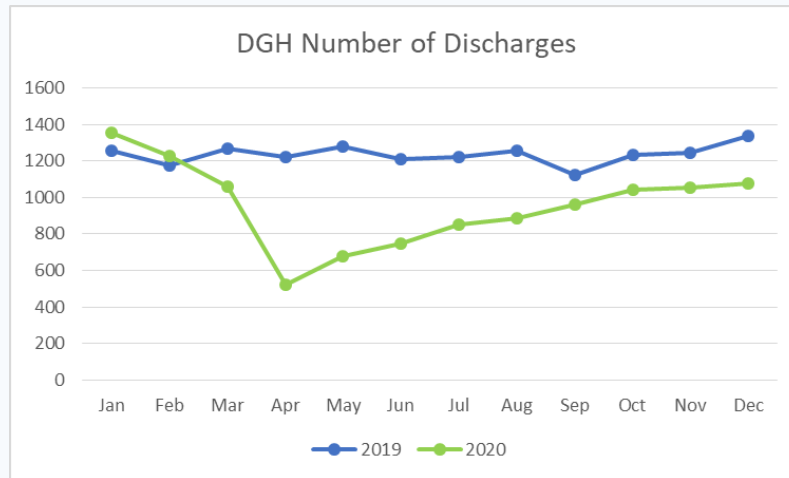
What is a readmission?

- Readmissions at 7 and 28 days are provided in the quarterly performance reports presented to the Audit Performance and Risk Group (APR) of the Moray Integration Joint Board
- The rates provided show (for Moray residents) the % of emergency readmissions to hospital in a given month, within 7 or 28 days of a previous discharge
- The rate is calculated by taking the number of emergency readmissions in a month within above number of days and dividing by the total number of discharges in the same month, then multiplying by 100 ($n \text{ readmitted within } n \text{ days} / \text{total discharges} \times 100$). The discharges include both elective (planned care from a waiting list) and unplanned emergency admissions
- The readmission can be to any hospital not just the hospital of the previous discharge
- The rate provided to APR shows the last month in the reporting quarter and is a high level figure based on postcode of residence in Moray and will include discharges from any hospital recorded on TrakCare
- Not all readmissions will be directly linked to the previous admission though will appear within the cohort reported i.e. readmission may be due to a different condition/reason

Why did readmission rates increase during 2020?

- To better understand the monthly rates looking at readmissions in individual hospitals rather than Moray as a whole, will give a clearer understanding of what we would see as normal activity and what might possibly need further investigation
- To identify if readmissions have actually increased, activity in Dr Gray's for Moray residents has been compared between 2019 and 2020
- Looking specifically at readmissions within 28 days we can see an increase in the readmission rate in some months in 2020, however alongside this there is also a significant drop in the number of discharges during the early stage of the pandemic resulting in an overall reduction of 23% when compared to the number of discharges in 2019
- As the rate uses the number of discharges as the denominator, if the number of readmissions has not also reduced in line with the reduction in discharges then the readmission rate will be higher. The number of readmissions did also reduce overall in 2020 when comparing to 2019 however at a lesser rate of 13%, therefore resulting in an increased readmission rate
- The following charts will show the comparison between the 2 years for number of discharges, number of readmissions at 28 days and rate of readmission at 28 days

- Due to the pandemic planned care was significantly reduced along with a reduction in bed numbers within the hospitals, therefore there were fewer discharges this is visible in the 1st chart from March 2020 onwards, the number of readmissions have also reduced in most months of 2020 as can be seen in the 2nd chart but by a lesser margin than the discharges, this therefore had an impact on the rate making it appear higher than previous years as can be seen in the 3rd chart from April 2020



- Looking at readmissions by hospital can also highlight an issue particularly in community hospitals where the monthly discharges are much smaller than a larger acute hospital like Dr Gray's. An error in recording a cohort of patients who were returning on a regular basis for treatment at one of the community hospitals has been identified recently, patients were recorded as an emergency admission when their treatment was on a planned basis, this in turn significantly increased the number and rate of readmissions for that hospital. This would not however have made much difference to the overall Moray rate due to small numbers
- Readmissions will continue to be monitored on a regular basis and reported to the APR quarterly

**REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE
AND RISK COMMITTEE ON 25 MARCH 2021**

SUBJECT: INTERNAL AUDIT UPDATE

BY: CHIEF INTERNAL AUDITOR

1. REASONS FOR REPORT

- 1.1 To provide an update on audit work progressed since the last meeting of the Committee in November and on the implications for audit planning for the 2021/22 financial year.

2. RECOMMENDATION

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

3. REPORT

Context

- 3.1 Public Sector Internal Audit Standards require the Chief Internal Auditor to prepare and present reports to committee on Internal Audit's activity, outcomes, and any other relevant matters.
- 3.2 Usual reporting practice has been suspended during the pandemic with internal audit having to alter the focus of its work given restrictions arising from working from home and services subject to audit having to adapt, sometimes significantly, to prioritise immediate and pressing service demands. While the audit approach may have changed the emphasis has remained on seeking to provide assurances around the proper use of public funds, and this is consistent with Audit Scotland's view that audit quality cannot be compromised.
- Audit work completed - Key Systems**
- 3.3 While work on service specific audits has been limited during the year, a focus has been maintained on the integrity of key systems notably those which cover the main expenditure of the Board's activities, namely payroll and creditor payments.

Payroll

- 3.4 Payroll audit work has been undertaken in two phases; the first earlier in the year looked at a sample of new starts and leavers to ensure appropriate documentation was available and that the correct initial and final salary payments had been made as appropriate. The audit validated pay and allowances for a sample of continuing employees including verifying their employment status with relevant service managers. The audit also looked at the reconciliation processes between payroll and the ledger, and at the computation of amounts remitted monthly for PAYE (Income Tax), National Insurance and Pension Contributions. The audit work was concluded in satisfactory terms.
- 3.5 Updating this work more recently, a ledger review of payroll costs to the end of Month 10 (January 2021) showed these costs to be well within budget as a consequence of service restrictions and vacancies across most service areas that are funded from council budgets. Work is ongoing to test further payroll samples to give assurances that together will cover the main part of the year. From the ledger review, no excessive overtime spend has been noted and with more staff now submitting timesheets electronically, this process is being reviewed to ensure authorisation controls remain effective.

Creditor Payments

- 3.6 Internal audit has also monitored samples of creditor payments, looking not only at the payment processing arrangements during the pandemic but also at the extent to which it has been feasible to maintain established procurement practices. This work has covered supplies and services and costs across services including social care so as to provide assurances relevant to the Integration Joint Board.
- 3.7 The process has been protracted with invoices being extracted direct from the ledger and requests then being made by email to services and the procurement team in respect of any queries arising. In consequence, progress has been much slower than would normally be the case and this work continues. However, from samples reviewed thus far, the integrity of the systems and the rationale for payments made have been confirmed, while noting that some service contracts due for review and renewal have meantime been extended.

Adaptations - Private and Council Housing

- 3.8 As previously reported, this review was substantially completed pre pandemic and the audit report remains in draft. The budget for adaptations work is an amalgam of funding from Social Care and Housing and a number of recommendations were made that required responses from three different officers. These have now been obtained and agreement reached on the recommendations in principle, however, the programme of works has been stalled by the pandemic, and the waiting list for adaptations has grown substantially. The Adaptations Governance group has not met for some time and the audit recommendations are unlikely to be formally signed off until a meeting of this group takes place.

Care Homes/Residential Nursing (excluding assessment criteria)

- 3.9 As previously reported, this audit remains in the plan but the remit has not been agreed and unless there is a specific risk that has been identified by service management as requiring independent review, it is recommended this

audit be deferred meantime. This on the basis that exceptional circumstances continue to apply and at the time of the last audit of this topic there was confidence that financial and care assessment control processes were working as intended.

- 3.10 Instead, at this time, the Chief Internal Auditor has taken the view that it is important to glean assurances to the extent possible on issues that have emerged as a consequence of the pandemic. Two such reviews have taken place which may be of interest to the IJB, the first on Supplier Sustainability Relief Payments and the second on the Flexible Food Fund. Both of these initiatives were introduced by Scottish Government to provide additional financial support via local authorities.

Supplier Relief Programme

- 3.11 This programme was established in terms of a Scottish Procurement Policy Note, which provided guidance on support to suppliers and contractors facing hardship given disruption to services and contracts as a consequence of the pandemic. This was supplemented with sector specific guidance issued to social care providers in the form of national principles agreed by COSLA and Scottish Government. The support extended to both loss of income where services were suspended as well as contributions to meet additional costs incurred. To date, in excess of £2 million has been allocated in the form of discretionary payments or advance payments, with Social Care and Public Transport providers the main recipients of financial relief through this programme.
- 3.12 A panel of officers from procurement and relevant departments was created to review and assess the reasonableness of submissions made by suppliers and contractors, and while a degree of judgement was required in assessing each application:
- There was good audit evidence held for each application tested, showing a clear audit trail from application to authorisation;
 - The judgement applied in each case was considered appropriate relative to the circumstance presenting;
 - Ultimately, authorisation to pay was given by the Chief Financial Officers of both the Council and the Integration Joint Board.

Flexible Food Fund

- 3.13 The Flexible Food Fund was made available by Scottish Government to provide payments to individuals and families experiencing difficulties in accessing income to pay for food during the pandemic. The Government provided local authorities with basic principles of how to manage the funds, with flexibility permitted for each council to determine how best funds should be distributed. In broad terms, Moray Council provided grant funding in two tranches with funding awards dependent on the size of a household, with some £420,000 being allocated to 1200 households.
- 3.14 Managing the scheme involved the Money Advice Team which has experience in supporting individuals with their finances. Audit testing of a sample of payments was made against documentation developed and held by the council. From this it was concluded that the scheme had been effectively managed, indeed it was noted that the Moray Council scheme has been recognised nationally as an exemplar of good practice.

Follow up work - Learning Disabilities (LD) and Care first

- 3.15 Committee has previously been advised that Internal Audit had been asked to conduct further work to assess progress being achieved in redesign of LD services, having prepared an audit report on this topic in 2018. It was noted then that there was a clear intention to transform services and the Chief Internal Auditor had concluded from Board papers and the report of the Chief Social Work Officer that the Board is well sighted on what needed to happen. Doubtless the pace of change will have been impacted by workload pressures in recent months. For now; this will remain as a pending audit review until the timing is considered right to conduct further audit work on LD services.
- 3.16 Likewise, work to follow up the recommendations made in the 'Carefirst Information Governance' audit completed last year has still to be undertaken.

Joint working

- 3.17 The recent development session considered the work of Internal Audit for the IJB in terms of providing assurances, noting that per guidance issued by the Integrated Resources Advisory Group (IRAG), internal audit work should be 'adequate and proportionate'. These terms are not defined.
- 3.18 While the IRAG guidance dates back to the time when IJBs were separately constituted, there has been no further guidance issued on Internal Audit arrangements, which is perhaps surprising given how IJBs are evolving. That said, no matter how much integration takes place in terms of front facing service delivery, the fact remains that these services continue to be funded almost entirely by either the Health Board or the Council. Thus the view could be taken, and for reasons outlined below probably has been taken, that the direct assurances for the IJB need only consider controls at a strategic level, e.g. on matters such as governance and strategic planning, given that operational controls associated with the day to day use of resources remains with the delivery partners.
- 3.19 The rationale for the above assessment is that across Scotland, Chief Internal Auditors appointed to IJBs typically schedule no more than 20 days annually on IJB work per se, the remainder of the time, anything between 50 and 100 days, is spent on audits within social care, which arguably in equal measure provides assurances to the council as well as to the IJB.
- 3.20 Given this, it can be concluded that the Chief Internal Auditor role is to affirm that the IJB is operating as intended in terms of discharging its statutory functions, while also drawing on assurances provided from the Health Board and from the work of the Council's own audit team when providing the annual assurance opinion for inclusion within the IJB annual accounts.
- 3.21 How joint working is taken forward will need to be considered in the context of the arrangements outlined above. Should the IJB seek greater assurances than these current arrangements afford, further work will be required to assess how this can be achieved in practice. A working group involving the audit committee chairs of NHS Grampian and the three IJBs in Grampian together with relevant officers is currently considering this with a further meeting scheduled for mid-April.

Audit Assurance Opinion

- 3.22 In the context of audit work that has been completed, the Chartered Institute of Public Finance and Accountancy (CIPFA) has published guidance on the provision of internal audit assurances for the 2020/21 financial year. This notes that in order to comply with Auditing Standards, the Chief Internal Auditor is required to consider whether he can provide the 'normal' annual internal audit opinion or whether there needs to be a 'limitation of scope'. A 'limitation of scope' arises where the Chief Internal Auditor is unable to draw on sufficient assurances to issue a 'complete' annual opinion in accordance with the Standards.
- 3.23 The guidance notes the importance of the early identification of the risk of a 'limitation of scope' and suggests a number of mitigating actions to avoid such a limitation where possible, as follows:
- The Chief Internal Auditor should plan to obtain sufficient assurances to support his annual opinion, taking into account both IA work and other sources of assurance, either internally from support services / teams or from other external inspectorates;
 - The Chief Internal Auditor should make best use of available resources. This is reflected in the plan for the remainder of the year and will involve devoting less time to audit reporting and more to undertaking testing work from which assurances can be derived;
 - Senior Management and the Audit Committee should be advised of and review the approach being taken.
- 3.24 The guidance also calls for consideration as to whether or not there is a likelihood of a 'limitation of scope' applying. At the time of drafting this report in early March, a programme of work has been developed with the intention of being able to provide the necessary assurances to inform the internal audit opinion for the council. This by definition should inform the opinion for the IJB providing that similar assurances are available from NHS Grampian. The situation will continue to be monitored and an update will be provided at the meeting.

Audit Planning for 2021/22

- 3.25 Ordinarily work to agree a programme of audits for 2021/22 would have been further progressed, however circumstances make this difficult and the ability to be agile and adaptable seems more appropriate at this time. The situation will continue to be monitored with hopefully a formal plan being able to be taken forward for at least part of the financial year if a situation closer to 'normal' is secured.

4. 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"

Not directly applicable.

(b) Policy and Legal

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

(c) Financial Implications

No implications directly arising from this report.

(d) Risk Implications

The pandemic continues to generate challenges for all services, and with the new normal as yet uncertain internal audit's focus will be to do what it can to support good governance and the integrity of systems; to learn from the experience and give consideration to how best it can continue to provide the audit assurance required in terms of Internal Auditing Standards.

(e) Staffing Implications

No implications

(f) Property

No implications.

(g) Equalities/ Socio Economic Impacts

No implications.

(h) Consultations

The MIJB Chief Financial Officer has been consulted in respect of this report.

5. CONCLUSION

5.1 This report provides an update on progress re projects included in the audit plan and on other issues relevant to the MIJB.

Author of Report:	Atholl Scott, Chief Internal Auditor
Background Papers:	Internal Audit Working Papers
Ref:	mijb/ap&rc/25032021



REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 25 MARCH 2021

SUBJECT: STRATEGIC RISK REGISTER – MARCH 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 March 2021.

2. RECOMMENDATION

- 2.1 It is recommended that the Audit, Performance and Risk Committee (APR) agree to:

- i) consider and note the updated Strategic Risk Register included in APPENDIX 1; and
- ii) note the Strategic Risk Register will be further refined to align with the transformation plans as they evolve.

3. BACKGROUND

- 3.1 The strategic risk register is reviewed regularly by the Senior Management Team as part of a robust risk monitoring framework, to identify, assess and prioritise risks related to the delivery of services in relation to delegated functions, particularly any which are likely to affect the delivery of the Strategic Plan.
- 3.2 The Moray Integration Joint Board (MIJB) Strategic Risk Register is attached to this report at **APPENDIX 1** and sets out the inherent risks being faced by the MIJB, together with a current assessment on the level of the risks and mitigating actions being taken to reduce the impact of the risks.
- 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. Work overseen by North East Partnership on Home First programme continues to be progressed, in line with our Strategic Plan. The lockdown from December to March as a result of a further wave of COVID-19 and winter pressures has presented additional challenges and delivery of developmental work has largely been suspended. Home First involves a whole system approach, and the work includes the acute sector to make the change enduring.
- 4.3 There has been significant financial planning and budgetary work with partner organisations to maintain oversight of the additional funding and resource that have been made available from Scottish Government and endowments. This work will need to continue over the next year as budgets return to their pre-Covid levels and services adjust.
- 4.4 Levels of staff redeployments, acting up arrangements and requirements for some staff to shield have impacted on the workforce and there will be a period of time before services and staff return to “business as normal”. Staff wellbeing is a key priority and a significant emphasis is being placed on ensuring that everyone is provided with the support that is available, where it is needed.
- 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 and Chief Internal Auditor 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 9 MARCH 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 has been reviewed and new plan launched in December 2019.</p> <p>Membership of IJB committees has been stable and the majority of members have attended several cycles of meetings. During the initial Covid 19 response, normal business was suspended and emergency arrangements were implemented. IJB, CCG and APR meetings restarted during August and in addition the weekly meetings of Chair/Vice Chair and Chief Officer are continuing. Progress is being made with the development of the cross system focus on “Home First” and these actions will be incorporated into the Transformation plan that underpins “Partners in Care”</p>	
Rationale for Risk Appetite:	<p>The Board, staff and providers across Moray are all committed to ensuring high standards of clinical care & governance through operational policies. Innovation and new ways of working may mean traditional regulations do not exist, or are contradictory.</p> <p>We will only take regulatory risks knowingly, following consultation with the relevant regulatory body and where we have clear risk mitigation in place.</p>	
Controls:	<ul style="list-style-type: none"> • Integration Scheme. • Strategic Plan “Partners in Care” 2019 to 2029 • Governance arrangements formally documented and approved by MIJB. • 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.</p> <p>IJB voting member briefings are held regularly.</p> <p>Conduct and Standards training held for IJB Members July 18 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</p> <p>Strategic Plan and new 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 has been 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 is being updated and will be circulated to all members in December 2020.</p> <p>Governance Framework was approved by IJB 28 January 2021</p>
Comments:	<p>Strategic Planning and Commissioning Group approved the generic Terms of Reference and Chairs of the transformation boards at the meeting on 19 December 2019. It was intended that these boards would be established by April 2020 however this work has been on hold due to Covid19 and is being restarted but will incorporate the changes Covid is causing on ways of working.</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 will progress to Scottish Government for ratification.</p>

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</p> <p>Demand on services continues to rise and the IJB has no remaining reserves to be utilised other than a reserve of £0.187M as at 1 April 2020, earmarked for the Primary Care Improvement Fund as directed by Scottish Government.</p> <p>The annual accounts were finalised and presented to the IJB on 26 November 2020 prior to audit publication. The reported deficit as at 31.3.20 was an overspend of £2.073M. The IJB have now out turned a deficit position for the 2nd consecutive year, NHSG and Moray Council are required to meet this deficit, for 19/20 the amounts were £1.306M and £0.767M respectively. In addition to existing financial challenges, the Covid-19 pandemic brings with it additional financial burden, as at January 2021, as been estimated at £5.5M with an additional challenge coming from the underachievement of savings, estimated at £1.4M taking the full impact to £6.8M. The Chief Financial Officer has introduced processes for recording the costs of Covid -19 which are being monitored on an ongoing basis. Regular discussions are taking place with Scottish Government and financial returns in support of Mobilisation Plan are being made at regular intervals. On 5 February 2021 additional funding was announced for the continued support of Covid-19. This included funding for under-delivery of savings. This will be drawn down in the 20/21 financial year. The IJB is set to approve it's budget on 25 March 2021 under a settlement that again is based on one-year only. The 2021/22 financial year is likely to be extremely challenging as we strive to balance the remobilisation from the pandemic and the costs associated with transformation.</p>	
Rationale for Risk Appetite:	<p>The Board recognises the financial constraints all partners are working within. While we are cautious to 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 places additional risk on the MIJB finances as we continue through the pandemic and begin to 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>Corrective action has been implemented through correspondence with budget holders and increased scrutiny at senior management level. Recovery Plan agreed and being monitored regularly. In October 2019, the MIJB approved the Medium Term Financial Framework that aims to support delivery of the Strategic Plan, this will require a review in 2021 to adjust for the impact of the pandemic and the work being driven forward to address this. The CFO and Senior Management Team continue to work together to address the budget shortfall. A revised Financial Framework will be developed 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. 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 continue as we respond to the Covid-19 pandemic.</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. Early intervention will support a level of mitigation.</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 2020/21 year an underspend is being forecast. At Q3 the forecast underspend is £36k which will likely increase by the end of the financial year. The Covid – 19 funding to support under-delivery of savings will be drawn-down which will help to create a general reserve. This will be required to support a balanced budget for 2021/22
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 safe care, whilst ensuring staff are fully able to manage change resulting from Integration and external factors such as Covid and transition from European Union.	
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. 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 done extremely 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 an agreed model for orthopedics and anesthetics 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. This has been further impacted due to Covid 19 and Committee Officer support will not be available for APR and CCG committees until the new year.</p>	
Rationale for Risk Appetite:	Safety risks that could result in harm to service users, staff or the public are inherent in Health & Social Care services. The safety of individuals is paramount therefore standards of safety management and clinical care have to be high, and the Board will continue to seek assurances this is the case.	

	<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.</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>
Mitigating Actions:	<p>System re-design and transformation.</p> <p>Organisational Development Plan and Workforce plan has been updated and was approved by MIJB in November 2019. This will be further updated following the work carried out by the NSHG Recovery Cell on Supporting Staff and the revised NSHG Organisational Development plan.</p> <p>Locality Managers have been in post since January 2020 and are developing the Multi-disciplinary teams in their areas.</p> <p>Workforce planning has recommenced with an initial draft to be submitted by end of March 2021. This will be taken forward alongside plans for NSHG and Moray Council with a detailed version being prepared for March 2022.</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>
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:	<p>Further work required to develop workforce plans to reflect strategic plan implementation programmes once they are agreed.</p>
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.</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.
Comments:	Staffing issues are owned by the Systems Leadership Group who will work collaboratively across the system to seek opportunities to make jobs more attractive where it has proved difficult to recruit in the past.

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	NO CHANGE
Rationale for Risk Rating:	Locality planning assessed as medium in relation to ability to work at the pace required and current workforce capacity. Performance framework to be further developed from a planning perspective to show the links through operational service delivery to strategic objectives.	
Rationale for Risk Appetite:	<p>The Board is cautious to 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>
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 2018/19 published in August 2019.</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>
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.</p> <p>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 utube 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>

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 work with partner organisations to meet these obligations.	
Controls:	<p>Winter/Surge Plan updated and has been tested alongside NHSG plans for winter and officers have participated in exercises.</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>	
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 is engaged with NHSG Operation Snowdrop which identifies the incident response structure and key priorities, and is on the Council's Response and Recovery management team. These arrangements are anticipated to step down at end of March 2021.</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.</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>
Current performance:	<p>The Senior Management Team participated in Strategic Leadership in a Crisis training and 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>

	Annual report on progress against NHS resilience standards was reviewed by APR committee in January 2020.
Comments:	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.

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	NO CHANGE
Rationale for Risk Rating:	Considered medium risk due to the reporting arrangements being relatively new	
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.</p> <p>Care Home Oversight Group is meeting daily to oversee and manage risks in care homes.</p> <p>Children and Adult Protection services are being delivered and reported to their respective committee on a regular basis.</p>	
Mitigating Actions:	<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> <p>Process for sign off and monitoring actions arising from Internal and External audits has been agreed</p>	

Assurances:	Audit, Performance and Risk and Clinical and Care Governance Sub-Committees oversight and scrutiny. Governance Framework in place and operational.
Gaps in assurance:	Process for highlighting recurring themes or strategic expectations from external inspections requires further development to ensure Committee has sight of significant issues.
Current performance:	External inspection reports are reviewed and actions arising are allocated to officers for taking forward. A summary of inspections was included in the Annual Performance report
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:	<p>Potential impacts to the wide range of services in NHS Grampian and Moray Council commissioned by the MIJB arising from reductions in available staff resources as budgetary constraints impact.</p> <p>Unplanned admissions or delayed discharges place additional cost and capacity burdens on the service.</p> <p>The level of delayed discharges has reduced in the recent weeks Moray due to the sustained focus of a short life group and efforts of staff across the system. 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 to open about risks that could affect outcomes that are priorities to people in Moray. There is a slightly higher appetite to risks that may mean nationally set outcomes – that by design are not given a high priority in Moray - are not met.</p> <p>This will only be accepted where there is a clear rationale, and preferably also a way of demonstrating what the IJB is doing to meet the aspiration the outcome was created for.</p>
Controls:	<p>Performance Management reporting framework.</p> <p>2019 to 2029 “Partners in Care” Strategic Plan approved and Transformation Plan being developed.</p> <p>Performance regularly reported to MIJB. Revised Scorecard being developed to align to the new strategic priorities.</p> <p>Best practice elements from each body brought together to mitigate risks to MIJB’s objectives and outcomes.</p> <p>Chief Officer and SMT managing workload pressures as part of budget process.</p>
Mitigating Actions:	<p>Service managers monitor performance regularly with their teams and escalate any issues to the Performance Management Group for further discussion to provide wider support, developing shared ownership and a greater understanding across the whole system.</p> <p>Key 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.</p>
Assurances:	<p>Audit, Performance and Risk Committee oversight.</p> <p>Operationally managed by service managers, receiving reports from Performance management group (which has a specific focus on performance). Strategic direction provided by Systems Leadership Group.</p> <p>HSCM Response Group was established and meets regularly to review 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>The Home First priorities are being taken forward with the first stream being the implementation of Discharge to Assess which has been funded until March 2021 initially.</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 transformation plan is being developed and will be presented to the Board for approval and will form the basis for monitoring progress on delivery of the objectives.</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. There is significant effort required to ensure risk assessment are completed and assessments reviewed to ensure equality. The restrictions of social distancing on services mean that capacity for services is impacted which means that service users will not have the same level as before Covid.</p> <p>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>One key aspect to facilitate transformation is the need for progress in relation to ICT infrastructure, data sharing and data security across the whole system. Work was undertaken by NHS GRAMPIAN and partners to address the needs for ICT kit and information during the response to Covid and it is hoped that this progress can be built on</p>	

Rationale for Risk Appetite:	<p>The Board has a high appetite for risks associated with delivery of the Transformation plan. 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 weekly. The Home First Transformation Board has also been established – the output of these meetings will go through appropriate governance frameworks. A newsletter is being produced to keep staff and partners informed.</p> <p>Computer Use Policies and HR policies in place for NHS and Moray Council and staff are required (through and automated process) to confirm they have read these every 6 months</p> <p>PSN accreditation secured by Moray Council</p>
Mitigating Actions:	<p>Integrated Infrastructure Group established, with ICT representation from NHSG and Moray Council, to consider and provide solutions to data sharing issues and ICT infrastructure matters. Linkages to Infrastructure board and Information sharing groups have been established albeit these meetings are not taking place regularly at the moment</p> <p>Data sharing groups for Grampian and Health and Social Care Moray have been established and meetings were held regularly but have not taken place for several months due to Covid. These meetings have oversight of any issues arising from Data protection and GDPR matters from either Council or NHS systems.</p>
Assurances:	Strict ICT and data sharing policies and protocols in place with NHS Grampian and Moray Council.
Gaps in assurance:	<p>Transformation Plan is being developed that will detail the outcomes.</p> <p>Protocol for access to systems by employees of partner bodies to be documented.</p> <p>Information Management arrangements to be developed and endorsed by MIJB.</p> <p>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 it is not yet clear when the outcomes will be available 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.</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 and progressed but it is not yet complete. The volume of requests received was the major factor.</p> <p>The new post of Strategic Planning and Performance manager post has not yet be appointed. Options are being considered.</p>	
Rationale for Risk Appetite:	Low tolerance in relation to not meeting requirements.	
Controls:	Chief Officer has regular meetings with partners	

	<p>Infrastructure Programme Board 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 project requests are being processed via Senior Management Team.</p>
Mitigating Actions:	<p>Membership of the Board was reviewed and revised to ensure representation of all existing infrastructure processes and funding opportunities.</p> <p>Process for ensuring infrastructure change/investment requests developed</p> <p>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>
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.</p> <p>Workforce Forum meeting regularly with representation of HR and unions from both partner organisations</p>
Gaps in assurance:	<p>Further work is required on developing the process for approval for projects so that they are progressed timeously.</p> <p>Need to review all existing processes in relation to infrastructure changes/projects/investments and streamline to avoid duplication of effort.</p> <p>Infrastructure Board is not currently meeting</p> <p>Committee services support is reduced at this time due to a vacancy at this time. HSCM staff are clerking CCG and APR committees. Legal services have reduced capacity to provide support due to budget cuts so any requests may take longer.</p>
Current performance:	<p>The Infrastructure Board is currently suspended. Its purpose is for highlights/exceptions to be taken to SLG for communication and information purposes.</p> <p>Access to support for development of HSCM priorities is difficult at time because projects/requests are prioritised against all other services in the partner organisations. The challenges for HSCM staff and managers to work using networks/systems from two organisations, which cannot be accessed by all members of teams due to data sharing matters is significant.</p>

Comments:	Existing projects will be reviewed as part of the development of the transformation plans for the Strategic Plan to ensure resources are being dedicated appropriately and aligned to the emerging Strategic priorities. Our requirements for support will be communicated via appropriate channels
------------------	---



REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 25 MARCH 2021

SUBJECT: CIVIL CONTINGENCIES - RESILIENCE STANDARDS PROGRESS

BY: CORPORATE MANAGER

1. REASON FOR REPORT

- 1.1. To inform the Audit, Performance and Risk Committee of Health and Social Care Moray's progress against NHS Grampian's Resilience Improvement Plan 2019-2021 and provide an overview of the work of the Health and Social Care Moray (HSCM) Civil Contingencies Group.

2. RECOMMENDATION

- 2.1. It is recommended that the Audit, Performance and Risk (APR) Committee consider and note the :

- i) contents of this report alongside the HSCM Civil Contingencies Group Action Plan (APPENDIX 1); and
- ii) progress to date and request an annual assurance report from the HSCM Civil Contingencies Group.

3. BACKGROUND

- 3.1. In May 2016 Scottish Government Health Resilience Unit (SGHRU) published the NHS Scotland Standards for Organisational Resilience (the Standards): this was subsequently updated and revised and a second edition published in May 2018.
- 3.2. The stated purpose of the Standards is to "support NHS Boards to enhance their resilience and have a shared purpose in relation to health and care services preparedness in the context of duties under the Civil Contingencies Act 2004".
- 3.3. Each Standard, of which there are 41, sets out:
- A statement of an expected level of resilience practice
 - A rational/basis for the Standard (set within the context of statutory duties under the Civil Contingencies Act 2004 and other key legislation and guidance)

- A series of indicators/measures of what should be in place, or achieved, within/by the Health Board.
- 3.4. An assurance report was submitted to this committee in 30 January 2020 providing an update on progress and setting out the various forums and their purpose surrounding the civil contingencies agenda, para 9 of the minute refers.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. The impact of the Covid-19 pandemic on civil contingencies and partnership working across Health and Social Care Moray, Moray Council and NHS Grampian has been unprecedented. The HSCM Civil Contingencies Group continued to meet quarterly during the Covid-19 response to focus on key issues, identify training needs, monitor and manage risks and progress key actions.
- 4.2. HSCM established additional meetings to focus on the response with representation from all services, clinical leads and links to Dr Gray's Hospital, for a system wide oversight for Moray. Initially there were three meetings a week to prioritise allocation of resources, assessing and planning the suspension of services and leading the identification of requirement, receipt and distribution of Personal Protective Equipment (PPE) across all services, supporting external providers and carers. The frequency of these meetings has reduced and stepped up in response to the changing situation and lockdown status.
- 4.3. In addition there has been close working relationships with Moray Council, through participation of their Response and Recovery management team and through NHS Grampian command and control structure with representation from HSCM at Gold, Silver and Bronze levels. The HSCM Control room was established in March 2020 and has been operating throughout, providing a central point for receipt and distribution of essential communication and intelligence information.
- 4.4. The response to the pandemic required assessment of critical functions and associated risks should they cease to be provided. Command and control arrangements have been reviewed and senior manager on call roles and responsibilities have evolved to accommodate additional requirements directly associated with the response.
- 4.5. The impact of the pandemic and the unprecedented pressure that has been applied to hospital beds, in part exacerbated by the reduction in bed numbers due to safer workplace and social distancing requirements and provided a focus on surge and flow across the whole system in Grampian. There have been improvements in process, communication mechanisms and reporting that will continue to be used. The learning from this will continue to strengthen winter planning/surge planning going forward.
- 4.6. Another significant change has been the revolution in use of technology and the change for many staff who now work from home. The introduction of Microsoft Teams within NHS Grampian has provided opportunities for staff based in Moray, who were previously not able to travel to all the meetings held in Aberdeen, to fully engage with colleagues and participate in meetings with cross Grampian implications. It has also enabled incident response teams and control rooms to operate in a virtual way. Staff employed by Moray Council do not all have access currently to Microsoft Teams but it is going to be rolled out and then the full potential for assisting with communication and sharing of files will be realised.

- 4.7. In addition to the pandemic there have been two recent gas outages in Keith and Huntly (during 2 February and 5 March 2021) affecting approximately 4,300 homes. HSCM staff responded as part of the Grampian Local Resilience Partnership (LRP) working closely with Moray Council to identify vulnerable people and ensuring they had access to heaters and hot food. There has been one debrief meeting and others are scheduled. The learning from these incidents will be collated and actions will be identified for inclusion in the action plan as appropriate.
- 4.8. Another development recently was the confirmation from Scottish Government in January 2021 that, following consultation, Integration Joint Boards will be included as Category One responders under the Civil Contingencies Act 2004 (Scotland). An amendment to the act was laid before Scottish Parliament on 18 January 2021 for due consideration. This places requirements for the MIJB and HSCM to have mechanisms and plans in place to respond to incidents. Managers are participating in the appropriate forums and will be working closely with colleagues in the LRP, Moray Council and NHS Grampian to ensure that necessary communication channels and protocol are in place for response action and that plans are in place, and exercised collaboratively. Where any gaps in preparedness are identified they will be incorporated into the action plan.
- 4.9. There were some scheduled activities that have been suspended such as testing and exercising business continuity plans.
- 4.10. The action plan (**APPENDIX 1**) is in place to support NHS Grampian's Resilience Improvement Plan, close the gaps and address areas of improvement in Moray, with assurance processes around these. The plan, overseen by HSCM Civil Contingencies group on behalf of the Chief Officer, is linked to each Standard and self-assessment level against each Standard is detailed. Please see **APPENDIX 2** for criteria for scoring the self-assessment.
- 4.11. The following actions have been prioritised for 2021-22: these are predicated on the ongoing maintenance of actions already achieved, identified risks and continuance of the supporting resilience processes and practice in place across the health and social care system:
- Critical functions list – this was agreed for the response to pandemic so will be reviewed to ensure it incorporates any new critical functions arising from changes to ways of working i.e. dependencies on ICT or telephony for example.
 - review existing service business impact analysis (BIA) and recovery plans ensure they reflect new ways of working.
 - Training gaps identified and action to address the gaps.
 - Embed business continuity across the health and social care system through education and training.
 - Building on the relationships developed during pandemic with care homes and external providers to review business continuity and incident response arrangements, including development of Care for People response.
- 4.12. NHS Grampian are exploring the introduction of an electronic system to support business continuity management across NHS Grampian and partnerships. In addition, partners will be collaborating on developing a consistent approach to BIA, and BCP templates which, once agreed, will be rolled out across the system.

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 forms part of the governance arrangements of Moray Integration Joint Board; good governance arrangements will support the Board to fulfil its objectives.

(b) Policy and Legal

The Civil Contingencies Act 2004 outlines a single framework for civil protection in the UK. Part 1 of the Act established a clear set of roles and responsibilities for specified organisations involved in emergency preparedness and response at local level (known as Category 1 responders). Moray Council and NHS Grampian are Category 1 responder.

Sector resilience and preparedness is the responsibility of the Chief Officer. The Corporate Manager is responsible for acting as the point of contact for Moray and for driving forward all matters relating to civil contingencies and resilience within Moray, supported by HSCM Civil Contingencies Group and Moray Resilience Group.

(c) Financial implications

There are no financial implications associated with this report.

(d) Risk Implications and Mitigation

HSCM Civil Contingencies Risk Register is routinely monitored by the HSCM Civil Contingencies Group with risks escalated to the senior management team as appropriate.

(e) Staffing Implications

There are no staffing implications arising from this report.

(f) Property

There are no property implications arising from this report.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not needed as there is no change to policy or procedure.

(h) Consultations

Consultation on this report has taken place with the Chief Officer, Chief Financial Officer, Isabelle Laing, Head of Civil Contingencies, NHS Grampian, Gordon McDonald, Emergency Planning officer, Moray Council and Tracey Sutherland, Committee Services Officer, Moray Council, who are in agreement with the content of this report as regards their responsibilities.

6. CONCLUSION

- 6.1. This report summarises the actions that are being progressed to ensure that HSCM meets the appropriate standards and establishes robust contingency arrangements to ensure critical functions can be maintained during**

disruptive incidents. Progress is being made but there are some areas that require urgent attention and these are being prioritised by senior management.

Author of Report: Jeanette Netherwood, Corporate Manager

Background Papers: with author

Ref:

Moray Civil Contingencies Improvement Action Plan
incorporating EXTRACT of PRIORITIES FOR YEAR 1 (MORAY) - NHS Grampian Improvement Plan Against Resilience Standards 2019-2021
Last Updated: 8 March 2021

APPENDIX 1

ID	Description	Linked to	Self Assess Level (see criteria on next page)	Requirement	RAG Status	Action Required	Evidence	Owner	Expected Completion Date	Actual Completion Date	Progress update and further actions
1	Governance	Standard 3	4	Civil Contingencies Group (or equivalent) in place for each sector, and actively meeting	G		Terms of Reference agreed, meeting dates agreed. Reviewed annually - due in January 2021	HSCM Civil Contingencies Group	31/01/2021 31/3/2021	ongoing	meetings are being held regularly, with risk register and action plan being maintained and updated
2	Governance	Standard 2	2-3	Workplan in place to include training, review of plans, sector based exercises and participation in NHSG programme of exercising	G	Rolling programme of work to be reviewed and updated following COVID.	Annual work plan agreed and in place.	Corporate Manager /Interim Support Manager	31/10/2020	ongoing	work plan in place and reviewed at HSCM Civil contingencies meetings to identify new actions required and monitor progress.
3	Business Continuity	Standard 7,8	2	a) HSCM to have up-to-date, effective Business Continuity (BC) / contingency plans for all prioritised services and functions. b) HSCM to have an overarching BC Plan with agreed list of critical functions/services.	A	Critical functions list was agreed during initial COVID response and are still relevant. Overarching plan to be completed	A) Services have up to date plans in place b) Critical functions approved and overarching BC plan in place and agreed by Systems Leadership Group (SLG)	a) Service Managers and Commissioning manager b) Corporate Manager	30-Sep-21	30/10/2020 was original date	a) need to review current status and set realistic timescale for Plans to be updated/completed following changes to working practices as a result of Covid and safer workplaces b) plan requires to be refreshed for the change in category 1 responder status and circulate for comment to this group - take to SLG Business meeting
4	Specific needs of Children in MI & BC planning	Standard 10	2	The specific needs of children and young people to be addressed in all relevant Major Incident and Business Continuity plans, and ensure that its responses / interventions are sensitive to their needs	A	Sectors to develop model for engagement of Children's social work services in Resilience Groups	Engagement of Children's social work services in resilience planning	Systems Leadership Group	tbc		
5	Command Control and Coordination - Major Incident / BC response	Standard 11	2 3	Control room arrangements agreed and tested.	A	Training needs across HSCM to be identified ie loggist / control room lead / management in crisis. Documentation of command and control in HsCM produced for pandemic response - to be reviewed for more generic approach for other incidents	Documented roles and responsibilities. Incident Management Team identified. Control Room arrangements documented. List of staff trained held locally ie loggists	HSCM Civil Contingencies Group	18/12/2020 Dec 2020	18-Dec-20	advertised at workforce Forum to get volunteers. Very little response - need to follow up with SLG to create more resilience Command and control arrangements in the pandemic was led by NHSG and is well documented. HSCM Incident Response plan sets out our generic arrangements. To be progressed through governance process for sign off
6	Major Incident / BC Response - Control Room	Standard 11	2 3	Staff identified and trained: - Loggists - Control Room Manager	G	Staff to be identified to attend training.	Central list of trained staff held. Training programme in place and communicated via SLG and HSCM Civil Contingencies Group	Interim Support Manager	31-Jan-21	31-Jan-21	completed for existing staff whilst we have some people training we still need to develop to provide more resilience in our response teams - need to progress and identify others for training and exercises.
7	Pandemic Influenza	Standard 16	2 3	NHS Board shall develop and review its Pandemic Influenza Plan jointly with local partnerships and RRP, and seek their endorsement. A joint multi-agency plan shall be developed, if one does not already exist.	A	Review of documents and updating where necessary. Completion and sign off	MID/Pandemic Flu response plan detailing integrated health system response to MID/Pan Flu, and setting out links to RP response	HSCM Civil Contingencies Group	tbc		this will be progress with NHSG civil contingencies group

8	Pandemic Influenza	Standard 17	2	Link with NHSG Board in exercising Pandemic Flu plan every 3 years	A	Grampian wide health and social care system pandemic tabletop exercise.	Exercise documentation and records of attendees. Post exercise report with lessons learned.	HSCM Civil Contingencies Group	tbc		superceded at this moment in time
9	Governance	Standard 5	3	Sector risks to be recorded, monitored and escalated where necessary	G	Risk Register to be presented to HSCM Civil Contingencies Group for comment, update and approval.	Risk Register in place and maintained with actions to mitigate risks in place. System in place to escalate those risks deemed High or Very High to SLG where necessary.	HSCM Civil Contingencies Group	ongoing	ongoing	
10	Information Security and ICT Resilience	Standard 31	2	BIA/Recovery plans reviewed for IT and Communications	A	Review and update list of critical ICT requirements following changes to working practices as a result of COVID and advise NHSG Ehealth and Moray Council accordingly.	BIAs updated and held centrally. Critical functions list agreed. NHS eHealth and Moray Council informed of requirements.	HSCM Civil Contingencies Group	tbc		
11	Supply Chain Resilience	Standard 39	2	BIA/Recovery plans reviewed for suppliers	A	Define list of critical suppliers and ensure risk assessment mitigation measures are in place. NHSG Board to be informed.	BIAs updated and held centrally. Critical functions list agreed. Risk assessment completed with actions to mitigate detailed.	Systems Leadership Group	tbc		
12	Winter Plan	Standard 18	4	Sectors shall have robust Winter Plans and implement a range of actions to enhance resilience during winter period.	G	Review and update plan - short term working group established each year in August/Sept to carry out the review.	Winter plan in place and action plan in place. Part of Grampian's year-round planning cycle and participation in joint planning, table top exercises and debrief exercises.	Systems Leadership Group	Ongoing	annual review	contributed to content of NHSG winter plan participated in the NShG winter plan table top exercise Considerable amount of work has been undertaken regarding Delayed discharges and surge and flow to respond to the pandemic and learning will inform our arrangements for surges caused by disruptive incidents.
13	Major Incident /Resilience Plans	Standard 9	2	NHS Board shall have Major Incident or resilience plans that reflect its emergency preparedness. Sectors to sign off plan. Through HSCP, GP / Primary Care made aware of their role in the Major Incident Plan and expectations of them.	A	NHS Board plan, once agreed, will be taken to SLG and HSCM CC Group for discussion and sign off.	Grampian plan signed off and partnership working with primary care in place.	Systems Leadership Group	31/03/2022		Following the inclusion of IJB as category 1 responders there will be a need to review requirements for any additional response plans. This will be done in collaboration with Emergency Planning officers in NHS Grampian and Moray Council.
14	Training		1	Training gaps identified: - who needs to be trained and in what course / session	A	A locally delivered Civil Contingencies programme of training courses for HSCM managers and staff to be identified and implemented	NHSG Civil Contingencies Unit (CCU) training programme in place and dates communicated to SLG	Interim Support Manager	31/10/2020 30/6/21		suspend exercising until after winter surge and covid response. NHSG civil contingencies meetings currently suspended once Operation Snowdrop command and control response is suspended schedule exercises to cover changed ways of working and impact of flooding
15	Major Incident response	Standard 11	2	Further consolidation of relationship and links with Care homes and external providers in relation to planning and exercising plans and provision of support during a response	new	schedule and carryout table top exercises with care home managers and external providers to develop response plans and identify supports	record of exercises lessons learnt and actions identified to mitigate risks	head of Service / Corporate Manager / External provider meeting	31/03/2022		

NHSS STANDARDS FOR ORGANISATIONAL RESILIENCE

ASSESSMENT & IMPROVEMENT PLAN – BENCHMARKING CRITERIA

PLANNING (1)	IMPLEMENTING (2)	MONITORING (3)	REVIEWING (4)
Level 1 - Planning	Level 2 - Implementing	Level 3 - Monitoring	Level 4 - Reviewing
Benchmarking against 'action' undertaken and analysed	Resilience Committee / Resilience Exec Lead tasked to progress 'action'	Action' implemented consistently and geographically across Health Board	Action' has been mainstreamed into existing services
Planning arrangements have been initiated	Implementation plan and methodology agreed	Agreed process in place and being reviewed over time	Quality assurance and performance management established to review 'action' on an on-going basis
local improvement plan to meet standards developed and forms integral part of Health Board's Resilience Committee's work plan	Collating appropriate information to monitor delivery of 'action'	Associated learning and improvement planning in place to ensure delivery of standard	
	Some evidence of 'action' being delivered		

Self-assessment level

The table below explains the self-assessment levels used against each NHS Scotland Standards for Organisational Resilience (the Standards).

The assessment level determined for each action is shown in Appendix 1

Level 1 – Planning <ul style="list-style-type: none"> • Benchmarking against ‘Action’ undertaken and analysed • Planning arrangements have been initiated • Local improvement plan to meet standard developed and forms integral part of Health Board’s Resilience Committee’s work plan. 	Level 2 – Implementing <ul style="list-style-type: none"> • Resilience Committee / Resilience Exec Lead tasked to progress ‘Action’ • Implementation plan and methodology agreed • Collating appropriate information to monitor delivery of ‘Action’ • Some evidence of ‘Action’ being delivered.
Level 3 – Monitoring <ul style="list-style-type: none"> • ‘Action’ implemented consistently and geographically across Health Board • Agreed process in place and being reviewed over time • Associated learning and improvement planning in place to ensure delivery of standard. 	Level 4 – Reviewing <ul style="list-style-type: none"> • ‘Action’ has been mainstreamed into existing services • Quality assurance and performance management established to review ‘Action’ on an on-going basis.



REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE ON 25 MARCH 2021

SUBJECT: EXTERNAL AUDIT PLAN FOR THE YEAR ENDING 2020/21

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

- 1.1. To inform the Audit, Performance and Risk Committee of the Auditor's Annual Plan for 2020/21.

2. RECOMMENDATION

- 2.1. **It is recommended that the Audit, Performance and Risk Committee considers and notes the contents of the External Auditor's Annual Plan for 2020/21.**

3. BACKGROUND

- 3.1. In September 2016, Audit Scotland was confirmed as the external auditor of the Moray Integration Joint Board (MIJB). The appointment was for financial years 2016/17 to 2020/21 inclusive. Due to the significant disruption of Covid-19, the Auditor General for Scotland and the Accounts Commission for Scotland announced in June 2020 an intention to extend the current audit appointments by one year in the first instance. This has since been confirmed and so Audit Scotland will remain the MIJB's auditors through to the audit of the 2021/22 year.
- 3.2. Audit Scotland work together with the Auditor General and the Accounts Commission to deliver public audit in Scotland and provide independent assurance to the people of Scotland that public money is spent appropriately and provides value. Audit work is carried out in accordance with International Standards on Auditing, the Code of Audit Practice https://www.audit-scotland.gov.uk/uploads/docs/report/2016/code_audit_practice_16.pdf and any other relevant guidance.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. An Annual Audit Plan for 2020/21 has been received from Audit Scotland and is attached at **APPENDIX 1** to this report. The Plan sets out the scope of the audit work and the auditors approach to the audit. The Plan details the initial risks

identified by Audit Scotland and planned work to be undertaken for the audit of the financial statements for the year ending 2020/21. Audit Scotland also aim to add value to the MIJB through its work.

- 4.2. The Audit Plan identifies the main risks for the MIJB which will be the focus of audit testing and are outlined in Exhibit 1 on page 5 and 6 of the Plan.
- 4.3. On page 7 of the Audit Plan, Audit Scotland has shown the External Audit fee for 2020/21 as being £27,330. This fee is consistent with the charges being made by Audit Scotland across the country and represents a 2.9% increase on the previous year.
- 4.4. The annual accounts timetable, including key deadlines are shown in Exhibit 4 on page 9 of the audit plan and requires the MIJB to submit the Unaudited Annual Accounts along with supporting working papers to Audit Scotland by 30 June 2021 following consideration by those charged with governance at the meeting of the MIJB on 24 June 2021. The MIJB will be asked to approve the audited annual accounts and to consider the Annual Audit Report at its meeting of 25 November 2021.

5. SUMMARY OF IMPLICATIONS

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

The work undertaken by External Audit seeks to provide assurance to the MIJB on the financial governance and resource management. It will express a view on the key risks to be managed in order to secure operational efficiency in line with the Strategic Plan 2019 - 29.

(b) Policy and Legal

The external audit is conducted in terms of statutory powers afforded to the appointed External Auditor and in accordance with Audit Scotland's Code of Practice.

(c) Financial implications

The annual audit fee set for 2020/21 by Audit Scotland and paid by the MIJB is £27,330.

(d) Risk Implications and Mitigation

The risks associated with the Audit Plan have been identified and categorised within the Plan under section 'Exhibit 1'.

(e) Staffing Implications

Preparation of the MIJB's financial statements will require input and coordination from the MIJB Chief Financial Officer and the finance teams of both Moray Council and NHS Grampian which forms part of the scheduled work.

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

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

(h) Consultations

The content of the Plan has been discussed with the Chief Officer, Chief Internal Auditor and Senior Managers prior to production and their comments have been incorporated where appropriate.

6. CONCLUSION

6.1. The Annual Audit Plan informs the MIJB, its Committees and officers of the work to be undertaken by External Audit (Audit Scotland) in the year ahead.

Author of Report: Tracey Abdy
Background Papers: with author
Ref:

Moray Integration Joint Board

Annual Audit Plan 2020/21



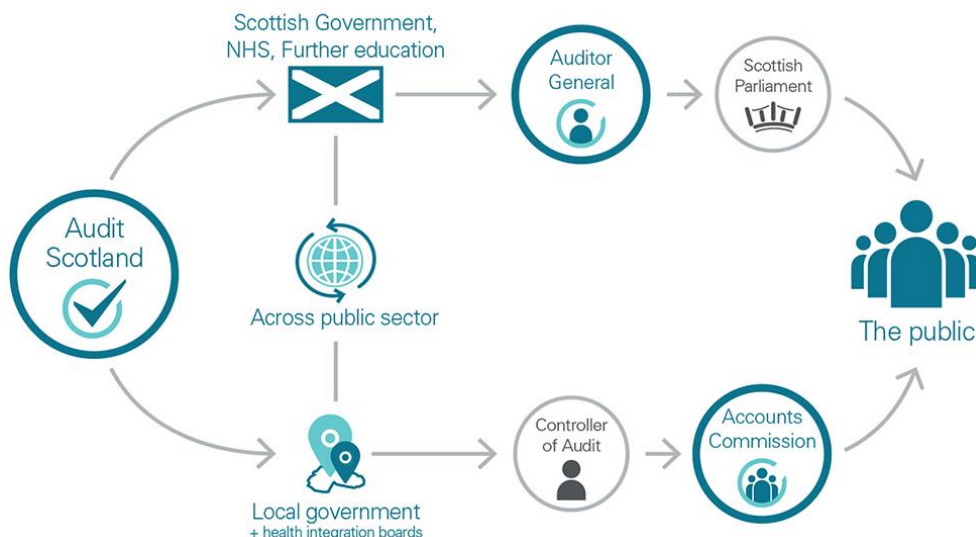
 AUDIT SCOTLAND

Prepared for Moray Integration Joint Board
March 2021

Who we are

The Auditor General, the Accounts Commission and Audit Scotland work together to deliver public audit in Scotland:

- the Auditor General is an independent crown appointment, made on the recommendation of the Scottish Parliament, to audit the Scottish Government, NHS and other bodies and report to Parliament on their financial health and performance
- the Accounts Commission is an independent public body appointed by Scottish ministers to hold local government to account. The Controller of Audit is an independent post established by statute, with powers to report directly to the Commission on the audit of local government
- Audit Scotland is governed by a board, consisting of the Auditor General, the chair of the Accounts Commission, a non-executive board chair, and two non-executive members appointed by the Scottish Commission for Public Audit, a commission of the Scottish Parliament.



About us

Our vision is to be a world-class audit organisation that improves the use of public money.

Through our work for the Auditor General and the Accounts Commission, we provide independent assurance to the people of Scotland that public money is spent properly and provides value. We aim to achieve this by:

- carrying out relevant and timely audits of the way the public sector manages and spends money
- reporting our findings and conclusions in public
- identifying risks, making clear and relevant recommendations.

Contents

Risks and planned work	4
Audit scope and timing	8

Risks and planned work

Introduction

1. This annual audit plan contains an overview of the planned scope and timing of our audit which is carried out in accordance with International Standards on Auditing (ISAs), the [Code of Audit Practice](#), and [guidance on planning the audit](#). This plan sets out the work necessary to allow us to provide an independent auditor's report on the annual accounts and meet the wider scope requirements of public sector audit.

2. The wider scope of public audit contributes to assessments and conclusions on financial management, financial sustainability, governance and transparency and value for money.

Impact of COVID-19

3. The public health crisis caused by the coronavirus disease 2019 (COVID-19) pandemic has had a significant effect on every aspect of Scottish society. Health and social care services have been front and centre of the public service response to the pandemic, necessitating changes to the way services are provided in many cases. The IJB is incurring additional costs in dealing with the pandemic. The delivery of planned savings from redesign and transformation initiatives has been delayed and the extent of additional funding available to meet additional costs and historic shortfalls is not clear.

4. In Audit Scotland we continue to manage the impacts of COVID-19 on the audit process and expect that 2020/21 will be more challenging than 2019/20, as the extended reporting timescales last year affect our current year resource position. This includes a bid for additional funding to the Scottish Commission for Public Audit, reflecting the increased costs and reduced productivity impacts on Audit Scotland and its partner firms from COVID-19. This is intended to protect local audit fees. The well-being of audit teams and the delivery of high-quality audits remain paramount. Maintaining a pragmatic and flexible approach will enable change at short notice as new issues emerge, or current risks change in significance. Where this impacts on annual audits, an addendum to this annual audit plan may be necessary.

Adding value

5. We aim to add value through our external audit of Moray Integration Joint Board (the IJB) by being constructive and forward looking, by identifying areas for improvement and by recommending and encouraging good practice. In so doing, we intend to help promote improved standards of governance, better management, and decision-making and more effective use of resources.

Audit risks

6. Based on our discussions with staff, attendance at committee meetings and review of supporting information we have identified the following significant audit risks for the IJB. We have categorised these audit risks into financial statements risks and wider dimension risks. The key audit risks, which require specific audit testing, are detailed in [Exhibit 1](#).

Exhibit 1

2020/21 significant audit risks

Audit Risk	Source of assurance	Planned audit work
Financial statements risks		
<p>1 Risk of material misstatement due to fraud caused by the management override of controls</p> <p>ISA 240 requires that audit work is planned to consider the risk of fraud, which is presumed to be a significant risk in any audit. This includes the risk of fraud due to the management override of controls.</p>	<p>Owing to the nature of this risk, assurances from management are not applicable in this instance.</p>	<p>Agreement of balances and transactions to Moray Council and NHS Grampian financial reports / ledger / correspondence.</p> <p>Service auditor assurances will be obtained from the auditors of Moray Council and NHS Grampian over the completeness, accuracy and allocation of income and expenditure. These may be affected by audit timetables, which are yet to be agreed with the partners.</p> <p>Review of year-end adjustments and journals.</p> <p>On-going review of financial position.</p>
Wider dimension risks		
<p>2 Financial management</p> <p>The IJB set a balanced budget for 2020/21. Although current projections are that the IJB will achieve a small surplus in 2020/21, the delivery of planned savings has been impacted by the disruption to operations caused by COVID-19.</p> <p>There is a risk that areas of recurrent overspend are masked by additional funding received in response to the pandemic.</p>	<p>In light of the COVID-19 disruption, the 2020/21 savings programme has been revisited as part of the 2021/22 budget setting process.</p> <p>Emergence from the pandemic will demonstrate alternative ways of working, the full budgetary impact is not yet known, and continuous review will be required through 2021/22 and beyond.</p>	<p>Review the budget setting process for 2021/22.</p> <p>Review financial monitoring reports.</p> <p>Establish the funding and cost impacts of COVID-19 on 2020/21 outturn.</p>
<p>3 Financial sustainability</p> <p>The medium-term financial plan's savings projections for future years require to be updated to reflect the impact of COVID-19.</p> <p>There is a risk that the redesign and transformation programme does not generate the savings required to ensure services provided are financially sustainable.</p>	<p>The medium-term financial plan will be updated during 2021/22 to reflect the impact of the pandemic.</p> <p>There is an acceptance that redesign, and transformation are likely to look different as we remobilise. Homefirst is the delivery vehicle being utilised to drive forward change. The pace and</p>	<p>Review the updated medium-term financial strategy.</p> <p>Review the robustness of future savings plans.</p> <p>Review progress with delivery of the transformation programme.</p>

Audit Risk	Source of assurance	Planned audit work
	scale will be further defined in the coming months.	
<p>4 Value for money</p> <p>The IJB recognises the need to <i>‘develop better processes to evaluate and measure outcomes in line with Best Value’</i>.</p> <p>Without such a process, there is a risk that the IJB cannot demonstrate it has secured value for money and continuous improvement in the use of its resources.</p>	<p>The Ministerial Strategic Group Improvement Action Plan remains an outstanding action on the IJB agenda. The plan is to revisit early in 2021/22.</p> <p>Awareness of the national work in relation to BV auditing will be maintained.</p>	<p>Review the IJB’s formal assessment of Best Value.</p>

Source: Audit Scotland

7. As set out in ISA(UK) 240, there is a presumed risk of fraud in revenue recognition. There is a risk that income may be misstated resulting in a material misstatement in the financial statements. In line with Practice Note 10, as most public-sector bodies are net expenditure bodies, the risk of fraud is more likely to occur in expenditure. We have rebutted these presumed risks in 2020/21 for Moray Integration Joint Board. In practice, the opportunity and incentive to manipulate income in the public sector is much lower than in the private sector and the IJB relies on its partner organisations systems to authorise, process and record transactions. The IJB does not have any assets, nor does it directly incur expenditure, make cash transactions, or employ staff (other than appointing the Chief Officer and Chief Financial Officer). All funding and expenditure for the IJB is incurred by partner bodies and processed in their accounts. Satisfactory arrangements are in place in partner bodies to identify this income and expenditure and report this to the IJB.

Reporting arrangements

8. Audit reporting is the visible output for the annual audit. All annual audit plans, the outputs as detailed in in [Exhibit 2](#), and any other outputs on matters of public interest will be published on our website: www.audit-scotland.gov.uk.

9. Matters arising from our audit will be reported on a timely basis and will include agreed action plans. Draft reports will be issued to the relevant officers to confirm factual accuracy.

10. We will provide an independent auditor’s report to the IJB, and Accounts Commission setting out our opinions on the annual accounts. We will also provide the Chief Officer and Accounts Commission with an annual report on the audit containing observations and recommendations on significant matters which have arisen during the audit.

11. The management of the unique and continuing challenges presented by COVID-19 means that we need to continue to take into consideration that audits are taking longer, and we are starting the current year’s audit later. This has an impact on the proposed reporting timescales, based on resources available and prioritisation decisions. This is reflected in the timetables below, which we will endeavour to meet, whilst recognising that greater uncertainty exists during the COVID-19 pandemic.

Exhibit 2

2020/21 audit outputs

Audit Output	Target date	Committee Date
Annual Audit Report	11 November 2021	25 November 2021
Independent Auditor's Report signed	25 November 2021	N/A

Source: Audit Scotland

Audit fee

12. The agreed audit fee for the 2020/21 audit of the IJB is £27,330 (2019/20 £26,560). In determining the audit fee, we have taken account of audit risks identified, the planned management assurances in place and the level of reliance we plan to take from the work of internal audit. Our audit approach assumes receipt of the unaudited annual accounts, with a complete working papers package on 30 June 2021.

13. Where our audit cannot proceed as planned through, for example, late receipt of unaudited annual accounts or being unable to take planned reliance from the work of internal audit, a supplementary fee may be levied. An additional fee may also be required in relation to any work or other significant exercises out with our planned audit activity.

Responsibilities

Integration Joint Board and Chief Financial Officer

14. Audited bodies have the primary responsibility for ensuring the proper financial stewardship of public funds, compliance with relevant legislation and establishing effective arrangements for governance, propriety and regularity that enable them to successfully deliver their objectives.

15. The audit of the annual accounts does not relieve management or the Integration Joint Board, as those charged with governance, of their responsibilities.

Appointed auditor

16. Our responsibilities as independent auditors are established by the 1973 Act for local government, and the Code of Audit Practice (including supplementary guidance) and guided by the Financial Reporting Council's Ethical Standard.

17. Auditors in the public sector give an independent opinion on the financial statements and other information within the annual accounts. We also review and report on the arrangements within the audited body to manage its performance and use of resources. In doing this, we aim to support improvement and accountability.

Audit scope and timing

Annual accounts

18. The annual accounts, which include the financial statements, will be the foundation and source for most of the audit work necessary to support our judgements and conclusions. We also consider the wider environment and challenges facing the public sector. Our audit approach includes:

- understanding the IJB's business and the associated risks which could impact on the financial statements
- assessing the key systems of internal control at the IJB and its partner bodies, and establishing how weaknesses in these systems could impact on the IJB's financial statements
- identifying major partner body transaction streams and understanding how they impact on the IJB's financial statements
- assessing the risks of material misstatement in the IJB financial statements
- determining the nature, timing, and extent of audit procedures necessary to provide us with sufficient audit evidence as to whether the IJB financial statements are free of material misstatement.

19. We will give an opinion on whether the financial statements:

- give a true and fair view of the state of affairs of the IJB as at 31 March 2021 and of its income and expenditure for the year then ended
- have been properly prepared in accordance with the financial reporting framework.



Statutory other information in the annual accounts

20. We also review and report on statutory other information published within the annual accounts including the management commentary, annual governance statement and the audited part of the remuneration report. We give an opinion on whether these have been compiled in accordance with the appropriate regulations and frameworks in our independent auditor's report.

21. In addition, we review the content of the annual report for consistency with the financial statements and with our knowledge. We report any uncorrected material misstatements in statutory other information.

Materiality

22. We apply the concept of materiality in planning and performing the audit. It is used in evaluating the effect of identified misstatements on the audit, and of any uncorrected misstatements, on the financial statements and in forming our opinions in the independent auditor's report.

23. We calculate materiality at different levels as described below. The calculated materiality values for the IJB are set out in [Exhibit 3](#).

Exhibit 3

Materiality values

Materiality	Amount
Planning materiality – this is the figure we calculate to assess the overall impact of audit adjustments on the financial statements. It has been set at 1% of gross expenditure based on the audited 2019/20 financial statements.	£1.4 million
Performance materiality – this acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality this would indicate that further audit procedures should be considered. Using our professional judgement, we have calculated performance materiality at 60% of planning materiality.	£820,000
Reporting threshold (i.e., clearly trivial) – we are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount. This has been calculated at 5% of planning materiality.	£68,000



Source: Audit Scotland

Timetable

24. To support the efficient use of resources it is critical that a timetable is agreed with us for the preparation and audit of the annual report and accounts. [Exhibit 4](#) sets out the agreed timetable. We will endeavour to meet the timescales set out below but recognise that this may not be possible due to uncertainty resulting from the COVID-19 pandemic

Exhibit 4

Annual accounts timetable

 Key stage	 Date
Consideration of unaudited annual accounts by those charged with governance	24 June 2021
Latest submission date of unaudited annual report and accounts with complete working papers package	30 June 2021
Latest date for final clearance meeting with Chief Financial Officer	4 November 2021
Agreement of audited unsigned annual accounts	11 November 2021
Issue of Annual Audit report including ISA260 report to those charged with governance	
IJB meeting to consider the Annual Audit Report and approve the audited annual accounts for signature	25 November 2021
Independent auditor's report signed	25 November 2021

Internal audit

25. Internal audit is provided by Moray Council's internal audit section. As part of our planning process the external auditors for each partner body carried out an assessment of the internal audit functions and concluded that they operate in accordance with the main requirements of the Public Sector Internal Audit Standards (PSIAS).

Using the work of internal audit

26. International Auditing Standards require internal and external auditors to work closely together to make best use of available audit resources. We seek to rely on the work of internal audit wherever possible to avoid duplication. We do not plan to place any formal reliance on the work of internal audit in 2020/21 as we intend to use a substantive approach for the audit of the IJB's financial statements. We will consider internal audit's work on the annual governance statement as part of our wider dimension audit responsibilities.

Wider audit dimensions

27. In addition to our audit of the financial statements we undertaken work on the wider audit dimensions in line with the Code of Audit Practice. The four audit dimensions that frame the wider scope of public sector audit requirements as shown in [Exhibit 5](#).

Exhibit 5 Audit dimensions



Source: Code of Audit Practice

Financial management

28. Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively. We will review, conclude, and report on:

- whether arrangements are in place to ensure systems of internal control are operating effectively
- the effectiveness of budgetary control systems in communicating accurate and timely financial performance can be demonstrated
- how the IJB has assured itself that its financial capacity and skills are appropriate

- whether there are appropriate and effective arrangements in place for the prevention and detection of fraud and corruption.

Financial sustainability

29. As auditors we consider the appropriateness of the use of the going concern basis of accounting as part of the annual audit. We will also comment on financial sustainability in the longer term. We define this as medium term (two to five years) and longer term (longer than five years) sustainability. We will carry out work and conclude on:

- the effectiveness of financial planning in identifying and addressing risks to financial sustainability in the short, medium, and long term
- the appropriateness and effectiveness of arrangements in place to address any identified funding gaps.

Governance and transparency

30. Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership, and decision – making and transparent reporting of financial and performance information. We will review, conclude, and report on:

- whether the IJB can demonstrate that the governance arrangements in place are appropriate and operating effectively
- whether there is effective scrutiny, challenge and transparency on the decision-making and finance and performance reports
- the quality and timeliness of financial and performance reporting.

Value for money

31. Value for money refers to using resources effectively and continually improving services. We will review, conclude, and report on whether the IJB can provide evidence that it is demonstrating value for money in the use of resources, has a focus on improvement and that there is a clear link to the outcomes delivered.

Best Value

32. Integration Joint Boards have a statutory duty to make arrangements to secure best value. We will review and report on how the IJB demonstrates that it has met its best value responsibilities.

Independence and objectivity

33. Auditors appointed by the Accounts Commission or Auditor General must comply with the Code of Audit Practice and relevant supporting guidance. When auditing the financial statements auditors must also comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies. These standards impose stringent rules to ensure the independence and objectivity of auditors. Audit Scotland has robust arrangements in place to ensure compliance with these standards including an annual “fit and proper” declaration for all members of staff. The arrangements are overseen by the Director of Audit Services, who serves as Audit Scotland’s Ethics Partner.

34. The engagement lead (i.e. appointed auditor) for Moray Integration Joint Board is Brian Howarth, Audit Director. Auditing and ethical standards require the appointed auditor to communicate any relationships that may affect the independence and objectivity of audit staff. We are not aware of any such relationships pertaining to the audit of the IJB.

Quality control

35. International Standard on Quality Control (UK and Ireland) 1 (ISQC1) requires that a system of quality control is established, as part of financial audit procedures, to provide reasonable assurance that professional standards and regulatory and legal requirements are being complied with and that the independent auditor's report or opinion is appropriate in the circumstances.

36. The foundation of our quality framework is our Audit Guide, which incorporates the application of professional auditing, quality and ethical standards and the Code of Audit Practice (and supporting guidance) issued by Audit Scotland and approved by the Auditor General for Scotland. To ensure that we achieve the required quality standards Audit Scotland conducts peer reviews and internal quality reviews. Additionally, the Institute of Chartered Accountants of Scotland (ICAS) have been commissioned to carry out external quality reviews.

37. As part of our commitment to quality and continuous improvement, Audit Scotland will periodically seek your views on the quality of our service provision. We welcome feedback at any time, and this may be directed to the engagement lead

Moray Integration Joint Board

Annual Audit Plan 2020/21

If you require this publication in an alternative format and/or language, please contact us to discuss your needs: 0131 625 1500 or info@audit-scotland.gov.uk

For the latest news, reports and updates, follow us on:



Audit Scotland, 4th Floor, 102 West Port, Edinburgh EH3 9DN
T: 0131 625 1500 E: info@audit-scotland.gov.uk
www.audit-scotland.gov.uk

